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## MIPS Year 3 (2019) Video Transcript

### **Slide 1**

Welcome to STI presentation on MIPS Year 3. This webinar is based on the final rule and will cover who is an eligible clinician under the MIPS program, reporting options, your payment adjustment and the requirements of the 4 MIPS performance categories.

### **Slide 2**

The secretary has expanded the list of types of clinicians in year 3 to include: Physical and Occupational Therapist, Speech-language Pathologist, Audiologist, Clinical Psychologist and Registered Dietitian or Nutrition professionals. Along with Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialist and Certified Registered Nurse Anesthetists.

These types of clinicians must bill more than 90,000 dollars in Part B allowed charges for covered professional services and provide care to over 200 Medicare beneficiaries and provide more than 200 covered professional services under the Physician Fee Schedule (PFS).

### **Slide 3**

There are situations in which eligible clinician will not be subject to MIPS.

First, is if it their first year of Medicare participation in the year 2019. Next, is if they are participating in an eligible APM and qualifies for the bonus payment under that model. Third, is if the clinician or group meets all 3 low volume threshold (LVT) criteria. These 3 criteria are: Less than or equal to 90,000 dollars in Part B allowed charges for covered professional services; and provides care to 200 or less Part B enrolled beneficiaries; and provides 200 or less covered professional services under the PFS.

### **Slide 4**

There is a new opt-in option for year 3 which allows clinicians or groups to participate in MIPS if they meet one or two but not all 3 of the low volume threshold criteria. This chart helps illustrate options for participation. Row one shows all 3 LVT criteria are being met therefore a clinician or group would automatically be excluded from MIPS and could not opt-in to the program. The 2nd and 3rd rows show where 2 out of the 3 criteria are being met. In this scenario the clinician or group would be able to opt-in or voluntarily report or choose not to participate. The 4<sup>th</sup> row illustrates only 1 out of the 3 LVT criteria are being met. In this case the clinician or group can opt in or voluntarily report or choose not to participate. The last row shows none of the low volume threshold are being met and therefore a clinician or group would be required to participate.

If a clinician or group is required to participate and fails to report any MIPS data, they will receive the maximum negative payment adjustment of 7%.

The difference between opting into the MIPS program and voluntarily reporting MIPS data is that when you opt in the clinician or group will be subject to MIPS payment adjustments. If they voluntarily report they would not be subject to the payment adjustments but they would still receive a feedback report.

## **Slide 5**

CMS uses a determination period to evaluate a clinician or group's status for meeting the low volume threshold and special statuses for Non-Patient facing, Hospital based, and Acute Surgical-care based clinicians. They have changed this period to align with the fiscal year. They will use the 1<sup>st</sup> 12-month segments in their determination for 2019 which runs from October 1, 2017 to September 30, 2018. The second 12-month segment October 1, 2018 to September 30, 2019 is used to determine eligibility for other areas of the program.

## **Slide 6**

You can report your data as an individual or as a group. A group is 2 or more clinicians whose NPIs have been reassigned their billing rights to a single TIN. Note if you report as a group you will be assessed as a group across all 4 MIPS performance categories.

## **Slide 7**

There is new terminology in year 3 regarding data submission. First is "Collection Type", which is a set of quality measures with comparable specifications and data completeness criteria. This includes: electronic clinical quality measures (eCQMs); MIPS clinical quality measures (CQMs) (formerly referred to as "Registry measures"); Qualified Clinical Data Registry (QCDR) measures; Medicare Part B claims measures; CMS Web Interface measures; the CAHPS for MIPS survey measure; and administrative claims measures. Second term is "Submitter Type" which is either the clinician, group, or third-party intermediary acting on behalf of a clinician or group, which submits data on measures and activities. Last is "Submission Type" which is the mechanism by the submitter type submits data to CMS, this includes: direct submission, log in and upload, log in and attest, Medicare Part B claims, and the CMS Web Interface.

Please note that all data must be submitted by March 30, 2020.

## **Slide 8**

The MIPS program is made up of 4 performance categories: Quality, Cost, IA which stands for Improvement Activities and PI which stands for Promoting Interoperability formally known as the Advancing Care Information category. Each category has a percentage weight towards the clinician or groups MIPS final score. There is 100 possible points for your final score. Quality is worth 45% of your final score. The Cost and IA categories are worth 15% each and PI weight is worth 25%.

The performance periods for each category remains the same in year 3 as it was set for year 2. Quality and Cost is for the full calendar year. The IA and PI are for a minimum of 90 consecutive days. That 90-day period can occur at any time within the performance year.

## **Slide 9**

The performance threshold and payment adjustments has increased in year 3 compared to year 2. The performance threshold has been set at 30 points. If you're final MIPS score is 30 points or above, you will earn a neutral to positive payment adjustment on a linear scale. If you final MIPS score is 30 points or below you will earn a neutral to a negative payment adjustment. Payment adjustment for year 3 is at 7% and will be applied to payment year 2021. There is a separate bucket of money for those who perform exceptionally well. Clinicians or groups can earn up to an additional 10% if their final MIPS score is above 75 points. The MIPS program remains as a budget neutral program.

## **Slide 10**

The Complex Patient Bonus is carrying over from year 2 to year 3. CMS will use the second 12-month segment from October 1, 2018 to September 30, 2019 to determine eligibility for this bonus. They will calculate the average HCC risk score and the proportion of full and partial benefit dual-eligible beneficiaries. Those who qualify for this bonus will receive 5 points added to their MIPS final score.

## **Slide 11**

Next, I will cover the requirements for each of the 4 performance categories of MIPS, starting with Quality.

## **Slide 12**

You are required to report on a minimum of 6 quality measures for the full calendar year. One of the 6 must be an Outcome or High Priority measure. Intermediate and Patient-Reported measures are considered as Outcome measures. The new Opioid-related measures are deemed as High Priority measures.

## **Slide 13**

Your reporting options for this category varies depending on if you report as an individual or as a group. Reporting as an individual your options for collection types are eQMs, MIPS CQMs, QCDR measures and Medicare part B claims measures. Your submission type options are Direct submission, log-in and upload and Medicare Part B claims.

Reporting as a group, your collection type options would be: eQMs; MIPS CQMs; QCDR measures; CMS Web Interface measures; \*Medicare Part B Claims measures; CMS Approved Survey Vendor measure; and Administrative Claims measures. Your submission type options are Direct submission; Log-in & Upload; CMS Web Interface (group of 25 or more ECs); and \*Medicare Part B Claims.

New for year 3 is that only a small practice can submit Medicare Part B Claims measures. A small practice is still defined as 15 or fewer eligible clinicians.

Also new for year 3 is that the individual or group can use multiple collection types. For example, you can report 2 eQMs and 4 MIPS CQMs. In the rare case that the same measure is submitted via multiple collection types, the one with the greatest number points will be selected for scoring.

Please note "Medicare Part B Claims" differs from "Administrative Claims" in that they require MIPS ECs to append certain billing codes to denominator-eligible claims to indicate the required quality action or exclusion occurred.

## **Slide 14**

The Quality score makes up 45% of the MIPS final score.

Each measure will be scored on a scale from 1-10 or 1-7 for Topped Out measures when the following criteria is met: Data Completeness; Case Volume; and the measure has a Benchmark. Data Completeness is set at 60%. Failure to meet Data Completeness on a quality measure will reduce the number of points you will receive for that measure. If you are a large practice you will only receive one point for a quality measure that did not meet Data Completeness. The small practice would only receive 3 points. Case Volume is set at 20 Cases. Failure to meet Case Volume on a measure, regardless of practice size, would only yield 3 points for that measure. If there is NO Benchmark for the quality measure but Data Completeness and/or Case Volume is met, the individual or group would only receive 3 points.

There is an Improvement Score Bonus for an individual or group showing significant improvement in the quality category from year 2 to year 3. This will be measured at the category level which allows clinicians to choose different quality measures from one year to the next. You can receive up to 10 additional points in this category.

## **Slide 15**

There are additional bonus points available in this category. If you report on additional Outcome or High Priority measures beyond the required 1, you would receive 2 points per additional outcome measures and 1 point per additional High Priority measures. Quality measures that are submitted thru EHR end-to-end reporting would earn 1 additional point for each measure submitted.

Last is the Small Practice Bonus. There is a slight change in this bonus from year 2 to year 3 in that the points will be added to the quality category verses the MIPS final score. For year 3, a small practice will receive 6 bonus points to the numerator of their Quality category if they submit at least one quality measure. In year 2, these bonus points will be added to the small practice final MIPS score if the individual or small practice submits at least one quality measure.

## **Slide 16**

There are inventory changes to both the Specialty Measure Sets and the list of available quality measures in Year 3. 22 Specialty Measure Sets have been modified, either quality measures were added or removed from the set. They are providing 4 new sets which are Geriatrics, Physical/Occupational Therapy; Skilled Nursing; and Urgent Care. 10 new quality measures are being added to the list for year 3. 23 existing quality measures have undergone some change and 26 are being removed for the program in year 3.

## **Slide 17**

Moving on to the next performance category Promoting Interoperability. The requirements are that you must use EHR technology certified to the 2015 Edition Certification Criteria. Your performance on all measures must be a minimum of 90 consecutive days. You must perform a Security Risk Analysis within the performance period calendar year. Failure to attest "Yes" to performing a Security Risk Analysis will result in 0 points for this category. Last, is that you must report on all the required measures across all 4 objectives. Failure to report or claim exclusion (if applicable) on any required measure will result in 0 points in the PI category.

## **Slide 18**

There are exceptions in which CMS will reweight the PI category to 0 and reallocate the 25% to the Quality performance category.

CMS will automatically reweight if the following types of clinicians choose not to report PI data, they are: Hospital-based clinicians, Non-Patient Facing clinicians, NP, PA, Clinical Nurse Specialist, Certified Registered Nurse Anesthetists, ASC- based clinicians, PT, OT, Speech-Language Pathologist, Audiologist, Clinical Psychologist, and Dietitian/Nutrition Professional.

There are circumstances in which you can apply to have your PI category reweighted to 0 and the 25% would be added to your Quality category weight. Those reasons are that you practice in an area that has Insufficient Internet Connectivity; or you experienced an extreme or uncontrollable circumstance with the performance year. You lack control over your certified health technology. The small practice can claim a hardship and apply to have their PI category reweight to 0 but again that would mean that their quality category weight towards their final MIPS score would be 70%. The final reason would be if for any reason your EHR becomes decertified within the performance year.

## **Slide 19**

For Year 3 the PI performance category is made up of 4 objectives. You must carry out or claim an exclusion for each required measure or measures under all 4 objectives to receive a PI score.

The first objective is e-Prescribing which contains 3 measures. The e-Prescribing measure is a required measure but does have an exclusion which reads: Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. This measure is worth up to 10 possible point if you do not claim the exclusion.

The remaining two measures, Query of Prescription Drug Monitoring Program and Verify Opioid Treatment Agreement are new to the program. Both are bonus measures, neither has an exclusion and are considered optional for year 3. By obtaining 1 in the numerator you will have satisfied the measure and will receive 5 bonus points.

Next objective is the Health Information Exchange which has two required measures. The first is measure is Support Electronic Referral Loops by Sending Health Information. This measure was formally known as "Send a Summary of Care" in 2018. You can earn up to 20 possible points if you do not claim the exclusion which reads: Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period. The next measure is Support Electronic Referral Loops by Receiving and Incorporation Health Information. This measure is a combination of two measures from 2018: Request/Accept Summary of Care and the Clinical Information Reconciliation. This is also worth up to 20 points if you do not meet the exclusion which is Any MIPS eligible clinician who is unable to implement the measure or who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.

The third objective is Provider to patient Exchange. There is only 1 required measure under this objective which is Provide patient electronic access to their health information. This was formally called "Provide Patient Access" in 2018. Note that this measure does not have an exclusion, so you must act on this measure to receive any points for the PI category. It is worth up to 40 points.

Last is the Public Health and Clinical Data Exchange objective, which contains the following measures: Immunization Registry Reporting; Electronic Case Reporting; Public Health Registry Reporting; Clinical Data Registry Reporting; and Syndromic Surveillance Reporting. You must report or be in an active engagement with two different agencies to receive credit of 10 points or attest yes to one and claim an exclusion on another to receive the 10 points. An active engagement may be demonstrated in one of the following ways: 1. Complete Registration to submit data. Note the registration must be completed within 60 days after the start of the MIPS performance period. Or secondly is that you are in the Testing and Validation phase with an agency. Or third, you are in the production phase. Any one of those scenarios will allow you to attest "yes" to the measure. Now, each measure has an exclusion. Each exclusion has three criteria to it which you must meet at least one or more to claim the exclusion. For example, the Immunization Registry Reporting exclusion is either you do not administer any immunizations, or you operate in an area for which there is no immunization registry or that the registry has declared they are not ready to receive data. The other measure exclusions are very similar to this and again you only must meet one or more of the criteria to claim their exclusion.

## **Slide 20**

If you meet the criteria to claim a measure exclusion, the points for that measure will be redistributed to a specified measure. This will maintain the 100 possible points for the PI category. 100 Points in the PI category would equal 25 points towards your final MIPS score.

To claim the exclusion for the e-Prescribing measure the 10 points would be split, and 5 points would be added to Support Electronic Referral Loops by Sending Health Information measure and the remaining 5 points would be added to Support Electronic Referral Loops by Receiving & Incorporating Health Information measure.

When claiming the exclusion on the Support Electronic Referral Loops by Sending Health Information measure, the 20 points will be redistribution to another measure. CMS will confirm which measure the points will be reassigned to at a later date.

For Support Electronic Referral Loops by Receiving & Incorporating Health Information, the 20 points will be added to the Support Electronic Referral Loops by Sending Health Information measure.

In the event you can claim exclusions on both measures under the Health Information Exchange objective, redistribution of the 40 points will be decided by CMS at a later date.

For the Public Health & Clinical Data Exchange objective, when claiming 2 measure exclusions the 10 points will be added to Provided Patient Electronic Access to Their Health Information measure.

## **Slide 21**

The scoring for the PI category is as follows: The Security Risk Analysis will yield 0 points towards the PI final score. Again, failure to conduct a risk analysis will result in a clinician receiving any points in this category regardless if they complete all the required measures across the 4 objectives.

Most of the measures are calculated on the results of their numerator and denominator count. The numerator and denominator for each measure will be translated to a performance rate for that measure and would be applied to the total possible points for that measure. For example, the e-Prescribing measure is worth up to 10 points. If you received a numerator result of 200 and denominator of 250, that would yield a performance rate of 80 percent. The 80 percent would be applied or multiplied to the 10 total points available to determine the measure score which would total 8 points in this example.

The measures under the Public Health and Clinical Data Exchange objective are reported using "yes or no" responses. Eligible clinician would receive the full 10 points for reporting two "yes" responses, or for submitting a "yes" for one measure and claiming an exclusion for another.

## **Slide 22**

The only bonus points available are from the two e-prescribing objective measures: Query of Prescription Drug Monitoring Program (PDMP) measure and the Verify Opioid Treatment Agreement measure. Each are worth 5 bonus points.

They have removed the bonus points one could receive for carrying out certain improvement activities that requires using certified electronic health technology from the PI category. This bonus scoring ended at the close of 2018.

Your final PI score is the sum of the points achieved from each measure and divided by the total of possible points (100). Again, 25% of your final PI score goes towards your MIPS score.

## **Slide 23**

Submission types for Eligible Clinicians reporting as an individuals or group are Direct, Log-in & Upload, and Log-in & Attest. You must use only one type to report your PI data thru.

## **Slide 24**

The next performance category is Improvement Activities. Overall the requirements have remained the same in year 3 as they were set in year 2.

You want to select activities that will yield a total of 40 points to receive full credit in this category. In doing so you will receive 15 points towards your final MIPS score. You must carry out the activities for a minimum of 90 consecutive days.

## **Slide 25**

The scoring of activities varies depending on the size of your practice and if you are participating in an APM. For the Small Practice, Rural Clinics, those working in a health professional shortage area or you are considered a Non-Patient Facing Clinicians; Medium Weighted Activities are worth 20 points. High Weighted Activities are worth 40 points.

For the large group practice; Medium Weighted Activities are worth 10 points and high weighted activities are worth 20 points.

If you have achieved a Patient Center Medical Home (PCMH) status you will receive full credit for this category. Those clinicians in other alternative payment models will receive half credit but can report on activities to make up the difference. Please note the CMS has clarified that credit will not be automatically given to those in a PCMH or APM. You will have to attest to your participation to receive the credit.

Again, as I mentioned under the PI category, activities using certified technology will no longer yield bonus points towards the PI category.

## **Slide 26**

There are inventory changes in the list of activities available in year 3. There are 6 new activities being introduced. 5 existing activities have been modified and 1 is being removed from the program which is the "Participation in Population Health Research".

You must select one submission type to report your IA data thru. Your options are direct submission, log-in and upload and log-in and attest. You will simply attest "YES" to the activities you carried out during your performance period. For group reporting, only one MIPS eligible clinician in a TIN must perform the improvement activity for the TIN to receive credit.

## **Slide 27**

The final MIPS category is Cost.

There are no unique requirements on behalf of the EC or group. There is no submission type, since CMS will automatically collect data through administrated claims. The data will be collected for the full calendar year.

## **Slide 28**

CMS will collect data on the following cost measures and if you meet the case minimum per measure you will be score on that measure which will be applied to your total cost score.

First there is the Medicare Spending per Beneficiary (MSPB) measure that has a case volume of 35. This measure is the plurality of part B services billed during the index admission. Next is the Total per Capita Cost measure with a case volume of 20. This is the plurality of primary care services rendered.

New to year 3 is 8 Episode-based measures. 5 are Procedural Episode measures and 3 are Acute Inpatient Medical Condition measures.

Episode-base measures differs from Total Per Capita Cost and Medicare Spending per Beneficiary measures because they only include items and services related to clinical condition or procedure as opposed to including all services that are provided over a given timeframe.

You must meet a minimum of 10 cases to be score on the procedural measures which are: Elective Outpatient PCI, Knee Arthroplasty, Revascularization for Lower Extremity Chronic Critical Limb Ischemia, Routine Cataract Removal with Intraocular Lens and Screening/Surveillance Colonoscopy.

For the 3 Acute Inpatient Medical Condition measures you must meet a minimum of 20 cases to be scored. These measures are: Intracranial Hemorrhage or Cerebral Infarction, Simple Pneumonia with Hospitalization, STEMI with Percutaneous Coronary Intervention.

## **Slide 29**

The cost category is worth 15 % of your MIPS final score.

Each individual MIPS clinician's or group's cost performance will be calculated using administrative claims data if they meet the case minimum of attributed patients.

Performance is compared against the performance of other MIPS eligible clinicians and groups during the performance period, so benchmark is not based on a previous year.

Performance category score is the average of all measures.

If only one measure can be scored, it will serve as the performance category score.

In the event a clinician or group cannot be score on any of the cost measures the 15% for the category will be added to your quality category weight.

## **Slide 30**

This concludes our presentation on MIPS Year 3