Quality Payment
PROGRAM

MIPS IMPROVEMENT ACTIVITIES FOR THE QUALITY PAYMENT PROGRAM YEAR 2

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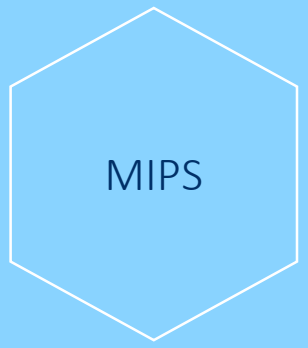
Topics

- Merit-based Incentive Payment System (MIPS) Year 2 Basics
- Overview of the Improvement Activities Performance Category
- Requirements in the Improvement Activities Performance Category
- Scoring for Improvement Activities
- Improvement Activities in 2018
- Technical Assistance Resources

Quality Payment Program

MIPS and Advanced APMs

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, that provides for two participation tracks:



The Merit-based Incentive Payment System (MIPS)

If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

OR

Advanced Alternative Payment Models (Advanced APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Basics for Year 2 2018

MIPS Year 2 (2018)

Quick Overview

MIPS Performance Categories for Year 2 (2018)

- Comprised of **four** performance categories in 2018.
- 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 Year 2 (2018)

Who is Included?

No change in the types of clinicians eligible to participate in 2018.

MIPS eligible clinicians include:

Physicians

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

MIPS Year 2 (2018)

Who is Included?

Change to the Low-Volume Threshold for 2018*:* Includes MIPS eligible clinicians billing more than $90,000 a year in allowed charges for covered professional services under the Medicare PFS **AND** furnishing covered professional services to more than 200 Medicare beneficiaries a year.

Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

MIPS Year 2 (2018)

Who is Exempt?

No change in basic exemption criteria.*

Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)

Below the low-volume threshold

- Allowed charges for covered professional services under the Medicare PFS less than or equal to **$90,000** a year

OR

- Furnish services to **200** or fewer Medicare Part B patients a year

Significantly participating in Advanced APMs

- Receive 25% of their Medicare payments

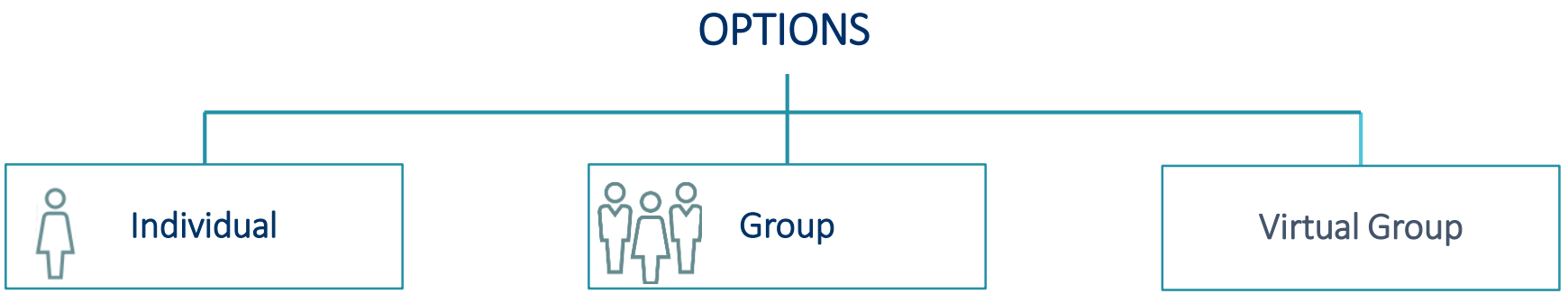
OR

- See 20% of their Medicare patients through an Advanced APM

**Only Change to Low-volume Threshold*

MIPS Year 2 (2018)

Reporting Options



1. Individual—under an National Provider Identifier (NPI) number and Taxpayer Identification Number (TIN) where they reassign benefits

2. As a Group

a) 2 or more clinicians (NPIs) 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

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

IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY BASICS

Improvement Activities

Performance Category Basics

- Assesses participation in activities that improve clinical practice, including:
  - Ongoing care coordination
  - Clinician and patient shared decision making
  - Regular implementation of patient safety practices
  - Expanding practice access
- Worth **15%** of the MIPS Final Score in 2018
- Minimum performance period of **90 continuous days**.

Improvement Activities

Performance Category Basics

Clinicians can choose from **112** activities under **9** subcategories:

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment
6. Participation in an APM
7. Achieving Health Equity
8. Integrating Behavioral and Mental Health
9. Emergency Preparedness and Response

Improvement Activities

Reporting Methods

There are **5 ways** to submit for the Improvement Activities Performance Category:

1. **Attestation**
   - Documentation should be kept for 6 years in case a request for more information is asked.
2. **Qualified Clinical Data Registry (QCDR)**
   - If submitting to a QCDR, groups must submit data through both the QCDR **and** attest.
3. **Qualified Registry**
4. **Electronic Health Record (EHR)**
   - This must be submitted through CEHRT 2015.
5. **CMS Web Interface**
   - Groups or virtual groups of 25 or more can submit through this method.

Note: Improvement activities will not be combined if using more than one submission method to report.

Improvement Activities

MIPS APMs Reporting

- CMS will assign scores to each MIPS APM for the Improvement Activities performance category. MIPS participating clinicians included on the MIPS APM Participation List on at least one of the three snapshot dates — March 31, June 30, or August 31 — do not need to report any Improvement Activities. They will receive full credit for this performance category in 2018.
- For MIPS APMs, Improvement Activities are weighted at **20%**.

APM Scoring Standard MIPS Performance Category Requirements

Improvement Activities:

- Improvement Activity performance category scores for MIPS APMs are based on the Improvement Activities that are required by the APM.
- For 2018, all MIPS APMs will automatically receive the maximum points at the APM Entity level for the Improvement Activities performance category.
- No additional reporting is necessary.
- Additional information can be found in the "Scores for Improvement Activities in MIPS APMs in 2018" resource guide: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Scores-for-Improvement-Activities-in-MIPS-APMs-in-the-2018-Performance-Period.pdf

Improvement Activities

Bonus Points

- Improvement activities are marked as “CEHRT-Eligible”, meaning the activity is eligible for a 10% bonus in the promoting interoperability performance category

IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY REQUIREMENTS

Improvement Activities Requirements

Reporting Period and Deadline

- For all eligible clinicians participating in MIPS:
  - March 31, 2019 is the deadline for submitting data for the 2018 performance year
  - The period of performance is the 2018 calendar year, **January 1 – December 31, 2018**

Note: You don't have to report on data for the entire performance year. For example, to avoid a negative payment adjustment, you can submit Improvement Activities data for as few as 90 consecutive days.

Improvement Activities Requirements

Basics - Activities

High-Weighted Activity examples include:

- Consultation of the Prescription Drug Monitoring Program
- Engagement of new Medicaid patients and follow-up
- Implementation of Integrated Patient Centered Behavioral Health Model
- Patient Navigator Program
- Promote use of Patient-Reported Outcome tools
- Use of QCDR for feedback reports that incorporate population health

Medium-Weighted Activity (90) examples include:

- Care transition standard operational improvements
- Depression screening
- Initiate CDC training on antibiotic stewardship
- Participation in a QCDR that promotes use of patient engagement tools
- Provide peer-led support for self-management
- Use group visits for common chronic conditions
- Use of Patient Safety Tools

Improvement Activities Requirements

Total Points = 40

Activity Weights

- **Medium** = 10 points
- **High** = 20 points

Special Status Weights*

- **Medium** = 20 points
- **High** = 40 points

Full credit for clinicians in a patient-centered medical home, Medical Home Model, or similar specialty practice

*For clinicians in small, rural, and underserved practices or with non-patient facing clinicians or groups

Improvement Activities Requirements

- To earn full credit:

Individuals, Groups or Virtual Groups with more than 15 clinicians that aren't in a rural area or HPSA must submit one of the following combinations:

- 2 high-weighted activities (any subcategory)
- 1 high-weighted activity and 2 medium-weighted activities (any subcategory)
- 4 medium-weighted activities (any subcategory)

Improvement Activities Requirements

Flexibilities

Groups with 15 or fewer participants, non-patient facing clinicians, or if you are in a rural or health professional shortage area: Attest that you completed up to 2 activities for a minimum of 90 days.

Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model: You will earn full credit.

Shared Savings Program Track 1 or the Oncology Care Model: You will automatically receive points based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the scoring standard, the assigned score will be at least half credit.

Improvement Activities Requirements

Special Status

- Participants will receive double points for each high – or medium – weighted activities as an individual clinician, group or virtual group if they hold these statuses:
  - Small Practice (15 or fewer clinicians)
  - Non-patient facing
  - Rural
  - Health Professional Shortage Area (HPSA)
- Participants in a certified patient-centered medical home or comparable specialty practice will earn a maximum Improvement Activity score by attesting during this period

IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY SCORING STANDARDS

Scoring for the IA Category

Improvement Activities Performance Category Score

$$= \left\{ \frac{\text{Total number of points scored for completed activities}}{\text{Total maximum number of points (40)}} \right\} \times 100$$

Quick Tip: Maximum Score cannot exceed 100%

Scoring for the IA Category

Example

- **Scenario 1:** You are a clinician in a large practice and complete one medium-weight Improvement Activity for 10 of 40 points in the category. 10 of 40 = 25% of available points for Improvement Activities

Tip: Credit in the Improvement Activities category is capped at 40 points or 100%. So, Improvement Activities can contribute toward no more than 15% of your final score even if you submit more than 40 "points worth" of activities.

Scoring for the IA Category

Example

- **Scenario 2:** You are a clinician in a large practice and complete one high-weight Improvement Activity for 20 of 40 points in the category. 20 of 40 = 50% of available points for Improvement Activities.

Tip: Credit in the Improvement Activities category is capped at 40 points or 100%. So, Improvement Activities can contribute toward no more than 15% of your final score even if you submit more than 40 "points worth" of activities.

Scoring for the IA Category

Example

- **Scenario 3:** You are a clinician in a large practice and complete four medium-weight Improvement Activities for 40 of 40 points. 40 of 40 = 100% of available points for Improvement Activities.

Tip: Credit in the Improvement Activities category is capped at 40 points or 100%. So, Improvement Activities can contribute toward no more than 15% of your final score even if you submit more than 40 "points worth" of activities.

Scoring for the IA Category – Special Status

Example

- **Scenario 4:** You are a clinician in a small practice and complete two medium-weight Improvement Activities for 40 of 40 points. 40 of 40 = 100% of available points for Improvement Activities.

Tip: Credit in the Improvement Activities category is capped at 40 points or 100%. So, Improvement Activities can contribute toward no more than 15% of your final score even if you submit more than 40 "points worth" of activities.

Scoring for the IA Category

Overlap for Improvement Activities in other categories

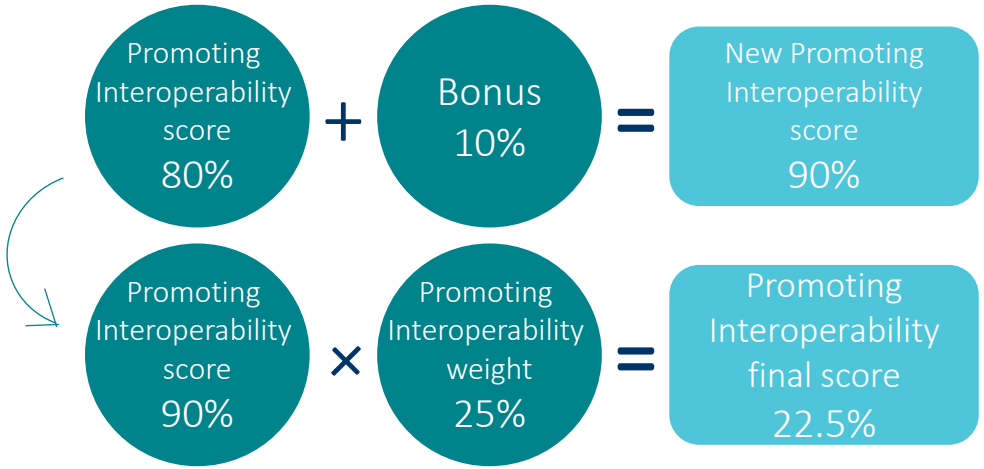
- In some cases, the Quality and Improvement Activities performance categories align. To receive points for the same activity under both categories, clinicians must **report the activity separately under each category**.
- The following topic areas are aligned:
  - Depression Screening
  - Tobacco User
  - Alcohol Screening
  - Fall Risk Screening
- The Promoting Interoperability and Improvement Activities categories align as well. The protocol for submitting for Promoting Interoperability and Improvement Activities are the same as above.

Bonus Scoring

Electronic Health Record (EHR) use

If you use certified EHR technology to complete certain Improvement Activities, you can earn a 10 percent bonus on your score for the Promoting Interoperability performance category.

Scenario: You receive an 80% performance score for Promoting Interoperability. If you use certified EHR technology to complete Improvement Activities, your score in that category will increase to 90%.



Bonus Scoring

Activities Eligible for Promoting Interoperability Category

Improvement Activity Performance Category Subcategory	Activity Name	Improvement Activity Performance Category Weight
Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	High
Population Management	Anticoagulant Management Improvements	High
Population Management	Glycemic management services	High
Population Management	Chronic care and preventative care management for empaneled patients	Medium
Population Management	Implementation of methodologies for improvements in longitudinal care management for high risk patients	Medium
Population Management	Implementation of episodic care management practice improvements	Medium
Population Management	Implementation of medication management practice improvements	Medium
Care Coordination	Implementation of use of specialist reports back to referring clinician or group to close referral care plans	Medium
Care Coordination	Implementation of documentation improvements for practice/process improvements	Medium
Care Coordination	Implementation of practices/processes for developing regular individual care plans	Medium
Care Coordination	Practice improvements for bilateral exchange of patient information	Medium
Beneficiary Engagement	Use of Certified EHR to capture patient reported outcomes	Medium
Beneficiary Engagement	Engagement of patients through implementation of improvements in patient portal	Medium
Beneficiary Engagement	Engagement of patients, family and caregivers in developing a plan of care	Medium
Patient Safety and Practice Assessment	Use of decision support and standardized treatment protocols	Medium
Achieving Health Equity	Leveraging a QCDR to standardize processes for screening	Medium
Integrated Behavioral and Mental Health	Implementation of a PCBH model	High
Integrated Behavioral and Mental Health	Electronic Health Record enhancements for BH data capture	Medium

KEY POLICY TAKEAWAYS 2018

IA Performance Category in 2018

Burden Reduction Aim

- MIPS eligible clinicians in small practices and practices in a rural area will continue to report on no more than 2 activities to achieve the highest score

IA Performance Category in 2018

Patient-centered Medical Home

- 50% of practice sites* within a TIN or TINs that are part of a group or virtual group need to be recognized as patient-centered medical homes for the TIN to receive full credit for Improvement Activities in 2018

* *We have defined practice sites as the *practice address that is available within the Provider Enrollment, Chain, and Ownership System (PECOS)*.

IA Performance Category in 2018

Scoring

- For **group reporting**: only one MIPS eligible clinician in a TIN must perform the Improvement Activity to receive credit
- For **virtual group reporting**: only one MIPS eligible clinician in a virtual group must perform the Improvement Activity for the TIN to receive credit

IA Performance Category in 2018

Continue to:

- Designate activities within the performance category that also qualify for the Promoting Interoperability performance category bonus
- Allow simple attestation of Improvement Activities

IA Performance Category in 2018

Consult CMS Resources

CMS online resources for Quality Payment Program participants include:

- 2018 MIPS Improvement Activities Measures
- Quality Payment Program Resource Library

You can contact the CMS Quality Payment Program by:

- **Email** at QPP@cms.hhs.gov
- **Phone** at 1-866-288-8292 (TTY: 1-877-715-6222), Mondays – Fridays, 8 am – 8 pm ET

HELP AND SUPPORT

Technical Assistance

Available Resources

CMS has **free** resources and organizations on the ground to provide help to eligible clinicians included 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.ISCMail@us.ibm.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 QPPSURS@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
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

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.

To learn more, go to: https://qpp.cms.gov/about/help-and-support#technical-assistance

Improvement Activities Resources

Visit the Quality Payment Program Website:

- Improvement Activities Requirements
- Explore Improvement Activities

Check out the resources in the 2018 Resource Library on CMS.gov, including:

- Improvement Activities Performance Category Fact Sheet

Other Resources:

- Health Professional Shortage Area (HPSA) Finder

Q&A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