

# Be Marvelous with MIPS



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## Speakers



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## Qualis Health

- A leading national population health management organization
- The Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington

## The QIO Program

- One of the largest federal programs dedicated to improving health quality at the local level



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## Objectives

- Become familiar with Year 2 of the Quality Payment Program
- Be marvelous. Use super hero power to build a plan that will result in “Exceptional Performance”
- Fight adversaries to improve documentation, help the patient and improve the MIPS score



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## Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- Milestone effort to improve and reform health care
- Replaced the SGR methodology (with the QPP)
- Combines PQRS, Value Modifier, Meaningful Use into one program
- Creates significant financial incentives for physician groups to enter into ACOs or other shared savings programs
- Much devil in the detail, particularly regarding “MIPS” vs. “APMs”



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## Quality Payment Program Which Path?

Merit-Based Incentive Payment System(MIPS)



Advanced Alternative Payment Models(APMs)



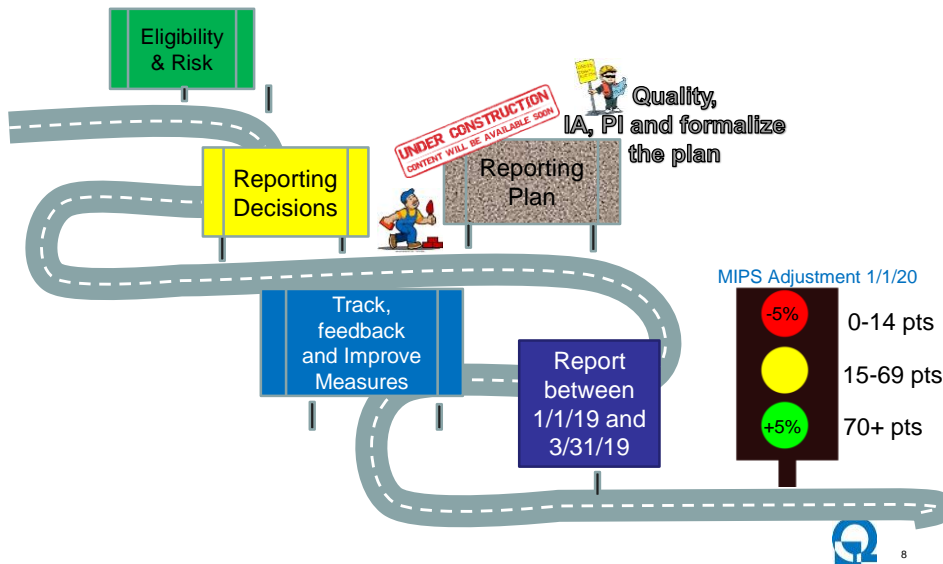
## 2018 Recognized Advanced APM's

- Comprehensive ESRD Care
- Comprehensive Care for Joint Replacement Payment Model
- Comprehensive Primary Care Plus
- Medicare Accountable Care Organization Track 1+
- Medicare Shared Savings Program - Track 2 and 3
- Next Generation ACO Model
- Oncology Care Model
- **Vermont Medicare ACO Initiative**
- **Bundled Payments for Care Improvement**



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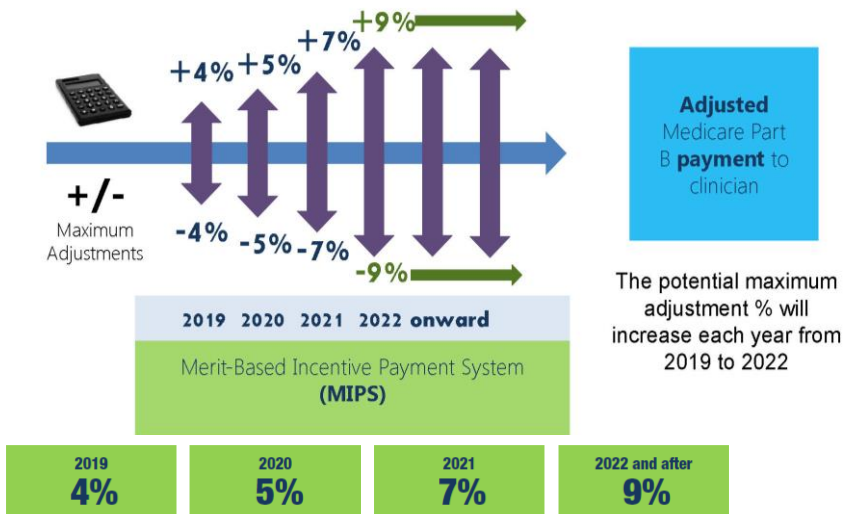
## 2018: MIPS Road to Success



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## Timing & Range of Payment Adjustments

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.



## MIPS Eligible Clinicians 2018

Eligibility is assessed at the NPI and NPI/TIN Combination

### *MIPS Eligible Clinicians*

- Physicians
  - MD, DO (Dentist, Podiatrist, Optometrist, Chiropractor)
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

### *Low-Volume Threshold*

- > \$90,000 Medicare Part B allowed charges, AND
- >200 Part B Medicare Enrolled Beneficiaries

<https://qpp.cms.gov/participation-lookup>



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## Who Is Not Included?

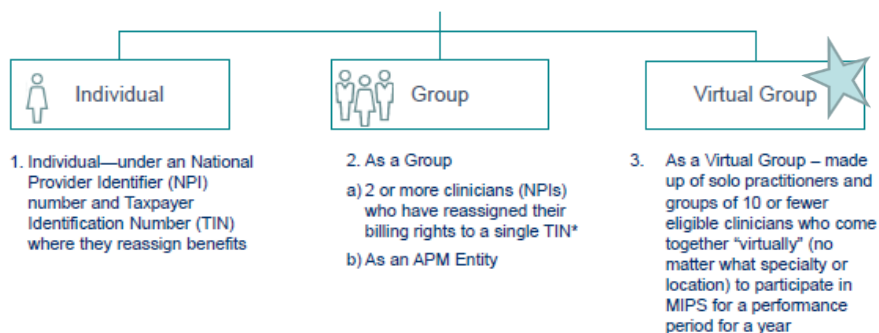
- New Medicare-enrolled Eligible Clinicians
- Clinicians and Groups Below the Low-volume Threshold
- Not a Clinician in a listed category such as Physical Therapists, etc.



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## Reporting Options 2018

### OPTIONS



\* If clinicians participate as a group, they are assessed as a group across all 4 MIPS performance categories. The same is true for clinicians participating as a Virtual Group.



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### ELIGIBLE CLINICIAN TRACKING

Report as Individual   
  Report as a Group   
  No Need to Report

**Instructions:**

For 2018 the Low Volume Threshold is \$90,000 in Part B Charges and 200 Patients.

Use this sheet to determine eligibility:

1. Identify which clinicians are eligible to participate in the Quality Payment Program (QPP) by looking up the NPI on the QPP Website
2. Decide whether you plan to report for each Individual who is eligible, or for your entire group.
3. Calculate each clinician's Medicare Part B allowed charges to determine the financial implications
  - a. Consider running a report out of your practice manager to determine this amount
  - b. Consider using values from your QRUR , or calling the QPP National Service Center at 1-866-288-8292 to ask.
4. This sheet focuses on 2018 but can be used to expand to subsequent years
5. The shaded column headings indicate input columns, non-shaded columns are output columns and are populated based on your input
6. Use the Audit Binder Complete column to indicate that documentation for each of the categories is complete

Last	First	Credentials	NPI	TIN	MIPS EC?	2017 Medicare allowed charges	2020 Max +	2019 Max -	2019 Max +Potential Impact	2019 Max - Potential Impact	Audit Binder Complete
						\$ 100,000.00	5%	-5%	\$ 5,000.00	\$ (5,000.00)	

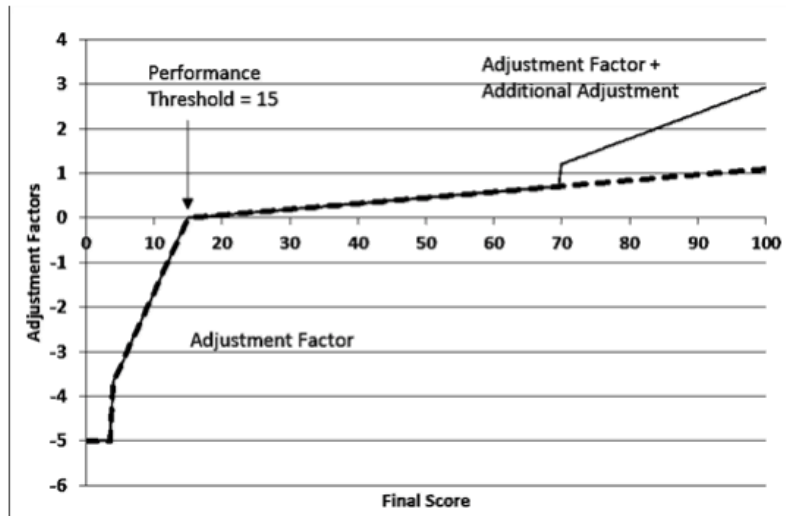


## 2018 Final Score Thresholds

Final Score 2018	Change Y/N	Payment Adjustment 2020
≥ 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	Neutral payment adjustment
3.76-14.99 points	Y	Negative payment adjustment greater than -5% and less than 0%
0-3.75 points	Y	Negative payment adjustment of -5%



**FIGURE A: Illustrative Example of MIPS Payment Adjustment Factors Based on Final Scores and Proposed Performance Threshold and Additional Performance Threshold for the 2020 MIPS Payment Year**



## Quality – 50% of Final Score Report for 12 months

60 Possible Category Points and 50 Points to Final Score

- **Most participants:** Report up to 6 quality measures, including an outcome measure
- **Groups using web interface:** 15 measures
- **Groups who qualify for special scoring (MSSP Track 1):** You do not need to do anything additional for MIPS quality



# Reporting Options for Quality

- ▶ Individual – Claims
- ▶ Individual and Groups
  - ▶ Qualified Clinical Data Registry
  - ▶ Data Registry
  - ▶ Electronic Health Record (EHR)
- ▶ Group of 25 or more
  - ▶ GPRO Web Interface (registration required)



## Quality Worksheet

Outcomes Bonus	Reporting via EHR Bonus	MEASURE NAME	ID	NQS DOMAIN	MEASURE TYPE	HIGH PRIORITY MEASURE	Circle DATA SUBMISSION METHOD	Rate	Measure Decile Performance (If no benchmark, 3 points)
		1 Controlling High Blood Pressure	236	Effective Clinical Care	Intermediate Outcome	Yes	Claims,CMS Web Interface,EHR,Registry	95%	10
		2 Diabetes: Eye Exam	117	Effective Clinical Care	Process	No	Claims,CMS Web Interface,EHR,Registry	95%	3
		3 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (3-9%) (inverse)	1	Effective Clinical Care	Intermediate Outcome	Yes	Claims,CMS Web Interface,EHR,Registry	3.30%	10
		4 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	204	Effective Clinical Care	Process	No	Claims,CMS Web Interface,EHR,Registry	90%	5
		5 Pneumococcal Vaccination Status for Older Adults	111	Community/Population Health	Process	No	Claims,CMS Web Interface,EHR,Registry	75%	6
		6 Preventive Care and Screening: Influenza Immunization	110	Community/Population Health	Process	No	Claims,CMS Web Interface,EHR,Registry	75%	7
		7 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	Community/Population Health	Process	No	Claims,CMS Web Interface,EHR,Registry		
15 Sum up your decile performance points:									
2 Add Bonus Points:									
3 Enter 1 Bonus for each measure report by EHR									
4 Sum up points here:									
5 Divide by 60 (possible points)									
Multiple by category weight (50% or 60%)									
Total Final Score Points									



# Improvement Activity

15% of Final Score

40 Possible Points and 15 Points to Final Score

- **Weighted:** Medium 10 and High 20
- **Most participants:** Attest to up to 4 improvement activities.
- **Groups with <15 participants or in small, rural or underserved areas:** Doubled Points
- **Groups in who qualify for special scoring (MSSP Track 1):** Automatically earn full credit.



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# Improvement Activity Worksheet

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ACTIVITY DESCRIPTION	ACTIVITY ID	SUBCATEGORY NAME	ACTIVITY WEIGHT	CEHRT?	SCORE
As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services (e.g., investment of on-site diabetes educator).	IA_EPA_4	Expanded Practice Access	Medium	n/a	10
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 & Practice Assessment	Medium	n/a	10
Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care	IA_EPA_1	Expanded Practice Access	High	YES	20

IA POINTS 40

TOTAL IA PERFORMANCE SCORE 100%

IA WEIGHTED SCORE 15



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# Promoting Interoperability (PI)

## 25% of Final Score

- Recently changed to PI from Advancing Care Information
- **90 day reporting; 155 Points available, capped at 100**
- **NEW:** Small Practices eligible for hardship exemption
- **Scoring**
  - Base Score = 50 Points
  - Additional Measures = 50 points
  - Bonus points for:
    - ✓ Report Public Health and Clinical Data Registry measures
    - ✓ Use certified EHR technology to complete certain Improvement activities
    - ✓ 10% for only using 2015 Edition CEHRT



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Measure	Scoring (up to 90%)			Contribution to PI Score
	Num	Den	% or Y/N	
Security Risk Analysis (required)	0		YES	0%
ePrescribing (required)	0	100	100	100%
Provide Patient Access (required)	Up to 10	90	100	90%
Send a Summary of Care Record (required)	Up to 10	80	100	80%
Request/Accept Summary of Care (required)	Up to 10	70	100	70%
Patient-Specific Education	Up to 10	60	100	60%
View, Download, Transmit	Up to 10	50	100	50%
Secure Messaging	Up to 10	40	100	40%
Patient-Generated Health Data	Up to 10	30	100	30%
Clinical Information Reconciliation	Up to 10	20	100	20%
Public Health Reporting				
• Immunization Registry	0 or 10		Yes	10%
• Syndromic Surveillance	Bonus		No	
• Electronic Case Reporting	Bonus		No	
• Public Health Registry Reporting	Bonus		Yes	
• Clinical Data Registry Reporting	Bonus		No	
Bonus up to 15%				
Report to one or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure	5% bonus			5%
Report improvement activities using CEHRT	10% bonus		YES	10%
<b>Total Score</b>				77%
<b>WEIGHTED PI SCORE</b>				19.25



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## Cost Performance Category

10% of Final Score

2 Cost Measures

### Medicare Spending Per Beneficiary

- Episode based by Practice/Group (TIN)
- 3 days prior to admission + 30 days post admission

### Total Per Capita Cost

- Practitioner Based (TIN-NPI)
- Full Year



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## Medicare Spending Per Beneficiary (MSPB)

- Updated from the Value Modifier Program
- Assesses the Cost to Medicare for services performed during an “**MSPB Episode**” (Requires Index Admission)
- Reported at the individual (TIN-NPI) or group (TIN) level.
- If few than 35 episodes, this measure will not be scored, regardless of reporting level
- Calculated from claims...no data submission required



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## Claims Attributed to an Episode Requires “Index” Admission



## Total Per Capita Cost (TPCC)

- Updated from the Value Modifier Program
- Overall cost of care provided to beneficiaries attributed to clinicians as identified by a unique Tax ID/National Provider ID (TIN/NPI).
  - Payment-standardize
  - Annualized
  - Risk-adjusted
  - Specialty adjusted
- Reported at the clinician (TIN-NPI) or clinician group (TIN) level.
- Minimum for reporting is 20 episodes, regardless of reporting level.



## Bonus Opportunities

### Bonus for Improvement

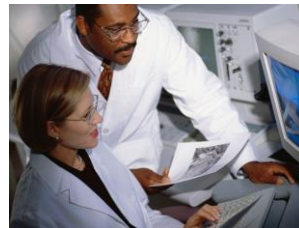
Quality : applies to category-level (1-10%)

Cost: applies to measure-level (1%)

### +5 points to Final Score

Small Practice bonus

Complex Patient bonus



## MIPS PLAN

### Final Score of >70 points

- 6 Quality Measures (12 months)
- Promoting Interoperability (90 days)
- Up to 4 Improvement Activities (90 days)
- Leverage
  - 2017 MIPS feedback report
  - All available Bonus Points
  - Calculators, etc.



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## Diabetes Patient

- 44 year old male with complaints of dizziness and sweating without exertion. Diagnosed with Type 2 diabetes two years ago.
- Vitals: BP-123/80; Pulse-103 bpm; Height-74 in; Weight – 238 lbs; BMI-30.6
- 1/30/18 – A1c – 9.4%



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## Diabetes Patient

- Patient smokes 3 cigarettes a day, trying to quit. Drinks 4-5 drinks per week.
- Current medications:
  - Lisinopril for blood pressure
  - Metformin for Type 2 diabetes
- Influenza vaccine received 11/27/2017



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## Diabetes Patient

- See diabetic educator to set up meal plan to reduce weight and set activity plan
- Receive patch to quit smoking and see NP today to discuss behavior changes to stay away from cigarettes
- Blood pressure controlled with Lisinopril – reduce dosage and watch dizziness



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## Diabetes Patient Quality Measures

- Hemoglobin A1c greater than 9 percent
- Controlling high blood pressure; OR
- Screening for high blood pressure and follow-up
- Influenza immunization
- Tobacco use: screening and cessation intervention
- Documentation of current medications
- BMI screening and follow-up plan





## Diabetes Patient Improvement Activities

- Additional improvements in access as a result of QIN/QIO TA – 10 points
- Chronic Care and Preventative Care Management for Empaneled Patients – 10 points
- Glycemic Screening Services – 10 points
- 24/7 Access – 20 points



## Q & A



## Resources

### 1. Qualis Health Service Center

- 1-877-560-2618
- [QPP@Qualishealth.org](mailto:QPP@Qualishealth.org)
- [Resource Center](#)



### 2. CMS

- [QPP Website](#)
- [QPP Resource Center](#)
- QPP Service Center – 1-866-288-8292  
or
- [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



## Jump into Action

- Continue to Develop your plan
- Track your progress throughout the year.
- Be a Superhero! Leverage information to reach 70 points – i.e. “Exceptional Performance”



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## Contact

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*For survey:*  
Evaluation Form

*For more information:*  
[www.Medicare.QualisHealth.org](http://www.Medicare.QualisHealth.org)

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