

## Boost your MIPS Score in 2018

Congratulations to everyone involved in the submission of 2017 MIPS reporting data! In 2018, the bar will be set higher for MIPS participation, but there are some easy ways to boost your score.



MIPS eligible clinicians will need to earn at least 15 points on their MIPS scores for the 2018 reporting period to avoid a negative payment adjustment in 2020. By contrast, last year clinicians only needed to earn 3 points to avoid a negative payment adjustment for 2019.

Based on your performance, you'll get between 3 and 10 points on each quality measure you submit. To help you meet the new threshold, you have several new opportunities to earn extra MIPS points this year:

- Get 5 points just for being a small practice (15 or fewer eligible clinicians) if you submit data to at least one performance category.
- Earn up to 10 points for demonstrating performance improvement since 2017 on your Quality Measures.
- Earn an additional point for using only 2015 edition Certified Electronic Health Record Technology (CEHRT).

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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor. Questions or suggestions about the newsletter can be sent to [QPPSURS@IMPAQINT.COM](mailto:QPPSURS@IMPAQINT.COM).

## Boost your MIPS Score in 2018

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- Earn up to 5 points for treating and submitting data on complex patients.
  - ◊ These points will be calculated automatically from claims data based on your hierarchical condition risk score and percentage of dually eligible beneficiaries who receive both Medicare and Medicaid benefits.
  - ◊ Be sure to record your patients' serious and chronic conditions in your claims to earn these points.

In addition, similar to the 2017 reporting period, for 2018 you can earn extra points for:

- End-to-end electronic reporting of your quality measures (up to 5 points in 2018); and
- Reporting on additional high-priority measures (up to 5 points in 2018)

Additional details on 2018 scoring are available here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf>

Please note that while the 2018 final rule for MIPS initially offered improvement scoring for the cost performance category, the Bipartisan Budget Act of 2018 delayed that option until Year 6 of the program.

## Changes to MIPS from the Bipartisan Budget Act

The Bipartisan Budget Act of 2018 was signed into law on February 9, 2018, and some of the provisions affect the MIPS Cost category. *So what changed for clinicians?*

Slower Ramp-up of Cost category: Originally, the cost performance category was required to be weighted at 30% for performance year 2019 and beyond. The legislation instead allows CMS to weight the cost category between 10% and 30% through 2022. The agency would still be required to weight the cost category at 30% from 2023 on, absent additional legislation.

Delay on Cost Improvement Metric: For the next three years, the improvement scoring won't be applied to the Cost performance category. Eventually, this metric will reward clinicians for year-to-year improvements in the cost category.

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**WEBSITES**

**Centers for Medicare and Medicaid Services**  
[cms.gov](https://www.cms.gov)

**Quality Payment Program**  
[qpp.cms.gov](https://www.cms.gov/qpp)

**Healthcare Communities**  
[healthcarecommunities.org](https://www.healthcarecommunities.org)

**For FREE assistance funded by CMS, clinicians in small practices can contact their Direct Support Organization**  
[qpp.cms.gov/about/small-underserved-rural-practices](https://www.qpp.cms.gov/about/small-underserved-rural-practices)

**CONTACT US**

**QPP SURS Central Support Team**  
 (202) 774-1060  
[qppsurs@impaqint.com](mailto:qppsurs@impaqint.com)

**CMS QPP Service Desk**  
 1 (866) 288-8292  
 1 (877) 715-6222 (TTY)  
[qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)

## Changes to MIPS from the Bipartisan Budget Act

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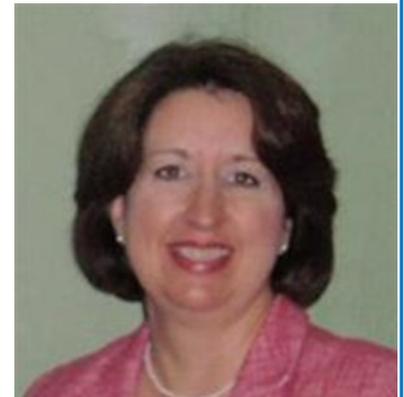
**Part B Drug Costs:** In 2018, to be eligible for MIPS, you have to bill at least \$90,000 to Medicare Part B and treat at least 200 Medicare Part B beneficiaries. The new law excludes the cost of Medicare Part B drugs from counting towards the \$90,000 threshold. In addition, your MIPS payment adjustment for 2020 will not apply to Part B drug costs.

Keep an eye on the CMS resource library for future guidance on these changes: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>

## Clinical Practice Spotlight: Louise Brown Derise, Practice Administrator

When Louise Brown Derise was notified in 2017 that her practice would receive a penalty as a result of its performance under the Physician Quality Reporting System (PQRS), she was determined not to let it happen again under MIPS.

To achieve this goal in 2017, Louise asked each of the clinicians in her practice to choose 10 to 15 MIPS measures to work on. To track physicians' progress with the measures selected, she leveraged her EHR program's dashboard that updated each weekend. Then, she developed a customized spreadsheet in Microsoft Excel for each MIPS section for each clinician to estimate their score as they improved to encourage their increased participation and demonstrate their potential bonus. She used the CMS validation and measure specification spreadsheets in developing her dashboard.<sup>1</sup>



Louise then began to share the dashboard with all of the clinicians in her practice every week during team meetings. During the meetings, clinicians had an opportunity to exchange ideas with colleagues, refine their list of measures, and identify actions they could take to improve their performance by the next week's meeting.

<sup>1</sup> The 2018 CMS validation and measure specification spreadsheet can be accessed here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

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# Clinical Practice Spotlight: Louise Brown Derise, Practice Administrator

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As a result of these efforts, all of the clinicians in Louise’s practice improved their MIPS performance in the last quarter of 2017, attaining an average estimated score of 84 points across 9 clinicians at the time of data submission.

What’s next for 2018? Louise plans to continue following this process, and this year she’ll contract with her EHR vendor to submit her quality measures for the full year. She’s off to a great start!

## Monthly Observance: Mental Health Month

May is Mental Health Month, and we want to highlight a few ways your practice can help address the mental health needs of your patients.

The table below lists some of the MIPS measures and improvement activities focused on mental health for the 2018 performance period. Choosing to report on these measures can help you to improve the mental health care and support you provide to your patients. You can find links to all 2018 MIPS quality measures here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

What Clinicians Can Do	Corresponding MIPS Measures
<p><b>Perform tests and screenings for patients as appropriate</b></p>	<p><b>Quality Measure 134:</b> Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan  <b>Description:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p> <p><b>Quality Measure 391:</b> Follow-Up After Hospitalization for Mental Illness (FUH)  <b>Description:</b> The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: a. The percentage of discharges for which the patient received follow-up within 30 days of discharge. b. The percentage of discharges for which the patient received follow-up within 7 days of discharge.</p> <p><b>Quality Measure 281:</b> Dementia: Cognitive Assessment  <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.</p>

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# Monthly Observance: Mental Health Month

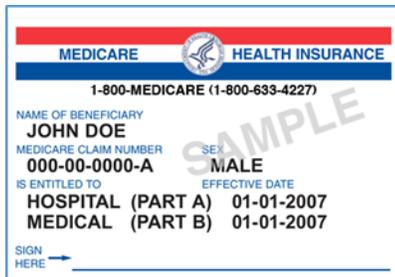
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What Clinicians Can Do	Corresponding MIPS Measures
<p><b>Help patients manage medications</b></p>	<p><b>Quality Measure 009:</b> Anti-Depressant Medication Management  <b>Description:</b> Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.</p> <p><b>Quality Measure 366:</b> ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication  <b>Description:</b> Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care.</p>
<p><b>Integrate behavioral health services into primary care</b></p>	<p><b>Improvement Activity IA_CC_16:</b> Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients  <b>Description:</b> The primary care and behavioral health practices use the same electronic health record system for shared patients or have an established bidirectional flow of primary care and behavioral health records.</p> <p><b>Improvement Activity IA_BMH_9:</b> Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients  <b>Description:</b> Individual MIPS eligible clinicians or groups must regularly engage in integrated prevention and treatment interventions, including screening and brief counseling (for example: NQF #2152) for patients with co-occurring conditions of mental health and substance abuse. MIPS eligible clinicians would attest that 60 percent for the CY 2018 Quality Payment Program performance period, and 75 percent beginning in the 2019 performance period, of their ambulatory care patients are screened for unhealthy alcohol use.</p>

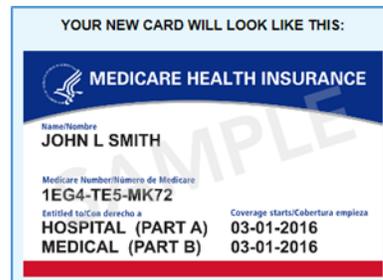
## Targeted Resource: New Medicare Cards

CMS began issuing new Medicare cards to all Medicare recipients in April 2018. The new cards will have a Medicare Beneficiary ID (MBI) that is different from the Medicare beneficiary’s social security number to help protect their identity.

Original Medicare Card Format



New Medicare Card Format



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## Targeted Resource: New Medicare Cards

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If you're a Medicare fee-for-service provider, make sure your systems and business processes are ready **now** to accept the new MBIs for billing, claim status, eligibility status, and other interactions with your Medicare Administrative Contractor (MAC) contact center. You should have received a letter from your MAC informing you about the change and how to prepare for it. Your letter contains information specific to your MAC, so please review it carefully.

- For more information, see this resource: <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>
- [Sign up for your MAC portal now: https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf](https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf)

Information for patients about the new Medicare cards is available in multiple languages:

- English: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>
- Spanish: <https://es.medicare.gov/newcard/>
- American Indian/Alaska Native languages: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/native-language-psas.html>

## New QPP Resources from CMS

### 2018 MIPS Group Participation Guide

CMS published a MIPS group participation guide in April 2018. Eligible providers have the option to have their performance assessed as individuals (i.e., at the NPI level) or as groups (i.e., at the TIN level). This resource allows providers to understand what the requirements are for group participation and how groups will be scored.

For more information, check out the MIPS group participation guide here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Group-Participation-in-MIPS-2018.pdf>

# Upcoming Events

Information regarding upcoming events, along with registration information, can be found below:



## June 2018 LAN Webinar: Using Data and Strategy to Succeed in MIPS Year 2: Advice for Solo and Small Group Practices

**Tuesday, June 12, 2018** at 3:30 pm ET, Register here:

[https://qppsurs.adobeconnect.com/e4ow52jp9vhy/event/event\\_info.html](https://qppsurs.adobeconnect.com/e4ow52jp9vhy/event/event_info.html)

**Thursday, June 14, 2018** at 11:00 am ET, Register here:

[https://qppsurs.adobeconnect.com/eipytdixhfro/event/event\\_info.html](https://qppsurs.adobeconnect.com/eipytdixhfro/event/event_info.html)

## Past Events

Past QPP SURS events are listed here: <https://qppsurs.wordpress.com/resources/>

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>