Navigating MIPS

What is MIPS?
The Merit-based Incentive Payment System (MIPS) retains a fee-for-service option by consolidating three existing CMS quality programs and adding one brand new component. Under MIPS, physicians will earn one overall composite score for their performance across the four domains: quality, cost, advancing care information (EHR usage), and improvement activities. The below diagram is intended to provide you with an overview of MIPS reporting requirements and help you identify the tools needed to be successful.

What is Your Practice Setting?
MIPS may not apply if you are new to Medicare, have less than or equal to $30,000 in allowed charges, or see less than or equal to 100 Medicare patients.

A solo, small, or large neurology group practice
A multi-specialty group practice
Academic medical center
Accountable Care Organization (ACO)

What type of incentive do you want in 2019?

PENALTY
Do Nothing
Neutral—Report on one measure OR one Improvement Activity
BONUS—Report on six measures, including one outcome, for a minimum of 90 days for a small adjustment or the full year for a modest adjustment

Do you have an Electronic Health Record (EHR)?

NO

YES

Bonus 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 CECity (cecity.com).

Will you report via a Qualified Clinical Data Registry (QCDR) such as the AAN’s Axon Registry®?
AAN.com/practice/axon-registry

Work with your QCDR to ensure measures are meaningful to your patient population.
The following is an example of six quality measures that you may select if reporting via registry. Disease-specific measures for ALS, dementia, epilepsy, Parkinson’s disease, and stroke are available:
1. Documentation of Current Medications in Medical Record*
2. ALS Patient Care Preferences*
3. Evaluation or Interview for Risk of Opioid Misuse*
4. Quality of Life Assessment for Patients with Primary Headache Disorders*
5. Parkinson’s Disease Medical and Surgical Treatment Options Reviewed
6. Counseling for Women of Childbearing Potential for Epilepsy
These measures are possible examples. You will want to identify the six measures most meaningful to your populations.

Identify which measure(s) are meaningful to your patient population and how you would like to report using CMS’ Search Tool (qpp.cms.gov/measures/quality).
The following is an example of six quality measures that you may select if reporting via EHR data:
1. Care Plan: Aged >85 Have an Advance Care Plan or Surrogate Decision Maker Documented*
2. Dementia: Cognitive Assessment
3. Documentation of Current Medications in Medical Record*
4. Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention
5. Preventive Care and Screening: BMI Screening and Follow-up Plan
6. Use of High-Risk Medications in the Elderly*
These measures are possible examples. You will want to identify the six measures most meaningful to your populations.

*An outcome measure
*A high priority measure
FAQs

What is the minimum I must do to avoid a penalty under MIPS in 2017?
You can report on one quality measure or one Improvement Activity (IA).

I’d like to earn a positive incentive in 2019. Which measures should I use?
One of these six measures must be an outcome measure, or if an outcome measure is not available, a high priority measure. You will need to report on six measures for a minimum of 90 days. To be eligible for the full bonus, you will need to report for the full year. Some measures examples are provided on the previous page. You will want to identify the six measures most meaningful to your populations using CMS’ Search Tool available at qpp.cms.gov/measures/quality.

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 the American Board of Psychiatry and Neurology’s Maintenance of Certification Part 4 performance in practice requirements. NeuroPI is not a Qualified Clinical Data Registry (QCDR). The AAN’s Axon Registry is a QCDR, and reporting through this registry will meet CMS requirements.

Will any of these measures also meet CMS’s Improvement Activity (IA) requirements?
Yes. The AAN has created a list of possible improvement activities for your consideration. Many measures may meet both quality reporting and improvement activity requirements such as: Parkinson’s Disease Medical and Surgical Treatment Options Reviewed, Depression Utilization of the PHQ-9 Tool, and Pain Assessment and Follow-Up. This list is available in the “Tools & Resources” section at AAN.com/view/MACRA.

How do I identify an outcome measure for my practice?
Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

Measure Number
- eMeasure ID: CMS515v6
- eMeasure NQF: N/A
- NQF: 0710
- Quality (ID: 370)

NQF Domain
- Effective Clinical Care

Measure Type
- Outcome

High Priority Measure
- Yes

Data Submission Method
- CMS Web interface
- EHR
- Registry

Specialty Measure Set
- Mental/Behavioral Health
- General Practice/Family Medicine

Primary Measure Steward
- Minnesota Community Measurement

For 2017, 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 may consider reporting on outcome measures that include Depression Remission measures. Some examples of available intermediate outcome measures are Controlling High Blood Pressure and Door to Puncture Time for Endovascular Stroke Treatment.

What do I need to do for 2018?
The AAN will be updating resources as more information on program requirements for 2018 are released by CMS.

If you have additional MACRA questions?
The AAN has resources to help you. Visit AAN.com/view/MACRA
You can also send your questions to MACRA@aan.com