

MIPS Reporting Plan 2019 Clinical Psychologists



The Medicare Access and Chip Reauthorization Act of 2015 (MACRA) repealed the Sustainable Growth Rate formula to create the Quality Payment Program (QPP). The QPP is a new framework for rewarding physicians for providing higher quality care, which include the Merit-based Incentive Payment System (MIPS) or Alternative Payment Models (APMs). Under these programs, clinicians have opportunities to receive payment incentives or penalties (-7% - +7%) based on their performance.

Eligible clinicians (ECs) and groups are required to report data to MIPS in 2019 or they will be subject to the full negative payment adjustment of -7% on their Medicare Part B claims. The performance threshold for 2019 is 30 MIPS points, meaning ECs and groups must score at least 30 MIPS points to avoid the negative payment adjustment.

The categories that make up the MIPS final score are: Quality, Promoting Interoperability, Improvement Activities and Cost. Please note, the performance category weights differ from those in Alternative Payment Models (APMs).

Clinical Psychologists are a new eligible clinician type under the QPP, this document will serve to assist Clinical Psychologists in making a MIPS reporting plan and help achieve their targeted performance. A list of Quality measures and Improvement Activities that may be applicable to your specialty are also included.

MIPS Reporting Plan: Participation Year 2019

General Information

Practice Name: _____ State: _____

TIN: _____ Number of clinicians in practice: _____

Patient panel size: _____

- Care for > 200 Medicare part B beneficiaries annually
- Submit > \$90,000 in Medicare claims annually
- Provide > 200 covered professional services under the Physician Fee Schedule

*If you do not meet **ALL** of the above low-volume threshold criteria then you will be excluded from reporting to MIPS. If you meet one or two of the criteria, you may choose to opt-in for MIPS participation.

Check the participation look-up tool to see if eligible as a group: <https://qpp.cms.gov/participation-lookup>.

Quality Performance Category – 45% of MIPS total score*

Most MIPS eligible clinicians (ECs) will report on six quality measures, with at least one outcome or high priority measure, for a full calendar year.

Measure Name	Type	Target Performance	Decile Score	High Priority/ Outcome Measure	Utilizes EHR
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Promoting Interoperability Performance Category – 25% of MIPS total score*

Clinical Psychologists are exempt from this performance category. If data is reported, it will be scored.

EHR Vendor: _____ Version: _____ 2015 certified Unsure

Improvement Activities Performance Category – 15% of MIPS total score

Most MIPS ECs will report on one to four improvement activities, depending on the size of the practice and activity weight, for at least a consecutive 90-day reporting period.

Activity Name: _____ Domain: _____ Weight: _____	Activity Name: _____ Domain: _____ Weight: _____
Activity Name: _____ Domain: _____ Weight: _____	Activity Name: _____ Domain: _____ Weight: _____

Cost Performance Category – 15% of MIPS total score

CMS will automatically pull data for the ten measures in the Cost performance category from claims based on a 12-month reporting period. No submission to CMS necessary.

* For Clinical Psychologists who choose not to report on the Promoting Interoperability performance category (PI), the Quality category will be re-weighted to 70% unless they opt to voluntarily report on Promoting Interoperability. If reporting as an group check participation look-up tool: <https://qpp.cms.gov/participation-lookup>

MIPS Quality Measures 2019

MEASURE NAME	QUALITY ID	MEASURE TYPE	HIGH PRIORITY	SUBMISSION METHOD
Adherence to Antipsychotic Medications For Individuals with Schizophrenia	383	Intermediate Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	325	Process	TRUE	MIPS clinical quality measures (MIPS CQMs)
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	107	Process	FALSE	Electronic clinical quality measures (eCQMs)
Anti-Depressant Medication Management	9	Process	FALSE	Electronic clinical quality measures (eCQMs)
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	382	Process	TRUE	Electronic clinical quality measures (eCQMs)
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	468	Process	TRUE	MIPS clinical quality measures (MIPS CQMs)
Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management	283	Process	FALSE	MIPS clinical quality measures (MIPS CQMs)
Dementia: Cognitive Assessment	281	Process	FALSE	Electronic clinical quality measures (eCQMs)
Dementia: Education and Support of Caregivers for Patients with Dementia	288	Process	TRUE	MIPS clinical quality measures (MIPS CQMs)
Dementia: Functional Status Assessment	282	Process	FALSE	MIPS clinical quality measures (MIPS CQMs)
Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia	286	Process	TRUE	MIPS clinical quality measures (MIPS CQMs)
Depression Remission at Six Months	411	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)

MEASURE NAME	QUALITY ID	MEASURE TYPE	HIGH PRIORITY	SUBMISSION METHOD
Depression Remission at Twelve Months	370	Outcome	TRUE	CMS Web Interface measures, Electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs)
Depression Utilization of the PHQ-9 Tool	371	Process	FALSE	Electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs)
Documentation of Current Medications in the Medical Record	130	Process	TRUE	Medicare Part B claims measures, Electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs)
Elder Maltreatment Screen and Follow-Up Plan	181	Process	TRUE	Medicare Part B claims measures, MIPS clinical quality measures (MIPS CQMs)
Follow-Up After Hospitalization for Mental Illness (FUH)	391	Process	TRUE	MIPS clinical quality measures (MIPS CQMs)
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	366	Process	FALSE	Electronic clinical quality measures (eCQMs)
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	Process	FALSE	Medicare Part B claims measures, CMS Web Interface measures, Electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs)
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	431	Process	FALSE	MIPS clinical quality measures (MIPS CQMs)

For information on quality measure: <https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2019&#measures>

Quality Measure Benchmarks: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/342/2019%20MIPS%20Quality%20Benchmarks.zip>

MIPS Improvement Activities 2019

ACTIVITY NAME	ACTIVITY ID	ACTIVITY WEIGHTING
Completion of Collaborative Care Management Training Program	IA_BMH_10	Medium
Depression screening	IA_BMH_4	Medium
Diabetes screening	IA_BMH_1	Medium
Electronic Health Record Enhancements for BH data capture	IA_BMH_8	Medium
Implementation of co-location PCP and MH services	IA_BMH_6	High
Implementation of Integrated Patient Centered Behavioral Health Model	IA_BMH_7	High
MDD prevention and treatment interventions	IA_BMH_5	Medium
Tobacco use	IA_BMH_2	Medium
Unhealthy alcohol use	IA_BMH_3	Medium
Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients	IA_BMH_9	High

For more information on Improvement Activities:

<https://qpp.cms.gov/mips/explore-measures/improvement-activities?py=2019#measures>

For documentation of Improvement Activities:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/436/2019%20MIPS%20Data%20Validation%20Criteria.zip>