



December 6, 2023

2024 Merit-based Incentive Payment System (MIPS) Overview

TODAY'S TOPICS

- ▶ Introductions
- ▶ MIPS Overview
- ▶ Reporting Considerations
- ▶ Performance Categories
- ▶ MIPS Value Pathways (MVPs)
- ▶ Tips for MIPS Success
- ▶ Observations
- ▶ Questions and Close



TODAY'S SPEAKERS



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QUALITY PAYMENT PROGRAM

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA advances a forward-looking, coordinated framework for clinicians to participate in the Quality Payment Program, which rewards value in 1 of 2 ways:

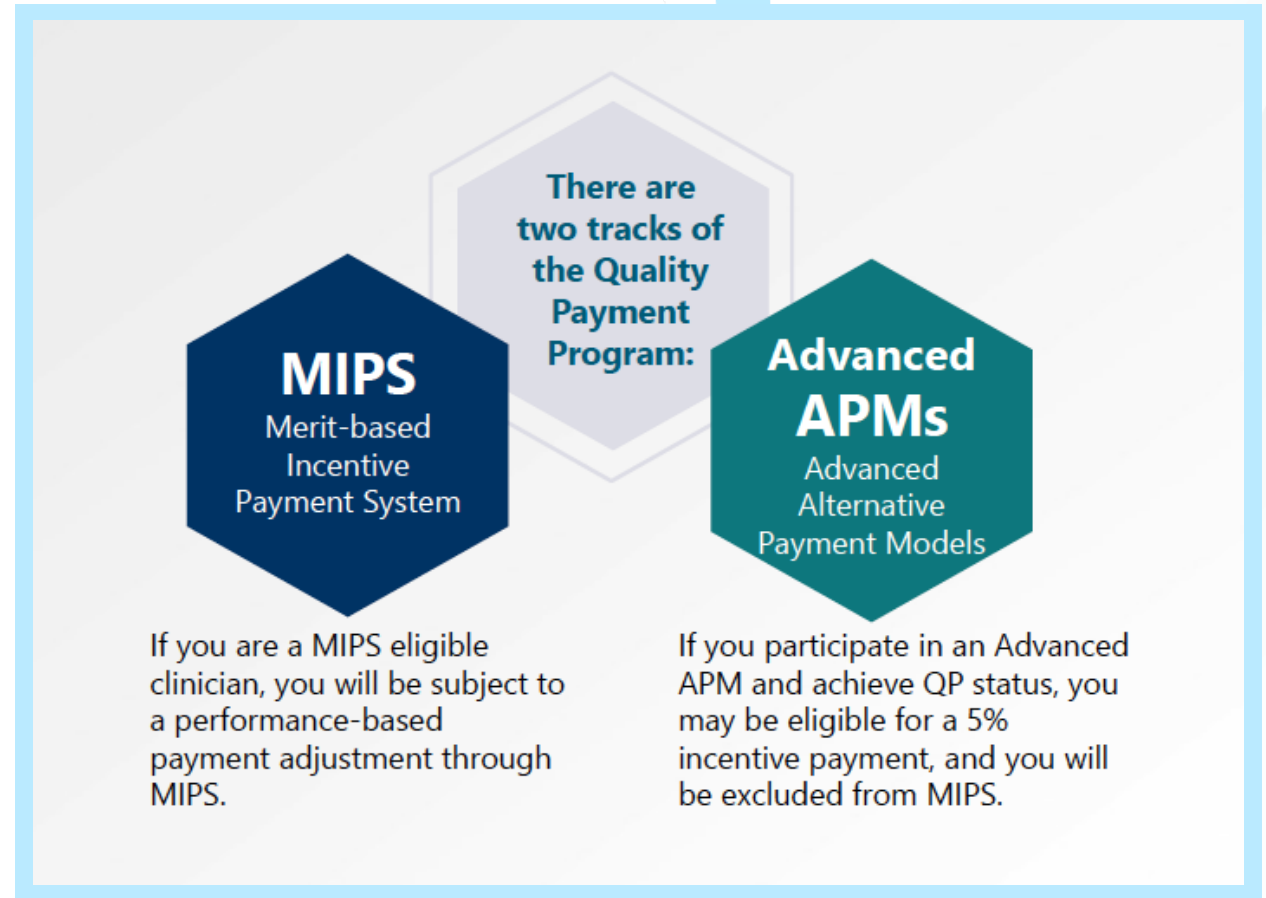


Image source: CMS DHHS MIPS Quick Start Guide





Merit-based Incentive Payment System (MIPS) Overview

What is the Merit-based Incentive Payment System

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP).

The program describes how CMS reimburses MIPS eligible clinicians for Part B Covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, CMS evaluates your performance across multiple categories that lead to improved quality and values in our healthcare system.



MIPS PERFORMANCE CATEGORIES



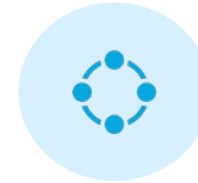
Quality

Assess the quality of care you deliver based on measures of performance



Cost

Assess the cost of the care you provide based on your Medicare Part B Claims



Promoting Interoperability (PI)

Assess your promotion of patient engagement and electronic health information using CEHRT



Improvement Activities (IA)

Assess your participation in activities that improve clinical practices and support patient engagement



QUALITY PAYMENT PROGRAM OBJECTIVES

- ▶ Improve beneficiary population health
- ▶ Improve the care received by Medicare beneficiaries
- ▶ Lower costs to the Medicare program through improvement of care and health
- ▶ Promote Health Equity for All patients
- ▶ Advance the use of healthcare information between allied providers and patients
- ▶ Educate, engage and empower patients as members of their care team
- ▶ Maximize QPP participation with a flexible and transparent design, and easy to use program tools
- ▶ Expand Alternative Payment Model participation
- ▶ Provide accurate, timely, and actionable performance data to clinicians, patients and other stakeholders



QUALITY REPORTING IS MORE THAN MIPS

Use your quality reporting to prove your worth to your stakeholders:

- ▶ Improve the care you provide for patients and their families
- ▶ Through Quality Improvement and implementing Evidence-based Practices
- ▶ To Commercial Payers via their Physician Performance Compensation Plans (Pay for Quality)
- ▶ With Hospital/Health Systems – Quality metrics included in Stipends and Contracts
- ▶ For The Joint Commission reporting
- ▶ Support Continuing Medical Education / Maintenance of Certification / Credentialing work
- ▶ Advance the Specialty by sharing your quality outcomes with national clinical registries



QUALITY PAYMENT PROGRAM TERMS

APM Performance Pathway - The APM Performance Pathway (APP) is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs.

FINAL Score - An overall assessment for each MIPS eligible clinician for a performance period. The score is determined by assessing a MIPS eligible clinician's applicable measures and activities for each performance category. The MIPS eligible clinician's final score determines their MIPS payment adjustment.

Payment Adjustment - CMS applies adjustments to your Medicare reimbursements on future covered professional services based on your participation and performance in MIPS. The payment adjustment is based on the MIPS eligible clinician's final score.

Performance Category Score - A MIPS eligible clinician's performance category score is the sum of all the measure achievement points assigned for the measures or activities required for the performance category criteria plus any applicable bonus points. The sum is divided by the sum of total available points.

Performance Feedback - CMS provides performance feedback and payment adjustment information based on the data submitted for the previous Performance Year. Use this feedback to help improve your care and optimize the payments you receive from CMS.

PQRS - Physician Quality Reporting System - A past program in which clinicians were required to submit Quality data to CMS. The Quality category of MIPS replaces this program.

Performance Year - The period in which program participants must collect QPP data. They report the data they've collected in the first few months of the following year. The MIPS Performance Year begins on January 1 and ends on December 31 each year.

Small Practice - A solo practitioner or a practice (TIN), virtual group or APM Entity with 15 or fewer clinicians. Clinicians, practices, virtual groups and APM Entities with the small practice special status have modified scoring and reporting requirements.





MIPS Eligibility and EUC

MIPS REPORTING CONSIDERATIONS

- ▶ **MIPS Eligibility:** You must participate in MIPS (unless otherwise exempt) if, in both 12-month segments of the **MIPS Determination Period**, you:
 - Bill more than \$90,000 for Medicare Part B covered professional services, and
 - See more than 200 Medicare Part B patients, and;
 - Provide more than 200 covered professional services to Medicare Part B patients
- ▶ CMS provides your MIPS Eligibility twice a year via your QPP Account



EXTREME AND UNCONTROLLABLE CIRCUMSTANCES (EUC)

- ▶ Apply to reweight any or all MIPS performance categories if affected by extreme and uncontrollable circumstances
- ▶ Apply through your QPP account during the EUC application window (usually through the end of performance year)
- ▶ Extreme and uncontrollable circumstances are rare events entirely outside of your control and the control of the facility in which you practice. These circumstances would:
 - Cause you to be unable to collect information necessary to submit data for a MIPS performance category;
 - Cause you to be unable to submit information that would be used to score a MIPS performance category for an extended period of time (for example, if you were unable to collect data for the quality performance category for 3 months), and/or;
 - Impact your normal processes, affecting your performance on cost measures and other administrative claims measures



GROUP OR INDIVIDUAL REPORTING

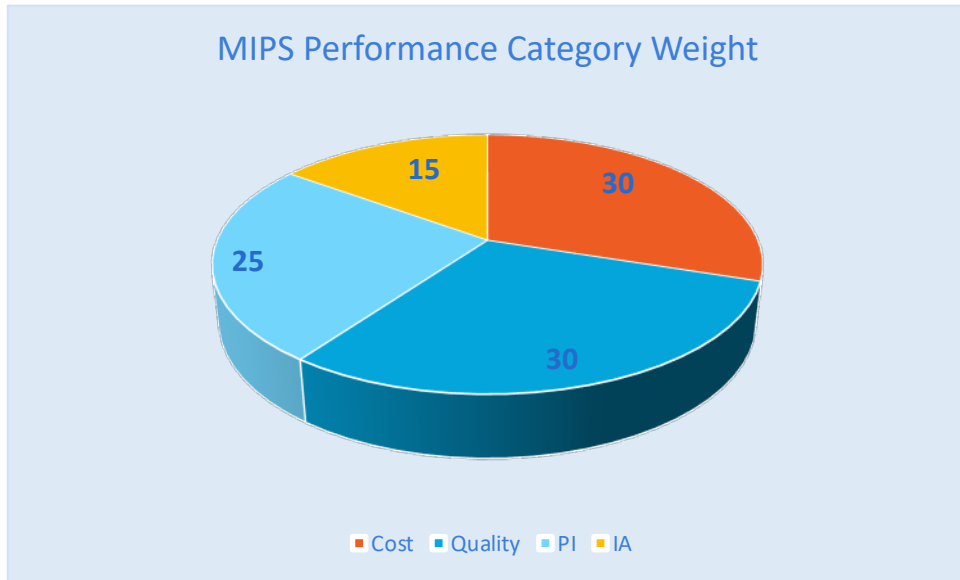
- ▶ When you participate as an individual (TIN/NPI), you'll collect, and report measures and activities based on your individual performance.
 - CMS will assess your performance across all performance categories at the individual level.
 - If you only participate as an individual, your payment adjustment will be based on your individual final score from the MIPS performance categories.
- ▶ When you participate as a group (TIN), you'll collect, and report measures and activities based on the aggregated performance of the clinicians billing under the TIN.
 - CMS will assess your performance across all performance categories at the group level.
 - If you only participate as a group, your payment adjustment will be based on your group's final score from the MIPS performance categories.
- ▶ If an organization chooses not to participate as a group, the MIPS eligible clinicians who exceed the low-volume threshold as individuals will need to participate as individuals or through an APM Entity, if applicable.





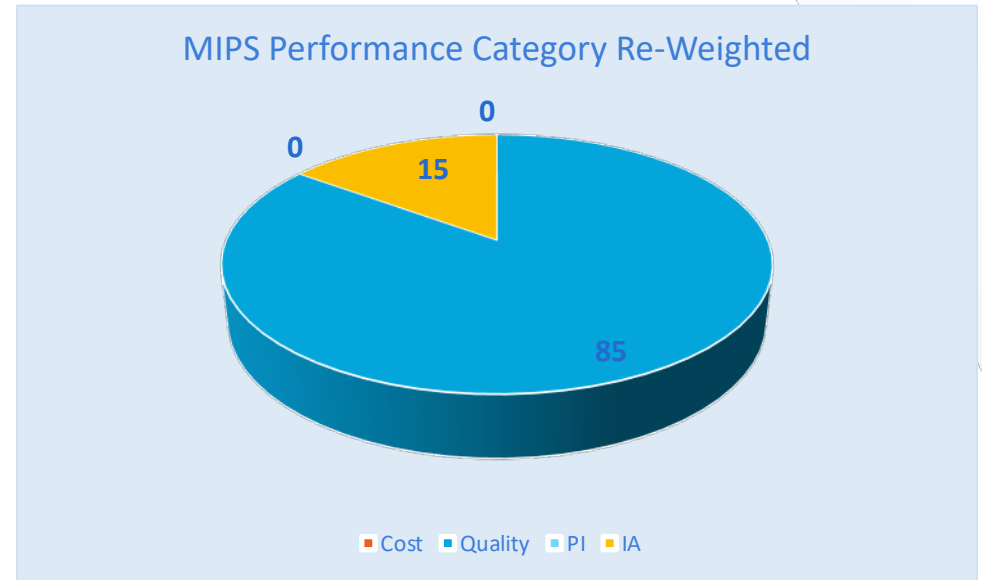
MIPS Performance Categories

PERFORMANCE CATEGORY WEIGHT



Above is the base weighting.

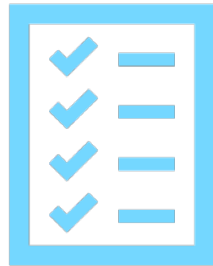
Determine **any** special status applicable to the group either by entering an individual clinician NPI into the QPP Participation Status Tool @ qpp.cms.gov or via the Eligibility & Reporting page on your QPP Account.



Groups with **Special Statuses** such as Non-Patient Facing, Hospital-based and Small Group qualify for automatic reweighting of the PI category to 0%.

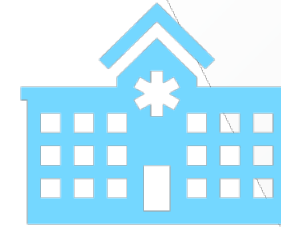
If **no Cost measures** apply, Cost category will be re-weighted to other categories contingent on the group size.

QUALITY



Clinical Quality Measures

198 Clinical Quality Measures
Added 11, Removed 11, Substantive changes
to 59 existing Quality measures



Data Completeness

Raised to 75% for 2024 - 2026
We encourage data completeness over 85%



IMPROVEMENT ACTIVITIES (IA)

- ▶ 106 IAs
 - Added 5 new IAs
 - Removed 3
- ▶ Many groups have a special status that doubles the weight of IAs
 - Only need 2 medium instead of 4 medium
- ▶ Common IAs
 - IA_PSPA_8 – Use of Patient Safety Tools
 - IA_PSPA_19 – Implement QI Program



COST



CMS uses administrative claims data to automatically calculate COST – no additional data collection or submission is required



Groups that don't meet minimum case count for Cost measures will have category weight redistributed to other categories



30 Cost Measures – including 5 new episode-based cost measures



One new episode-based cost measure focuses on care provided in the Emergency Department

PROMOTING INTEROPERABILITY (PI)



Certain special statuses result in automatic reweighting to zero. The category weight will be redistributed to other MIPS categories according to CMS reweighing policies applicable to the group size



CMS expanded the PI performance period to **180-days** from 90-days



Work with your Hospital/EHR administrator to obtain the Promoting Interoperability metrics. Consider submitting PI data even if exempt as it may produce a higher overall score

SCORING CONSIDERATIONS

- ▶ Performance Threshold **remains at 75** points.
 - CMS had proposed raising it to 82 points but didn't finalize owing to pushback from many organizations
- ▶ CMS awards some limited bonuses such as a Complex-Patient Bonus, Small Practice, and Improvement bonuses for the performance categories
- ▶ Your final score is a weighted average of performance in each category * weight of the category + any bonuses

Category	Category Performance	Weight	Points
Cost	50	30%	15
Quality	70	30%	21
PI	60	25%	15
IA	100	15%	15
			66
	Additional Bonuses		5
	Final Score		71

For this example, CMS will assess a small negative payment adjustment.



OPTIMIZING YOUR MIPS SCORE - REPORTING METHOD

- ▶ Traditional MIPS
 - Group/TIN-level – historically most popular
 - Individual (only the MIPS Eligible Clinicians)

- ▶ MIPS Value Pathways – must enroll in MVP
 - Group/TIN-level
 - Individual (only the MIPS Eligible Clinicians)

- ▶ Additional Considerations
 - CMS will calculate all data submissions and take the highest score
 - Individual submission requires each clinician to attest to their own Improvement Activities
 - Consider reporting PI data even if exempt
 - Higher performance on PI could mitigate lower performance on Quality or Cost
 - Requires getting the PI data from your EHR
 - You will be reporting through a registry. Work with your registry to see what reporting methods they support. There may be additional costs to report more than once





MIPS Value Pathways (MVPs)

Transition from Traditional MIPS to MVPs

Quality Payment
PROGRAM

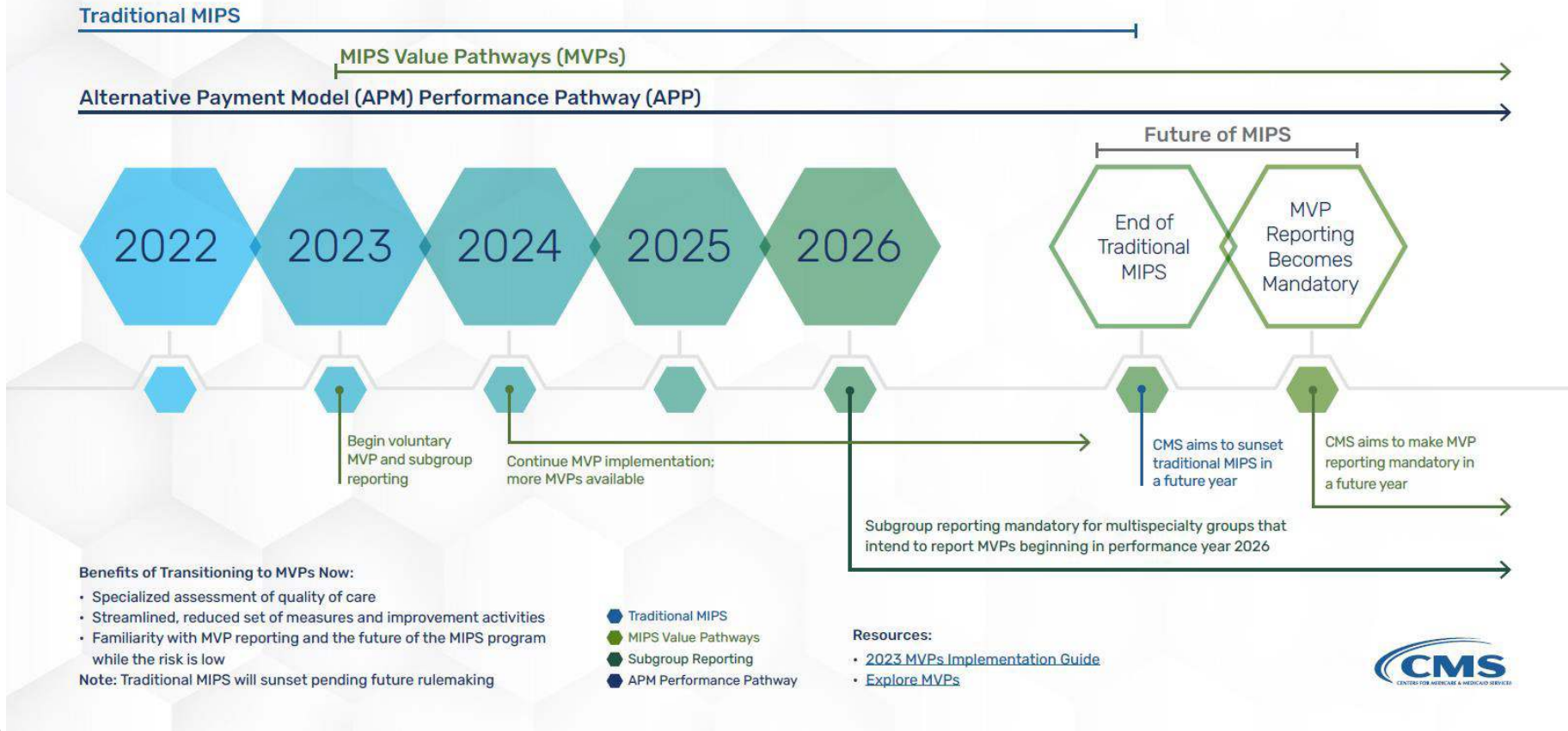


Image source: CMS DHHS MIPS Quick Start Guide

TRADITIONAL MIPS AND MVP

	TRADITIONAL MIPS	MVP
Specialty Focus	Specialty measure sets – Quality only	Specialty MVPs – Quality, IA, Cost
Performance Year Registration	Not Required	Required 1. MVP, Population Health measure must be selected at the time of registration
Categories	<ol style="list-style-type: none"> 1. Quality 2. Improvement Activities (IA) 3. Cost 4. Promoting Interoperability (PI) 	<ol style="list-style-type: none"> 1. Quality 2. Improvement Activities (IA) 3. Cost 4. Foundational layer <ol style="list-style-type: none"> a. Promoting Interoperability (PI) b. Population Health
Quality Category	Scored on 6 measures	Scored on 4 measures
IA category	40 points max 2 high weighted or 4 medium weighted or 1 high weighted and 2 medium weighted activities	20 points max 1 High weighted activity or 2 medium weighted activities
Performance Category Weights	Consistent	
Automatic Reweighting	Consistent	
Scoring	Consistent	
Ventra Health Recommendations	Until Traditional MIPS reporting is phased out, report via both Traditional and MVP CMS will apply the highest score	



2024 MVPS

Each MVP includes a subset of measures and activities that are related to a given specialty or medical condition.

New:

- Focusing on Women's Health
- Quality Care for the Treatment of Ear, Nose, and Throat Disorders
- Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
- Quality Care in Mental Health and Substance Use Disorders
- Rehabilitative Support for Musculoskeletal Care

Modified:

- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Advancing Cancer Care
- Advancing Care for Heart Disease

- Advancing Rheumatology Patient Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Improving Care for Lower Extremity Joint Repair
- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Patient Safety and Support of Positive Experiences with Anesthesia
- Value in Primary Care
- Supportive Care for Neurodegenerative Conditions

Where can I learn more about the MIPS Value Pathways (MVPs) reporting option?

Please visit the [MVPs webpage](#) for general information; the 2024 MVP Implementation Guide will be available in early 2024.





MIPS Success

PRACTICAL TIPS FOR GROUPS

- ▶ Groups should regularly access their QPP Account on QPP.CMS.GOV to manage EUC applications, attest to performing IAs, identify MIPS Eligible Clinicians, review past performance reports and payment adjustments
- ▶ Review Guidance from your Medical Association/Society or other Professional Organization
- ▶ Review your Performance MONTHLY to identify and mitigate documentation or performance issues as early as possible
- ▶ Ensure you are capturing current quality measures via a form, the EMR, dot phrases, or other form of documentation
- ▶ Work with your RCM partner and/or MIPS registry to develop a MIPS data submission plan:
 - Timeline
 - MIPS Reporting ROI
 - Report as a group or as individual MIPS Eligible Clinicians (ECs)
 - Traditional MIPS, via an MVP, or submit no data



REQUIREMENTS FOR MIPS SUCCESS

- ▶ **Active management of your MIPS Performance is a must.**
 - Only capturing quality measures will result in a penalty
 - Recommend having a clinician and support resource manage MIPS together (2-4 hours/month)
- ▶ **Satisfactorily meet the 75% data completeness threshold on at least 6 Quality Measures (8 or 9 is better) with high performance, Attest to Improvement Activities, report Promoting Interoperability if you can and it helps your overall score**
- ▶ **We recommend submitting data to your registry bi-weekly**





Questions?



Thank You

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