

2019 MIPS Reporting



**Align your 2019 MIPS
reporting plan with the
Opioid Crisis**

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From Quality Measures to Improvement Activities to Promoting Interoperability; you can align MIPS to develop a comprehensive opioid prescribing program and earn bonus points for best practices related to pain management.

2019 MIPS Basics

There are four Performance Categories that make up the final score. The final score determines a payment adjustment. For 2019 the payment adjustment is set at 7%. Eligible clinicians that don't participate will receive a -7% penalty on 2021 claims. Participating Clinicians can earn up to 7%.

1 **Quality (45%)**

Report up to 6 quality measures, one being an outcome or high-priority measure. All opioid related quality measures will be considered "high priority" and will receive one additional bonus point.

2 **Promoting Interoperability (25%)**

This category focuses on patient engagement and using certified electronic health record technology (CEHRT). Health data exchange is sharing information with other clinicians or the patient in a comprehensive manner. This may include sharing test results, visit summaries and prescription drug monitoring information to enhance coordination of care.

3 **Improvement Activities (15%)**

There is an inventory of activities that assess how you improve care processes, enhance patient engagement and increase access to care. Included are many activities that promote best practices for pain management and opioid prescribing. Perform and report up to 4 activities in 2019. Small practices receive double points and will need to perform up to 2 activities.

4 **Cost (15%)**

CMS calculates cost measures based on claims, therefore no reporting is required. MIPS uses cost data to gauge the total cost of care during the year, a hospital stay or during a specific episode.

Opioid Related Quality Measures for the 2019 MIPS Performance Year

Due to the immense impact of the opioid epidemic across the United States, it is imperative to promote the measurement of opioid use and overuse, risks, monitoring, and education through quality reporting. For that reason, beginning with the 2019 performance period, the definition of a high priority measure to include quality measures that relate to opioids and to further clarify the types of outcome measures that are considered high priority.

Measure Name	Measure Description	CMS Id	NQS Domain/ Resource	Measure Type	High Priority Measure	Data Submission Method
Evaluation Or Interview For Risk Of Opioid Misuse	All Patients 18 And Older Prescribed Opiates For Longer Than Six Weeks Duration Evaluated For Risk Of Opioid Misuse Using A Brief Validated Instrument (E.g. Opioid Risk Tool, Soapp-R) Or Patient Interview Documented At Least Once During Opioid Therapy In The Medical Record	414	Effective Clinical Care click here	Process	Yes	Registry
Pain Assessment And Follow-Up	Percentage Of Visits For Patients Aged 18 Years And Older With Documentation Of A Pain Assessment Using A Standardized Tool(S) On Each Visit And Documentation Of A Follow-Up Plan When Pain Is Present	131	Communication and Care Coordination click here	Process	Yes	Claims, Registry
Opioid Therapy Follow-Up Evaluation	All Patients 18 And Older Prescribed Opiates For Longer Than Six Weeks Duration Who Had A Follow-Up Evaluation Conducted At Least Every Three Months During Opioid Therapy Documented In The Medical Record	408	Effective Clinical Care click here	Process	Yes	Registry
Use Of High-Risk Medications In The Elderly	Percentage Of Patients 65 Years Of Age And Older Who Were Ordered High-Risk Medications.	238	Patient Safety click here	Process	Yes	Ehr,Registry
Documentation Of Signed Opioid Treatment Agreement	All Patients 18 And Older Prescribed Opiates For Longer Than Six Weeks Duration Who Signed An Opioid Treatment Agreement At Least Once During Opioid Therapy Documented In The Medical Record	412	Effective Clinical Care click here	Process	Yes	Registry
Initiation And Engagement Of Alcohol And Other Drug Dependence Treatment	Percentage Of Patients 13 Years Of Age And Older With A New Episode Of Alcohol And Other Drug (Aod) Dependence Who Received The Following. Two Rates Are Reported.a. Percentage Of Patients Who Initiated Treatment Within 14 Days Of The Diagnosis. Percentage Of Patients Who Initiated Treatment And Who Had Two Or More Additional Services With An Aod Diagnosis Within 30 Days Of The Initiation Visit	305	Effective Clinical Care click here	Process	No	Ehr

Opioid Related Quality Measures for the 2019 MIPS Performance Year

Measure Name	Measure Description	CMS Id	NQS Domain/Resource	Measure Type	High Priority Measure	Data Submission Method
Continuity Of Pharmacotherapy For Opioid Use Disorder (Oud)	Percentage Of Adults Aged 18 Years And Older With Pharmacotherapy For Opioid Use Disorder (Oud) Who Have At Least 180 Days Of Continuous Treatment	468	Effective Clinical Care	Process	Yes	Ehr
Documentation Of Current Medications In The Medical Record	Percentage Of Visits For Patients Aged 18 Years And Older For Which The Eligible Professional Or Eligible Clinician Attests To Documenting A List Of Current Medications Using All Immediate Resources Available On The Date Of The Encounter. This List Must Include All Known Prescriptions, Over-The-Counters, Herbals, And Vitamin/Mineral/Dietary (Nutritional) Supplements And Must Contain The Medications' Name, Dosage, Frequency And Route Of Administration	130	Patient Safety	Process	Yes	Claims,Ehr, Registry
Medication Reconciliation Post-Discharge	The Percentage Of Discharges From Any Inpatient Facility (E.g. Hospital, Skilled Nursing Facility, Or Rehabilitation Facility) For Patients 18 Years And Older Of Age Seen Within 30 Days Following Discharge In The Office By The Physician, Prescribing Practitioner, Registered Nurse, Or Clinical Pharmacist Providing On-Going Care For Whom The Discharge Medication List Was Reconciled With The Current Medication List In The Outpatient Medical Record This Measure Is Reported As Three Rates Stratified By Age Group:- Submission Criteria 1: 18-64 Years Of Age- Submission Criteria 2: 65 Years And Older- Total Rate: All Patients 18 Years Of Age And Older	46	Communication And Care Coordination	Process	Yes	Claims, Registry
Closing The Referral Loop: Receipt Of Specialist Report	Percentage Of Patients With Referrals, Regardless Of Age, For Which The Referring Provider Receives A Report From The Provider To Whom The Patient Was Referred	374	Communication And Care Coordination	Process	Yes	Ehr,Registry

Helpful related links

- Sample patient agreement form (CMS ID 412)
- Sample Screening Tool SBIRT (CMS ID 305)
- Sample Opioid Risk Tool (CMS ID 414)
- Screening tools for depression and anxiety
- Sample Pain Assessment Tool - PEG (CMS ID 131)
- Sample Education Benzos and opioids (CMS ID 131)
- Patient Education Alternatives
- CDC Opioid Guideline Mobile App

Opioid Related Improvement Activities for the 2019 MIPS Performance Year

To provide clinicians with a more cohesive reporting experience, they may focus on activities and measures that are meaningful to their scope of practice, as well as public health priority measurement sets that focus on priorities such as fighting the opioid epidemic.

Improvement Activity	Activity Description	Activity ID	Sub Category/ Reference	Weight
Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments	Completion of training and obtaining an approved waiver for provision of medication -assisted treatment of opioid use disorders using buprenorphine.	IA_PSPA_10	Patient Safety And Practice Assessment	Medium
CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain	Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	IA_PSPA_22	Patient Safety And Practice Assessment click here	High
Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain [1] via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include but are not limited to electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.	IA_PSPA_32	Patient Safety And Practice Assessment	High
Annual registration in the Prescription Drug Monitoring Program	Annual registration by eligible clinician or group in the prescription drug monitoring program of the state where they practice. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6 months.	IA_PSPA_5	Patient Safety And Practice Assessment click here	Medium
Consultation of the Prescription Drug Monitoring Program	Clinicians would attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. For the transition year, clinicians would attest to 60 percent review of applicable patient's history. For the Quality Payment Program Year 2 and future years, clinicians would attest to 75 percent review of applicable patient's history performance.	IA_PSPA_6	Patient Safety And Practice Assessment click here	High

Opioid Related Improvement Activities for the 2019 MIPS Performance Year

Improvement Activity	Activity Description	Activity ID	Sub Category/ Reference	Weight
Patient Medication Risk Education	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75% of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co- prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.	IA_PSPA_31	Patient Safety And Practice Assessment	High
Implementation of medication management practice improvements	Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.	IA_PM_16	Population Management	Medium
Engagement of community for health status improvement	Take steps to improve health status of communities, such as collaborating with key partners and stakeholders to implement evidenced-based practices to improve a specific chronic condition. Refer to Comagine for additional steps to take for improving health status of communities as there are many steps to select from for satisfying this activity.	IA_PM_5	Population Management	Medium
Implementation of condition-specific chronic disease self-management support programs	Provide condition-specific chronic disease self-management support programs or coaching or link patients to those programs in the community.	IA_BE_20	Beneficiary Engagement	Medium
Implementation of episodic care management practice improvements	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: Routine and timely follow-up to hospitalizations, ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management; and/or Managing care intensively through new diagnoses, injuries and exacerbations of illness.	IA_PM_15	Population Management	Medium

Helpful related links

- [ECHO Idaho Medication Assisted Therapy Training](#)
- [Idaho Opioid Prescribing Training](#)
- [Idaho PDMP training video](#)
- [CDC Training on Opioid prescribing](#)
- [CDC trainings on Opioid prescribing](#)
- [UW Telepain \(ECHO\)](#)
- [Waiver application](#)
- [6 Building blocks: A Team-Based Approach to Improving Opioid Management in Primary Care](#)
- [Commitment Poster](#)
- [MME Calculator](#)
- [What To Do With Unused Medications](#)
- [Providers Clinical Support System \(PCSS\) website for MAT training](#)

Promoting Interoperability Measures for 2019

To provide clinicians with a more cohesive reporting experience, they may focus on activities and measures that are meaningful to their scope of practice, as well as public health priority measurement sets that focus on priorities such as fighting the opioid epidemic.

MEASURE NAME	MEASURE DESCRIPTION	MEASURE ID	PERFORMANCE SCORE WEIGHT
e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT. Bonus: Verify Opioid Treatment Agreement Bonus: Query of the Prescription Drug Monitoring Program (PDMP)	PI_EP_1 PI_EP_3 PI_EP_2	Up to 10% 5 point bonus 5 point bonus
Health Information Exchange	Support Electronic Referral Loops By Receiving and Incorporating Health Information Support Electronic Referral Loops By Sending Health Information	PI_HIE_4 PI_HIE_1	Up to 20% Up to 20%
Provider To Patient Exchange	Provide Patients Electronic Access to Their Health Information	PI_PEA_1	Up to 40%
Public Health And Clinical Data Exchange	Clinical Data Registry Reporting Electronic Case Reporting Immunization Registry Reporting Public Health Registry Reporting Syndromic Surveillance Reporting	PI_PHCDRR_5 PI_PHCDRR_3 PI_PHCDRR_1 PI_PHCDRR_4 PI_PHCDRR_2	10% for reporting to two different public health agencies or clinical data registries
Protect Patient Health Information	Security Risk Analysis	PI_PPHI_1	Not scored, but required

Appriss Sign up Process for Idaho:

- Contact Teresa Andersen, Idaho Prescription Monitoring Program Information Coordinator. phone: 208-334-2356
- Attend an Appriss webinar for an overview
- If you decide to move forward, sign an end use license agreement.
- Start the integration connection process
- Teresa will contact you to sign an MOU for grant funding

