



MIPS (Merit-based Incentive Payment System)

## **Clinical Practice Improvement Activities**



# Today we will cover:

- ▶ General review of the Quality Payment Programs as per the **final rule**.

- Who is Eligible/Exceptions

- 2017 Clinicians Composite Score and payment adjustments

- Reporting Options

- ▶ Resource: CMS Quality Payment Program Website
- ▶ Update on the Quality Performance Category 2017 Requirements
- ▶ Recap on the 2017 Advancing Care Information Category
- ▶ CPIA Requirements
  - How to receive full credit
  - Review a few activities
- ▶ Final Rule Comment Period and QPP Help contact information

# 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

# Who is Eligible?

## Medicare Part B “Eligible Clinicians”

### 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 Eligible Clinicians 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

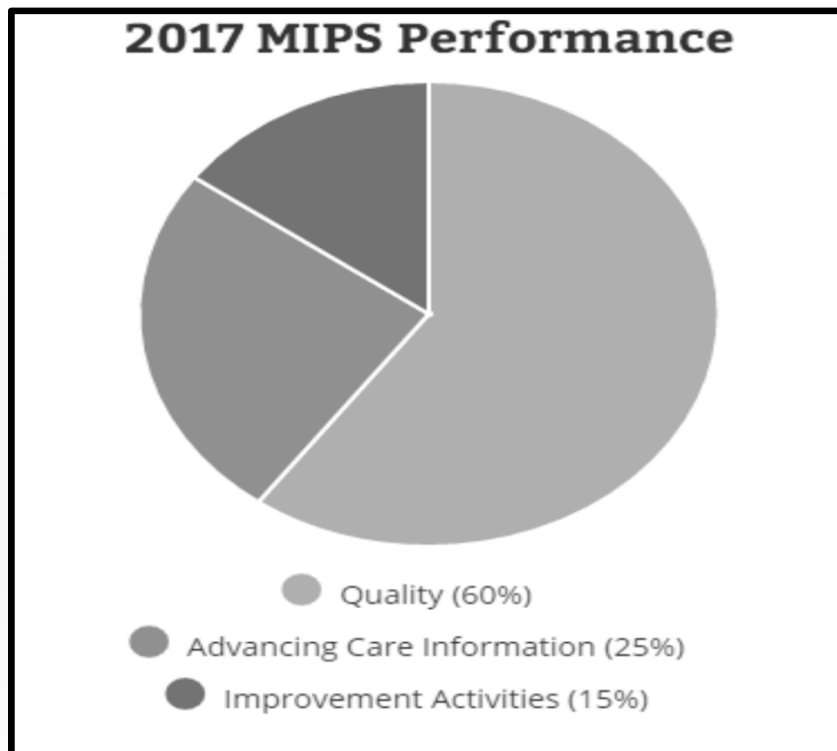
**Low Volume** ≡ Medicare Part B billing charges less than or equal to \$30,000

**OR**

provides care for 100 or fewer Medicare patients in one year.

MIPS does not apply towards hospitals or facilities.

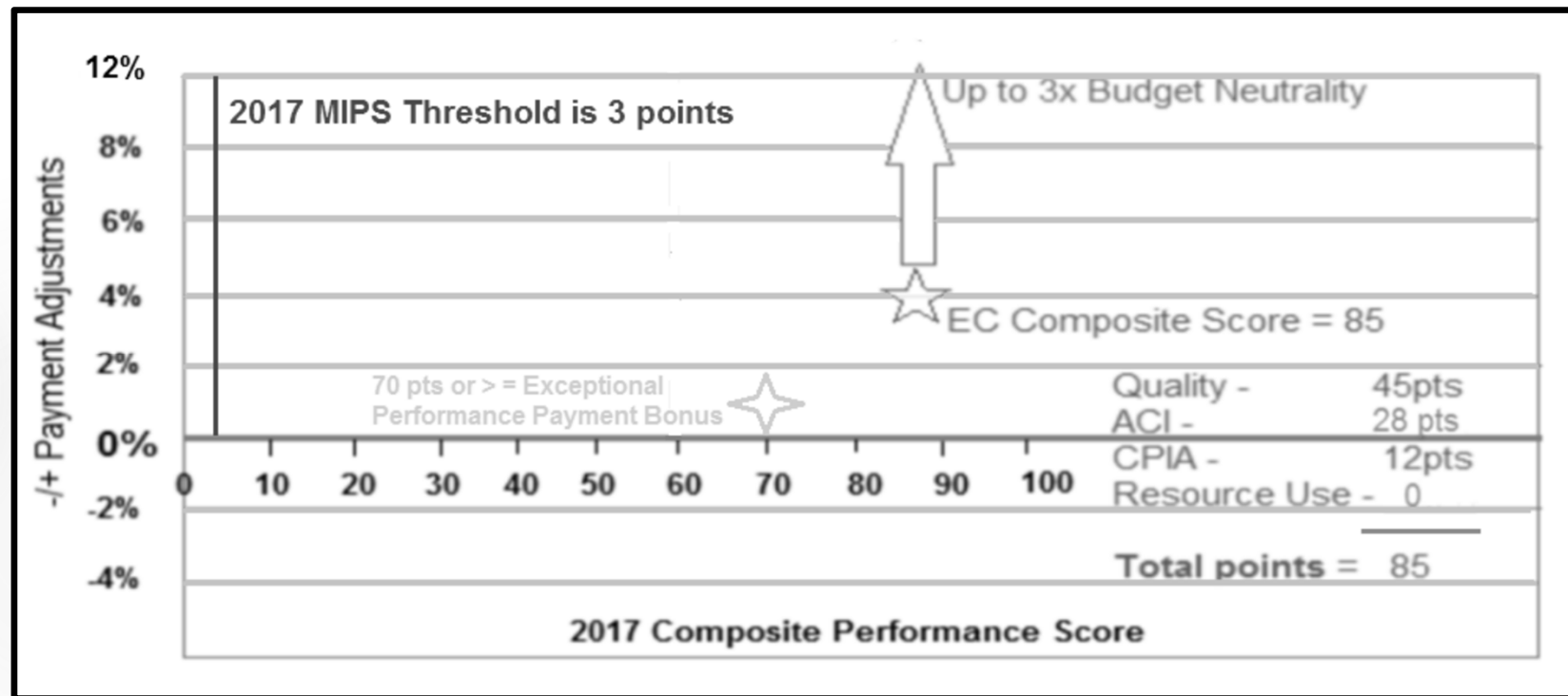
# Calculating the 2017 Composite Performance Score



Resource Use performance score will not be factored in CPS in 2017 only.

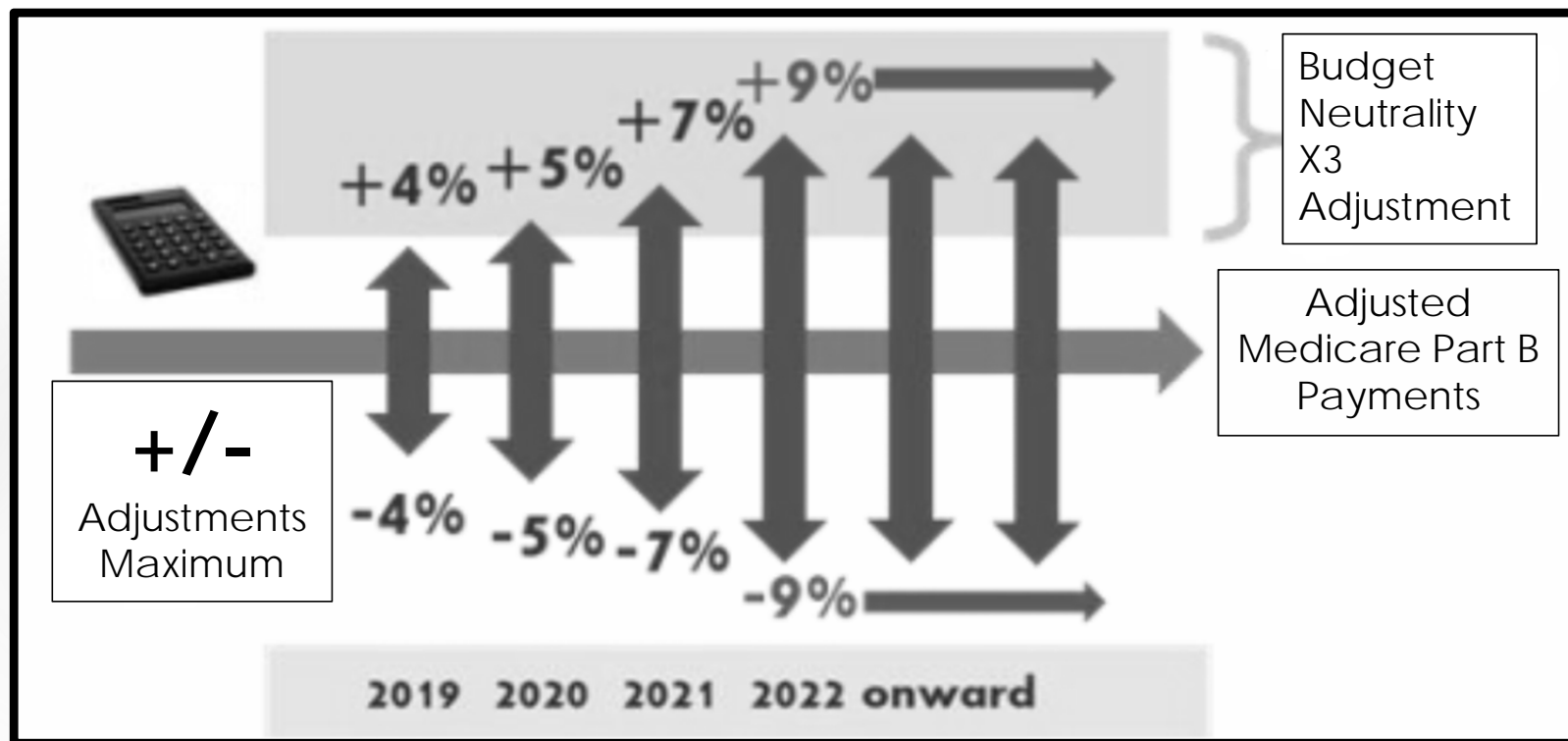
# EC Composite Performance Score 2017

## Payment Adjustment 2019



# MIPS Payment Adjustment Timeline

## Scaling Factor maintains Budget Neutrality





# Exceptional MIPS Performers- Beyond the scaling factor

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 could receive up to an additional 10%**

**Clinicians who achieve a final score of 70 or higher will be eligible for the  
exceptional performance adjustment in 2017.**

# Report as an Individual or Group



## 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 the Quality Payment Program.**  
Report on one quality measure or one CPIA or the base score measures in the ACI for a minimum of 90 days
- **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 2017 will automatically receive a negative 4% adjustment to 2019 payments

# Data Submission Options

Performance data due by **March 31, 2018**



Quality



Advancing  
care  
information



CPIA



Resource use

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

Claims Based

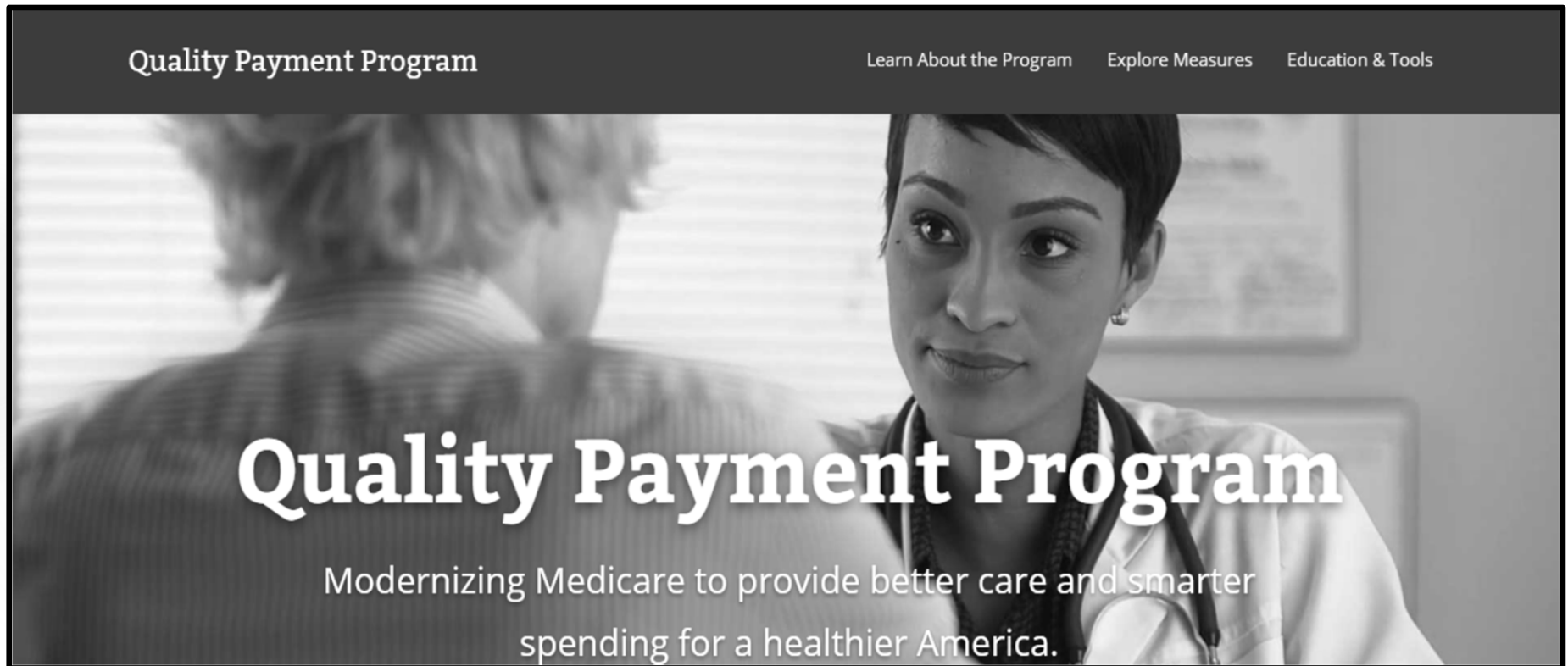
Claims, Attestation, Web Interface are also available depending on Individual vs Group and category.

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**.

MIPS eligible clinicians and groups may elect to submit information via multiple mechanisms; however, they may only use **one** submission mechanism per category.

# CMS Quality Payment Program Website

<https://qpp.cms.gov>





**2017**

**QUALITY PERFORMANCE CATEGORY**

- 60% Clinician Composite Score
- Replacing PQRS

# Requirements

- ▶ Report on 6 quality measures, that includes one outcome measure. Select one high priority measure If an outcome measure is not available.
- ▶ Groups using CMS web interface: Report 15 quality measures for a full year.

# Outcome/High Priority Measure



- ▶ Select one outcome measure if available
- ▶ If an outcome is not available you must select one high priority measure:

Appropriate use

Patient safety

Efficiency

Patient experience

Care coordination

Measure type listed as an “intermediate outcome” is considered an outcome measure for the purposes of scoring



# Selecting MIPS Measures

- ▶ MIPS Individual Measure List

OR

- ▶ MIPS Specialty Measure Sets

The measures within the specialty measure sets are the same measures found within the individual list, however they are sorted consistent with the American Board of Medical Specialties (ABMS) specialties.

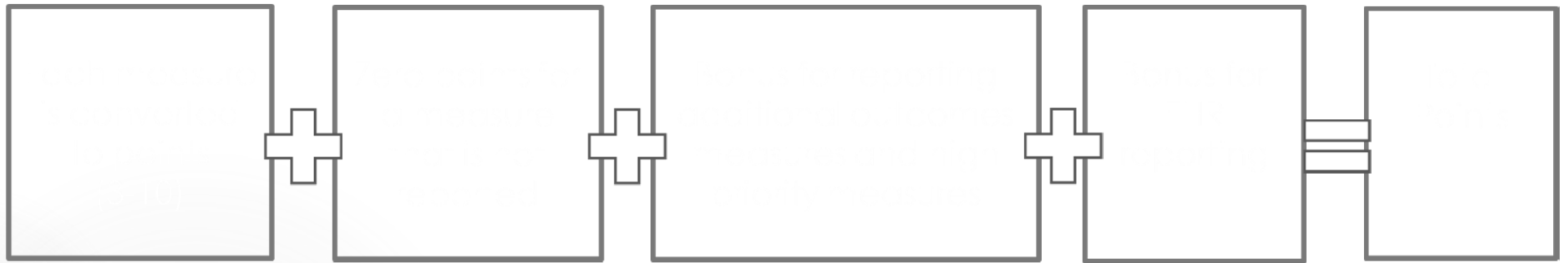
Measure sets vary in the # of measures available for each specialty. If less than the required, the EC needs to report on all measures within the set.

# MIPS Specialty Measure Sets

Allergy/Immunology/Rheumatology  
Anesthesiology  
Cardiology  
    Electrophysiology Cardiac Specialist  
Gastroenterology  
Dermatology  
Emergency Medicine  
General Practice/Family Medicine  
Internal Medicine  
Obstetrics/Gynecology  
Ophthalmology  
Orthopedic Surgery  
Otolaryngology  
Pathology  
Pediatric

Physical Medicine  
Plastic Surgery  
Preventative Medicine  
Neurology  
Mental Health  
Radiology  
    Diagnostic Radiology  
    Interventional Radiology  
    Radiation Oncology  
Surgery  
    Vascular Surgery  
    General Surgery  
    Thoracic Surgery  
Urology

# Quality Scoring: Basics



$$\begin{array}{|c|} \hline \text{Total points} \\ \hline \end{array} \div \begin{array}{|c|} \hline \text{Total possible points} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Quality Score} \\ \hline \end{array}$$

# QPP Website

## Explore Measures > Quality Measures

### Select Measures

Search All by Keyword:

All ▾ Search for...

SEARCH

Filter By:

High Priority Measure ▾

Data Submission Method ▾

Specialty Measure Set ▾

Showing **271** Measures

Add All Measures

➤ Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use

ADD

➤ Acute Otitis Externa (AOE): Topical Therapy

ADD

#### Selected Measures

0 Measures Added

Once you select measures they will appear here



**2017**

**ACI PERFORMANCE CATEGORY**

- 25% Clinician Composite Score
- Replacing Medicare MU

# Elements of ACI category



Total points achieved will cap at 100

# BASE SCORE

50 Points for participation

## Required Objectives:

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

You must answer "YES" or have at least "1" in the numerator to receive 50 points.

# PERFORMANCE SCORE

Additional points for each objective. You select which objective best fits your practice. **There are NO Thresholds!**

- \*Health Information Exchange (up to 20%)
- Immunization Registry Reporting (up to 10%)
- Medication Reconciliation (up to 10%)
- Patient-Specific Education (up to 10%)
- \*Provide Patient Access (up to 20%)
- Secure Messaging (up to 10%)
- View, Download and Transmit (VDT) (up to 10%)



# Public Health Registry Reporting

## Earn 5% Bonus

### Public Health Registry Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.

# Clinical Practice Improvement Activity

## Earn 10% Bonus



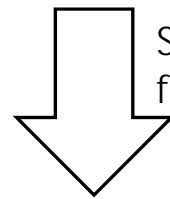
CMS will award a 10 percent bonus in the advancing care information performance category if a MIPS eligible clinician attests to completing at least one of the clinical practice improvement activities. There are 18 measures to choose from to receive the bonus under ACI.

## Final Rule Table 8

Improvement Activity Performance Category Subcategory	Activity Name	Activity	Improvement Activity Performance Category Weight	Related Advancing Care Information Measure(s)*
Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	<p>Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (for example, eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:</p> <p>Expanded hours in evenings and weekends with access to the patient medical record (for example, coordinate with small practices to provide alternate hour office visits and urgent care);</p> <p>Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (for example, senior centers and assisted living centers); and/or</p> <p>Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.</p>	High	<p>Provide Patient Access</p> <p>Secure Messaging</p> <p>Send A Summary of Care</p> <p>Request/Accept Summary of Care</p>

# QPP Website

Explore Measures>Advancing Care Information



Select the Transition Objectives/Measures for 2017 Performance Period

## Select Measures

Advancing Care Information Objectives & Measures

2017 Advancing Care Information Transition Objectives & Measures

Showing 11 Measures

Add All Measures

> e-Prescribing

REMOVE

> Health Information Exchange

REMOVE

> Immunization Registry Reporting

REMOVE

> Medication Reconciliation

REMOVE

### Selected Measures

11 Measures Added

Download (CSV)

Clear All

e-Prescribing ✕

Health Information Exchange ✕

Immunization Registry Reporting ✕



2017

## **CPIA PERFORMANCE CATEGORY**

- 15% Clinician Composite Score
- New on a National Level

# Improvement Activities

Care Coordination, Beneficiary Engagement, and Patient Safety

- ▶ 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
- ▶ Reference to QPP website for complete list of activities and descriptions

# Receiving Full Credit

- ▶ Small Practice/Rural Clinics/Non-Patient Facing Clinicians
  - 1 High Weighted Activity OR
  - 2 Medium Weighted Activities
- ▶ Group Practices (15 or more EC)
  - 2 High Weighted Activities OR
  - 4 Medium Weighted Activities OR
  - 2 Medium and 1 High Weighted Activities OR
- ▶ Patient Center Medical Home Models
  - Automatically receive full credit
- ▶ Other APMs
  - Receive ½ credit and may report additional activities to receive full credit

Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record.

Weight: High

Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.



## Glycemic Management Services

### Weight: High

For outpatient Medicare beneficiaries with diabetes and who are prescribed antidiabetic agents (e.g., insulin, sulfonylureas), MIPS eligible clinicians and groups must attest to having: For the first performance year, at least 60 percent of medical records with documentation of an individualized glycemic treatment goal that: a) Takes into account patient-specific factors, including, at least 1) age, 2) comorbidities, and 3) risk for hypoglycemia, and b) Is reassessed at least annually. The performance threshold will increase to 75 percent for the second performance year and onward. Clinician would attest that, 60 percent for first year, or 75 percent for the second year, of their medical records that document individualized glycemic treatment represent patients who are being treated for at least 90 days during the performance period.

Engagement of patients, family and caregivers in developing a plan of care.



Weight: Medium

Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology

## Implementation of medication management practice improvements



### Weight: Medium

Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.

# QPP Website

Explore Measures>Improvement Activities

## Select Improvement Activities

Search All by Keyword:

All ▾

Search for...

SEARCH

Filter By:

Subcategory Name ▾

Activity Weighting ▾

Showing 93 Activities

> Additional improvements in access as a result of QIN/QIO TA

ADD

> Administration of the AHRQ Survey of Patient Safety Culture

ADD

Selected Activities

1 Activities Added

Download (CSV)

Clear All

# Key Dates to Remember!

2016

December 19<sup>th</sup> – Final Rule Comment Period Ends

December 31<sup>st</sup> – PQRS, MU and VBM Sunsets

2017

January 1<sup>st</sup> – MIPS Begins!!

February 28<sup>th</sup> – Medicare MU Attestation Deadline

**UPDATE: Returning participants (Stage 2) can report on a continuous 90 day period!**

June 30<sup>th</sup> – CMS Web Interface Registration Deadline

July – 1<sup>st</sup> MIPS Performance Feedback Report

2018

March 31<sup>st</sup> – MIPS Performance Data Submission Deadline

July – 2<sup>nd</sup> MIPS Performance Feedback Report

2019

January 1<sup>st</sup> – MIPS Payment Adjustments Begin

# Final Rule Comment Period

To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on **December 19, 2016**.

- ▶ Electronically. You may submit electronic comments on this regulation to <http://www.regulations.gov>.
- ▶ By regular mail. You may mail written comments to the following address ONLY:  
Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Attention: CMS-5517-FC,  
P.O. Box 8013,  
Baltimore, MD 21244-8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

- ▶ By express or overnight mail. You may send written comments to the following address ONLY:  
Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Attention: CMS-5517-FC,  
Mail Stop C4-26-05,  
7500 Security Boulevard,  
Baltimore, MD 21244-1850

# Additional Help!

- ▶ Call QPP Service Center:

1-866-288-8292

Available: Monday – Friday 8am-8pm

- ▶ Send Questions:

[QPP@CMS.hhs.gov](mailto:QPP@CMS.hhs.gov)

# STI MIPS Webinar Schedule:

Revised 11/28/2018

11/29 (Tues) – 9am  
11/30 (Wed) – Noon  
12/7 (Wed) – 3pm  
12/8 (Thurs) – Noon  
12/13 (Tues) – 9am  
12/15 (Thurs) – 3pm