Navigating MIPS Quality Component in 2019

What is MIPS?
The Merit-based Incentive Payment System (MIPS) is a Centers for Medicare & Medicaid Services (CMS) quality payment program (QPP) that gradually moves providers towards value-based payments 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 2019. 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 Group Reporting Option (GPRO)?

What is your incentive target for 2021?

Negative Payment Adjustment
Earn fewer than 30 points.

Neutral
Earn 30 points. One way to meet this minimum requirement is to report on six quality measures for the full calendar year AND attest to Improvement Activities (IA).

Positive Payment Adjustment
Earn more than 75 points by reporting on Quality, Cost, PI and IA components for the full year.

Do you have an Electronic Health Record (EHR)?

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). New in 2019, only small practices can report using Medicare Part B claims data.

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?

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

1. Overuse of Imaging for the Evaluation of Primary Headache*
2. Documentation of Signed Opioid Treatment Agreement*
3. Counseling for Women of Childbearing Potential with Epilepsy
4. Parkinson’s Disease: Cognitive Impairment or Dysfunction Assessment
5. Dementia: Cognitive Assessment
6. Dementia: Functional Status Assessment

Identify which measure(s) are meaningful to your patient population and how you would like to report using CMS’ search tool (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: 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.

An academic center, Accountable Care Organization (ACO), or multi-specialty group practice reporting via Group Reporting Option (GPRO)?

*An outcome measure
*A high priority measure

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FAQs

What is the minimum I must do to avoid a penalty under MIPS in 2019?

You must earn at least 30 points. The AAN has created an example of how to obtain 30 points reporting using only the Quality and Improvement Activities components. This example highlights Quality component measures that overlap with Improvement Activities components and result in points being awarded in both categories. Learn more at AAN.com/MACRA.

How are points awarded for quality measures in 2019?

- 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 other high priority measure.
- CMS has established a minimum case requirement of 20 cases for neurology measures. CMS will award three points for measures you submit that meet data completeness requirements, even if there is not a benchmark or less than the 20-case minimum.
- You will receive a zero for each unreported measure.
- If you fail 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 data completeness threshold is not met. (Definition of data completeness threshold listed below.)
- CMS will award between three to 10 points for measures that have benchmark data. You are able to find CMS benchmark data at CMS.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html.
- CMS will award seven points for topped out measures.
- Up to six bonus points may be awarded for:
  - End-to-end reporting via a qualified registry, a QCDR like the Axon Registry, EHR submission, or CMS web interface
  - Reporting on more than one high priority measures
- Additional points are available for participating in the Cost, PI, and Improvement Activities.

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.

What is the data completeness threshold?

- For quality measures reported via administrative claims, you must report 100 percent of eligible clinician’s Medicare Part B patients for the performance period.
- For quality measures reported via Medicare Part B claims, which can only be reported by small practice providers for 2019, you must report 60 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 eCQMS (electronic Clinical Quality Measures), you must report on 60 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 2021. Which measures should I use?

You will need to identify the measures most meaningful for your practice. To earn more points in the Quality component, you can report on additional 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 measures examples are provided above. A complete list of measures available can be found using CMS’ search tool available at QPP.cms.gov/mips/quality-measures.

How do I identify an outcome measure for my practice?

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. New for 2019, there is a CMS Geriatrics Measure Set that has one outcome measure, “Percentage of Patients who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life,” and does include other high priority measures. You can drill down to evaluate each measure type using CMS’ search tool at QPP.cms.gov/mips/quality-measures. You may consider reporting on outcome measures that include “Depression Remission” measures. Some examples of intermediate outcome measures available are “Controlling High Blood Pressure and Door to Puncture Time for Endovascular Stroke Treatment.”

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.

What do I need to do for 2020?

The AAN will be updating resources as more information on program requirements for 2020 are released by CMS. If you have additional MACRA/QPP questions, the AAN has resources to help you. Visit AAN.com/practice/MACRA. You can also send your questions to macra@aan.com.