



2020 MIPS Best Practices

A Review of the
Program Requirements



Today's Presenter

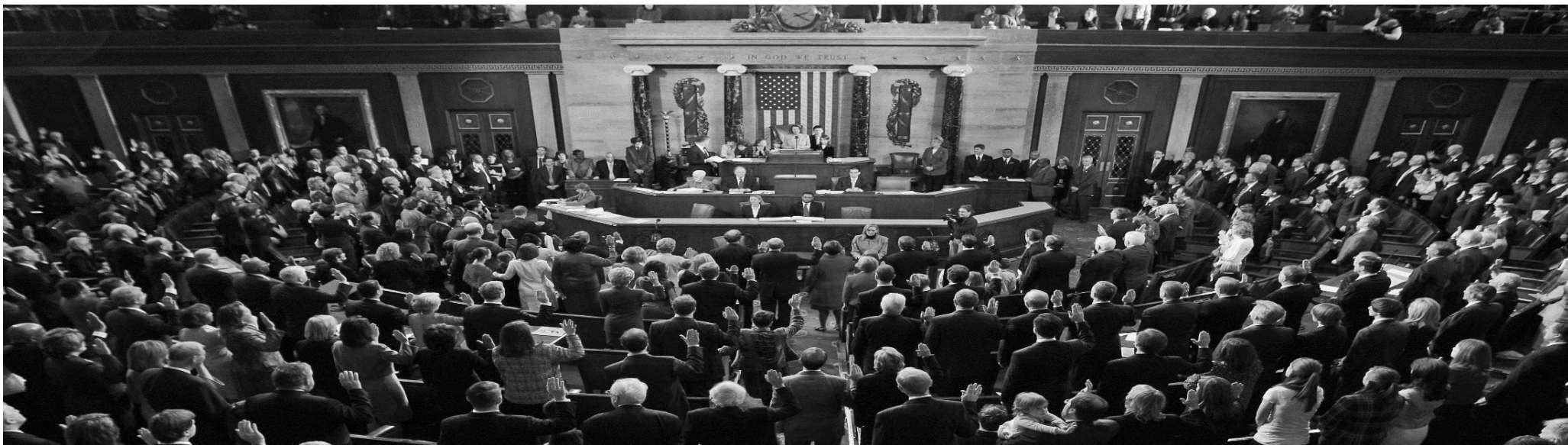
Denise Scott, MM, RN-BC, CMHP
Director, Ambulatory Services
dscott@medisolv.com

Agenda:

- Review the changes in Year 4
- Understand who is eligible for MIPS
- Define the reporting requirements for Quality, PI, IA & Cost in 2020
- Describe the score calculations for each category
- Provide tips and resources for preparing your clinicians for a successful reporting year

Medicare Access and CHIP Reauthorization Act

- Signed into law April 14, 2015
- Bipartisan support
- Changes the way providers are reimbursed
- Advances focus on paying for quality vs quantity



Quality Payment Program

MIPS

- Streamlined Medicare incentive programs
- Expands participants
- Adds flexibility

APMs

- Sets thresholds for revenue and risk
- Limited to CMS designated Advanced APMs

Medicaid EHR Incentive Program

- Registered for Medicaid MU
 - Continue to participate through your state Medicaid
 - Collect incentives
 - Participate in MIPS if also eligible for Medicare
 - Last payment must be distributed by **12/31/2021**

MIPS Eligible Clinicians

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Specialists
- CRNAs
- Physical Therapists
- Occupational Therapists
- Qualified Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dieticians/ Nutrition Professionals

NOT Subject to MIPS

- EC in first year of Medicare participation
- Hospitals & Facilities (Medicare Part A)
- Medicare Advantage Plans (Medicare Part C)
- Certain APM participants
- Medicaid

Eligibility Requirements

Have >\$90,000 in Part B allowed charges
for covered Professional Services

AND

Provide care for >200 Medicare Part B
enrolled beneficiaries

AND

Provide >200 covered professional
services under PFS

Providers or groups can “opt-in” to participate in MIPS 2020

- ✓ Meet at least 1, but not all 3 of the eligibility criterion
- ✓ Will be subject to +/- or neutral payment adjustment

OR – Voluntarily report – no PFS adjustment

Must log into QPP and “opt-in”

Opt-in is irrevocable!

Determination dates

- **October 1, 2018 – Sept 30, 2019**
 - If exempt after first period, remain exempt.
Special status applies if determined in either period.
- **October 1, 2019 – Sept 30, 2020 (no claims runout)**
 - 2nd determination period used to determine
Complex Patient bonus

New provider joins your practice in the last 3 months of the year

- Eligibility for the NPI will not be available on QPP – last determination period ends September 30.
- If reporting as individual – can be excluded
- If billing Medicare Part B with their NPI and group TIN, and the TIN is reporting as a group – cannot be excluded

- **Individual** – Unique NPI/TIN
- **Group** - 2 or more ECs/NPIs who reassigned billing rights to a TIN
- **Virtual Group** - 2 or more TINs of 1-10 ECs who form a Virtual Group to report MIPS *(must form group and apply by Dec 31, 2019)*
- **3rd Party Intermediary** – acting on behalf of ECs or groups to submit data on measures and activities

- Medicare Part B Claims
- CMS Web Interface
- Electronic Clinical Quality Measures
- MIPS Clinical Quality Measures
- Qualified Clinical Data Registry
- CAHPS Survey for MIPS

- Direct
- Log in and Attest
- Log in and Upload
- Medicare Part B Claims
- CMS Web Interface

Reporting – Collection Type

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Quality	<ul style="list-style-type: none"> • Claims (Only if part of small practice) • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) • Electronic Clinical Quality Measures (eCQMs) 	<ul style="list-style-type: none"> • Claims (Small practices only) • Web Interface ≥ 25 • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) • Electronic Clinical Quality Measures (eCQMs) • CAHPS Survey for MIPS 	<ul style="list-style-type: none"> • Web Interface ≥ 25 • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) • Electronic Clinical Quality Measures (eCQMs) • CAHPS Survey for MIPS

Reporting – Submission Type

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Quality	<p>Direct</p> <p>Log in and Upload</p> <p>Medicare Part B Claims (<i>ECs from small practices ONLY</i>)</p>	<p>Direct</p> <p>Log in and Upload</p> <p>CMS Web Interface ≥ 25</p> <p>Medicare Part B Claims (<i>Small practices ONLY</i>)</p>	<p>Direct</p> <p>Log in and Upload</p> <p>CMS Web Interface ≥ 25</p>



Reporting – Submission Type

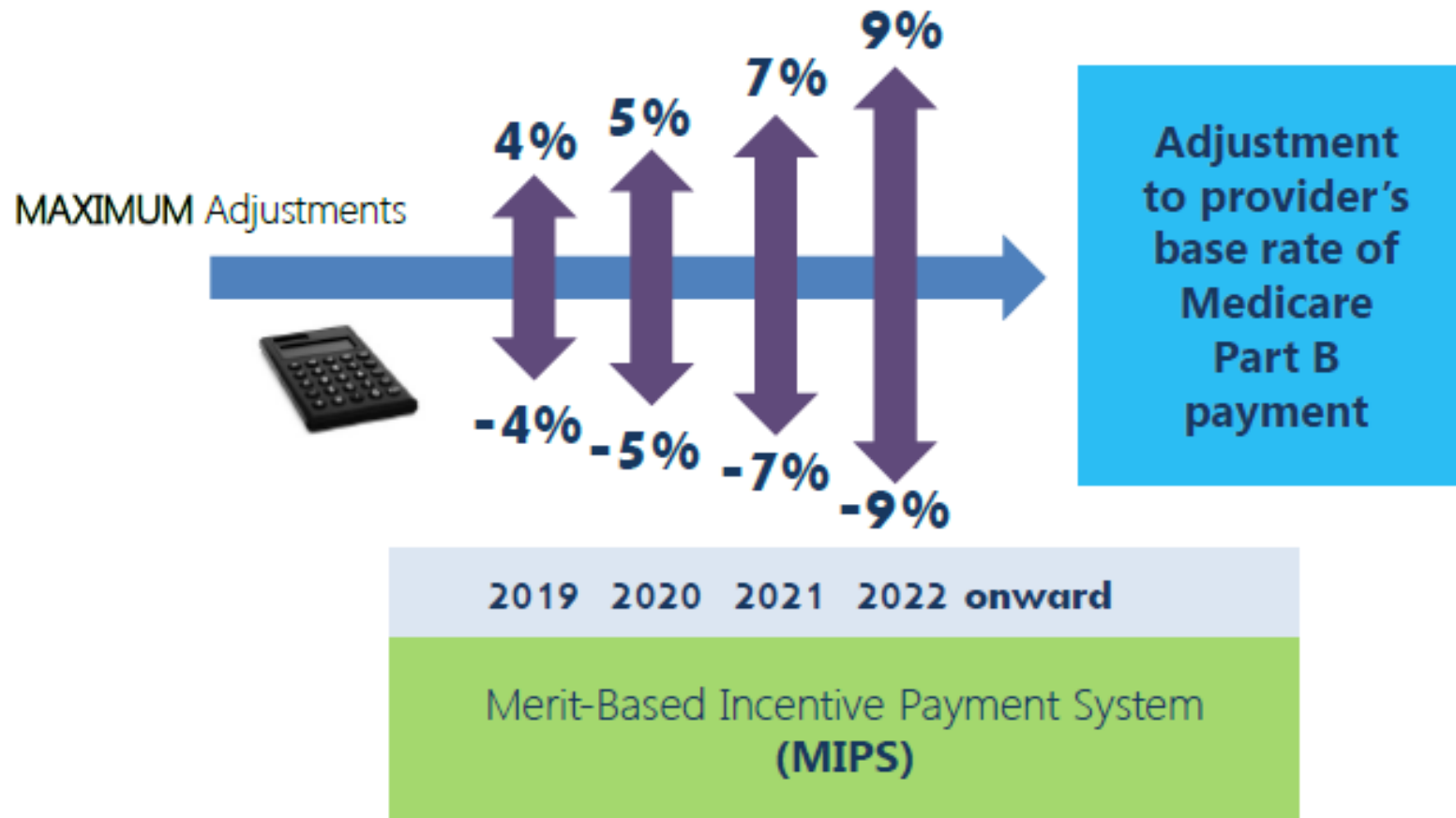
Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Promoting Interoperability	Direct Log in and Upload Log in and Attest	Direct Log in and Upload Log in and Attest	Direct Log in and Upload Log in and Attest

Reporting – Submission Type

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Improvement Activities	Direct	Direct	Direct
	Log in and Attest Log in and Upload	Log in and Attest Log in and Upload	Log in and Attest Log in and Upload

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Cost	Administrative Claims (No submission needed)	Administrative Claims (No submission needed)	None

Payment Adjustments



Source: Center for Medicare & Medicaid Services

Dates to Remember

- Impacts 2022 Reimbursement
- Performance period from:
January 1 - December 31, 2020
- Submission deadline: March 31, 2021

A single MIPS **composite performance score** will factor in performance in **4 weighted performance categories**:



Quality



Cost



Improvement
Activities



Promoting
Interoperability



MIPS
Composite
Performance
Score

- **Quality**
 - 365 days – Calendar year
- **PI**
 - 90 consecutive day minimum
- **IA**
 - 90 consecutive day minimum
- **Cost**
 - 365 days – Calendar year

Reimbursement in 2022

- **Budget neutral program**
 - Penalties fund incentives
- **45 point floor**
 - Score to avoid a negative adjustment
- **85 points**
 - Performance threshold for 2020 for exceptional performance incentives

Positive adjustments are based on performance data submitted.

- **Performance Threshold = 45 points**
- **“Penalty Avoidance”**
 - Quality Measures: performance to meet threshold
 - Quality measures (15) + PI measures (25) + IA (7.5)
 - Full participation in IA category (15) + PI Points + Cost + Quality

Points Available

MIPS Category	Maximum Denominator	Percent of Composite Score
Quality	60 (or 70)	45%
PI	100	25%
IA	40	15%
Cost	N/A	15%

Cost Category (Formerly VBM)

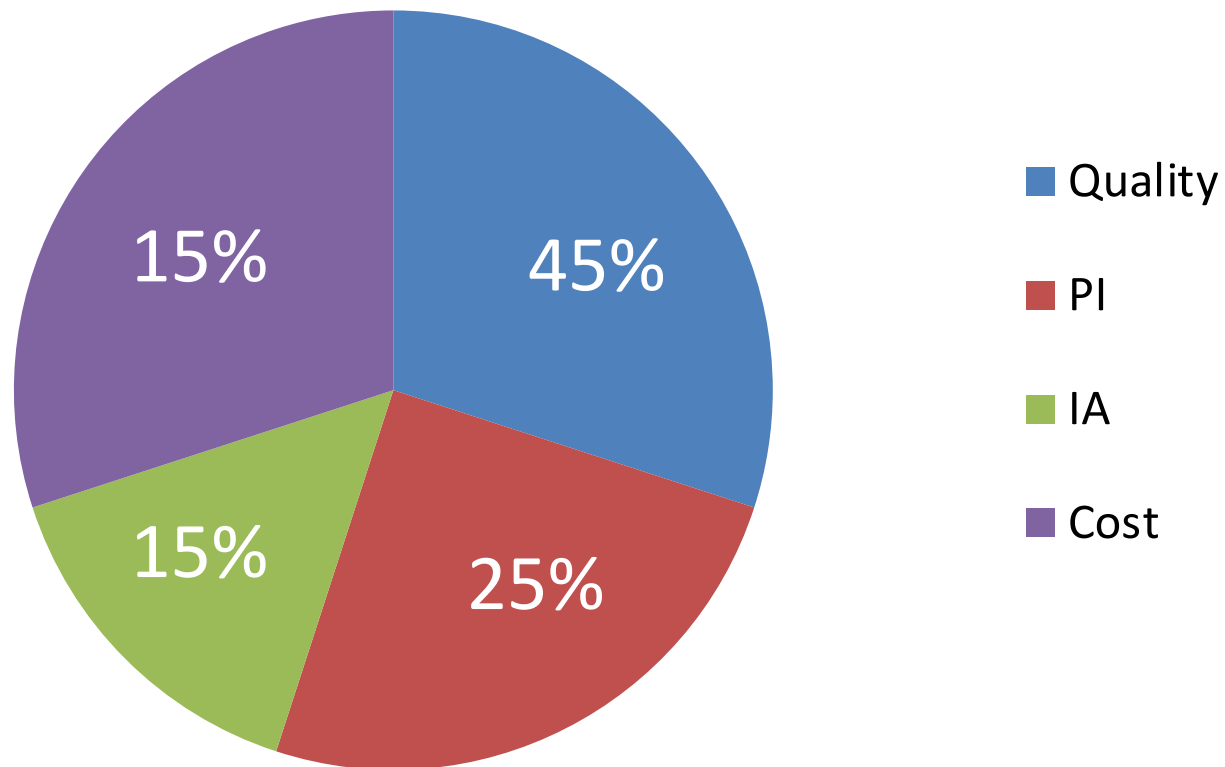
- Administrative Claims: Calculated by CMS
 - Total per Capita Cost (TPCC)
 - Medicare Spending per Beneficiary – **Clinician (MSPB-C)**
 - **10 New Episode-based measures**
 - Total of 18 Episode-based measures

Goal: *Reduce cost of care while increasing quality of care*



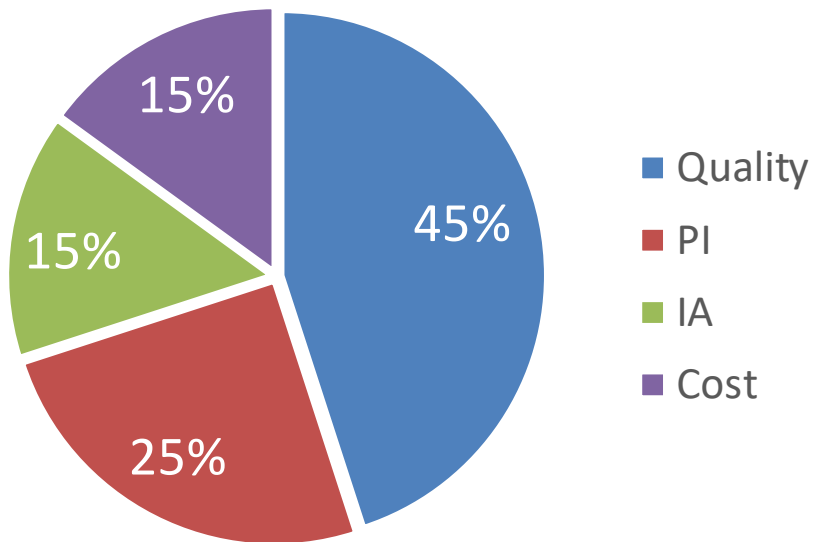
WEIGHT

MIPS 2019

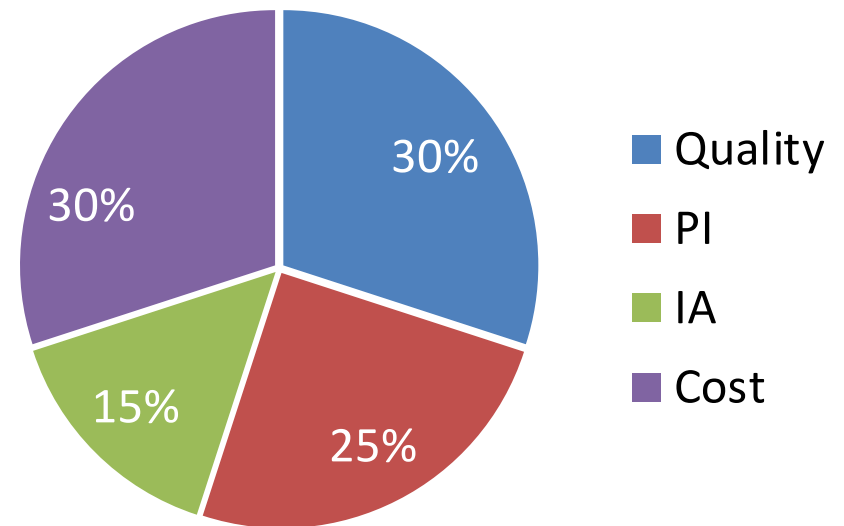


Phase in of Cost Category

MIPS 2020



MIPS 2022



New Cost Measures

Measure Topic	Measure Type
Acute Kidney Injury Requiring New Inpatient Dialysis	Procedural
Elective Primary Hip Arthroplasty	Procedural
Femoral or Inguinal Hernia Repair	Procedural
Hemodialysis Access Creation	Procedural
Inpatient COPD Exacerbation	Medical
Lower Gastrointestinal Hemorrhage (Group only)	Medical
Lumbar Spine Fusion for Degenerative Disease, 1-3 levels	Procedural
Lumpectomy, Partial Mastectomy, Simple Mastectomy	Procedural
Non-Emergent Coronary Artery Bypass Graft (CABG)	Procedural
Renal or Ureteral Stone Surgical Treatment	Procedural

- Performance is calculated by CMS based on which measures meet the case minimum
 - MSPB-C – 35 | TPCC – 20
- 10 new episode-based measures – inpatient & procedural
 - 13 Procedural attributed to a single provider
 - 5 Inpatient medical measures – may be attributed to many providers
- Must meet case minimum per group or individual
 - 10 procedural/ 20 inpatient

Tips for Cost Category

- 1) No submission needed – **15% of score!!!**
- 2) Analyze your 2018 & 2019 results on QPP
- 3) Review any interim reports from CMS
- 4) Consider submitting MACRA codes
(modifier to submit with HCPCS codes)
- 5) Develop plan for 2020

Improvement Activities

105 Improvement Activity options

*Reward clinical practice innovation
& improvement activities such as:*

- Care Coordination
- Beneficiary Engagement
- Patient Safety
- Expanded Patient Access
- Population Management

Rewards PCMH & APM participation



WEIGHT

Improvement Activity Measures

– Requirements

1. Choose from 105 Improvement Activities Measures
2. Report on up to 4 measures for 90 consecutive days each
3. **At least 50% of providers in group must participate in the IA**

– For Maximum performance

- Report on a combination of measures that = 40 points
 - High weight measures = 20 pts
 - Medium weight measures = 10 pts

– For small practices (<15 ECs) / rural health, HPSA

- Double points
 - High weight = 40 pts
 - Medium weight = 20 pts

- **2 New IA measures for 2020**

- **IA_BE_25** – Drug Cost Transparency – High weight
- **IA_CC_18** – Tracking of Clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes – High weight

- **7 IA measures with changes**

IA-BE_7

IA_PSPA_7

IA_BMH_10

IA_PSPA_19

IA_EPA_4

IA_PSPA_28

IA_PM_2

Tips for Improvement Activities

- 1) Confirm that >50% of practice locations in your TIN were a recognized PCMH or ACO/APM participant
- 2) Focus your improvement efforts on quality measures that you are already working on or measures pertinent to your group - prepare for MVPs
- 3) Document your starting point
- 4) Keep evidence that you worked on each measure for 90 consecutive days and the improvement made
- 5) Easiest points to get in 2020**
40 points = 15 MIPS total score points

Promoting Interoperability

Use of **2015 CEHRT** required

- Must meet Protect Pt Health Information/ SRA
- 4 Objectives
- 5 Required Measures
- 100% performance based
- Most challenging category

Bonus Points Available – **5 points**



WEIGHT

2015 CEHRT PI Measures

OBJECTIVE	MEASURES	REPORT TYPE	Max. Points
Protect Patient Health Information	Security Risk Analysis	Required	None
Electronic Prescribing	e-Prescribing	Numer/Denom	10 points
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP) (Optional 2020)	Yes/No	5 point bonus
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Numer/Denom	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Numer/Denom	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Numer/Denom	40 Points
Public Health and Clinical Data Exchange	Report to <u>two</u> different public health agencies or clinical data registries for any of the following: Immunization Registry ** Electronic Case Reporting ** Public Health Registry ** Clinical Data Registry ** Syndromic Surveillance **	Yes/No	10 points

Automatic Reweighting of PI

- Hospital-based Clinicians (>75% NPIs in TIN)
- Nurse Practitioners
- Physician Assistants
- CRNAs
- Clinical Nurse Specialists
- Ambulatory Surgical Centers
- PT, OT, Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dietician/Nutrition Professionals

Exclusions for 2020

Health Information Exchange

Any MIPS EC who has fewer than 100 transitions in care or referrals or has <100 encounters with patients they have never seen before during the performance period

ePrescribing

Any MIPS EC who writes fewer than 100 permissible prescriptions during the performance period

Tips for Promoting Interoperability

- 1) Most likely remain your biggest challenge for 2020: get full category credit (25 points)
- 2) 2015 CEHRT /Implement HIE receive
- 3) Devise a plan to achieve points
- 4) Reweighting available
- 5) Hospital-based – 75% of NPIs in TIN defined as hospital based (decrease from 100% in 2019)
- 6) Must start 90 days by October 2, 2020

Quality Category

Claims – 55 EHR - 47

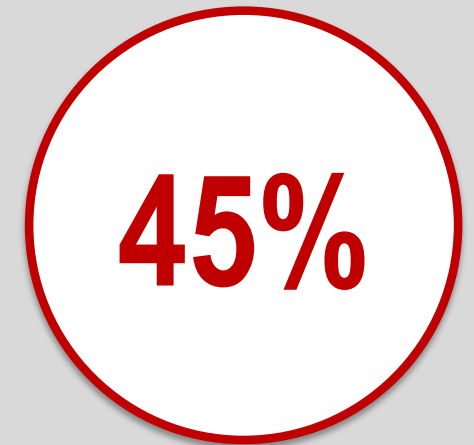
Registry - 196 Web - 10

Measures determined annually by Nov 1st

Choose 6 measures to report

- 1 Outcome or another High Priority measure (Pt outcomes, appropriate use, pt safety, efficiency, pt experience, care coordination)
- Or report a specialty measure set

Bonus points available



WEIGHT

eCQMs Eliminated for 2020

- **CMS 52:**
 - HIV/AIDS: Pneumocystis Jiroveci Pneumonia Prophylaxis
- **CMS 82:**
 - Maternal Depression Screening
- **CMS 132:**
 - (564) Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- **CMS 160:**
 - Depression: Utilization of the PHQ-9 Tool

Collection Type Options

- **Claims** – Small practice groups and their ECs only
- **MIPS CQMs** – 6 measures or measure set
- **CMS Web Interface** – 25+ ECs, 10 quality measures
Register with CMS by June 30, 2020
- **eCQMs**– Choose 6 or measure set
- **QCDR** – Choose 6 or measure set

One measure must be outcome measure or a high priority measure if outcome not available.

Reporting quality measures using various Collection Types allowed

- If the same measure is submitted through more than one collection type, highest score for the measure will be used
- If required outcome measure is submitted using one type and also submitted through another, there are no extra points awarded

Quality Measures

- **Benchmark – Decile Scores**
- **Flat Percentage-based Benchmark – HbA1c, Controlling High BP**
- **Case Minimum** – must meet to be scored for Quality measures (20 cases)
- **Scoring per quality measure** – 3 point minimum retained for small practices
- **(Eliminated 1 point** if reporting does not meet data completeness for larger practices)



MIPS Benchmark Results

Measure_Name	CMS ID	NQF ID	Measure ID	Submission Method	Measure Type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out
Childhood Immunization Status	117v8	0038	240	EHR	Process	Y	4.76 - 6.51	6.52 - 9.08	9.09 - 13.00	13.01 - 18.17	18.18 - 23.80	23.81 - 29.32	29.33 - 41.66	>= 41.67	No
Diabetes: Hemoglobin A1c Poor Control	122v8	0059	1	EHR	Outcome	Y	54.67 - 35.91	35.90 - 25.63	25.62 - 19.34	19.33 - 14.15	14.14 - 9.10	9.09 - 3.34	3.33 - 0.01	0	No
Cervical Cancer Screening	124v8	0032	309	EHR	Process	Y	8.89 - 15.08	15.09 - 21.79	21.80 - 28.83	28.84 - 36.66	36.67 - 44.99	45.00 - 54.77	54.78 - 68.99	>= 69.00	No
Breast Cancer Screening	125v8	2372	112	EHR	Process	Y	12.41 - 22.21	22.22 - 32.30	32.31 - 40.86	40.87 - 47.91	47.92 - 55.25	55.26 - 63.06	63.07 - 73.22	>= 73.23	No
Pneumonia Vaccination Status for Older Adults	127v8	0043	111	EHR	Process	Y	14.13 - 23.25	23.26 - 33.02	33.03 - 43.58	43.59 - 53.96	53.97 - 63.60	63.61 - 74.54	74.55 - 85.52	>= 85.53	No
Anti-depressant Medication Management	128v8	0105	9	EHR	Process	Y	0.97 - 1.27	1.28 - 1.52	1.53 - 1.84	1.85 - 2.37	2.38 - 3.99	4.00 - 61.47	61.48 - 80.62	>= 80.63	No
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	129v9	0389	102	EHR	Process	N	--	--	--	--	--	--	--	--	--
Colorectal Cancer Screening	130v8	0034	113	EHR	Process	Y	7.35 - 15.97	15.98 - 24.66	24.67 - 33.45	33.46 - 44.39	44.40 - 56.19	56.20 - 67.91	67.92 - 82.28	>= 82.29	No

Quality Data Completeness

- When reporting quality measures, must meet data completeness criteria:
 - **Claims – 70%** of all Medicare patients eligible for a measure
 - **eCQMs, MIPS CQMs, QCDR – at least 70%** of all patients eligible for the measure across all payers

Bonus Points Still Available

Category	Measures	Bonus Points	Maximum
Quality	Additional Outcome or Patient Experience Measure	2 points each	6 point max
Quality	Additional High Priority Measure	1 point each	
Quality	CEHRT Submission	1 point each	6 point max
Quality	Improvement		Up to 10 percentage points

- **Small Practice Bonus**
 - 6 points added to quality numerator (<15 ECs)
- **Complex Patient Care Bonus**
 - Up to 5 points (Added to Total Score)
- **Quality Improvement Bonus**
 - Up to 10 percentage points (Added to Quality Score)

CAHPS Survey for MIPS

- Must advise CMS by June 30
- CMS determines if you have a big enough sample to measure

Reminder - If it is determined that you cannot report CAHPS as patient experience measure, your denominator for quality will be reduced by 10 points and you will receive zero points for the measure.

FYI

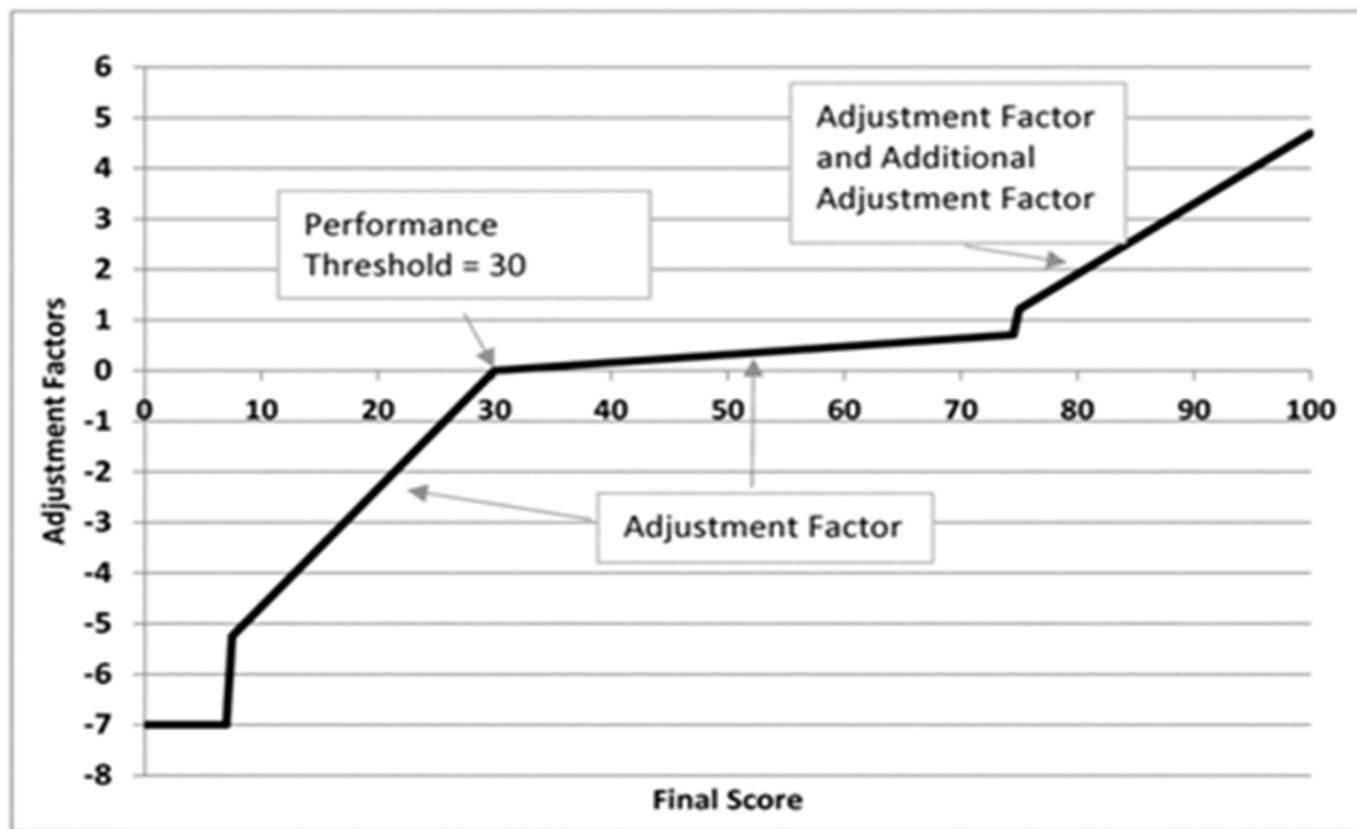
- Don't try to submit this measure more than twice if you don't qualify
- Adjust your IA measure if you will not be using the CAHPS survey

- Automatic re-weighting of **Quality, PI & IA to 0%** for individual ECs in hurricane/fire areas (*Zip codes/ HRSA list*)
- A significant hardship exception for MIPS ECs in small practices (≤ 15) is available
- MIPS eligible clinicians whose EHR was decertified
- **Deadline to apply: December 31, 2020**

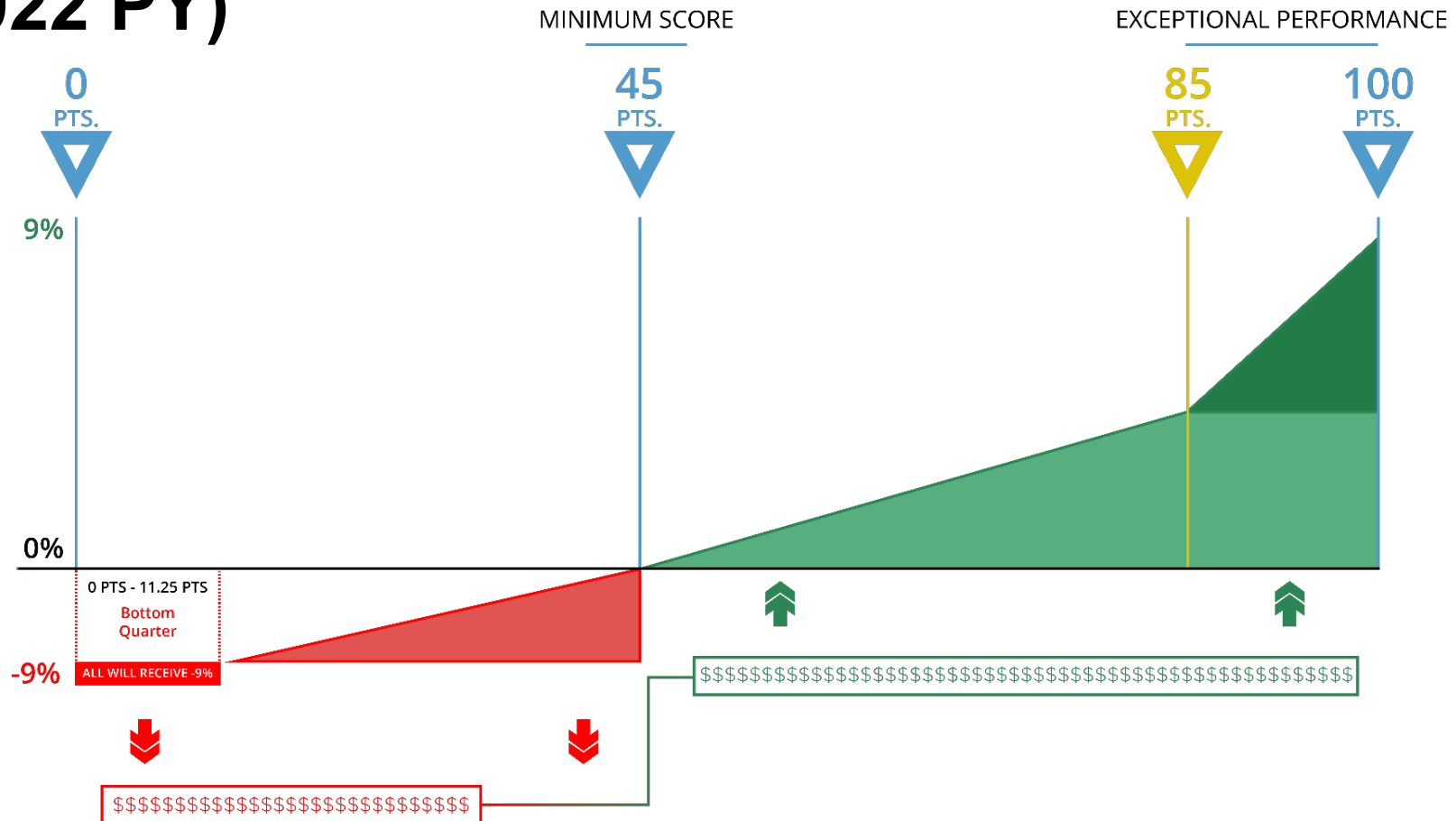
Composite Score vs Performance Threshold

Final Total Score	MIPS 2022 Fee Schedule Adjustment
0 – 11.25	-9% (Most likely those individuals or groups scoring zero)
11.26 - 44.99	>-9% up to 0% (Negative adjustment)
45	0% (No adjustment – 2020 performance threshold)
45.01- 84.99	0.1- 8.9%x to maintain budget neutrality (Positive adjustment)
85.0 -100	Up to 9%x plus exceptional performance adjustment of 0.5%-10% (Positive adjustment)

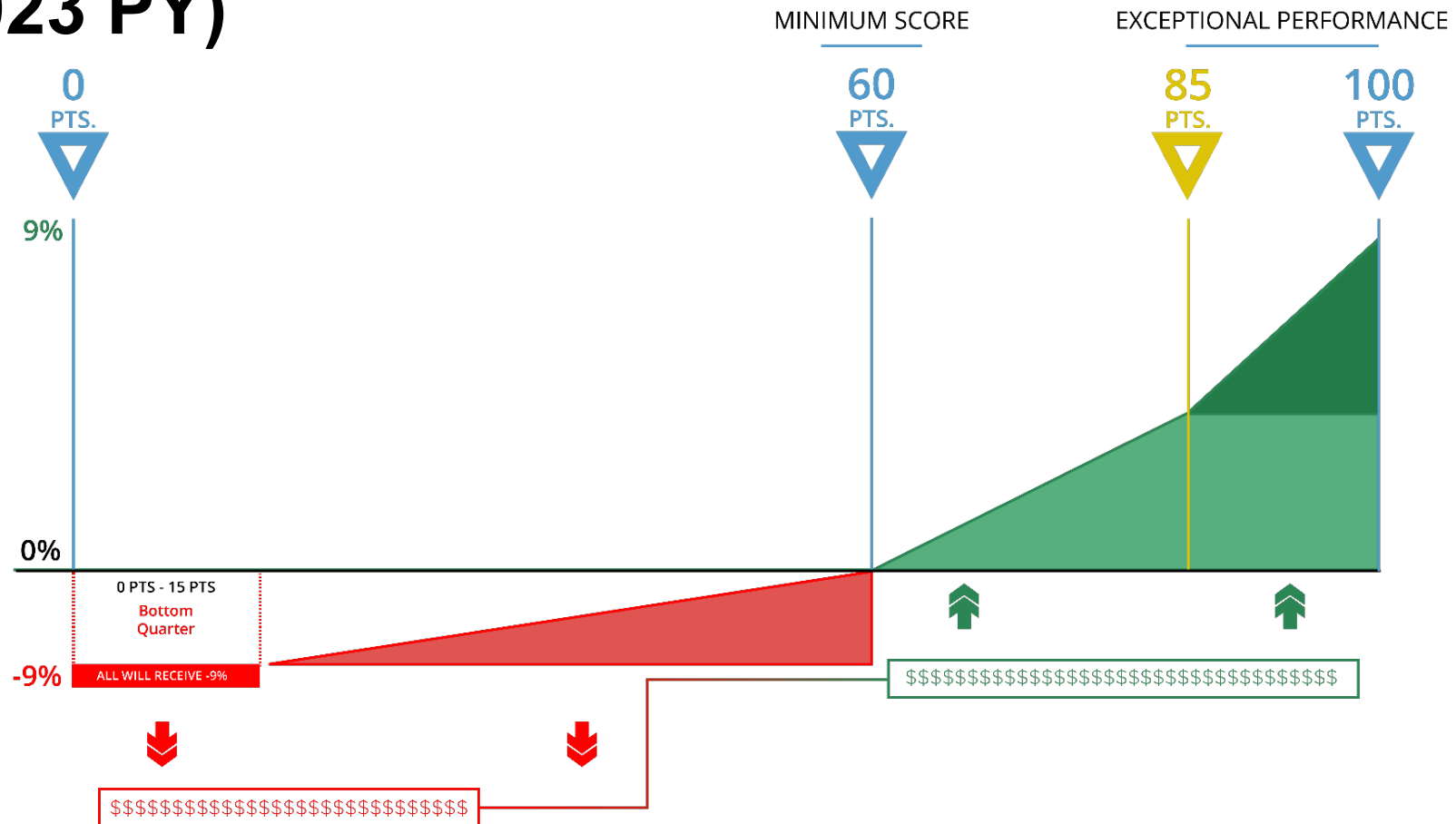
2021 Adjustments (2019 PY)



2020 Positive & Negative Adjustments (2022 PY)



2021 Positive & Negative Adjustments (2023 PY)

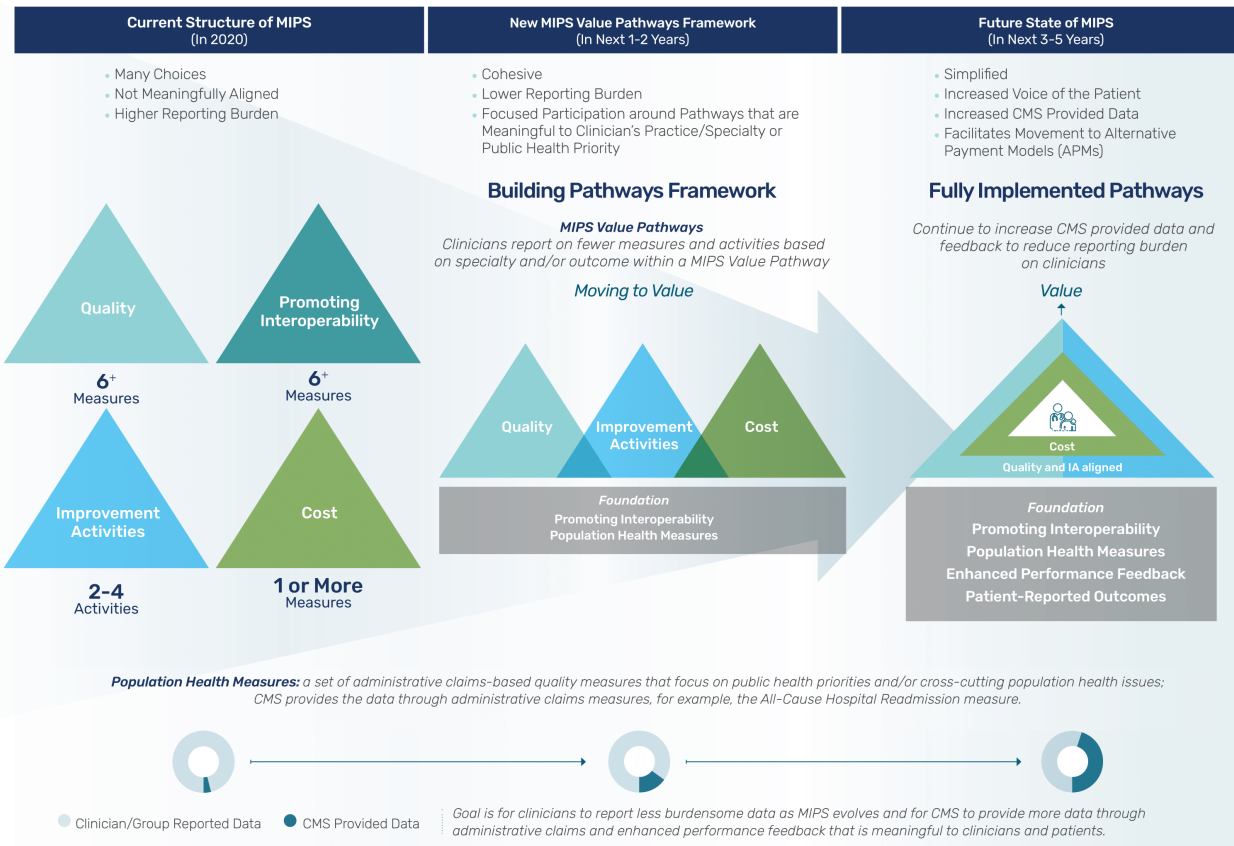


- If you receive reweighting for extreme & uncontrollable circumstances resulting in no adjustment to your PFS and you submit (individual or group) any quality, PI or IA data – you will be scored based on that submission – reweighting goes away
- If you receive reweighting of the PI category and you submit PI data, you will be scored on the data submitted
- Read 2018 & 2019 QPP report – determine which special statuses and bonuses were earned for 2018 & 2019 and which cost measures were calculated (good prediction for 2020)
- Targeted review must be requested within 60 days of release of performance feedback

- ❑ 2018 MIPS Performance **will be posted on Physician Compare**
- ❑ Cost and Quality categories must be worth 30% each of total MIPS score by 2022 – Will they change in 2021?
- ❑ **MIPS Value Pathways (MVPs) PY 2021**

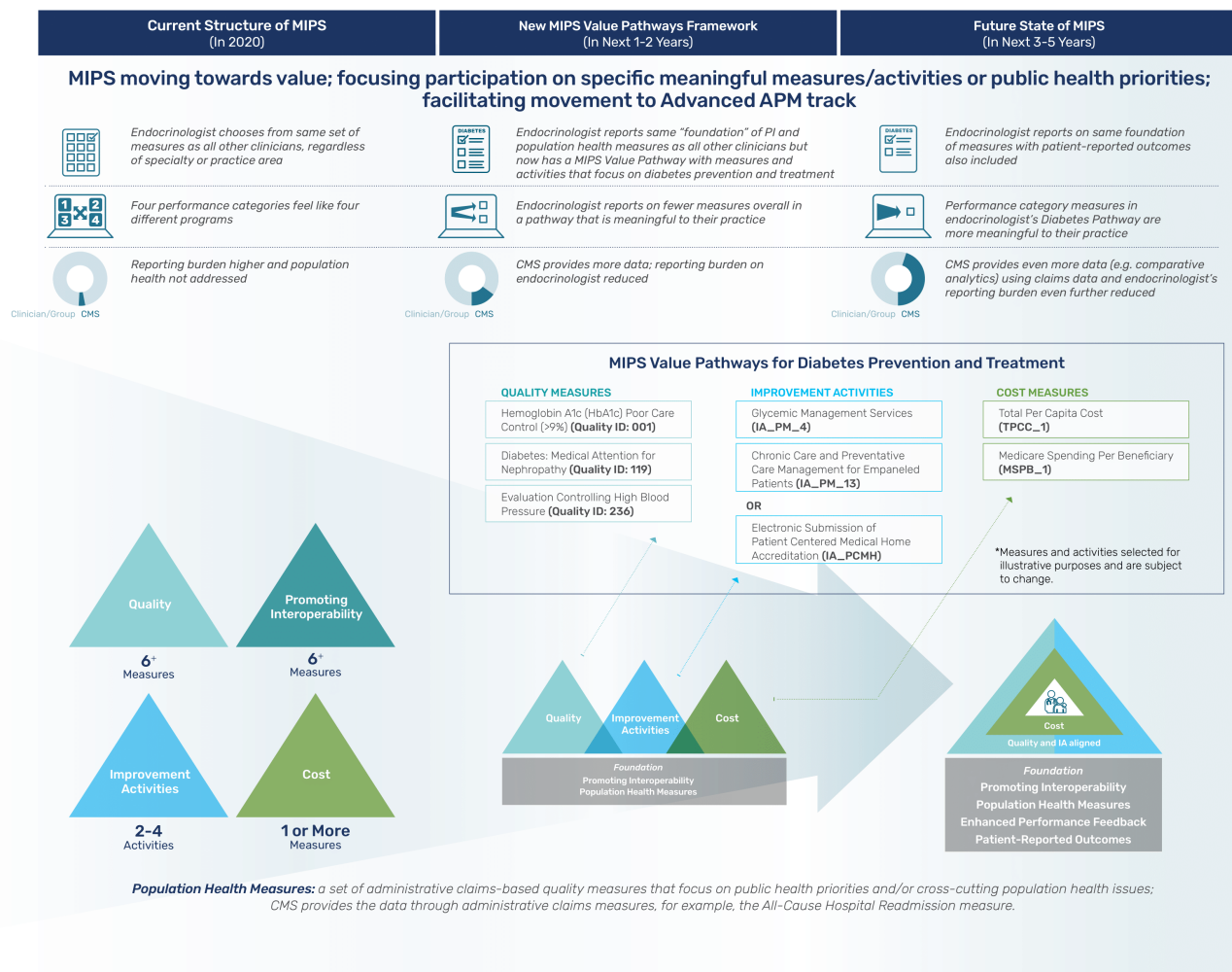
MIPS Value Pathways

MIPS Value Pathways



Sample Diabetes MVP

MIPS Value Pathways: Diabetes Example



- **CMS QPP website – (qpp.cms.gov)**
 - Measure Selection Tools
 - Program Information
 - Participation Status
 - **Resource Library**
- **Medisolv.com**



Denise Scott, MM, RN-BC, CMHP

Director, Ambulatory Services

dscott@medisolv.com

questions@medisolv.com