The Merit-Based Incentive Payment System (MIPS) Survival Guide

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Speakers

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Outline

• MACRA 101 webinar review
• MIPS Overview
• Performance Categories
  o Quality
  o Advancing Care Information
  o Resource Use
  o Clinical Quality Improvement Activities
• MIPS Reporting
• How to Prepare
• Q&A
MACRA 101 Webinar Survey Results

- 43% said preparing for MACRA was a high priority; 39% said it was a medium priority
- Only 8% said they were “very prepared”
- The preferred forms of technical assistance are written material (66%) learning communities (44%)
MIPS Eligibility

Am I eligible?
Clinicians who bill **Medicare Part B** using the physician fee schedule, including:

- Physicians (including psychiatrists)
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
In 2017, MIPS does NOT apply to:

- Clinical psychologists and licensed clinical social workers
- First-year Medicare providers
- Hospitals and facilities (i.e. skilled nursing facilities)
- Providers who serve fewer than 100 Medicare recipients and bill Medicare less than $10,000 per year (“low-volume threshold”)
- Clinicians and groups who are NOT paid under the Physician Fee Schedule (i.e. FQHCs and partial hospitalization programs)
MACRA DOES NOT APPLY TO MEDICAID
MACRA is scheduled to go into effect on January 1, 2017.

CMS will use reporting in 2017 to determine payment adjustments in 2019.
Clinicians can choose either:

- The **Merit-Based Incentive Payment System (MIPS)**, which streamlines multiple quality programs

- An **Advanced Alternative Payment Model (APM)**, which provides bonus payments for participation
Review: Advanced APMs

• Participants must use certified electronic health record technology

• Advanced APMs must carry more than nominal financial risk OR be a medical home model expanded under CMMI authority

…therefore, Advanced APMs will NOT be an option for most behavioral health care providers
The Merit-Based Incentive Payment Program (MIPS)
What is MIPS?

• MIPS consolidates three existing quality incentive payment programs
  – Physician Quality Reporting System (PQRS)
  – Electronic Health Records Incentive Program (“Meaningful Use”)
  – Value-based Payment Modifier (VBM)

• Adds “Clinical Quality Improvement Activity” category
Performance Categories and Scoring

- CMS will factor in four weighted performance categories to create clinicians’ MIPS Composite Performance Score (CPS)
- Category weights may be redistributed depending on eligible clinicians’ reporting capabilities
- Performance category weights are expected to change over time

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
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</thead>
<tbody>
<tr>
<td>QUALITY</td>
<td>(50%)</td>
</tr>
<tr>
<td>RESOURCE USE</td>
<td>(10%)</td>
</tr>
<tr>
<td>ADVANCING CARE INFORMATION</td>
<td>(25%)</td>
</tr>
<tr>
<td>CLINICAL PRACTICE IMPROVEMENT ACTIVITIES</td>
<td>(15%)</td>
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</table>

CPS (0-100)

PQRS

Value Modifier

Meaningful Use
MIPS Payment Adjustments
Timeline & Payment Adjustments

- **Fee Schedule**
  - 2016-2018: +0.5% each year
  - 2019-2022: No change
  - 2023-2025: +0.25% or 0.75%

- **MIPS**
  - Max Adjustment (+/-)
    - 2016-2022: 4, 5, 7, 9
    - 2026 & on: 9

- **QP in Advanced APM**
  - +5% bonus
  - (excluded from MIPS)
## Anticipated MIPS Payment Adjustments

<table>
<thead>
<tr>
<th>Clinician Category</th>
<th>% Expected to Receive Positive Adjustment</th>
<th>% Expected to Receive Negative Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>All eligible clinicians (ECs)</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>ECs in practices with 100+ clinicians</td>
<td>81%</td>
<td>11%</td>
</tr>
<tr>
<td>ECs in practices with 25-99 clinicians</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>ECs in practices with 2-9 clinicians</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>ECs in solo practices</td>
<td>13%</td>
<td>87%</td>
</tr>
</tbody>
</table>
• Requires providers to report six quality measures on an annual basis
• One must be an outcome or other “high priority” measure
  – Appropriate use
  – Care coordination
  – Patient experience
• One must be a “cross-cutting” measure
  – Unhealthy Alcohol Use: Screening & Brief Counseling
  – Tobacco Use and Help with Quitting Among Adolescents
• No National Quality Strategy domain requirement!
Quality Reporting and Scoring

• CMS will determine measure benchmarks and use them to assign 1-10 points for each quality measure
• Missing quality measures will get a zero score
• All quality measures must have a minimum sample size of 20 eligible “instances” or individual patient encounters
• Top six measures will be scored when extra measures are submitted
What if there aren’t enough behavioral health-related quality measures?

- Like PQRS, MIPS provides a limited number of behavioral health-related quality measures.
- MIPS is expected to have a type of Measure-Applicability Validation (MAV) process, like PQRS, if clinicians cannot submit all six measures.
- For example, CMS may reduce the weight of the Quality category and reassign the missing weight proportionally to other categories.
Advancing Care Information (25%)

- Requires MIPS eligible clinicians to use certified EHR technology (CEHRT)
- In 2017, MIPS eligible clinicians would be able to use EHR technology certified to either the 2014 or 2015 Edition certification criteria
Advancing Care Information Scoring

Base Score (50 points)

Clinicians must report the numerator and denominator, or a yes/no statement, for each measure
Advancing Care Information Scoring

Performance Score (80 points)

• Based on three objectives:
  – Patient Electronic Access
  – Coordination of Care through Patient Engagement
  – Health Information Exchange

• Each measure would be assigned a total of 10 possible points.

• For each measure, a clinician may earn up to 10 percent of their performance score based on their performance rate.
Advancing Care Information Scoring

- **BASE SCORE**: Account for 50 points of the total Advancing Care Information Performance Category Score
- **PERFORMANCE SCORE**: Account for 80 points of the total Advancing Care Information Performance Category Score
- **BONUS POINT**: Up to 1 point of the total Advancing Care Information Performance Category Score
- **COMPOSITE SCORE**: Earn 100 or more points and receive FULL 25 points in the Advancing Care Information Category of MIPS Composite Score
Is anyone exempt?

• In 2017 only, reporting in the Advancing Care Information category will be **optional** for
  – NPs
  – PAs
  – Clinical Nurse Specialists

• Clinicians with low Medicare patient volumes, insufficient internet connectivity, and those who lack access to certified EHR technology may also be exempt from reporting in this category.
What if I don’t have an EHR?

• MACRA proposed rule acknowledges that “there may not be sufficient measures that are applicable and available to certain types of MIPS eligible clinicians”

• CMS proposes assigning a different scoring weight (including a weight of zero) based on the extent to which the Advancing Care Information category applies to each clinician

• CMS would then redistribute the weight to other categories to make up the difference
Resource Use (10%)

• Will compare resources used to treat similar care episodes and clinical condition groups across practices
• Based on CMS claims analysis; does not require independent reporting
• If an individual clinician or group cannot report in this category and reports on at least three quality measures, the Resource Use weight will be added to the Quality category (60%).
Clinical Practice Improvement Activities (CPIA) (15%)

- Rewards practices that engage in QI activities
- MIPS eligible clinicians can choose from a list of 90+ activities (updated annually) to get a maximum score of 60 points
- MIPS eligible clinicians can earn credit for participating in APMs that do not meet “advanced” criteria
CPIA Scoring

Total points for high-weight activities + Total points for medium-weight activities = Total CPIA Points

Total CPIA Points ÷ Total Possible CPIA Points (60) = CPIA Performance Category Score
MIPS Reporting
MIPS Reporting Mechanisms

Depending on how you choose to report—as an individual or group--MIPS data can be reported through:

- Third party vendors--Qualified Clinical Data Registries (QCDRs); Health IT vendors that obtain data from CEHRT; CMS-approved survey vendors
- EHR
- Attestation
- Administrative Claims (individual reporting only)
- CMS Web Interface (groups 25+ only)

- Available reporting mechanisms vary slightly by performance category
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<thead>
<tr>
<th>Performance Category</th>
<th>Reporting Mechanisms</th>
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<tbody>
<tr>
<td>Quality</td>
<td>- Claims</td>
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<td>- QCDR</td>
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<td>- EHR</td>
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# Group MIPS Reporting Mechanisms by Performance Category

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<td>- CMS Web Interface (groups of 25 or more)</td>
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<tr>
<td></td>
<td>- CMS-approved survey vendor for CAHPS for MIPS (must be reported in conjunction with another data submission mechanism)</td>
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<td></td>
<td>- Administrative claims (no submission required)</td>
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Quality Measure Reporting

• Individuals or groups who submit quality measure data using QCDRs, qualified registries, or via EHR need to report on at least 90 percent of the clinician or group’s patients that meet the measure’s denominator criteria—regardless of payer for the performance period.

• In other words, CMS will expect to receive quality data for both Medicare and non-Medicare patients.
Quality Measure Reporting: Medicare Part B Claims

- Individual MIPS eligible clinicians submitting data on quality measures data using **Medicare Part B claims**, would report on at least **80 percent** of the Medicare Part B patients seen during the performance period.
How to Submit Data

• Both individuals and groups can submit data via multiple mechanisms

• BUT they must use the **same identifier (TIN/NPI)** for all performance categories and they may only use **one submission mechanism per category**
How to Prepare
How to Prepare

• Start **NOW**
• Determine MIPS eligibility
• Educate your team
• If you participate in PQRS, review CMS performance feedback
• Review applicable quality measures and applicable CPIAs
• If you have an EHR, make sure it’s **certified**
• Check out our complete MIPS Resource Guide and Preparation Checklist on [http://www.thenationalcouncil.org/macra/](http://www.thenationalcouncil.org/macra/)
Don’t Forget…

PQRS & MIPS in the Real World: Three Organizations Share their Experiences
Tuesday, August 16th

Featured Speakers:
• Christina VanRegenmorter, MSWS, PMP, VP of Clinical Excellence, Centerstone
• Spencer L. Gear, ACSW, LCSW-C, Chief Systems Officer, Mosaic Community Services, Inc.
• Martha Ryan, Manager, Meaningful Use, South Shore Mental Health

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Questions
Thank you!

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