

MIPS 2019: ARE YOU READY?

What

There are four performance categories that make up your final MIPS score. Your 2019 final score determines your payment adjustment for 2021. These categories are:



Quality:

This performance category replaces PQRS. This category covers the quality of the care you deliver, based on performance measures created by CMS, as well as medical professional and stakeholder groups. Select six performance measures to report.



Promoting Interoperability (PI):

CMS has renamed the Advancing Care Information performance category to Promoting Interoperability (PI) to focus on patient engagement and the electronic exchange of health information using certified electronic health record technology (CEHRT). This performance category replaced the Medicare EHR Incentive Program for EPs, commonly known as Meaningful Use. This is done by proactively sharing information with other clinicians or the patient in a comprehensive manner. This may include: sharing test results, visit summaries, and therapeutic plans with the patient and other facilities to coordinate care.



Improvement Activities (IA):

This performance category includes an inventory of activities that assess how you improve your care processes, enhance patient engagement in care, and increase access to care. The inventory allows you choose the activities appropriate to your practice from categories such as enhancing care

coordination, patient and clinician shared decision-making, and expansion of practice access.



Cost:

This performance category replaces the VBM. The cost of the care you provide will be calculated by CMS based on your Medicare claims. MIPS uses cost measures to gauge the total cost of care during the year or during a hospital stay.

Why

MIPS was designed to tie payments to quality and cost efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.

When

The MIPS Performance Year begins on January 1 and ends on December 31 each year. Program participants must report data collected during one calendar year by March 31 of the following calendar year. For example, program participants who collected data in 2018 must report their data by March 31, 2019 to be eligible for a payment increase and to avoid a payment reduction in 2020.

CONSIDER THIS

Based upon the Merit-based Incentive Payment System (MIPS), there is revenue to be gained or revenue at risk based upon how you perform. If, for example, you receive \$200,000 in Medicare Reimbursement annually, the financial impact according to the MIPS schedule is as follows the first year:



MIPS is the CMS payment program designed to streamline three already existing independent programs (quality, resource use and improvement activities) and combine them with a fourth program to promote improvement and innovation of clinical activities (Promoting Interoperability). Clinicians have the flexibility to choose the activities and measures that are most meaningful to their practice and then demonstrate performance. Year three Composite Performance Score category weighting: Quality 45%, Promoting Interoperability 25%, Improvement Activities 15% and Cost 15%. Visit qpp.cms.gov/mips/overview to check your participation status.

Kansas Health Information Network Can Help You Prepare for MIPS

2019

Quality Dashboards Quality = 45% of MIPS Score

Sample Measures

- Influenza Immunization
- Pneumococcal Vaccination
- Osteoporosis Screening
- Breast Cancer Screening
- Diabetes A1c > 9
- Colorectal Cancer Screening
- Cervical Cancer Screening



Promoting Interoperability = 25% of MIPS Score

- Secure Clinical Messaging/DIRECT
- HIE Longitudinal Patient View
 - Within EHR
 - Web-based Access
- Public Health Interfaces
 - Immunizations
 - Syndromic Surveillance
 - Electronic Lab Reporting
- ONC Certified Personal Health Record
 - View Download & Transmit (VDT)
 - Patient Education
 - Secure Messaging

Improvement Activities = 15% of MIPS Score

- | | | |
|---|--|---|
| Connect (HIE) | Analyze (Dashboards) | Engage (PHR) |
| <input checked="" type="checkbox"/> Participate in HIE | <input checked="" type="checkbox"/> Regular Reviews of Targeted Patients | <input checked="" type="checkbox"/> Patient Portal |
| <input checked="" type="checkbox"/> Participate in Research | <input checked="" type="checkbox"/> Empanel Patients for Providers | <input checked="" type="checkbox"/> Patient Education Materials |
| | <input checked="" type="checkbox"/> Proactively Manage Patient Care | |
| | <input checked="" type="checkbox"/> Identify High Risk Patients | |
| | <input checked="" type="checkbox"/> Improve Health Status of Communities | |
| | <input checked="" type="checkbox"/> Measure and Improve Quality | |

Cost = 15% of MIPS Score

HIE Access/Use of the Longitudinal Patient Data: Helps to reduce duplicative services, helps to eliminate delays in the care process and can favorably impact MIPS reporting.