



Maximizing Performance in the Merit-Based Incentive Payment System (MIPS)

OCTOBER 28, 2021



About MHCC

- ▶ Advance innovative value-based care delivery and health information technology statewide by promoting adoption and use, identifying challenges, and raising awareness through outreach activities
- ▶ Provide timely and accurate information on availability, cost, and quality of health care services to policy makers, purchasers, providers, and the public



MARYLAND
Health Care
Commission

AGENDA

- ▶ Overview
- ▶ Maryland's Advanced Care Delivery Landscape
- ▶ 2021 MIPS Reporting
- ▶ Q&A

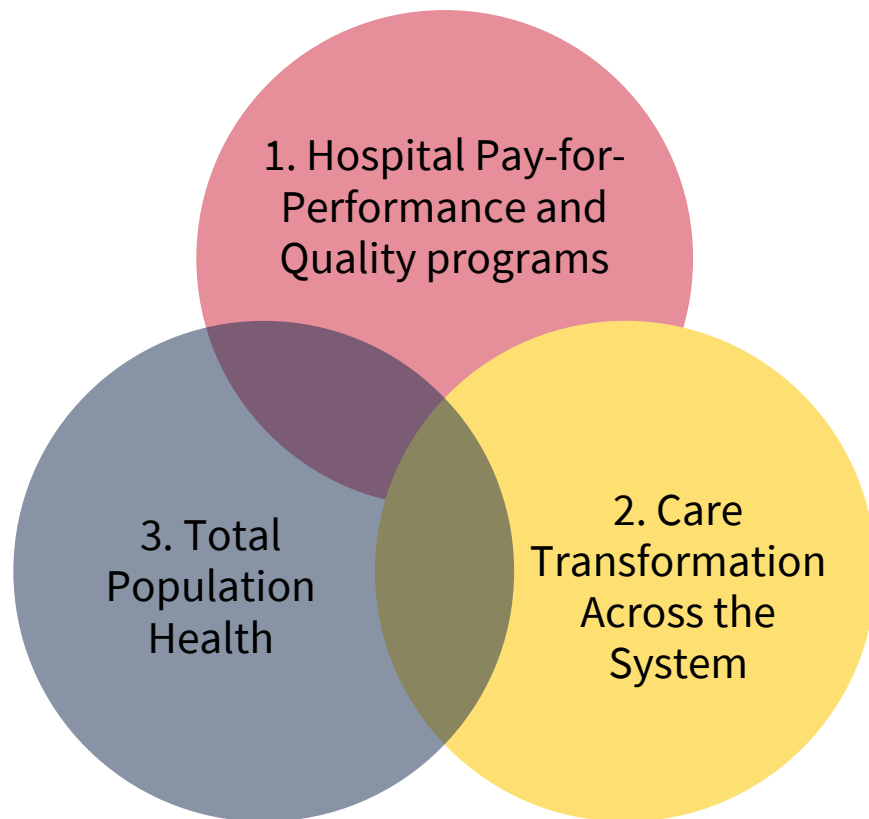


Maryland's Unique Approach

- ▶ Maryland's Total Cost of Care (TCOC) Model priorities include:
 - ▶ Ensure that all Marylanders have access to quality health care, whether in rural or urban areas of the State
 - ▶ Address the needs of our senior population, which is expected to increase by 40 percent over the next 10 years
 - ▶ Fight the opioid epidemic and other population health improvements, such as diabetes prevention and other chronic conditions



TCOC Model Components



Component	Purpose
1. Hospital Population-Based Revenue	Expands hospital quality requirements, incentives, and responsibility to control total costs through limited revenue-at-risk (e.g., Medicare Performance Adjustment, reduction of potentially avoidable utilization, & reduced readmissions)
2. Care Redesign and New Model Programs	Fosters care transformation <i>across the health system</i> : <ul style="list-style-type: none"> • Expands incentives for hospitals to work with others • Opportunity for development of “New Model Programs” for non-hospital providers (e.g., EQIP) • MACRA eligibility with participation
2. Maryland Primary Care Program	Enhances chronic care and health management for Medicare enrollees
3. Population Health	Encourages programs and provides financial credit for improvement in statewide diabetes, opioid addiction, and at least one other state priority area. Development of Statewide Integrated Health Improvement Strategy.



The Episode Quality Improvement Program (EQIP)

- ▶ A voluntary, episodic incentive payment program for Maryland specialist physicians beginning January 1, 2022
- ▶ The first performance year will include episodes in the following specialty areas:
 - ▶ Gastroenterology and General Surgery
 - ▶ Orthopedics and Neurosurgery
 - ▶ Cardiology



Care Transformation Organization Grant Overview

- ▶ The MHCC recently awarded MedChi Care Transformation Organization (CTO) a grant to engage eligible primary care and specialty practices (practices) in an *Advancing Practice Transformation in Ambulatory Practices* Program (program)
- ▶ Key objectives of the program include:
 - ▶ Support the broad goals of the TCOC Model by readying practices to participate in value-based payment programs (e.g., MIPS)
 - ▶ Prepare practices to deliver efficient, high-quality care while improving health outcomes
 - ▶ Lay the foundation for practices to provide team-based, patient-centered care, and for efficient use of health information technology



Background

- ▶ The Transforming Clinical Practice Initiative (TCPI) was one of the largest federal investments uniquely designed to provide technical assistance to clinician practices
- ▶ It was a nationwide strategy to strengthen the quality of patient care and spend health care dollars more wisely
- ▶ TCPI Change Package
 - ▶ Compilation of interventions developed and tested by other practices
 - ▶ Describes the changes needed to transform clinical practice and meet TCPI goals
 - ▶ Organized around three primary management functions that drive performance, quality, and success



Milestones

- ▶ Program Milestones:
 - ▶ Milestone 1 – Readiness Assessment
 - ▶ Milestone 2 – Workflow Redesign
 - ▶ Milestone 3 – Training



Next Steps

- ▶ Practice applications will be reviewed in November
- ▶ Practice baseline assessments and workflow redesign will begin prior to January 1, 2022
- ▶ More information about the program is available at:
mhcc.maryland.gov/mhcc/pages/apc/apc/documents/apc_CTO_Program_Overview.pdf



2021 MIPS Reporting



MIPS Update



Disclaimer

- ▶ I am the CEO of Registry Clearinghouse, a CMS approved Quality Registry
- ▶ Registry Clearinghouse assists providers to submit MIPS data to CMS



Performance Threshold

- ▶ **In 2020 you must earn 60 MIPS points (up from 45 points in 2020)**



Exceptional Provider Threshold

- ▶ **The exceptional performance threshold to achieve a bonus is 85 MIPS points.**



Penalties and Bonuses

- ▶ **The maximum penalty for not reporting in 2021 will rise to negative -9 percent**
- ▶ While payment adjustments would range from -9 percent to +9 percent, any positive payment adjustments are expected to be below 9% due to the federal budget neutrality requirements



2021 Exemptions

- ▶ Exemptions are available for 2021 but
- ▶ Exceptions are not automatic
- ▶ Exemptions are unlikely in 2022



So What to Do?

- ▶ You need a score of 60 in 2021 to avoid a penalty
- ▶ Understand MIPS now and make sure you are above a 60 this year so that can avoid a penalty



Understanding Scoring

- ▶ 4 Categories
 - ▶ Cost - 20%
 - ▶ Improvement Activities – 15%
 - ▶ Promoting Interoperability – 25%
 - ▶ Quality – 40%



Quality Measures Removed for 2021

- ▶ 12 Measures that were part of MIPS in 2020 have been removed for 2021. These are probably not measures you have used in the past but for completeness:



- ▶ 012 : Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (*this measure will still be available for reporting as an eCQM)
- ▶ 069 : Hematology: Multiple Myeloma: Treatment with Bisphosphonates
- ▶ 146 : Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms
- ▶ 333 : Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
- ▶ 348 : Implantable Cardioverter-Defibrillator (ICD) Complications Rate
- ▶ 390 : Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options
- ▶ 408 : Opioid Therapy Follow-up Evaluation
- ▶ 412 : Documentation of Signed Opioid Treatment Agreement
- ▶ 414 : Evaluation or Interview for Risk of Opioid Misuse
- ▶ 435 : Quality of Life Assessment For Patients With Primary Headache Disorders
- ▶ 437 : Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure
- ▶ 458 : All-Cause Hospital Readmission (Administrative Claims measure)



The Basic Math - Quality

- ▶ Each measure is worth up to 10 Points
- ▶ You need a score of 60 quality points to get a perfect score in Quality
- ▶ If you score 60 in quality, you will receive 40 MIPS composite points
- ▶ The maximum MIPS composite score is 100



The Cost Category

- ▶ The cost category is worth up to 20 MIPS Composite Points
- ▶ Cost is scored based upon:
 - ▶ Medicare Spending Per Beneficiary (MSPB) and Total Per Capita Cost (TPCC) measures.
- ▶ For most Podiatrists there is not enough data in either of these two categories to give the doctor a cost score
- ▶ In that case, the points for points for Cost are moved to Quality.
 - ▶ This means Quality will be worth up to 60 Points



Quick Math

- ▶ If you score a 30 / 60 points in quality (50%)
 - ▶ You will receive 20 MIPS Composite points (50% of 40)

- ▶ If your cost is moved from cost to quality
 - ▶ You will receive 30 MIPS Composite points (50% of 60)



The Promoting Interoperability Category

- ▶ Promoting Interoperability is worth up to 25 MIPS Composite Points
- ▶ Small providers have the option of ‘opting out’ of Promoting Interoperability
- ▶ You must request an opt out and it is not guaranteed
- ▶ In that case the 25 MIPS Composite Points will be moved to the Quality Category



You can get up to 100% in Promoting Interoperability

- ▶ A Score of 100% in promoting interoperability will get you 25 composite points
- ▶ A score of 80% in promoting interoperability will get you 20 composite points



More Quick Math

- ▶ Once again for example a score of 30/60 for quality
- ▶ Add 25 points to quality $(45 + 25) = 70$
 - ▶ Your composite score will be a 35
- ▶ If cost is also moved to quality $(45 + 25 + 15) = 85$
 - ▶ Your composite score will be a 42.5



In Summary

- ▶ Your cost activity may be worth
 - ▶ 40 MIPS Composite Points (you have separate scores for Cost and PI)
 - ▶ 60 MIPS Composite Points (CMS can not calculate Cost and you report PI)
 - ▶ 65 MIPS Composite Points (CMS can calculate Cost and you opt out of PI)
 - ▶ 85 MIPS Composite Points (CMS can not calculate scores and you opt out of PI)
- ▶ OK that was the easy part



Points for Quality Measures

- ▶ Each Measure is worth up to 10 quality points
- ▶ You can submit hundreds of measures (that is too much work)
- ▶ Only the best six measures will be scored to your score
- ▶ As you can see from the previous slides, Quality is probably the most important (heaviest weighted) portion of your MIPS Activities so a high score in quality is vital



End to End Bonus Points

- ▶ If you do ‘end to end’ reporting you get 1 bonus point for each measure that is submitted in an end to end fashion – Up to a maximum of 6 bonus points
- ▶ End to End reporting means it comes directly from your Certified EHR product and either goes directly to CMS or to a registry and then to CMS
- ▶ If you submit extra high priority measure you get 1 bonus point for each high priority measure
- ▶ If you submit extra outcome measures you get 2 bonus points for each outcome measures
 - ▶ The maximum number of bonus points for extra measures is 6
- ▶ Small practices also will get 6 additional bonus points in the quality component of MIPS



High Priority and Outcome Measure Bonus Points

- ▶ If you submit extra high priority measure you get 1 bonus point for each high priority measure
- ▶ If you submit extra outcome measures you get 2 bonus points for each outcome measures
 - ▶ The maximum number of bonus points for extra measures is 6
- ▶ Small practices also will get 6 additional bonus points in the quality component of MIPS



Maximum Score for Quality is 60

- ▶ The maximum score is still 60 so if you score above 60 you still only get a 60.
- ▶ Once again, a score of 60 will get you 45 MIPS composite points
 - ▶ Or more if you are exempt from other measures



So Some More Quick Math

- ▶ You need 60 points to max out quality
- ▶ If you are a small practice, you get 6 bonus points automatically
- ▶ If you report extra high priority and outcome measures you can get 6 more bonus points
- ▶ Let's not worry about end-to-end bonus for now
- ▶ You need a total of 48 points in quality measures to max out quality. That is an average of 8 points / measure that is your goal



Each of the Measures is Worth up to 10 Points

- ▶ Measures are scored based upon your performance on a measure
- ▶ Your performance on a measure will be for example:
 - ▶ 100%
 - ▶ 90%
 - ▶ 80%
- ▶ Does a score of 90% mean you will score 9 points for the Measure?
- ▶ NO - and this is where it gets complicated



Topped Out Measures

- ▶ Measures that CMS has determined are ‘topped out’ are measure where providers have done so well, there is not much room for improvement
- ▶ For example, if the average performance on a measure is 98% CMS may determine that the measure is ‘Topped Out’
- ▶ Measures that have been designated as Topped Out have a maximum score of 7
- ▶ So, if you perform 100% on a topped out measure you will get 7 points
- ▶ Moral of the Story – avoid topped out measures



Topped Out Measures Include:

- ▶ Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- ▶ Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- ▶ Age-Related Macular Degeneration (AMD): Dilated Macular Examination
- ▶ Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- ▶ Perioperative Care: Selection of Prophylactic Antibiotic -First OR Second-Generation Cephalosporin
- ▶ Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
- ▶ Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older



- ▶ Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
- ▶ Advance Care Plan
- ▶ Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
- ▶ Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
- ▶ Appropriate Treatment for Upper Respiratory Infection (URI)
- ▶ Appropriate Testing for Pharyngitis
- ▶ Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
- ▶ Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
- ▶ Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
- ▶ Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy -Avoidance of Inappropriate Use



- ▶ Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- ▶ Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer
- ▶ Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- ▶ Diabetes: Eye Exam
- ▶ Documentation of Current Medications in the Medical Record
- ▶ Melanoma: Coordination of Care
- ▶ Oncology: Medical and Radiation - Pain Intensity Quantified
- ▶ Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy
- ▶ Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
- ▶ **Falls: Risk Assessment**
- ▶ **Falls: Plan of Care**



- ▶ Rheumatoid Arthritis (RA): Functional Status Assessment
- ▶ Rheumatoid Arthritis (RA): Glucocorticoid Management
- ▶ Functional Outcome Assessment
- ▶ Stroke and Stroke Rehabilitation: Thrombolytic Therapy
- ▶ Radiology: Stenosis Measurement in Carotid Imaging Reports
- ▶ Barrett's Esophagus
- ▶ Radical Prostatectomy Pathology Reporting
- ▶ Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
- ▶ **Biopsy Follow-Up**
- ▶ Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
- ▶ Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management
- ▶ Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia
- ▶ Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease



- ▶ Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment for Patients with Parkinson's Disease
- ▶ Parkinson's Disease: Rehabilitative Therapy Options
- ▶ Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- ▶ Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- ▶ Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
- ▶ Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation
- ▶ Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
- ▶ Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
- ▶ Lung Cancer Reporting (Biopsy/Cytology Specimens)
- ▶ Lung Cancer Reporting (Resection Specimens)
- ▶ **Melanoma Reporting**



- ▶ Tobacco Use and Help with Quitting Among Adolescents
- ▶ Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients
- ▶ Overuse of Imaging for the Evaluation of Primary Headache
- ▶ Photo documentation of Cecal Intubation
- ▶ Prevention of Post-Operative Nausea and Vomiting (PONV) -Combination Therapy
- ▶ Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques
- ▶ Skin Cancer: Biopsy Reporting Time -Pathologist to Clinician
- ▶ Prevention of Post-Operative Vomiting (POV) -Combination Therapy (Pediatrics)



Some may apply to you

- ▶ And even a score of 100% will only get you 7 points
- ▶ Remember we want to average 8 points per measure



So if you have been using those measures

- ▶ FIND other measures, they are not your best choice



What about other Measures and Scores?

- ▶ Let's look at 126 – Neurologic Screening of the Diabetic Foot

Performance	Score
100%	10 points
99.32 - 99.99	7 points
94.87 – 99.31	6 points
86.49 – 99.30	5 points



Measures DELETED in 2020. Just to review

- ▶ In accordance with the Meaningful Measures Initiative, CMS removed 42 measures. Make sure you were not planning to report any of these removed measures (quality ID #'s): 046, 51, 68, 91, 109, 131, 160, 165, 166, 179, 192, 223, 255, 262, 271, 325, 328, 329, 330, 343, 345, 346, 347, 352, 353, 361, 362, 371, 372, 388, 403, 407, 411, 417, 428, 442, 446, 449, 454, 456, 467, 474.
- ▶ If you were using any of these measures you need to find replacement measures



Data Completeness is now 70%

- ▶ In Previous years you had to have a data completeness score of 60%, now it has moved up to 70%
- ▶ This means you must report on at least 70% of the encounters that you can report on.



The Threshold to avoid a Penalty is 60 Composite points

- ▶ 2020 – was 45 points
- ▶ 2019 – was 30 points
- ▶ 2018 – was 15 points
- ▶ 2017 – was 3 points
- ▶ This means if you do not have a certified EHR or other program to assist you in quality you will PROBABLY be looking at a penalty in 2020 as tracking quality and getting a high score is extremely difficult without such software



Selection of Measures

- ▶ Step 1 – Look at the measures your EHR supports – If your EHR does not support the measure it will be difficult or even impossible to report the measure
- ▶ Step 2 – Of those measures see which ones are easiest to put into your workflow to achieve a high performance
- ▶ Step 3 – Look at the benchmarks for each measure and see how well you need to perform to get a high score
- ▶ Based upon those factors decide which measures you want to work on for this year



Resources

- ▶ [QPP.cms.gov](https://qpp.cms.gov)
- ▶ Go to the bottom of the page – select Resource Library
- ▶ At Resource Library Select MIPS | Quality Measures
- ▶ Download the Benchmarks file and see the benchmarks for each measure



Other Changes for Quality Reporting

- ▶ In the past you had to report all of your quality measures using only one method.
- ▶ For 2021 you can report 1 measure 1 way, 2 measures a second way, and other measures other ways
- ▶ CMS will look at all of your reporting and will take the best 6 scores from all of your reporting methods and calculate the best possible quality score for you



Changes to the Cost Category

- ▶ CMS looks at your claims data and calculates your cost score.
- ▶ That is still the same



Improvement Activities (IA)

- ▶ No significant changes for 2021



Improvement Activities fall into 9 Categories

- ▶ 1. Expanded Practice Access (EPA)
- ▶ 2. Population Management (PM)
- ▶ 3. Care Coordination (CC)
- ▶ 4. Beneficiary Engagement (BE)
- ▶ 5. Patient Safety and Practice Assessment (PSPA)
- ▶ 6. Participation in an APM
- ▶ 7. Achieving Health Equity (AHE)
- ▶ 8. Emergency Preparedness and Response (EPR)
- ▶ 9. Integrated Behavioral and Mental Health (BMH)



So How is this Scored?

- ▶ Practice Improvement Activities are scored on a scale of 40
- ▶ If you score a 40 in Practice Improvement you will receive 15 MIPS composite points



How to get 40 Points

- ▶ High Priority Activities are worth 20 points
- ▶ Medium Priority Activities are worth 10 points
- ▶ Except if you are a small practice then...
- ▶ High Priority Activities are worth 40 points
- ▶ Medium Priority Activities are worth 20 points



My Favorite IA's (High Priority)

- ▶ 24 /7 Access
- ▶ Participate in your states Prescription Drug Monitoring Program
- ▶ CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain (you can only do this once every 4 years)
- ▶ Completion of CDC Training on Antibiotic Stewardship (you can only do this once every 4 years)



Promoting Interoperability (PI)

- ▶ This used to be known as
 - ▶ Advancing Care Information and before that
 - ▶ Meaningful Use
 - ▶ If you are not confused yet please raise your hand.



What is Promoting Interoperability

- ▶ It is using your EHR to better communicate with patients and other providers



The Components of PI

- ▶ Protect Patient Information (Your HIPAA Security Risk Analysis)
- ▶ Electronic Prescribing
- ▶ Patient Electronic Access
- ▶ Coordination of Care through Patient Engagement
- ▶ Health Information Exchange
- ▶ Public Health and Clinical Data Registry Reporting



PI Scoring

- ▶ PI is worth a maximum of 25 MIPS composite points
- ▶ You need to score a 100 in PI to get the full 25 points



The Points

- ▶ You must Complete your HIPAA Security Risk Analysis in order to participate in Promoting Interoperability



Scoring

Activity	Potential Points
E Prescribing	Up to 10 points
> Bonus Query Prescription Drug Monitoring Program	5 points
Health Information Exchange	
Support Electronic Referral Loops by sending Health Information	20 points
Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	
Provide Patients Electronic Access to their Health Information	40 points
Public Health and Clinical Data Exchange	
Report to two different public health agencies	10 points



What Measures Should you Choose

- ▶ Due to Time Constraints I can not go over that today. But I do have free recordings that you can view at www.registryclearinghouse.com
- ▶ Go to the site
- ▶ Select the Measures menu item
- ▶ Each webinar is between 10 and 15 minutes and will give you a deep dive into the advantages and disadvantages of each measure.
- ▶ You can always reach out to me with questions
- ▶ [info@registryclearinghouse](mailto:info@registryclearinghouse.com)



In Conclusion

- ▶ Getting MIPS points is more difficult
- ▶ The threshold for avoiding a penalty has increased
- ▶ The maximum penalty has increased to 9%
- ▶ This is now becoming REAL



THANK YOU