GUARDIAN CMS QUALIFIED MIPS REGISTRY INFORMATION BRIEF

2019 CHANGES IN THE CMS MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015 (MACRA) QUALITY PAYMENT PROGRAM

On November 1, 2018 CMS released the 2019 MACRA Quality Payment Program (QPP) Final Rule that impacts the Merit Based Incentive Payment System (MIPS). Below, the specifics for changes for 2019 are provided.

Change in MIPS Eligible Clinicians—Added Clinician Types

For the 2019 performance year, the definition of MIPS eligible clinicians has been expanded to include the following additional clinician types:

- Physical therapists
- Occupational therapists
- Qualified speech-language pathologists
- Qualified audiologists
- Clinical psychologists
- Registered dietitian or nutrition professionals

Change in Performance Thresholds and Payment Adjustment Thresholds

For 2019, the performance threshold increases from the 2018 threshold of 15 points to 30 points, with an additional performance threshold increase in exceptional performance from 70 points to 75 points.

The payment adjustment for the 2021 payment year (reference 2019 performance year) will range from - 7% to + 7% x a scaling factor as required by law. Any positive payment adjustments will be multiplied by the scaling factor to ensure budget neutrality, so the maximum positive adjustment will likely be below 7%.

NOTE: The scaling factor is determined as part of the methodology to ensure budget neutrality. The scaling factor for the 2019 payment year (2017 MIPS reporting year) was 0.47. The 2019 payment adjustments varied between -4% and 1.88%. When CMS analyzed the estimated final scores for the 2017 MIPS reporting year, the mean final score was between 63.50 and 68.98 points and the median was between 77.83 and 82.5 points, resulting in a median positive payment adjustment of 0.82%.

In the 2021 payment year, MIPS adjustments (which only include covered professional services and not Part B drugs) will be applied based on a clinicians' performance on specified measures and activities within the four integrated MIPS Performance Categories (i.e., Quality; Cost; Promoting Interoperability; and Improvement Activities).

CMS estimates that the 2021 payment adjustment will be approximately equally distributed between negative MIPS adjustments and positive MIPS adjustments, satisfying the legislative mandate for budget neutrality. In addition, CMS will provide a MIPS payment adjustments of up to an additional $500 million for exceptional performance to MIPS eligible clinicians whose final score meets or exceeds the exceptional performance threshold of 75 points.

NOTE: The final MIPS payment adjustments in will be determined in 2021 by the distribution of final scores across MIPS eligible clinicians and the performance threshold. If there are more MIPS eligible clinicians above the performance threshold, the scaling factor will decrease because more MIPS eligible clinicians receive a positive MIPS payment adjustment factor. If there are more MIPS eligible clinicians below the performance threshold the scaling factors will increase because more MIPS eligible clinicians would receive a negative MIPS payment adjustment factor and relatively fewer MIPS eligible clinicians would receive a positive MIPS payment adjustment factor.

Based on the performance experience of the 2017 performance year, CMS optimistically estimates that in the 2021 payment year for the 2019 performance year 91.2% of MIPS eligible clinicians that participate in MIPS are expected to receive positive or neutral payment adjustments.

Changes in Low Volume Threshold (LVT)

For the 2019 performance year, CMS has added a third criterion for clinicians to qualify for the low-volume threshold. If a clinician or a group meets one of the following three criteria they will be excluded from having to participate in MIPS:

- Have $90,000 or less in Part B allowed charges for covered professional services; OR
- Provide care to 200 or fewer beneficiaries; OR
- Provide 200 or fewer covered professional services under the Physician Fee Schedule (PFS).

Change in MIPS LVT Determination Period

For 2019 CMS has established a single MIPS determination period for purposes of determining the low-volume threshold and to identify MIPS eligible clinicians as either non-patient facing, part of a small practice, hospital-based clinician, or ambulatory surgery center-based clinician. The determination period includes the following two (2) 12-month segments:

1. An initial 12-month segment beginning on October 1, 2017 to September 30, 2018 (including a 30-day claims run out); and
2. A second 12-month segment beginning on October 1, 2018 to September 30, 2019 (does not include a 30 day claims run out).

NOTE: If a TIN or TIN/NPI did not exist in the first time period, but does exist in the second, a clinician could become eligible for MIPS.

Change in MIPS “Opt-In” Policy

Beginning in 2019, clinicians or groups have been granted an ability to opt-in to MIPS if they meet or exceed at least 1, but not all three, of the following low-volume threshold criterion:

- Have $90,000 or less in Part B allowed charges for covered professional services; OR
- Provide care to 200 or fewer beneficiaries; OR
- Provide 200 or fewer covered professional services under the Physician Fee Schedule (PFS).

For individual eligible clinicians and groups to make an election to opt-in or voluntarily report to MIPS, they must make an election via the Quality Payment Program portal by logging into their account and simply selecting either the option to opt-in (positive, neutral, or negative MIPS adjustment) or to remain excluded and voluntarily report (no MIPS adjustment).

NOTE: Once the clinician or group elects to opt-in to MIPS, the decision is irrevocable and cannot be changed for the applicable performance period.

If a clinician decides to not opt-in to MIPS for 2019, the clinician will remain excluded but may choose to voluntarily report. Accordingly, these clinicians will not receive a MIPS payment adjustment factor.

NOTE: CMS has developed a website, identified below, that provides design examples of the different approaches to MIPS participation in CY 2019. The website uses wireframe (schematic) drawings to illustrate the following approaches to MIPS participation:

--Voluntary reporting to MIPS.
--Opt-in reporting to MIPS
--Required to participate in MIPS.

Individual eligible clinicians and groups opting-in to participate in MIPS would be considered MIPS eligible clinicians, and therefore subject to the MIPS payment adjustment factor. Individual eligible clinicians and groups voluntarily reporting measures and activities for the MIPS will not be considered MIPS eligible clinicians, and therefore not subject to the MIPS payment adjustment factor.

Website: https://qpp.cms.gov/design-examples/qpp-cy-2019-proposed-participation.html

Change in Performance Category Weights

For 2019, the MIPS performance category periods remain the same as in 2018; however the following changes were introduced in the final rule for performance category weights:

*MIPS **Quality** Performance Category*—45% (as opposed to 50% in 2018)

NOTE: The completeness threshold for the Quality Performance Category is the same as 2018 set at 60% of eligible cases over the entire year, regardless of payer. Measures that do not meet data completeness criteria will get 1 point instead of 3 points.

*MIPS **Cost** Performance Category*—15% (as opposed to 10% in 2018)

*MIPS **Promoting Interoperability** Performance Category*—25%

NOTE: CMS requires MIPS eligible clinicians to use 2015 Edition certified EHR technology for the 2019 performance period. One of the major improvements of the 2015 Edition is the Application Programming Interface (API) functionality. The API functionality supports health care providers and patient electronic access to health information. The 2015 Edition also includes a requirement that products must be able to export data from one patient, a set of patients, or a subset of patients, which is responsive to health care provider feedback that their data is unable to carry over from a previous EHR.

*MIPS **Improvement Activities** Performance Category—15%*

New Quality Performance Category Measures

For 2019 CMS has added the following new Quality Performance Category measures:

1. #468 Continuity of Pharmacotherapy for Opioid Use Disorder
2. #469 Average Change in Functional Status Following Lumbar Spine Fusion Surgery
3. #470 Average Change in Functional Status Following Total Knee Replacement Surgery
4. #471 Average Change in Functional Status Following Lumbar Discectomy Laminotomy Surgery
5. #472 Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
6. #473 Average Change in Leg Pain Following Lumbar Spine Fusion Surgery
7. #474 Zoster (Shingles) Vaccination
8. #475 HIV Screening

CMS has, as well, **dropped** the following measures from the 2018 MIPS Quality Performance Category:

1. #18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
2. #43 Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
3. #99 Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
4. #100 Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
5. #122 Adult Kidney Disease: Blood Pressure Management
6. #140 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
7. #156 Oncology: Radiation Dose Limits to Normal Tissues
8. #163 Comprehensive Diabetes Care: Foot Exam
9. #204 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
10. #224 Melanoma: Overutilization of Imaging Studies in Melanoma
11. #251 Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
12. #257 Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
13. #263 Preoperative Diagnosis of Breast Cancer
14. #276 Sleep Apnea: Assessment of Sleep Symptoms
15. #278 Sleep Apnea: Positive Airway Pressure Therapy Prescribed
16. #327 Pediatric Kidney Disease: Adequacy of Volume Management

17. #334 Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)
18. #359 Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging
19. #363 Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive
20. #367 Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
21. #369 Pregnant women that had HBsAg testing
22. #373 Hypertension: Improvement in Blood Pressure
23. #423 Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy
24. #426 Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)
25. #427 Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)
26. #447 Chlamydia Screening and Follow-up

New Quality Performance Category Specialty Measurement Sets

In 2019 CMS has created the following two additional specialty measurement sets for the MIPS Quality Performance Category:

New Urgent Care specialty set of measures:

1. #65 Appropriate Treatment for Children with Upper Respiratory Infection (URI)
2. #66 Appropriate Testing for Children with Pharyngitis
3. #91 Acute Otitis Externa (AOE): Topical Therapy
4. #93 Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
5. #116 Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
6. #130 Documentation of Current Medications in the Medical Record
7. #131 Pain Assessment and Follow-Up
8. #226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
9. #317 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
10. #331 Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
11. #332 Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
12. #333 Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
13. #402 Tobacco Use and Help with Quitting Among Adolescents
14. #431 Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
15. #464 Otitis Media with Effusion (OME): Systemic Antimicrobials Avoidance of Inappropriate Use

New Skilled Nursing Facility specialty set of measures:

1. Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls
2. #6 Coronary Artery Disease (CAD): Antiplatelet Therapy
3. #7 Coronary Artery Disease (CAD): Beta Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)

4. #8 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. #47 Care Plan
6. #110 Preventive Care and Screening: Influenza Immunization
7. #118 Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
8. #154 Falls: Risk Assessment
9. #155 Falls: Plan of Care
10. #181 Elder Maltreatment Screen and Follow-Up Plan
11. #317 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
12. #326 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
13. #474 Zoster (Shingles) Vaccination

New Activities for the Improvement Activities Performance Category

In 2019, eligible clinicians may use the following new activities to support their Improvement Activities Performance Category:

1. IA_AHE_7 Comprehensive Eye Exams
2. IA_BE_ 24 Financial Navigation Program
3. IA_BMH_10 Completion of Collaborative Care Management Training Program
4. IA_CC_ 18 Relationship-Centered Communication
5. IA_PSPA_31 Patient Medication Risk Education
6. IA_PSPA_32 Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

Changes/Restructuring of the Promoting Interoperability Category

For 2019, CMS has made several major changes in the Promoting Interoperability (PI) Performance Category (formerly the Advancing Care Information ACI Performance Category). These 2019 changes include:

- PI remains a minimum 90 day reporting period, however, as indicated earlier, eligible clinicians **will be required to use 2015 Edition of Certified Electronic Health Record Technology (CEHRT)** if reporting this category.
- Base, performance and bonus scores have been eliminated and replaced with a new scoring methodology based solely on performance.
- There are four objectives MIPS eligible clinicians must meet: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. Clinicians will be required to report certain measures from each of the four objectives, unless an exclusion is claimed.
- The Security Risk Analysis measure remains as a required measure, but without points.
- Two new measures have been added for the e-Prescribing objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement as optional with bonus points available.
- CMS will continue to maintain the hardship exemption for this performance category.

NOTE: If a MIPS eligible clinician fails to report on a required measure or if the clinician claims an exclusion for a required measure (as applicable), the clinician would receive a total score of zero for the Promoting Interoperability performance category.

Changes in Help for Small Practices

In 2019, small Practices (practices with 15 or fewer clinicians associated with the TIN) will continue to receive a small practice bonus however it will be included in the Quality Performance Category score as opposed to a stand-alone bonus. In addition, the bonus has been increased to 6 points (up from 5 points in 2018) if the clinician submits data on at least one (1) Quality measure. For 2019, small practices will also continue to receive at least 3 points for quality measures that do not meet the data completeness requirements.

Change in Multiple Submission Types

In 2019, CMS allow MIPS eligible clinicians and groups to submit quality measures via multiple submission types (new MIPS term for “submission mechanism”). If the same measure is submitted via multiple collection types, the one with the greatest number of points will be used for scoring. The multiple-submission type option would not apply to submissions using the CMS web-interface.