

Looking at Cost & Year-End Readiness

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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.
- Please fill out the evaluation for today's webinar and give us feedback.



MIPS Overview

Quality

Assesses the quality of care you deliver based on measures of performance.



Promoting Interoperability

Focuses on the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve patient access to their health information, exchange of information between providers and pharmacies, and systematic collection, analysis, and interpretation of healthcare data.

Improvement Activities

Assesses your participation in clinical activities that support the improvement and patient engagement, care coordination, and patient safety.



Cost

Assesses the cost of the care you provide based on your Medicare claims. Cost measures are also used to gauge the total cost of patient care during the year or a hospital stay.

MIPS Overview

MIPS performance category weights in 2020:

Quality



45% of MIPS Score

Cost



15% of MIPS Score

Improvement Activities



15% of MIPS Score

Promoting Interoperability



25% of MIPS Score

MIPS Tip: Be QPP Portal Ready

- Make sure you can log into the QPP portal
 - <https://qpp.cms.gov/login>
 - If you have not logged in within the last 60 days your password will be expired
- Confirm that all information about your TIN and associated NPIs looks correct
 - Update in PECOS/NPPES if needed
- Double check eligibility status
 - <https://qpp.cms.gov/participation-lookup>

Sign in to QPP

USER ID

PASSWORD

Show password

Forgot your user id or password? [Recover ID or reset password](#)

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

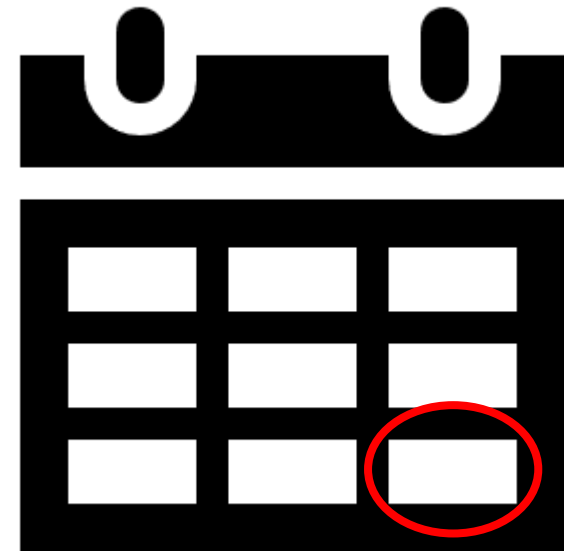
Yes, I agree

[Sign in](#) > Don't have an account? [Register](#)



MIPS Tip: Note the Extreme and Uncontrollable Circumstances Exception Deadlines

- QPP Exceptions
 - <https://qpp.cms.gov/mips/exception-applications>
- COVID-19
 - <https://qpp.cms.gov/about/covid19?py=2020>
 - Application Deadline-December 31, 2020
- Promoting Interoperability
 - Application Deadline-December 31, 2020



MIPS Tip: Registries

- 2020 Qualified Registries Qualified Posting
 - <https://bit.ly/3kt5i4g>
- Be aware of the last date a registry will accept new clients
- Fee per provider
- When selecting a registry, select a registry whose specialty aligns with yours
- Review which categories a registry will submit on your behalf

↓ 2020 Qualified Registries Qualified Posting

XLSX 161KB | PY 2020 | MIPS | Quality | Technical Guides and User Guides

Provides a list of the 2020 Qualified Registries for the Merit-based Incentive Payment System (MIPS).

↓ 2020 Qualified Clinical Data Registries (QCDRs) Qualified Posting

XLSX 134KB | PY 2020 | MIPS | Quality | Technical Guides and User Guides

Provides a list of the 2020 Qualified Clinical Data Registries (QCDRs) for the Merit-based Incentive Payment System (MIPS).

MIPS Tip: Promoting Interoperability

- Look for different 90-day periods to find your best score.
 - 90-day minimum
- Completed Security Risk Assessment verification.
- Make sure EHR is 2015 certified.
- Review measures with a 0 in the numerator and verify there are any exclusions that can be captured.
 - Obtain any documentation from state immunization registry, public health registry, syndromic surveillance reporting if you will be seeking an exclusion
- Speak with your EHR vendor to see what kind of assistance they provide in the submission process.
- Know how to pull a promoting interoperability report from your EHR.

MIPS Tip: Quality Measures

- Check denominators on Quality Measures
- Look for data completeness and validation
- Review measures with 0 in the numerator
- Know how you will submit your Quality Measures

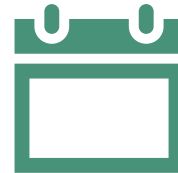


MIPS Tip: Know the Reporting Timeline



December 31, 2020

Quality Payment Program Exception
Applications Window Closes



January 4, 2021

Submission Window Opens for PY
2020



March 31, 2021

Submission Window Closes for PY
2020

What Is in MIPS Performance Feedback?

- Measure-level performance data and scores
- Activity-level scores
- Performance category-level scores and weights
- Final score
- Payment adjustment information

Who Receives Performance Feedback and Payment Adjustment Information?

- MIPS-eligible clinicians (including those who opted-in to MIPS)
- Practices that were eligible and submitted data as a group (including those who opted-in)
- Virtual groups
- Clinicians and groups that voluntarily reported will not receive a payment adjustment but will receive performance feedback

Performance Feedback Report

- Sign in to <https://qpp.cms.gov/login>
- Select “Performance Feedback” from the home page

The screenshot shows the 'Performance Feedback' page for the year 2019. The left sidebar contains navigation options: LVT Opt-In, Account Home, Eligibility & Reporting, Facility Based Preview, Performance Feedback (highlighted), Physician Compare Preview, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has tabs for 'APM Entities', 'Practices' (selected), and 'Virtual Groups'. Below the tabs, there is a search bar and a list of practices. The first practice shown is 'ITScoringFiftyThree' with a final score of 97.00 out of 100, a total payment adjustment of N/A, and a payment adjustment date of Jan. 1, 2021. A red box highlights the 'Practices' tab and the search bar, with a text box stating: 'You should see “Practices” at the top of this page. If you’re connected to multiple organization types, make sure you click “Practices”'.

Final Score	Total Payment Adjustment	Payment Adjustment Date
97.00 out of 100	N/A	Jan. 1, 2021

Feedback Report Overview

IA Study One
TIN: 000110683

SQUALL LIONHEART
NPI: 0044240758

Switch Practice

Overview

IA Study One at Squall Lionheart
NPI: 0044240758 | TIN: 000110683
3473 Yolanda Mountain Suite 882, Suite 6516, Patrickbury, FL 924387294567102

Final Score Submission Score

Final Score
69.00 / 100

Your final score is the group score from IA Study One.

MIPS Payment Adjustment

Payment Adjustment	0.20%
Exceptional Performance Adjustment	0.20%
Total Adjustment	+0.20%

Adjustment Starting January 1, 2021

How are payment adjustments calculated?

Quality	45.00 / 45
Improvement Activities	15.00 / 15
Promoting Interoperability	0.00 / 25
Cost	9.00 / 15

Individual Feedback

- Final Score
- Quality
- ACR Details
- Cost
- Items & Services

Submission Score

- Quality
- Items & Services



MIPS - Cost Measures

- Revised Medicare Spending Per Beneficiary measure:
 - Updated name – Medicare Spending Per Beneficiary Clinician (MSPB Clinician) measure
 - Refined attribution methodology for medical and surgical episodes
- Revised Total Per Capita Cost (TPCC) measure: -
 - 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
- Added 10 new Episode-based cost measures for 18 total episodes

Total Per Capita Cost (TPCC)

- Assesses the primary care clinician's overall care for a Medicare patient during the performance period
- Payment standardized, Risk adjusted, and Specialty-adjusted
- 20 Medicare patients
- Medicare Part A & B claims

Overview of TPCC Report

- Different elements displayed in the Total Per Capita Costs (TPCC)

Measure Name	TPCC Average Cost Per Beneficiary	Measure Score
Total Per Capita Costs (TPCC) Measure ID: TPCC_1	\$15,524.00	4.2
Measure Info This data is based on claims information from all beneficiaries that were billed under Medicare in 2018. This is an inverse measure, where less spending indicates better performance.	Measure Details	
Reporting Period 1/1/18 - 12/31/18	Eligible Beneficiaries	250
Download Bene Level Data	TPCC Unadjusted Per Capita Cost	\$13,757.39
Note: We will not provide HIV/AIDS or mental health data in this file.	TPCC Ratio	0.29
	Performance Points	
	Partial Points Attributed	0.2
	Points from Benchmark Decile	4
	Measure Score	4.2



Total Per Capita Cost (TPCC) Feedback Report

- Beneficiary ID
- Type
- Sex
- TIN, NPI
- Measure
- Date of birth

Total Per Capita Cost (TPCC) Feedback Report

- HCC percentiles versus scaled cost
- The percentile ranking shows how beneficiary's risk score compares to all other Medicare Fee-for-Service (FFS) beneficiaries nationwide
- Scaled Cost represents the total amount of payment-standardized, Medicare FFS allowed amount costs incurred by the beneficiary (neither risk adjusted, nor specialty adjusted)

hccPercentileRank	diabetes	cad	copd	hf	scaledCostTotals	em
69	FALSE	FALSE	FALSE	TRUE	2372.8	788.34
50	FALSE	FALSE	FALSE	FALSE	2070.2	832.8
17	FALSE	FALSE	FALSE	FALSE	11364.65	1389.4
17	FALSE	FALSE	FALSE	FALSE	4923.77	1105.66

Total Per Capita Cost (TPCC) Feedback Report

- Ancillary Services- Column "U" e.g. labs, cultures, imaging, EKG etc.

	R	S	T	U	V	W
	majorProc	ambMinorProc	outpatientTher	ancillaryServices	inpatientFacilityServices	eligProfSec
34	0	50	0	100	0	0
.8	0	50	0	100	0	0
.4	0	50	0	100	0	0

Total Per Capita Cost (TPCC) Feedback Report

- What are Preventable ER costs? In Column X

	V	W	X	Y	Z	AA	AB
Outpatient Facility Services			Preventable ER	Post Acute Services	Hospice	All Other Services	
0	0	0	400	0	0	0	
0	0	0	0	0	0	50	
7	0	0	500	0	0	5000	

Episode Based Measure

- Beneficiary level data

hcc	serviceCategory	serviceCategoryDescript	serviceCode	serviceCodeDescriptio	standardizedCost
2.993	Trigger_ClaimLine	Cost for trigger claim lin	45385	Hcpcs Code for the Clai	300

Clinically-Related Costs Included In Episode Measures

Assigned services may include:

- Treatment and diagnostic services
- Ancillary items
- Services directly related to treatment
- Services furnished as a consequence of care (e.g., complications, readmissions)

Key Drivers: Utilization



- Inappropriate emergency department (ED) use
 - \$8.3 billion
 - 17% of patients
- Hospital readmissions

How to address this issue

1. Implement an ongoing initiative to educate patients on appropriate levels of care:
 - a. Telehealth or same day appointment in physician office
 - b. Urgent care
 - c. ED
2. Consider mechanisms to obtain admissions/discharge/transferred (ADT) messages from local hospitals
 - a. Identify inappropriate use
 - b. Implement post ED visit protocols
3. Implement care management for patients with repetitive non-emergent ED visits

Key Drivers: Care Coordination



Ensures:

- All providers have known information and results necessary to provide care
- Needless redundancy of tests and procedures is reduced
- Communication processes are consistent and bidirectional

How to address this issue

- Enact agreements and processes with specialists and hospitals for receiving patient information after they provide care
- Educate patients on communicating with other healthcare providers about the need to send their information to you
- Consistently use electronic referral capabilities:
 - Participate in your local Health Information Exchange
 - Obtain Direct Email addresses for other healthcare providers and share your Direct Email address with those providers
 - Train staff on how data is sent and received electronically
- Educate patients on importance of bringing in all medications for appropriate medication management

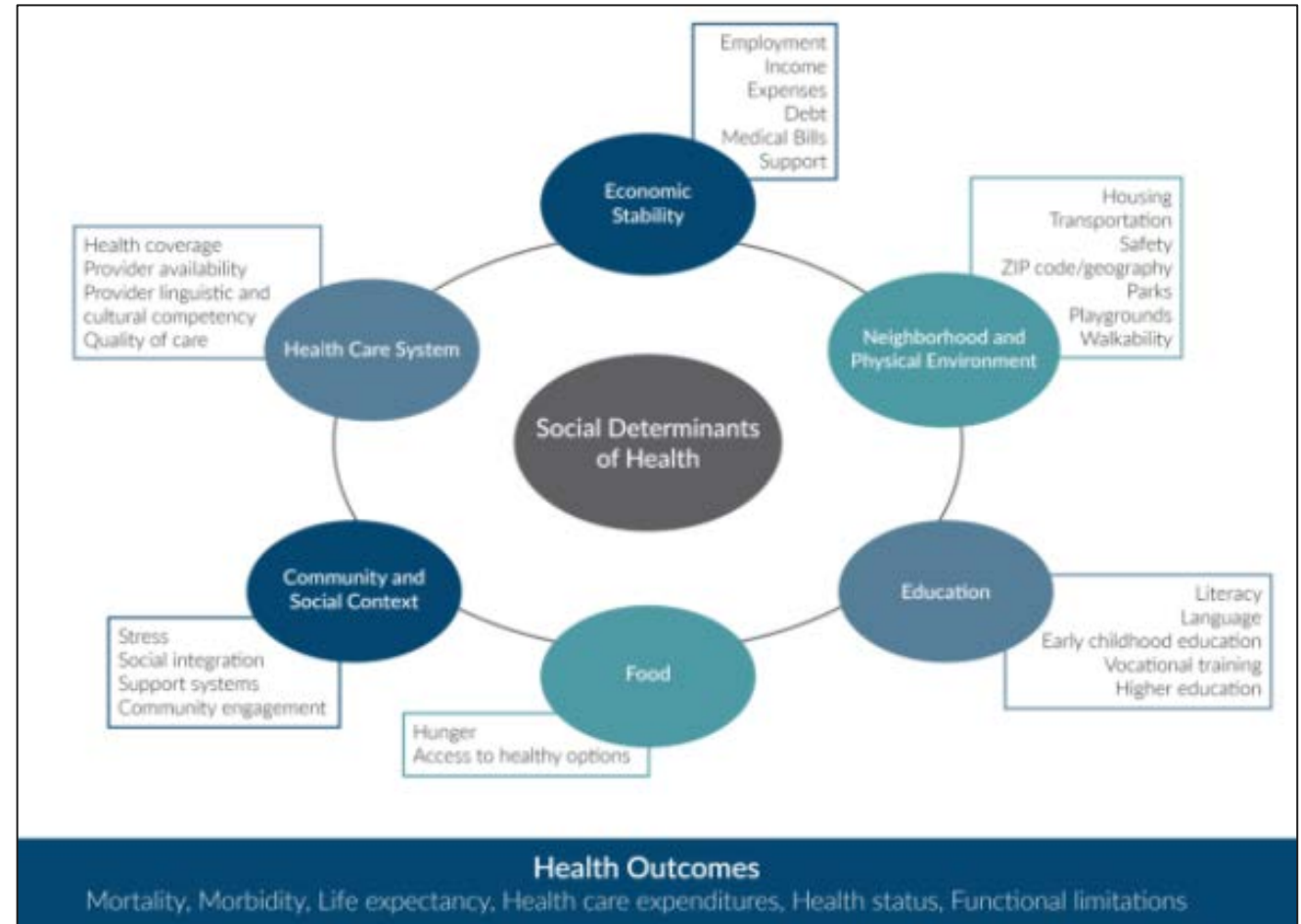
Key Drivers: Social Determinants of Health (SDOH)



- Economic stability
- Neighborhood and physical environment
- Food
- Community and social context
- Health care system
- Education

How to address this issue

- Use Z codes to capture SDOH
- Identify support services for referral
- Recognize and address health disparities
- Consider using PRAPARE toolkit



Key Driver: Accurate Coding



Hierarchical Condition Codes (HCC)

- Derived from ICD-10 coding on claims
- Used to adjust expected cost of care for each patient based on patient's underlying chronic disease state
- Used in MIPS Cost Measures
- Used in MIPS Complex Patient Bonus calculation

How to address this issue

- Ensure billing/coding staff understand difference between coding for E&M charges vs. HCC
- Develop documentation screens to capture specific level detail
- Create feedback loop for coding staff to query providers for missing details
- Consider a coding audit


Other Actions to Consider

- AWW-Primary care versus Specialty
- Transitional care visit - increased
- Reimbursed for 2020, electronic/ fax
- Chronic care visit-medication management
- Telehealth-TCM etc.
- Diabetes management, CHF, COPD
- Nursing home patients' management
- After discharge summary
- Referral and follow-up to social services to address nonmedical needs
- After hours care

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

Quality Improvement

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Natalya Seibel

Leave Meeting

The image shows a Zoom meeting interface. The main content is a slide titled "Questions" with three speech bubbles containing question marks. A red arrow points from the bottom of the red speech bubble to the chat icon in the Zoom toolbar at the bottom of the screen. The toolbar also shows icons for participants (8), a share 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).



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.

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MIPS
Tips