Navigating MIPS Quality Component in 2020

What is MIPS?
The Merit-based Incentive Payment System (MIPS) is one track of the Centers for Medicare & Medicaid Services (CMS) Quality Payment Program (QPP) that moves providers toward value-based payment gradually by retaining a fee-for-service option and adjusting payments based on performance across four performance categories: Quality, Cost, Promoting Interoperability (PI), and Improvement Activities (IA). This diagram is intended to provide you with an overview of MIPS quality component reporting requirements and help you identify the tools needed to be successful in 2020. Additional AAN resources for Cost, PI, and IA are available at AAN.com/practice/MACRA.

NOTE: MIPS may not apply if you are new to Medicare, have $90,000 or less in allowed charges, see 200 or fewer Medicare patients, or have fewer than 200 covered professional services. Visit QPP.cms.gov to determine whether you are eligible to participate.

What is your practice setting?

A solo, small, or large neurology group practice or multi-specialty group practice

NOT reporting via CMS Web Interface

What is your incentive target for 2022?

Negative Payment Adjustment (up to –9%) Earn fewer than 45 points.

Neutral Earn 45 points. There are multiple ways to earn 45 points by combining Quality points with Cost, PI, or IA points.

Positive Payment Adjustment Earn more than 45 points by reporting on Quality, Cost, PI, and IA components for the full year.

Exceptional Bonus Adjustment (up to +9%) Earn more than 85 points to be eligible for an exceptional performance adjustment.

Do you have an electronic health record (EHR)?

YES

CMS payments will increasingly be tied to an EHR. Evaluate which EHR would best meet your practice needs. In the meantime, you can report via a third-party registry such as Premier (aanmipswizard.com).

NO

Will you report via a Qualified Clinical Data Registry (QCDR), such as the AAN’s free Axon Registry® (AAN.com/view/axon) or a third-party qualified registry?

YES

Work with your QCDR to ensure measures are meaningful to your patient population.

Below is an example of six quality measures* that you may select if reporting via the Axon Registry. Disease-specific measures for ALS, dementia, epilepsy, headache, MS, neurotology, and PD are available, as well as cross-cutting measures for pediatric and adult populations:

1. Overuse of Neuroimaging for Patients with Primary Headache and a Normal Neurological Examination*
2. Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences *
3. Evaluation or Interview for Risk of Opioid Misuse*
4. Counseling for Women of Childbearing Potential with Epilepsy
5. Global Health 10 Quality of Life^* 
6. Dementia: Functional Status Assessment

Work with your administration to ensure measures are meaningful to your neurology practice. Examples of some measures your administration may want to implement are listed below.

NO

Identify which measure(s) are meaningful to your patient population and how you would like to report using CMS’ search tool (https://qpp.cms.gov/mips/quality-measures).

Below is an example of six quality measures* that you may select if reporting via EHR data:

1. Care Plan: Patients aged ≥65 have an advance care plan or surrogate decision maker documented*
2. Dementia: Cognitive Assessment
3. Documentation of current medications in medical record*
4. Falls: Risk Assessment*
5. Falls: Plan of Care*
6. Documentation of Signed Opioid Treatment Agreement*

These measures are possible examples. You will want to identify the six measures most meaningful to your populations.

#70% Data completeness thresholds must be met. More information on data completeness requirements is included in the FAQs.

* A high-priority measure

^ An outcome measure
FAQs

What is the minimum I must do to avoid a penalty under MIPS in 2020?
You must earn at least 45 points. There are multiple ways to earn 45 points by combining Quality points with Cost, PI, or IA points.

How are points awarded for quality measures in 2020?
- CMS will award between zero to 10 points for each of the six quality measures reported. If a measure is not reported, a zero is awarded.
- Providers must report on six measures, including at least one outcome measure for the 12-month performance period. If an outcome measure is not available, eligible clinicians must report one high-priority measure.
- CMS has established a minimum case requirement of 20 cases for neurology measures.
- If you fail to meet the data completeness threshold for a measure, zero points will be awarded for the measure. Solo or small practice providers will be awarded three points for measures even if the data completeness threshold is not met. (Definition of data completeness threshold listed below.)
- CMS will award between zero to 10 points for measures that have benchmark data. You can find CMS benchmark data at https://qpp.cms.gov/about/resource-library.
- CMS will award a maximum of three points for measures that do not have benchmark data.
- Zero to seven points can be awarded for topped-out measures (Definition of topped-out measures below)
- Bonus points (these bonus points cannot exceed 10 percent of the total available quality measure achievement points) may be awarded for:
  - End-to-end reporting, which means measure data is sent via a qualified registry, a QCDR like the Axon Registry, EHR submission, or CMS web interface
  - Reporting on more than one outcome or high-priority measure
- Additional points are available for participating in the Cost, Promoting Interoperability, and Improvement Activities components.

What is a topped-out measure?
Topped-out measures have high and unvarying performance that meaningful distinctions and improvement in performance can no longer be made, and these rates have been observed for at least two consecutive years. CMS will release a list of identified topped-out measures in late 2019 when benchmarking data is released.

What is the data completeness threshold?
- For quality measures reported via Medicare Part B claims, which can only be reported by small practice providers for 2020, 70 percent of individual eligible clinician’s or group’s Medicare Part B patients for the performance period.
- For quality measures reported via a QCDR, MIPS Clinical Quality Measures and eCOMs (electronic Clinical Quality Measures) must report on 70 percent of the individual MIPS eligible clinician’s or group’s patients across all payers for the performance period.

I’d like to earn a positive incentive in 2022. Which measures should I use?
You will need to identify the measures most meaningful for your practice and this will be different for each neurology practice. To earn more points in the quality component, you can report on additional outcome and high-priority measures and use end-to-end reporting. Additionally, if you identify measures with benchmarks and perform better than peers, there is an opportunity to earn up to 10 points per measure. Some measure examples are provided above. A complete list of measures available can be found using CMS’ search tool available at https://qpp.cms.gov/mips/quality-measures.

How do I identify an outcome or high-priority measure for my practice?
The CMS Neurology Measure Set has one outcome measure, “Quality of Life Assessment for Patient with Primary Headache Disorders,” but does include other high-priority measures. The CMS Geriatrics Measure Set has multiple outcome measures, including “Depression Remission at Twelve Months,” which may be relevant to neurology practices. You can drill down to evaluate each measure type using CMS’ search tool at https://qpp.cms.gov/mips/quality-measures.

Is there any benefit to me to submit more than the minimum six measures?
Yes. Think ahead and do more than just the minimum. The more data you submit to CMS the more likely neurology-specific measures germane to you and your practice will be worth more than base level three points in the future. Be a part of the solution by submitting as much data as you can.

Can I enroll in the Axon Registry to report MIPS quality measures in 2020?
AAN members can enroll in the Axon Registry for free and report for 2020 MIPS if they meet enrollment and onboarding deadlines. Request more information about enrollment at registry@aan.com.

If you have additional QPP or MIPS questions, the AAN has resources to help you. Visit AAN.com/practice/MACRA. You can also send your questions to practice@aan.com.