Overview of the Final Rule for 2019 MIPS Year 3

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ALLIANT QUALITY

Objectives

- Overview of the Final Rule for 2019 – MIPS Year 3
  - What has stayed the same for 2019?
    - Data Completeness
    - Performance Periods
  - What has changed for 2019?
    - New Eligible Clinicians
    - Opt-in Option for MIPS
    - Determination period
    - Collection, submission and submitter types
    - Category Weights
    - Quality
    - Cost
    - Improvement Activities
    - Promoting Interoperability
    - Performance Threshold and Payment Adjustments
- Questions

What has stayed the same for 2019?

- Data Completeness – 60%
- Performance Periods for MIPS categories
  - 365 days for Quality & Cost
  - 90 days for Promoting Interoperability & Improvement Activities
- Case Minimums
- Re-weighting of Promoting Interoperability
- Complex Patient Bonus
- Budget Neutrality for MIPS Payment Adjustments

MIPS Year 3 (2019) Final

Performance Periods

Year 2 (2018) Final

Performance Category	Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Promoting Interoperability	90-days

Year 3 (2019) Final - *No Change*

Performance Category	Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Promoting Interoperability	90-days

MIPS Year 3 (2019) Final

Cost Performance Category

Basics:

- 15% of Final Score in 2019
- Measures:
  - Medicare Spending Per Beneficiary (MSPB)
  - Total Per Capita Cost
  - Adding 8 episode-based measures
- No reporting requirement; data pulled from administrative claims
- No improvement scoring in Year 3

Measure Case Minimums

Year 2 (2018) Final	Year 3 (2019) Final
• Case minimum of 20 for Total per Capita Cost measure and 35 for MSPB	Same requirements as Year 2, with the following additions: • Case minimum of 10 for procedural episodes • Case minimum of 20 for acute inpatient medical condition episodes

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- 25% of Final Score in 2019
- Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Reweighting

Year 2 (2018) Final	Year 3 (2019) Final

• Automatic reweighting for the following MIPS eligible clinicians: Non-Patient Facing, Hospital-based, Ambulatory Surgical Center-based, PAs, NPs, Clinical Nurse Specialists, and CRNAs
 	
• Application based reweighting also available for certain circumstances
  ◦ Example: clinicians who are in small practices
	Same requirementsas Year 2, with the following additions:
	
	• Extended the automatic reweighting for:
	  ◦ Physical Therapists
	  ◦ Occupational Therapists
	  ◦ Clinical Psychologists
	  ◦ Speech-Language Pathologists
	  ◦ Audiologists
	  ◦ Registered Dieticians or Nutrition Professionals

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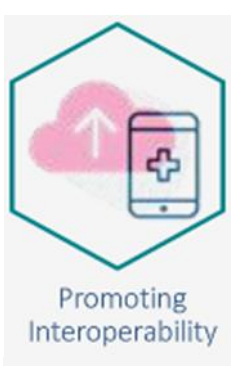
Complex Patient Bonus

Same requirements as Year 2:

- Up to 5 bonus points available for treating complex patients based on medical complexity
  - As measured by Hierarchical Condition Category (HCC) risk score and a score based on the percentage of dual eligible beneficiaries
- MIPS eligible clinicians or groups must submit data on at least 1 performance category in an applicable performance period to earn the bonus

What has changed for 2019?



- New Clinician Types
- Low Volume Threshold Criteria – 3 qualifiers
- Collection, Submission and Submitter types
- Determination Period
- Category Weights
- Performance Threshold and Payment Adjustments
- Promoting Interoperability
- Facility-Based Cost and Quality Performance Measures

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MIPS Eligible Clinician Types

Year 2 (2018) Final

MIPS eligible clinicians include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Groups of such clinicians

Year 3 (2019) Final

MIPS eligible clinicians include:

- Same five clinician types from Year 2 (2018)

AND:

- Clinical Psychologists
- Physical Therapists
- Occupational Therapists
- Speech-Language Pathologists*
- Audiologists*
- Registered Dieticians or Nutrition Professionals*

**We modified our proposals to add these additional clinician types for Year 3 as a result of the significant support we received during the comment period*

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Low-Volume Threshold Criteria

What do I need to know?

1. Threshold amounts remain the same as in Year 2 (2018)

2. Added a third element – Number of Services – to the low-volume threshold determination criteria

    - The finalized criteria now includes:

        - Dollar amount - $90,000 in covered professional services under the Physician Fee Schedule (PFS)
        - Number of beneficiaries – 200 Medicare Part B beneficiaries
        - Number of services* *(New)* – 200 covered professional services under the PFS

*When we say "service", we are equating one professional claim line with positive allowed charges to one covered professional service

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Low-Volume Threshold Determination

How does CMS determine if I am included in MIPS in Year 3 (2019)?

1. Be a MIPS eligible clinician type (*as listed on slide 12*)

2. Exceed all three elements of the low-volume threshold criteria:

   - ✓ Bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)

   AND

   - ✓ Furnish covered professional services to more than 200 Medicare Part B beneficiaries

   AND

   - ✓ Provide more than 200 covered professional services under the PFS *(New)*

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Low-Volume Threshold Determination

What else do I need to know?

Clinicians who:

- x DO NOT bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)

OR

- x DO NOT furnish covered professional services to more than 200 Medicare beneficiaries

OR

- x DO NOT provide more than 200 covered professional services under the PFS (*New*)

Are excluded from MIPS in Year 3 (2019) and do not need to participate

Remember: To be required to participate, clinicians must:

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Low-Volume Threshold Determination

What happens if I am excluded, but want to participate in MIPS?

You have two options:

1. Voluntarily participate
   - You'll submit data to CMS and receive performance feedback
   - You will not receive a MIPS payment adjustment
2. Opt-in *(Newly added for Year 3)*
   - Opt-in is available for MIPS eligible clinicians who are excluded from MIPS based on the low-volume threshold determination
   - If you are a MIPS eligible clinician and meet or exceed at least one, but not all, of the low-volume threshold criteria, you may opt-in to MIPS
   - If you opt-in, you'll be subject to the MIPS performance requirements, MIPS payment adjustment, etc.

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MIPS Determination Period

Year 2 (2018) Final

Low Volume Threshold Determination Period:

- First 12-month segment: Sept. 1, 2016-Aug. 31, 2017 (including 30-day claims run out)
- Second 12-month segment: Sept. 1, 2017 to Aug. 31, 2018 (including a 30-day claims run out)

Special Status

- Use various determination periods to identify MIPS eligible clinicians with a special status and apply the designation.
- Special status includes:
  - Non-Patient Facing
  - Small Practice
  - Rural Practice
  - Health Professional Shortage Area (HPSA)
  - Hospital-based
  - Ambulatory Surgical Center-based (ASC-based)

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Change to the MIPS Determination Period:

- First 12-month segment: Oct. 1, 2017-Sept. 30, 2018 (including a 30-day claims run out)
- Second 12-month segment: Oct. 1, 2018-Sept. 30, 2019 (does not include a 30-day claims run out)
- Goal: consolidate the multiple timeframes and align the determination period with the fiscal year
- Goal: streamlined period will also identify MIPS eligible clinicians with the following special status:
  - Non-Patient Facing
  - Small Practice
  - Hospital-based
  - ASC-based

Note: Rural and HPSA status continue to apply in 2019

Quick Tip: MIPS eligible clinicians with a special status are included in MIPSand qualify for special rules. Having a special status does not exempta clinician from MIPS.

Collection, Submission and Submitter Types

Collection Types

Relates to Quality

- eCQMs
- MIPS CQMs
- QCDR measures
- Medicare Part B claims measures
- CMS web interface measures
- CAHPS for MIPS survey
- Administrative claims measures

Submission Types

How you submit data to CMS

- Direct
- Log-in and upload
- Log-in and attest
- Medicare Part B claims
- CMS Web Interface

Submitter Types

Who submits data to CMS

- MIPS Eligible Clinicians
- Groups
- Virtual Groups
- Third party intermediary submitting data for clinicians, groups or virtual groups

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Collection, Submission, and Submitter Types - Example

Data Submission for MIPS Eligible Clinicians Reporting as Individuals

Performance Category	Submission Type	Submitter Type	Collection Type
 Quality	• Direct • Log-in and Upload • Medicare Part B Claims (small practices only)	• Individual • Third Party Intermediary	• eCQMs • MIPS CQMs • QCDR Measures • Medicare Part B Claims Measures (small practices only)
 Cost	• No data submission required	• Individual	-
 **Improvement** Activities	• Direct • Log-in and Upload • Log-in and Attest	• Individual • Third Party Intermediary	-
 **Promoting** Interoperability	• Direct • Log-in and Upload • Log-in and Attest	• Individual • Third Party Intermediary	-

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Collection, Submission, and Submitter Types - Example

Data Submission for MIPS Eligible Clinicians Reporting as Groups

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	• Direct • Log-in and Upload • CMS Web Interface (groups of 25 or more eligible clinicians) • Medicare Part B Claims (small practices only)	• Group • Third Party Intermediary	• eCQMs • MIPS CQMs • QCDR Measures • CMS Web Interface Measures • CMS Approved Survey Vendor Measure • Administrative Claims Measures • Medicare Part B Claims (small practices only)
Cost	• No data submission required	• Group	-
Improvement Activities	• Direct • Log-in and Upload • Log-in and Attest	• Group • Third Party Intermediary	-
Promoting Interoperability	• Direct • Log-in and Upload • Log-in and Attest	• Group • Third Party Intermediary	-

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Performance Category Weights

Year 2 (2018) Final

Performance Category	Performance Category Weight
Quality	50%
Cost	10%
Improvement Activities	15%
Promoting Interoperability	25%

Year 3 (2019) Final -

Performance Category	Performance Category Weight
Quality	45%
Cost	15%
Improvement Activities	15%
Promoting Interoperability	25%

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Quality Performance Category

Basics:

- 45% of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
    OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures

Meaningful Measures

- Goal: The Meaningful Measures Initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement to assess the core quality of care issues that are most vital to advancing our work to improve patient outcomes
- For 2019, we are:
  - Removing 26 quality measures, including those that are process, duplicative, and/or topped-out
  - Adding 8 measures (4 Patient-Reported Outcome Measures), 6 of which are high-priority
- Total of 257 quality measures for 2019

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Quality Performance Category

Basics:

- 45% of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
    OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures

Bonus Points

Year 2 (2018) Final	Year 3 (2019) Final
• 2 points for outcome or patient experience • 1 point for other high-priority measures • 1 point for each measure submitted using electronic end-to-end reporting • Cap bonus points at 10% of category denominator	Same requirements as Year 2, with the following changes: • Add small practice bonus of 6 points for MIPS eligible clinicians in small practices who submit data on at least 1 quality measure • Updated the definition of high-priority to include the opioid-related measures

Quick Tip: A small practice is defined as 15 or fewer eligible clinicians

MIPS Year 3 (2019) Final

Quality Performance Category

Basics:

- 45% of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
    OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures

Topped-out Measures

Year 2 (2018) Final	Year 3 (2019) Final
• A topped out measure is when performance is so high and unwavering that meaningful distinctions and improvement in performance can no longer be made • 4-year lifecycle to identify and remove topped out measures • Scoring cap of 7 points for topped out measures	Same requirements as Year 2, with the following changes: • Extremely Topped-Out Measures: – A measure attains extremely topped-out status when the average mean performance is within the 98th to 100th percentile range – CMS may propose removing the measure in the next rulemaking cycle • QCDR measures are excluded from the topped out measure lifecycle and special scoring policies

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Facility-based Quality and Cost Performance Measures

What is it?

- Facility-based scoring is an option for clinicians that meet certain criteria beginning with the 2019 performance period
  - CMS finalized this policy for the 2019 performance period in the 2018 Final Rule
  - Facility-based scoring allows for certain clinicians to have their Quality and Cost performance category scores based on the performance of the hospitals at which they work

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Facility-based Quality and Cost Performance Measures

Applicability: Individual

- MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (Place of Service code 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period
- Clinician would be required to have at least a single service billed with POS code used for inpatient hospital or emergency room

Applicability: Group

- Facility-based group would be one in which 75% or more of eligible clinicians billing under the group's TIN are eligible for facility-based measurement as individuals

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Basics:

- 15% of Final Score in 2019
- Select Improvement Activities and attest "yes" to completing
- Activity weights remain the same:
  - Medium = 10 points
  - High = 20 points
- Small practices, non-patient facing clinicians, and/or clinicians located in rural or HPSAs continue to receive double-weight and report on no more than 2 activities to receive the highest score

Activity Inventory

- Added 6 new Improvement Activities
- Modified 5 existing Improvement Activities
- Removing 1 existing Improvement Activity
- Total of 118 Improvement Activities for 2019

CEHRT Bonus

- Removed the bonus to align with the new Promoting Interoperability scoring requirements, which no longer consists of a bonus score component

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- 25% of Final Score in 2019
- Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Reporting Requirements

Year 2 (2018) Final	Year 3 (2019) Final
• Comprised of a base, performance, and bonus score	• Eliminated the base, performance, and bonus scores
• Must fulfill the base score requirements to earn a Promoting Interoperability score	• New performance-based scoring at the individual measure level
	• Must report the required measures under each Objective, or claim the exclusions if applicable

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- 25% of Final Score in 2019
- Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Objectives and Measures

Year 2 (2018) Final	Year 3 (2019) Final
• Two measure set options for reporting based on the MIPS eligible clinician's edition of CEHRT (either 2014 or 2015)	• One set of Objectives and Measures based on 2015 Edition CEHRT • Four Objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange • Added two new measures to the e-Prescribing Objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category – Point Value

Objectives	Measures	Maximum Points
e-Prescribing	• e-Prescribing	• 10 points
	• Query of Prescription Drug Monitoring Program (PDMP) (new)	• 5 bonus points
	• Verify Opioid Treatment Agreement (new)	• 5 bonus points
Health Information Exchange	• Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care)	• 20 points
	• Support Electronic Referral Loops by Receiving and Incorporating Health Information (new)	• 20 points
Provider to Patient Exchange	• Provide Patients Electronic Access to their Health Information (formerly Provide Patient Access)	• 40 points
Public Health and Clinical Data Exchange	• Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	• 10 points

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- 25% of Final Score in 2019
- Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Scoring

To earn a score for the Promoting Interoperability Performance Category, a MIPS eligible clinician must:

1. User CEHRT for the performance period (90-days or greater)
2. Submit a "yes" to the Prevention of Information Blocking Attestation
3. Submit a "yes" to the ONC Direct Review Attestation
4. Submit a "yes" for the security risk analysis measure
5. Report the required measures under each Objective, or claim the exclusions if applicable

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- 25% of Final Score in 2019
- Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Scoring

Year 2 (2018) Final	Year 3 (2019) Final
• Fulfill the base score (worth 50%) by submitting at least a 1 in the numerator of certain measures AND submit "yes" for the Security Risk Analysis measure • Performance score (worth 90%) is determined by a performance rate for each submitted measure • Bonus score (worth 25%) is available • Maximum score is 165%, but is capped at 100%	• Performance-based scoring at the individual measure level • Each measure will be scored on performance for that measure based on the submission of a numerator and denominator, or a "yes or no" – Must submit a numerator of at least one or a "yes" to fulfill the required measures • The scores for each of the individual measures will be added together to calculate a final score • If exclusions are claimed, the points will be allocated to other measures

MIPS Year 3 (2019) Final

Performance Threshold and Payment Adjustments

Year 2 (2018) Final

- 15 point performance threshold
- Additional performance threshold for exceptional performance bonus set at 70 points
- Payment adjustment could be up to +5% or as low as -5%*
- Payment adjustment (and additional payment adjustment for exceptional performance) is based on comparing final score to performance threshold and additional performance threshold for exceptional performance

Year 3 (2019) Final

- 30 point performance threshold
- Additional performance threshold for exceptional performance bonus set at 75 points
- Payment adjustment could be up to +7% or as low as -7%*
- Payment adjustment (and additional payment adjustment for exceptional performance) is based on comparing final score to performance threshold and additional performance threshold for exceptional performance

**To ensure budget neutrality, positive MIPS payment adjustment factors are likely to be increased or decreased by an amount called a "scaling factor." The amount of the scaling factor depends on the distribution of final scores across all MIPS eligible clinicians.*

Questions?

Additional Help for you

If you would like additional help, please contact us:

Practices with >15 eligible clinicians

- Mary Simpson – Mary.Simpson@Alliantquality.org – GA
- Marianne Ferlazzo – Marianne.Ferlazzo@Alliantquality.org – NC

Practices with <= 15 eligible clinicians

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