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## Quality Payment Program Year 3

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# Conflict of Interest

Molly MacHarris, MIPS Program Lead, CMS

Elizabeth S. Holland, Senior Technical Advisor, CMS

Have no real or apparent conflicts of interest to report.



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# Presentation Overview

- Learning Objectives
- Quality Payment Program Overview
- Quality Payment Program Year 1 (2017) Participation Results
- Merit-based Incentive Payment System (MIPS) Year 2 (2018) Data Submission
- MIPS Overview
- Final Rule for Year 3 (2019) - MIPS:
  - Eligibility
  - Reporting Options and Data Submission
  - Performance Categories
  - Additional Bonuses, Performance Threshold, and Payment Adjustments
- Quality Payment Program – Help & Support



# Learning Objectives

1. Highlight Quality Payment Program Year 1 (2017) performance data
2. Outline Year 2 (2018) MIPS data submission deadlines and resources
3. Identify key policy changes for the third year (2019) of the Quality Payment Program
4. Summarize eligibility, reporting, and data submission requirements for MIPS in 2019
5. Provide an overview of available resources and no-cost technical assistance



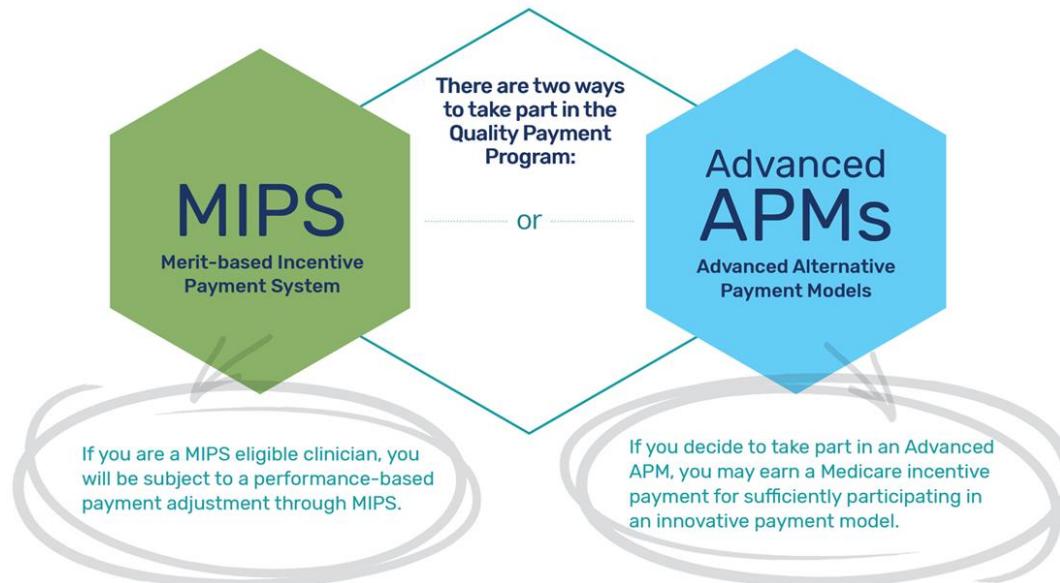
# Quality Payment Program Overview



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# Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program:



# Quality Payment Program

## Considerations

Improve beneficiary outcomes

Reduce burden on clinicians

Increase adoption of  
Advanced APMs

Maximize participation

Improve data and  
information sharing

Ensure operational excellence  
in program implementation

Deliver IT systems capabilities that  
meet the needs of users

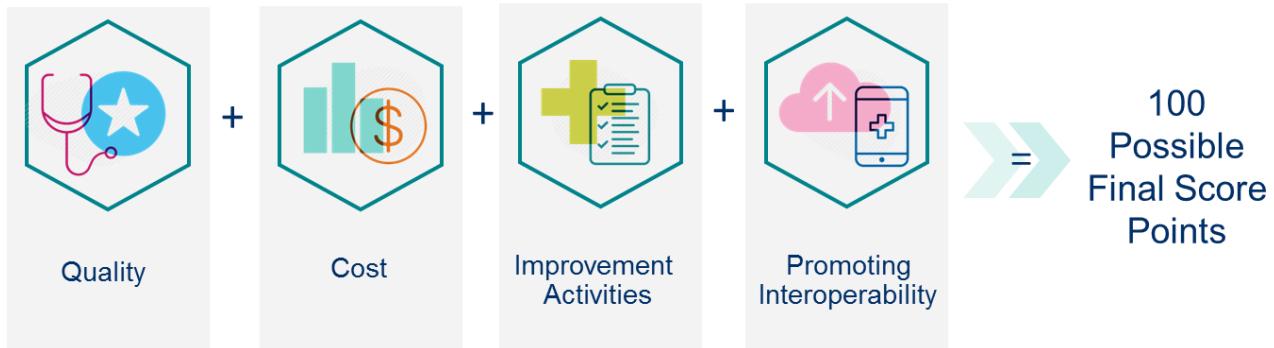
Quick Tip: For additional information on the Quality Payment  
Program, please visit [qpp.cms.gov](http://qpp.cms.gov)



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# MIPS: Quick Overview

## MIPS Performance Categories



- Comprised of **four** performance categories
- So what? *The points from each performance category are added together to give you a MIPS Final Score*
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment**

# MIPS: Terms to Know

As a refresher...

- TIN (Taxpayer Identification Number)
  - Used by the Internal Revenue Service to identify an entity, such as a group medical practice, that is subject to federal taxes
- NPI (National Provider Identifier)
  - 10-digit numeric identifier for individual clinicians
- TIN/NPI
  - Identifies the individual clinician and the entity/group practice through which the clinician bills services to CMS

Performance Period	Also referred to as...	Corresponding Payment Year	Corresponding Adjustment
2017	2017 “Transition” Year	2019	+ or - 4%
2018	“Year 2”	2020	+ or - 5%
2019	“Year 3”	2021	+ or - 7%



# **Quality Payment Program Year 1 (2017) Participation Results Review**



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# QPP Year 1 (2017) Performance Data

## Payment Adjustments

The 2017 performance year for the Quality Payment Program was:

THE FIRST  
YEAR OF  
THE PROGRAM

A TRANSITION  
YEAR FOR MANY  
CLINICIANS

IMPLEMENTED  
GRADUALLY THROUGH  
“PICK YOUR PACE”

FOCUSED ON FLEXIBILITY  
TO REDUCE  
PARTICIPATION BURDEN

### Snapshot of Payment Adjustments for MIPS Eligible Clinicians

71%

earned a positive  
adjustment and an  
adjustment for  
exceptional performance

22%

earned a positive  
payment adjustment  
only

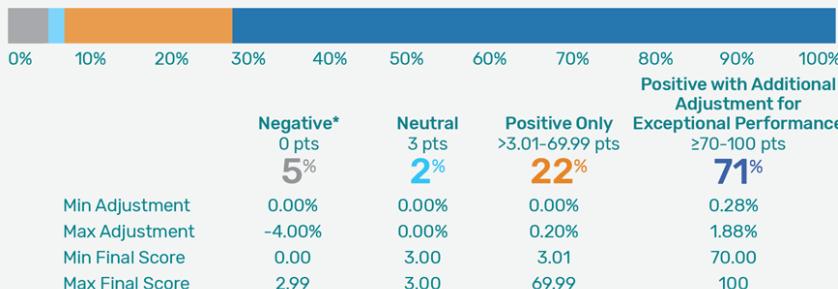
2%

received a neutral  
adjustment (no  
increase or decrease)

5%

received a negative  
payment adjustment

### Payment Adjustment Highlights



\*For negative payment adjustments only: The Minimum Final Score is associated with the Maximum Payment Adjustment

### General Participation in 2017:

- 1,057,824 total MIPS eligible clinicians\* received a MIPS payment adjustment (positive, neutral, or negative)
- 1,006,319 total MIPS eligible clinicians reported data and received a neutral payment adjustment or better
- 99,076 total Qualifying APM Participants (QPs)
- 52 total number of Partial QPs

\*Clinicians are identified under the Quality Payment Program by their unique Taxpayer Identification Number/National Provider Identifier Combination (TIN/NPI)



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# QPP Year 1 (2017) Performance Data

Mean and Median National Final Score

## Mean and Median National Final Scores for MIPS

### MEAN

**74.01** points (out of 100 points)  
was the overall **national mean score**  
for the MIPS 2017 performance year

**65.71** points for clinicians  
participating in MIPS as individuals or  
groups (not through an APM)

**87.64** points for clinicians  
participating in MIPS through an APM

### MEDIAN

**88.97** points (out of 100 points)  
was the overall **national median score**  
for the MIPS 2017 performance year

**83.04** points for clinicians  
participating in MIPS as individuals or  
groups (not through an APM)

**91.67** points for clinicians  
participating in MIPS through an APM



# QPP Year 1 (2017) Performance Data

## Mean and Median Final Scores by Submitter Type

### Mean and Median Final Scores by Submitter Type\*

	INDIVIDUALS	GROUPS
MEAN	55.08 points	76.2 points
MEDIAN	60.00 points	91.04 points

\*An individual is a single TIN/NPI; a group is two or more NPIs (including at least one MIPS eligible clinician) billing under a single TIN. The “groups” column includes APM entity groups.



# QPP Year 1 (2017) Performance Data

Mean and Median Final Scores for Large, Small, and Rural Practices



## LARGE PRACTICES

Mean:

**74.37**  
points

Median:

**90.29**  
points



## RURAL PRACTICES

Mean:

**63.08**  
points

Median:

**75.29**  
points



## SMALL PRACTICES

Mean:

**43.46**  
points

Median:

**37.67**  
points



## SMALL & RURAL PRACTICES

Mean:

**44.66**  
points

Median:

**42.00**  
points



## **Merit-based Incentive Payment System (MIPS) Year 2 (2018) Data Submission**



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# 2018 MIPS Data Submission: Key Dates

**April 2, 2019** is the 2018 MIPS data submission deadline.

**There are two exceptions specific to the Quality performance category:**

- Clinicians who report Quality measures **via Medicare Part B claims** submit their performance data throughout the 2018 performance period (January 1 – December 31, 2018)
- Groups, virtual groups, and Accountable Care Organizations reporting Quality measures through the **CMS Web Interface** can submit their data between **January 22 and March 22, 2019**



# 2018 MIPS Data Submission: How to Submit Data

## Submitting 2018 through the QPP website:

- Sign into the QPP website using your HARP credentials:  
<https://qpp.cms.gov/login>
- Submit your 2018 data for/attest to the Quality, Promoting Interoperability, and Improvement Activities performance categories

**TIP:** You can submit and update your data throughout the submission period. Your data is automatically saved and clinician records are updated in real-time. This allows you to come back at a later time without losing any of the data.



# 2018 MIPS Data Submission: API Documentation

**Easily submit and score QPP data in real-time via API:**

- Supports cross-origin resource sharing, allowing you to interact securely with the API from a client-side web application
- API responses can be returned in JSON or XML, including errors

**Explore and Integrate with the Submissions API using:**

- [Interactive Documentation](#)
- [Developer Preview Environment](#)

**Stay Up to Date:**

- [QPP APIs Google Group](#)



# 2018 MIPS Data Submission: Resources

Visit the **QPP Resource Library** to access 2018 data submission resources: <https://qpp.cms.gov/about/resource-library>

Resources include:

- 2018 Data Submission FAQs
- 2018 Data Submission User Guide
- 2018 Data Submission Demo Videos
- 2018 CMS Web Interface User Guides, Templates, Data Dictionary, and more
- 2018 QPP Access User Guide and Demo Videos about the new HARP System



# MIPS Overview



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# MIPS: Quick Overview

Combined legacy programs into a single, improved program.

Physician Quality Reporting System  
(PQRS)

Value-Based Payment Modifier (VM)

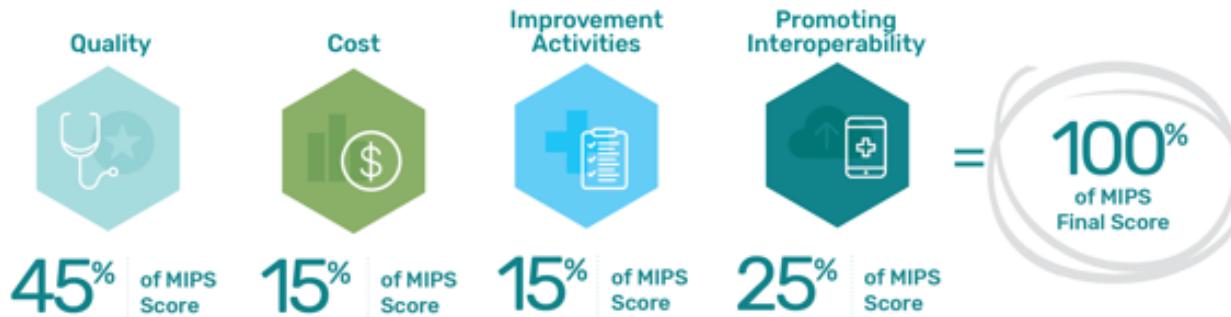
Medicare EHR Incentive Program (EHR)  
for Eligible Professionals

**MIPS**



# MIPS: Quick Overview

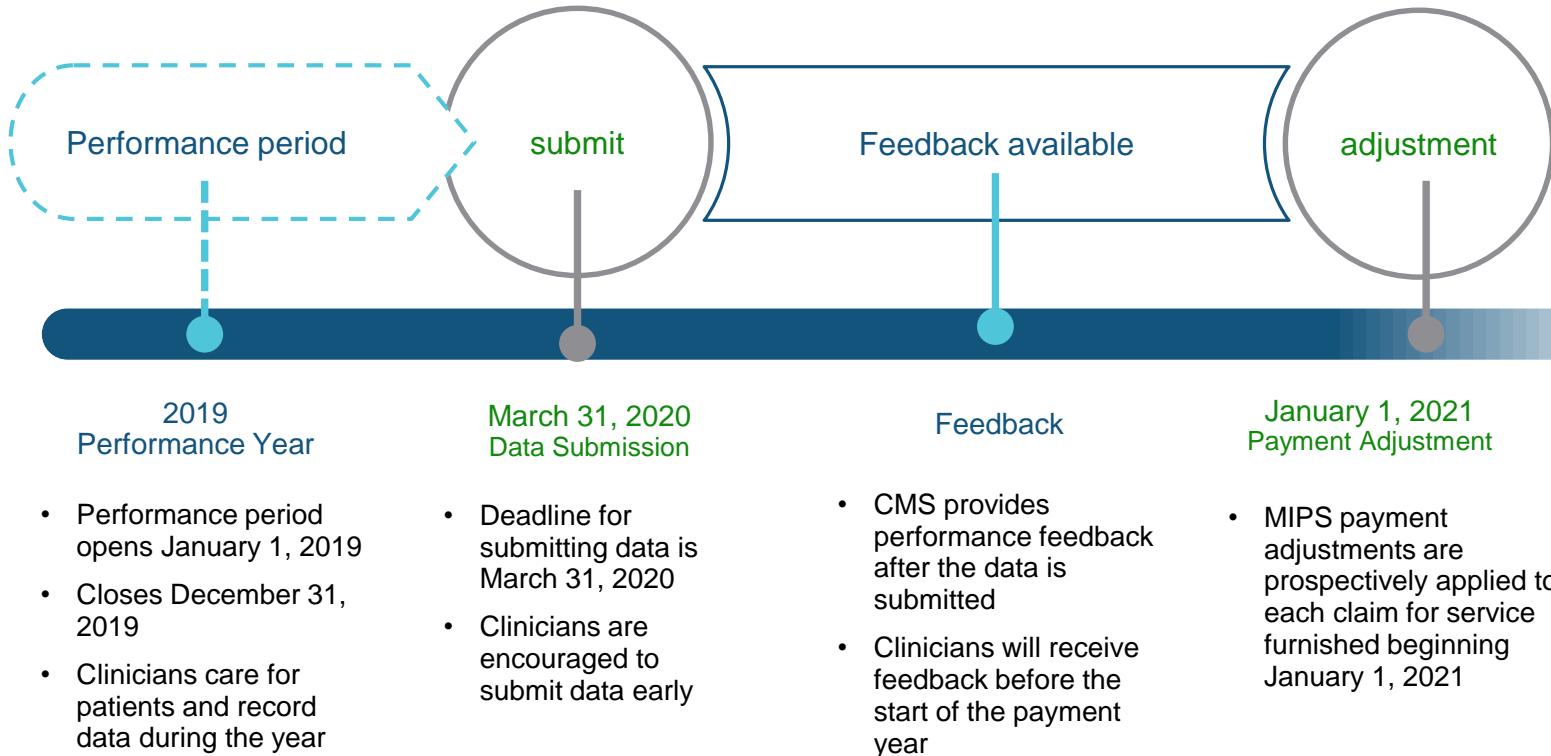
## MIPS Performance Categories



- Comprised of **four** performance categories
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# MIPS: Timeline



## **Final Rule for Year 3 (2019) – MIPS Eligibility**



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# MIPS Year 3 (2019) Final

## MIPS Eligible Clinician Types

### Year 2 (2018) Final

#### MIPS eligible clinicians include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Groups of such clinicians



### Year 3 (2019) Final

#### MIPS eligible clinicians include:

- Same five clinician types from Year 2 (2018)

#### AND:

- Clinical Psychologists
- Physical Therapists
- Occupational Therapists
- Speech-Language Pathologists\*
- Audiologists\*
- Registered Dieticians or Nutrition Professionals\*

*\*We modified our proposals to add these additional clinician types for Year 3 as a result of the significant support we received during the comment period*

# MIPS Year 3 (2019) Final

## Low-Volume Threshold Criteria

*What do I need to know?*

1. Threshold amounts remain the same as in Year 2 (2018)
2. Added a third element – Number of Services – to the low-volume threshold determination criteria
  - The finalized criteria now includes:
    - Dollar amount – \$90,000 in covered professional services under the Physician Fee Schedule (PFS)
    - Number of beneficiaries – 200 Medicare Part B beneficiaries
    - Number of services\* (New) – 200 covered professional services under the PFS

\*When we say “service”, we are equating one professional claim line with positive allowed charges to one covered professional service



# MIPS Year 3 (2019) Final

## Low-Volume Threshold Determination

*How does CMS determine if I am included in MIPS in Year 3 (2019)?*

1. Be a MIPS eligible clinician type (as listed on slide 18)
2. **Exceed all three elements** of the low-volume threshold criteria:
  - Bill more than \$90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)

**AND**
  - Furnish covered professional services to more than 200 Medicare Part B beneficiaries

**AND**
  - Provide more than 200 covered professional services under the PFS (New)



# MIPS Year 3 (2019) Final

## Low-Volume Threshold Determination

### What else do I need to know?

Clinicians who:

- x **DO NOT** bill more than \$90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)  
**OR**
- x **DO NOT** furnish covered professional services to more than 200 Medicare beneficiaries  
**OR**
- x **DO NOT** provide more than 200 covered professional services under the PFS (*New*)

Are excluded from MIPS in Year 3 (2019) and do not need to participate

Remember: To be required to participate, clinicians must:



# MIPS Year 3 (2019) Final

## Low-Volume Threshold Determination

*What happens if I am excluded, but want to participate in MIPS?*

You have two options:

1. Voluntarily participate

- You'll submit data to CMS and receive performance feedback
- You will not receive a MIPS payment adjustment

2. Opt-in (Newly added for Year 3)

- Opt-in is available for MIPS eligible clinicians who are excluded from MIPS based on the low-volume threshold determination
- If you are a MIPS eligible clinician and meet or exceed at least one, but not all, of the low-volume threshold criteria, you may opt-in to MIPS
- If you opt-in, you'll be subject to the MIPS performance requirements, MIPS payment adjustment, etc.



# MIPS Year 3 (2019) Final

## Opt-in Policy

MIPS eligible clinicians who meet or exceed at least one, but not all, of the low-volume threshold criteria may choose to participate in MIPS

### MIPS Opt-in Scenarios

Dollars	Beneficiaries	Professional Services (New)	Eligible for Opt-in?
≤ 90K	≤ 200	≤ 200	No – excluded
≤ 90K	≤ 200	> 200	Yes (may also voluntarily report or not participate)
> 90K	≤ 200	≤ 200	Yes (may also voluntarily report or not participate)
> 90K	≤ 200	> 200	Yes (may also voluntarily report or not participate)
≤ 90K	> 200	> 200	Yes (may also voluntarily report or not participate)
> 90K	> 200	> 200	No – required to participate



# MIPS Year 3 (2019) Final

## Opt-in Policy - Example



Physical Therapist (Individual)

✓ Billed \$100,000

✗ Saw 100 patients

✓ Provided 201 covered professional services

- Did not exceed all three elements of the low-volume threshold determination criteria, therefore exempt from MIPS in Year 3

*However...*

- This clinician could **opt-in** to MIPS and participate in Year 3 (2019) since the clinician met or exceeded at least one (in this case, two) of the low-volume threshold criteria and is also a MIPS eligible clinician type

# MIPS Year 3 (2019) Final

## Opt-in Policy

*What else do I need to know?*

- Once an election has been made, the decision to opt-in to MIPS would be **irrevocable** and **could not be changed**
- Clinicians or groups who opt-in are subject to all of the MIPS rules, special status, and MIPS payment adjustment
- Please note that APM Entities interested in opting-in to participate in MIPS under the APM Scoring Standard would do so at the APM Entity level

*User Research Opportunity:*

- If you're interested in participating in user research for MIPS, we want to hear from you! We encourage you to send your contact information to:  
[QPPUserResearch@cms.hhs.gov](mailto:QPPUserResearch@cms.hhs.gov)



# MIPS Year 3 (2019) Final

## MIPS Determination Period

### Year 2 (2018) Final

#### Low Volume Threshold Determination Period:

- First 12-month segment: Sept. 1, 2016 - Aug. 31, 2017 (including 30-day claims run out)
- Second 12-month segment: Sept. 1, 2017 - Aug. 31, 2018 (including a 30-day claims run out)

#### Special Status

- Use various determination periods to identify MIPS eligible clinicians with a special status and apply the designation.
- Special status includes:
  - Non-Patient Facing
  - Small Practice
  - Rural Practice
  - Health Professional Shortage Area (HPSA)
  - Hospital-based
  - Ambulatory Surgical Center-based (ASC-based)



### Year 3 (2019) Final

#### Change to the MIPS Determination Period:

- First 12-month segment: Oct. 1, 2017 - Sept. 30, 2018 (including a 30-day claims run out)
- Second 12-month segment: Oct. 1, 2018 - Sept. 30, 2019 (does not include a 30-day claims run out)
- Goal: Consolidate the multiple timeframes and align the determination period with the fiscal year
- Goal: Streamlined period will also identify MIPS eligible clinicians with the following special status:
  - Non-Patient Facing
  - Small Practice
  - Hospital-based
  - ASC-based

*Note: Rural and HPSA status continue to apply in 2019*

Quick Tip: MIPS eligible clinicians with a special status are included in MIPS and qualify for special rules. Having a special status does not exempt a clinician from MIPS.



## **Final Rule for Year 3 (2019) – MIPS Reporting Options and Data Submission**



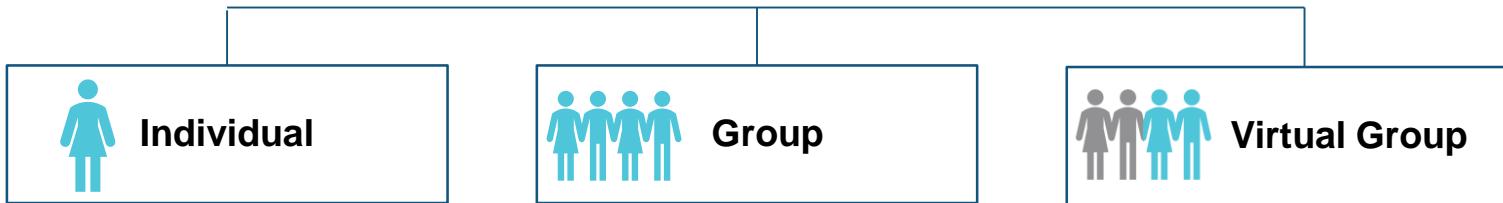
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# MIPS Year 3 (2019) Final

## Reporting Options

***What are my reporting options if I am required to participate in MIPS?***

**Same** reporting options as Year 2. Clinicians can report as or part of a/an:



1. As an Individual – under a National Provider Identifier (NPI) number and Taxpayer Identification Number (TIN) where they reassigned benefits
2. As a Group
  - a) 2 or more clinicians (NPIs), including at least one MIPS eligible clinician, who have reassigned their billing rights to a single TIN\*
  - b) As an APM Entity
3. As a Virtual Group – made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together “virtually” (no matter what specialty or location) to participate in MIPS for a performance period for a year



# MIPS Year 3 (2019) Final

## Submitting Data - Collection, Submission, and Submitter Types

*What do I need to know about submitting my performance data?*

- For Year 3 (2019), we have revised existing terms and defined additional terminology to help clarify the process of submitting data:
  - Collection Types
  - Submission Types
  - Submitter Types

*Why did you make this change?*

- In Year 2 (2018), we used the term “submission mechanism” all-inclusively when talking about:
  - The method by which data is submitted (e.g., registry, EHR, attestation, etc.)
  - Certain types of measures and activities on which data are submitted
  - Entities submitting such data (i.e., third party intermediaries submitting on behalf of a group)
- We found that this caused confusion for clinicians and those submitting on behalf of clinicians



# MIPS Year 3 (2019) Final

## Submitting Data - Collection, Submission, and Submitter Types

### Definitions for Newly Finalized Terms:

- **Collection type-** A set of quality measures with comparable specifications and data completeness criteria including, but not limited to: electronic clinical quality measures (eCQMs); MIPS Clinical Quality Measures\* (MIPS CQMs); Qualified Clinical Data Registry (QCDR) measures; Medicare Part B claims measures; CMS Web Interface measures; the CAHPS for MIPS survey; and administrative claims measures.
- **Submission type-** The mechanism by which a submitter type submits data to CMS, including, but not limited to: direct, log in and upload, log in and attest, Medicare Part B claims, and the CMS Web Interface.
  - The Medicare Part B claims submission type is for clinicians or groups in small practices only to continue providing reporting flexibility
- **Submitter type-** The MIPS eligible clinician, group, virtual group, or third party intermediary acting on behalf of a MIPS eligible clinician, group, or virtual group, as applicable, that submits data on measures and activities.

\*The term MIPS CQMs would replace what was formerly referred to as “registry measures” since clinicians that don’t use a registry may submit data on these measures.



# MIPS Year 3 (2019) Final

## Collection, Submission, and Submitter Types - Example

### Data Submission for MIPS Eligible Clinicians Reporting as Individuals

Performance Category	Submission Type	Submitter Type	Collection Type
 Quality	<ul style="list-style-type: none"><li>• Direct</li><li>• Log-in and Upload</li><li>• Medicare Part B Claims (small practices only)</li></ul>	<ul style="list-style-type: none"><li>• Individual</li><li>• Third Party Intermediary</li></ul>	<ul style="list-style-type: none"><li>• eCQMs</li><li>• MIPS CQMs</li><li>• QCDR Measures</li><li>• Medicare Part B Claims Measures (small practices only)</li></ul>
 Cost	<ul style="list-style-type: none"><li>• No data submission required</li></ul>	<ul style="list-style-type: none"><li>• Individual</li></ul>	-
 Improvement Activities	<ul style="list-style-type: none"><li>• Direct</li><li>• Log-in and Upload</li><li>• Log-in and Attest</li></ul>	<ul style="list-style-type: none"><li>• Individual</li><li>• Third Party Intermediary</li></ul>	-
 Promoting Interoperability	<ul style="list-style-type: none"><li>• Direct</li><li>• Log-in and Upload</li><li>• Log-in and Attest</li></ul>	<ul style="list-style-type: none"><li>• Individual</li><li>• Third Party Intermediary</li></ul>	-

# MIPS Year 3 (2019) Final

## Collection, Submission, and Submitter Types - Example

### Data Submission for MIPS Eligible Clinicians Reporting as Groups

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	<ul style="list-style-type: none"> <li>• Direct</li> <li>• Log-in and Upload</li> <li>• CMS Web Interface (groups of 25 or more eligible clinicians)</li> <li>• Medicare Part B Claims (small practices only)</li> </ul>	<ul style="list-style-type: none"> <li>• Group</li> <li>• Third Party Intermediary</li> </ul>	<ul style="list-style-type: none"> <li>• eCQMs</li> <li>• MIPS CQMs</li> <li>• QCDR Measures</li> <li>• CMS Web Interface Measures</li> <li>• CMS Approved Survey Vendor Measure</li> <li>• Administrative Claims Measures</li> <li>• Medicare Part B Claims (small practices only)</li> </ul>
Cost	<ul style="list-style-type: none"> <li>• No data submission required</li> </ul>	<ul style="list-style-type: none"> <li>• Group</li> </ul>	-
Improvement Activities	<ul style="list-style-type: none"> <li>• Direct</li> <li>• Log-in and Upload</li> <li>• Log-in and Attest</li> </ul>	<ul style="list-style-type: none"> <li>• Group</li> <li>• Third Party Intermediary</li> </ul>	-
Promoting Interoperability	<ul style="list-style-type: none"> <li>• Direct</li> <li>• Log-in and Upload</li> <li>• Log-in and Attest</li> </ul>	<ul style="list-style-type: none"> <li>• Group</li> <li>• Third Party Intermediary</li> </ul>	-



## **Final Rule for Year 3 (2019) – MIPS Performance Categories**



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# MIPS Year 3 (2019) Final

## Performance Period

### Year 2 (2018) Final

Performance Category	Performance Period
 Quality	12-months
 Cost	12-months
 Improvement Activities	90-days
 Promoting Interoperability	90-days



### Year 3 (2019) Final - No Change

Performance Category	Performance Period
 Quality	12-months
 Cost	12-months
 Improvement Activities	90-days
 Promoting Interoperability	90-days

# MIPS Year 3 (2019) Final

## Performance Category Weights

### Year 2 (2018) Final

Performance Category	Performance Category Weight
 Quality	50%
 Cost	10%
 Improvement Activities	15%
 Promoting Interoperability	25%



### Year 3 (2019) Final

Performance Category	Performance Category Weight
 Quality	45%
 Cost	15%
 Improvement Activities	15%
 Promoting Interoperability	25%

# MIPS Year 3 (2019) Final



## Quality Performance Category



### Basics:

- **45%** of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
  - OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures



### ***Meaningful Measures***

- Goal: The Meaningful Measures Initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement to assess the core quality of care issues that are most vital to advancing our work to improve patient outcomes
- For 2019, we are:
  - Removing 26 quality measures, including those that are process, duplicative, and/or topped-out
  - Adding 8 measures (4 Patient-Reported Outcome Measures), 6 of which are high-priority
- Total of 257 quality measures for 2019



# MIPS Year 3 (2019) Final



## Quality Performance Category



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  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures



### Bonus Points

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• 2 points for outcome or patient experience</li><li>• 1 point for other high-priority measures</li><li>• 1 point for each measure submitted using electronic end-to-end reporting</li><li>• Cap bonus points at 10% of category denominator</li></ul>	<ul style="list-style-type: none"><li>• <b>Same requirements</b> as Year 2, with the following changes:</li><li>• Add <b>small practice bonus</b> of <b>6 points</b> for MIPS eligible clinicians in small practices who submit data on at least 1 quality measure</li><li>• Updated the definition of high-priority to include the opioid-related measures</li></ul>

**Quick Tip:** A small practice is defined as 15 or fewer eligible clinicians



# MIPS Year 3 (2019) Final



## Quality Performance Category



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### *Data Completeness*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• 60% for submission mechanisms except for Web Interface and CAHPS</li><li>• Measures that do not meet the data completeness criteria earn 1 point</li><li>• Small practices continue to receive 3 points</li></ul>	Same requirements as Year 2

# MIPS Year 3 (2019) Final



## Quality Performance Category



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- You may also select a specialty-specific set of measures



### ***Special Scoring Considerations***

#### Measures Impacted by Clinical Guideline Changes

- CMS will identify measures for which following the guidelines in the existing measure specification could result in patient harm or otherwise provide misleading results as to good quality care
- Clinicians who are following the revised clinical guidelines will still need to submit the impacted measure
- The total available measure achievement points in the denominator will be reduced by 10 points for each impacted measure and the numerator of the impacted measure will result in zero points

#### Groups Registered to Report the CAHPS for MIPS Survey

- If the sample size was not sufficient and if the group doesn't select another measure, the total available measure achievement points will be reduced by 10 and the measures will receive zero points



# MIPS Year 3 (2019) Final



## Quality Performance Category



### Basics:

- 45% of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures



### *Improvement Scoring*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Eligible clinicians must fully participate (i.e. submit all required measures and have met data completeness criteria) for the performance period</li><li>• If the eligible clinician has a previous year Quality performance category score less than or equal to 30%, we would compare 2018 performance to an assumed 2017 Quality performance category score of 30%</li></ul>	<b>Same requirements as Year 2</b>



# MIPS Year 3 (2019) Final



## Quality Performance Category



### Basics:

- 45% of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
  - OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures



### *Topped-out Measures*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• A topped out measure is when performance is so high and unwavering that meaningful distinctions and improvement in performance can no longer be made</li><li>• 4-year lifecycle to identify and remove topped out measures</li><li>• Scoring cap of 7 points for topped out measures</li></ul>	<p><b>Same requirements</b> as Year 2, with the following changes:</p> <ul style="list-style-type: none"><li>• <b>Extremely Topped-Out Measures:</b><ul style="list-style-type: none"><li>– A measure attains extremely topped-out status when the average mean performance is within the 98<sup>th</sup> to 100<sup>th</sup> percentile range</li></ul></li><li>• CMS may propose removing the measure in the next rulemaking cycle</li><li>• QCDR measures are excluded from the topped out measure lifecycle and special scoring policies</li></ul>



# MIPS Year 3 (2019) Final



## Cost Performance Category



### Basics:

- 15% of Final Score in 2019
- Measures:
  - Medicare Spending Per Beneficiary (MSPB)
  - Total Per Capita Cost
  - **Adding 8** episode-based measures
- No reporting requirement; data pulled from administrative claims
- No improvement scoring in Year 3



### **Measure Case Minimums**

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Case minimum of 20 for Total per Capita Cost measure and 35 for MSPB</li></ul>	<p><b>Same requirements</b> as Year 2, with the following additions:</p> <ul style="list-style-type: none"><li>• Case minimum of 10 for procedural episodes</li><li>• Case minimum of 20 for acute inpatient medical condition episodes</li></ul>

# MIPS Year 3 (2019) Final



## Cost Performance Category



### Basics:

- **15%** of Final Score in 2019
- Measures:
  - Medicare Spending Per Beneficiary (MSPB)
  - Total Per Capita Cost
  - **Adding 8** episode-based measures
- No reporting requirement; data pulled from administrative claims
- No improvement scoring in Year 3



### *Measure Attribution*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Plurality of primary care services rendered by the clinician to determine attribution for the Total per Capita Cost measure</li><li>• Plurality of Part B services billed during the index admission to determine attribution for the MSPB measure</li><li>• Added two CPT codes to the list of primary care services used to determine attribution under the Total per Capita Cost measure</li></ul>	<p><b>Same requirements</b> as Year 2, with the following additions:</p> <ul style="list-style-type: none"><li>• For procedural episodes: CMS will attribute episodes to the clinician that performs the procedure</li><li>• For acute inpatient medical condition episodes: CMS will attribute episodes to each clinician who bills inpatient evaluation and management (E&amp;M) claim lines during a trigger inpatient hospitalization under a TIN that renders at least 30 percent of the inpatient E&amp;M claim lines in that hospitalization</li></ul>

# MIPS Year 3 (2019) Final



## Cost Performance Category

### Episode-Based Measures Finalized for the 2019 MIPS Performance Period

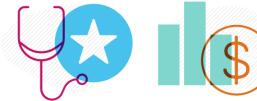
- Beginning with the 2019 MIPS performance period, eight episode-based measures will also be used to evaluate cost. The eight episode-based cost measures are highlighted below.

Measure Topic	Measure Type
Elective Outpatient Percutaneous Coronary Intervention (PCI)	Procedural
Knee Arthroplasty	Procedural
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	Procedural
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	Procedural
Screening/Surveillance Colonoscopy	Procedural
Intracranial Hemorrhage or Cerebral Infarction	Acute inpatient medical condition
Simple Pneumonia with Hospitalization	Acute inpatient medical condition
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	Acute inpatient medical condition



# MIPS Year 3 (2019) Final

## Facility-based Quality and Cost Performance Measures

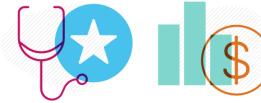


*What is it?*

- Facility-based scoring is an option for clinicians that meet certain criteria beginning with the 2019 performance period
  - CMS finalized this policy for the 2019 performance period in the 2018 Final Rule
  - Facility-based scoring allows for certain clinicians to have their Quality and Cost performance category scores based on the performance of the hospitals at which they work

# MIPS Year 3 (2019) Final

Facility-based Quality and Cost Performance Measures



## Applicability: Individual

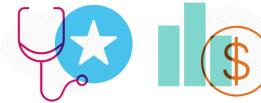
- MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (Place of Service code 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period
- Clinician would be required to have at least a single service billed with POS code used for inpatient hospital or emergency room

## Applicability: Group

- Facility-based group would be one in which 75% or more of eligible clinicians billing under the group's TIN are eligible for facility-based measurement as individuals

# MIPS Year 3 (2019) Final

## Facility-based Quality and Cost Performance Measures



### Attribution

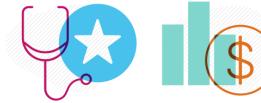
- Facility-based clinician would be attributed to hospital where they provide services to most patients
- Facility-based group would be attributed to hospital where most facility-based clinicians are attributed
- If unable to identify facility with the Hospital Value-based Purchasing (VBP) score to attribute clinician's performance, that clinician would not be eligible for facility-based measurement and would have to participate in MIPS via other methods

### Election

- Automatically apply facility-based measurement to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who would benefit by having a higher combined Quality and Cost score
- No submission requirements for individual clinicians in facility-based measurement, but a group would need to submit data for the Improvement Activities or Promoting Interoperability performance categories in order to be measured as a facility-based group

# MIPS Year 3 (2019) Final

Facility-based Quality and Cost Performance Measures



## Measurement

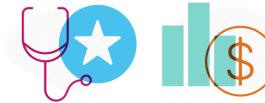
- For facility-based measurement, the measure set for the fiscal year Hospital VBP Program that begins during the applicable MIPS performance period would be used for facility-based clinicians
- Example: For the 2019 MIPS performance period (Year 3), the measures used would be those for the 2020 Hospital VBP Program along with the associated benchmarks and performance periods

## Benchmarks

- Benchmarks for facility-based measurement are those that are adopted under the hospital VBP Program of the facility for the year specified

# MIPS Year 3 (2019) Final

Facility-based Quality and Cost Performance Measures



## Assigning MIPS Category Scores

- The Quality and Cost performance category scores (which are separate scores) for facility-based clinicians are based on how well the clinician's hospital performs in comparison to other hospitals in the Hospital VBP Program

## Scoring – Special Rules

- Some hospitals do not receive a Total Performance Score in a given year in the Hospital VBP Program, whether due to insufficient quality measure data, failure to meet requirements under the Hospital In-patient Quality Reporting (IQR) Program, or other reasons
- In these cases, we would be unable to calculate a facility-based score based on the hospital's performance, and facility-based clinicians would be required to participate in MIPS via another method

# MIPS Year 3 (2019) Final



## Improvement Activities Performance Category



### Basics:

- 15% of Final Score in 2019
- Select Improvement Activities and attest “yes” to completing
- Activity weights remain the same:
  - Medium = 10 points
  - High = 20 points
- **Small practices, non-patient facing clinicians, and/or clinicians located in rural or HPSAs** continue to receive double-weight and report on no more than 2 activities to receive the highest score



### Activity Inventory

- Added 6 new Improvement Activities
- Modified 5 existing Improvement Activities
- Removing 1 existing Improvement Activity
- **Total of 118** Improvement Activities for 2019

### CEHRT Bonus

- Removed the bonus to align with the new Promoting Interoperability scoring requirements, which no longer consists of a bonus score component

# MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category



## Basics:

- 25% of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology (CEHRT)** in 2019
- New performance-based scoring
- 100 total category points



## *Reporting Requirements*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Comprised of a base, performance, and bonus score</li><li>• Must fulfill the base score requirements to earn a Promoting Interoperability score</li></ul>	<ul style="list-style-type: none"><li>• Eliminated the base, performance, and bonus scores</li><li>• <b>New performance-based scoring</b> at the individual measure level</li><li>• Must report the required measures under each Objective, or claim exclusions if applicable</li></ul>

# MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category



## Basics:

- 25% of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology (CEHRT)** in 2019
- New performance-based scoring
- 100 total category points



## *Objectives and Measures*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Two measure set options for reporting based on the MIPS eligible clinician's edition of CEHRT (either 2014 or 2015)</li></ul>	<ul style="list-style-type: none"><li>• One set of Objectives and Measures based on 2015 Edition CEHRT</li><li>• Four Objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange</li><li>• Added two new measures to the e-Prescribing Objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement</li></ul>



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# MIPS Year 3 (2019) Final



## Promoting Interoperability Performance Category – Point Value

Objectives	Measures	Maximum Points
e-Prescribing	• e-Prescribing	• 10 points
	• Query of Prescription Drug Monitoring Program (PDMP) (new)	• 5 bonus points
	• Verify Opioid Treatment Agreement (new)	• 5 bonus points
Health Information Exchange	• Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care)	• 20 points
	• Support Electronic Referral Loops by Receiving and Incorporating Health Information (new)	• 20 points
Provider to Patient Exchange	• Provide Patients Electronic Access to their Health Information (formerly Provide Patient Access)	• 40 points
Public Health and Clinical Data Exchange	• Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	• 10 points



# MIPS Year 3 (2019) Final

## Promoting Interoperability Performance Category



### Basics:

- 25% of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology (CEHRT)** in 2019
- New performance-based scoring
- 100 total category points



### ***Scoring***

To earn a score for the Promoting Interoperability Performance Category, a MIPS eligible clinician must:

1. Use 2015 Edition CEHRT for the performance period (90 consecutive days or greater)
2. Submit a “yes” to the Prevention of Information Blocking Attestation
3. Submit a “yes” to the ONC Direct Review Attestation
4. Submit a “yes” for the security risk analysis measure
5. Report the required measures under each Objective, or claim exclusions, if applicable

# MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category



## Basics:

- 25% of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology (CEHRT)** in 2019
- New performance-based scoring
- 100 total category points



## *Scoring*

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Fulfill the base score (worth 50%) by submitting at least a 1 in the numerator of certain measures AND submit "yes" for the Security Risk Analysis measure</li><li>• Performance score (worth 90%) is determined by a performance rate for each submitted measure</li><li>• Bonus score (worth 25%) is available</li><li>• Maximum score is 165%, but is capped at 100%</li></ul>	<ul style="list-style-type: none"><li>• Performance-based scoring at the individual measure level</li><li>• Each measure will be scored on performance for that measure based on the submission of a numerator and denominator, or a "yes or no"<ul style="list-style-type: none"><li>• Must submit a numerator of at least one or a "yes" to fulfill the required measures</li></ul></li><li>• The scores for each of the individual measures will be added together to calculate a final score</li><li>• If exclusions are claimed, the points will be allocated to other measures</li></ul>



# Promoting Interoperability

## Scoring

### *Exclusions*

- e-Prescribing measure, if exclusion is claimed, 10 points will be distributed:
  - 5 points to Support Electronic Referral Loops by Sending Health Information
  - 5 points to Support Electronic Referral Loops by Receiving and Incorporating Health Information
- Support Electronic Referral Loops by Receiving and Incorporating Health Information, if exclusion is claimed:
  - Redistribute 20 points to the Support Electronic Referral Loops by Sending Health Information measure
- Support Electronic Referral Loops by Sending Health Information measure - TBD
- Public Health exclusions, if 2 exclusions are claimed:
  - Redistribute 10 points to the Provide Patients Electronic Access to Their Health Information measure, if report yes for 2 measures or report 1 and claim 1 exclusion.



# MIPS Year 3 (2019) Final



## Promoting Interoperability Performance Category – Scoring Example

Objectives	Measures	Maximum Points	Numerator/ Denominator	Performance Rate	Score
e-Prescribing	<ul style="list-style-type: none"> <li>e-Prescribing</li> </ul>	<ul style="list-style-type: none"> <li>10 points</li> </ul>	<ul style="list-style-type: none"> <li>200/250</li> </ul>	80%	$10 \times 0.8 = 8$ points
Health Information Exchange	<ul style="list-style-type: none"> <li>Support Electronic Referral Loops by Sending Health Information</li> </ul>	<ul style="list-style-type: none"> <li>20 points</li> </ul>	<ul style="list-style-type: none"> <li>135/185</li> </ul>	73%	$20 \times 0.73 = 15$ points
	<ul style="list-style-type: none"> <li>Support Electronic Referral Loops by Receiving and Incorporating Health Information</li> </ul>	<ul style="list-style-type: none"> <li>20 points</li> </ul>	<ul style="list-style-type: none"> <li>145/175</li> </ul>	83%	$20 \times 0.83 = 17$ points
Provider to Patient Exchange	<ul style="list-style-type: none"> <li>Provide Patients Electronic Access to their Health Information</li> </ul>	<ul style="list-style-type: none"> <li>40 points</li> </ul>	<ul style="list-style-type: none"> <li>350/500</li> </ul>	70%	$40 \times 0.70 = 28$ points
Public Health and Clinical Data Exchange	<ul style="list-style-type: none"> <li>Immunization Registry Reporting</li> <li>Public Health Registry Reporting</li> </ul>	<ul style="list-style-type: none"> <li>10 points</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Yes</li> </ul>	N/A	10 points
				Total	78 Points



# MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category – Scoring Example



Total Score  
(from previous slide)

78 points

Calculate the contribution to  
MIPS Final Score

$78 \times .25$  (the category value) = 19.5  
performance category points

***Final Performance Category  
Score***

**19.5 points out of the 25  
performance category points**

# MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category



## Basics:

- 25% of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology (CEHRT)** in 2019
- New performance-based scoring
- 100 total category points



## Reweighting

Year 2 (2018) Final	Year 3 (2019) Final
<ul style="list-style-type: none"><li>• Automatic reweighting for the following MIPS eligible clinicians: Non-Patient Facing, Hospital-based, Ambulatory Surgical Center-based, PAs, NPs, Clinical Nurse Specialists, and CRNAs</li><li>• Application based reweighting also available for certain circumstances<ul style="list-style-type: none"><li>• Example: clinicians who are in small practices</li></ul></li></ul>	<p><b>Same requirements</b> as Year 2, with the following additions:</p> <ul style="list-style-type: none"><li>• Extended the <u>automatic reweighting</u> for:<ul style="list-style-type: none"><li>• Physical Therapists</li><li>• Occupational Therapists</li><li>• Clinical Psychologists</li><li>• Speech-Language Pathologists</li><li>• Audiologists</li><li>• Registered Dieticians or Nutrition Professionals</li></ul></li></ul>



## **Final Rule for Year 3 (2019) – MIPS Additional Bonuses, Performance Threshold, and Payment Adjustments**



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# MIPS Year 3 (2019) Final

## Complex Patient Bonus

Same requirements as Year 2:

- Up to **5 bonus points** available for treating complex patients based on medical complexity
  - As measured by Hierarchical Condition Category (HCC) risk score and a score based on the percentage of dual eligible beneficiaries
- MIPS eligible clinicians or groups must submit data on at least 1 performance category in an applicable performance period to earn the bonus



# MIPS Year 3 (2019) Final

## Performance Threshold and Payment Adjustments

### Year 2 (2018) Final

- 15 point performance threshold
- Additional payment adjustment for exceptional performance bonus set at 70 points
- Payment adjustment could be up to +5% or as low as -5%\*
- Payment adjustment (and additional payment adjustment for exceptional performance) is based on comparing final score to performance threshold and additional performance threshold for exceptional performance



### Year 3 (2019) Final

- 30 point performance threshold
- Additional payment adjustment for exceptional performance bonus set at 75 points
- Payment adjustment **could be up to +7%** or as low as -7%\*
- Payment adjustment (and additional payment adjustment for exceptional performance) is based on comparing final score to performance threshold and additional performance threshold for exceptional performance



# MIPS Year 3 (2019) Final

## Performance Threshold and Payment Adjustments

### Year 2 (2018) Final

Final Score 2018	Payment Adjustment 2020
<b>≥70 points</b>	<ul style="list-style-type: none"><li>Positive adjustment greater than 0%</li><li>Eligible for additional payment adjustment for exceptional performance - minimum of additional 0.5%</li></ul>
<b>15.01-69.99 points</b>	<ul style="list-style-type: none"><li>Positive adjustment greater than 0%</li><li>Not eligible for additional payment for exceptional performance</li></ul>
<b>15 points</b>	<ul style="list-style-type: none"><li>Neutral payment adjustment</li></ul>
<b>3.76-14.99</b>	<ul style="list-style-type: none"><li>Negative payment adjustment greater than -5% and less than 0%</li></ul>
<b>0-3.75 points</b>	<ul style="list-style-type: none"><li>Negative payment adjustment of -5%</li></ul>



### Year 3 (2019) Final

Final Score 2019	Payment Adjustment 2021
<b>≥75 points</b>	<ul style="list-style-type: none"><li>Positive adjustment greater than 0%</li><li>Eligible for additional payment adjustment for exceptional performance - minimum of additional 0.5%</li></ul>
<b>30.01-74.99 points</b>	<ul style="list-style-type: none"><li>Positive adjustment greater than 0%</li><li>Not eligible for additional payment for exceptional performance</li></ul>
<b>30 points</b>	<ul style="list-style-type: none"><li>Neutral payment adjustment</li></ul>
<b>7.51-29.99</b>	<ul style="list-style-type: none"><li>Negative payment adjustment greater than -7% and less than 0%</li></ul>
<b>0-7.5 points</b>	<ul style="list-style-type: none"><li>Negative payment adjustment of -7%</li></ul>



# Quality Payment Program Help & Support



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# Technical Assistance

## Available Resources

CMS has free resources and organizations on the ground to provide help to clinicians who are participating in the Quality Payment Program:

### PRIMARY CARE & SPECIALIST PHYSICIANS

#### Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs) are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact [TCPI.SC@TruvenHealth.com](mailto:TCPI.SC@TruvenHealth.com) for extra assistance.



[Locate the PTN\(s\) and SAN\(s\) in your state](#)

### SMALL & SOLO PRACTICES

#### Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.

- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or for assistance getting connected, contact [OPPSURS@IMPAQINT.COM](mailto:OPPSURS@IMPAQINT.COM).



### LARGE PRACTICES

#### Quality Innovation Networks-Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in large practices (more than 15 clinicians) in meeting Merit Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



[Locate the QIN-QIO that serves your state](#)

[Quality Innovation Network \(QIN\) Directory](#)

### TECHNICAL SUPPORT

#### All Eligible Clinicians Are Supported By:



##### Quality Payment Program Website: [qpp.cms.gov](https://qpp.cms.gov)

Serves as a starting point for information on the Quality Payment Program.



##### Quality Payment Program Service Center

Assists with all Quality Payment Program questions.

1-866-288-8292 TTY: 1-877-715-6222 [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



##### Center for Medicare & Medicaid Innovation (CMMI) Learning Systems

Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.



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Learn more about technical assistance: <https://qpp.cms.gov/about/help-and-support#technical-assistance>

# Additional CMS Education Sessions

Session Title	Session #	Room #	Date	Start Time	End Time
Meaningful Measures	#113	W307A	Wed., 2/13	10:00 a.m.	11:00 a.m.
Balancing Value & Burden: CMS Electronic Quality Reporting	#199	W307A	Thurs., 2/14	8:30 a.m.	9:30 a.m.
CMS Interoperability Rule	#233	W307A	Thurs., 2/14	11:30 a.m.	12:30 p.m.



# Questions

Molly MacHarris, MIPS Program Lead, CMS

Elizabeth S. Holland, Senior Technical Advisor, CMS

