

MIPS 2019: Updates and Impact

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Comprehensive Summary of 2019 Changes

>> The 2019 QPP Final Rule Overview and Fact Sheet can be downloaded at:

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/258/2019%20QPP%20Final%20Rule%20Fact%20Sheet_Update_2019%2001%2003.pdf



2017 and 2018



2019 and Beyond



Impact of 2019 MIPS Changes

- >> The stakes are getting higher
- >> The program has more complexity
- >> Top performance is more difficult to achieve



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THE STAKES ARE HIGHER

But so are the rewards!

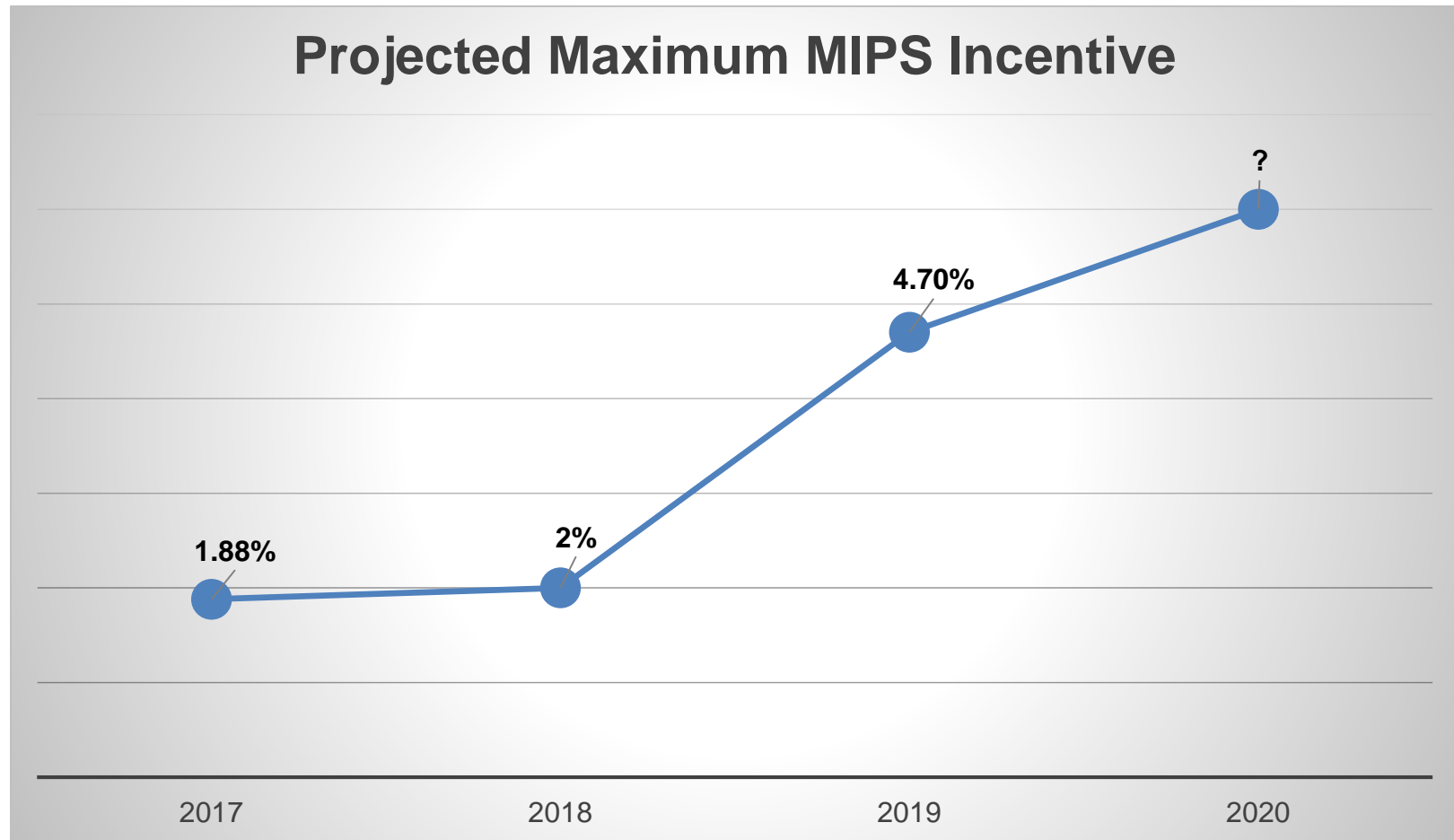
Higher Thresholds and More Money

	2017	2018	2019	2020
Performance Threshold	3 points	15 points	30 points	45 points*
Maximum Penalty	4%	5%	7%	9%
Maximum Incentive	Up to 4%	Up to 5%	Up to 7%	Up to 9%
Exceptional Performer Threshold	70 points	70 points	75 points	75 points*
Exceptional Performer Bonus	Up to 10%	Up to 10%	Up to 10%	Up to 10%

*Projected



Higher Rewards



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GREATER COMPLEXITY

The regulatory beast keeps growing...

Terminology Change

Submission

Method

- Administrative Claims
- CMS Web Interface
- CSV
- Claims
- EHR
- Registry



Collection Type

- eCQMs (EHR)
- MIPS CQMs (registry)
- QCDR
- Medicare Part B Claims
- CMS web interface
- CAHPS for MIPS survey measures
- Administrative measures

Submission Type

- Direct
- Log in and upload
- Log in and attest
- Medicare Part B claims
- CMS web interface



New Terminology

>> Submitter Type

- MIPS eligible clinician
- MIPS eligible group
- Third party intermediary
 - EHR vendor
 - Qualified registry
 - Qualified Clinical Data Registry
 - CAHPs for MIPS vendor
 - APM entity



New Eligible Clinician Types

- >> Physical therapist
- >> Occupational therapist
- >> Clinical psychologist
- >> Qualified speech-language pathologist*
- >> Registered dietician or nutrition professional*
- >> Qualified audiologist*



*Not included in proposed rule



Expanded Low-Volume Threshold Criteria

Clinicians/groups are exempt from MIPS if they fall below any of these thresholds:

\leq \$90,000 Medicare Part B payments

\leq 200 Medicare Part B patients

New: \leq 200 Medicare Part B covered services



Opt-in for Low-Volume Threshold Clinicians

Clinicians/groups that exceed any one of the three exclusion criteria have the following options:

OPTION	CONSEQUENCE
Do not participate in MIPS	Not eligible for penalty
<u>Voluntarily</u> report MIPS	Not eligible for penalty or incentive
<u>Opt-in</u> to report MIPS	Subject to penalty or incentive based on performance

Clinicians/groups who want to voluntarily report or opt-in must notify CMS via the QPP portal!



New TINs or NPI/TIN Combinations

- >> NPIs that join an existing TIN in the last three months of the year
 - Can report as a part of the group
 - Cannot report as an individual for that NPI/TIN combination
 - If the TIN does not report as a group, the NPI will receive an individual score equal to the performance threshold and receive a neutral adjustment

- >> New TINs formed in the last three months of the year
 - Cannot report MIPS as individual or group
 - Will receive a MIPS final score equal to the performance threshold and receive a neutral adjustment



Quality – Basics and Changes

- >> Quality now weighted at 45% (down from 50%)
- >> Clinicians can report Quality measures via multiple collection types
- >> Medicare Part B collection type:
 - Not available for clinicians in large groups (>15 NPIs)
 - Available for individual or group reporting for small groups (<15 NPIs)
- >> Small practice bonus increased from 5 to 6 points, but added to Quality score rather than Final Score
- >> Web Interface reporters are not eligible for high-priority bonus points



PI – Basics & Changes

- >> 90 day reporting period
- >> 2015 certified EHR required
- >> Significant change in Objectives and Measures
 - Security Risk Analysis still required by not scored
 - Performance based measures, no “base” measures
 - Four overall objectives
 - 5 required measures (unless exclusion is claimed)
 - 2 bonus measures
- >> Elimination of bonus points for Improvement Activities completed using a CEHRT



Cost – Basics and Changes

- >> Cost now weighted at 15% (up from 10%)
- >> Cost scoring will be based on:
 - Total per capita cost of care measure
 - Medicare spending per beneficiary measure
 - Eight new episode-based measures



New Cost Episode-Based Measures

Measure	Specialty
Routine Cataract Removal with Intraocular Lens Implantation	Ophthalmology
Screening/Surveillance Colonoscopy	Gastroenterology
Knee Arthroplasty	Orthopedics
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	Cardiology
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	Vascular Surgery
Elective Outpatient Percutaneous Coronary Intervention (PCI)	Cardiology
Intracranial Hemorrhage or Cerebral Infarction	Neurology
Simple Pneumonia with Hospitalization	Hospitalists





THE PATH TO TOP PERFORMANCE IS STEEPER

If you've been coasting, it's time to start pedaling.

Quality Category is Evolving

- >> Benchmarks are increasing across the board
- >> “Easy” measures are being topped out, and eventually phased out
- >> Outcome measures are favored over process measures



Quality - Topped-Out Measures for 2019

- >> 170 quality measures are classified as topped-out
- >> 88 topped-out measures have a 7 point cap, including:
 - **Documentation of Current Medications in the Medical Record** for EHR, claims and registry
 - **Use of High-Risk Medications in the Elderly** for EHR and registry
 - Falls: Risk Assessment for claims and registry
 - Falls: Plan of Care for claims and registry
 - Diabetes: eye exam for claims and registry
- >> Download list of 2019 Quality Measure Benchmarks, at <https://qpp.cms.gov/about/resource-library>



Quality - Deleted Measures for 2019

>> 26 removed measures

>> More common deleted measures include:

- **Hypertension: improvement in blood pressure**
- Chlamydia screening and follow-up
- Comprehensive diabetes care: foot exam
- Ischemic vascular disease (IVD): use of aspirin or another antiplatelet
- Melanoma: avoidance of overutilization of imaging studies
- Pregnant women that had HBsAg testing

>> See full list starting on page 2302 of the 2019 QPP Final Rule: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf>



Quality - New Measures for 2019

>> 10 new measures

- **Ischemic vascular disease use of aspirin or anti-platelet medication**
- **Zoster (Shingles) vaccination**
- **Falls: screening, risk-assessment, and plan of care to prevent future falls**
- HIV screening
- Continuity of pharmacotherapy for opioid use disorder
- Average change in functional status following lumbar spine fusion surgery



Quality - New Measures for 2019 (cont.'d)

>> 10 new measures (cont.'d)

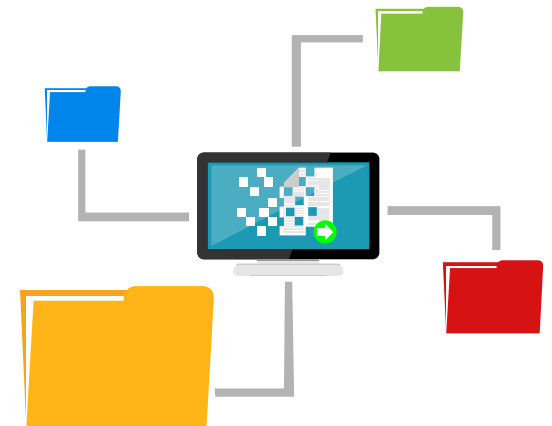
- Average change in functional status following total knee replacement surgery
- Average change in functional status following lumbar discectomy laminotomy surgery
- Appropriate use of DXA scans in women under 65 years who do not meet the risk factor profile for osteoporotic fracture
- Average change in leg pain following lumbar spine surgery



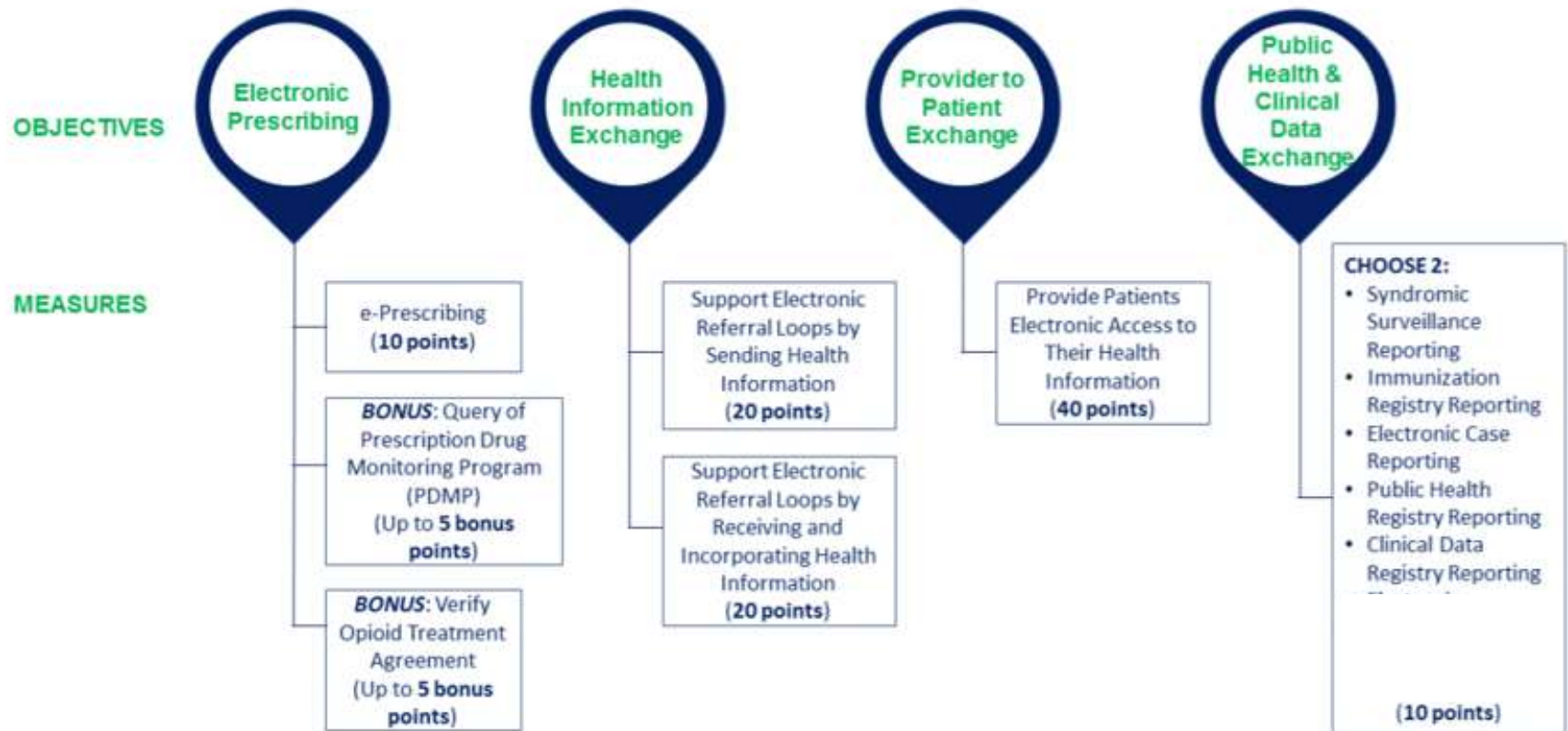
PI Deleted Measures

- >> Measures cut from the list of Transitional Measures:
 - View, download, or transmit
 - Patient-specific education
 - Secure messaging
 - Medication reconciliation

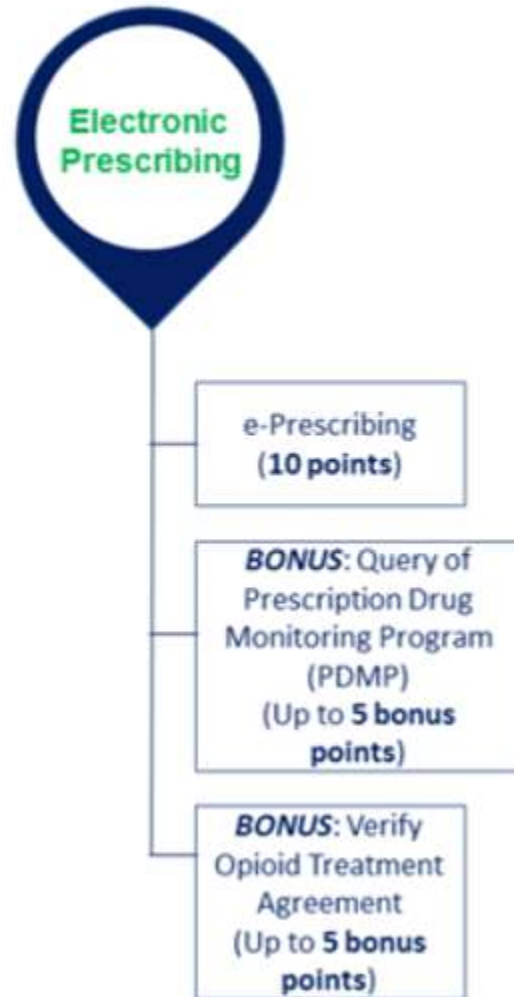
- >> Additional measures cut from the list of PI Measures:
 - Request/accept summary of care
 - Clinical information reconciliation
 - Patient-generated health data



PI Measures for 2019



Electronic Prescribing



Health Information Exchange



Provider to Patient Exchange



Public Health and QCDR Reporting



Ohio Public Health Reporting:

- Immunizations
- Syndromic Surveillance
- Cancer Case

National Public Health Registries:

<https://www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries>

Qualified Clinical Data Registries:

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/347/2019%20QCDR%20Qualified%20Posting_Final_v3.xlsx

PI Scoring Sample

Measures Performance Rate

E-Prescribing - 92%

HIE Sending - 48%

HIE Receiving - 90%

Patient Access - 89%

Public Health/Registry reporting – 2 exclusions claimed

TOTAL category points

MIPS Final Score points

Points Calculation

>> $10 \times .92 = 9.2$

>> $20 \times .48 = 9.6$

>> $20 \times .90 = 18$

>> $50 \cancel{40} \times .89 = 44.5$

>> Points shifted above

>> **81.3 of 100 possible**

>> **20.32 of 25 possible**



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KEY TAKEAWAYS

Lions and tigers and bears, oh my!

Impact of 2019 MIPS Changes

- >> The stakes are getting higher
 - Higher thresholds
 - Higher penalties and incentives
- >> The program has more complexity
 - Modifications and additions
 - New program terminology
 - New eligible clinician types, exclusions, and opt-in options
- >> Top performance is more difficult to achieve
 - Quality category is becoming more competitive
 - Promoting Interoperability changes reduce likelihood of reaching full category points
 - Cost category grows in scope and weight





ACTION ITEMS

Get a jump start on MIPS for 2019

Evaluate Your Quality Measures

- >> Compare 2018 measure performance against the 2019 benchmarks
 - Download the 2019 Quality Benchmarks at <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/342/2019%20MIPS%20Quality%20Benchmarks.zip>
- >> Check your 2018 measures list for topped-out measures
- >> Maximize bonus points by reporting additional outcome and high priority measures!
 - Don't forget scores may be published on Physician Compare



Evaluate Your PI Measures

- >> Schedule your 2015 update for your EHR!
- >> Obtain a copy of your EHR's written workflows for 2019 PI measures
 - Especially important for the “Receive and Incorporate Health Information” measure
- >> Work on improving performance on all measures
 - Especially the “Provide Patient Electronic Access” measure
- >> Research public health and clinical data registries that are available for your specialty and state



Implement Strategies to Reduce Cost

- >> Avoid unnecessary hospitalizations for your patients
 - Implement 24/7 access to clinicians for urgent patient issues
 - Consider expanding access outside of normal business hours
 - Implement care management strategies for your highest risk patients
- >> Educate your billers, coders, and providers on Hierarchical Condition Category coding
 - Contact your national specialty association for guidance



Reminder

Submit your 2018 MIPS data
by 8:00 pm on April 2, 2019!



Feeling Overwhelmed Yet?! Get free help!

- >> Small, rural or HPSA practices
 - <https://QPPResourceCenter.com>
- >> Large practices
 - <https://macra.hsag.com/Registration>



Value Driven. Health Care. Solutions.

Thank you!

