

MIPS Tips: Essentials for the 2020 MIPS Performance Period

Presented by Comagine Health and Mountain-Pacific Quality Health

March 19, 2020

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Supporting You

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

Comagine Health is also providing support to practices in Idaho and Washington.



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://healthinsight.org/qpp#webinars> to find all past MIPS Tips and QPP webinar recordings.



Merit-based Incentive Payment System (MIPS)

QPP - 2018 results:

- 97.62% earned positive adjustment
- 0.42% received neutral adjustment
- 1.95% received negative payment adjustment

MIPS for 2020

- No Change to eligibility or Opt-in
- No change to category weight
- Assigned score based on four category performance
- Change in requirement for group attesting to Improvement Activities
- Clarity on exclusion on Promoting Interoperability category
- Change in performance threshold

Performance Year 2020 Changes

2019

- Performance Threshold: **30 pts.**
- Exceptional Performance: **75 pts.**
- Payment Adjustment: **+/- 7%**

2020

- Performance Threshold: **45 pts.**
- Exceptional Performance: **85 pts.**
- Payment Adjustment: **+/- 9%**

MIPS Eligible Clinician Types for 2020

- No changes to the MIPS eligible clinician types in the 2020 performance period; they are the same as in the 2019 performance period:
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Clinical Nurse Specialists
 - Certified Register Nurse Anesthetists
 - Clinical Psychologists
 - Physical Therapists
 - Occupational Therapists
 - Audiologists
 - Speech-language pathologists
 - Registered Dietitians and other nutrition professionals
 - Groups of such clinicians



MIPS Eligibility

- CMS conducts MIPS determination periods where we'll look to see if you as an individual MIPS eligible clinician exceed the following criterion:
 - Bill more than \$90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)
AND
 - Furnish covered professional services to more than 200 Medicare beneficiaries
AND
 - Provide more than 200 covered professional services under the PFS

QPP Participation Status

QPP Participation Status

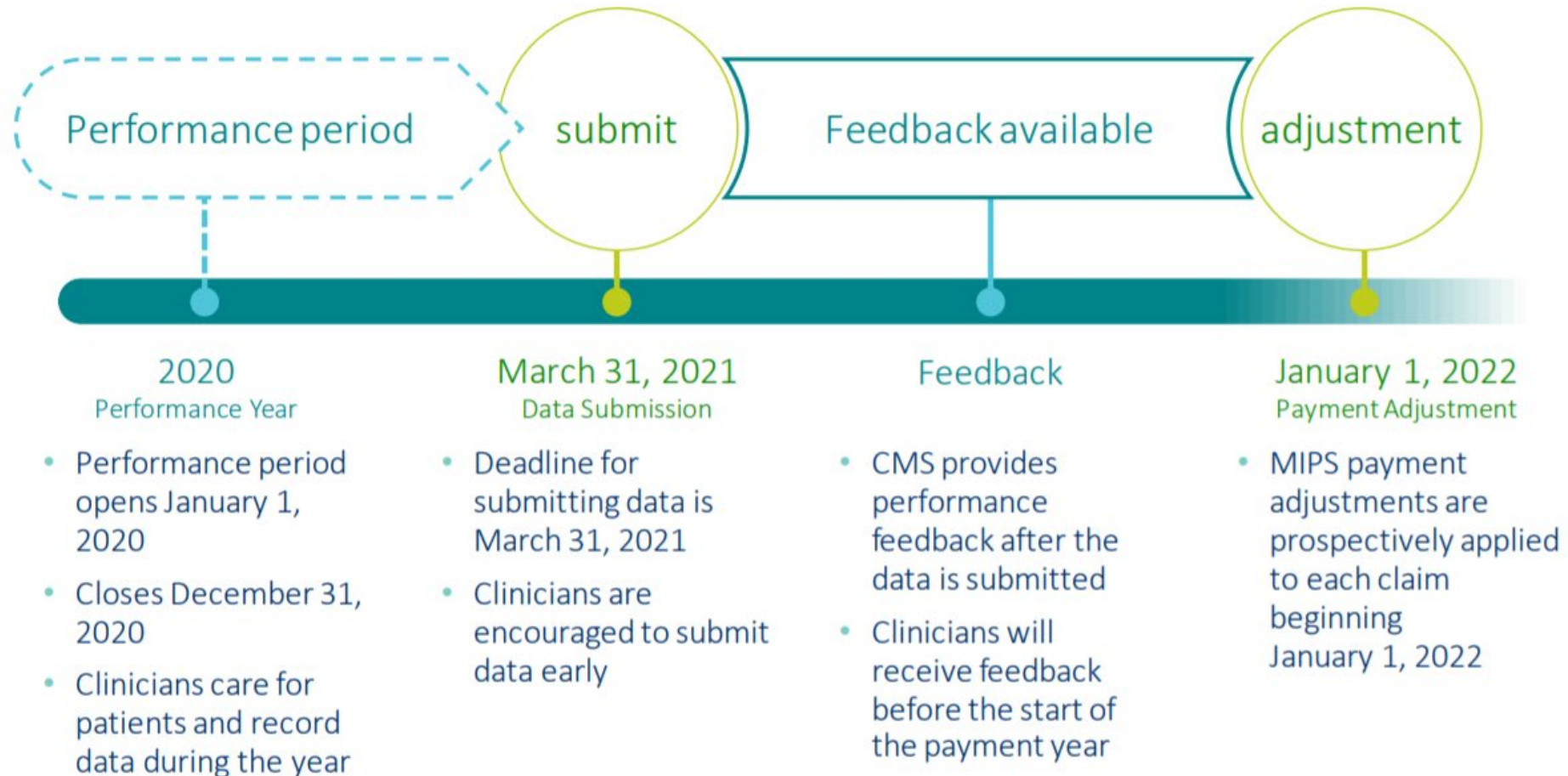
Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to view your QPP participation status by performance year (PY).

Check All Years >

Want to check eligibility for all clinicians in a practice at once?

[View practice eligibility](#) in our signed in experience

MIPS: Timelines



MIPS Value Pathways

- Physician burnout
- Simplify QPP
- MIPS value pathway (MVPs)- for 2021 performance period
- Few measures but more meaningful measures

Quality Category

- 45% of MIPS score
 - For MIPS APM participants this score is reweighted to 50%
- The Quality performance category has a 12-month performance period (January 1 – December 31, 2020) which means you must collect data for each measure for the full calendar year.

Quality Category

- To meet the Quality performance category requirements, you have to report:
 - 6 quality measures (including at least 1 outcome measure or high-priority measure in absence of an applicable outcome measure); OR
 - A defined specialty measure set or sub-specialty measure set (if the measure set has fewer than 6 measures, you need to submit all measures within that set); OR
 - All quality measures included in the CMS Web Interface (an internet-based application available to groups and virtual groups with 25 or more eligible clinicians – advanced registration is required).
 - Facility-based clinicians and groups have the option to use their Hospital Value Based Purchasing (VBP) Program score instead of reporting additional quality measures.

Quality Category: Collection Type

- Choose your quality measures.
 - Historical benchmarks (available for download at QPP Resource Library)
- How you will report your quality measures.
 - Electronic Clinical Quality Measures (eCQM)
 - MIPS Clinical Quality Measures (formerly referred to as “Registry measures”)
 - Qualified Clinical Data Registry (QCDR)
 - Medicare Part B Claims

Measure Type: All | Specialty Measure Set: All | Collection Type: All

In "Your List" of Quality Measures

Note: This tool does not include [these QCDR Measures \(XLSX\)](#)

219 Quality Measures | [Download 219 measures](#)

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

High Priority Measure: Process

Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.

[+ ADD TO LIST](#)

[Collection Type and Documentation](#)

Medicare Part B claims measures [Specifications \(PDF\)](#)

MIPS clinical quality measures (MIPS CQMs) [Specifications](#)

Your List (0)

Quality Category: Data Collection

- You should start data collection on Jan. 1, 2020 to meet data completeness requirements. If you fail to meet data completeness requirements, you will receive 0 points for the measure, unless you are small practice (<15 eligible clinicians), in which case you will receive 3 points.
- In 2020, the data completeness requirement has increased to 70%, which means that you need to report performance or exclusion/exception data for at least 70% of patients that are eligible for the measure's denominator.
- If you are working with a vendor or third-party intermediary to collect and submit data, make sure you work with them throughout the year on data collection.

Cost Category

- 15% of MIPS score
 - For MIPS APM participants this score is reweighted to 0% and 5% is added to the other 3 categories.
- There are three measures:
 - Total per Capita Cost Measure
 - Medicare Spending per Beneficiary Clinician and
 - Episode-based Measures (18 episodes) of care for Medicare patients.
- Clinicians don't need to collect or submit any data for cost measures. CMS collects and evaluates this data for you based on your Medicare Part A and B claims

Promoting Interoperability Category

2019 Promoting Interoperability Objective	2020 Promoting Interoperability Measure	Points
Protect Patient Health Information	Security Risk analysis	Requirement
Electronic Prescribing	e-Prescribing Bonus (not required): Query of Prescription Drug Monitoring Program (PDMP)	10 5 yes/no
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20
Public Health and Clinical Data Exchange(Two)	Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	10



Promoting Interoperability Category

Summary:

- 2015 edition and 90 days performance period
- 6 measures Report numerator of 1 or more
- Exclusion available except Provide Patients Electronic Access to Health Information
- Exclusion redistributes the point
- Groups qualify for automatic reweighting more than 75% of the clinicians in the group or virtual group are hospital-based
- Removed the Verify Opioid Treatment Agreement measure
- Small practice qualify for hardship exception

Improvement Activity Category

- Perform each improvement activity for at least one continuous 90-day period, unless otherwise stated in the activity description, in Calendar Year (CY) 2020
- Increase the participation threshold for group reporting from a single clinician to 50% of the clinicians in the practice
- 15% of your MIPS Final Score , 40 points
- For small and rural practice activity weight: - Medium – worth 20 points - High – worth 40 points
- Added 2 new Improvement Activities, Modified 7 existing Improvement Activities , Removed 15 existing Improvement Activities
- Repeat
- Documentation
- Participate in a certified or recognized Patient-Centered Medical Home



MIPS: Ways to Achieve Bonus Points

- 6 bonus points in quality category for small practice
- Submit any additional outcome, patient experience or other high priority measures beyond the first required (if case minimum and data completeness are met).
- Use Certified EHR Technology (CEHRT) to collect your measure data and meet electronic end-to-end reporting requirements
- Earn bonus points based on improvement at the Quality performance category level from one year to the next.
- Complex patient bonus scores



MIPS: Ways to Avoid a Penalty

- Electronic Clinical Quality Measures- 6 measures (Min 3/measure), IA, PI reweighted , end to end reporting
- Registries - Right registry, feed back, EMR vendor
- Medicare Part B Claims

Participant Questions:


- What are the steps to walk through the submission?
- How does the information get submitted for review?
- What is the simplest way to get this over with?

There were multiple questions submitted – if you don't feel yours was answered, please chat in your question

How to Ask a Question

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

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Leave Meeting

The image shows a Zoom meeting interface. The main content area displays a slide titled "Questions" with three overlapping speech bubbles containing question marks. A red arrow points from the bottom of the red speech bubble to the chat icon in the Zoom meeting toolbar at the bottom of the screen. The toolbar also shows icons for participants, a grid view, a share screen icon, and a mute icon. On the right side, there is a vertical stack of participant video thumbnails for Paige Hoffman, Sharon Phelps, kim, Cathy Nelson, and Natalya Seibel, along with a phone icon and a meeting ID (18084406057). At the bottom right, there is a "Leave Meeting" button.



Please Fill Out Our Evaluation

- An evaluation link for this session is currently being place 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/32Spl3s>
- Mountain-Pacific: <https://bit.ly/354YClv>

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

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

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