

Introduction to MIPS

(Merit Based Incentive Payment System)

FINAL RULE

This webinar provides the basics of the new quality payment program:
MIPS (Merit-based Incentive Payment System)

- Eligibility
- MIPS Performance Categories: Requirements, Scoring and Submission Options
- MIPS Payment adjustments
- Resources

MACRA

Medicare Access & CHIP Reauthorization Act

- ▶ Law was signed April 16, 2015
- ▶ Repeals the Sustainable Growth Rate (SGR) methodology
- ▶ Combines former quality reporting programs (PQRS, MU and VBM) into one new system
- ▶ Creates a unified framework known as Quality Payment Programs with two tracks, MIPS and APMs.

MACRA

QUALITY PAYMENT PROGRAMS

MIPS

(Merit-Based Incentive Payment System)

4 Performance Categories

- Quality
- Advancing Care Information
- Clinical Practice Improvement Activities
- Resource Use

2017 Advance APM

(Alternative Payment Model)

- Comprehensive ESRD Care Model
- Medicare Shared Savings
- Next Generation ACO
- Comprehensive Primary Care Plus
- Oncology Care Model

Alternative Payment Models (APMs)

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MACRA does NOT change how any particular APM functions or rewards value. Instead, it creates extra incentives for APM participation.

Advanced APMs must meet the following criteria:

- ▶ Requires participants to use certified EHR technology.
- ▶ The APM bases payment on quality measures comparable to those in the MIPS quality performance category.
- ▶ The APM either: (1) requires APM Entities to bear more than nominal financial risk for monetary losses; OR (2) is a Medical Home Model expanded under CMMI authority.

MIPS Eligible Clinicians (ECs)

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Clinicians who bill \$30,000 or more in Medicare Part B services **AND** sees 100 or more Medicare beneficiaries in one year.

PERFORMANCE YEARS 2017-2018

- MD
- DO
- Dentist
- Dental Surgeons
- Podiatrist
- Optometrist
- Chiropractors
- PA
- NP
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetists

PERFORMANCE YEARS 2019 AND BEYOND

The secretary MAY broaden the group of eligible clinicians to include:

- PT
- OT
- Speech-Language Pathologists
- Audiologists
- Nurse Midwives
- Clinical Social Workers
- Clinical Psychologists
- Dietitians/Nutritional professionals

**Voluntarily
report!**

EXCEPTIONS TO MIPS

There are 3 groups of ECs who will NOT be subject to MIPS

- 1st year of Medicare participation
- Participants in eligible APMs who qualify for the bonus payment
- Participants who fall below the low volume threshold

Low Volume = Medicare Part B billing charges less than or equal to \$30,000
OR
provides care for 100 or fewer Medicare patients in one year.

MIPS does not apply towards hospitals or facilities.

Report as an Individual or Group

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Individual

EC will be identified using the combination of billing TIN/NPI.

Group



Two or more EC identified by their NPI who have reassigned their billing rights to a single TIN.

MIPS eligible clinicians and groups must use the same identifier for all performance categories!

Pick your Pace!!!!

2017 Performance Period

Select one of the 3 options for your 2017 MIPS performance period to avoid 2019 negative payment adjustments. EC are subject to receive a positive payment with options 2 & 3.

- **Test Pace**

Report on one quality measure OR one CPIA OR the ACI Base Score measures.

- **Participate for part of the calendar year**

Report on all activities/measures in each of the 3 performance categories for a minimum of 90 days.

- **Participate for the full calendar year**

Report on all activities/measures in each of the 3 performance categories for a full calendar year.

EC who do not participate in 2017 will automatically receive a negative 4% payment adjustment in 2019

Data Submission Options

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Performance data due by March 31, 2018



You can report as an individual EC or group through QCDR, Certified Registries or EHR.

Claims, Attestation, Web Interface are also available depending on Individual vs Group and category.

Web Interface is for groups of 25 or more EC.
To submit data through our CMS web interface, you must register as a group by June 30, 2017.



Claims Based

MIPS Eligible Clinicians may elect to submit information through multiple mechanisms but they can only use ONE submission mechanism per category

MIPS

Performance Categories



Quality



Advancing Care Information



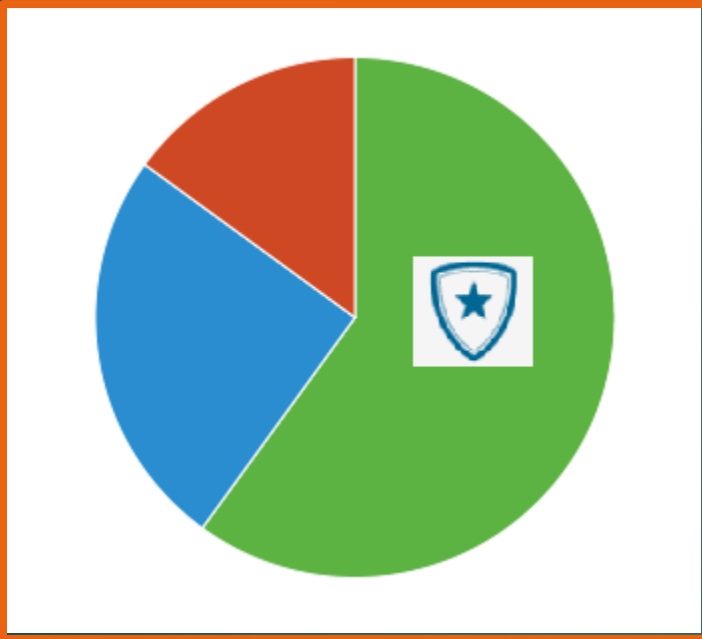
Clinical Practice Improvement Activity



Resource Use/Cost

Quality Performance Category

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- Replaces PQRS
- 60% of the MIPS EC composite score, or
- 85% if their ACI is reweighted to 0



Quality

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Select 6 Quality Measures

➤ 1 MUST be:

- Outcome/Intermediate Outcome Measure OR
- High Priority Measure:
 - Appropriate Use
 - Patient Experience
 - Patient Safety
 - Efficiency
 - Care Coordination

➤ Report for a minimum of 90 days

Bonus Points:

- Additional Outcome Measures
- Additional High Priority Measures

Groups (25 or more ECs) using CMS web interface: Report 15 quality measures for a full year.
(Must register as a group by June 30, 2017)

Test Pace (1 of 3 reporting options): Report 1 quality measure to avoid 2019 negative payments.



Quality Submission Mechanisms

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Choose **ONE** Submission Mechanism to report your quality measures through:



Individual

- QCDR
- Qualified Registry
- EHR *
- Claims



Group

- QCDR
- Qualified Registry
- EHR *
- Administrative Claims
- CMS Web Interface
- CAHPS for MIPS Survey

* You can earn **Bonus Points** for EHR reporting



Quality Scoring

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ECs will automatically receive 3 points/measure submitted

If a measure can be reliably scored, then the EC can receive 3-10 points/measure.

- Benchmarks exists
- Sufficient case volume (20 Cases)
- Data completeness met (50%)

Each measure
is converted
to points
(3-10)



Zero points for
a measure
that is not
reported



Bonus for reporting
additional outcomes
measures and high
priority measures



Bonus for
EHR
reporting



Total
Points

Total
Points



Total Possible
Points
60 or 70 points



#



Category
Weight
60% or 85%



x 100
Quality
Performance Score



Quality Scoring

16

*Maximum Number of Points

60 points – Without the “All-cause Readmission Measure”

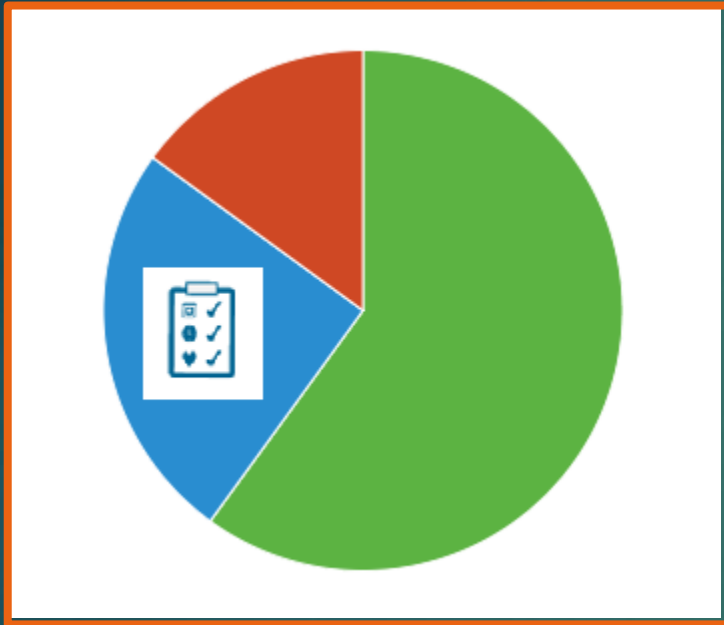
70 points – With the “All-cause Readmission Measure”

All-cause Readmission Measure

- Will Only be score for Groups (16 or more EC) who have beneficiaries attributed to them and meet the minimum case requirement (200 cases or >).
- The 30-day All-cause Hospital Readmission measure is risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.
- Does NOT Require Data Submission – Administrative Claims

Advancing Care Information (ACI) Performance Category

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- Replaces Medicare Meaningful Use program
- 25% of the MIPS EC composite score, or
- Reweighted to 0 for selected MIPS EC



Advancing Care Information (ACI)

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Base Measures

- Protect Patient Health Information
- E-Prescribing
- Provide Patient Access
- Health Information Exchange

Bonus Points

- Public Health Registry Reporting
- Clinical Practice Improvement Activity

Performance Measures

Select measures that best fit your practice

- Health Information Exchange
- Immunization Registry Reporting
- Medication Reconciliation
- Patient-Specific Education
- Provide Patient Access
- Secure Messaging
- View, Download and Transmit

- Report on a minimum of 90 continuous days
- Test Pace (1 of 3 options): Report the Base Score measures to avoid 2019 negative payment adjustments



ACI Submission Mechanisms

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Choose **ONE** Submission Mechanism to report your ACI measures through



Individual Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR



Group Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR
- CMS Web Interface



ACI Scoring

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Base Score Measures = 50 points

- Failure to perform a security risk analyses will yield 0 points for the ACI category.
- You must have at least 1 in the numerator for E-Prescribing, Provide Patient Access, and Health Information Exchange.
- You must complete all 4 measures to receive 50 points and to report on the performance measures and bonus activities.

Performance Measures = Up to 90 points

- Each measure can yield up to 10 points, except “Provide Patient Access” and “Health Information Exchange” are up to 20 points each.
- Measure Performance Calculation:
 - Immunization Registry Reporting - Yes = 10 points; No = 0 points
 - Remaining Measures – Numerator/Denominator x 10% or 20%



ACI Scoring (continued)

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Bonus Points

➤ **Public Health Registry Reporting** = 5%

The MIPS EC who is in active engagement with a public health agency to submit data to public health registries.

➤ **Clinical Practice Improvement Activity** = 10%

MIPS EC who attests to completing at least one of the selected clinical practice improvement activities. There are 18 measures to choose from to receive the bonus under ACI.

Base Score
50 Points



Performance Score
Up to 90 Points



Bonus Points
15 Points



Total Points
Capped at 100 points

Total Points



100
Total Possible Points



#



25%
Category Weight



x 100 =
ACI Total Score



ACI Flexibility

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Selected MIPS EC can have the ACI category reweighted to 0.

CMS will **automatically** reweight the ACI performance category to zero for:
Hospital-based MIPS EC, Non-patient Facing MIPS EC, NP, PA, CRNAs and CNS.

*Reporting is optional although if clinicians choose to report, they will be scored.

Hospital-based:

75% or more of Medicare services performed in the inpatient, on campus outpatient department or emergency department.

Non-patient Facing:

Individual – 100 or less patient facing encounters
Group – less than 75% of NPIs billing under the group's TIN are labeled as non-patient facing

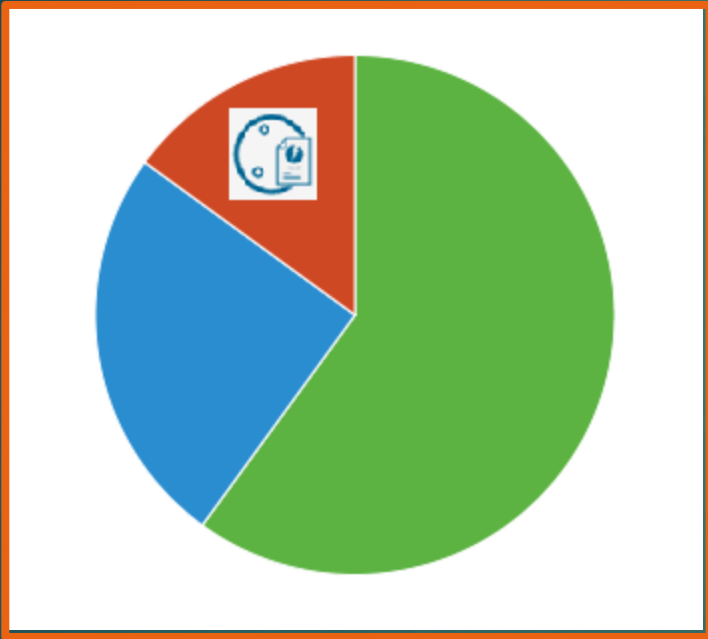
A clinician can **apply** to have their performance category score weighted to zero for the following reasons:

1. Insufficient internet connectivity
2. Extreme and uncontrollable circumstances
3. Lack of control over the availability of CEHRT

The category's weight of 25% would be added to the Quality category.

Clinical Practice Improvement Activities Performance Category

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- New on a national level
- 15% of the MIPS EC composite score



- Complete activities that best fit your practice for a minimum of 90 days.
- Activities are weighted as High and Medium.
 - 14 High Weighted Activities
 - 79 Medium Weighted Activities

Total Maximum Points: 40 = Full Credit (15%)

Small Practice/Rural Clinics/

Non-Patient Facing Clinician(s)

Medium Weighted Activity = 20 points

High Weighted Activity = 40 points

Group Practices (15 or more EC)

Medium Weighted Activity = 10 points

High Weighted Activity = 20 points

Patient Center Medical Home Models

Automatically receive full credit

Other APMs

Receive ½ credit and may report additional activities to receive full credit



CPIA Submission Mechanisms

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Choose ONE Submission Mechanism to report your CPIAs through

Individual Reporting



- Attestation
- QCDR
- Qualified Registry
- EHR

Group Reporting



- Attestation
- QCDR
- Qualified Registry
- EHR
- CMS Web Interface



CPIA Scoring

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$$\boxed{\text{Total Points}} \div \boxed{\begin{matrix} 40 \\ \text{Total Possible Points} \end{matrix}} = \boxed{\#}$$

$$\boxed{\#} \times \boxed{\begin{matrix} 15\% \\ \text{Category Weight} \end{matrix}} = \boxed{\#} \times \boxed{100} = \boxed{\begin{matrix} \text{CPIA} \\ \text{Total Score} \end{matrix}}$$



Resource Use/Cost Performance Category

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- Replaces the cost component of the VBM program
- Cost measures will be scored and reflect in the MIPS Feedback Reports
- 0% of the MIPS EC Composite score for 2017

Performance Year	Payment Year	Category Weight
2017	2019	0%
2018	2020	10%
2019	2021	30%



Resource Use/Cost

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The cost measures that are used in MIPS aim to measure how a particular clinician or group impacts a patient's cost, both directly or indirectly. CMS has aimed to design the program that encourages more consideration of the costs of care associated with patients even after other clinicians become involved, so the measures require that clinicians who are most significantly responsible for their care, as measured by Medicare allowed amounts, assume accountability for it.

- Total Costs per Capita for All Attributed Beneficiaries (Total Cost per Capita)
- Medicare Spending per Beneficiary (MSPB)
- Episode Based Measures
 - 10 out of 41 Episode based measures will be used in 2017

EC Composite Score/ Payment Adjustments

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2017
MIPS Threshold = 3
Exceptional Performance = 70

2017 ECs Composite Score =

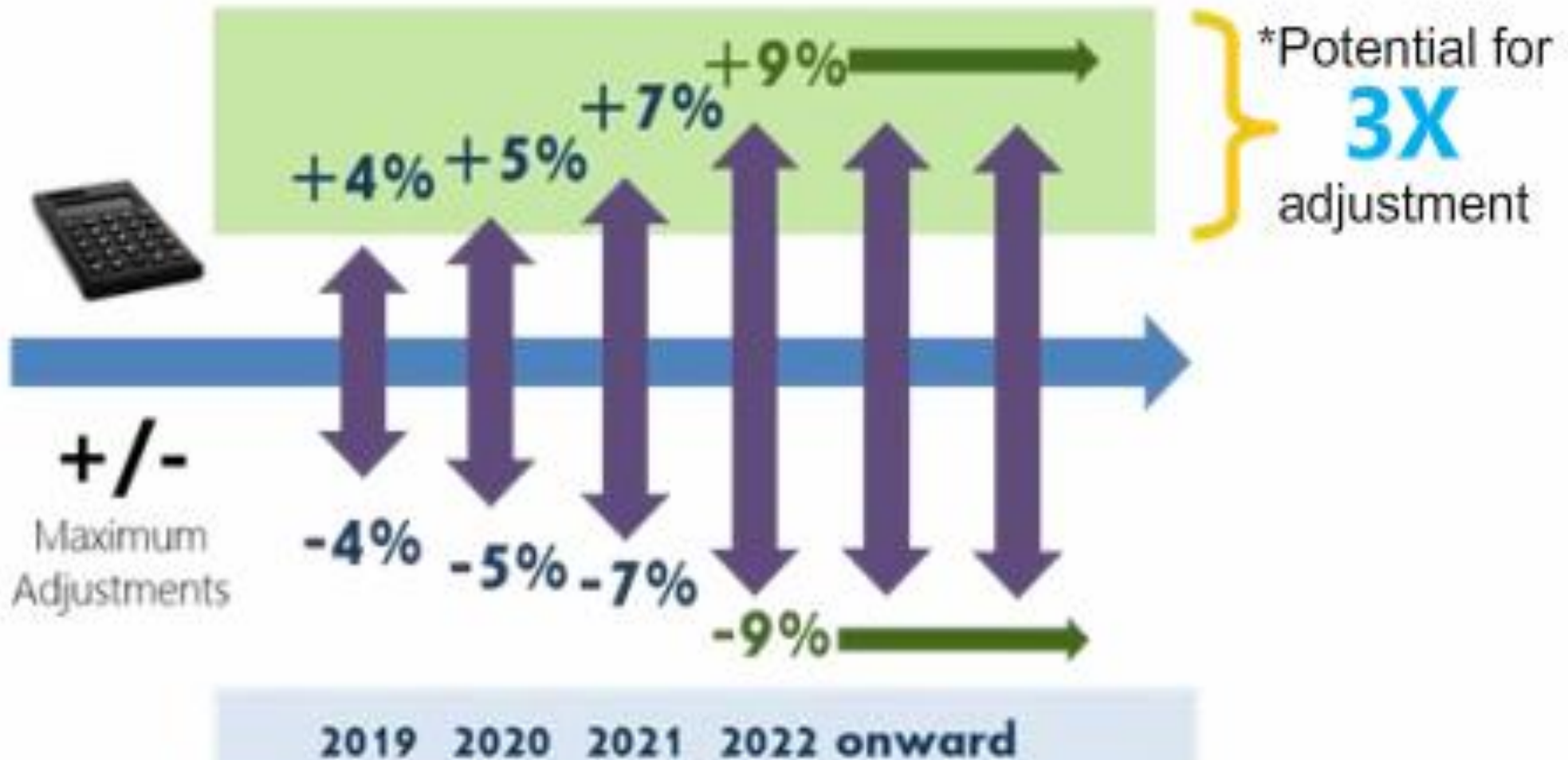
Sum of points from the Quality, ACI and CPIA category's

Final Score	2019 Payment Adjustment
70 points or above	Positive Adjustment Eligible for Exceptional Performance Bonus
4-69 points	Positive Adjustment NOT Eligible for Exceptional Performance Bonus
3 points	Neutral Payment Adjustment
0 points	0 points = No participation Automatically receive NEGATIVE 4% Adjustment

MIPS Payment Adjustment Timeline

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*Scaling Factor maintains Budget Neutrality



Exceptional MIPS Performers

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There is a separate payment adjustment for those who performs **exceptionally** well.

There is a separate bucket of money,
\$500M dollars will be available each year from 2019-2024.

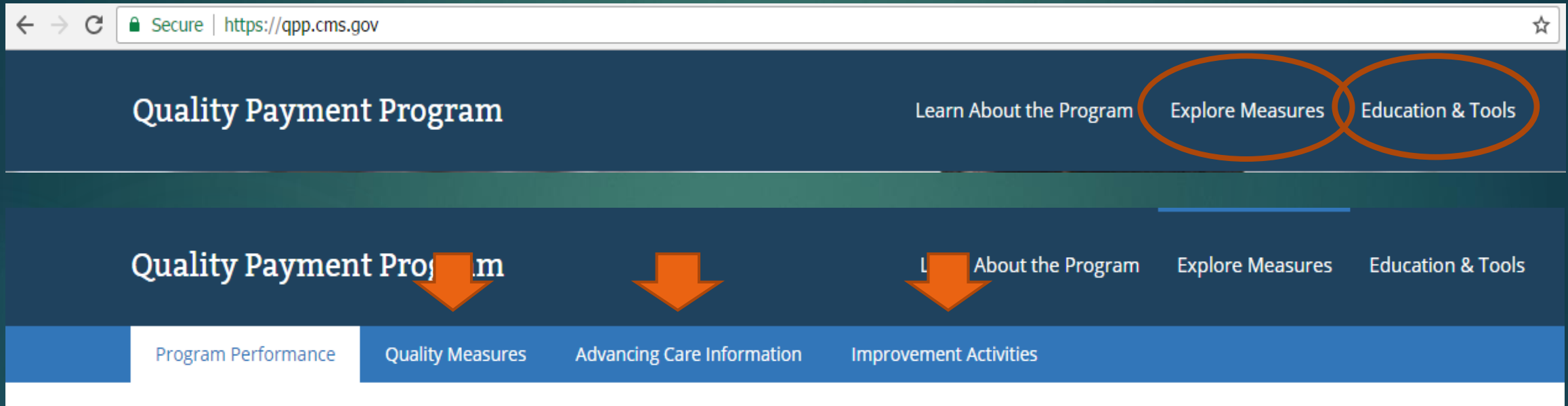
A clinician can receive 0.5 - 10%

Additional Resources

CMS Quality Payment Program

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Website <https://qpp.cms.gov>



Call QPP Service Center:

1-866-288-8292

Available: Monday – Friday 8am-8pm

Send Questions:

QPP@CMS.hhs.gov

STI Computer Services

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Website www.sticomputer.com



STI's MIPS Assistance Program

Sign up on our Website

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The coaches are working with the practices to:

- Educate them on the program and it's details
- Quality measures
 - Help them select the 6 measures & Configure the measures
 - Train them on how to document them in Clinical
- Advancing Care Information
 - Make decisions about what measures they will comply with
 - Make any necessary changes in Clinical accordingly
- Clinical Practice Improvement Activities
 - Review the options & Help them select CPIAs
 - Make changes in system to support CPIA as necessary
- Quality Registry Portal
 - Get them access to the portal
 - Familiarize them with the portal functionality
 - Show them how to review and make any corrections to the data
- Touch-base calls during the year to answer questions & assess your progress
- Assist with MIPS Attestation

Thank you for attending today's webinar