Navigating the Quality Component of MIPS

What is MIPS?
The Merit-based Incentive Payment System (MIPS) is a Centers for Medicare & Medicaid Services (CMS) quality payment program 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, advancing care information (ACI), 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 2018. Additional AAN resources for cost, ACI, and IA are available at AAN.com/practice/MACRA.

NOTE: MIPS may not apply if you are new to Medicare, have less than or equal to $90,000 in allowed charges, or see less than or equal to 200 Medicare patients. 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 a multi-specialty group practice NOT reporting via Group Practice Reporting Option (GPRO)

An academic medical center, Accountable Care Organization (ACO), or multi-specialty group practice reporting via GPRO

Work with your administration to ensure measures are meaningful to you as a neurologist.

What type of payment adjustment do you want in 2020?

Negative Payment Adjustment: Earn fewer than 15 points.

Neutral Payment Adjustment: Obtain 15 points. One way to meet this minimum requirement is to report six quality measures for the full calendar year.

Positive Payment Adjustment: Earn more than 15 points by reporting on quality, cost, ACI, and IA components for the full calendar year.

Do you have an Electronic Health Record (EHR)?

YES

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?

NO

Work with your QCDR to ensure quality measures are meaningful to your patient population. Disease specific measures for ALS, dementia, epilepsy, and PD are available for reporting via select QCDRs. An example of six quality measures that you may select if reporting via Axon Registry follows:

1. Quality of Life Assessment for Patients with Primary Headache Disorders*
2. Overuse of Neuroimaging for Patients with Primary Headache and a Normal Neurological Exam*
3. Parkinson’s Disease Rehabilitation Therapy Options*
4. Counseling for Women of Childbearing Potential for Epilepsy
5. Safety Concern Screening and Follow-Up for Patients with Dementia*
6. Falls: Plan of Care*

* A high priority measure, ** Axon Registry is included in membership for U.S. members only

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 (MIPSwizard.org) or, if you are reporting as an individual, you can report using claims data.

NO

Identify which quality measures are meaningful to your patient population and how you would like to report using CMS’ Search Tool (QPP.cms.gov/measures/quality). An example of six quality measures that you may select if reporting via EHR data:

1. Documentation of Current Medications in the Medical Record*
2. Closing the Referral Loop*
3. Use of High-Risk Medications in the Elderly
4. Dementia: Cognitive Assessment
5. Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention
6. Preventive Care and Screening: BMI Screening and Follow-up Plan

* A high priority measure, ** An outcome measure, ** Axon Registry is included in membership for U.S. members only

These quality measures are possible examples. You will want to identify the six quality measures most meaningful to your patient population.
FAQs

What is the minimum I must do in 2018 to avoid a penalty under MIPS in 2020?
You must earn at least 15 points. By reporting on six quality measures, including one outcome measure for the full calendar year and meeting data completeness thresholds, you can avoid a penalty.

<table>
<thead>
<tr>
<th>Composite Score</th>
<th>Payment Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 points +</td>
<td>5% + High Performance Bonus</td>
</tr>
<tr>
<td>15.01–69.99 points</td>
<td>Up to 5%</td>
</tr>
<tr>
<td>15 points</td>
<td>0% neutral adjustment</td>
</tr>
<tr>
<td>3.76–14.99 points</td>
<td>-4.99 to 0%</td>
</tr>
<tr>
<td>0–3.75 points</td>
<td>-5%</td>
</tr>
</tbody>
</table>

How are points awarded for quality measures in 2018?
- CMS will award three points for measures that have no benchmark data.
- CMS will award up to 10 points for measures that have benchmark data.
- You can find CMS benchmark data at QPP.cms.gov/measures/quality.
- CMS will award seven points for topped-out measures.
- Up to six bonus points may be awarded for:
  - End-to-end reporting, which means measure data is submitted via a qualified registry, a Qualified Clinical Data Registry (QCDR) like the AAN’s Axon Registry®, EHR submission, or CMS Web Interface, which is available to groups only.
  - Reporting on more than one high priority measure.
- If a provider fails to meet the data completeness threshold for a measure, one point will be awarded for the measure. Solo or small practice providers will be awarded three points for measures even if the threshold is not met.
- Other points are available for participating in the cost, ACI, and IA components.

What is the data completeness threshold?
- For quality measures reported via claims, providers must report on 60% of the individual MIPS eligible clinician’s Medicare Part B patients for the performance period.
- For quality measures reported via a QCDR, qualified registry or EHR, eligible clinicians must report on 60% of the individual MIPS eligible clinician’s patients across all payers for the performance period.

I’d like to earn a positive payment incentive in 2020. Which quality measures should I use?
To earn additional points in the quality component, you can report on additional high priority measures and use end-to-end reporting. Additionally, if a provider identifies measures with benchmarks and performs better than their peers, there is an opportunity to earn up to 10 points per measure. Some examples of quality measures are provided above. You will want to identify the six measures most meaningful to your patient population using CMS’ Search Tool available at QPP.cms.gov/measures/quality.

What is a topped-out measure?
Topped-out measures have been determined by CMS to have high and unvarying performance rates such that meaningful distinctions and improvement in performance can no longer be made, and these rates have been observed for at least two consecutive years. For 2018, six measures have been identified as topped-out, and seven is the maximum points to be awarded for these measures. This includes 23 Perioperative care: VTE prophylaxis. Neurologists should be aware that in the future preventive measures may be determined to be topped-out.

I’m currently using NeuroPI. Will that satisfy CMS quality measurement reporting requirements?
No. NeuroPI® is a valuable tool to drive performance improvement in practice and meet American Board of Psychiatry and Neurology’s Maintenance of Certification Part 4 performance in practice requirements. NeuroPI® is not a QCDR. However, the AAN’s Axon Registry is a QCDR, and reporting through this registry will meet CMS requirements.

Can I use the same measures to meet both the IA and Quality component requirements?
Yes. The AAN has created a list of possible improvement activities (IA) for your consideration (AAN.com/view/MACRA). Many quality measures may meet both quality and IA components such as Parkinson’s Disease Medical and Surgical Treatment Options Reviewed, Depression Utilization of the PHQ-9 Tool, and Pain Assessment and Follow-Up. Groups who choose to report on Consumer Assessment of Healthcare Providers & Systems (CAHPS) data can use the data to meet both the quality and IA components. You can learn more at cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/index.html.

How do I identify an outcome measure for my practice?
For 2018, very few outcome measures are available for neurologists. The CMS Neurology Measure Set has one outcome measure (Quality of Life Assessment for Patient with Primary Headache Disorders) and does include other high priority measures. You can drill down to evaluate each measure type using the CMS Search Tool at QPP.cms.gov/measures/quality. You may consider reporting on outcome measures that include Depression Remission measures if you treat patients with depression. Some examples of intermediate outcome measures available are Controlling High Blood Pressure and Door to Puncture Time for Endovascular Stroke Treatment.

What do I need to do for 2019?
The AAN will be updating resources as more information on program requirements for 2019 are released by CMS.

Do you have additional MACRA questions?
The AAN has resources to help you. Visit AAN.com/view/MACRA or send your questions to macra@aan.com.