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2019 MIPS Changes & Preparation

DISCLAIMER

This presentation is provided as a tool to help you understand the changes in 2019 MIPS reporting and prepare for MIPS compliance. TriumphHealth employees and staff have created this presentation to the best of their knowledge and ability, and make no representation or guarantee that this presentation is error-free. TriumphHealth has no liability or responsibility to any person or entity with respect to any loss of revenue, or indirect damages resulting from the potential use of this presentation.



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AGENDA

- Introduction
- 2019 MIPS Changes
- Preparation & Planning
- Q & A



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2019 MIPS Preparation - Presenter



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Who is TriumphHealth?

ONE-STOP PARTNER WHO HELPS YOU MAXIMIZE REVENUE

- Exceptional MIPS Scores (Quality, PI, IA & Cost)
- HIPAA & OSHA Compliance (Security Risk Assessment - SRA)
- Provider Credentialing & Enrollment
- RCM (Medical Billing, Coding, AR, Denials, Appeals, Ins. Auth & Financial Reporting)

Why TriumphHealth?

IN-THE-TRENCHES EXPERIENCE & COMMITMENT TO YOUR SUCCESS

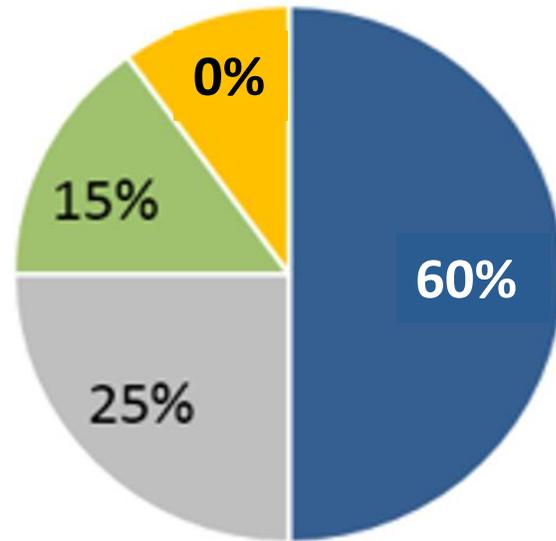
- Worked with more than 2000 clinicians to help them report on MIPS, MU and PQRS
- Worked with 17 different specialties including Dermatology, Oncology, Urology, GI & Others
- Worked with 36 different EHR's



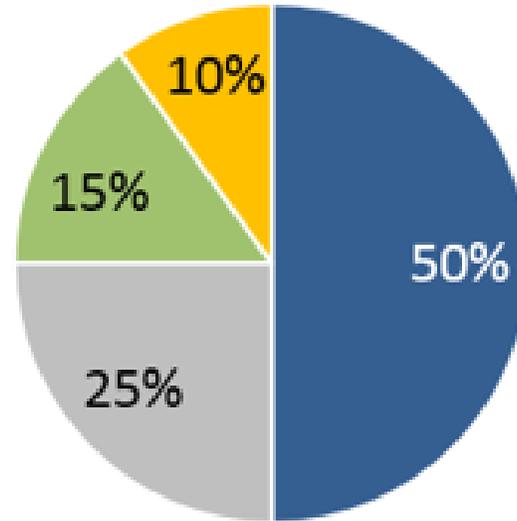
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MIPS Measures Review

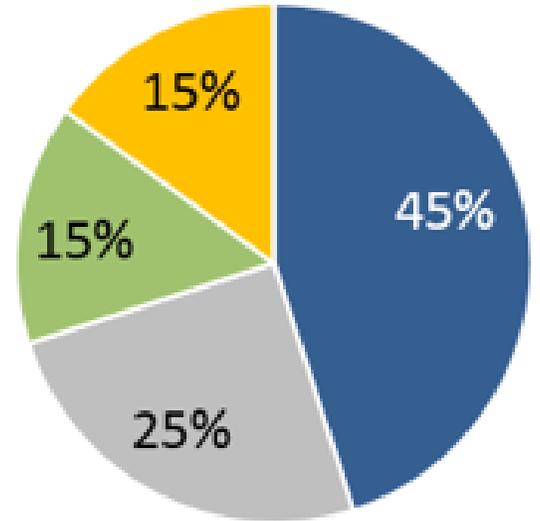
2017 - 2019



2017



2018



2019

 Quality

 Promoting Interoperability

 Improvement Activities

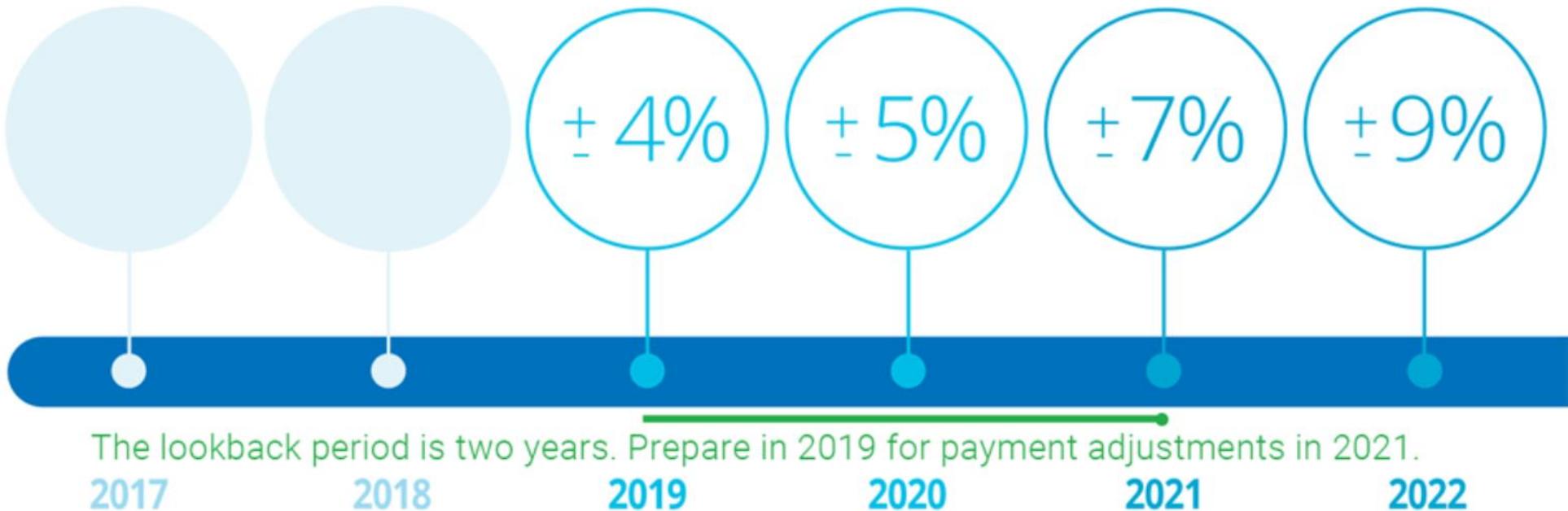
 Cost



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MIPS Reimbursement Review

Incentives/Penalties





2017 MIPS Participation Review

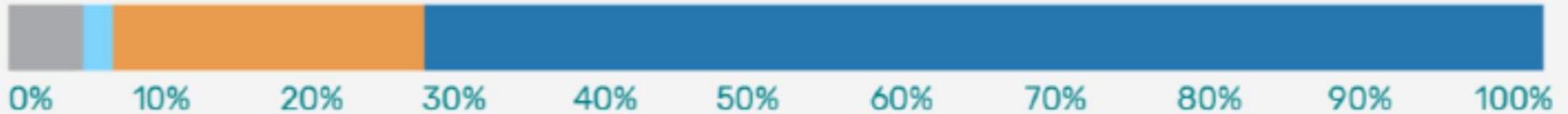
- 1,057,824 MIPS eligible clinicians received a MIPS payment adjustment i.e. positive, neutral, or negative
- 1,006,319 MIPS eligible clinicians reported data and received a neutral payment adjustment or better
- 51,505 MIPS eligible clinicians received a negative payment adjustment

Source: QPP Year 3 (2019) Final Rule Overview – Nov 15, 2018



2017 MIPS Performance Review

Payment Adjustment Highlights



	Negative* 0 pts 5%	Neutral 3 pts 2%	Positive Only >3.01-69.99 pts 22%	Positive with Additional Adjustment for Exceptional Performance ≥70-100 pts 71%
Min Adjustment	0.00%	0.00%	0.00%	0.28%
Max Adjustment	-4.00%	0.00%	0.20%	1.88%
Min Final Score	0.00	3.00	3.01	70.00
Max Final Score	2.99	3.00	69.99	100

Source: QPP Year 3 (2019) Final Rule Overview – Nov 15, 2018



2017 MIPS Performance Review

For the 2017 MIPS reporting year i.e. the 2019 payment year, the

- adjustments varied between -4% and 1.88%; with a scaling factor of 0.47
- the mean score was between 63.50 and 68.98 points

2017 MIPS Points	2019 MIPS Payment Adjustment
0	-4%
30 (Performance Threshold)	0%
10	0.02%
20	0.05%
30	0.08%
40	0.11%
50	0.13%
60	0.16%
70 (Exceptional Performance Threshold)	0.29%
80	0.82%
90	1.35%
100	1.88%



Performance Threshold & Payment Adjustments

2018	2019
<ul style="list-style-type: none">• 15 point performance threshold	<ul style="list-style-type: none">• 30 point performance threshold
<ul style="list-style-type: none">• Exceptional performance bonus set at 70 points	<ul style="list-style-type: none">• Exceptional performance bonus set at 75 points
<ul style="list-style-type: none">• Payment adjustment could be +/-5%	<ul style="list-style-type: none">• Payment adjustment could be +/-7%

Note: *To ensure budget neutrality, positive payment adjustment is likely to be increased or decreased by an amount called a “scaling factor.” The amount of the scaling factor depends on the distribution of final scores across all MIPS eligible clinicians.*

Source: QPP Year 3 (2019) Final Rule Overview – Nov 15, 2018



Performance Threshold & Payment Adjustments

2018 Score	2020 Payment Adjustment
>70	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance - minimum of additional 0.5%
15.01 - 69.99	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
15	<ul style="list-style-type: none"> Neutral payment adjustment
3.76 - 14.99	<ul style="list-style-type: none"> Negative payment adjustment greater than -5% and less than 0%
0 - 3.75	<ul style="list-style-type: none"> Negative payment adjustment of -5%

2019 Score	2020 Payment Adjustment
>75	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance - minimum of additional 0.5%
30.01 - 74.99	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
30	<ul style="list-style-type: none"> Neutral payment adjustment
7.51 - 29.99	<ul style="list-style-type: none"> Negative payment adjustment greater than -7% and less than 0%
0 – 7.50	<ul style="list-style-type: none"> Negative payment adjustment of -7%



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MIPS Timeline

MILESTONE	DATE
2017 Performance Adjustment	Jan 1 - Dec 31, 2019
2018 Data Submission - QPP Portal	April 2, 2019
2018 Reporting Feedback	July 2019
2019 Data Reporting	Jan 1 - Dec 31, 2019
2019 Data Submission	March 31, 2020
2019 Performance Adjustment	Jan 1 – Dec 31, 2021



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MIPS Eligible Clinicians

2018	2019
Physicians	Same clinician types as in 2018, plus
Physician Assistants	Audiologists
Nurse Practitioners	Physical Therapists
Clinical Nurse Specialists	Occupational Therapists
Certified Registered Nurse Anesthetists	Speech-Language Pathologists
	Clinical Psychologists
	Registered Dieticians or Nutrition Professionals



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2019 MIPS Eligibility Criteria

To be able eligible to participate the clinician must meet the following three requirements:

Medicare Billing
>\$90,000

AND

Beneficiaries
>200

AND

Services
>200

OPT-IN Option (*newly added in 2019*)

- Opt-in is available for MIPS eligible clinicians who are excluded from MIPS based on the low-volume threshold determination
- If you are a MIPS eligible clinician and meet or exceed at least one, but not all, of the low-volume threshold criteria, you may opt-in to MIPS
- If you opt-in, you'll be subject to the MIPS performance requirements, MIPS payment adjustment, etc.

Note: You can voluntarily report if you are a clinician or group that is not MIPS eligible. If you report voluntarily, you will receive a MIPS final score but no payment adjustment.



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2019 MIPS Participation Determination

Your eligibility is based on your:

- National Provider Identifier (NPI)
- Associated Taxpayer Identification Numbers (TINs)

TIN can belong to:

- You, if you're self-employed, a group or practice, an organization like a hospital

When you reassign your Medicare billing rights to a TIN, your NPI becomes associated with that TIN. This association is referred to as a TIN/NPI combination.

Each TIN/NPI combination is evaluated for MIPS eligibility. TIN is used to evaluate groups for eligibility.

Review your eligibility status on the QPP NPI Lookup tool <https://qpp.cms.gov/participationlookup>



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MIPS Eligibility Determination Periods

Your eligibility will be reviewed twice during Performance Year 2019. Reviews will analyze CMS Medicare Part B Claims and PECOS data from two 12-month time periods:

- Oct 1, 2017 – Sep 30, 2018
- Oct 1, 2018 – Sep 30, 2019

CMS will use data from these dates to:

- Determine eligibility (including whether you exceed the low-volume threshold)
- Assign special statuses
 - Non-patient facing;
 - Small practice;
 - Hospital-based; and
 - Ambulatory surgical center (ASC)-based
- Results for the first review were released in Dec 2018. Your final eligibility results will be available in late 2019
- Clinician must exceed the low-volume threshold during both review periods to be eligible for MIPS



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MIPS Performance Period

Performance Category	2018	2019
Quality	12 months	12 months
Cost	12 months	12 months
Promoting Interoperability	90 days	90 days
Improvement Activities	90 days	90 days



Changes in Quality Category

- 45% of final MIPS score in 2019
- CMS is allowing submission of data using more than one reporting method
e.g. 3 measures can be reported using EHR and other three using Registry to maximize Quality score
- Small practice bonus moved into Quality category
- Claims-based reporting only for small practices (<15 clinicians)
- End-to-End bonus removed



Changes in Quality Category

Quality	2018	2019
# of Measures Required	6 Measures 7 - If more than 15 eligible clinicians All Cause Readmission measure applies	6 Measures 7 - If more than 15 eligible clinicians All Cause Readmission measure applies
High Priority/ Outcome	1 Hi-Priority/Outcome Measure Required <ul style="list-style-type: none">1 Point - Other high priority measures2 Bonus points for Additional Outcome/Patient Experience MeasuresBonus Points count up to 10% of total Quality score	1 Hi-Priority/Outcome Measure Required <ul style="list-style-type: none">2 Points Outcome, Patient Experience extra measure1 Point - Other high priority measures which need to meet the data completeness and case minimum requirements along with having a performance rate of greater than zeroHigh priority measures will include measures that relate to opioids.
Data Completeness	<ul style="list-style-type: none">CMS increased the data completeness threshold to 60% (from 50% in 2017) of eligible cases over the reporting yearGreater than 15 Eligible Clinicians - Measures that do not meet data completeness criteria will get 1 point instead of 3Small practices 15 or less eligible clinicians- will continue to get 3 points	No Change



Changes in Quality Category

Quality	2018	2019
Improvement Scoring	<ul style="list-style-type: none">• Based on the rate of improvement• Measures with marked improvement will receive Improvement points• Particularly for those improving from lower performance in the transition year.• Up to 10% of the Quality performance category.	No Change
End-to-End Reporting Bonus	To qualify for the CEHRT End-to-end Electronic Reporting, providers must: <ul style="list-style-type: none">• Use CEHRT to record measure demographic and clinical data elements.• Electronically export & transmit data to a 3rd party or directly to CMS• Examples DataDerm, EMA, GIQuIC and Healthmonix	Removed
Small Practice Bonus	5 Points automatically applied “Generally”	Removed for small practices, instead now will apply to Quality Category (6 points)



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2019 MIPS Quality Measure Changes

Removed Measures*

Quality #	Measure Title
18	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
43	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
99	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
122	Adult Kidney Disease: Blood Pressure Management
140	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
156	Oncology: Radiation Dose Limits to Normal Tissues
163	Comprehensive Diabetes Care: Foot Exam
204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
224	Melanoma: Avoidance of Overutilization of Imaging Studies
251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
257	Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
263	Preoperative Diagnosis of Breast Cancer
276	Sleep Apnea: Assessment of Sleep Symptoms
278	Sleep Apnea: Positive Airway Pressure Therapy Prescribed
327	Pediatric Kidney Disease: Adequacy of Volume Management
334	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
359	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging
363	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive
367	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
369	Pregnant women that had HBsAg testing
373	Hypertension: Improvement in Blood Pressure
423	Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy
426	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)
427	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)
447	Chlamydia Screening and Follow-up

*Measures removed because they were topped out indicated in red.



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Changes in Promoting Interoperability (PI) Category

- 25% of final score in 2019
- You must use 2015 edition Certified EHR Technology (CEHRT)
- 2019 scoring system makes it more challenging to get maximum points
 - Base score eliminated
 - Proportion of required measures increased
 - Bonus points reduced



Changes in PI Category

Objectives	Measures	Max. Points
eRx	eRx	10 points
	Query of Drug Monitoring Program (new)	5 bonus points
	Verify Opioid Treatment Agreement (new)	5 bonus points
Health Information Exchange	Support Electronic Support Referral Loops by sending Health Information (formerly Send Summary of Care)	20 points
	Support Electronic Referral Loops by receiving and incorporating Health Information (new)	20 points
Provider-Patient Exchange	Provide patients Electronic Access to their Health Information (formerly Provide Patients Timely Access)	40 points
Public Health & Clinical Data Exchange	Immunization Registry Reporting	10 points
	Electronic Case Reporting	
	Public Health Registry Reporting	
	Clinical Data Registry Reporting	
	Syndromic Surveillance Reporting	



Changes in PI Category

Promoting Interoperability	2018	2019
e-Prescribe	Required <ul style="list-style-type: none"> • Must have 1 in Numerator • Exclusion if less than 100 • No points 	Performance <ul style="list-style-type: none"> • Will now be points based • e-Prescribing 10 pts • Query of Prescription Drug Monitoring Program 5 bonus pts • Verify Opioid Treatment Agreement 5 bonus pts
Security Risk Assessment	Required <ul style="list-style-type: none"> • No points • Be sure to save in case of an audit 	Required <ul style="list-style-type: none"> • No points
Provide Patient Access	Required <ul style="list-style-type: none"> • Must have 1 in the numerator • Also a performance measure and worth up to 20 points 	Performance <ul style="list-style-type: none"> • 40 points
Health Information Exchange	Required <ul style="list-style-type: none"> • Must have 1 in Numerator • Exclusion if less than 100 • Performance measure and worth up to 20 points 	Performance <ul style="list-style-type: none"> • Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care) – 20 pts • Support Electronic Referral Loops by Receiving and Incorporating Health Information (NEW) – 20 pts • NEW (part 2) if transitioning from CEHRT 14 to 15
Immunization Registry Specialized Registry	Bonus <ul style="list-style-type: none"> • Worth up to 10 points totals (5 bonus points for each) 	Performance <ul style="list-style-type: none"> • Choose two for a total of 10 points • Similar to the legacy requirement from Meaningful Use



Changes in PI Category

Measure Name	2018	2019
Patient Education	Performance • Worth up to 10 points	Removed
Secure Messaging	Performance • Worth up to 10 points	Removed
VDT View Download Transmit	Performance • Worth up to 10 points	Removed
Medication (Clinical) Reconciliation	Performance • Worth up to 10 points	Removed
CEHRT Bonus	Bonus • Worth 5 points	Removed



Changes in Improvement Activities (IA) Category

- 15% of final score in 2019
- Added 6 new Improvement Activities
- Modified 1 and removed 1 existing IA
- Total of 118 IAs for 2019
- **CEHRT bonus removed**
- **Small practice gets double credit**



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Changes in Cost Category

- 15% of final score in 2019
- Added 8 Episode-Based measures, to the existing Total Per Capita Cost (TPCC) and Medicare Spending Per Beneficiary (MSPB) measures
- No change in reporting requirement; data pulled from claims filed with Medicare



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Changes in Cost Category

Cost Measures	Case Minimum	Attribution of Medicare Beneficiaries to Clinicians
Total Per Capita Cost (TPCC)	20	Majority of primary care services rendered by the clinician to determine attribution for the total per capita cost measure
Medicare Spending Per Beneficiary (MSPB)	35	Part B services billed during the index admission to determine attribution for the MSPB measure
Procedural Episode (new)	10	Episodes attributed to each MIPS eligible clinician who renders a trigger service as identified by HCPCS/CPT procedure codes
Acute Inpatient Medical Condition Episode (new)	20	Episodes attributed to each MIPS eligible clinician who bills inpatient evaluation and management (E&M) claim lines during a trigger inpatient hospitalization under a TIN that renders at least 30% of the inpatient E&M claim lines in that hospitalization



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2019 MIPS Score Projections

CMS expects lower MIPS scores in 2019 because:

- The number of topped-out measures with capped score is higher
- PI category scoring is becoming tougher
- Cost category is increasing to 15%, and includes new episodes-based measures



Plan for Improving Quality Score

- Understand the changes in Quality measures and benchmarks*
- Review 2017 and 2018 billing data (patient instances based on ICD and CPT's) to determine which measures are most relevant to specific clinician, and most suitable method for score maximization
- Pay specific attention to topped-out** and capped measures, replace then non topped-out measures

**In order to measure performance that is comparable across the spectrum, benchmarks are established using historical data.*

A measure without a benchmark will only give a maximum score of 3.

***A topped-out measure is when performance is so high that meaningful distinction and improvement in performance can no longer be made. A measure becomes topped-out when the average mean performance is within 98th-100th percentile.*



Plan for Improving PI Score

- Get an early start on measure monitoring, ensure upgrading to 2015 edition at the earliest
- Get direct addresses from other clinicians in your area, as getting only a 1 in this category is not sufficient
- Delegate clinical documentation to practice staff
- Monitor all clinicians, including the ones who are exempt within group monitoring



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Plan for Improving Cost Score

- Evaluate past data to understand patient instances that negatively impact the TPCC, MSPB & Episode-based measures
- Become aware of clinical guidelines applicable to your clinicians
- Review the recommendations shared with your clinic by TriumphHealth consultants – refer to CostInsight Review & Recommendations



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Your MIPS Attestation & Beyond

To set-up your 2019 MIPS reporting successfully, TriumphHealth will:

- ✓ Complete 2018 MIPS Performance Evaluation
- ✓ Review your EHR Edition Certification and Clinical Workflows
- ✓ Evaluate Medical History Intake form (for Quality and Cost measures set-up)
- ✓ Analyze 2018 Billing Data (ICD and CPT) to help maximize 2019 Quality and Cost Score



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How can TriumphHealth help you succeed?



Acquire MIPS Knowledge



Plan Ahead



Monitor Performance



Maximize Incentives



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Any Questions?

We are committed to your success and look forward to working with you in 2019!

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