



# A Closer Look at the 2020 MIPS Program Changes

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Healthcare Intelligence

# Learning Objectives

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- Learn about the key changes to the Merit-Based Incentive Payment System (MIPS) from 2019 to 2020
- Understand what the changes mean for Eligible Clinicians
- Explore the steps you can take now to be successful in 2020

## MIPS Eligible Clinicians

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Physical Therapists
- Occupational Therapists
- Clinical Social Workers
- Clinical Psychologists
- Audiologists
- Speech-Language Pathologists
- Registered Dietitians/Nutrition Professionals

## MIPS Excluded Clinicians

- Clinicians at or below the low volume threshold criteria
- Eligible Clinicians newly enrolled with Medicare
- Advanced APM Qualified Participants (QPs)
- Advanced APM Partial QPs who choose not to report

# Low Volume Threshold Exclusion

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## NOT INCLUDED IN MIPS for 2020

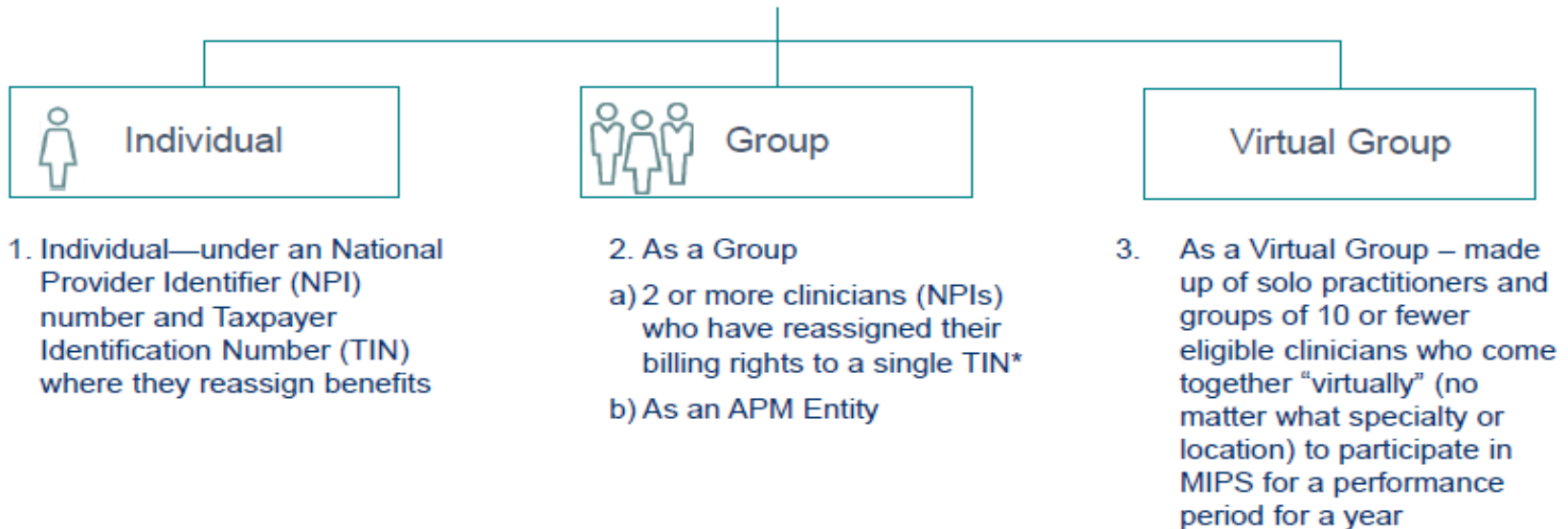
- Bill  $\leq$  **\$90,000** Medicare Allowable Charges **OR**
- $\leq$  **200** Part B Enrolled Beneficiaries **OR**
- $\leq$  **200** Part B Services
  - Each period Oct. 1 – Sept. 30 with 30-day claims run out
  - Segment 1 covers October 1, 2018 – September 30, 2019
  - Segment 2 covers October 1, 2019 – September 30, 2020
  - Preliminary 2020 eligibility is available now
  - Final eligibility will be available approximately November 2020
  - Applied at the submitting entity level: individual or group

## Automatic Identification on QPP Website

- Low volume
- Small practice
- Rural and HPSA Clinicians and Practices
- Non-Patient Facing Clinicians and Practices
- Hospital-Based Clinicians and Practices
- Ambulatory Surgical Center Based Clinicians and Practices
- Facility-Based Clinicians and Practices
- Extreme and Uncontrollable Circumstances

# MIPS Reporting Options 2020

## OPTIONS



\* If clinicians participate as a group, they are assessed as a group across all 4 MIPS performance categories. The same is true for clinicians participating as a Virtual Group.

# MIPS Reporting Options 2020

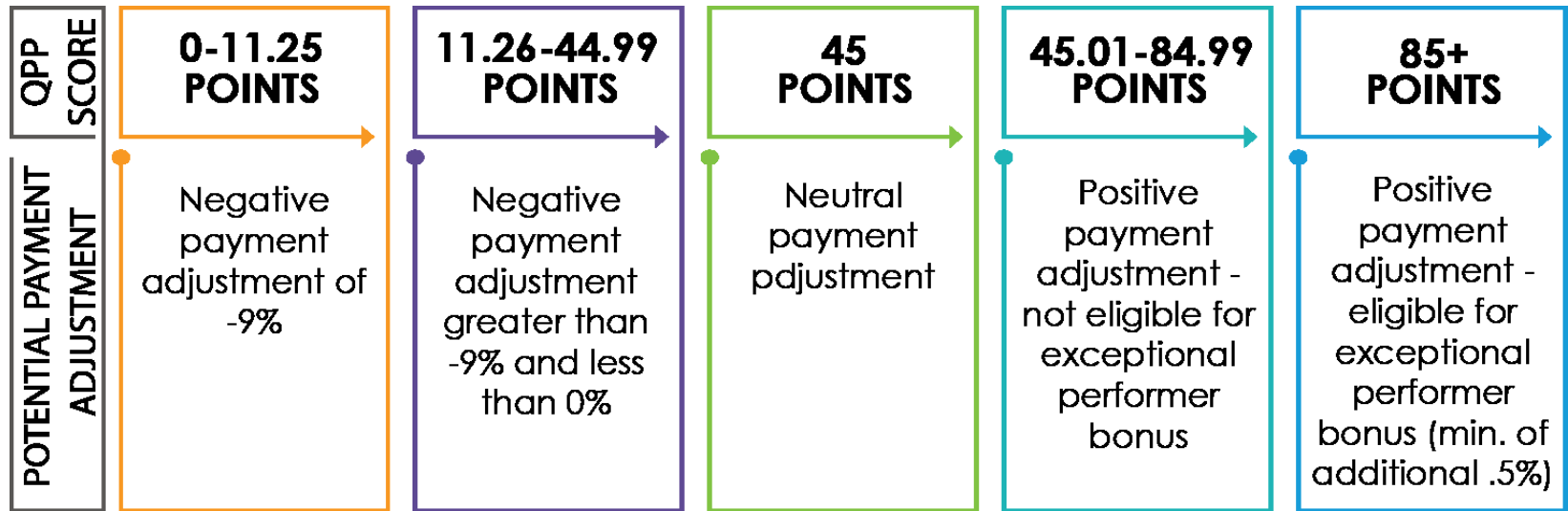
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## Opt-In vs. Voluntary Reporting

- If you are not included in MIPS, you can choose to opt-in or to voluntarily report
- **Opt-in**
  - Meet one or two of the low volume criteria
  - Receive performance feedback
  - Receive a positive, negative or neutral payment adjustment
- **Report voluntarily**
  - Receive performance feedback
  - No payment adjustment
- Once made, an election to opt-in or report voluntarily is final and cannot be reversed.

# MIPS Performance Thresholds





- 45 points for neutral payment adjustment
- 85 points for exceptional bonus





# MIPS Performance Category Weights 2020



QUALITY	COST	IMPROVEMENT ACTIVITIES	PROMOTING INTEROPERABILITY
			
45%	15%	15%	25%

# MIPS Performance Period Requirements



Performance Category	Performance Period
Quality	1 Full Year
Cost	1 Full Year
Promoting Interoperability	90-Day Minimum to 1 Full Year
Improvement Activities	90-Day Minimum to 1 Full Year

2020 MIPS Program

# Quality Performance Category

# MIPS Quality Performance Category

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Maintains a 45% weight

## Key 2020 Changes

- 70% data completeness required
- 3 new measures for 2020
- 7 new specialty sets
- 42 measures removed
- New alternative benchmarks for measures 1 and 236
- 83 measures with changes

# MIPS Quality Submission Requirements

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- 6 measures including 1 Outcome or Intermediate Outcome measure
  - High Priority measure allowed if no Outcome measure available
  - Partial credit awarded for fewer than 6 measures submitted
- ≥ 70% data completeness required 
- For the 2020 Performance Year you may submit data via multiple collection types
  - Electronic Clinical Quality Measures (eCQMs)
  - MIPS Clinical Quality Measures (MIPS CQMs)
  - Qualified Clinical Data Registry (QCDR) measures
  - Medicare Part B claims measures
  - CMS Web Interface measures
  - CAHPS for MIPS survey

# MIPS Quality Performance Category

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## New Measures

- 476: International Prostate Symptom Score or American Urological Association-Symptom Index Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia
  - Patient Reported Outcome **High Priority**
- 477: Multimodal Pain Management
  - Process **High Priority** (Opioid-related)
- 478: Functional Status Change for Patients with Neck Impairments
  - Patient Reported Outcome Measure **High Priority**

# MIPS Quality Performance Category

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## Key Measures Removed

- 131- Pain Assessment and Follow-Up
- 046- Medication Reconciliation Post-Discharge
- 109- Osteoarthritis Function and Pain Assessment
- 371- Depression Utilization of the PHQ-9 Tool
- 474- Zoster (Shingles) Vaccination

# New Specialty Measure Set

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## The 7 New Specialty Measure Sets

- Speech Language Pathology
- Audiology
- Clinical Social Work
- Chiropractic Medicine
- Pulmonology
- Nutrition/Dietician
- Endocrinology



# Alternative Benchmarking

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## Modified Benchmarks to Avoid the Potential for Inappropriate Treatment

- MIPS #1 (National Quality Forum (NQF) 0059): Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- MIPS #236 (NQF 0018): Controlling High Blood Pressure

# MIPS Quality Performance Category

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## Improvement Bonus

- Full year participation required
- Comparison only to previous year data at category level
  - If previous year Quality score  $\leq 30$ , then 30% used as comparison
  - Will convert data for comparison if entities do not match
- Calculation
  - Capped at 10% points
  - Category Percentage Scores without Bonus Points
  - Based on statistically significant changes
    - $\text{This year score} - \text{Last Year Score} / \text{Last year score}$

2020 MIPS Program Changes

# Cost Performance Category

## Cost Performance Category

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### What Remains the Same in 2020

- Maintains 15% weight
- No reporting requirements
- Total Per Capita Costs (TPCC)
  - Total Part A and Part B beneficiary costs during the year
- Medicare Spending Per Beneficiary (MSPB)
  - Costs included 3 days prior to admission to 30 days after discharge-excluding unrelated services
- Case minimums
  - 20 for Total Per Capita Costs
  - 35 for Medicare Spending Per Beneficiary
- 8 episode-based measures continue in 2020

## What Has Changed: Total Per Capita Costs (TPCC)

- Measure Attribution
  - Will require a combination of evaluation and management (E&M) services and general primary care service or a second E & M service from the same clinician group
  - Will exclude certain clinicians who primarily deliver certain non-primary care services (i.e. general surgery) or are in specialties that are unlikely to be responsible for primary care services (i.e. dermatology)
  - Attribution will be different for individuals and groups and will be defined in the applicable forthcoming measure specifications

# Cost Performance Category

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## What Has Changed: MSPB-C

- Name
  - Further define/clarify
- Measure Attribution
  - Will have a different methodology for surgical and medical episodes
  - Attribution will be different for individuals and groups
  - Will be defined in the applicable measure specifications

## What Has Changed: 10 New Episode-Based Measures

New Episode-Based Measures	Measure Type
Acute Kidney Injury Requiring New Inpatient Dialysis	Procedural
Elective Primary Hip Arthroplasty	Procedural
Femoral or Inguinal Hernia Repair	Procedural
Hemodialysis Access Creation	Procedural
Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation	Acute Inpatient Medical Condition
Lower Gastrointestinal Hemorrhage * Groups Only	Acute Inpatient Medical Condition
Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels	Procedural
Lumpectomy Partial Mastectomy, Simple Mastectomy	Procedural
Non-Emergent Coronary Artery Bypass Graft (CABG)	Procedural
Renal or Ureteral Stone Surgical Treatment	Procedural

# Scoring

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- Evaluated on the Cost measures that can be attributed to you
- Must exceed case volume for the applicable Cost measures
- If only one measure applies, only scored on that measure
- If more than one measure applies, your score is the equally weighted average of all measures
- Receive 1 to 10 achievement points for each scored measure based on the EC/group performance using the performance year benchmark
- If no measure can be scored, the Cost category weight of 15% is reweighted to Quality (45% Quality + 15% Cost = 60% Quality)



2020 MIPS Program Changes

# Promoting Interoperability Performance Category

## What Remains the Same in 2020

- Maintains 25% weight
- Reporting Period: Minimum continuous 90 days up to a full year
- CEHRT: 2015 Required
- Security Risk Analysis still required but not scored
- Automatic Reweight to Quality
  - Hospital-based clinicians, Non-patient facing clinicians, ASC based clinicians
- Hardship Exceptions still available to apply for if:
  - You're a small practice
  - You have decertified EHR technology
  - You have insufficient internet connectivity
  - You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues
  - You lack control over the availability of CEHRT

### 2019 Changes from 2020 Final Rule

- Query of PDMP changed from scored on a performance rate to yes/no attestation
- If claiming an exclusion for HIE: Sending Health Information points will be redistributed to Provide Patient Access

### 2020 Changes

- Remove Verify Opioid Treatment Agreement Bonus Measure
- HIE: Receiving and Incorporating Health Information will now only have one exclusion (<100 transitions of care, referrals or patient encounters)

## 2020 PI Measures

Objectives	Measures	Max Points	Where points will be redistributed when claiming an exclusion
e-Prescribing	e-Prescribing	10	HIE-split between the two measures
	Bonus: Query of PDMP	5 Bonus	None-Bonus measure
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20	Provide Patients Access to Their Health Information
	Support Electronic Referral Loops by Receiving Health Information	20	Support Electronic Referral Loops by Sending Health Information
Provider to Patient Exchange	Provide Patients Electronic Access to their Health Information	40	Exclusion may not be claimed
Public Health and Clinical Data Exchange Choose two registries to report data to (both may be from the same category)	Categories: Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	10	Provide Patients Electronic Access to Their Health Information

2020 MIPS Performance Category

# Improvement Activities Performance Category

## What remains the same in 2020

- Maintains 15% weight
- Reporting Period: Minimum continuous 90 days up to a full year
- 10 points for medium weighted activity
- 20 points for high weighted activity
- Small Practices receive double points for activities

## Key 2020 Changes

- When reporting as a group, at least 50% of the group must complete the activity
- 2 new activities
- 15 activities removed
- Burden study on quality measures is being discontinued so there is no longer an improvement activity credit for this
- Reduced barriers to PCMH designation

### New Activities – High Weight

- **Drug Cost Transparency (IA\_BE\_25)**

Practice provides counseling to patients and/or their caregivers about the costs of drugs and the patients' out-of-pocket costs for the drugs. If appropriate, the clinician must also explore with their patients the availability of alternative drugs and patients' eligibility for patient assistance programs that provide free medications to people who cannot afford to buy their medicine.

- **Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes (IA\_CC\_19)**

A MIPS eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period.



### Key Removed Measures

- **IA\_PSPA\_5**- Annual Registration in the Prescription Drug Monitoring Program
- **IA\_PSPA\_24**-Initiate CDC Training on Antibiotic Stewardship
- **IA\_CC\_4**-TCPI Participation
- Many use of QCDR activities were removed

2020 MIPS Program

# How to Succeed

## Small Practice Status

- Receive double points for Improvement Activities
- Promoting Interoperability hardship exception available
- Small practice bonus for submitting only one Quality measure
- 3-point minimum for each Quality measure submitted (up to six measures)
- Free individualized technical assistance

# Review Past Performance

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- Review your MIPS score details from 2017 and 2018
  - Where is there room for improvement?
  - Were you scored on Cost in 2018?
  - Do you need to choose different or additional Quality measures?
    - Topped out measures?
    - New collection type allow for new measures?
  - Promoting Interoperability
    - Took hardship in 2018 and/or 2019, yet want to participate in 2020?
    - Work on your Security Risk Assessment, policies and procedures now
    - New public health or clinical data exchanges available?
  - Improvement Activities
    - Review the two new high-weighted activities
    - Continue with same activities

## Get Started NOW!

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- Contact your technical assistance organization for free help!
- Understand changes to categories
- Get your team involved now – action plan and goal
- Begin working on your Security Risk Analysis, policies and mitigation plan for deficiencies
- Run Quality and PI reports from EHR, if applicable
- Talk with your EHR vendor
  - Any remaining requests open/fixes for any measure?
  - Reports running accurately?
  - Documentation or workflow assistance needed?
  - Do you know your direct address for the HIE objective and measures?

## Get Started NOW!

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- Talk with practices who refer patients to you or to which you refer for their direct address
- Practice sending and receiving summaries of care with other practices
- Begin collecting data for your all your Quality measures to meet the new data completeness threshold of 70%
- Review Cost attribution and methodology when CMS publishes the fact sheets
- Review the new episode-based measures for the Cost category to see if your specialty is included
- If submitting at the group level, plan which Improvement Activity or Activities will be used

## QPP Resources

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- [2020 QPP Final Rule Overview Factsheet](#)
- [2020 MIPS Quality Measure List](#)
- [2020 Web Interface Measure Specifications](#)
- [2020 Clinical Quality Measure Specifications](#)
- [2020 Medicare Part B Claims Measure Specifications](#)
- [2020 Improvement Activity Inventory](#)

# Thank you for joining us!



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