



2018 Quality Payment Program Reporting Requirements

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Quality Insights



Agenda

- Performance Year 2018 of the Merit-based Incentive Payment System (MIPS)
- Eligibility Criteria: Who is Included?
- Performance Period
- Reporting and Data Submission Options
- Performance Categories
- Scoring
- APM Scoring Standard
- Resources
- Questions & Answers

Year 2 (2018) Eligible Clinicians

- No change in the types of clinicians eligible to participate in 2018
- MIPS Eligible Clinicians (ECs) include:
 - Physicians*
 - Physician Assistants
 - Nurse Practitioners
 - Clinical Nurse Specialists
 - Certified Registered Nurse Anesthetists



Physician Inclusion

- The definition of “physician” in the Medicare program includes:
 - Doctors of Medicine (MD)
 - Doctors of Osteopathy (DO)
 - Doctors of Dental Surgery (DDS)
 - Doctors of Dental Medicine (DDM)
 - Doctors of Podiatric Medicine (DPM)
 - Doctors of Optometry (OD)
 - Chiropractors



Low Volume Threshold in 2018

- The low volume thresholds were increased in 2018, so more clinicians will be excluded from the program
- Excluded:
 - Clinicians or groups who bill Medicare Part B less than or equal to \$90,000
 - Clinicians or groups who see 200 or fewer Medicare patients
- Included:
 - Clinicians or groups who bill Medicare Part B more than \$90,000 a year AND see more than 200 Medicare patients
- Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

2018 Performance Period

- **Quality category:** 12 month calendar year (90-day minimum no longer acceptable)
- **Advancing Care Information category:** 90-day minimum
- **Improvement Activity category:** 90-day minimum
- **Cost category:** 12 month calendar year (new category scored in 2018)



Data Submission Options

- No change: All 2017 MIPS submission options are available in 2018
- Reporting options include:
 - Registry
 - QCDR
 - Claims (Individuals only)
 - Attestation
 - EHR
 - CMS Web Interface (Groups of 25 or more)
 - CAHPS for MIPS (Groups)

New Reporting Option for 2018

- In addition to **individual** reporting and **group reporting**, solo practitioners and small practices with **10 or fewer** eligible clinicians have an opportunity to report as a virtual group
- What is a virtual group?
 - A virtual group is 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

Virtual Group Requirements

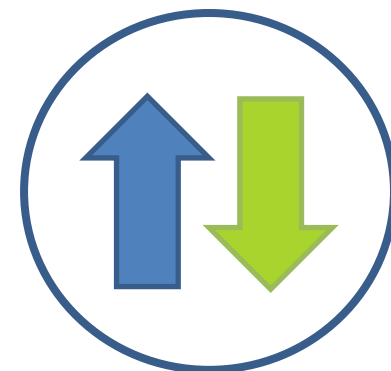
- You must notify CMS **the year prior** to the performance year that you want to report as a virtual group
- Election period is **October 1 - December 31**
- What do you need to do?
 - Create a written formal agreement between each of the virtual group members before election
 - Name an official representative to e-mail the group's election to CMS MIPS_VirtualGroups@cms.hhs.gov
- The election must include information about each TIN and NPI, including contact information, and acknowledge that a written formal agreement has been established between each member of the virtual group

2018 Performance Threshold

- The Performance Threshold increased to **15 points** in 2018 (was **3 points** in 2017)
- Examples of how to meet the 15 threshold:
 - Report Improvement Activities to earn 40 points OR
 - Report the Advancing Care Information base measures plus submit one Quality measure that meets data completeness OR
 - Report the Advancing Care Information base measures plus submit one medium-weight Improvement Activity OR
 - Report 6 Quality measures that meet data completeness criteria (large practices with > 15 clinicians) OR
 - Report 6 Quality measures that do not meet data completeness criteria (small practices with 15 or fewer clinicians)
- The exceptional performance bonus threshold stays at 70 points

Payment Adjustment for 2018

- Payment adjustment ranges from negative five percent to positive five percent multiplied by a scaling factor not to exceed three
 - The scaling factor is determined in a way to preserve budget neutrality



Additional Payment Adjustment

- An additional payment adjustment is available for exceptional performance with a MIPS score of 70 or higher
 - The exceptional performance adjustment starts at 0.5 percent and goes up to 10 percent multiplied by a scaling factor not to exceed one
 - The exceptional performance pool is worth \$500 million

MIPS Payment Adjustment Schedule



MIPS Performance Categories and Weights

- Two changes for 2018:
 1. Quality category reduced to 50 percent
 2. Cost category included and worth 10 percent

MIPS Performance Categories for Year 2 (2018)



Quality Category Scoring

- Three point floor for measures scored against a benchmark
- Three points for measures that do not have a benchmark or do not meet case minimum requirement
- Bonus for additional high priority measures up to 10 percent of denominator for performance category
- Bonus for end-to-end electronic reporting up to 10 percent of denominator for performance category



Quality Measures: Data Completeness



- Changes to Data Completeness for 2018 include:
 - 60 percent for submission mechanisms except the CMS Web Interface
 - Quality measures that do not meet data completeness criteria will earn one point, except small practices, which will continue to earn three points as the minimum score
 - Additional bonus points are available for improvement demonstrated over 2017 reporting data

Quality Category: Topped Out Measures

- Topped-out measures will be removed and scored on a four-year timeline for phasing out
- There are six topped-out measures that have been identified for the 2018 performance period – ECs will receive a maximum of seven points, rather than 10 points
- Topped-out policies do not apply to CMS Web Interface measures, but will be monitored for differences with other submission options



The Six Topped-Out Measures in 2018

Measure	#
Preoperative Care: Selection of Prophylactic Antibiotic	21
Melanoma: Overutilization of Imaging Studies in Melanoma	224
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	23
Image Confirmation of Successful Excision of Image-Localized Breast Lesion	262
Optimizing Patient Exposure to Ionizing Radiation:	359
Chronic Obstructive Pulmonary Disease (COPD): Inflated Bronchodilator Therapy	52

Advancing Care Information (ACI) Scoring



- No changes to **base** score requirements for 2018
 - An exclusion is available for the e-prescribing measure for clinicians who write fewer than 100 prescriptions during the reporting period
 - An exclusion is available for the Health Information Exchange (HIE) measure for clinicians who refer or transition fewer than 100 times during the reporting period
- For the **performance** score, MIPS eligible clinicians and groups will earn 10 percent for reporting to any single public health agency or clinical data registry

ACI Bonus Score

- A **five percent bonus** score is available for reporting to an additional public health agency or registry not reported under the performance score
- Certain Improvement Activities (IA) are eligible for a 10 percent Advancing Care Information (ACI) bonus if CEHRT is used to complete the activity
- Total bonus score available is 25 percent

ACI CEHRT Requirement

- In 2018 , MIPS eligible clinicians can use either 2014 or 2015 CEHRT, or a combination of both
- A 10 percent bonus is available when only 2015 Edition CEHRT is used



ACI Automatic Reweighting

- CMS will automatically reweight the ACI category to zero and reallocate the category weight of 25 percent to the Quality performance category for:
 - Hospital-based clinicians
 - Non-patient facing clinicians
 - Ambulatory Surgical Center (ASC) based clinicians
 - Nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists



ACI Application for Reweighting

- ACI category may be re-weighted if a hardship application is approved
- Deadline to submit hardship exception application is **December 31** of the performance year
- Two new hardship exceptions:
 1. Small practice exception (15 or fewer clinicians)
 2. Decertification exception - EHR decertified during performance period
- CMS will not apply a five-year limit to significant hardship exceptions



Improvement Activity (IA) Category



- No change: 15 percent of total MIPS Score
- Performance period is a minimum of 90 days
- Must earn 40 points to earn full credit for the IA category
- Submission methods the same as 2017:
 - Attestation via the [CMS Quality Payment Program Portal](#)
 - EHR Vendor
 - QCDR
 - Qualified Registry
 - CMS Web Interface (25 more or clinicians)

Improvement Activities



- More activities are available in 2018 (112 total) and changes were made to existing activities ([2018 Improvement Activities](#))
- 28 activities qualify for the ACI bonus by using CEHRT ([ACI Fact Sheet](#))
- Can complete the same activities reported in 2017 or pick new ones
- Supporting documentation should be kept for 10 years (per the False Claims Act)

IA Weighting

- Weight of the activities remains the same
 - HIGH weight activities = 20 points
 - MEDIUM weight activities = 10 points
- Special considerations for small practices (≤ 15 ECs), rural practices, practices located in a Health Professional Shortage Area and non-patient facing clinicians
 - They receive double the points noted above so they do not have to report more than two activities
 - HIGH weight activities = 40 points
 - MEDIUM weight activities = 20 points



IA Considerations

- If reporting as a group, only 1 MIPS clinician must perform the activity for the TIN to receive credit
 - The same applies for those in a virtual group
- Patient Centered Medical Homes (PCMH)
 - “Recognized” is now equivalent to “Certified”
 - 50 percent of practice sites within a TIN must be recognized as a PCMH in order to receive full credit in the category
- MIPS APMS
 - MIPS APMs receive at least 20 IA points and are eligible to receive more points based on their model
 - TINs can choose to complete one of the 28 activities to earn the bonus points in the ACI category for using CEHRT



Cost Category



- Worth 10 percent of the total MIPS score in 2018
- Performance period is a full calendar year
- No reporting required for this category
- CMS will calculate a score based on administrative claims
- Performance is compared against other MIPS eligible clinicians and groups during the same performance period - not compared to benchmarks from a previous year

Cost Category Preparation



- To prepare:
 - Review 2016 QRUR Reports
 - Review 2017 MIPS Feedback Reports (available in late summer 2018)
 - Know your patients
 - Where they are going, what they are doing and what they need
- [Cost Fact Sheet](#)

Two Cost Measures



1. Total Per Capita Cost (TPCC)

- Risk-adjusted per capita Part A & B costs
- Attribution is based on primary care service volume
- Requires a 20 case minimum to be scored

2. Medicare Spending Per Beneficiary (MSPB)

- Risk-adjusted Part A & B costs per inpatient admission
- Attribution is based on service volume during a hospitalization
- Requires a 35 case minimum to be scored

- [Cost Measures](#)

Cost Category Scoring



- Each measure is worth up to 10 points
- The cost category score is the average of the two measures
 - If only one can be scored, it will be the category score
 - If neither measure can be scored, the cost category will be reweighted to the Quality category

$$\text{COST PERFORMANCE} = \frac{\text{Total Points Scored on Each Measure}}{\text{Total Possible Points Available}}$$

New Bonus Opportunity

- **Quality category:** Up to 10 percentage points available
 - CMS will measure improvement at the category level
- An improvement score of **zero** will be assigned if there is not sufficient data

Other New Bonus Opportunities

- **Complex patients bonus:**
 - Five bonus points available for the treatment of complex patients
 - Based on the Hierarchical Condition Categories (HCCs) and the number of dually eligible patients treated
 - Based on risk score from previous year.
 - Patient attribution overlapping performance year (September through August)
- **Small practice bonus:**
 - Five bonus points awarded to all clinicians or small group (15 or fewer clinicians) who submit data on at least one category

Special Status Considerations

Special Status	Activity
Rural and HPSA	<ul style="list-style-type: none">Improvement Activity Points doubled
Non-Patient Facing	<ul style="list-style-type: none">Improvement Activity Points doubledAdvancing Care Information (ACI)<ul style="list-style-type: none">Automatically reweightedScored if submitted
Hospital-Based	<ul style="list-style-type: none">Advancing Care Information (ACI)<ul style="list-style-type: none">Automatically reweightedScored if submitted
ASC-Based	<ul style="list-style-type: none">Advancing Care Information (ACI)<ul style="list-style-type: none">Automatically reweightedScored if submitted

MIPS Hardship Exceptions

- Application required for a hardship exception, including inability to not report one or more of the MIPS performance categories
- Application due by **December 31**
- Results in re-weighting categories



Valid Reasons for Approval of Hardship





- Significant hardship for a small practice
- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over availability of CEHRT
- Lack of face-to-face patient interaction
- Decertified EHR and good faith effort to migrate to a certified vendor
 - This hardship is limited to five years

Alternative Payment Models (APM)

APM Scoring Standard (Year 2)

Category weighting will be the same across MIPS APMs

Transition Year (2017)

Domain	SSP & Next Generation ACOs	Other MIPS APMs
	50%	0%
	0%	0%
	20%	25%
	30%	75%



Year 2 (2018) Final

All MIPS APMs
50%
0%
20%
30%

Alternative Payment Models (Year 2)

- [Comprehensive list of APMs as of February 2018](#)
- CMS finalized details on how the quality category will be scored under the APM model for non-ACO models, who had quality weighted to zero in 2017
 - Participants in MIPS APMs will be scored under MIPS using the quality measures required to report as a condition of participation in their APM
- CMS added a fourth snapshot date of December 31
 - Allows clinicians who join a full TIN MIPS APM after August 31 to benefit from APM scoring
 - The fourth snapshot date will be not be factored into Qualifying Participant (QP) status

2018 Resources

- [CMS Resource Library](#)
- [QPP Look-up Tool](#)
- [Qualifying Participant-APM Look-up Tool](#)
- [PECOS](#)
- [EIDM User Guide](#)
- [Year 2 Overview Fact Sheet](#)
- [2018 Quality Benchmarks](#)
- [Advancing Care Information Fact Sheet](#)
- [2018 Improvement Activities](#)
- [Cost Category Fact Sheet](#)
- [2018 Cost Measures](#)
- [Comprehensive List of APMs](#)

Help and Support

- **Quality Insights** provides **NO-COST** MIPS assistance to all practices in the states of Delaware, New Jersey, Pennsylvania, West Virginia, and to practices that have more than 15 clinicians in Louisiana
- If you have 15 or fewer clinicians
 - Email: gpp-surs@qualityinsights.org
 - Phone: 1.877.497.5065
- If you have more than 15 clinicians
 - Email kwild@qualityinsights.org



Questions



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