

# Merit-based Incentive Payment System Measures and Activities in 2018

FOR CARDIOLOGISTS



## What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one of the two tracks of the Quality Payment Program, which implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Visit [QPP.CMS.GOV](http://QPP.CMS.GOV) to understand program basics, including submission timelines and how to participate.

### What are the Measures That I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, your Medicare payment adjustment in 2020 will be based on submitting data and your performance for the following MIPS performance categories for the 2018 performance period:

50%  
Quality



10%  
Cost



*(Note: There is no data submission requirement for the Cost performance category.)*

MIPS  
Performance  
Categories  
Year 2018

25%  
Promoting  
Interoperability



*(formerly Advancing  
Care Information)*

15%  
Improvement  
Activities



# What Measures Do I Submit for Each Category in 2018?

This resource provides a non-exhaustive sample of measures that may apply to cardiologists. Make sure to consider your data submission method, practice size, patient demographic, and performance period to select the measures that best suit you. See a full list of measures at [QPP.CMS.GOV](https://www.cms.gov/OPPS-ARF). Please note that performance category weights differ for clinicians in MIPS APMs.



*(50% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

**i** In addition, MIPS eligible clinicians may want to consider applicable cardiology specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR data submission method only. The 2018 QCDR measure specifications are found on the [2018 Resource page](#).

## Assesses the value of care to ensure patients get the right care at the right time

- Prescribe ACE inhibitor or ARB therapy and beta-blocker therapy for patients with left ventricular systolic dysfunction (LVSD)
- Prescribe antiplatelet and beta-blocker therapy for patients with coronary artery disease (CAD)
- Discuss and provide a care plan
- Document current medications
- Use aspirin or other antiplatelet agent to treat ischemic vascular disease
- Control high blood pressure
- Screen for high blood pressure and provide follow up
- Provide Body Mass Index (BMI) screening and follow-up
- Avoid inappropriate cardiac stress imaging in asymptomatic, low-risk patients
- Avoid inappropriate, routine cardiac stress imaging after PCI
- Avoid high risk medications in the elderly
- Prescribe anticoagulation therapy to treat atrial fibrillation and atrial flutter
- Transmit specialist reports
- Screen for tobacco use and provide cessation intervention
- Screen for unhealthy alcohol use and provide counseling
- Prescribe statin therapy to prevent and treat cardiovascular disease
- Rate of complication and length of stay for asymptomatic Carotid Artery Stenting (CAS) patients
- Persistence of Beta Blocker Treatment after heart attack
- Cardiac Rehabilitation referral from Outpatient setting
- Provide optimal control of ischemic vascular disease (IVD)

In addition, MIPS eligible clinicians may want to consider applicable cardiology specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR data submission method only.

To learn more about Quality measures, go to the [2018 Quality Measures web page](#) on [QPP.CMS.GOV](https://www.cms.gov/OPPS-ARF).





**25%**  
**Promoting Interoperability**  
(formerly Advancing Care Information)

*(25% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

For more information on PI performance category measures, requirements, and reweighting for hospital-based and non-patient facing clinicians, see the [Promoting Interoperability Requirements web page](#) on [QPP.CMS.GOV](#)

If you are a MIPS eligible clinician who reports on the PI performance category, you must attest to the prevention of information blocking attestation.

## Supports the secure exchange of health information and the use of certified electronic health record technology (CEHRT).

The PI performance category score includes a base score, performance score and bonus score. Additionally, in 2018, there will still be 2 measure set options to report:

- PI Objectives and Measures
- 2018 PI Transition Objectives and Measures

**MIPS eligible clinicians can report the PI Objectives and Measures if they have:**

- Technology certified to the 2015 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

**MIPS eligible clinicians can alternatively report the 2018 PI Transition Objectives and Measures if they have:**

- Technology certified to the 2015 Edition; or
- Technology certified to the 2014 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

**MIPS eligible clinicians need to meet the requirements of all the base score measures in order to receive the 50% base score. If these requirements are not met, they will get a 0% for the overall PI performance category score.**

**Cardiologists who are not designated as hospital-based or non-patient facing may choose to report, at a minimum, on the following base score measures:**

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or by the “yes” answer submitted for the public health and clinical registry reporting measures.

**MIPS eligible clinicians can earn bonus percentage points by doing the following:**

- Reporting “yes” for 1 or more additional public health or clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus
- Clinicians and groups that exclusively report the PI Objectives and Measures (and using only 2015 Edition CEHRT) will result in a 10% bonus
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

### Reweighting the PI Performance Category

- Qualifying hospital-based or non-patient facing cardiologists will automatically have their PI performance category score reweighted to 0% of the final score
- A hospital-based MIPS eligible clinician is defined as furnishing 75% or more of their covered professional services in either the off-campus outpatient hospital (Place of Service 19), inpatient hospital (Place of Service 21), on-campus outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting
- In the case of reweighting to 0%, CMS will assign the 25% from the PI performance category to the Quality performance category so that 75% of the final score will be based on Quality
- Eligible clinicians that qualify for reweighting of the PI performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their PI performance accordingly
- MIPS eligible clinicians may also submit a hardship exception application to have the PI performance category reweighted. For more information see the [Exception Applications page](#) on [QPP.CMS.GOV](#).



A blue hexagon with a white border, divided into four quadrants. The text '15%' is centered in the top half, and 'Improvement Activities Performance Category' is centered in the bottom half.

15%

Improvement  
Activities  
Performance  
Category

*(15% of final score for  
most MIPS eligible  
clinicians, unless they  
are in a MIPS APM)*

A green hexagon with a white border, divided into four quadrants. The text '10%' is centered in the top half, and 'Cost Performance Category' is centered in the bottom half.

10%

Cost  
Performance  
Category

*(10% of final score)*

## Gauges your participation in activities that improve clinical practice, such as:

- Ongoing care coordination
- Clinician and patient shared decision-making
- Regularly using patient safety practices
- Expanding practice access.

In the 2018 performance period, MIPS eligible clinicians will be able to choose from 100+ activities to show their performance.

Some examples of the types of activities you may select to show your performance in 2018 are listed below. Please note that these are merely suggestions and do not represent requirements or preferences on the part of CMS. See the [full inventory from which MIPS eligible clinicians or groups must select their 2018 Improvement Activities](#).

- [Provide 24/7 access to clinicians/groups who have real-time access to patient's medical record](#)
- [Participate in systematic anticoagulation program](#)
- [Implement anticoagulant management improvements](#)
- [Use Qualified Clinical Data Registry \(QCDR\) that promotes implementation of patient self-action plans, and processes and tools that engage patients for adherence to treatment plan](#)
- [Participate in Transforming Clinical Practice Initiative \(TCPI\)](#)
- [Collect and follow up on patient experience and satisfaction data](#)
- [Engage new Medicaid patients and follow-up](#)

## Helps create efficiencies in Medicare spending

- Participation does not require any special action by MIPS eligible clinicians to submit the cost performance category.
- Measures are calculated based on Medicare claims data.
- For MIPS eligible clinicians who do not have a cost performance category score assigned, the weight for the cost performance category will be reweighted to the quality performance category.

For more information or a [list of Advanced APMs](#) that may be right for you, please visit: [QPP.CMS.GOV](https://qpp.cms.gov)

