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

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SRHT HELP Webinar
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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

Adapted from CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30
Considerations in Implementing the Quality Payment Program

- Improve beneficiary outcomes
- Reduce burden on clinicians
- Increase adoption of Advanced APMs
- Improve data and information sharing
- Ensure operational excellence in program implementation
- Maximize participation
- Deliver IT systems capabilities that meet the needs of users

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

<table>
<thead>
<tr>
<th>Physicians*</th>
<th>Nurse Practitioners</th>
<th>Physician Assistants</th>
<th>Clinical Nurse Specialists</th>
<th>Certified Registered Nurse Anesthetists</th>
</tr>
</thead>
</table>

*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
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**

<table>
<thead>
<tr>
<th>Previous Category – Year</th>
<th>Physician Quality Reporting System (PQRS)</th>
<th>New Category</th>
<th>EHR Incentive Program</th>
<th>Value Based Modifier (VBM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>50 %</td>
<td>15 %</td>
<td>25 %</td>
<td>10 %</td>
</tr>
<tr>
<td>2017</td>
<td>60 %</td>
<td>15%</td>
<td>25%</td>
<td>0 %</td>
</tr>
</tbody>
</table>
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

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

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

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

Adapted from CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30
2014 vs 2015 Certified EHR

**4 Base Measures – 50 points**

7 Performance Measures
- Earn up to 10 points each
- 2 worth 20 points each

<table>
<thead>
<tr>
<th>MEASURE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Risk Analysis</td>
</tr>
<tr>
<td>e-Prescribing</td>
</tr>
<tr>
<td>Send Summary of Care</td>
</tr>
<tr>
<td>Provide Patient Access</td>
</tr>
<tr>
<td>Immunization Registry Reporting</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
</tr>
<tr>
<td>Patient-Specific Education</td>
</tr>
<tr>
<td>Secure Messaging</td>
</tr>
<tr>
<td>View, Download, or Transmit (VDT)</td>
</tr>
<tr>
<td>Specialized Registry Reporting</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
</tr>
</tbody>
</table>

**5 Base Measures – 50 points**

9 Performance Measures
- Earn up to 10 points each

<table>
<thead>
<tr>
<th>MEASURE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Risk Analysis</td>
</tr>
<tr>
<td>e-Prescribing</td>
</tr>
<tr>
<td>Send Summary of Care</td>
</tr>
<tr>
<td>Request/Accept Summary of Care</td>
</tr>
<tr>
<td>Provide Patient Access</td>
</tr>
<tr>
<td>Clinical Information Reconciliation</td>
</tr>
<tr>
<td>Patient-generated Health Data</td>
</tr>
<tr>
<td>Immunization Registry Reporting</td>
</tr>
<tr>
<td>Patient-Specific Education</td>
</tr>
<tr>
<td>Secure Messaging</td>
</tr>
<tr>
<td>View, Download, or Transmit (VDT)</td>
</tr>
<tr>
<td>Clinical Data Registry Reporting</td>
</tr>
<tr>
<td>Public Health Registry Reporting</td>
</tr>
<tr>
<td>Electronic Case Reporting</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
</tr>
</tbody>
</table>

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*
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
| 1. Allergy/Immunology                  | 19. Neurology               |
| 2. Anesthesiology                    | 20. Neurosurgical           |
| 5. Dermatology                       | 23. Orthopedic Surgery      |
| 6. Diagnostic Radiology              | 24. Otolaryngology          |
| 7. EPT Cardiology                    | 25. Pathology               |
| 9. Gastroenterology                  | 27. Physical Medicine       |
| 10. General Oncology                 | 28. Plastic Surgery         |
| 11. General/Family Practice          | 29. Podiatry                |
| 13. Hospitalist                      | 31. Radiation Oncology      |
| 14. Infectious Disease               | 32. Rheumatology            |
| 15. Internal Medicine                | 33. Thoracic Surgery        |
| 16. Interventional Radiology         | 34. Urology                 |
| 17. Mental/Behavioral Health         | 35. Vascular Surgery        |
| 18. Nephrology                       |                            |

*Blue are new in 2018
MIPS Quality Measures

Select Measures

Showing 271 Measures

- Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
- Acute Otitis Externa (AOE): Topical Therapy

Data Submission Method
- Administrative Claims
- Claims
- CSV
- CMS Web Interface
- EHR
- Registry

https://qpp.cms.gov/mips/quality-measures
MIPS Quality Benchmarks

Breast Cancer Screening

Percentage of women 60-74 years of age who had a mammogram to screen for breast cancer.

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

**Falls: Risk Assessment**

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

<table>
<thead>
<tr>
<th>MEASURE NUMBER</th>
<th>NQS DOMAIN</th>
<th>MEASURE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>eMeasure ID: None</td>
<td>PS</td>
<td>Process</td>
</tr>
<tr>
<td>eMeasure NQF: None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NQF: 0101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality ID: 154</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HIGH PRIORITY MEASURE**

Yes

**DATA SUBMISSION METHOD**

- Claims
- Registry

**SPECIALTY MEASURE SET**

- Internal Medicine
- General Practice/Family Medicine

**PRIMARY MEASURE STEWARD**

National Committee for Quality Assurance

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To score more than 3 points:
1. **Benchmark**
2. Minimum case size of 20
3. **Data completeness**
   - **Claims:** >50% of Part B claims
   - **QCDR, Registry, EHR:** > 50% of all payers
   - **CMS WI:** First 243 claims

---

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Reporting Method</th>
<th>Measur e Type</th>
<th>Benchmark</th>
<th>High Priority</th>
<th>Topped Out</th>
<th>Decile_3</th>
<th>Decile_4</th>
<th>Decile_5</th>
<th>Decile_6</th>
<th>Decile_7</th>
<th>Decile_8</th>
<th>Decile_9</th>
<th>Decile_10</th>
</tr>
</thead>
<tbody>
<tr>
<td>154</td>
<td>Falls: Risk Assessment</td>
<td>Claims</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td><strong>88.89 - 98.75</strong></td>
<td>98.76 - 99.99</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>100</td>
</tr>
</tbody>
</table>
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
Consultation of the Prescription Drug Monitoring program

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.

<table>
<thead>
<tr>
<th>ACTIVITY ID</th>
<th>SUBCATEGORY NAME</th>
<th>ACTIVITY WEIGHTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_PSPA_6</td>
<td>Patient Safety And Practice Assessment</td>
<td>High</td>
</tr>
</tbody>
</table>

Care coordination agreements that promote improvements in patient tracking across settings

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.

<table>
<thead>
<tr>
<th>ACTIVITY ID</th>
<th>SUBCATEGORY NAME</th>
<th>ACTIVITY WEIGHTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_CC_12</td>
<td>Care Coordination</td>
<td>Medium</td>
</tr>
</tbody>
</table>
# MIPS Improvement Activities Behavioral Health Example

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

*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

Adapted from CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30
MIPS Scoring and Reporting

- Quality
- Improvement Activities
- Advancing Care Information
- Cost
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.

- **Don't Participate**: Not participating in the Quality Payment Program. If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

- **Submit Something**: Test: If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward payment adjustment.

- **Submit a Partial Year**: Partial: If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

- **Submit a Full Year**: Full: If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

Source: CMS Quality Payment Program – Train-The-Trainer
# Performance Period 2017 - 2018

**Change:** Increase to Performance Period

## Transition Year 1 (2017) Final

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>90-days minimum; full year (12 months) was an option</td>
</tr>
<tr>
<td>Cost</td>
<td>Not included. 12-months for feedback only.</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>90-days</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>90-days</td>
</tr>
</tbody>
</table>

## Year 2 (2018) Final

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>12-months</td>
</tr>
<tr>
<td>Cost</td>
<td>12-months</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>90-days</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>90-days</td>
</tr>
</tbody>
</table>
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

Adapted from CMS-QPP-Year-2-Final-Rule-National Provider Call-Slides.2017.11.30
MIPS 2017 Transition Year Scoring (0-100 Points)

TARGET SCORES:

0 - 2 Points
Negative 4% payment adjustment

3 - 69 Points
Neutral or positive payment adjustment

70 - 100 Points
Positive payment adjustment + exceptional care bonus payment

≥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)

<table>
<thead>
<tr>
<th>Points</th>
<th>Payment Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥70 points</td>
<td>Eligible for positive payment adjustment and exceptional performance bonus payment</td>
</tr>
<tr>
<td>15.99 – 69.99</td>
<td>Positive payment adjustment. No exceptional performance bonus payment. No negative payment adjustment</td>
</tr>
<tr>
<td>15 points</td>
<td>Neutral payment adjustment</td>
</tr>
<tr>
<td>3.76 – 14.99</td>
<td>Negative payment adjustment ≥ -5% to &lt; 0%</td>
</tr>
<tr>
<td>0 - 3.75</td>
<td>-5% payment adjustment</td>
</tr>
</tbody>
</table>

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

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

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

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

https://www.mipsestimator.org
### Estimated Individual MIPS Score

<table>
<thead>
<tr>
<th>Provider</th>
<th>Registry</th>
<th>Selected Reporting Method</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa G</td>
<td></td>
<td></td>
<td>82.95</td>
</tr>
<tr>
<td>Candy H</td>
<td></td>
<td></td>
<td>91.20</td>
</tr>
<tr>
<td>Erik Z</td>
<td></td>
<td></td>
<td>76.55</td>
</tr>
</tbody>
</table>

See how ECs compare to each other and to group performance

### Estimated Group MIPS Score

<table>
<thead>
<tr>
<th>Registry</th>
<th>Selected Reporting Method</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>84.95</td>
</tr>
</tbody>
</table>
## Estimated Group MIPS Score

### Registry

See how each MIPS Performance Category contributes to Score

<table>
<thead>
<tr>
<th>MIPS Category</th>
<th>Earned Category Base Score</th>
<th>Earned Category Bonus Points</th>
<th>Earned Category Total</th>
<th>Category Points Cap (Maximum)</th>
<th>Earned % of Category Points</th>
<th>MPS Category Weight</th>
<th>Earned Total Category Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement Activities</td>
<td>40</td>
<td>N/A</td>
<td>40</td>
<td>40</td>
<td>100%</td>
<td>15.00</td>
<td>15.00</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>80</td>
<td>15</td>
<td>95</td>
<td>100</td>
<td>95%</td>
<td>25.00</td>
<td>23.75</td>
</tr>
<tr>
<td>Quality</td>
<td>38</td>
<td>8</td>
<td>46</td>
<td>60</td>
<td>77%</td>
<td>60.00</td>
<td>46.20</td>
</tr>
<tr>
<td>Cost</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**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
Modernizing Medicare to provide better care and smarter spending for a healthier America.
1. **QPP Technical Assistance for Practices >15**  
   Stratis Health/Lake Superior QIN: [QPPHelp@stratishealth.org](mailto:QPPHelp@stratishealth.org)

2. **QPP SURS:** Technical Assistance for Small, Rural, Underserved practices (15 and under)  
   Stratis Health QIO: [QPPHelp@stratishealth.org](mailto:QPPHelp@stratishealth.org)  
   QPP Resource Center: [https://www.qppresourcecenter.com](https://www.qppresourcecenter.com)

3. **Stratis Health** [http://www.stratishealth.org](http://www.stratishealth.org)  
   MIPS Estimator Pre-release Excel Version:  
   MIPS Estimator Online version (beta version coming soon):  
   [http://mipsestimators.org](http://mipsestimators.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.