Healthy People, Healthy Communities
Providing Better Care at Lower Cost

MIPS Tips

Question & Answer Series— March 8, 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).

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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

- MIPS Test submission
- EIDM Account
- Q & A

Poll #1

- Intent to Participate

MIPS Submission

- **When:** 1/2/2018 – 3/31/18
  - Registries may shorten this time frame
  - CMS Web Interface closes March 16
- **Where:** QPP Submission Portal
  - https://qpp.cms.gov/login
- **What's Included:** Quality, Advancing Care Information (ACI) and Improvement Activities (IA)
- **What's New:** Real time feedback on submission and scoring
- **Who:** If you are reporting at an individual level you might want to double check your MIPS eligibility

Test Submission

If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Test Submission-Quality

- Individual
  - Qualified Clinical Data Registry (QCDR)
  - Qualified Registry
  - EHR
    - A valid QRDA-3 file will be needed from your EHR
    - Portal will check QRDA3 format, report errors to your EHR vendor
    - CAUTION: Vendors may charge for the QRDA3 report
  - Claims
    - N620
    - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Claims-Data-Submission-Fact-Sheet.pdf
- Group
  - QCDR
    - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-QCDR-List.pdf
  - Qualified Registry
    - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-Qualified-Registries.pdf
  - EHR
  - Administrative Claims
    - https://www.youtube.com/watch?v=ITtCRHOFKn0&feature=youtu.be
  - CMS Web Interface
  - CAHPS for MIPS Survey

QPP Submission Portal

- If uploading quality measure data, a valid QRDA-3 file will be needed from your EHR
  - Portal will check QRDA3 format, report errors to your EHR vendor
  - CLARIFY: Some vendors may provide a QRDA3 at the individual level only
  - CAUTION: Vendors may charge for the QRDA3 report
- You can submit quality measures using more than one method – the system will select whichever method gives you the higher score
- Use the portal to submit IA and ACI information if you have been using claims to submit quality measure data

Test Submission-IA

- **Individual**
  - QCDR
  - Qualified Registry
  - EHR
  - Attestation
- **Group**
  - QCDR
  - Qualified Registry
  - EHR
  - CMS Web Interface
  - Attestation

Test Submission-IA

- You must attest by indicating "Yes" to each activity that meets the 90-day requirement
- You can choose to attest to the set of activities that are most meaningful to your practice since there are no subcategory reporting requirements
- To get the maximum score of 40 points for the IA score, you may select any of these combinations:
  - Two high-weighted activities
  - One high-weighted activity and two medium-weighted activities
  - Up to four medium-weighted activities
- https://qpp.cms.gov/mips/improvement-activities

Test Submission-ACI

- MIPS eligible clinicians need to fulfill the requirements of all the base score measures in order to receive the 50 percent base score. If these requirements are not met, they will get a 0 in the overall ACI performance category score.
- https://qpp.cms.gov/mips/advancing-care-information

Enterprise Identity Management (EIDM) account

- You must have an EIDM account and an appropriate user role associated with your organization to sign-in and submit data to the QPP.
- If you need to set up an EIDM account, get EIDM account information, or reset your password on an existing EIDM account, visit portal.cms.gov.
- You will need the necessary EIDM accounts and roles to be able to access the data submission system and submit data.
- https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf

QPP Submission Portal

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

Secure https://qpp.cms.gov/login

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

User ID

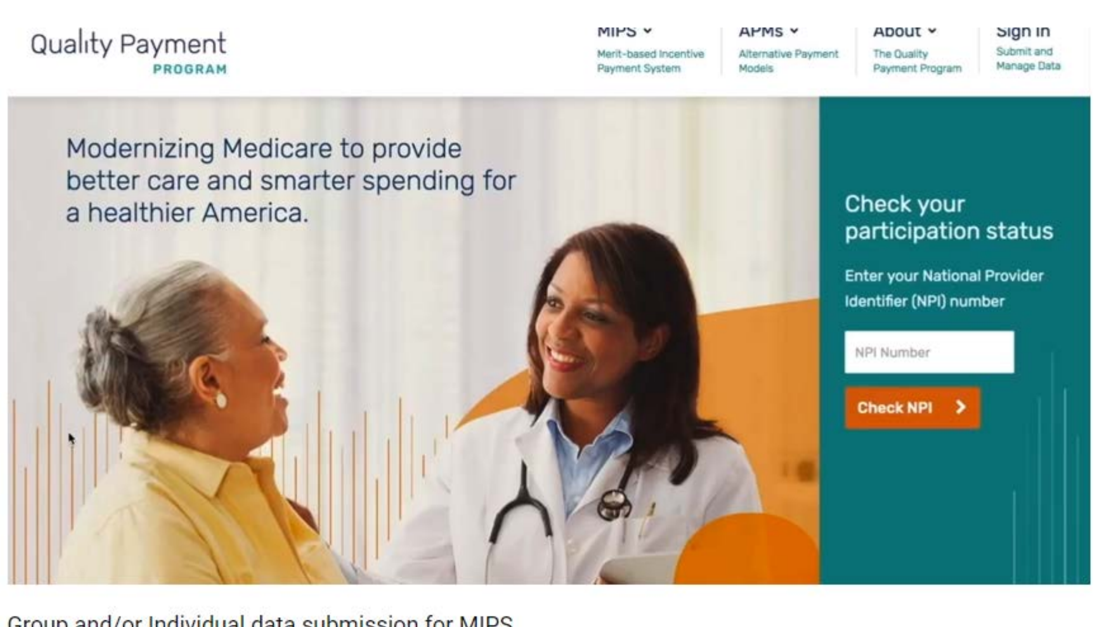
ENTER EIDM PASSWORD

Password

Show password

MIPS Data Submission Video

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



Question

Q - Dr. G is a 100% rehab hospitalist. He uses the hospital EHR system, and won't be able to submit any data from the hospital EHR system.

How can he participate in 2018 Improvement Activities?

Lisa from Henderson, NV

List of 2018 Improvement Activities
https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Improvement-Activities.zip

Question

Q - What documentation suggestions do you have for MIPS Audit? Especially surrounding the information blocking attestation question.

Heather from Portland, OR

- IA
  - https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-MIPS-Data-Validation-Criteria-Quality-11-21-17.zip
- ACI
  - Screenshots of EHR with date and time stamp
  - Printed reports with names and dates
  - Statement from EHR vendor about information blocking
- Quality
  - Screenshots of EHR with date and time stamp
  - Printed reports with names and dates

Question

- Q - How do we report the performance improvement component of the MIPS for 2018?
  - Does this pertain to the improvement of the quality score?
- Q - Are we still reporting only Medicare Part B patients for 2018?

Joseph from Las Vegas, NV

  - Depending on your reporting method
    - Everyone for Medicare part B only through claims

Question

Q - When we submit our quality data through the QPP portal does the QRDA file contain everything needed?

Chantelle Wolf from Tualatin, Oregon

- QRDA Category III (QRDA III) is an aggregate quality report.
- Some QRDA III files are ONC certified but do not meet the requirements for CMS reporting.
- Some EHR vendors charge for creating a QRDA III file.

Preparing for MIPS Cost Scoring

Tuesday, March 20, 2018, 9 to 10 a.m. MT/8 to 9 a.m. PT
https://qppsurs.adobeconnect.com/e04kt9d4m70q/event/event_info.html

Thursday, March 22, 2018 5 to 6 p.m. MT/4 to 5 p.m. PT
https://qppsurs.adobeconnect.com/e3xwvolv70ni/event/event_info.html

- How cost scores will be calculated by CMS
- How to identify the factors most heavily impacting the cost score you will receive
- Cost containment practices that work in small group practices
- Practical tips for how small group practices can earn a high MIPS cost score

Poll

- Value of information/session

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-D1-18-18

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/

For More Information Contact a QPP Expert in Your State

Mountain-Pacific Quality Health

Please contact us for assistance!

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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

Points	Payment Adjustment
≥70 points	• Positive adjustment • Eligible for exceptional performance bonus—minimum of additional 0.5%
4-69 points	• Positive adjustment • Not eligible for exceptional performance bonus
3 points	• Neutral payment adjustment
0 points	• Negative payment adjustment of -4% • 0 points = does not participate

2018

Points		Payment Adjustment
≥70 points	N	• Positive adjustment greater than 0% • Eligible for exceptional performance bonus—minimum of additional 0.5%
15.01-69.99 points	Y	• Positive adjustment greater than 0% • Not eligible for exceptional performance bonus
15 points	Y	• Neutral payment adjustment
3.76-14.99	Y	• Negative payment adjustment greater than -5% and less than 0%
0-3.75 points	Y	• 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~~ (removed in Balanced Budget Act)
- 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
- IA: Align quality and ACI with your IAs