

# How to Succeed at MIPs: CMS Merit-Based Incentive Payment System

September 29<sup>th</sup>

2:00 pm EST

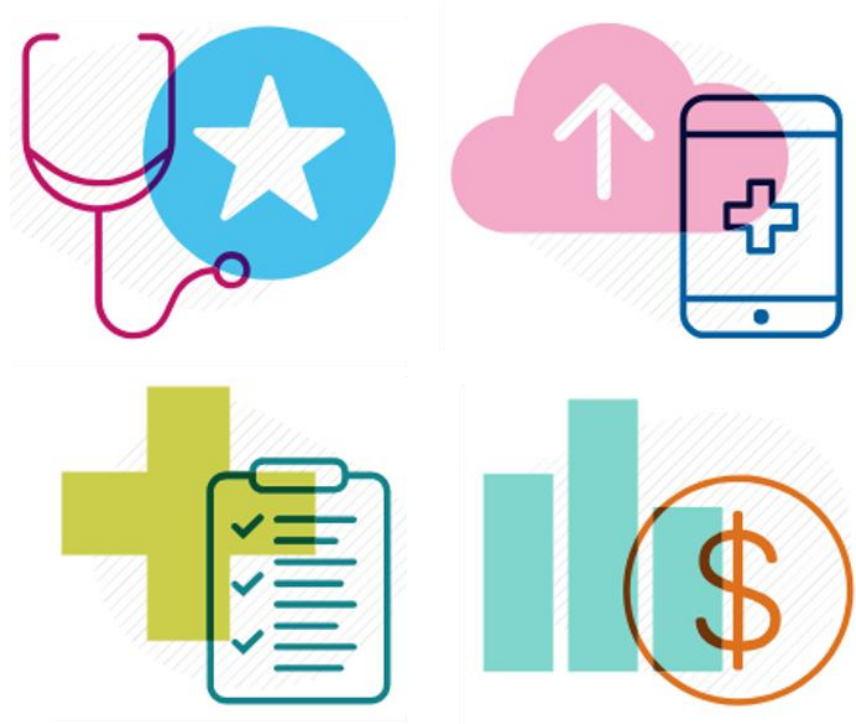


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# Agenda

- **Brief Program Overview**
  - What is MIPs?
  - Who must report?
  - What's at stake?
- **Defining MIPs Success**
- **Achieving MIPs Success**
- **Resources**
- **Submitted Questions**



# MIPS: Program Overview



# MIPs Program Overview

- **2015 MACRA legislation** established the Quality Payment Program – combining PQRS and other CMS programs into MIPS



# MIPs Program Overview

- Final MIPs score is a combination of four performance categories

When **no** performance categories are reweighted (this means you submitted Promoting Interoperability data):

Quality



30% | of MIPS Score

Cost



30% | of MIPS Score

Improvement Activities



15% | of MIPS Score

Promoting Interoperability



25% | of MIPS Score

- Each category has a unique score and category weight towards final MIPs score

# MIPs Program Overview

- Individual providers enrolled in Medicare for *at least one year* who also exceed the program's low volume threshold **must** participate

## Low Volume Threshold (LVT):

- **\$90,000** or more in Medicare part B charges **and**
  - **200** or more Medicare beneficiaries **and**
  - **200** or more Medicare covered services
- 
- Individuals who exceed **some** elements of the LVT may opt-in but are not required to report
- 
- Providers with sufficient participation within Advanced APMs are exempt from MIPs

<https://qpp.cms.gov/participation-lookup> - check NPI eligibility



# MIPs Program Overview

- The **requirement** to participate in MIPS only applies at the individual provider level
- Group, Virtual Group, APM Entity – level submissions *satisfy* the requirements for any individuals who must report due to exceeding the program's LVT but are not mandatory
- Participants can submit **multiple** ways and receive multiple scores
  - The highest score is applied towards future payment adjustments



# MIPs Program Overview

Participants must earn a **final score** above the performance year's ***penalty threshold*** to avoid a negative payment adjustment on future Medicare part B claims

- Payment adjustments applied 2 years after a performance year
- MIPs is a budget *neutral* program – meaning the amount of bonuses rewarded depends on how many participants received penalties
- Maximum allowable adjustment **+/- 9%**

# MIPs Program Overview

Performance Year	Payment Year	Max Payment Adjustments	Performance Threshold	Exceptional Performance Threshold	Payment Adjustments
2023	2024	(+/-) 9%	<b>75 pts</b>	N/A	8+%**
<b>2022</b>	<b>2024</b>	<b>(+/-) 9%</b>	<b>75 pts</b>	<b>89 pts</b>	<b>8+%**</b>
2021	2023	(+/-) 9%	60 pts	85 pts	<b>2.33%</b> 6 – 8 % **
2020	2022	(+/-) 9%	45 pts	85 pts	<b>1.88%</b> 6.25% **
2019	2021	(+/-) 7%	30 pts	75 pts	<b>1.79%</b> 4.67% **
2018	2020	(+/-) 5%	15 pts	70 pts	<b>1.68%</b>
2017	2019	(+/-) 4%	3 pts	70 pts	<b>1.88%</b>

\*\* QPP Estimates

# MIPs Program Overview

## Future state of MIPS

- **Penalty threshold based on *real* participant performance**
  - Lowest possible level has been selected so far
- **More focus on COST category**
  - QPP expanding category, adding more episode-based measures
- **MVPs – MIPS Value Pathways**
  - Streamlined pathway that will *eventually* replace ‘traditional MIPS’

# Defining MIPS Success



# Defining MIPS Success

## 1) Understand Who Must Report

- **Strategize based on eligibility mix and performance trends**
  - Does group reporting make sense if only one or two providers must report?
  - Are all providers on the MIPS track of QPP or is there a mix of APM or QP status providers?
- **Group reporting has been a popular submission level since beginning of program but may not make sense as penalty threshold gets higher**
  - Group Score would be applied to **all** NPI's under TIN

# Defining MIPS Success

## 2) Determine the ultimate GOAL for MIPS

- **Avoid a penalty vs Highest Score – considerations:**

- ***Provider engagement***

- How receptive are your providers to change?
- How much do they already know about MIPS?

- ***Performance management***

- Will providers issue corrections for MIPS measures that are missing documentation?
  - For group submissions, EVERYBODY needs to be onboard

- ***Cost to submit data***

- Third party vendors charge fees for data extraction/submission – compare cost to submit vs penalty
  - ex - Qualified Registry (QR), Qualified Clinical Data Registries (QCDR)

# Defining MIPS Success

## 3) Understand requirements to reach goal

- **Review special statuses applied to group**
  - **Non-patient facing, Facility-based, Hospital-based**
    - Performance category participation impacted
      - EX – double points for Improvement Activities, no Promoting Interoperability
- **Small Practice**
  - Now qualifies for new score weighting when not scored on **COST**
    - **50% Improvement Activities, 50% Quality**

# 2023 MIPS Magic Numbers

<b>Final Score Weighting</b>	<ul style="list-style-type: none"> <li>• <b>Quality: 50%</b></li> <li>• <b>Improvement Activities 50%</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Quality: 85%</b></li> <li>• <b>Improvement Activities 15%</b></li> </ul>
<b>Goal</b>	<b>Small Practices</b>	<b>Non-Small Practices</b>
<b>Avoid Penalty</b>  <u>75 Points</u>	<p><b>30/60 points for Quality</b></p> <ul style="list-style-type: none"> <li>• Average 4 pts per measure</li> <li>• <u>OR</u></li> <li>• Have 2 point-capped measures at 100% performance met</li> </ul>	<p><b>42/60 points for Quality</b></p> <ul style="list-style-type: none"> <li>• Average 7 pts per measure</li> <li>• <u>OR</u></li> <li>• Have 6 point-capped measures at 100%</li> <li>• Complex PT bonus still needed to get beyond <b>74.5 pts</b></li> </ul>
<b>Final Score Weighting</b>	<ul style="list-style-type: none"> <li>• <b>Quality: 40%</b></li> <li>• <b>Improvement Activities 30%</b></li> <li>• <b>Cost: 30%</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Quality: 55%</b></li> <li>• <b>Improvement Activities 15%</b></li> <li>• <b>Cost: 30%</b></li> </ul>
<b>Goal</b>	<b>Small Practices</b>	<b>Non-Small Practices</b>
<b>Avoid Penalty</b>  <u>75 Points</u>	<ul style="list-style-type: none"> <li>• Min cost score (5 pts) would require 100% for Quality</li> <li>• Lower the Quality, higher the Cost score needed to make up difference</li> </ul>	<ul style="list-style-type: none"> <li>• Quality score of 42/60 would require Min cost score of 6.5 points</li> <li>• Lower the Cost, higher the Quality score needed to make up difference</li> </ul>



# Achieving MIPs Success



# Achieving MIPs Success

## 1) Take care of the 'easy' categories first

- **Improvement Activities**

- Requires reporting 2 high weighted or 4 medium weighted (or combo) to earn full points
  - ***Special Status** impacts how many activities needed to complete category*
- Category completed via attestation on QPP portal or via third-party vendor
  - *Ensure activity can be **validated** if audited, but no other data collection required*
- Practices can continue to report same activity each year unless removed from program
  - *Find activity that works well and stick with it as long as possible, review proposed/final rule info each year (Fall)*

# Achieving MIPS Success

## 1) Take care of the 'easy' categories first

### • Promoting Interoperability

- Many providers are exempt due to special status, those who aren't may be able to claim hardship for the category
- Category is a combination of attestations and reported objectives
  - Complete attestations/risk assessment as early as possible
  - Know which objectives will be claimed as exclusions
  - Leaves more time to gather data on other objectives that require reporting

# Achieving MIPS Success

## 2) Quality is KEY

- **Participants have most control over Quality category**
  - Biggest driver of final score for specialties
  - If scored on COST, the higher the Quality score is...the lower your cost score can be and still achieve your goals
  - Category has become increasingly difficult over the 3 most recent performance years, requiring near perfect performance

# Achieving MIPS Success

## Quality Category TIPS

- Participants must report on at least 6 different quality measures, certain exceptions apply
- Quality measures can earn up to 10 points towards category score, making the overall category performance judged out of 60 possible points
- Scoring policies and benchmarks now make earning points difficult
  - Most 'nationally' available measures have become 'topped out', resulting in reductions for the highest possible points a measure can earn

# Achieving MIPS Success

## Quality Category TIPS

- Review updates to measures ***annually***
  - Documentation/applicable CPTs can change each year
  - Check for measures removed/added to program
    - New 7-point floor for newly added measures
- **Manage** performance throughout the year
  - Depending on the measure, addendums can be issued to include missing documentation or clarify initial documentation
  - Improving provider education reduces amount of corrections needed

# Achieving MIPS Success

## Quality Category TIPS

- When selecting measures, ***don't*** forget the benchmarks
  - Review benchmarks, topped-out, point-capped status before selecting
- Identify highest ***possible*** score with measure set
  - The more point-capped measures, the less wiggle room
- Different benchmarks for different submission options
  - Claims vs Registry vs QCDR vs EHR

# Achieving MIPS Success

## 3) Integrate or automate MIPS into practice workflows

- **Try to make MIPS *as painless as possible* on the front end**
  - Look for opportunities to use templates or macros to fulfill documentation requirements
    - Sample applicable reports across providers and see what's already in there
    - This approach works better for some measures than others
  - Consider workflows for addendums/corrections and how to reduce/balance physician burden
    - Align this process with the overall success goal



# Achieving MIPS Success

## 4) Review performance *during* and after a performance period

- **Determine a cadence to monitor MIPS performance**
  - Monthly vs Quarterly - consider practice volume/physician engagement
  - Look for issues and course correct before submission window opens
- **Review preliminary and final results from QPP**
  - Preliminary results may have scoring issues to report to QPP helpdesk
  - Final results may require **TARGETED REVIEW** to adjust score based on submission

# Achieving MIPS Success

## 5) Incorporate MIPS deadlines, management strategy into yearly calendar

Important MIPS Dates	
Performance Year (PY)	January 1 <sup>st</sup> – December 31 <sup>st</sup>
Submission Window	January 1 <sup>st</sup> – March 31 <sup>st</sup> following end of PY
Preliminary Results	April – July/August
Next PY Proposed Rule Released	July
Final Scores/Payment Adjustments	July/August
Targeted Reviews Open	Deadline 60 days after release of final scores
Current PY Eligibility Finalized	November
Next PY Final Rule	~ November
Next PY Measure Specifications/Benchmarks Released	~December

# MIPs Resources



# MIPs Resources

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



- **QPP Website**

- **Measure Specifications**
- **Benchmarks**
- **Fact-sheets, resource guides**
- **Performance Dashboard – must have HARP account**
- **Eligibility look up**
- **QPP Helpdesk contact info**

# MIPs Resources – Measure Specifications

<https://qpp.cms.gov/mips/explore-measures>

Search  — Hide filters

Measure Type:  Specialty Measure Set:  Collection Type:

In "Your List" of Quality Measures [Clear all filters](#)

Note: This tool does not include [these QCDs](#)

200 Quality Measures | [Download 200](#)

Acute Otitis Externa (AOE): Inappropriate Use  
**High Priority Measure: Process**

Percentage of patients aged 2 years and older with a diagnosis of acute otitis externa who were not prescribed systemic antimicrobial therapy.

Specialty Measure Set dropdown menu:


- All
- Allergy/Immunology
- Anesthesiology
- Audiology
- Cardiology
- Certified Nurse Midwife
- Chiropractic Medicine
- Clinical Social Work
- Dentistry
- Dermatology
- Diagnostic Radiology
- Electrophysiology Cardiac Specialist
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- General Surgery
- Geriatrics
- Hospitalists
- Infectious Disease

Your List (0)

# MIPs Resources – Measure Specifications

<https://qpp.cms.gov/resources/resource-library>

## Full Resource Library

Search   [Hide filters](#)

Performance Year: All  QPP Reporting Track: All  Performance Category: All  Resource Type: Measure Specific

- All
- Fact Sheets
- Measure Specifications and Benchmarks**
- Specialty Guides
- Technical Guides and User Guides
- Videos

Alphabetical Latest

87 Resources

↓ Performance Year 2022 APM Performance Pathway: Created 08/30/2022

# MIPs Resources – Benchmarks







<https://qpp.cms.gov/resources/resource-library>

↓ 2022 Quality Benchmarks

Updated 04/26/2022

ZIP 980KB | PY 2022 | MIPS | Quality | Measure Specifications and Benchmarks

Lists and explains 2022 historical benchmarks used to assess performance in the quality performance category.

Name	Size
 Preparing for 2023_Informational Benchmarks	300 760
 2022 Quality Benchmarks Zip File Version History.pdf	235 062
 2022 Multiple Performance Rate Measures.xlsx	38 827
 2022 MIPS Quality Benchmarks Fact Sheet.pdf	482 727
 2022 MIPS Historical Quality Benchmarks.xlsx	157 823
 2022 CAHPS for MIPS Survey Historical Benchmarks.xlsx	19 491

# MIPs Resources – Benchmarks

<https://qpp.cms.gov/resources/resource-library>

Measure ID	Collection Type	Measure Type	High Priority	Measure has a Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out	Seven Point Cap
130	MIPS CQM	Process	Y	Y	80.57 -	91.76 -	96.36 - 98.80	98.81 - 99.86	99.87 -	--	--	100.00	Yes	Yes
130	Medicare Part B Claims	Process	Y	Y	91.75 99.65	96.35 99.97	--	--	--	--	--	100.00	Yes	Yes
130	eCQM	Process	Y	Y	80.60 -	88.41 -	92.52 - 95.31	95.32 - 97.15	97.16 -	98.40 - 99.30	99.31 - 99.88	>= 99.89	Yes	Yes
					88.40	92.51			98.39					



# MIPs Resources – More Info

<https://qpp.cms.gov/resources/resource-library>

- **Fact-sheets**
  - Documented by subject
  - Helpful for detailed information on general topics
- **Specialty Guides**
  - Collection of performance category objectives and information by Specialty
    - Good place to start for suggestions on Quality Measures and Improvement Activities

# MIPs Resources – QPP Dashboard

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

- **Must establish HARP account to log in**
- **Contains:**
  - **Practice or Provider performance feedback**
  - **Program eligibility**
  - **Targeted Review applications**
  - **Hardship applications**
  - **COST or APM Reports (depending)**

Sign in to QPP

User ID

Password Show password

[Forgot user ID or password](#)

If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.

[Sign in >](#)

OR

[Register for QPP](#)

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[Sign in >](#)

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# MIPs Resources – Eligibility Look Up

<https://qpp.cms.gov/participation-lookup>

## QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

NPI Number

Check All Years >

Want to check eligibility for all clinicians in a practice at once? [View practice eligibility](#) in our signed in experience.

# MIPs Resources – QPP Helpdesk

## QPP Helpdesk

- Email: [qpp@cms.hss.gov](mailto:qpp@cms.hss.gov)
- CMS Service Now website:  
[https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central)
- Phone: 1-866-288-8292
  - Monday – Friday 8:00 am – 8:00 pm EST
  - Agent may ask for identifying info (TIN/NPI/Address Info etc)

# Summary



# Summary

- **The MIPS program has reached the point where risk of penalty is very real for many participants**
- **Know who has to participate and determine best submission method for practice**
- **Establish GOAL for the program, strategize based on that**
- **MIPs success requires management! Don't put MIPS on the back-burner**

# Submitted Questions





# Thanks!

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