

# Making the Most of Your Improvement Activities

MIPS Tips Presenters: Perrin Anderl, London Manor-Petersen & Seema Rathor  
July 23, 2020 - 1pm MT/ 12pm PT/11am AK/9am HI

# Supporting You

Comagine Health, Mountain-Pacific Quality Health and the Network for Regional Healthcare Improvement are providing support to practices in Alaska, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming.



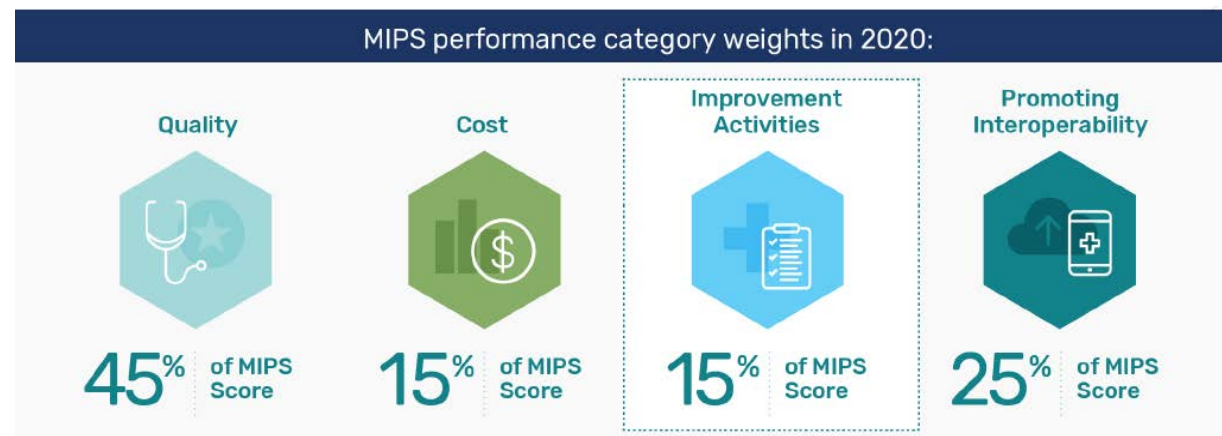
# Slide Deck Available

- Today's slide deck can be found at a link in the chat.
- Both the slide deck and recording will be made available a few days following the event. Watch your email to be notified when they are available or visit <https://bit.ly/2PagbeS> to find all past MIPS Tips and QPP webinar recordings.



# 2020 Improvement Activity Basics

- 15% of your MIPS Final Score
  - Total of 40 points
- Continuous 90-day reporting period
- Group Reporting
  - at least 50% of clinicians in the group perform the activity *\*New for 2020*
  - can perform activity during different 90- day periods



Improvement Activity Weight	Standard Scoring	Special Status Scoring: Rural   Health Professional Shortage Area (HPSA)   Non-Patient Facing   Small Practice
Medium-Weighted Activity	10 points	20 points
High-Weighted Activity	20 points	40 points

- Rural or small practices with 15 or fewer clinicians:
  - High weighted improvement activities are worth 40 points
  - Medium weighted improvement activities are worth 20 points



# Changes to Improvement Activities

- Each year they update the Improvement Activity inventory
  - You may do the same Improvement Activity each year
  - Check the Improvement Inventory to confirm
    - That your chosen Improvement Activity is still available
    - That the data validation criteria has not changed

# Step One: Finding Improvement Activities

- Go to: QPP.CMS.GOV
- Click on the MIPS tab at the top and then Explore Measures & Activities

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

Quality Payment  
PROGRAM

MIPS ^

Merit-based Incentive  
Payment System

APMs v

Alternative Payment  
Models

About v

The Quality  
Payment Program

Sign In

Manage Account  
and Register

PERFORMANCE YEAR 2019

## The Submission Window has Closed

Sign in to view your preliminary feedback. Final feedback will be available  
Summer 2020.

Sign in >

### PARTICIPATION

MIPS Overview  
How MIPS Eligibility is Determined  
MIPS Value Pathways

Check Participation Status >

### PERFORMANCE CATEGORY REQUIREMENTS

Quality Measures  
Promoting Interoperability Measures  
Improvement Activities  
Cost Measures

Explore Measures & Activities

### REPORTING

Reporting Options Overview

- Individual or Group Participation
- How to Register for CMS Web Interface and the CAHPS for MIPS Survey

Reporting Factors Overview




- Special Statuses
- Exception Applications

MIPS  
Tips

# Set the performance year to 2020 and go to the Improvement Activities tab

## How to Use This Tool

This tool has been created to help you get familiar with the different measures you can submit and prepare for the year. It's for planning purposes only and will not submit anything to CMS. To get the most out of the tool, follow the steps below:

-  **Explore** (Search, browse, or filter) available measures
-  **Add** measures you're interested in to your list
-  **Download** your list of interested measures for reference

[- Hide instructions](#)

### Performance Year

Select your performance year to view across all tabs.

2020

Quality  
Measures

Promoting  
Interoperability


Improvement  
Activities

Cost  
Measures

MIPS  
Tips

# Step Two: Choose Activities Relevant to Your Practice

- Choose individual activities by:
- Activity Weight
  - High
  - Medium
- Subcategory
  - Search by key words

Search   - Hide filters

Subcategory Name

In "Your List" of Improvement Activities

Activity Weighting

- All
- None
- Medium
- High

106 Improvement Activities | [Download 106 activities](#)

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

As a result of Quality Innovation Network–Quality Improvement Organization technical assistance, performance of additional activities that improve access to services or improve care coordination (for example, investment of on-site diabetes educator).

✓ ADDED TO LIST

Subcategory Name  
Expanded Practice Access

Activity Weighting  
Medium

[+ View details](#)



# Step Three: Read the Specifications and Implement your Improvement Activity Plan

- Add to "Your List" and download
- Or download all 106 activities
  - Read the specifications for your chosen activities
    - + View Details displays the Activity ID #

Your List (2) ▾

- QUALITY MEASURES (0)
- PROMOTING INTEROPERABILITY (0)
- IMPROVEMENT ACTIVITIES (2)
  - [Remove All](#)
  - Additional improvements in access as a result of QIN/QIO TA ×
  - Advance Care Planning ×
  - [View on page \(2\)](#)
  - [Download \(2\)](#)

Search [ ] [Q] - Hide filters

Subcategory Name: [ All ]

Activity Weighting: [ All ]

In "Your List" of Improvement Activities

[Clear all filters](#)

106 Improvement Activities [Download 106 activities](#)

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

As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services or improve care coordination (for example, investment of on-site diabetes educator).



Subcategory Name: Expanded Practice Access

Activity Weighting: Medium

[+ View details](#)



# Update: Covid-19 Clinical Trials

## ADDENDUM: New Improvement Activity for the 2020 MIPS Performance Year

### IA\_ERP\_3: COVID-19 Clinical Trials

Improvement Activity	
Activity ID	IA_ERP_3
Subcategory:	Emergency Response and Preparedness
Activity Title:	COVID-19 Clinical Trials

# Step Four: Report Your Improvement Activities

- To submit Improvement Activities:
  - Sign in and attest
  - Sign in and upload
  - Direct submission via third party
    - i.e., Registries

[QPP https://qpp.cms.gov/login](https://qpp.cms.gov/login)

- Patient-Centered Medical Homes get full points for participation by attesting

Home >  
QPP Account

SIGN IN REGISTER

Sign in to QPP

USER ID  
User ID

PASSWORD  
Password

Show password

Forgot your user id or password? [Recover ID or reset password](#)

# Improvement Activities – What Do You Want to Accomplish?

The overall goal of this category is to improve performance in other areas of your practice and align with other MIPS categories where possible:

- Improve quality of care
- Reduce cost
- Improve connectivity with health information technology (HIT)
- Improve patient experience

# Process Review

- Identify the areas of your practice needing improvement, are meaningful activities, or align with other MIPS performance measures.
- Identify the validation criteria and suggested documentation for your chosen improvement activities.
- Develop a documentation collection process to cover the selected minimum 90-day timeframe.
- Identify where documentation will be retained for audit purposes.
- Collect data required for validation of activities.
- Work with your consultant as needed.

# Example: IA\_EPA\_4 – Additional improvements in access as a result of QIN/QIO TA

The validation information is in columns F and G of the Excel document from CMS.

Criteria is “**and**” so both 1 and 2 are required.

Validation	Suggested Documentation (inclusive of dates during the selected continuous 90-day or year long reporting period)
Implementation of additional processes, practices, resources or technology to improve access to services or improve care coordination, as a result of receiving QIN/QIO	1) Relationship with QIN/QIO Technical Assistance - Confirmation of technical assistance and documentation of relationship with QIN/QIO; and 2) Improvement Activities - Documentation of activities that improve access or improve care coordination, including support on additional services offered.

# Example: IA\_PM\_15 – Implementation of episodic care management practice improvements

The validation information is in columns F and G of the Excel document from CMS.

Criteria is “or” so only one is required, although you can do both

Validation	Suggested Documentation (inclusive of dates during the selected continuous 90-day or year long reporting period)
Provision of episodic care management practice improvements (could use medical records or claims)	1) Follow-Up on Hospitalizations, ED or Other Visits and Medication Management - Routine and timely follow-up to hospitalizations, ED or other institutional visits, and medication reconciliation and management (e.g. documented in medical record or EHR); or 2) New diagnoses, Injuries and Exacerbations - Care management through new diagnoses, injuries and exacerbations of illness (medical record).

# Improvement Activities – Promoting Interoperability

## IA\_CC\_13: Practice Improvements for Bilateral Exchange of Patient Information

- Suggested Documentation:
  - Participation in an HIE - Confirmation of participation in a health information exchange (e.g. email confirmation, screen shots demonstrating active engagement with Health Information Exchange); **or**
  - Structured Referral Notes - Sample of patient medical records including structured referral notes.

## IA\_CC\_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop

- Suggested Documentation:
  - Specialist Reports to Referring Clinician - Sample of specialist reports reported to referring clinician or group (e.g. within EHR or medical record); **or**
  - Specialist Reports from Inquiries in Certified EHR - Specialist reports documented in inquiring clinicians certified EHR or medical records.





# Improvement Activities – Promoting Interoperability

IA\_BE\_4: Engagement of patients through implementation of improvements in patient portal

- Suggested documentation: Documentation through screenshots or reports of an enhanced patient portal, such as Portal functions that provide up-to-date information related to chronic disease health or blood pressure control Interactive features allowing patients to enter health and demographic information (e.g., race/ethnicity, sexual orientation, sex, gender identity, disability) Bidirectional communication about medication changes and adherence

# Improvement Activities – Promoting Interoperability

## IA\_PSPA\_6: Consultation of the Prescription Drug Monitoring Program

- Suggested documentation:
  - Number of Issuances of CSII Prescription Total number of issuances of a CSII prescription that lasts longer than three days over the same time period as those consulted; **and**
  - Documentation of Consulting the PDMP Total number of patients for which there is evidence of consulting the PDMP prior to issuing an CSII prescription (e.g., copies of patient reports created, with the PHI masked)

# Improvement Activities - Cost

## IA\_PSPA\_17: Implementation of analytic capabilities to manage total cost of care for practice population

- Suggested documentation
  - Staff Training Documentation of staff training on interpretation of cost and utilization information (e.g., training certificate); **or**
  - Cost/Resource Use Data Availability of cost/resource use data for the practice population that is used regularly to analyze opportunities to reduce cost

## IA\_PSPA\_25: Cost Display for Laboratory and Radiographic Orders

- Suggested documentation
  - Documentation (screen shot, report from EHR, written display procedure) of laboratory and radiographic costs at the point-of-order

# Training and Maintenance of Certification (MOC) Activities

- IA\_AHE\_6: Provide Education Opportunities for New Clinicians
- IA\_CC\_7: Regular Training in Care Coordination
- IA\_PSPA\_22: CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
- IA\_BMH\_10: Completion of Collaborative Care Management Training Program
- IA\_PSPA\_10: Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments
- IA\_PSPA\_23: Completion of CDC Training on Antibiotic Stewardship
- IA\_PSPA\_3: Participate in IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS® or Other Similar Activity
- IA\_PSPA\_2: Participation in MOC Part IV

# Corresponding Quality Measures: Patient Experience

## Improvement Activity

- **IA\_PSA\_11:** Participation in CAHPS or Other Supplemental Questionnaire (high weight)

## Quality Measures

- **Quality ID - 321:** CAHPS for MIPS Clinician/Group Survey (high priority)
- **Quality IA 304:** Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery (high priority)

# Corresponding Quality Measures: Glycemic Management

## Improvement Activity

- **IA\_PM\_4:** Glycemic Management Services (high weight)

## Quality Measures

- **Quality ID 117** - Diabetes: Eye Exam
- **Quality ID 001** – Diabetes: HbA1c Poor Control (>9%)
- **Quality ID 119** – Diabetes: Medical Attention for Nephropathy

# Corresponding Quality Measures: Decision Support

## Improvement Activity

- **IA\_PSA\_16:** Use Decision Support and Standardized Treatment Protocols to Manage Workflow in the Team to Meet Patient Needs (medium weight)

## Quality Measures

- **Quality ID 117** – Diabetes: Eye Exam
- **Quality ID 436** – Radiation Consideration for Adult CT: Utilization of Dose-Lowering Techniques
- **Quality ID 110** – Preventive Care and Screening – Influenza Immunization

# Corresponding Quality Measures: Medication Management

## Improvement Activity

- **IA\_PM\_16:** Implementation of Medication Management Practice Improvements (medium weight)

## Quality Measures

- **Quality ID 130:** Documentation of Current Medications in the Medical Record (high priority)
- **Quality ID 046:** Medication Reconciliation Post-Discharge (high priority)
- **Quality ID 116:** Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis



# Corresponding Quality Measures: Care Transitions

## Improvement Activities

- **IA\_PM\_17:** Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop
- **IA\_CC\_10:** Care Transition Documentation Practice Improvements
- **IA\_CC\_11:** Care Transition Standard Operational Improvements

## Quality Measures

- **Quality ID 458:** All-cause Hospital Readmission (outcome)
- **Quality ID 374:** Closing the Referral Loop: Receipt of Specialist Report (outcome)
- **Quality ID 046:** Medication Reconciliation Post-Discharge (high priority)

# Documentation of Improvement Activities

- The same Improvement Activities are still available for 2020
- Documentation should demonstrate consistent and meaningful engagement within the period for which you are attesting:
  - Minimum 90 days
- Include Documentation Dates
- May complete the same improvement activity as previous years
  - Should demonstrate new and continued activity

# Validation Documentation Retention

- Retain validation documentation for six years from the end of the MIPS performance period.
  - Documents may be retained:
    - As a hard copy (on paper in a notebook or file folder)
    - Electronically on a computer or shared drive
    - In the cloud Secure document storage
  - Use more than one method. In case of disaster, a copy is available.
  - More than one person in the practice should have access.
    - If there are staff changes, someone still knows where documentation is stored.
  - Location of validation documents should be located in the practice's procedure manual

# Using Telehealth as an Improvement Activity

## IA\_EPA\_2: Use of telehealth services that expand practice access

- Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients

# Using Telehealth as an Improvement Activity

## IA\_BE\_1: Use of certified EHR to capture patient reported outcomes

- In support of improving patient access, performing additional activities that enable capture of patient reported outcomes (e.g., **home blood pressure**, blood glucose logs, food diaries, at-risk health factors such as tobacco or alcohol use, etc.) or patient activation measures through use of certified EHR technology, containing this data in a separate queue for clinician recognition and review.

# Using Telehealth as an Improvement Activity

Activity Name	Activity Description	Activity ID
Anticoagulant Management Improvements	<p>Individual MIPS eligible clinicians and groups who prescribe anti-coagulation medications (including, but not limited to oral Vitamin K antagonist therapy, including warfarin or other coagulation cascade inhibitors) must attest that for 75 percent of their ambulatory care patients receiving these medications are being managed with support from one or more of the following improvement activities:</p> <ul style="list-style-type: none"><li>• Participation in a systematic <b>anticoagulation</b> program (coagulation clinic, patient self-reporting program, or patient self-management program);</li><li>• Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions;</li><li>• Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions;</li><li>• For rural or remote patients, patients are managed using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; or</li><li>• For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program.</li></ul>	IA_PM_2

# Using Telehealth as an Improvement Activity

Activity Name	Activity Description	Activity ID
<p><b>Engage Patients and Families to Guide Improvement in the System of Care</b></p>	<p>Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement. Platforms and devices that collect patient-generated health data (PGHD) must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including patient reported outcomes (PROs). Examples include patient engagement and outcomes tracking platforms, cellular or web-enabled bi-directional systems, and other devices that transmit clinically valid objective and subjective data back to care teams. Because many consumer-grade devices capture PGHD (for example, wellness devices), platforms or devices eligible for this improvement activity must be, at a minimum, endorsed and offered clinically by care teams to patients to automatically send ongoing guidance (one way). Platforms and devices that additionally collect PGHD must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient (e.g. automated patient-facing instructions based on glucometer readings). Therefore, unlike passive platforms or devices that may collect but do not transmit PGHD in real or near-real time to clinical care teams, active devices and platforms can inform the patient or the clinical care team in a timely manner of important parameters regarding a patient's status, adherence, comprehension, and indicators of clinical concern.</p>	<p>IA_BE_14</p>

# Types of Telehealth Services and Relevance to MIPS

Medicare Fee-For-Service virtual care services include:

- **Telemedicine:** interactive two-way audio and video
- **E-visit:** online, digital, patient portal
- **Virtual check-in:** brief communication – *e.g.*, phone
- **Care management:** follow up, coordination – *e.g.*, phone
- **Interprofessional consultation:** phone, internet, EHR
- **Remote physiologic monitoring**



# Other Useful Codes

- Self monitoring codes for Blood Pressure – 99473 and 99474
  - No electronic means required
  - Enables monitoring of chronic blood pressure
- Interpretation and report of rhythm strip – 93042
- Anticoagulation management – 93793
  - Non-face-to-face review of INR results and management

# Quality Measures and Telehealth

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (ecqm)

<b>Meaningful Measure</b>	<a href="#">Management of Chronic Conditions</a>
<b>Telehealth Eligible</b>	Yes
<b>Next Version</b>	<a href="#">CMS122v9</a>

# Quality Measures and Telehealth

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (claims)

**AND**

**Patient encounter during performance period (CPT or HCPCS):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241\*, 99242\*, 99243\*, 99244\*, 99245\*, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, G0438, G0439

# Quality Measures and Telehealth

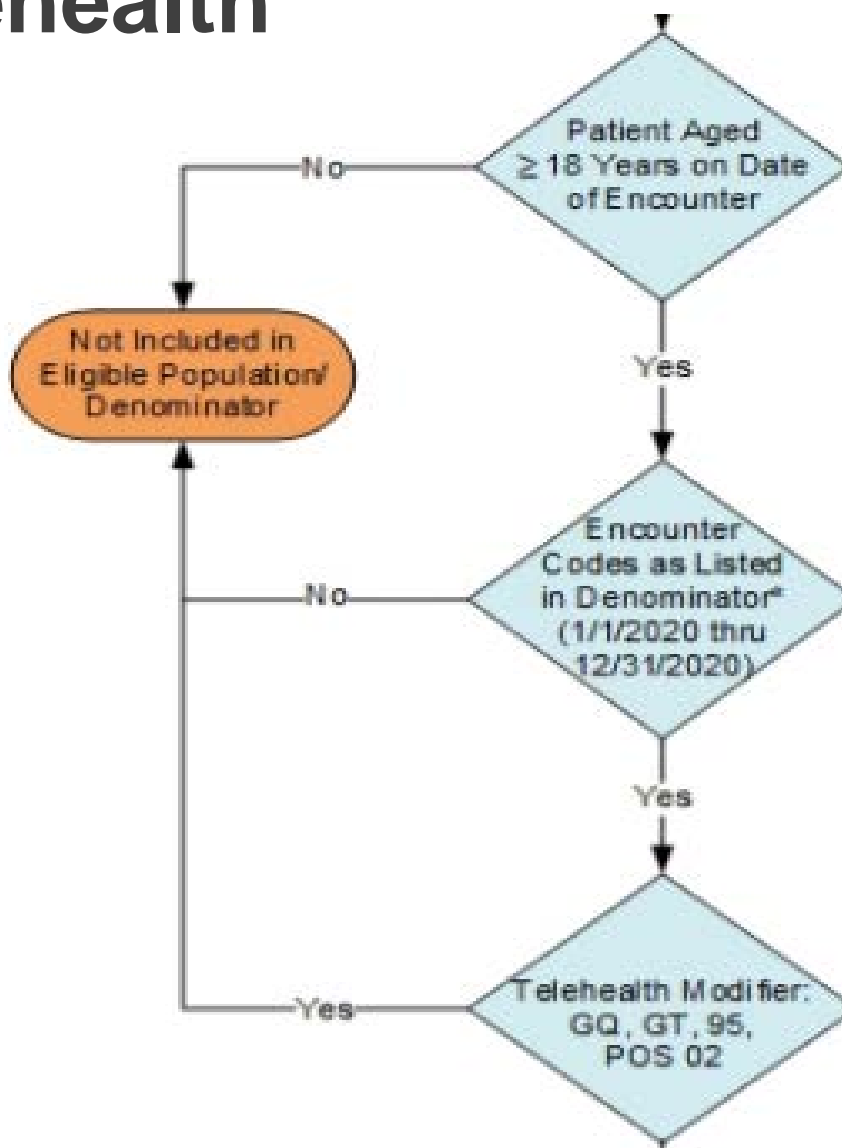
## Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

<b>Meaningful Measure</b>	<a href="#">Preventive Care</a>
<b>Telehealth Eligible</b>	No
<b>Next Version</b>	<a href="#">CMS069v9</a>

# Quality Measures and Telehealth

These changes address the issue of Data Completeness

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan



# Quality Measures in Telehealth

- There are 42 telehealth-eligible Quality Measures for the 2020 performance period and Quality Payment Program Hardship Exception Application.

# In Summary...

- There are a lot of options for telehealth in Improvement Activities
- Choose activities that will work with your practice

# How to Ask a Question

The screenshot shows a Zoom meeting interface. The main content is a slide with a green header that says "Questions". Below the header, there are three overlapping speech bubbles containing question marks: a blue one on the left, a large red one in the center, and a green one on the right. At the bottom of the slide, there is a red arrow pointing to the chat icon in the Zoom toolbar. The toolbar also includes icons for mute, video, and participants. On the right side of the screen, there is a vertical stack of participant video thumbnails. From top to bottom, they are: Paige Hoffman, Sharon Phelps, kim, a muted participant with a phone icon and ID 18084406057, Cathy Nelson, and Natalya Seibel. At the bottom right of the Zoom window, there is a "Leave Meeting" button.

You are viewing Cathy Nelson's screen View Options

## Questions

This material was prepared by Healthinsight, the Medicare Quality Innovation Network-Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-D1-XX-XX

Quality Improvement

Paige Hoffman

Sharon Phelps

kim

18084406057

Cathy Nelson

Natalya Seibel

Leave Meeting





# Please Fill Out Our Evaluation

- An evaluation link for this session is currently being placed in the chat. Please take a few minutes before you leave the meeting today to fill out an evaluation and help us improve our offerings.

# Assessment

- Get customized support for your practice by filling out a short assessment
- Comagine Health: <https://bit.ly/2YDevh2>
- Mountain-Pacific: <http://mpqhf.com/QIO/qpp-enroll/>

# CMS Learning Modules

CMS has created several learning modules aimed at helping you understand and succeed in the QPP program. You can find those modules here: <https://learner.mnlms.com/Default.aspx>

# For More Information Contact a QPP Expert in Your State

## Mountain-Pacific Quality Health

Please contact us for assistance!

[QualityPaymentHelp@mpqhf.org](mailto:QualityPaymentHelp@mpqhf.org)

<https://www.mpqhf.org/QIO/qpp-tools-resources/>

### Montana

Allison Bruner

[abruner@mpqhf.org](mailto:abruner@mpqhf.org)

(406) 437-3526

### Region/Senior Account Manager

Sharon Phelps

[sphelps@mpqhf.org](mailto:sphelps@mpqhf.org)

(307) 271-1913

### Alaska and Wyoming

Miranda Burzinski

[mburzinski@mpqhf.org](mailto:mburzinski@mpqhf.org)

(907) 561-3202, ext. 109

### Hawaii and Territories

Cathy Nelson

[cnelson@mpqhf.org](mailto:cnelson@mpqhf.org)

(808) 545-2550

# For More Information Contact a QPP Expert in Your State

## *Comagine Health QPP Support*

Call: 801-892-6623

Email: [qualitypaymentprogram@Comagine.org](mailto:qualitypaymentprogram@Comagine.org) or

Web: <https://bit.ly/2snFVeL>

### *Idaho*

*London Manor-Petersen*

*208-383-5942*

[lmanor-petersen@comagine.org](mailto:lmanor-petersen@comagine.org)

### *Nevada*

*Aaron Hubbard*

*702-948-0306*

[ahubbard@comagine.org](mailto:ahubbard@comagine.org)

### *Oregon*

*Seema Rathor*

*971-409-3872*

[srathor@comagine.org](mailto:srathor@comagine.org)

### *Utah*

*Perrin Anderl*

*801-892-6608*

[panderl@comagine.org](mailto:panderl@comagine.org)

### *Washington*

*Jeff Sobotka*

*206-288-2529*

[jsobotka@comagine.org](mailto:jsobotka@comagine.org)