

# MIPS Tips: MIPS in a COVID-19 World

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# 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.

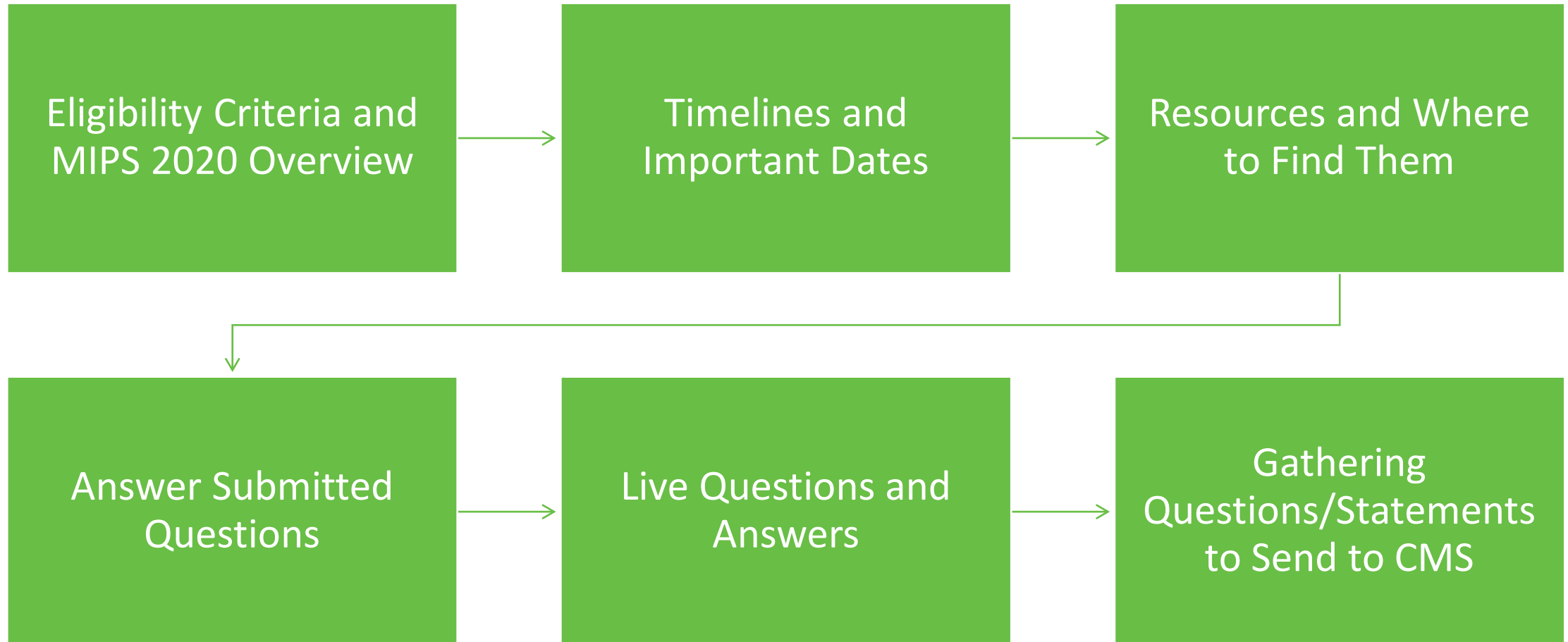


# Slide Deck Available

- 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.



# Agenda



# How a Clinician is Deemed MIPS Eligible

Be a MIPS eligible clinician (EC) type:

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry), Osteopathic practitioners, Chiropractors, Physician assistants, Nurse practitioners, Clinical nurse specialists, Certified registered nurse anesthetists, Physical therapists, Occupational therapists, Clinical psychologists, Qualified speech-language pathologists, Qualified audiologists, and Registered dietitians or nutrition professionals

Exceed all **THREE** elements of the low-volume threshold (LVT) criteria for **BOTH** determination periods

Run 1 Oct. 1, 2018 to Sept. 30, 2019 AND Run 2 Oct. 1, 2019 to Sept. 30, 2020

Bill more than \$90,000/year in allowed charges for covered professional services under Medicare Physician Fee Schedule (PFS)





**AND**

Furnish covered professional services to more than 200 Medicare Part B beneficiaries (unique beneficiaries)

**AND**

Provide more than 200 covered professional services under PFS (cumulative services)



Performance Category	Performance Period	Performance Category Weight
 <b>Quality</b>	12 months	45%
 <b>Cost</b>	12 months	15%
 <b>Improvement Activities</b>	90 days	15%
 <b>Promoting Interoperability</b>	90 days	25%

# Quality

- Weight 45%
- Must report 6 measures
  - One outcome measure OR one high-priority measure
- Data completeness
  - Report on 70% of applicable patients
  - Minimum of 20 unique patients
  - Measure must have a benchmark
    - If data completeness not met: Large clinics get 1 point per measure and small clinics get 3 points per measure
  - Small Practice's now will receive a 6-point bonus instead of 3-point bonus
  - [More information here](#)

# Quality

- Reporting measures under multiple collection types now allowed
  - 6 collection types
    - eCQMs, CQMs, QCDR, Medicare Part B claims submissions, CMS Web Interface, and CAPS for MIPS
  - Collection type with the highest score will be counted
- For 2020 3 new measures were added and 42 measures were removed
  - Added 476, 477, and 488
  - Removed 46, 51, 68, 91, 109, 131, 160, 165, 166, 179, 192, 223, 255, 262, 271, 325, 328, 329, 330, 343, 345, 346, 347, 352, 353, 361, 362, 371, 372, 388, 403, 407, 411, 417, 428, 442, 446, 449, 454, 456, 467, 474
  - [More information here](#)



# Improvement Activities

- Weight 15%
- Group reporting, 50% of the group must complete the same IA during the same 90-day window
  - In 2019 only 1 provider had to complete the IA for the group to get credit
- Achieve 40 points to earn full credit
- Activity weights
  - Medium = 10 points, 20 points
  - High = 20 points, 40 points
- Selected groups get double points for IAs
  - Small practice ( $\leq 15$  NPIs/TINs)
  - Practices in rural and health professional shortage areas
  - Nonpatient-facing clinicians
  - PCMH – 50% of practice sites in TIN needed for entire TIN

# Improvement Activities

- New high-weighted IA added concerning Covid-19
  - IA\_ERP\_3 : COVID-19 Clinical Trials
  - Promotes participation in covid-19 clinical trials and reporting Covid-19 related care data to a clinical data repository or clinical data registry for the duration of their study
- Report for a continuous 90-day period
  - Can be a different 90-day period from Promoting Interoperability
  - [2020 IA Quick Start Guide](#)

# Promoting Interoperability

- Weight 25%
- Must use 2015 edition CEHRT
- Performance based scoring
  - Each measure will be scored based on a numerator and denominator or yes/no response
  - There are 4 objectives
  - Report for a continuous 90-day period
  - Can be different 90-day from the Improvement Activities category
- Unscored but required to receive a score for this category
  - Provide EHR's CMS Identification code from CHPL
  - Attest yes to
    - The Prevention of Information Blocking Attestation
    - The ONC Direct Review Attestation
    - Security Risk Analysis for 2020
- Hardship exception application are now filled out in the QPP Portal

# Promoting Interoperability

- Hardship eligible
  - MIPS ECs in a small practice (15 NPIs or less)
  - MIPS EC using decertified EHR technology
  - Insufficient internet connectivity
  - Extreme and uncontrollable circumstances
  - Lack of control over availability of CEHRT
- Some clinicians are automatically reweighted due to special status
- Score will be reweighted to the Quality category
- Can be a different 90-day period than IA
- Can receive 5 bonus points for attesting “yes” for the optional measure Query of Prescription Drug Monitoring (PDMP)
  - [2020 Promoting Interoperability Quick Start Guide](#)



# Cost

- Weight 15%
- Two global measures in performance
  - Total per capita cost per beneficiary (TPCC)
    - Refined attribution methodology for identifying primary care relationships
    - Specialty exclusions for clinicians who don't provide primary care services
    - Refined risk adjustment to account for changes in patient health status during the year
  - Medicare Spending per beneficiary (MSPB)
    - Updated name – Medicare Spending Per Beneficiary Clinician (MSPB-C) measure
    - Refined attribution methodology for medical and surgical episodes
    - Service exclusions for costs that are unlikely to be influenced by clinicians
- Performance year 2019 added 8 new episode-based measures, 2020 added 10 more

# Cost

- If only one measure can be scored, that score will be the performance category score
- If no measure can be scored, the Cost category weight is added to the Quality category weight
- No reporting required – CMS calculates from claims submitted for payment
- Must submit Quality, IA or Promoting Interoperability to receive Cost score
- “Cost” means Medicare allowed amount:
  - Medicare payments PLUS
  - Beneficiary deductible and co-insurance
  - Traditional, fee-for-service claims
- No “improvement scoring” until 2022 performance year/2024 payment year
  - [2020 Cost Quick Start Guide](#)

# Timelines and Important Dates

- Jan. 1, 2020
  - MIPS data collection for Quality and Cost category starts
- Summer 2020
  - Promoting Interoperability hardship exception application available in QPP portal
- Oct. 3, 2020
  - Last day to start 90-day reporting period for PI and IA
- Sept. 30, 2020
  - Second determination period ends
  - Final MIPS eligibility will be determined and published late 2020
- Dec. 31, 2020
  - MIPS data collection ends
  - Last day to apply for the PI hardship exception
- Jan. 1, 2021 to March 31, 2021
  - data submission reporting period

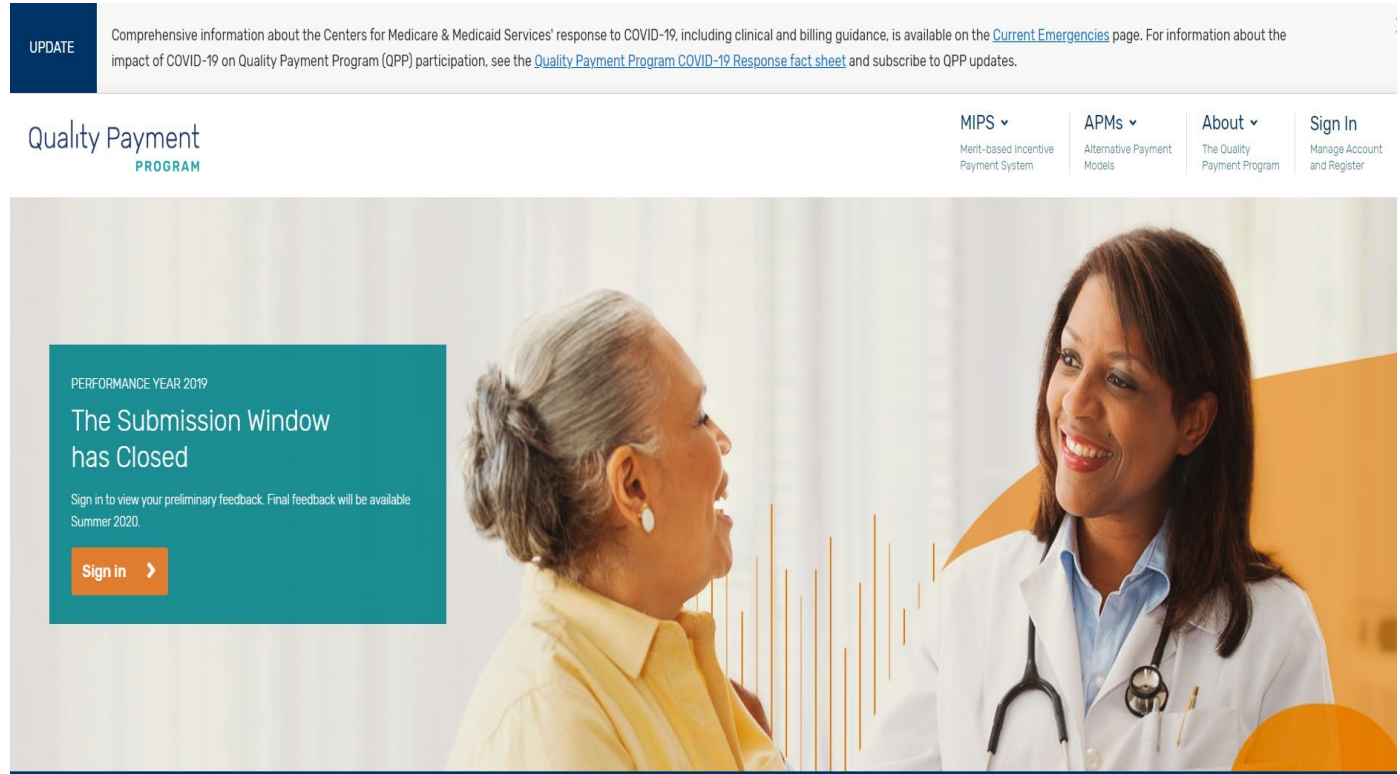
# QPP Portal Access and Use

- **Who should have access?**

- Individual providers
- Practice/office managers
- Quality improvement staff tasked with MIPS participation duties

- **Why to go there?**

- To check MIPS eligibility
- To submit your data
- To view your scores
- To routinely check for any changes in your scores
- To capture screenshots for your audit documentation



**qpp.cms.gov**


**Your hub for all things MIPS!**

Get there early, go there regularly, know your data.






# Full Resource Library


 

- Hide filters


Performance Year

QPP Reporting Track

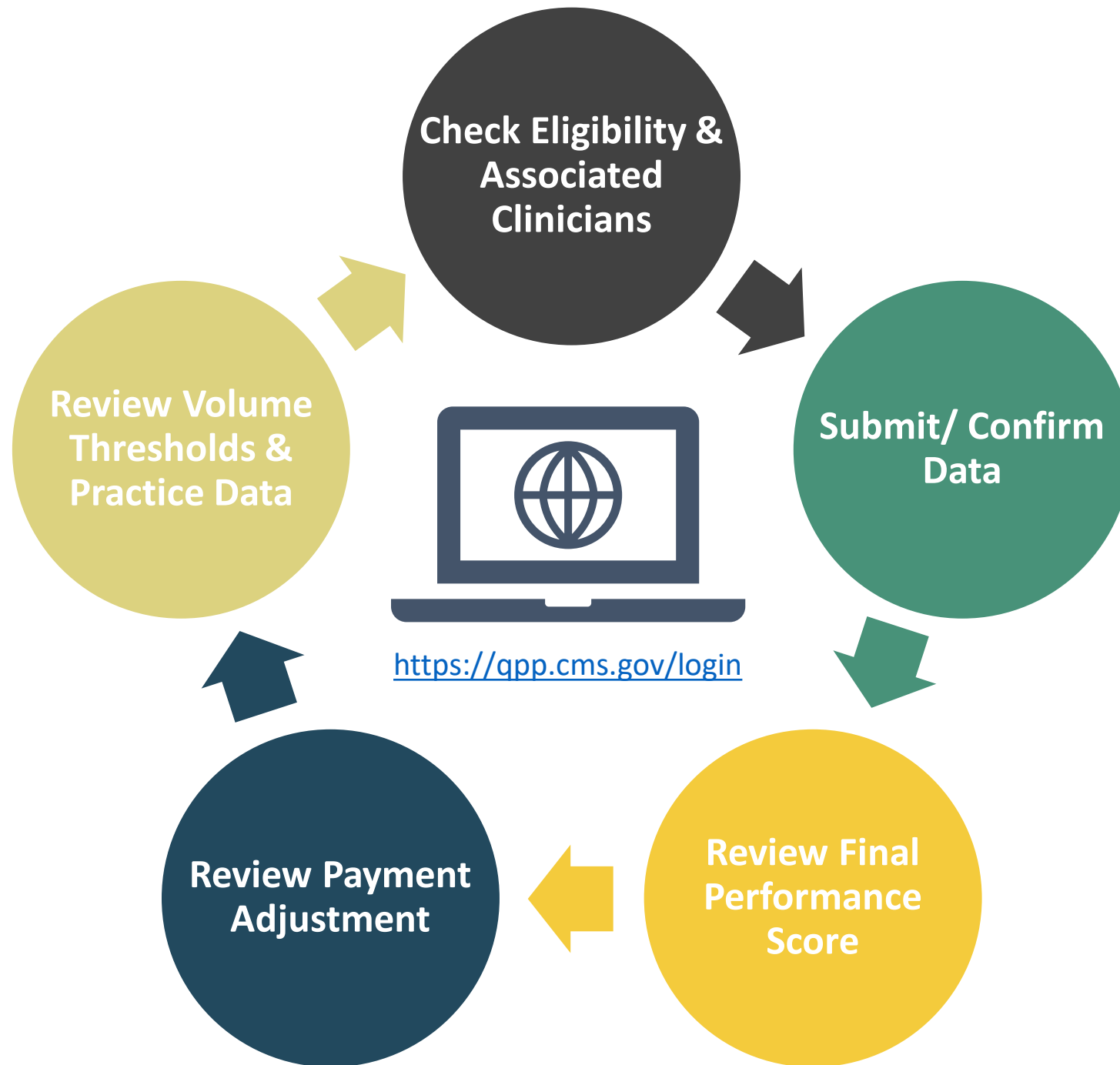
 

Performance Category

Resource





# COVID-19 Items of Interest

- Waivers

- In certain circumstances, HHS can temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements, called 1135 waivers.
  - Blanket waivers – are issued by CMS and cover broadly. No additional need for providers to apply for a waiver.
  - State specific waivers – all states/territories have specific waivers for COVID-19
  - CMS is issuing waivers ongoing
- Waivers are in effect for a selected time frame.
  - If you are operating under a waiver (i.e., telehealth changes), stay alert for when the waivers end and you must go back to “normal” operations.

- Waiver resources

- Note the Physicians and Other Practitioners (PD) updated on 4/30/20
- <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

# COVID-19 Items of Interest

- Telehealth and Quality Measures
  - Note that some measures do not include visits completed by Telehealth.
    - How does this affect your quality measure performance?
- Telehealth information and resources can be found on our websites:
  - Comagine: <https://comagine.org/covid19/telemedicine>
  - MPQHF: <https://www.mpqhf.org/QIO/telehealth-services-support/>

# Stay in Touch for Ongoing Updates!

- Visit the “Contact Us” link - <https://www.mpqhf.org/QIO/qpp-contact-us/> - on Mountain-Pacific’s website or email Miranda at [mburzinski@mpqhf.org](mailto:mburzinski@mpqhf.org) if you would like to sign up for regular email updates
- For Comagine Health States – email us at [QualityPaymentProgram@Comagine.org](mailto:QualityPaymentProgram@Comagine.org) and ask to be added to our list!

# Questions and Answers

- What are the changes to MIPS 2020 due to Covid-19?
  - None currently. We are continually monitoring for changes.
- What changes are in store for 2020 reporting requirements?
  - Currently there are none. Again, we are closely monitoring CMS for any changes to MIPS.
- How to get the neutral score?
  - We have an in-depth document on our website that walks you through how to achieve the 45-point neutral score <https://www.mpqhf.org/QIO/wp-content/uploads/2020/03/How-to-Avoid-a-Negative-Payment-Adjustment-in-2020-FINAL.pdf>

# Questions and Answers

- How does budget neutrality and payment adjustments work?

Payment Adjustments for the 2020 Performance Year are Based on the MIPS Final Score

MIPS Final Score	Payment Adjustment
0 – 11.25 points	Negative 9%
11.26 – 44.99	Negative between 0.01% and 8.99%
45	No payment adjustment
45.01 – 84.99	Positive between 0.01% and 9%
85.01 – 100	Positive between 0.01% and 9% plus a minimum 0.5% for exceptional performance

- What should we be doing now?
  - Tracking your quality measures. Working with your EHR, QCDR, qualified registry, or billers to make sure your chosen measures are being tracked properly. Logging into the QPP portal regularly to monitor for updates, changes, and messages.
- Has MIPS made a difference in the quality of care that's being delivered?
  - CMS is still analyzing the gathered data. They have not shared with us anything besides scoring trends and general data.



# Questions and Answers

- How does MIPS and Telehealth work?
  - Telehealth does not change MIPS. Certain quality measures exclude telehealth visits, be aware if your chosen measures fall into that category.
- Are there any changes to group reporting?
  - The only major change was to the IA category. Now 50% of the group must complete the same IA during the same timeframe.
- Will there be an extension due to the pandemic?
  - At this time we have not heard of any, but we are monitoring the situation around MIPS.



# Live Question and Answers



# What would you like to share with CMS about MIPS?

# How to Ask a Question

The screenshot shows a Zoom meeting interface. The main content area displays a slide with a green header titled "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. A red arrow points from the red speech bubble down to the chat icon in the Zoom meeting toolbar at the bottom. The toolbar also includes icons for mute, video, and participants. On the right side of the screen, a vertical stack of participant video thumbnails is visible, including Paige Hoffman, Sharon Phelps, kim, 18084406057, Cathy Nelson, and Natalya Seibel. At the bottom right of the meeting 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

Leave Meeting



# 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/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/>

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# For More Information Contact a QPP Expert in Your State

## Comagine Health QPP Support

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