

# MIPS Reporting Changes You Must Know

MIPS 2019

# About Jennifer

## **Jennifer Searfoss, Esq., CPOM, CHCI, CMCS**

is the CEO of the Searfoss Consulting Group, LLC since its founding in 2011 and is focused on value improvement, revenue cycle management and strategic planning in this post-health reform world.

Jennifer was the Vice President of External Provider Relations for UnitedHealthcare, a Minnesota-based health insurance company. From 2007 to April 2011, she established and led the Provider Communications & Advocacy unit. Before going behind the iron curtain, Jennifer served as the External Relations Liaison for the Washington, DC-based Government Affairs Department of the Medical Group Management Association.





# Published

- **Friday, November 23, 2018 in the Federal Register**

- Released to the public on November 1, 2018
- PDF on Federal Register site incorrect as of 11/26/2018

- **Includes the Medicare Physician Fee Schedule**

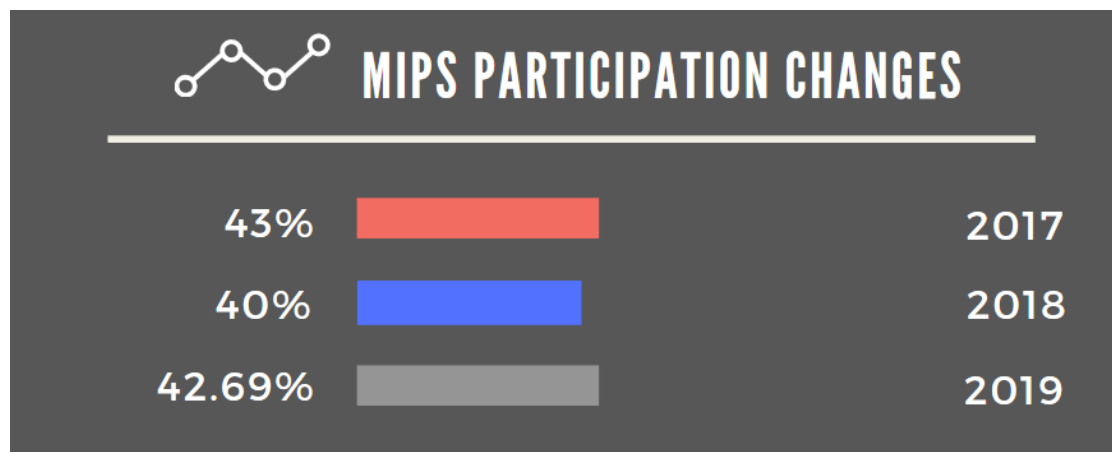
- Policy updates to the Medicare program for 2019

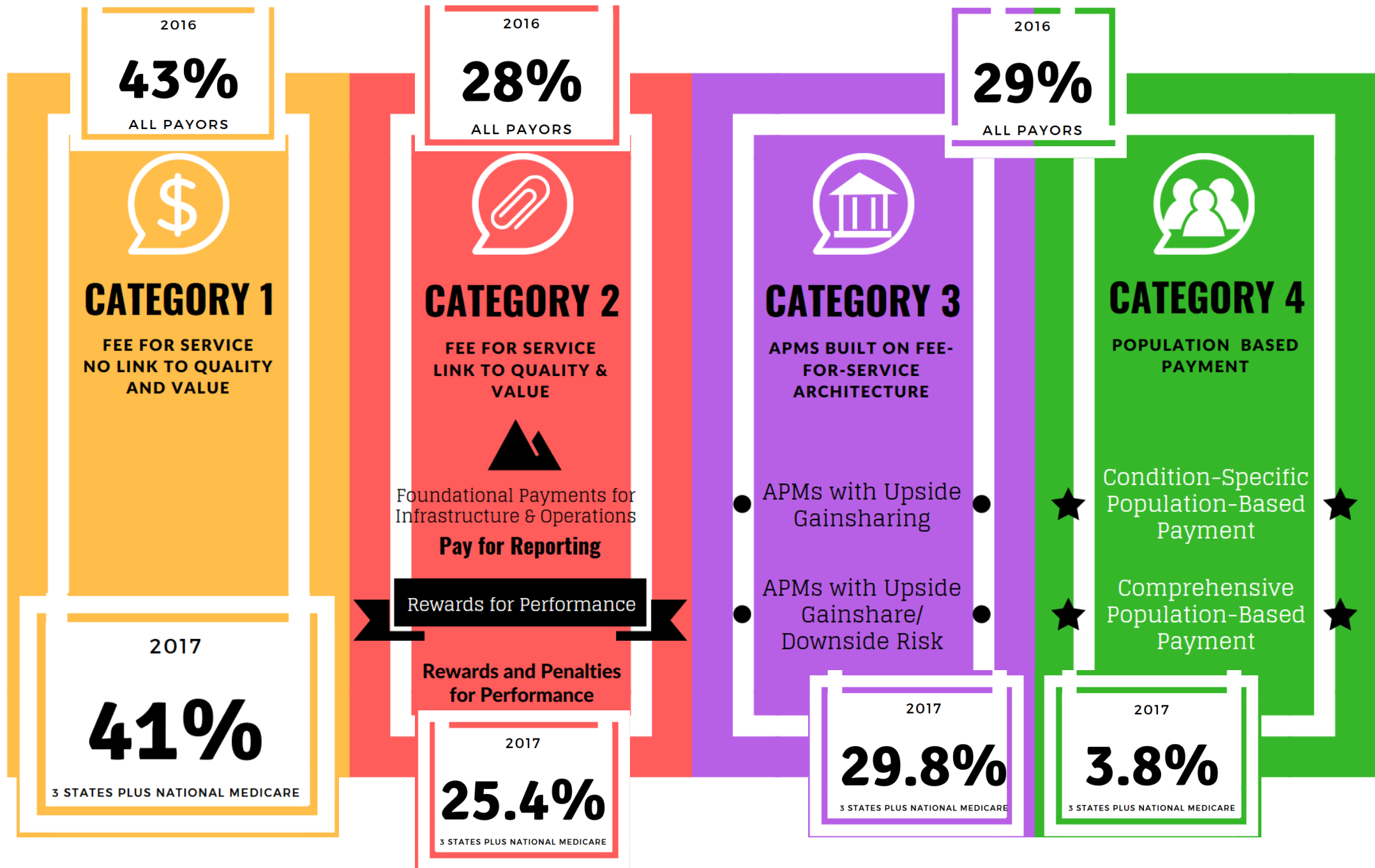
- **Includes the Medicare Quality Payment Program**

- Updates to the MIPS, aAPM and ACO programs for 2019

# Quick Refresher...MACRA

- Bi-partisan work for two years to develop a permanent “doc fix” bill
- Passed by Congress in 2015
- First year of new systems was 2017





**Source:** Health Care Payment and Learning Action Network. Alternative Payment Model Framework, Final White Paper & 2018 APM Measurement Report.

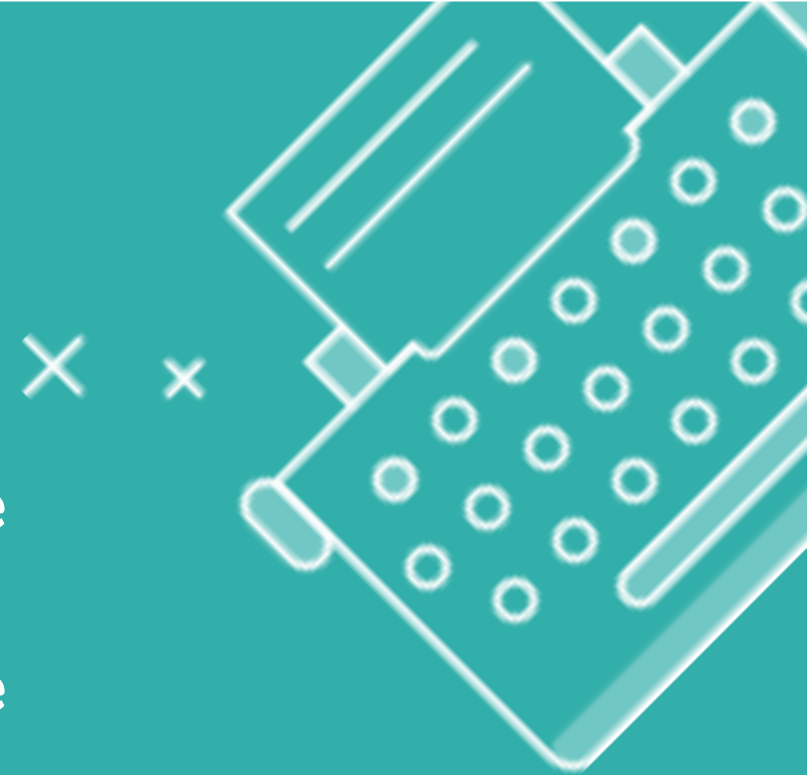
# Quality Payment Program

## 2019 is Year 3!

Don't do anything = **-7%** update

Do something = 0 to **+2%** update

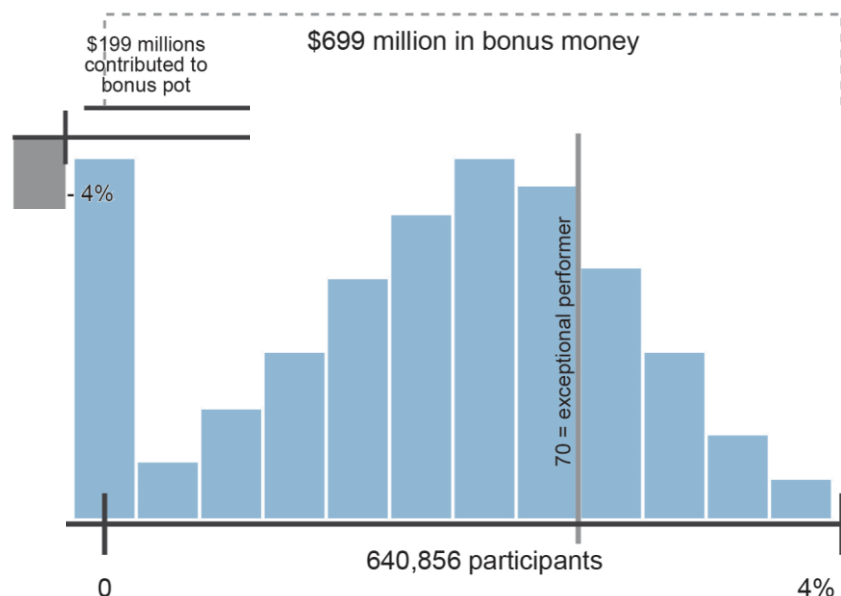
Do an aAPM = **+5%** update



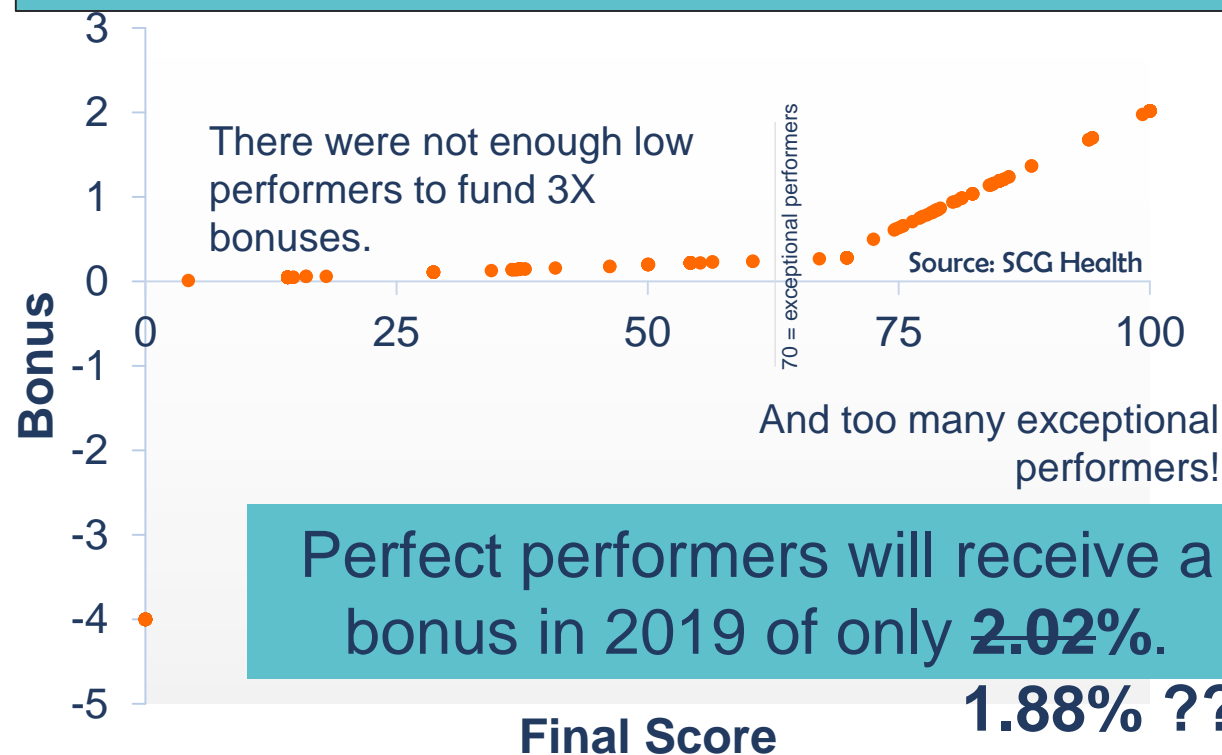


# 2017 Data | 2019 MIPS Payment Adjustment

## Expectations vs. Reality



Due to the volume of “targeted reviews” – more money was needed to pay performance bonuses. Thus, ALL 2019 bonuses have been reduced.  
Further adjustment may be necessary.

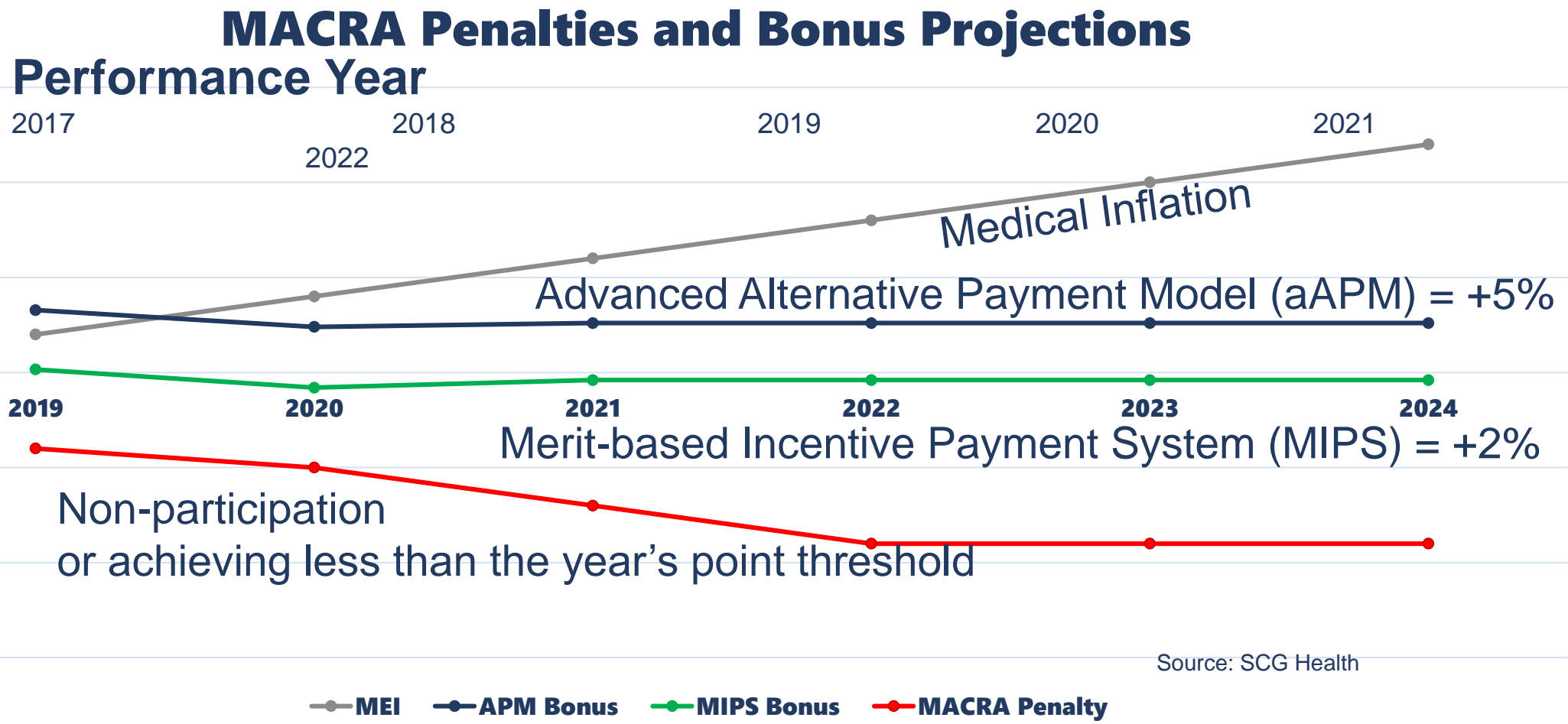


We expected an even distribution of performance such that there could be exceptional performers with more money (\$700 million) for bonuses. Average adjustment was expected to be 0.6% for all eligible clinicians.

Perfect performers will receive a bonus in 2019 of only ~~2.02%~~.

1.88% ??

# MACRA's Payment Future



Projections include -2% Sequester reduction



# Getting Data to CMS

**“To clarify, our policy is to make the Medicare Part B claims collection type only available to small practices.... we recognize that small practices have additional challenges and believe that continuing to allow the Medicare Part B claims collection type only to small practices is beneficial.” 83 Fed. Reg 59750**

**“Small practices” are defined as groups with less than 16 eligible clinicians, including those falling under the low-volume exemption.**

# Eligible Providers Eligible Clinicians



Voluntary reporting available in 2019 for clinicians meeting no more than 2 of the low-volume exclusion criteria. Watch the lesson for more info.

Check your participation status

Enter your National Provider Identifier (NPI) number

NPI Number

Check NPI



## Eligible Clinicians (ECs)

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Anesthetist
- Clinical Nurse Specialist



## 2019 Admitted Clinicians

- Physical Therapist
- Occupational Therapist
- Audiologist
- Speech Lang Pathologist
- Clinical Social Worker
- Dietician/nutritionist
- Clinical psychologist



## 2019 Low Volume

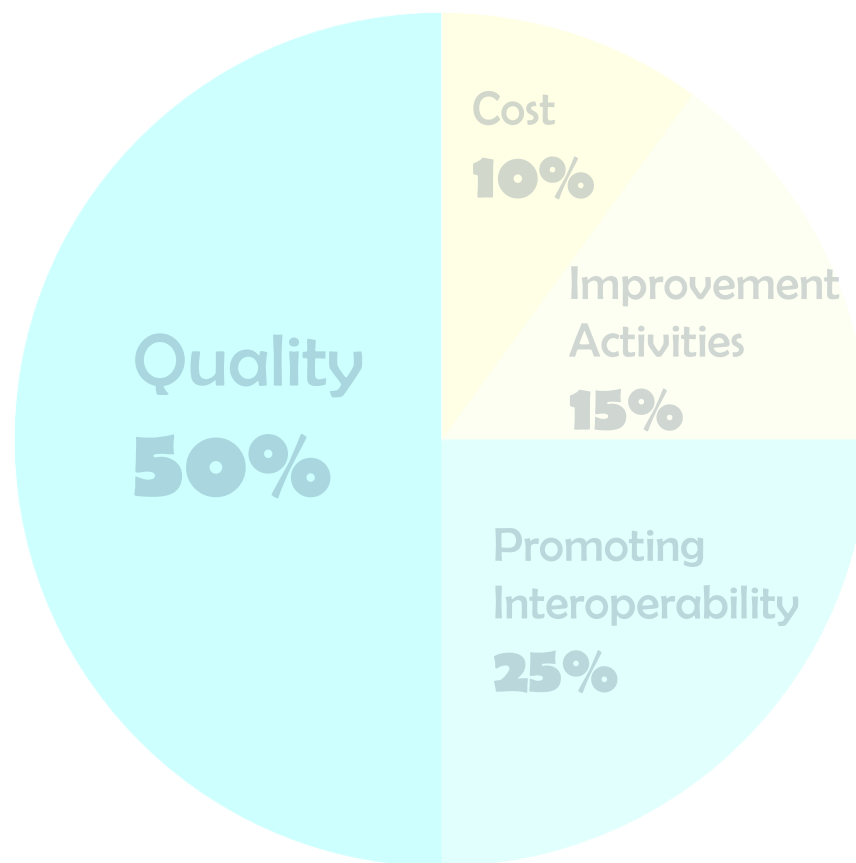
- Medicare Part B allowed charges  $\leq$  \$90,000  
**OR**
- Care for  $\leq$  200 Part B Medicare patients  
**OR**
- $\leq$  200 professional services

# MIPS Category Weights

Just like in 2017 and 2018, certain **reweighting** will be automatic. This includes the new eligible clinicians in 2018 who will not be required YET to report the Promoting Interoperability category. The PI score will be reweighted to Quality for a 70% category weight. Likewise if these (or other) clinicians don't have E/M services OR fall into one of the new cost episodes, their Cost category weight will be assigned to Quality for a total of 85%.

## 2018 MIPS Weights

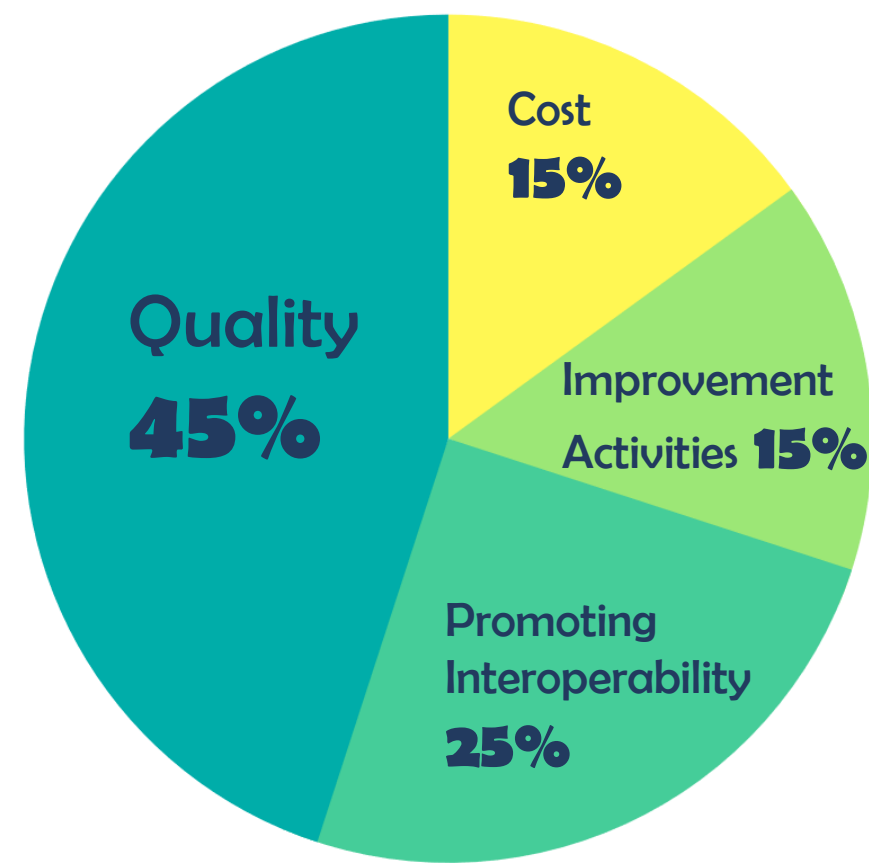
Mitigate 5% cut = 15 points  
in 2 categories



Exceptional Performers: 70 points

## 2019 MIPS Weights

Mitigate 7% cut = 30 points  
in 2 categories

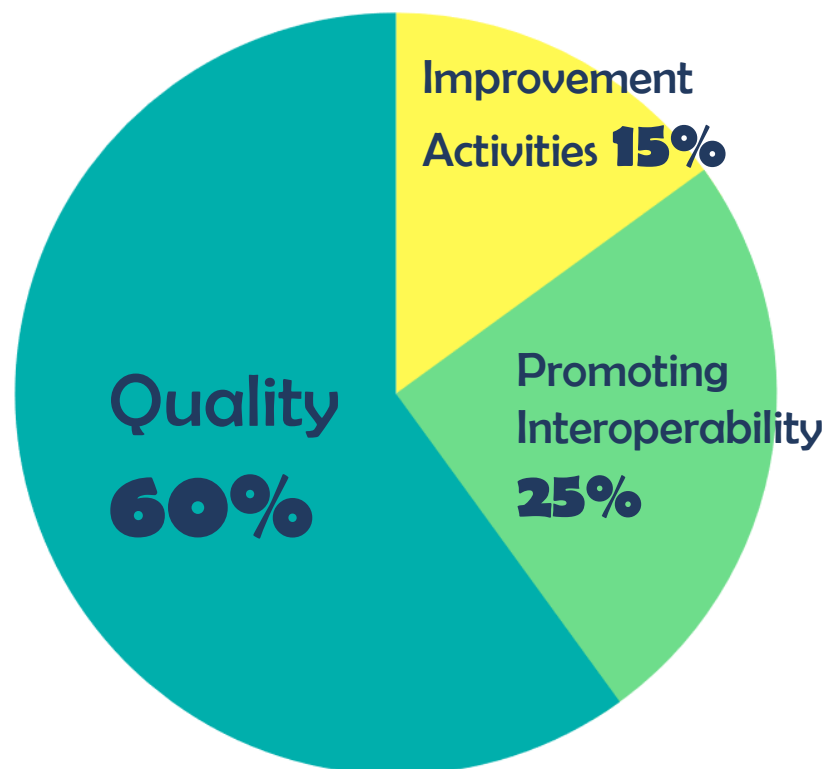


Exceptional Performers: 75 points

# Alt. 2018 MIPS Weights

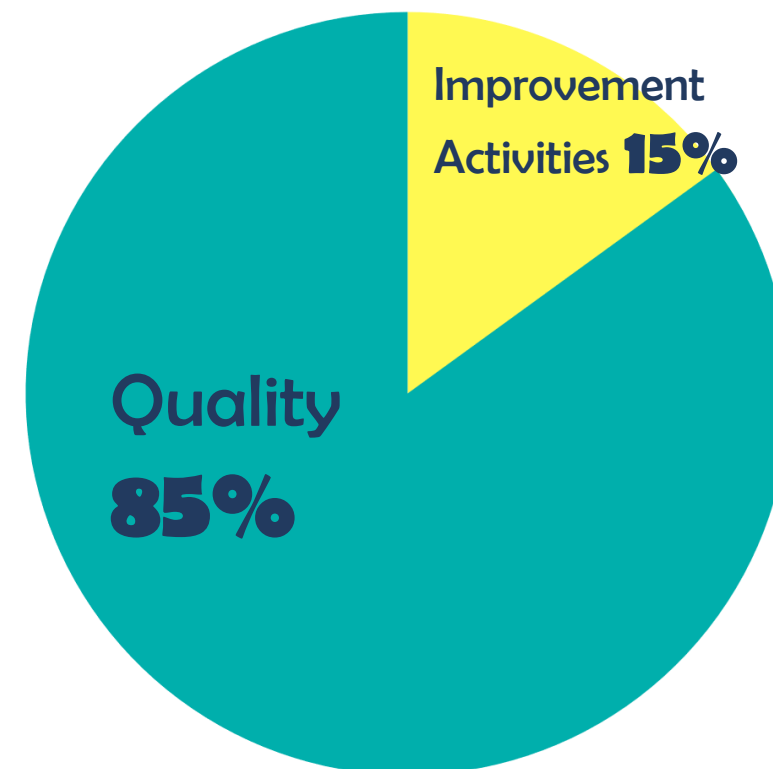


**No E/M services**

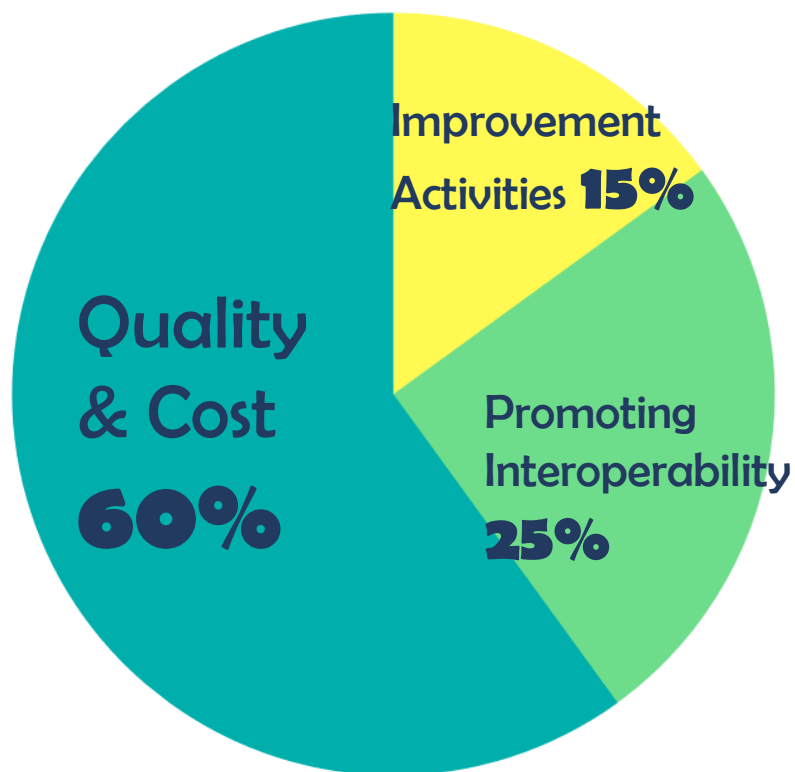


**No E/M services**

Automatic PI reweighting



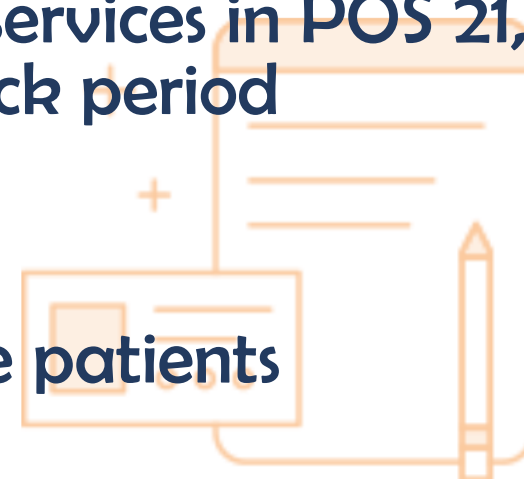
# Facility-based Reporting



Quality & Cost data comes from the Hospital Value-Based Purchasing (VBP) program

## Individual

- 75%+ of Medicare allowable services in POS 21, 22 or 23 during prior look back period (October 1 – September 30)
- Determined by CMS
- Top facility by most Medicare patients



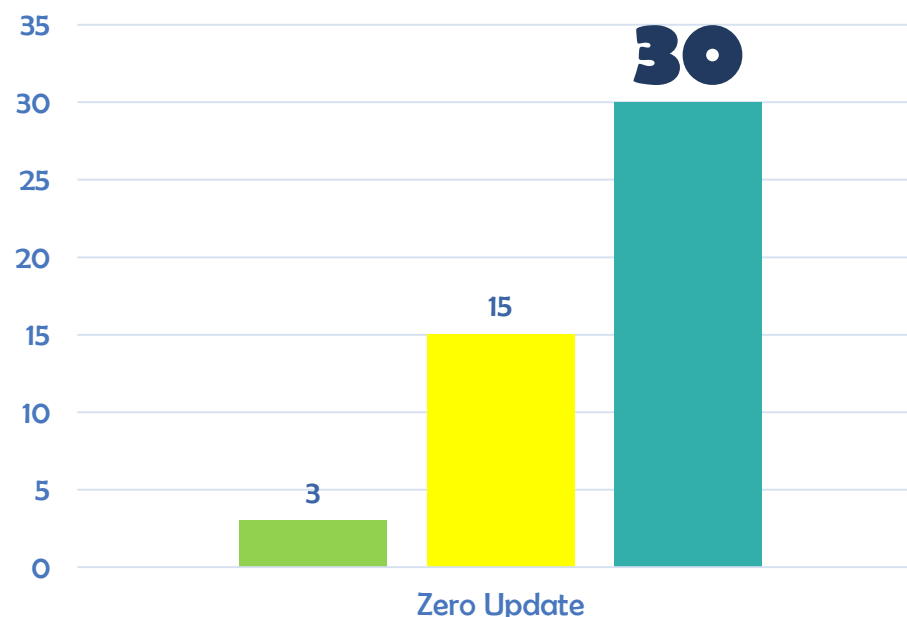
## Group (TIN)

- 75%+ of Medicare enrolled clinicians, by NPI, provide 75%+ of Medicare allowable services in POS 21, 22 or 23 during prior lookback period

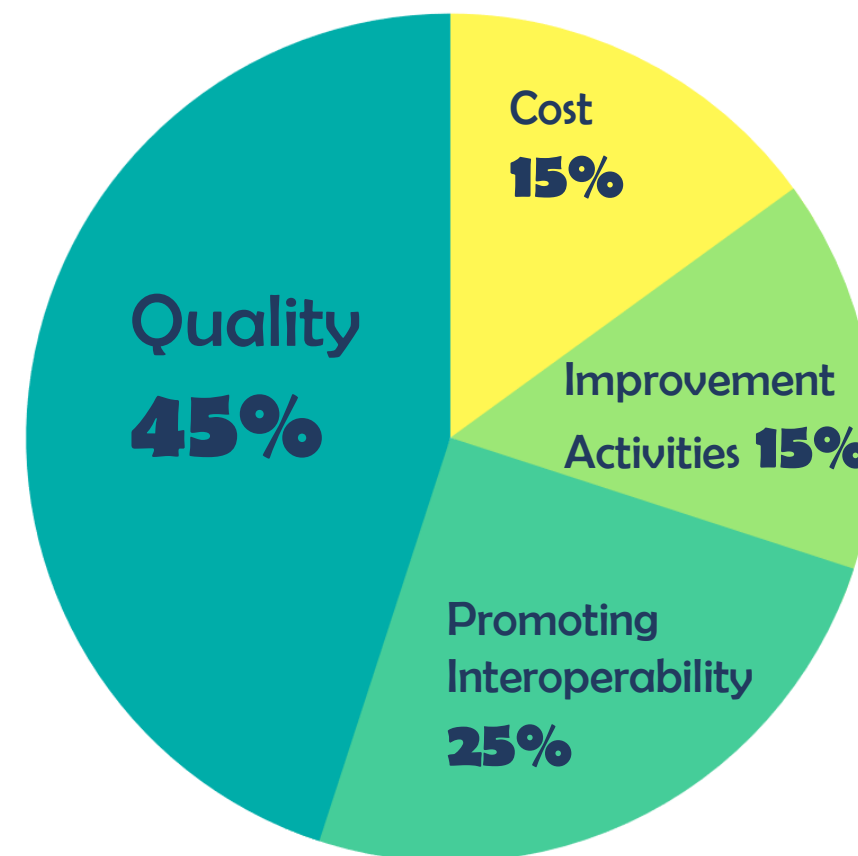
# 2018 Scoring Thresholds - Minimum



Improvement Activities alone in all alternative weighting models will achieve a 0% update.

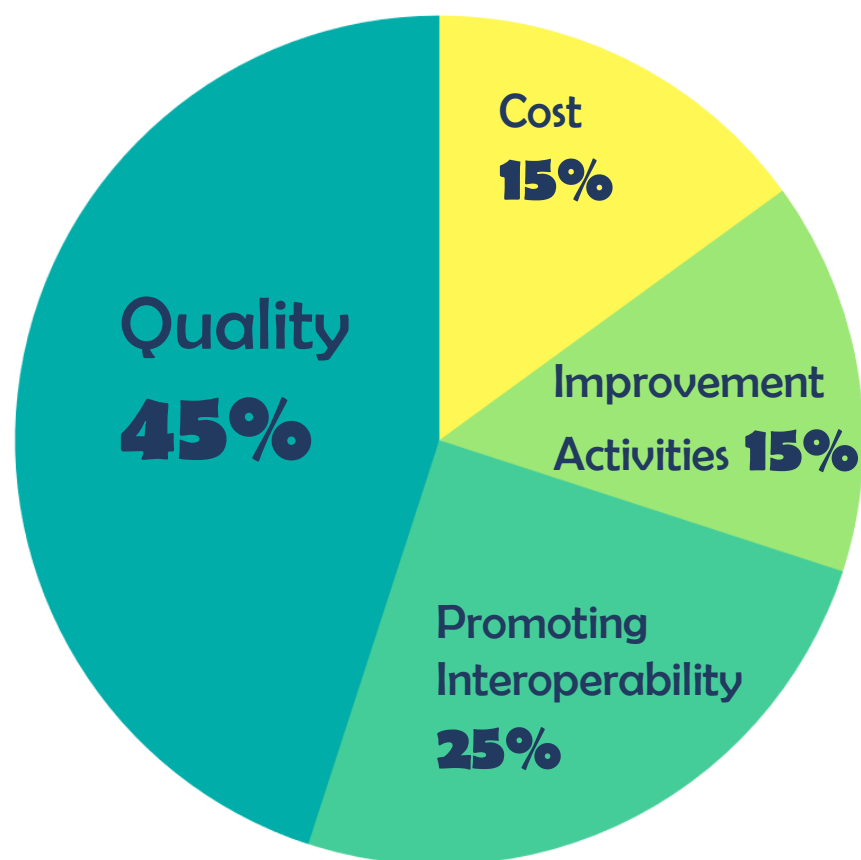


■ 2017 ■ 2018 ■ 2019



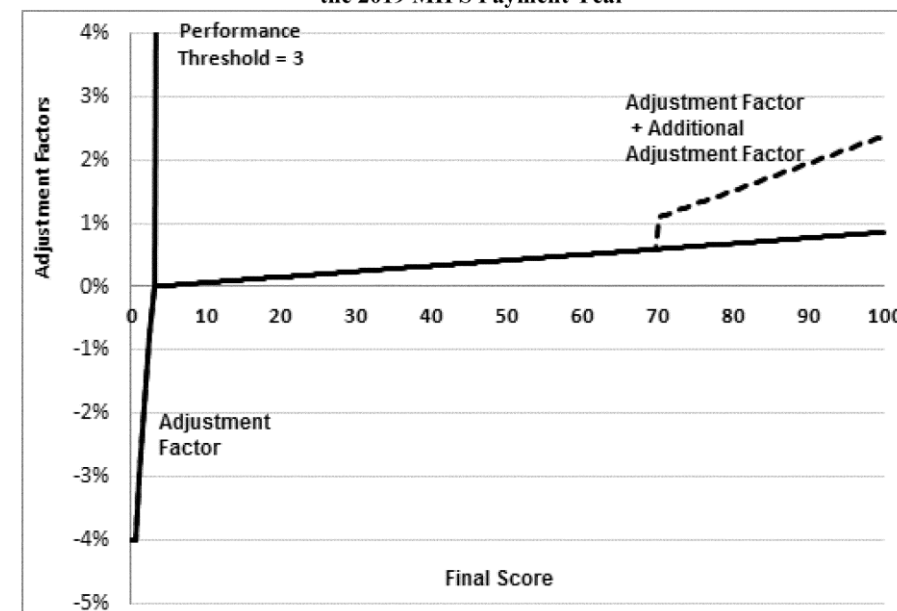


# Scoring Thresholds – Exceptional Performer



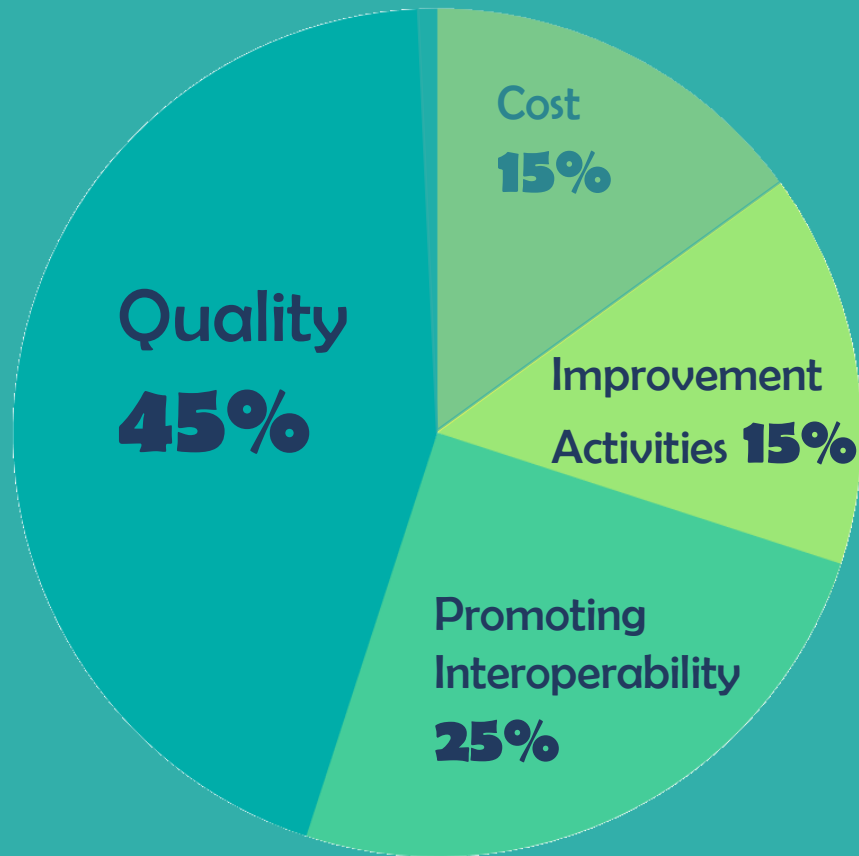
Congressional set aside of \$500 million kicks in at 75 points.

FIGURE A: Illustrative Example of MIPS Payment Adjustment Factors Based on Final Scores and Final Performance Threshold and Additional Performance Threshold for the 2019 MIPS Payment Year




# Getting to 30

## Improvement Activities aren't enough



- Maximum is 15 MIPS points
- If you have an EMR, you can get MIPS points for what you are already doing
- For quality, get points to keep doing what you've been doing





"IF IT AIN'T BROKE,  
**DON'T FIX IT.**  
**KEEP ON COLLECTING**  
**PQRS DATA.**

KEEP DOING MEANINGFUL USE.  
**YOU'LL**

**BE SUCCESSFUL UNDER MIPS."**  
-JENNIFER SEARFOSS, CEO, SCG HEALTH

# Promoting Interoperability (Stage 3)

HIPAA Security Risk Analysis Attestation remains

Only 2015 Edition Certified HIT

Hardship Available

## e-Prescribing

- +10 eRx
- +5\* Query of Prescription Drug Monitoring Program (Yes/No)
- +5\* Verify Opioid Treatment Agreement (Yes/No)

\* Extra Points

## Health Information Exchange

- +20 Send Health Information
- +20 Receive and Incorporate Health Information

Exclusion Available

## Provider to Patient Exchange

- +40 Patient Portal Access

## Public Health and Clinical Data Exchange

CHOOSE TWO

- +10 Immunization Registry
- +10 Public Health Registry
- +10 Clinical Data Registry
- +10 Syndromic Surveillance
- +10 Electronic Case Reporting

Clinicians are required to report certain measures from each objective, unless an exclusion is claimed. Information Blocking and ONC Direct Access Attestation remain.

**Removes:** Patient-Generated Health Data; Patient-Specific Education; Secure

SCG HEALTH, LLC © 2011-2019. Messaging; View, Download and Transmit; Clinical Information Reconciliation

# Quality Category

Same as 2018: Must report 6+ measures

## New measures

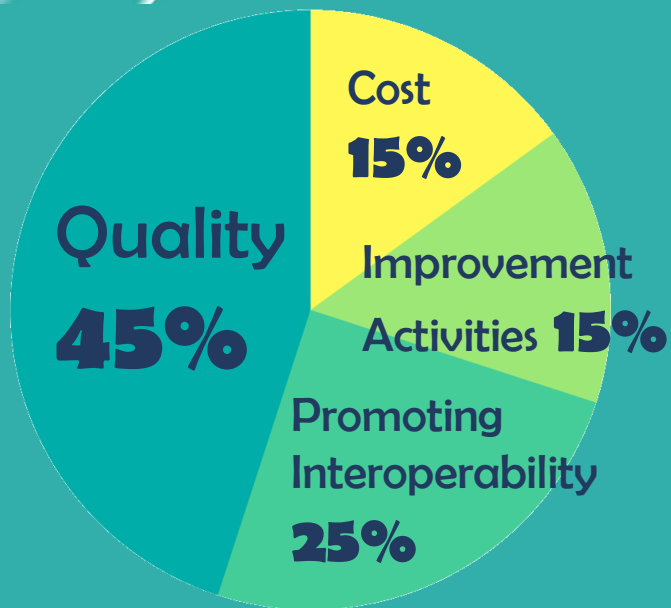
- 468 Continuity of Pharmacotherapy for Opioid Use Disorder
- 469 Average change in functional status following lumbar spine fusion surgery
- 470 Average change in functional status following total knee replacement surgery
- 471 Average change in functional status following lumbar discectomy laminotomy surgery
- 472 Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
- 473 Average change in leg pain following lumbar spine fusion surgery
- 474 Zoster (Shingles) Vaccination
- 475 HIV Screening
- *Did not combine measures #154 and #155 Fall Screening and Plan into one measure! Yet...*



# Getting to 75 (2% bonus)

## Do it all!

- Maximum is 15 MIPS points
- If you have an EMR, you can get MIPS points for what you are already doing
- For quality, get points to keep doing what you've been doing





# Promoting Interoperability (Stage 3)



## e-Prescribing

- **+10 eRx**
- +5\* Query of Prescription Drug Monitoring Program (Yes/No)
- +5\* **\* Extra Points** Verify Opioid Treatment Agreement (Yes/No)

## Health Information Exchange

- **+20 Send Health Information**
  - **+20 Receive and Incorporate Health Information**
- Exclusion Available

## Provider to Patient Exchange

- **+40 Patient Portal Access**

## Public Health and Clinical Data Exchange

### CHOOSE TWO

- +10 Immunization Registry
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- +10 Clinical Data Registry
- +10 Syndromic Surveillance
- +10 Electronic Case Reporting

# Highlights of changes Tobacco Assessment & Counseling

Update Analytics and Submission Criteria from One  
Submission Criteria to Three Submission Criteria

**CM\$138v6 EHR**

## **Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**



**Measure Description:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Three rates are reported:

- a) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months
- b) **Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention – BENCHMARK APPLIED TO STRATA 2!**
- c) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

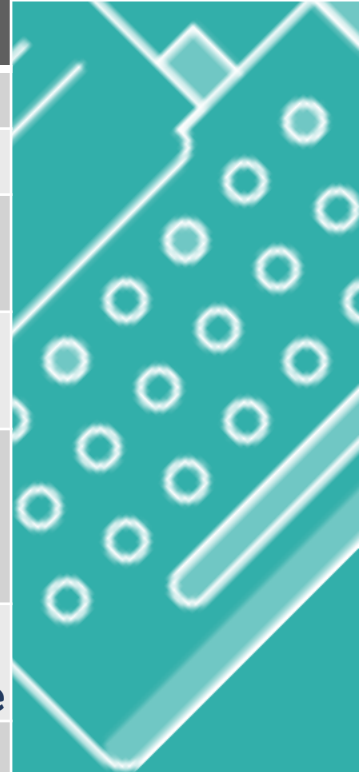
# Deleted Measures – Quality

ID	Title	Rationale
#43	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery	No variation in care
#99	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	Standard of care
#100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	No variation in care
#122	Adult Kidney Disease: Blood Pressure Management	Stale measure
#140	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Duplicative
#204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	New measure
#224	Melanoma: Overutilization of Imaging Studies in Melanoma	No variation in care
#251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients	No variation in care
#257	Statin Therapy at Discharge after Lower Extremity Bypass	Duplicative
#263	Preoperative Diagnosis of Breast Cancer	No variation in care
#276	Sleep Apnea: Assessment of Sleep Symptoms	Duplicative



# Deleted Measures – Quality

ID	Title	Rationale
#278	Sleep Apnea: Positive Airway Pressure Therapy Prescribed	Duplicative
#327	Pediatric Kidney Disease: Adequacy of Volume Management	No variation in care
#334	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	No variation in care
#359	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging	No variation in care
#363	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive	Inappropriate reporting population
#423	Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy	See proposed measure
#426	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)	No variation in care
#427	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	No variation in care
#447	Chlamydia Screening and Follow-up	Duplicative



# Cost Category

<b>Title</b>	<b>Weight</b>
Elective Outpatient Percutaneous Coronary Intervention	Procedural
Knee Arthroplasty	Procedural
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	Procedural
Routine Cataract Removal with Intraocular Lens 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 with Percutaneous Coronary Intervention	Acute inpatient medical condition



# Participation Lookup – 2018 Refresh

Lookup at <https://qpp.cms.gov/participation-lookup>

- Latest period lookback was released earlier in November
- Take screenshots with the datestamp to prove exclusion

2019 Participation Lookup  
is not yet posted

## QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#) [↗](#) number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.

Check All Years



Please note that the QPP Participation Status Tool is only a technical resource and is not dispositive of any eligible clinician's, group's, or organization's status under QPP. For more information, please refer to the Quality Payment Program regulations at 42 C.F.R. part 414 subpart O.

### PARTICIPATION

MIPS Overview

Individual or Group Participation

About MIPS Participation

Exception Applications

How to Register for CMS Web  
Interface and CAHPS for MIPS  
Survey

### MEASURES

Quality Measures Requirements

Promoting Interoperability  
Requirements

Improvement Activities  
Requirements

Cost Measures Requirements

Check Participation Status

Explore Measures





# MIPS Extreme & Uncontrollable Circumstances

## AUTOMATIC DESIGNATION

FINAL QPP RULE WITH COMMENT PERIOD - 2017

### Automatic Trigger



Disaster designations by the Federal Emergency Management Administration (FEMA) under the authority of the Public Health Service Act and Social Security Act to declare a public health emergency



Based on sites of service in PECOS (by county)



Exception: unless submit data for two or more MIPS performance categories



Does not apply to advanced Alternative Payment Model participants

### Triggering Events



#### HURRICANES

CMS will designate counties and municipalities affected by hurricanes, tropical storms, tornadoes, severe weather and flooding.



#### WILD FIRES

CMS relies on FEMA for the counties and municipalities declared disaster areas for wild fires and following mudslides.



#### OTHER DISASTERS

Earthquakes, cyber-attacks and infectious disease outbreaks are all considered triggering events that may be designated by CMS as a triggering event.

# Responding to Crisis

## Michael

Florida

Georgia

## Florence

North Carolina

South Carolina

## Maria - extended

March 15, 2018

Puerto Rico

US Virgin Islands

If you wish to submit data for calculating your possible bonus, you must submit data on **2 or more categories** for it to be scored.

## California Wildfires

Butte County

Los Angeles County

Ventura County

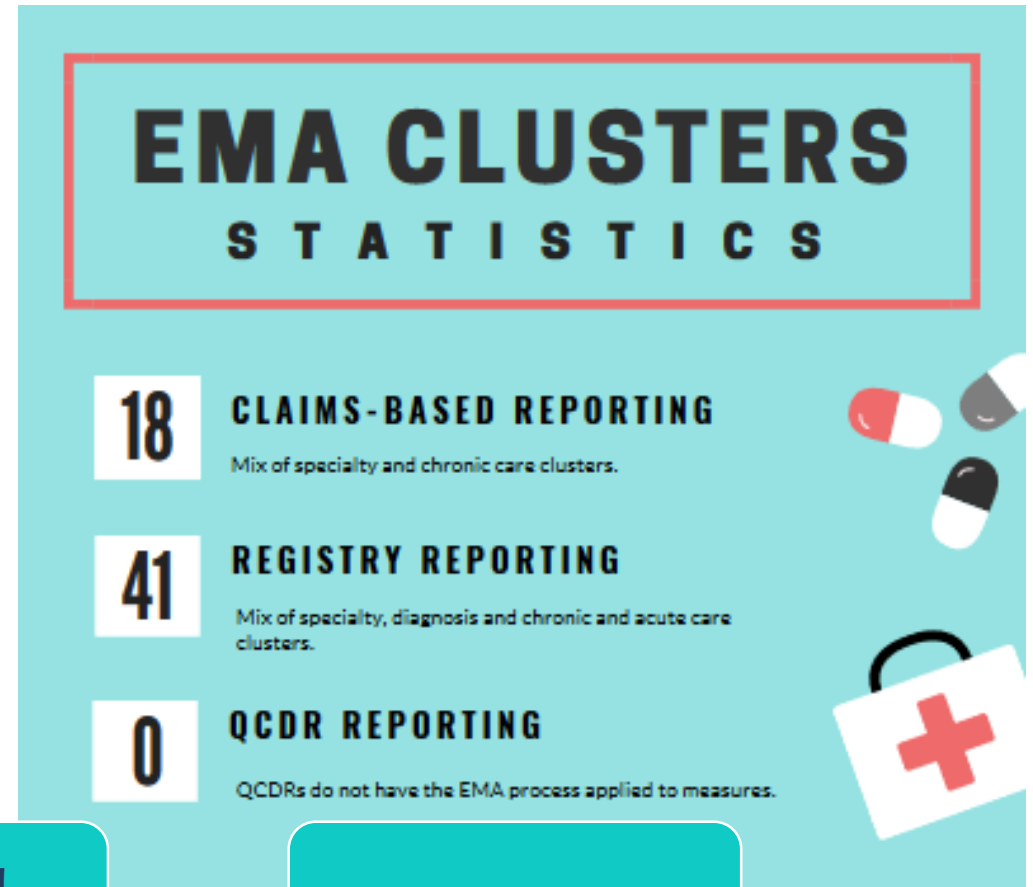


# Tips & Tricks

# Eligible Measure Applicability (EMA) MIPS *academy* A PRODUCT OF SCG HEALTH *formerly MAV*

CMS uses the (EMA) process to see if there are clinically related measures you could have submitted.

- Does not apply if you submit six+ measures with one or more Outcome or High Priority Measure
- Based on what measures you submit
- Not really an issue if you are going for negating the penalty
- If you are going for the exceptional performer bonus, pay attention to EMA!



**Step 1:** Clinical Relation Test (Outcome/High Priority submitted)



**Step 2:** If fail, Clinical Relation with Outcome/High Priority Test



**Step 3:** Minimum Threshold Test

# Example of EMA Cluster for claims-based reporting

Physician submits data for all Medicare patients on #110, #111:

Code	Description	Volume	Unique patients
99203-5	E/M Level New Patients	968	968
99213-5	E/M Level Established Patients	2849	1635

Report for 60%  
or more of  
patients: PASS



Clinical relation  
test: PASS



EMA cluster:  
PASS



Minimum  
threshold test:  
PASS

## Immunization care (claims) cluster measures

#110 Preventive Care and Screening: Influenza Immunization

#111 Pneumococcal Vaccination Status for Older Adults

Total patients: 2603

Total encounters: 3817

**Data:** 100%

**Clinical relation:** yes measure related

**EMA cluster:** 110 + 111 reported

together

**Minimum threshold:** More than 20 patients



## Total Per Capita Costs (TPCC) 2017 Field Testing data from CMS

SCG HEALTH, LLC © 2011-2019.

Service Category	National	
	Percentage of Episodes with Costs in This Category*	Average Cost per Episode
<b>Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)</b>	67.75%	\$331.28
Physical, Occupational, or Speech and Language Pathology Therapy	5.46%	\$20.54
Evaluation and Management Services	63.36%	\$136.74
Major Procedures	2.99%	\$77.15
Ambulatory/Minor Procedures	24.33%	\$96.85
<b>Ancillary Services</b>	53.01%	\$138.60
Laboratory, Pathology, and Other Tests	40.26%	\$47.69
Imaging Services	20.75%	\$58.34
Durable Medical Equipment and Supplies	12.45%	\$32.57
<b>Hospice</b>	0.71%	\$16.34
<b>All Other Services</b>	24.77%	\$180.64
Ambulance Services	2.74%	\$20.61
Chemotherapy and Other Part B-Covered Drugs	8.62%	\$99.05
Dialysis	1.32%	\$37.28
Anesthesia Services	4.18%	\$9.24
All Other Services Not Otherwise Classified	12.24%	\$14.46



# Medicare Spending Per Beneficiary (MSPB) Clinician Measure

2017 Field Testing data from CMS

Service Category	National	
	Percentage of Episodes with Costs in This Category	Average Costs per Episode
Procedures	6.5%	\$15
Laboratory, Pathology, and Other Tests	5.2%	\$1
Imaging Services	9.7%	\$5
Outpatient Evaluation and Management Services, Procedures, and Therapy (excluding emergency department)	29.8%	\$239
Physical, Occupational, or Speech and Language Pathology Therapy	6.8%	\$32
Evaluation and Management Services	15.4%	\$37
Major Procedures	2.4%	\$81
Anesthesia	2.4%	\$4
Ambulatory/Minor Procedures	10.5%	\$85
Ancillary Services	70.7%	\$203
Laboratory, Pathology, and Other Tests	48.7%	\$60
Imaging Services	35.2%	\$79
Durable Medical Equipment and Supplies	21.6%	\$64
All Other Services	77.2%	\$541
Ambulance Services	9.8%	\$86
Chemotherapy and Other Part B-Covered Drugs	9.9%	\$114
Dialysis	3.8%	\$85
All Other Services Not Otherwise Classified	73.5%	\$256



# Best Practices



- Screen shots
  - Data Used
  - Submission
- Print everything
  - Electronic
  - Print
- Do it early!
  - Start NOW!

A screenshot of the CMS.gov Enterprise Portal registration page. The browser window shows the URL https://portal.cms.gov/wps/portal/unauthportal/selfservice/newuserregistration/. The page title is "CMS.gov | Enterprise Portal". The navigation bar includes "Applications", "Help", "About", and "E-Mail Alerts". The main heading is "Step #2: Register Your Information". Below the heading is a sub-heading "Step 2 of 3 - Please enter your personal and contact information." and a note "All fields are required unless marked 'Optional'". The form contains several input fields: "Enter First Name", "Enter Middle Name (optional)", "Enter Last Name", "Suffix (optional)" (dropdown), "Enter Social Security Number (optional)", "Birth Month" (dropdown), "Birth Date" (dropdown), "Birth Year" (dropdown), "Is Your Address US Based?" (radio buttons for Yes and No), "Enter Home Address #1", "Enter Home Address #2 (optional)", "Enter City", "State" (dropdown), "Enter Zip Code", and "Enter Zip+4 (optional)". A timestamp overlay in the bottom right corner reads "10:53 AM 2/12/2018".



# HIPAA Risk Assessment

- ✗ Don't just do the checklist – document what you did
- Include screenshots showing the date
- **MINIMUMS:**
  - List of all users – verify as employees and levels of access
  - Operating System updates and malware prevention installation and updates
  - HIPAA training records for all staff
  - Appointment of Privacy and Security officer
  - Review HIPAA policies for relevancy and updates

# Thank You!



Head to [MIPSacademy.com](https://MIPSacademy.com) and post **questions** to the  
Getting ready for 2019 Forum

No paid membership is required to post questions.  
These slides and a replay of this webinar will also be available.