



Healthy People, Healthy Communities  
Providing Better Care at Lower Cost

## MIPS Tips

Question & Answer Series— March 28, 2018

Presented by HealthInsight and  
Mountain Pacific Quality Health

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# Slide Deck Available

- Today's 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.



# 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](http://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

- Q & A
- 2018 MIPS Program



# Poll #1

- Intent to Participate



# Questions



# MIPS Data Submission Video

- <https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be>

Quality Payment PROGRAM

MIPS Merit-based Incentive Payment System

APMS Alternative Payment Models

ABOUT The Quality Payment Program

Sign in Submit and Manage Data

Modernizing Medicare to provide better care and smarter spending for a healthier America.

Check your participation status

Enter your National Provider Identifier (NPI) number

NPI Number

Check NPI >

Group and/or Individual data submission for MIPS

20,636 views

39 4 SHARE





# Assessment

- Get customized support for your practice by filling out a short assessment
- HealthInsight: <https://healthinsight.org/qpp-assessment>
- Mountain-Pacific: <http://mpqhf.com/QIO/qpp-enroll/>



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

## 2018

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

# 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



# 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
- IA: Align quality and ACI with your IAs



# 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-D1-18-24*

# Question

In regard to 2018 reporting, to avoid a penalty in 2020, what is the minimum data that needs to be reported?

- Ellesha from Alabama



# Question

Please explain how quality measures are weighted in regard to points.

- Ellesha from Alabama



# Poll

- Value of information/session



# Upcoming MIPS Tips

**April 12, 2017 – Security Risk Assessment**

**May 10 , 2018 – Year 2 Deep Dive and Aligned  
MIPS Strategy**

**June 7, 2018 – APMs**

**July 12, 2018 – Feedback Reports**

- All webinars will be held at 1 p.m. MT/Noon PT
- Topics are subject to change
- Watch your email for registration information, coming soon!





# For More Information Contact a QPP Expert in Your State

## HealthInsight QPP Support

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# For More Information Contact a QPP Expert in Your State

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