

# VertexDr

## 2018 MIPS REQUIREMENTS – THE STAKES ARE GROWING

MAY 3, 2018 | VERTEXDR CLIENT FORUM

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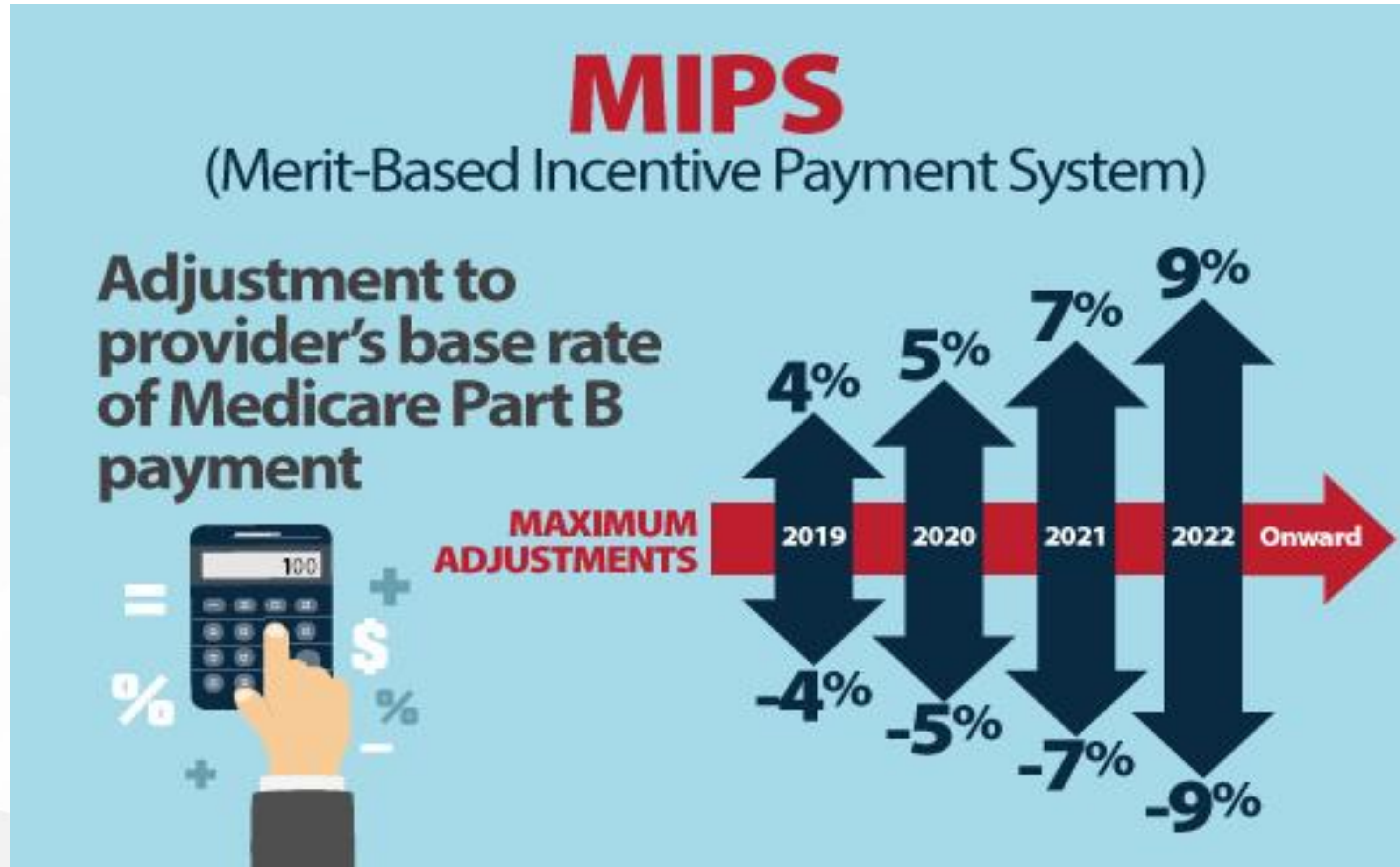
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electronic devices at this time.

**THANK YOU**

# Agenda

- A Quick Look Back
- Participation Status
- MIPS categories
- Scoring
- 2018 - Summary of Major Changes
- Where to find information
- Q&A

# 2018 – What's at risk?





# MODERN ART GALLERY




# A Look Back

MACRA's Quality Payment Program ("QPP") establishes three pathways for physicians:

- Exempt from requirements
- Merit-based Incentive Payment System ("MIPS")
- Alternative Payment Model ("APM")



# A Look Back

- MIPS consists of four weighted performance categories:
  - Quality (formerly PQRS)
  - Cost (formerly VBM)
  -  – Improvement Activities (IA)
  - Advancing Care Information (ACI, formerly MU)



# Participation Status

# Are You In or Are You Out?

There are no changes to eligibility in MIPS 2018

CMS has hinted at changes to eligibility in reporting period 2019 – stay tuned!

There are no changes to exclusions in 2018

BUT . . .



# Reporting Status

❖ Group

❖ Individual

❖ “Virtual” Group



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Virtual-Groups-Public-Webinar-slides.pdf>

# MIPS Categories



# Performance Categories & Weighted Score

Category	Description	2017 Reporting Period)	2018 Reporting Period	2019 Reporting Period
Quality	Replaces PQRS	60%	50%	30%
Cost	Replaces cost component of the Value Modifier Program	0%	10%	30%
Improvement Activity (IA)	New category comprised of medium and high measures	15%	15%	15%
Advancing care Information (ACI)	Replaces the Meaningful Use program	25%	25%	25%

# Quality - 2018

Quality Worth – 50%

- Report 6 measures
- Report for the full calendar year
- >60% eligible Medicare Patient



# Quality Changes - 2018

2017 Reporting Period	2018 Reporting Period
Worth <b>60%</b> of your total MIPS score	Worth <b>50%</b> of your total MIPS score
Data completeness threshold <b>50%</b> (all payers if reporting other than claims)	Data completeness threshold <b>60%</b> (all payers if reporting other than claims)
Performance period of <b>≥ 90 days</b>	Performance period: <b>full year</b>
Scoring for each measure: <b>3 – 10 points</b>	Scoring for each measure: <b>1 – 10 points</b> (sm. groups will remain at 3 – 10 pts)
Topped out measures	Six published topped out measures

# Advancing Care Information (ACI)

ACI Worth – 25%

Two measure set options

- Option 1 - 15 measures, 5 base measures
- Option 2 - 11 measures, 4 base measures

Performance Period -  $\geq$  90 consecutive days in 2018

***All base measures must be reported***

# Advancing Care Information (ACI)

2017	2018
Worth 25% of your total MIPS Score	<b>No change</b> – remains at 25%
Can use 2014 or 2015 edition CEHRT	<b>No Change</b> with the exception of a 10% bonus for using 2015 technology
Exemptions for Hardships - Hospital-based clinicians	Still exemptions but <b>new added – clinicians based in Ambulatory centers and clinicians who are using an EHR that became decertified</b>



# Improvement Activities (IA)

IA Worth - 15%

Measures are weighted Medium or High

- Medium = 10 points
- High = 20 points

Goal – 40 points except - rural, HPSA, non-patient facing clinicians, small practices

*Select activities that are most meaningful to your practice*

# Improvement Activities (IA)

2017	2018
Worth 15% of your Score total MIPS	<b>No Change</b> – remains at 15%
Goal - 40 Points	<b>No Change</b>
Performance Period - $\geq 90$ Consecutive days	<b>No Change</b>
92 Activities to select from	<b>112 Activities</b> to select from

# Cost Category

2017 – not calculated in total score

**2018 – 10% of the total MIPS score**

CMS auto calculates based on claims submission

- Two Measures
  - Medicare Spending per Member
  - Total per Capita Cost
- Performance period – calendar year
- No additional submission from eligible clinicians

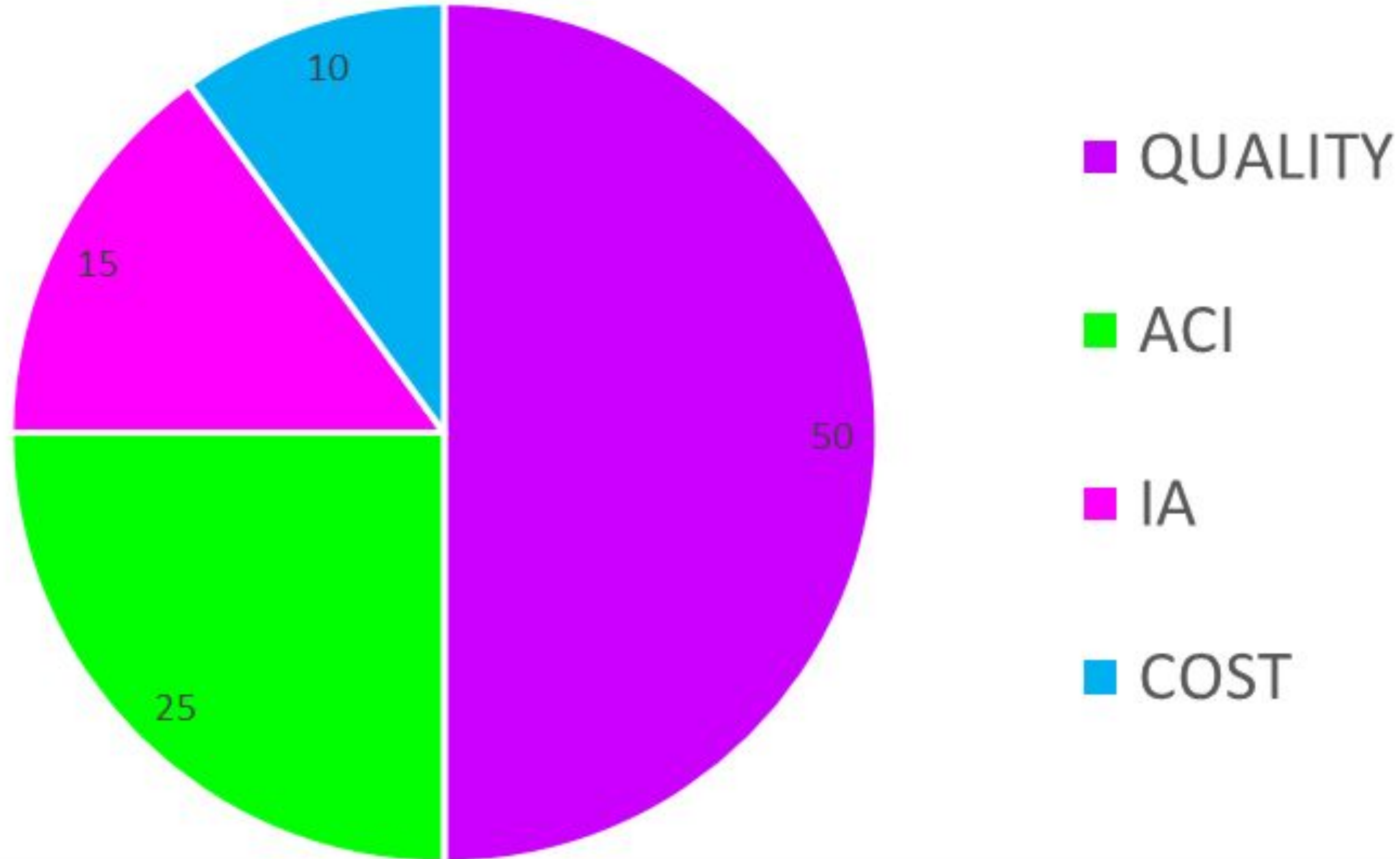


# Reporting Options

Category	Individual Reporting	Group Reporting
QUALITY	QCDR/ Qualified Registry/EHR/ <b>Claims</b>	QCDR/Qualified Registry/EHR/CMS Web Interface(grp>25)
COST	No Submission Required	No Submission Required
ADVANCING CARE INFORMATION	Attestation/QCDR/ Qualified Registry/EHR	Attestation/QCDR/Qualified Registry/EHR/CMS Web Interface(grp>25)
IMPROVEMENT ACTIVITIES	Attestation/QCDR/ Qualified Registry/EHR	Attestation/QCDR/Qualified Registry/EHR/CMS Web Interface(grp>25)

# 2018 - Scoring

## % OF TOTAL MIPS SCORE





# MIPS Final Score

Each eligible clinician receives a final score of 0 to 100 points

- Summing each of the four performance categories
- Assigning the appropriate weight

**2018 - The threshold has been set at 15 points**

# 2018 Scoring Example

Performance Category	Points Earned	Weight Percentage	Points
Quality	50	50%	25
Cost	20	10%	2
ACI	60	25%	15
IA	40	15%	6
		<b>TOTAL SCORE</b>	<b>48</b>

# Payout Table

Final Score 2018	Change for 2017 Y/N	Payment Adjustment in 2020
≥ 70 Points	N	<ul style="list-style-type: none"> <li>• POSITIVE ADJUSTEMENT GREATER THAN 0%</li> <li>• ELIGIBLE FOR EXCEPTIONAL PERFORMANCE BONUS – MIN. OF ADDITIONAL 0.5%</li> </ul>
15.01 – 69.99 Points	Y	<ul style="list-style-type: none"> <li>• POSITIVE PAYMENT ADJUSTMENT GREATER THAN 0%</li> <li>• NOT ELIGIBLE FOR EXCEPTIONAL PERFORMANCE BONUS</li> </ul>
15 Points	Y	NEUTRAL PAYMENT ADJUSTMENT
3.76 -14.99 Points	Y	NEGATIVE PAYMENT ADJUSTMENT GREATER THAN -5% AND LESS THAN 0%
0 – 3.75 Points	Y	NEGATIVE PAYMENT ADJUSTMENT OF -5%



# 2018 - Summary of Major Changes

- Low volume threshold -  $\leq$  \$90,000 or treat  $\leq$  200
- Total Score Performance Threshold – 15 Points
- Quality re-weighted to 50%
- Data completeness for Quality – 60%
- Quality measures are now worth 1 – 10 points

# 2018 - Summary of Major Changes

- Cost category is now worth 10%
- Option to report as a virtual group
- Topped out measures worth 1 – 7 points



# Performance Bonuses

## Small Practices

- Quality measures: 3 – 10 points
- Small practices – Automatic 5 additional points

## Complex Patient Bonus

- Up to an additional 5 points
- CMS will calculate based on claims

## Improvement Bonus for Quality Category

- Up to 10 bonus points
- CMS will calculate



# Information

# EIDM Accounts

<https://qpp.cms.gov>

PERFORMANCE YEAR 2017

## The Submission Window has Closed

Sign in to view your preliminary feedback. Final feedback will be available Summer 2018

[Sign In >](#)

PERFORMANCE YEAR 2018

Get ready by viewing [our current 2018 resources](#)

# What if I don't have an EIDM Account?

Sign in >

Forgot your credentials? Go to the CMS Enterprise Portal to reset your [user ID](#) or [password](#).

Don't have a user account yet? Visit the [CMS Enterprise Portal](#) to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

<https://qpp.cms.gov/login>



# Who moved the cheese?

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>

## Quality Payment Program final rule with comment

We've been listening to stakeholder feedback and have used it to finalize policies for Year 2 of the Quality Payment Program. In Year 2, we're keeping many of the flexibilities from the transition year and making modest changes to help you get ready for full implementation in Year 3.

Learn more about the [final rule with comment](#) and the [interim final rule with comment](#) and what it means for you:

- [Year 2 Overview fact sheet 11/2/2017](#)
- [Final rule executive summary 11/2/2017](#)
- [2017 Extreme & Uncontrollable Circumstances Policy for MIPS fact sheet \(interim final rule with comment fact sheet\) 2/6/2018](#)

[Find 2017 resources by provider type or topic](#)

[Find 2018 resources by provider type or topic](#)

[Find resources for all years by provider type](#)










[Find resources for all years by topic](#)



- Quality
  - Quality Measure Specifications: 2/9/2018
    - Claims Registry Measures 001-050 [🔗](#)
    - Claims Registry Measures 051-100 [🔗](#)
    - Claims Registry Measures 101-150 [🔗](#)
    - Claims Registry Measures 151-200 [🔗](#)
    - Claims Registry Measures 201-250 [🔗](#)
    - Claims Registry Measures 251-300 [🔗](#)
    - Claims Registry Measures 301-350 [🔗](#)
    - Claims Registry Measures 351-400 [🔗](#)
    - Claims Registry Measures 401-467 [🔗](#)
    - Web Interface Measures & supporting documents 12/27/2017
  - Quality Measure Specifications supporting documents 2/28/2018
  - 30-day All-Cause Hospital Readmission Measure 3/5/2018
  - Quality Benchmarks 12/27/2017
  - CMS QRDA III Implementation Guide for Eligible Professionals (EPs) and Eligible Clinicians 12/27/2017
  - CMS QRDA III Schematrons, and Sample Files for Eligible Professionals (EPs) and Eligible Clinicians 12/27/2017
  - Patient facing encounter codes 1/23/2018
  - Qualified Clinical Data Registry (QCDR) Measure Specifications 3/21/2018
  - Quality Performance Category fact sheet 4/5/2018
- Cost
  - Cost Performance Category fact sheet 3/27/2018
  - Cost Measures 12/29/2017
- Improvement activities
  - MIPS Improvement Activities 1/24/2018
  - Improvement Activities Performance Category fact sheet 3/27/2018
- Advancing care information
  - Advancing Care information fact sheet 3/1/2018
  - Advancing Care Information Measure Specifications 1/24/2018




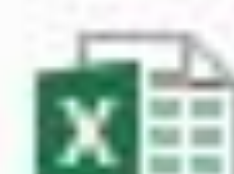



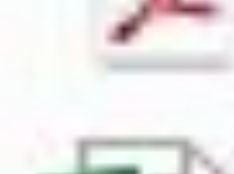
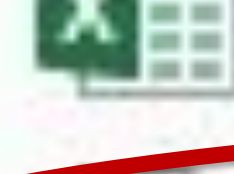
# I Found the Cheese!

- Quality
  - Quality Measure Specifications: 2/9/2018
    - Claims Registry Measures 001-050 
    - Claims Registry Measures 051-100 
    - Claims Registry Measures 101-150 
    - Claims Registry Measures 151-200 
    - Claims Registry Measures 201-250 
    - Claims Registry Measures 251-300 
    - Claims Registry Measures 301-350 
    - Claims Registry Measures 351-400 
    - Claims Registry Measures 401-467 
    - Web Interface Measures & supporting documents 12/27/2017
  - Quality Measure Specifications supporting documents 2/28/2018



# Quality Measure Specifications Supporting documents

- Quality-Measure-Specification-Supporting-Doc
  - Claims Registry

-  2018\_Claims\_IndivMeasures\_Releas...
-  2018\_Claims\_SingleSource
-  2018\_IndivClaimsMeasures\_Guide
-  2018\_IndivRegistryMeasures\_Guide
-  2018\_Registry\_IndivMeasures\_Rele...
-  2018\_Registry\_SingleSource
-  2018-Measure-List\_v2.2



# Cost

Find 2017 resources by provider type or topic

Find 2018 resources by provider type or topic

Find resources for all years by provider type

Find resources for all years by topic

- Cost

- Cost Performance Category fact sheet 3/27/2018

- Cost Measures 12/29/2017



# Improvement Activities

Find 2017 resources by provider type or topic

Find 2018 resources by provider type or topic

Find resources for all years by provider type

Find resources for all years by topic

- Improvement activities

- MIPS Improvement Activities 1/24/2018

- Improvement Activities Performance Category fact sheet 3/27/2018



# Advancing Care Information (ACI)

[Find 2017 resources by provider type or topic](#)

[Find 2018 resources by provider type or topic](#)

[Find resources for all years by provider type](#)

[Find resources for all years by topic](#)

- Advancing care information
  - Advancing Care information fact sheet 3/1/2018
  - Advancing Care Information Measure Specifications 1/24/2018







**WHAAAA?!?!?**



**Questions?**

Thank you!



# Presentation Available Post Forum



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# THANK YOU!

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