

2018 Quality Payment Program: What Rural Clinicians and Critical Access Hospitals Need to Know

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Disclosures

- Lisa Gall has no relevant financial or nonfinancial relationships to disclose.

Disclaimer

- Content provided in this presentation is based on the latest information made available by the Centers for Medicare & Medicaid Services (CMS) and is subject to change.
 - Resources: CMS website, final rule, and CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30
- CMS policies change, so we encourage you to review specific statutes and regulations that may apply to you for interpretation and updates.

Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
- Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Working at the intersection of research, policy, and practice
- Part of the Lake Superior Quality Innovation Network (LSQIN)

Objectives



1. Understand the basics of the Quality Payment Program
2. Learn who is eligible to participate in 2017 and beyond
3. Learn which quality measures and improvement activities may apply to rural health providers and Critical Access Hospitals
4. Learn how to estimate your MIPS score to help you set improvement goals for 2018

Overview of the Quality Payment Program (QPP)

Quality Payment Program

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

MIPS

The Merit-based Incentive
Payment System (MIPS)

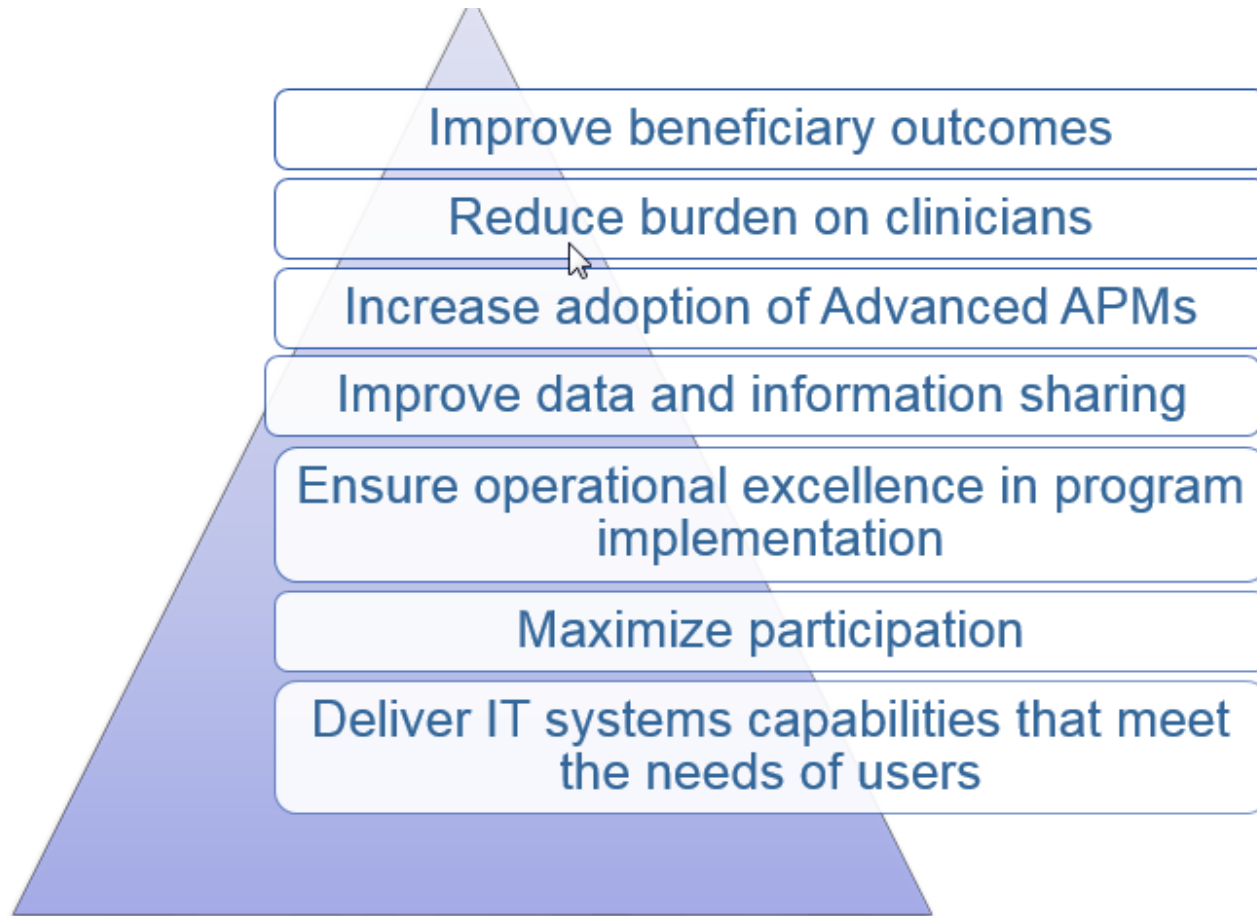
*Performance-based payment
adjustment*

Advanced APMs

Advanced Alternative Payment
Models (Advanced APMs)

*Incentive payment for sufficiently
participating in an innovative payment
model*

Considerations in Implementing the Quality Payment Program



Adapted from CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30

MIPS Eligible Clinicians

*No change in the **TYPES** of clinicians eligible to participate in 2018*

Physicians*	Nurse Practitioners	Physician Assistants	Clinical Nurse Specialists	Certified Registered Nurse Anesthetists
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Physicians: Doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, or optometry, and chiropractors

*With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function

2018 Year 2

MIPS Eligible Clinicians

Low-Volume Threshold for 2018 Year 2 *Changes to* INCLUDE MIPS eligible clinicians billing more than \$90,000 a year in Medicare Part B allowed charges **AND** providing care for more than 200 Medicare patients a year.

2017
Year 1

- Bill > \$30,000 Medicare Part B *AND*
- Provide Care to > 100 beneficiaries

2018
Year 2

- Bill > \$90,000 to Medicare Part B *AND*
- Provide Care to > 200 beneficiaries

Voluntary reporting remains an option for clinicians exempt from MIPS

No Change in Basic MIPS Exemption Criteria

1. **First year enrolled in Medicare**
2. **Significantly Participating in an Advanced APM**
 - 25% of Medicare payments paid through Advanced APM **OR**
 - 20% of Medicare beneficiaries seen through Advanced APM
3. **Low Volume Threshold**
 - Exempt if **either** < \$90,000 billed **OR** < 200 visits during determination period (in either of prior 2 years billing)
 - Determined at (TIN/NPI) for individuals, AND
 - At the group (TIN) for groups

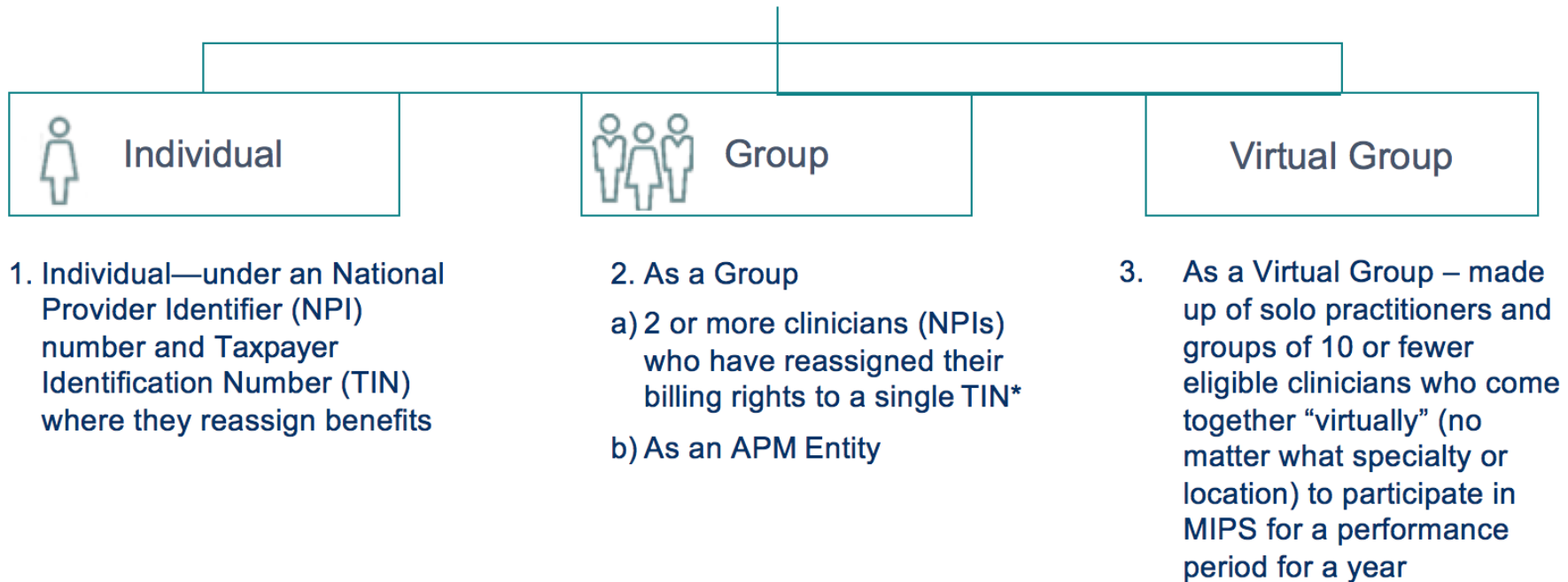
MIPS 2018 Year 2

Special Status = Special Scoring

- No change to non-patient facing (NPF) Criteria
 - Individuals - ≤ 100 patient facing encounters.
 - Groups - $>75\%$ of clinicians in group are NPF
- No changes to Special Status
 - Zip code of practice designated small (15 or less), rural, or HPSA
 - Group: more than 75% of NPIs billing under the individual MIPS eligible clinician or group's TIN

2018 Reporting Options

OPTIONS



Clinicians participating as a group are assessed as a group across all 4 MIPS performance categories. The same is true for clinicians participating as a Virtual Group.

The Two Paths for QPP: MIPS & APMs

Path 1: APMs

Advanced APMs & MIPS APMs



Path 1: Advanced Alternative Payment Models (APMs)

Alternative Payment Models

New models of paying for health care that incentivize quality and value over volume by moving away from traditional Medicare Part B Physician Fee Service.

Advanced APMs

Subset of APMs that receive a 5% bonus payments if ECs meet thresholds to become Qualified Professionals

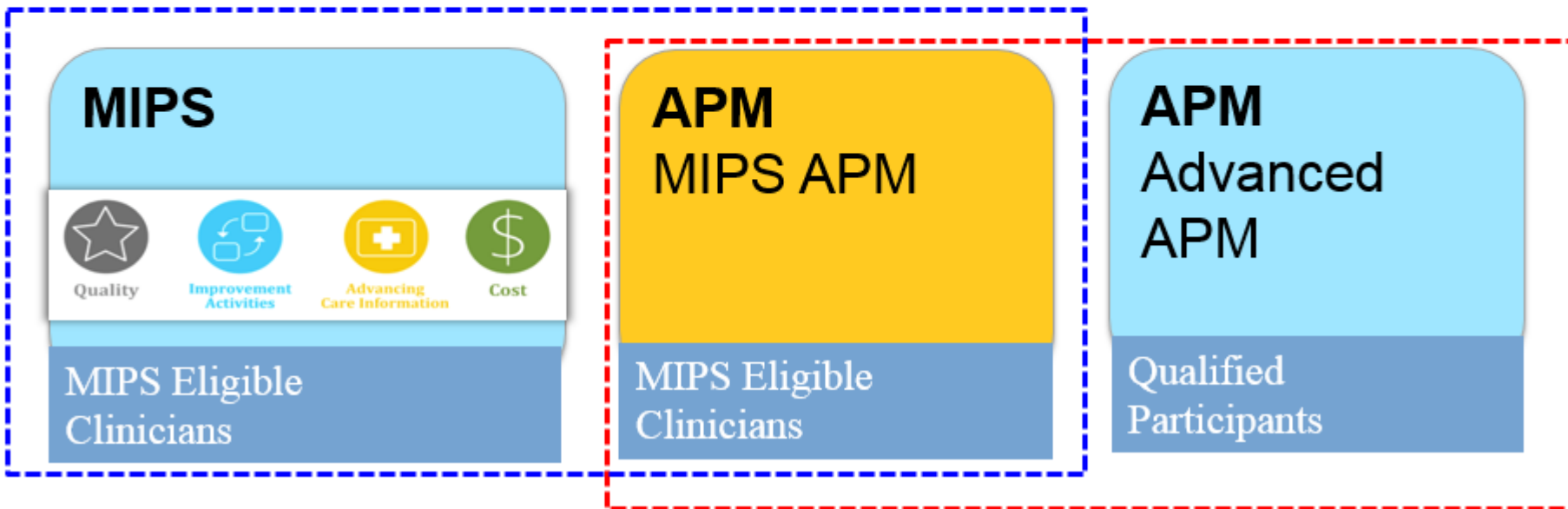
Three statutory requirements:

1. Participants must use **certified EHR technology**
2. **Payment** for covered services based on **quality measures** comparable to MIPS
3. Entity Is either
 - 1) a **Medical Home Model** expanded under CMS Innovation Center authority
OR
 - 2) Requires participants to bear **more than a nominal amount of financial risk**



What are MIPS APMs?

Middle ground between reporting to MIPS and being a full-fledged Advanced APM



Examples:

- *ECs in AAPMs who don't meet thresholds for AAPM*
- *MSSP Track 1 (Upside risk, no downside risk)*

The Two Paths for QPP:

Path 2 MIPS

Merit-Based Incentive Payment System



Path 2: Merit-Based Incentive Payment System (MIPS)

4 MIPS category scores compiled for MIPS final score worth up to **100 points**



Quality



Improvement
Activities



Advancing
Care
Information



Cost

Previous Category – Year	Physician Quality Reporting System (PQRS)	New Category	EHR Incentive Program	Value Based Modifier (VBM)
2018	50 %	15 %	25 %	10 %
2017	60 %	15%	25%	0 %

Advancing Care Information (ACI) category



Advancing Care Information: 25% of MIPS Score in 2018

Maximum Category score 100 of 155 possible points
- Earn up to 25 MIPS POINTS

2018 – May use either 2014 or 2015 Certified EHR Technology
(or combination)

- 10% bonus for using only 2015 CERHT
- **Base** measures – **Required** for any score in ACI category
 - Earn up to **50 points**
 - 4 measures for 2014 CEHRT, 5 for 2015 CEHRT
 - Exclusions for 2 base measures: e-prescribing and HIE (send Summary of Care) applicable for 2017 and 2018
- **Performance** measures **Optional**
 - earn up to **90 points**
 - 7 for 2014 CEHRT, 9 for 2015 CEHRT



Advancing Care Information: 25% of MIPS Score

Bonus points

- Earn up to 15% in 2017
- Earn up to 25% in 2018
 - Use 2015 Certified EHR Technology exclusively - 10%
 - Use CEHRT for at least 1 IA– 10%
 - Report to one Public Health or clinical registry - 10%
 - Report to any additional PH or clinical registry – 5%



When are ACI Category points be reweighted to Quality?

***ACI automatically* reweighted to quality**

- unless EC reports ACI

1. MIPS EC types: NP, CNS, CRNA, PA
2. Some “Special Status” (SS) MIPS ECs:
 - **Non-patient facing:** ≥100 Medicare B patient-encounters
 - **Hospital-based:** >75% encounters in hospital setting
 - inpatient, on-campus outpatient hospital or ED (POS 21-23)
 - **2018 - retroactive to 2017 now includes ECs in**
 - Off campus Outpatient Hospitals (POS 19)
 - Ambulatory Surgical Center (POS 24)
3. Groups with > 75% of clinicians meeting SS



When can ACI Category points be reweighted to Quality?

ACI is NOT automatically reweighted to quality for these types of MIPS ECs

– EC must apply for hardship exception

1. Clinicians in small practices
2. EHR decertified - **retroactive to 2017**
3. Significant Hardship exception
 - 5 year limit removed
4. CMS designated Natural disasters (FEMA)



2014 vs 2015 Certified EHR

4 Base Measures – 50 points

7 Performance Measures

- Earn up to 10 points each
- 2 worth 20 points each

2	MEASURE NAME
0	Security Risk Analysis
1	e-Prescribing
4	Send Summary of Care
	Provide Patient Access
C	Immunization Registry Reporting
E	Medication Reconciliation
H	Patient-Specific Education
R	Secure Messaging
T	View, Download, or Transmit (VDT)
	Specialized Registry Reporting
	Syndromic Surveillance Reporting

5 Base Measures – 50 points

9 Performance Measures

- Earn up to 10 points each

2	MEASURE NAME
0	Security Risk Analysis
1	e-Prescribing
5	Send Summary of Care
	Request/Accept Summary of Care
C	Provide Patient Access
E	Clinical Information Reconciliation
H	Patient-generated Health Data
R	Immunization Registry Reporting
T	Patient-Specific Education
	Secure Messaging
	View, Download, or Transmit (VDT)
	Clinical Data Registry Reporting
	Public Health Registry Reporting
	Electronic Case Reporting
	Syndromic Surveillance Reporting

Opportunity to reach 155 points with bonuses, but maximum category score is 100

MIPS: Quality category



Quality Category:

50% of MIPS Score in 2018

Earn up to 60 Quality Category points

- Report up to **six quality measures** from 277 measures
 - May pick from specialty set
 - Either method must include at least 1 outcome or high priority measure
- Earn 3 -10 category points for measures with benchmarks
- Earn up to 7 points for 6 measures - if “topped out” 2 or more years
 - Must meet data completeness criteria (2018 increased to 60%)
- 2018 Earn 1 point for reporting if data completeness not met
 - Small practices still earn 3 points
- **Bonus** points for reporting end to end electronically (eCQM)
- **Bonus** points for reporting additional outcome or high priority measures



*Topped out measures have little room for improvement

Quality Category:

50% of MIPS Score in 2018

New: Scoring Improvement Bonus worth up to 10 percentage points

- Based on improvements in total category score
- Higher improvement results in more points

MIPS Reporting methods

1. Claims, EHR, Registry, QCDR

- Each reporting method has different benchmarks

2. CMS Web Interface

- Only for Groups of 25+
- Must report on 14 quality measures
- APMs report collectively as an entity (all TINs)

2017 Quality Measures by Submission Methods

- Claims – 74 MIPS measures available
- EHR – 53 MIPS measures available
- Registry – 243 MIPS measures available
- Clinical Quality Data Registry – benchmarks “on the fly”
- CMS Web Interface – 14 static measures

2018 – Interim Final Rule Changes in Quality Measures

- 9 new
- 3 removed
- 12 substantive changes
- 27 removed from specialty sets

2018 Specialty Measure Sets

1. Allergy/Immunology
2. Anesthesiology
3. Cardiology
4. **Dentistry**
5. Dermatology
6. Diagnostic Radiology
7. EPT Cardiology
8. Emergency Medicine
9. Gastroenterology
10. General Oncology
11. General/Family Practice
12. General surgery
13. Hospitalist
14. **Infectious Disease**
15. Internal Medicine
16. Interventional Radiology
17. Mental/Behavioral Health
18. **Nephrology**

19. Neurology
20. **Neurosurgical**
21. Obstetrics/Gynecology
22. Ophthalmology
23. Orthopedic Surgery
24. Otolaryngology
25. Pathology
26. Pediatrics
27. Physical Medicine
28. Plastic Surgery
29. **Podiatry**
30. Preventive Medicine
31. Radiation Oncology
32. Rheumatology
33. Thoracic Surgery
34. Urology
35. Vascular Surgery

*Blue are new in 2018

MIPS Quality Measures

Select Measures

SEARCH BY KEYWORD

All

▼

Search for...

SEARCH

FILTER BY:

High Priority Measure

▼

Data Submission Method

▼

Specialty Measure Set

▼

Showing 271 Measures

Add All Measures

- >

[Acute Otitis Externa \(AOE\): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use](#)

ADD
- >

[Acute Otitis Externa \(AOE\): Topical Therapy](#)

ADD
- >

Selected Measures

0 Measures Added

Once you select measures, they will appear here.

- | | | |
|---|---|--|
| <input type="checkbox"/> Transition | <input type="checkbox"/> General Practice/Family Medicine | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Hospitalists | <input type="checkbox"/> Physical Medicine |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> Mental/Behavioral Health | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Electrophysiology Cardiac Specialist | <input type="checkbox"/> Neurology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> General Oncology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> Otolaryngology | |

Data Submission Method ▼

- ☐ Administrative Claims
- ☐ Claims
- ☐ CSV
- ☐ CMS Web Interface
- ☐ EHR
- ☐ Registry



MIPS Quality Benchmarks

✓ Breast Cancer Screening

ADD

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

MEASURE NUMBER	NQS DOMAIN	MEASURE TYPE
<ul style="list-style-type: none">eMeasure ID: CMS125v5eMeasure NQF: NoneNQF: 2372Quality ID: 112	ECC	Process
HIGH PRIORITY MEASURE	DATA SUBMISSION METHOD	SPECIALTY MEASURE SET
No	<ul style="list-style-type: none">ClaimsEHRCMS Web InterfaceRegistry	<ul style="list-style-type: none">Internal MedicineObstetrics/GynecologyPreventive MedicineGeneral Practice/Family Medicine

PRIMARY MEASURE STEWARD

National Committee for Quality Assurance

Different benchmarks and Quality scores for each reporting method

- Claims 4 points
- EHR 7 points
- Registry 6 points
- CMS Web 5 points

Measure ID	Measure Name	Reporting Method	Measure Type	Bench mark	High Priority	Topped Out	Decile_3	Decile_4	Decile_5	Decile_6	Decile_7	Decile_8	Decile_9	Decile_10
112	Breast Cancer Screening	Claims	Process	Y	N	Yes	38.46 - 48.01	48.02 - 55.67	55.68 - 62.78	62.79 - 69.41	69.42 - 77.18	77.19 - 87.87	87.88 - 98.52	>= 98.53
112	Breast Cancer Screening	EHR	Process	Y	N	Yes	12.41 - 22.21	22.22 - 32.30	32.31 - 40.86	40.87 - 47.91	47.92 - 55.25	55.26 - 63.06	63.07 - 73.22	>= 73.23
112	Breast Cancer Screening	Registry	Process	Y	N	Yes	14.49 - 24.52	24.53 - 35.70	35.71 - 46.01	46.02 - 55.06	55.07 - 63.67	63.68 - 74.06	74.07 - 87.92	>= 87.93
ACO-20	Breast Cancer Screening	CMS Web Interface	Process	Y	N	Yes	30	40	50	60	70	80	90	100

MIPS Quality Measure

✓ Falls: Risk Assessment

ADD

Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months

MEASURE NUMBER

NQS DOMAIN

MEASURE TYPE

- eMeasure ID: None
- eMeasure NQF: None
- NQF: 0101
- Quality ID: 154

PS

Process

HIGH PRIORITY MEASURE

DATA SUBMISSION METHOD

SPECIALTY MEASURE SET

Yes

- Claims
- Registry

- Internal Medicine
- General Practice/Family Medicine

PRIMARY MEASURE STEWARD

National Committee for Quality Assurance

To score more than 3 points:

- Benchmark**
- Minimum case size of 20**
- Data completeness**
 - Claims:** >50% of Part B claims
 - QCDR, Registry, EHR:** > 50% of all payers
 - CMS WI:** First 243 claims

Measure ID	Measure Name	Reporting Method	Measure Type	Benchmark	High Priority	Topped Out	Decile_3	Decile_4	Decile_5	Decile_6	Decile_7	Decile_8	Decile_9	Decile_10
154	Falls: Risk Assessment	Claims				Yes	88.89 - 98.75	98.76 - 99.99	--	--	--	--	--	100
154	Falls: Risk Assessment	Registry				Yes	7.81 - 19.99	20.00 - 38.12	38.13 - 57.62	57.63 - 84.16	84.17 - 99.82	99.83 - 99.99	--	100

Break for Questions

MIPS: Improvement Activities (IA) Category



Improvement Activities: 15% of MIPS Score

Maximum Category score 40 points

- Help participants prepare to transition to APMs and Medical Home Models. [Additional activities available in 2018, some changed*](#)
- Engage in up to **four activities for at least 90** days
 - Medium activity = 10 points
 - High activity = 20 points
- Earn ACI category Bonus points for using CEHRT for some IA
- Report by simple Yes/No attestation

Special Scoring:

- Full credit (40 pts): ECs in PCMH, MSSP, Next Generation APM
- Half credit (20 pts): clinicians in other APMs
- Double points: clinicians in small or rural settings

MIPS Improvement Activities

Select Improvement Activities

SEARCH BY KEYWORD:

Filtered

Search for...

SEARCH

FILTER BY:

Subcategory Name

Activity Weighting

☐ None
 ☐ Achieving Health Equity
 ☐ Behavioral And Mental Health
 ☐ Beneficiary Engagement
 ☐ Care Coordination
 ☐ Emergency Response And Preparedness
 ☐ Expanded Practice Access
 ☐ Patient Safety And Practice Assessment
 ☐ Population Management

Showing 93 Activities

[Additional improvements in access as a result](#)

[Administration of the AHRQ Survey of Patient](#)

[Annual registration in the Prescription Drug Monitoring Program](#)

[Anticoagulant management improvements](#)

[Care coordination agreements that promote improvements in patient tracking across settings](#)

[Care transition documentation practice improvements](#)

[Care transition standard operational improvements](#)

[Chronic care and preventative care management for empanelled patients](#)

[CMS partner in Patients Hospital Improvement Innovation Networks](#)

✓ Consultation of the Prescription Drug Monitoring program

ADD

Clinicians would attest that, 60 percent for first year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.

ACTIVITY ID	SUBCATEGORY NAME	ACTIVITY WEIGHTING
IA_PSPA_6	Patient Safety And Practice Assessment	High

✓ Care coordination agreements that promote improvements in patient tracking across settings

ADD

Establish effective care coordination and active referral management that could include one or more of the following: Establish care coordination agreements with frequently used consultants that set expectations for documented flow of information and MIPS eligible clinician or MIPS eligible clinician group expectations between settings. Provide patients with information that sets their expectations consistently with the care coordination agreements; Track patients referred to specialist through the entire process; and/or Systematically integrate information from referrals into the plan of care.

ACTIVITY ID	SUBCATEGORY NAME	ACTIVITY WEIGHTING
IA_CC_12	Care Coordination	Medium

MIPS Improvement Activities Behavioral Health Example

ID #	Description of Activity	Points	Eligible for CEHRT bonus	Sub-Category
IA_BMH_1	Diabetes screening	10		Behavioral and Mental Health
IA_BMH_2	Tobacco use	10		Behavioral and Mental Health
IA_BMH_3	Unhealthy alcohol use	10		Behavioral and Mental Health
IA_BMH_4	Depression screening	10		Behavioral and Mental Health
IA_BMH_5	MDD prevention and treatment interventions	10		Behavioral and Mental Health
IA_BMH_6	Implementation of co-location PCP and MH services	20		Behavioral and Mental Health
IA_BMH_7	Implementation of integrated PCBH model	20	YES	Behavioral and Mental Health
IA_BMH_8	Electronic Health Record Enhancements for BH data capture	10	YES	Behavioral and Mental Health

*Many others available

Details and Audit Guidance: [MIPS DATA VALIDATION CRITERIA](#)



MIPS: Cost category



Cost: 10% of MIPS Score in 2018

- **Category Performance Score** included in composite MIPS score starting in 2018
- **TWO measure scores are averaged (or any one available)**
 1. Medicare Spending per Beneficiary (MSPB)
 2. Total per capita cost measures
- Category score weight will increase to 30% by 2021
- No data submission required; Calculated from administrative claims if meet case minimum of attributed patients
- Benchmark calculated using current year performance
- **New: Scoring Improvement Bonus up to 1 percentage point**
 - Based on statistically significant changes at the measure level



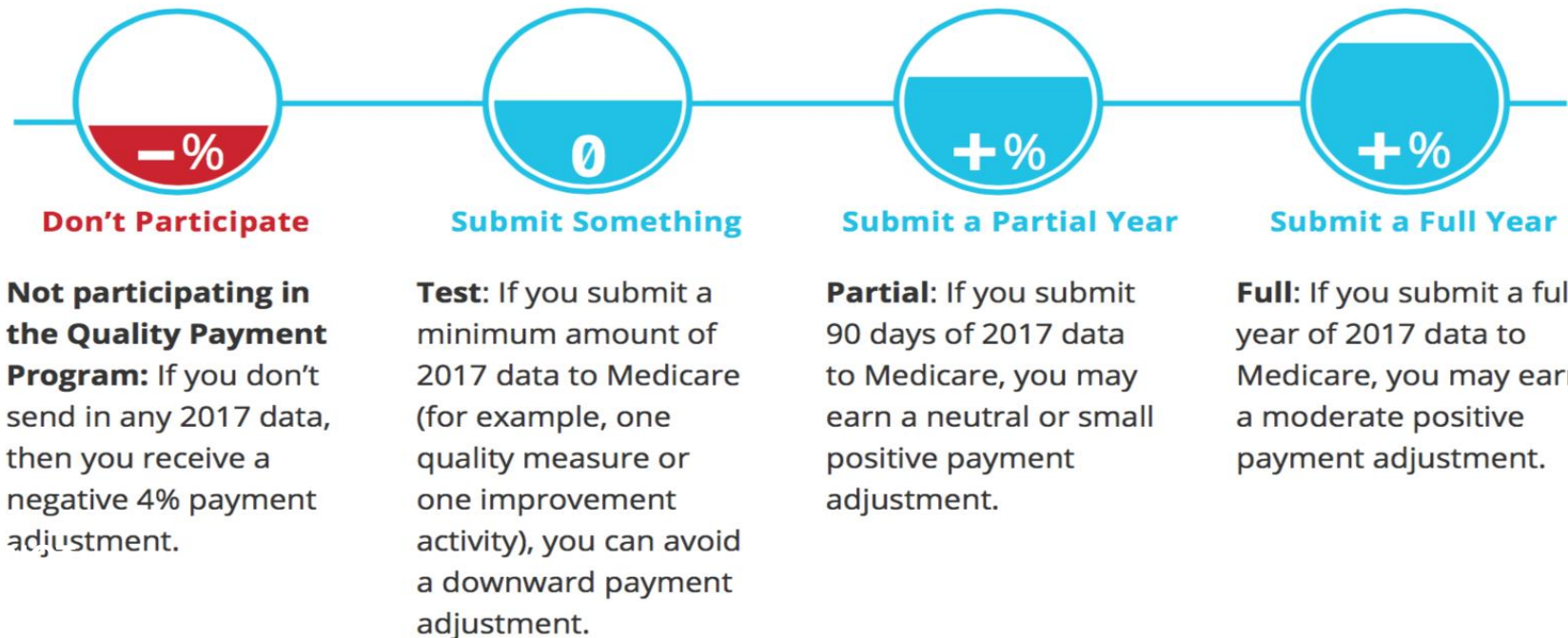
MIPS Scoring and Reporting



Pick Your Pace 2017

NOT AN OPTION IN 2018





Pick your pace in MIPS: If you choose the MIPS track of the Quality Payment Program, you have three options.



Performance Period 2017 - 2018

Change: Increase to Performance Period

Transition Year 1 (2017) Final

Performance Category	Minimum Performance Period
 Quality	90-days minimum; full year (12 months) was an option
 Cost	Not included. 12-months for feedback only.
 Improvement Activities	90-days
 Advancing Care Information	90-days



Year 2 (2018) Final

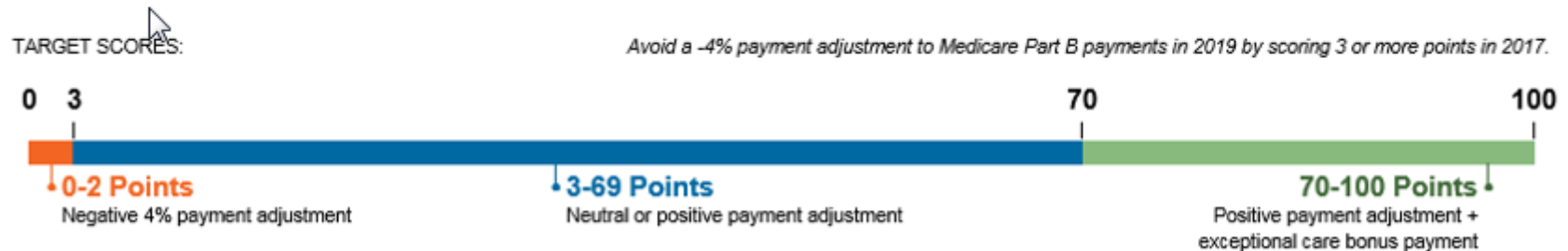
Performance Category	Minimum Performance Period
 Quality	12-months
 Cost	12-months
 Improvement Activities	90-days
 Advancing Care Information	90-days

Virtual Groups

- Solo practitioners and groups of 10 or less EC come together virtually to participate in MIPS as a group
- Election process must occur before beginning of performance period
 - Election period October 11- December 31, 2017 for 2018 performance period
- No changes after performance period starts

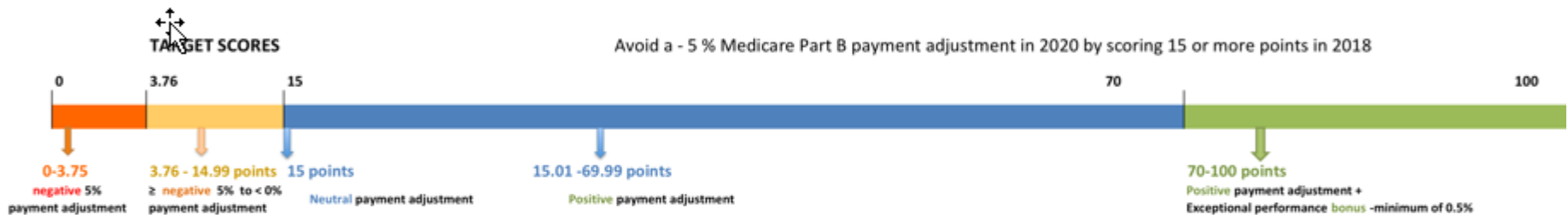


MIPS 2017 Transition Year Scoring (0-100 Points)



≥70 points	Eligible for positive payment adjustment and exceptional performance bonus payment
4-69 points	Positive payment adjustment. No exceptional performance bonus payment. No negative payment adjustment
3 points	Neutral payment adjustment
Do nothing – 0 points	-4% payment adjustment

MIPS 2018 Year 2 Scoring (0-100 Points)



≥70 points	Eligible for positive payment adjustment and exceptional performance bonus payment
15.99 – 69.99 points	Positive payment adjustment. No exceptional performance bonus payment. No negative payment adjustment
15 points	Neutral payment adjustment
3.76 – 14.99	Negative payment adjustment ≥ -5% to < 0%
0 - 3.75	-5% payment adjustment

New Bonuses in 2018

Bonus eligibility: Must report on at least 1 MIPS category
Bonus added to final MIPS Score

1. Complex Patient Bonus

- 1 - 5 bonus points for treating complex patients. Score based on
- Hierarchical Condition Category (HCC) risk score +
 - Percentage of dual eligible beneficiaries

2. Small Practice Bonus

5 bonus points added to final score of any MIPS eligible clinician or group in a small practice (15 or fewer clinicians)



Facility Based Measurement Delayed until Year 3

- **Facility-based Measurement OPTION**
- Converts hospital **Total Performance Score** into MIPS **quality** and **cost** performance category scores
- Uses data of facility where clinician treats highest # Medicare patients
- Aligned with Hospital Value Based Purchasing Program (Hospital VBP)
 - Individual: must perform at least 75% of services in inpatient hospital or ER
 - Group: 75% of eligible clinicians must meet individual eligibility criteria



Critical Access Hospital Example

Twenty-five EC have reassigned *Medicare Part B professional service fees* to the hospital's TIN. NPI lookup on QPP.CMS.GOV shows that 14 exceed the low volume threshold and are MIPS eligible as individuals. Several ECs who met the LVT are NPF (<100 visits).

- 1/5 physicians – colonoscopies
- 2/4 CRNAs – anesthetist services
- 2/3 physicians – outpatient surgical procedures
- 2 specialists – urology, cardiology
- 1 Pathologist – NPF (non-patient facing)
- 5 /10 ER providers – includes agency locums providers:
 - EC - 3 MD, 2 NP and 1 PA

Considerations:

- Who is eligible for special scoring standard? (ACI and/or IA)
 - Are they Rural setting?
 - Are they small setting?
 - Other special status?
- Should they report as group or as individuals?

Extreme and Uncontrollable Circumstances

Interim Final Rule for 2017 extends the Transition Year hardship exception reweighting policy for the Advancing Care Information performance category to ***now include*** all 3 performance categories

Quality, Cost, and Improvement Activities

In cases of **extreme and uncontrollable circumstances** –

- Clinicians **automatically exempt in 2017**
- No need to submit hardship exception application
- ECs automatically receive Final MIPS score of 15 points
- If EC submits data, it is scored
- Hardship exception does not apply for APMs

Applies to all 2018 MIPS Categories

Adapted from CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30



Do you have questions?

Steps to Success in the Quality Payment Program

Steps to Success in the QPP

Determine Eligible Clinicians

Determine path:

- **APM** (group) or
- **MIPS** (individual or group)

Collect data:

- **Advancing Care Information**
- **Quality measures**
- **Improvement activities**

Clinicians: Steps to Success in the QPP - continued

Review current performance

- Foster performance improvement
- Choose reporting periods for ACI and IA
 - 90 – 365 days
 - Full calendar year for quality reporting
- Evaluate available reporting methods
- Choose group or individual performance

Stratis Health MIPS Estimator



**MIPS Estimator
2017**



Stratis Health MIPS Estimator



- Educational, interactive
- Many links to CMS and other resources throughout the tool
- View example or Create account

Make your plan to succeed in the Quality Payment Program

Use the free Stratis Health MIPS Estimator to determine which measures and data submission methods give you the highest baseline Merit-based Incentive Payment System (MIPS) composite score. Then, make workflow changes to improve patient outcomes and work towards improving your MIPS score to achieve the highest possible reimbursement in 2017.

The Stratis Health MIPS Estimator provides:

- Guided data entry
- Option to calculate scores for an individual clinician or group
- Opportunity to compare score results between various quality reporting methods: claims, EHR, Qualified Registry, Qualified Clinical Data Registry (QCDR) and CMS Web Interface
- Score results for MIPS alternative payment model (APM) scoring methodology and CMS web interface
- Option to use 2014 Certified Electronic Health Record Technology (CEHRT) for transition year ACI or 2015 CEHRT for scoring
- Option to re-weight MIPS category scores, if you are [eligible for the ACI exemption](#)
- Automatic calculation of your six best performing quality measures
- Automatic addition of bonus points

How do I use the MIPS Estimator?

1. Enter basic data and select your MIPS reporting parameters.
2. Enter data for each category, then click "Save and Go To Next Step" at the bottom of each category page.
3. Receive your baseline MIPS composite score.

Use the MIPS Estimator throughout the year to track progress towards your goals. Simply enter current data pulled from your EHR or Quality and Resource Use Reports (QRUR) or other quality reports.

Need additional assistance with QPP?

Stratis Health provides free technical assistance to Minnesota clinicians. Please [email our help desk](#) anytime.

Example Estimated MIPS Score Reports

Preview examples of the Estimated MIPS Score reports.

[Web Example Report](#)
[PDF Example Report](#)
[Excel Example Report](#)

How is my score calculated?

The Stratis Health MIPS Estimator calculates an approximate MIPS score based on the data you enter for each of the 2017 MIPS categories:



Advancing Care Information

Replaces the Medicare EHR Incentive Program, also known as Meaningful Use.

[More Information](#)



Improvement Activities

In this new performance category for 2017, clinicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety.

[More Information](#)



Quality

Replaces the Physician Quality Reporting System (PQRS).

[More Information](#)



Cost

Not scored in 2017. Replaces the Value-Based Modifier.

<https://www.mipsestimator.org>



Estimated Individual MIPS Score



MIPS Estimator
2017

Estimated Individual MIPS Score

[Show Scores for All Quality Reporting Methods](#)

[Show MIPS Category Details](#)

PROVIDER 1

Lisa G

Registry ⓘ Selected Reporting Method



82.95

PROVIDER 2

Candy H

Registry ⓘ Selected Reporting Method



91.20

PROVIDER 3

Erik Z

Registry ⓘ Selected Reporting Method



76.55

See how ECs compare to each other and to group performance

Estimated Group MIPS Score

[Show Scores for All Quality Reporting Methods](#)

[Show MIPS Category Details](#)

Registry ⓘ Selected Reporting Method



84.95

Estimated Group MIPS Score



MIPS Estimator
2017

[+ Show Scores for All Quality Reporting Methods](#)

[- Show MIPS Dashboards](#)

Registry 

See how each MIPS Performance Category contributes to Score

84.95

MIPS Category	Earned Category Base Score		Earned Category Bonus Points		Earned Category Total		Category Points Cap (Maximum)		Earned % of Category Points		MPS Category Weight		Earned Total Category Score
Improvement Activities	40	+	N/A	=	40	÷	40	=	100%	x	15.00	=	15.00
Advancing Care Information	80	+	15	=	95	÷	100	=	95%	x	25.00	=	23.75
Quality	38	+	8	=	46	÷	60	=	77%	x	60.00	=	46.20
Cost	N/A		N/A		N/A		N/A		N/A		N/A		N/A

Save, view,
print and
download
reports

TOTAL ESTIMATED MIPS SCORE: 84.95

Saving your Estimated MIPS score will allow you to track and compare performance over time.

What would you like to do with your Estimated MIPS Score Results?

 Print Results

 Download

 Save

 View Reports



Resources and Tools

CMS Resources

<https://qpp.cms.gov/sources>

Quality Payment
PROGRAM

MIPS ▾

Merit-based Incentive
Payment System

APMs ▾

Alternative Payment
Models

About ▾

The Quality
Payment Program

Modernizing Medicare to provide
better care and smarter spending for
a healthier America.



Check your
participation status

Enter your National Provider
Identifier (NPI) number

Check NPI >



Stratis Health Resources

1. **QPP Technical Assistance for Practices >15**

Stratis Health/Lake Superior QIN: QPPHelp@stratishealth.org

2. **QPP SURS:** Technical Assistance for Small, Rural, Underserved practices (15 and under)

Stratis Health QIO: QPPHelp@stratishealth.org

QPP Resource Center: <https://www.qppresourcecenter.com>

3. **Stratis Health** <http://www.stratishealth.org>

MIPS Estimator Pre-release Excel Version:

<http://www.stratishealth.org/providers/data/MIPS-Estimator/index.html>

MIPS Estimator Online version (beta version coming soon):

<http://mipsestimator.org>



Stratis Health QPP Support

QPPHelp@stratishealth.org

- Lisa Gall, Stratis Health,
lgall@stratishealth.org



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

