

## MIPS Reporting Plan 2019 Dietitians/Nutrition Professionals



The Medicare Access and Chip Reauthorization Act of 2015 (MACRA) repealed the Sustainable Growth Rate formula to create the Quality Payment Program (QPP).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).

Dietitians/Nutrition Professionals are a new eligible clinician type under the QPP, this document will serve to assist Dietitians/Nutrition Professionals 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

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

Dietitians 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: _____	Activity Name: _____
Domain: _____ Weight: _____	Domain: _____ Weight: _____
Activity Name: _____	Activity Name: _____
Domain: _____ Weight: _____	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 Dietitians 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
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	59	Intermediate Outcome	TRUE	Medicare Part B claims measures, CMS Web Interface measures, Electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs)
Documentation of Current Medications in the Medical Record	419	Process	TRUE	Medicare Part B claims measures, Electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs)
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	421	Process	FALSE	Medicare Part B claims 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)
Tobacco Use and Help with Quitting Among Adolescents	None	Process	FALSE	MIPS clinical quality measures (MIPS CQMs)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	24	Process	FALSE	Electronic clinical quality measures (eCQMs)

**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
Diabetes screening	IA_BMH_1	Medium
Engagement of New Medicaid Patients and Follow-up	IA_AHE_1	High
Engagement of Patients, Family, and Caregivers in Developing a Plan of Care	IA_BE_15	Medium
Evidenced-based techniques to promote self-management into usual care	IA_BE_16	Medium
Implementation of condition-specific chronic disease self-management support programs	IA_BE_20	Medium
Improved Practices that Disseminate Appropriate Self-Management Materials	IA_BE_21	Medium
Provide peer-led support for self-management.	IA_BE_18	Medium
Tobacco use	IA_BMH_2	Medium
Unhealthy alcohol use	IA_BMH_3	Medium
Use of certified EHR to capture patient reported outcomes	IA_BE_1	Medium

**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>