



Healthy People, Healthy Communities
Providing Better Care at Lower Cost

MIPS Tips

Question and Answer Series— Feb. 8, 2018

Presented by HealthInsight and
Mountain Pacific Quality Health



HealthInsight

Our business is redesigning health care systems for the better

HealthInsight is a private, non-profit, community based organization dedicated to improving health and health care in the western United States (Nevada, New Mexico, Oregon, Utah).



www.healthinsight.org | Twitter: @HealthInsight_



Mountain-Pacific Quality Health

We are the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for

- Montana
- Wyoming
- Hawaii
- Alaska
- Guam
- American Samoa
- The Commonwealth of the Northern Mariana Islands



Agenda

- 2017 MIPS Submission (10 minutes)
- Significant 2018 Changes (15 minutes)
- Q&A – Submitted Questions (10 minutes)
- Q&A – Open (25 minutes)



Submitted Questions

- *Questions:*
 - Can you help with the patient relationship codes?
Karen North from North Dakota
 - Why is it so hard for specialists to use the claims based method? (i.e. so few choices)
 - Is managed Medicare [Medicare Advantage] counted in the \$95,000 threshold for billings submitted to opt out of MIPs?
Jacqueline from Las Vegas



Submitted Questions

- *Questions:*

- *How and what do we need to report for MIPS?
Is it information for the full year or just 90 days?*

Cynthia from Las Vegas

- *We would like to know how to submit for MIPS.*

Dionnie from Las Vegas

- *Will there be a website to report advancing care measures similar to what we had for meaningful use? (self reporting numerators and denominators)*

Jennifer from Henderson



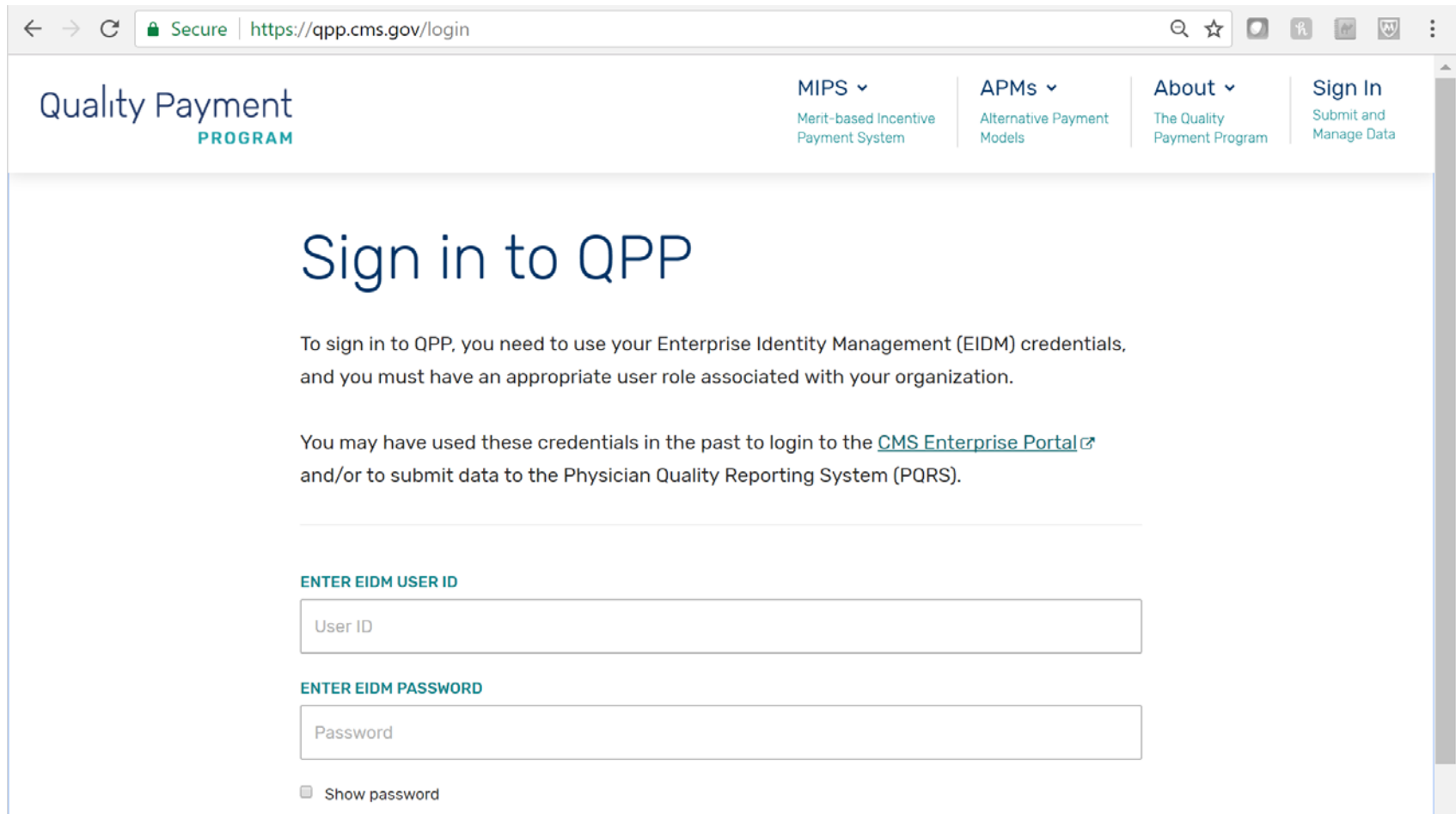
QPP Submission Portal

- **New!!** - Submission Portal using EIDM
- **New!!** - All three categories submitted in the same portal
- **New!!** - Real time feedback on submission and scoring
- Submission/attestation open: 1/2/2018 – 3/31/18
- The portal will show all Tax ID Numbers (TINs) for which you have a valid role and will show eligible clinicians associated for each TIN
- Submitter will elect group vs. individual



QPP Submission Portal

- QPP Submission portal (<https://qpp.cms.gov/login>)



The screenshot shows a web browser window with the URL <https://qpp.cms.gov/login>. The page header includes the "Quality Payment PROGRAM" logo on the left and navigation links for "MIPS", "APMs", "About", and "Sign In" on the right. The main content area features a large heading "Sign in to QPP" and a paragraph explaining that users need Enterprise Identity Management (EIDM) credentials. Below this, there is a link to the "CMS Enterprise Portal". The login form consists of two input fields: "ENTER EIDM USER ID" and "ENTER EIDM PASSWORD". A "Show password" checkbox is located below the password field. A stethoscope icon is visible in the bottom right corner of the page.

Quality Payment PROGRAM

MIPS
Merit-based Incentive Payment System

APMs
Alternative Payment Models

About
The Quality Payment Program

Sign In
Submit and Manage Data

Sign in to QPP


To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the [CMS Enterprise Portal](#) and/or to submit data to the Physician Quality Reporting System (PQRS).

ENTER EIDM USER ID

ENTER EIDM PASSWORD

Show password



QPP Submission Portal

- If uploading quality measure data, a valid QRDA-3 file will be needed from your EHR
 - *Check if your vendor has an API to auto-upload the data (rare)*
- Use the portal to submit IA and ACI information if you have been using claims to submit quality measure data
- Come and go from the portal, and edit responses. The portal will show the most recent/accurate data CMS has. The portal auto saves and is much simpler than previous submission portals



QPP Submission Portal

- Audit prep - Save your documentation on everything and let folks in your clinic know where they are (e.g. Security Risk Assessment)
- *CMS has finalized a six-year look-back period for audits (from the end of the performance year)*
- New questions in the ACI category
 - Information blocking
 - Attest you are not blocking the sharing of health care information
 - Must be answered before you can enter data



Submitted Questions

- *Question - What does the portal look like? Can you submit data for one section via multiple methods, ie., ODCRA [QCDR?] and also registry?*

Maria from Medford, OR

- Answer – CMS will give you a score in each **category (Quality, ACI, IA)** from only **ONE** reporting method.
- You can submit data using multiple methods in each category but CMS will only use data from ONE method (the one which gives you the highest score).
- You can submit data for all categories in one QRDA-3 report.

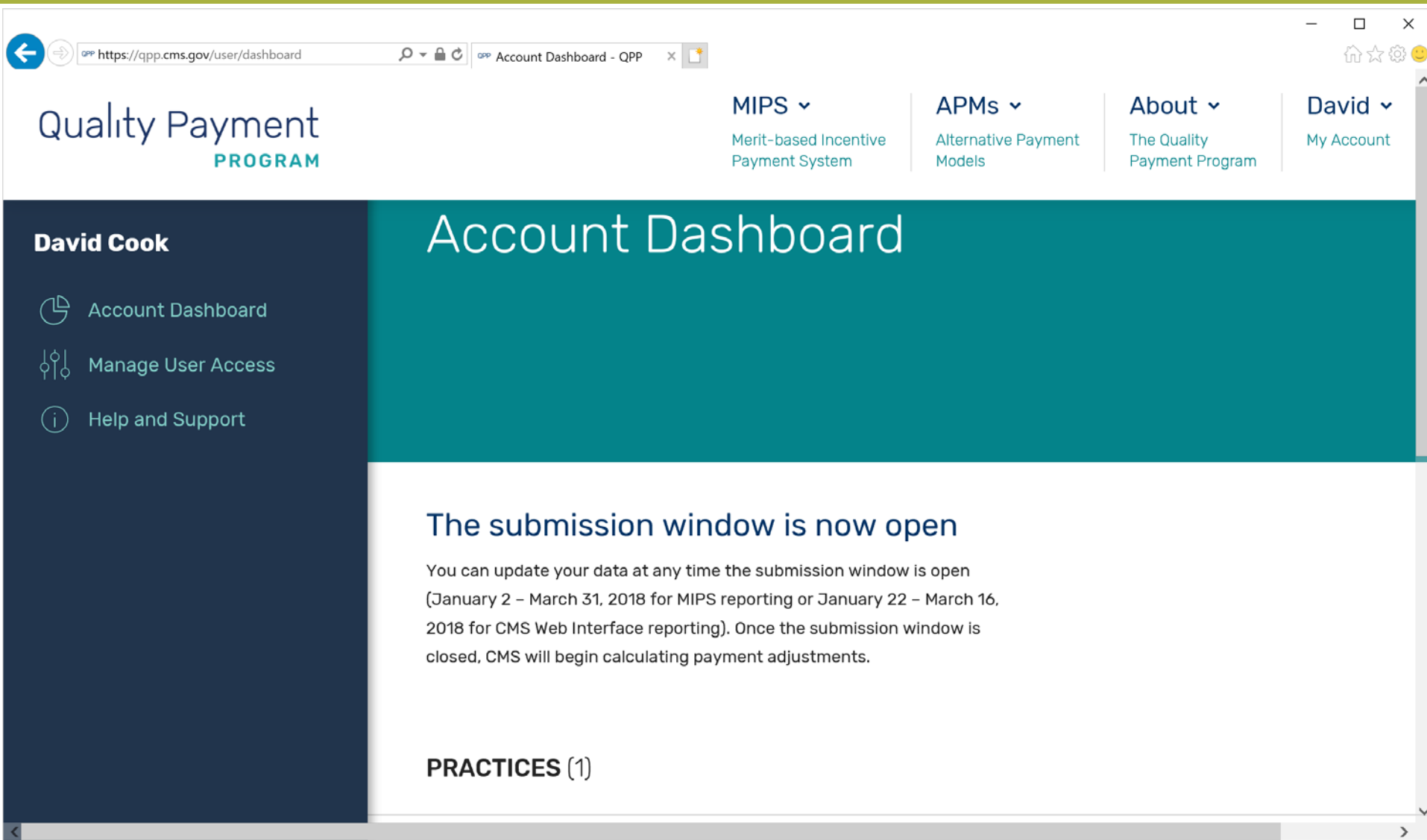


Submission Methods

	Quality	Improvement Activities	Advancing Care Information	Costs
Submission Methods	<ul style="list-style-type: none"> • Claims • EHR – via API or Web portal • Registry (Qualified or Certified) • Web Interface • CAHPS for MIPS 	<ul style="list-style-type: none"> • EHR - via API or Web portal • Registry (Qualified or Certified) • Attestation 	<ul style="list-style-type: none"> • EHR - via API or Web portal • Registry (Qualified or Certified) • Attestation 	<ul style="list-style-type: none"> • Claims only



QPP Submission Portal - Dashboard



The screenshot shows a web browser window with the URL <https://qpp.cms.gov/user/dashboard>. The page features a dark blue header with the "Quality Payment PROGRAM" logo on the left and navigation links for "MIPS", "APMs", "About", and "David" on the right. A teal sidebar on the left contains the user's name "David Cook" and three menu items: "Account Dashboard", "Manage User Access", and "Help and Support". The main content area has a teal header "Account Dashboard" and a white section with the heading "The submission window is now open" and a paragraph of text. At the bottom, there is a section titled "PRACTICES (1)".

Quality Payment PROGRAM

MIPS ▼
Merit-based Incentive Payment System

APMs ▼
Alternative Payment Models

About ▼
The Quality Payment Program

David ▼
My Account

David Cook

- Account Dashboard
- Manage User Access
- Help and Support

Account Dashboard

The submission window is now open

You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

PRACTICES (1)

EIDM Account (Resources)

- New [fact sheet](#) on submission
CMS recently released a new guide for getting an Enterprise Identity Management (EIDM) account (page 12 has info to get started):
 - <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf>
- New video on EIDM and submission - <https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be>



EIDM Account

- If you already have an EIDM account (from CMS PQRS reporting or other CMS program) – test your log-in at <https://qpp.cms.gov/login>
- In some cases the EHR vendor/registry will submit – clinics will still want an account to check the submission and pull down feedback reports later in the year



Creating a New EIDM Account

- Budget time to do this
 - Cannot be done in a few minutes or one day
 - Plan for an hour or two over a couple days
 - For solo practice – may need your practitioner nearby to answer a few questions
 - Read the section on which role you need (starting on page 5)
- HealthInsight/Mountain Pacific can walk you through this process
- Contact the QPP Help Desk at 1-866-288-8292 (faster response) or via email at qpp@cms.hhs.gov



EIDM Account – Potential Challenges

- Get help
 - We'll walk you through it, for specific account help contact the help desk (1-866-288-8292)
- **What role do I chose?**
 - Security Officer can approve
 - Every other role can submit
- Gathering the correct numbers (see [page 12 of guide](#))
 - Individual Provider Transaction Access Numbers (PTANs)
 - Do not use the GROUP NPI or GROUP PTAN



EIDM Account – Potential Challenges

- Multiple TINs – Make sure you have all of the TINs assigned to your account
- Visual learner – watch the video - <https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be>



2018 CHANGES



2018 Low Volume Threshold

2017

- 100 or fewer unique Medicare Part B beneficiaries
- OR
- \$30,000 or less in Medicare Part B charges
 - During 1 of 2 Eligibility periods

2018

- **200** or fewer unique Medicare Part B beneficiaries
- OR
- **\$90,000** or less in Medicare Part B charges
 - During 1 of 2 Eligibility periods



2018 Participation Levels

2017

- 3 points or greater to avoid negative payment adjustment in 2019
- Pick Your Pace options:
 - Test (minimum participation)
 - 90 Day
 - Full Year

2018

- 15 points or greater to avoid negative payment adjustment in 2020
- Quality Category: Report for full year
- IA: Report for a minimum of 90 days
- ACI: Report for a minimum of 90 days



Scoring Scale

2017

≥70 points	<ul style="list-style-type: none"> Positive adjustment Eligible for exceptional performance bonus—minimum of additional 0.5%
4-69 points	<ul style="list-style-type: none"> Positive adjustment Not eligible for exceptional performance bonus
3 points	<ul style="list-style-type: none"> Neutral payment adjustment
0 points	<ul style="list-style-type: none"> Negative payment adjustment of -4% 0 points = does not participate

2018

≥70 points	N	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for exceptional performance bonus—minimum of additional 0.5%
15.01-69.99 points	Y	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for exceptional performance bonus
15 points	Y	<ul style="list-style-type: none"> Neutral payment adjustment
3.76-14.99	Y	<ul style="list-style-type: none"> Negative payment adjustment greater than -5% and less than 0%
0-3.75 points	Y	<ul style="list-style-type: none"> Negative payment adjustment of -5%

The Quality Category

2017

- 60 percent of final score
- Data completeness – 50 percent of applicable patients
- 3 point floor for any quality measure submitted (including not meeting data completeness)

2018

- 50 percent of final score
- Data completeness – 60 percent of applicable patients
- 3 point floor for any quality measure submitted except:
- 1 point for any quality measures which does not meet data completeness* (*CMS Web Interface, CAHPS for MIPS, and Small Practice excluded)



The Cost Category

2017

- 0 percent of final score
- Cost report will contain information on:
 - Medicare Spend per Beneficiary (MSBP)
 - Total per capita cost
 - 10 Episode-based cost measures

2018

- 10 percent of final score
- Cost report will contain information on:
 - Medicare Spend per Beneficiary (35 case minimum)
 - Total per capita cost (20 case minimum)
- If only 1 measure can be scored, that score will be the performance category score.



Improvement Activities

2017

- 15 percent of final score
- 92 activities
- Selected groups get double points:
 - Small practice (15 or fewer NPIs/TINs)
 - Practices in Rural and Health Professional Shortage areas
 - Non-patient facing clinicians
- PCMH – only 1 practice in TIN needed for entire TIN

2018

- 15 percent of final score
- 112 activities
- Selected groups get double points:
 - Small practice (15 or fewer NPIs/TINs)
 - Practices in Rural and Health Professional Shortage areas
 - Non-patient facing clinicians
- PCMH – 50 percent of Practice sites in TIN needed for entire TIN



Advancing Care Information

2017

- 25 percent of final score
- Can use 2014 or 2015 Edition CEHRT or combination
- Up to 10 percent bonus points if CEHRT used on selected Improvement Activities
- Reweighted to Quality for selected groups

2018

- 25 percent of final score
- Can use 2014 or 2015 Edition CEHRT or combination
 - **Bonus if just 2015 used**
- Up to 10 percent bonus points if CEHRT used on selected Improvement Activities
- Reweighted to Quality for selected groups



Other Changes

- “Improvement” scoring in Quality and Cost
 - Can receive a score for performance plus improvement if selected conditions are met
- Complex patient bonus
 - Based on Hierarchical Condition Categories (HCCs) and number of dually eligible patients treated.
- Small practice bonus
 - Add 5 points to any MIPS EC or small group
 - As long as data submitted in at least one performance category



2018 Changes - Resources

- Overview of 2018 rule:
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf>
- 2018 Resources page:
<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>



2018 Strategies

- Quality: New benchmarks now available on quality measures – show improvement.
- Costs: Focus on Medicare spending per beneficiary and total cost of care outside of your organization, improve care coordination to see results, reduce duplicated tests.
- ACI: Manage your electronic inbox and outbox. (advancing care Information)
- Improvement Activities: Align quality and ACI with your improvement activities.



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.



Poll

- Value of information/session



Poll #2

- Intent to Participate




How to Ask a Question

Record ng

You are viewing Kim Jamil'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 Organization | HealthInsight

16 Participants

Insite Participants Share Screen Chat Record

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1 minute

Leave Meeting



Questions



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For More Information Contact a QPP Expert in Your State

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Please contact us for assistance!

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