

# MIPS: Radiology Tips for 2020

March 10, 2020



**ADVOCATE**<sup>™</sup>  
Radiology Billing Specialists

# Kayley Jaquet

Manager of Regulatory Affairs

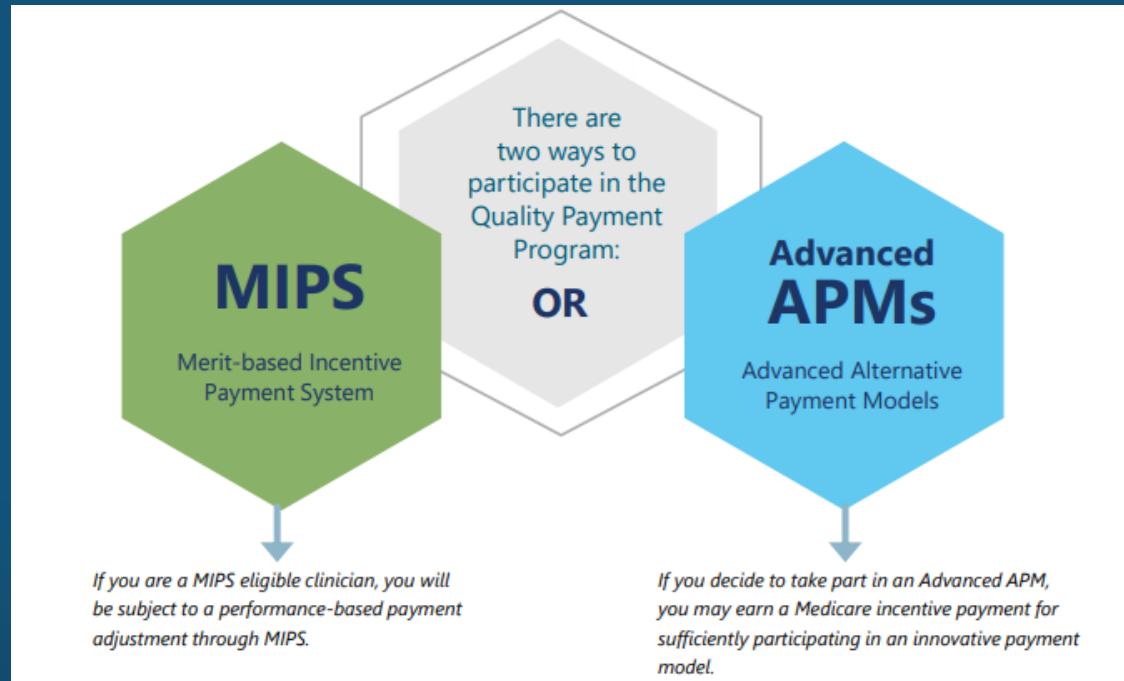
# Agenda

- **MIPS – Program Overview**
- **How to Start in 5 Steps**
- **Program Updates for 2020**
- **Quality Measures for Radiology**
  - **2019 vs 2020 Examples**
- **Actions for successful MIPS participation**

# MIPS - Program Overview

# MIPS - Program Overview

Quality Payment Program – established by 2015 MACRA (Medicare Access and CHIP Reauthorization Act) that seeks to reward clinicians by providing high value/high quality care.



# MIPS - Program Overview

## MIPS – Merit Based Incentive Program

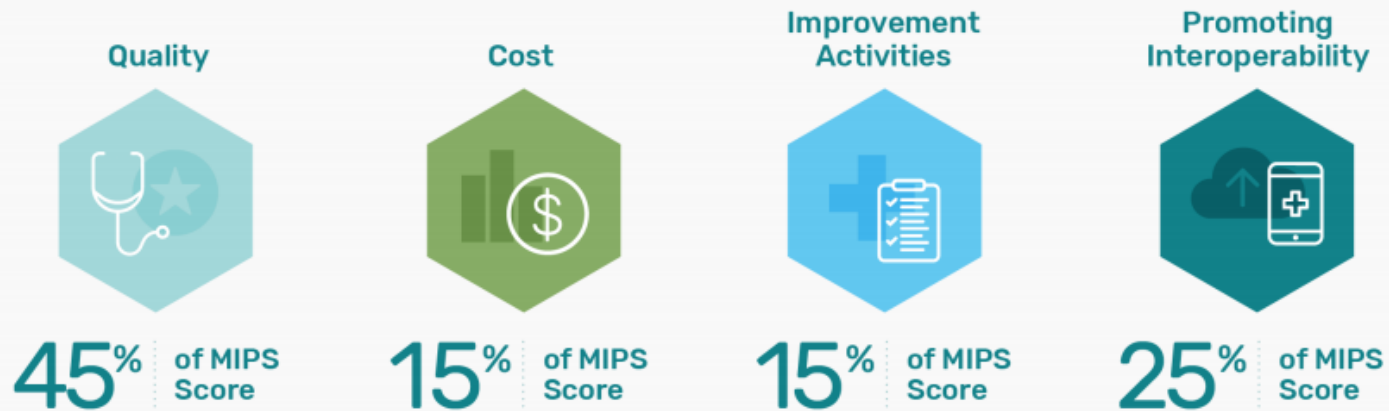
- Clinician performance is evaluated across four performance categories that promote improved quality and value in healthcare



# MIPS - Program Overview

Each performance category is weighted differently and makes up a total (or final) MIPS Score

MIPS performance category weights in 2020:

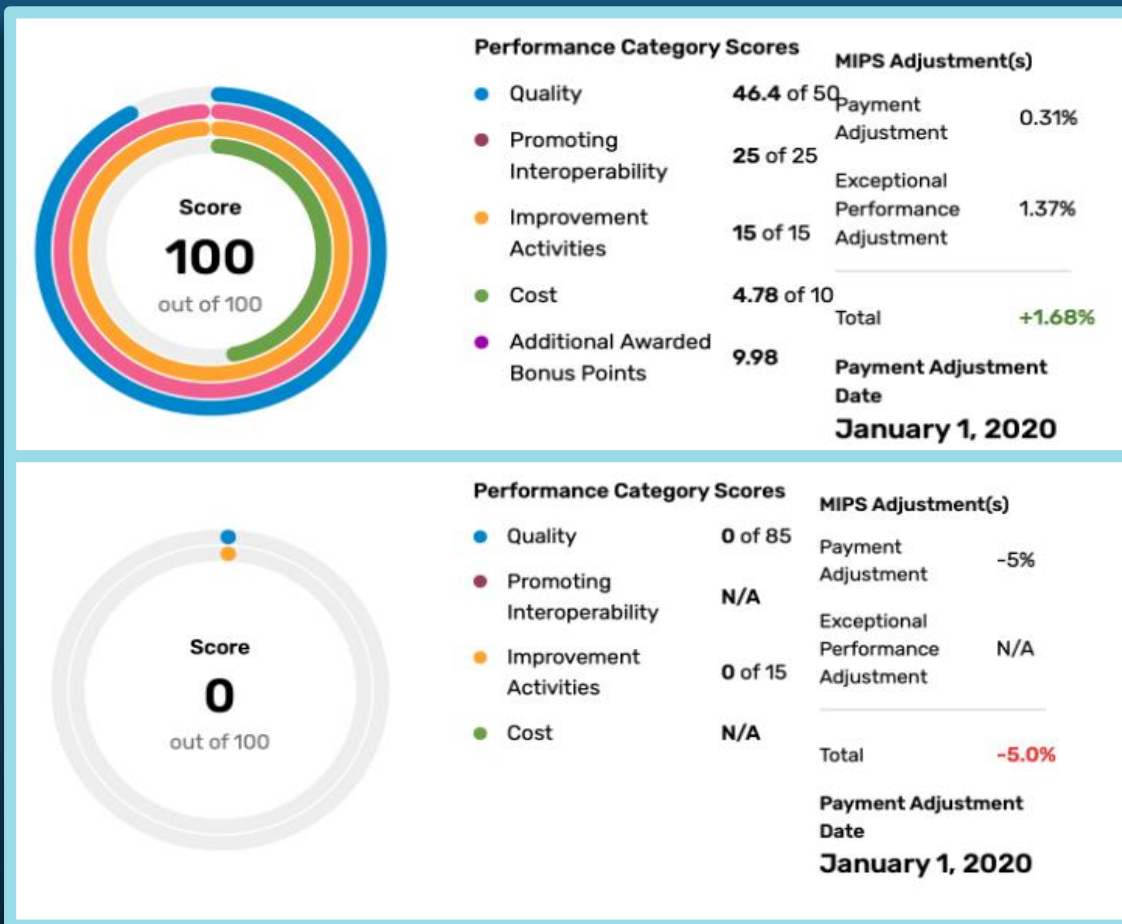


Please note that for MIPS APM participants, scored under the APM Scoring Standard, the performance categories have the following weights:



# MIPS - Program Overview

The final MIPS score is translated into a payment adjustment that is applied to future Medicare payments



\*example based on 2018 performance year estimates



# MIPS - Program Overview

Final scores that exceed a set penalty threshold for a performance year earn a *positive payment adjustment*

Scores that fall below the **'penalty threshold'** will result in a negative payment adjustment

Scores that achieve the **'exceptional performer'** threshold (or higher) are eligible for an additional bonus

MIPS is a budget neutral program – incentive payment % depend on amount of penalties earned during a performance year

# MIPS - Program Overview

## MIPS Eligibility

- **Eligible clinician types that exceed the program's Low Volume Threshold as individuals are required to report to MIPS**

### Low Volume Threshold

- Bill more than \$90,000 for Part B covered professional services, and
- See more than 200 Part B patients, and;
- Provide 200 or more covered professional services to Part B patients.

### MIPS Eligible Clinician Types

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

# MIPS - Program Overview

## Special Statuses

There are several 'special statuses' that affect reporting criteria

- **Hospital Based** - MIPS eligible clinician furnishes 75% or more of their covered professional services in a hospital setting. Qualifies for automatic reweighting of the Promoting Interoperability category to 0%
- **Non-Patient Facing** - MIPS eligible clinician that has 100 or fewer Medicare Part B patient-facing encounters (including telehealth services). earn 2x the points for each improvement activity submitted and Qualifies for automatic reweighting of the Promoting Interoperability category to 0%
- **Small Practice** - MIPS eligible clinician is one of 15 or fewer clinicians billing under the practice's TIN. Earns 2x the points for each improvement activity they submit, eligible for bonus points in Quality category, and able to submit Quality data via claims

# MIPS - Program Overview

## Submitting Data

- **Claims Based** – Quality and Cost data is calculated by CMS based on Medicare claims – **small practice status only**
- **Qualified Registry (QR)** – third party entity submits data for Quality, Promoting Interoperability and Improvement Activities on behalf of their clients
- **Qualified Clinical Data Registry (QCDR)** – similar to QR but QCDRs maintain and report unique Quality measures
- **CMS Web Interface** – groups of 25 or more can register to submit their group data through QPP.gov interface
- **CAHPS for MIPS Survey** – groups or virtual groups can register to conduct a survey that evaluates pt experience

# How to Start

# How to Start

**Step 1.**  
Check  
Eligibility

- Check if you're eligible to participate using the **QPP Participation tool**. Find out if you're required to report, opt-in eligible, or can voluntarily report
  - Learn which special statuses impact reporting

**Step 2.**  
Decide  
how to  
participate

- Decide if you are submitting as an individual, group or virtual group, or with your MIPS APM entity

**Step 3.**  
Select  
Measures

- Determine which Quality measures, Improvement Activities, and Promoting Interoperability measures you should report

# How to Start

## Step 4. Submit Data

- **Submit data yourself or through a third party (QR or QCDR) by March 31st following the end of the performance year**

## Step 5. Review Feedback

- **Review preliminary feedback between March 31<sup>st</sup> – June 30<sup>th</sup>**
  - Targeted reviews can be requested if errors are found
- **Review final feedback and payment adjustment information after July**

# Program Updates for 2020



# Program Updates for 2020

## No Changes:

- **Performance Category Weighting**
  - **Quality – 45%, Cost – 15%, Improvement Activities – 15%, Promoting Interoperability – 25%**
    - Same Weighting as 2019 performance year
- **Low Volume Threshold**
  - \$90,000 Medicare Part B claims
  - 200 or more beneficiaries
  - 200 or more covered services

# Program Updates for 2020

## Performance Thresholds and Payment Adjustments

Performance Year	Payment Year	Max Payment Adjustments	Performance Threshold	Exceptional Performance Threshold	Payment Adjustments
2017	2019	(+/-) 4%	3 pts	70 pts	1.88%
2018	2020	(+/-) 5%	15 pts	70 pts	1.68%
2019	2021	(+/-) 7%	30 pts	75 pts	4.67% **
2020	2022	(+/-) 9%	45 pts	85 pts	6.25% **
2021	2023	(+/-) 9%	60 pts	85 pts	6 – 8 % **
2022	2024	(+/-) 9%	74 – 86 **	90 – 95 **	8+%**

\*\*CMS forecast

**CMS is required to set performance thresholds to mean or median performance rates by 2022**

# Program Updates for 2020

## Quality:

- Data completeness threshold for quality measures increased to **70%**
  - Previously 60%

Data completeness requirement is the % of your total patients who meet a measure's denominator criteria

- Claims based measures = Medicare Part B pts
- QR or QCDR = All-payers
- Measure inventory updated – measures removed/changed/added

# Program Updates for 2020

## Improvement Activities:

- Group reporting requires 50% of clinicians in a group to perform the same improvement activity
  - Previously, a group would receive credit if at least one clinician performed an activity
- Activity inventory updated – measures removed/changed/added

# Program Updates for 2020

## Cost:

- Attribution logic for MSPB-C and TPCC measures changed
- Activity inventory updated – measures changed/added
  - Added 8 new episode based cost measures
    - 1 new measure may be attributed to larger radiology groups

# Program Updates for 2020

## Promoting Interoperability:

- **Measure inventory updated**
  - **Verify Opioid Treatment Agreement** – removed
  - **Query of Prescription Drug Monitoring Program** (optional) measure changed to a 'yes/no' attestation instead of a calculated score

# Program Updates for 2020

## Hospital-Based Status:

- For a group to obtain the hospital-based status, **75% of clinicians within the group must be considered hospital-based**
  - Previously, **100%** of clinicians had to have the status for the group to also be hospital based

# Quality Measures for Radiology



# Quality Measures for Radiology

## Measures Removed in 2020

- **131 – Pain Assessment and Follow Up – replaced with a pain management measure related to pre/post surgeries**
- **361 – Reporting to a Radiation Dose Index Registry – CMS deemed not a meaningful measure that supports patient outcomes**
- **362 – CT Images Available for PT Follow- up and Comparisons – CMS deemed not a meaningful measure that supports patient outcomes**

# Quality Measures for Radiology

## Measures are worth a maximum of 10 pts

- When Data Completeness is met, measures earn between 3 pts – 10 pts
- 1 Bonus point is available for reporting **OUTCOME** or **HIGH PRIORITY** measures
  - Maximum of 6 bonus points
- Top 6 highest scoring measures make up your Quality score

## Performance rates determine the amount of points received based on benchmarks

- **Benchmarks are set by median performance rates**
  - Can differ from collection type – claims vs registry
- **Measures that do not have a benchmark are worth 3 pts regardless of performance rate**

# Quality Measures for Radiology

## Topped Out Quality Measures

- **Topped-Out** – quality measures with a national median performance rate is 95% or better
  - “**Extremely Topped Out**” – national median performance rate is 98% or better
    - These measures can be removed at any time
  - Once a measure becomes ‘topped-out’ it starts process of potential removal
  - Performance is so high that meaningful distinctions and improvement in performance can no longer be made

Year 1 - 2	Year 3	Year 4
100% performance to earn 10 pts	Measure devalued	Measure can be eliminated
One case of ‘not met’ decreased point value significantly	Points capped at 7 (bonus pts still eligible)	Rule-making process removes measures

**\*\*CMS does not ALWAYS follow this lifecycle\*\***

# Quality Measures for Radiology

## Diagnostic Radiology Measure Set

Measure #	Topped out in 19	Topped out in 20	Point Cap	Life Cycle Year	Notes
145	Y	Y	7	2 <sup>ND</sup>	Devalued to 7 in 2020
146	Y	Y	7	1st	Devalued to 7 in 2019/20
147	Y	Y	7	2 <sup>ND</sup>	
195	Y	Y	7	4 <sup>TH</sup>	
225	Y	N	10	N/A	Devalued to 7 in 2019
360	Y	Y	7	2 <sup>ND</sup>	Devalued to 7 in 2020
364	Y	Y	10	2 <sup>ND</sup>	
405	Y	N/A	3	2 <sup>ND</sup>	Benchmark removed due to measure changes
406	Y	Y	7/10	2 <sup>ND</sup>	Devalued to 7 in 2020 for Registry
436	Y	Y	7	2 <sup>nd</sup>	Devalued to 7 in 2020

# Quality Measures for Radiology

## Interventional Radiology Measure Set

Measure #	Topped out in 19	Topped out in 20	Point Cap	Life Cycle Year	Notes
76	Y	Y	7	4 <sup>TH</sup>	
145	Y	Y	7	2 <sup>ND</sup>	Devalued to 7 in 2020
374	N	Y	10	1 <sup>st</sup>	Topped out for Registry
409	N	N	3	N/A	Outcome – no benchmark
413	N	N	3	N/A	
420	N	N	3	N/A	Outcome – no benchmark
421	N	N	3	N/A	Outcome – no benchmark
437	N	N	10	N/A	Outcome – new to benchmark
465	N	N	3	N/A	Process – no benchmark

# Quality Measures for Radiology

## Other Possibly Applicable Measures

Measure #	Topped out in 19	Topped out in 20	Point Cap	Life Cycle Year	Notes
21	Y	Y	7	4 <sup>TH</sup>	
23	Y	Y	7	4 <sup>th</sup>	
47	N	Y/N	7/10	1st	T/O and 7 pt cap for Claims
110	N	N	10	N/A	
111	N	N	10	N/A	
112	N	N	10	N/A	
128	N	Y	7/10	2 <sup>nd</sup>	T/O and 7 pt cap for Claims
130	Y	Y	7	4 <sup>TH</sup>	
226	N	N	10	1st	T/O for Claims
265	Y	Y	7	4 <sup>TH</sup>	
317	N	Y	10	1 <sup>st</sup>	T/O for Claims

# 2019 vs 2020 Examples

# 2019 vs 2020 examples

- Both groups are reporting 12 measures to CMS
  - We will review their top 10 scoring measures
- Both groups are receiving 6 bonus points (max) for reporting extra high priority or outcome measures
- Both are reporting via a Qualified Registry
- Both groups receive the **Non-Patient Facing** special status and qualify to have both the *Promoting Interoperability* and *Cost* categories reweighted in their final score



# 2019 Example - Example A

Rank	Measure #	Description	2019 Performance	2019 Pts	Max Pts
1	225	Mammography: Reminder System *	100%	10	10
2	405	Follow up: Abdominal Lesions * - inverse	0% (100%)	10	10
3	406	Follow up: Thyroid Nodules * - inverse	0% (100%)	10	10
4	76	CVC Insertion *	100%	7	7
5	145	Fluoroscopy *	100%	10	10
6	436	Radiation Dose Lowering	100%	10	10
7	146	Mammography: Probably Benign * - inverse	.04% (99.96%)	5	7
8	147	Nuclear Medicine *	99.7%	4	7
9	131	Pain Assessment *	58.5%	3	10
10	130	Medication Documentation *	88.1%	3	7

\* High Priority – eligible for bonus points

\*\* Based on MIPS CQM benchmarks \*\*

# 2020 Example - Example A

Rank	Measure #	Description	2020 Performance	2019 Pts	2020 Pts	Max Pts
1	225	Mammography: Reminder System *	100%	10	10	10
2	406	Follow up: Thyroid Nodules * - inverse	0% (100%)	<u>10</u>	<u>7</u>	<u>7</u>
3	76	CVC Insertion *	100%	7	7	7
4	145	Fluoroscopy *	100%	<u>10</u>	<u>7</u>	<u>7</u>
5	436	Radiation Dose Lowering	100%	<u>10</u>	<u>7</u>	<u>7</u>
6	146	Mammography: Probably Benign * - inverse	.04% (99.96%)	<u>5</u>	<u>6</u>	<u>7</u>
7	147	Nuclear Medicine *	99.7%	<u>4</u>	<u>5</u>	<u>7</u>
8	195	Carotid Imaging	99.8%	<u>3</u>	<u>4</u>	<u>7</u>
9	130	Medication Documentation *	88.1%	<u>3</u>	<u>4</u>	<u>7</u>
10	405	Follow up: Abdominal Lesions * - inverse	0% (100%)	<u>10</u>	<u>3</u>	<u>3</u>

\* High Priority – eligible for bonus points

\*\* Based on MIPS CQM benchmarks \*\*

# 2019 vs 2020 - Example A

Final Score 2019	Final Score 2020
Quality Score: 57	Quality Score: 44
Bonus Points: 6	Bonus Points: 6
Total Quality: $60/60 = 100\%$	Total Quality: $50/60 = 83.3\%$
Quality Weight (85%) = 85 pts	Quality Weight (85%) = 70.8 pts
Improvement Activities = 15 pts	Improvement Activities = 15 pts
<b>Total Score</b>	<b>Total Score</b>
100 pts	85.8 pts

# 2019 Example - Example B

Rank	Measure #	Description	2019 Performance	2019 Pts	Max Pts
1	437	Conversion from Endovascular * - outcome, inverse	0% (100%)	3	3
2	76	CVC Insertion *	100%	7	7
3	436	Radiation Dose Lowering	97.6%	4	10
4	147	Nuclear Medicine *	95.9%	3	7
5	145	Fluoroscopy*	76.0%	3	7
6	23	Venous Thromboembolism	21.9%	3	7
7	21	Selection of Prophylactic Antibiotic	14.8%	3	7
8	405	Follow up: Abdominal Lesions * - inverse	10% (90%)	3	10
9	406	Follow up: Thyroid Nodules * - inverse	33.3%(66.7%)	3	10
10	195	Carotid Imaging	95.9%	3	7

\* High Priority – eligible for bonus points

\*\* Based on MIPS CQM benchmarks \*\*

# 2020 Example - Example B

Rank	Measure #	Description	2020 Performance	2019 Pts	2020 Pts	Max Pts
1	437	Conversion from Endovascular * - outcome, inverse	0%(100%)	<u>3</u>	<u>10</u>	<u>10</u>
2	76	CVC Insertion *	100%	7	7	7
3	436	Radiation Dose Lowering	97.6%	4	4	7
4	147	Nuclear Medicine *	95.9%	<u>3</u>	<u>5</u>	<u>7</u>
5	145	Fluoroscopy*	76.0%	<u>3</u>	<u>4</u>	<u>7</u>
6	195	Carotid Imaging	95.9%	<u>3</u>	<u>4</u>	<u>7</u>
7	21	Selection of Prophylactic Antibiotic	14.8%	3	3	7
8	405	Follow up: Abdominal Lesions *	10%(90%)	3	3	3
9	406	Follow up: Thyroid Nodules *	33.3%(66.7%)	3	3	7
10	23	Venous Thromboembolism	21.9%	3	3	7

\* High Priority – eligible for bonus points

\*\* Based on MIPS CQM benchmarks \*\*

# 2019 vs 2020 - Example B

Final Score 2019	Final Score 2020
Quality Score: 23	Quality Score: 34
Bonus Points: 6	Bonus Points: 6
Total Quality: $29/60 = 48.3\%$	Total Quality: $40/60 = 66.6\%$
Quality Weight (85%) = 41.05 pts	Quality Weight (85%) = 56.6 pts
Improvement Activities = 15 pts	Improvement Activities = 15 pts
<b>Total Score</b>	<b>Total Score</b>
56.05 pts	71.6 pts

# Actions for Successful MIPS Participation

# Successful MIPS Participation

## Check Eligibility and Special Statuses

- **Know who is required to report and decide if the group will report**
  - Eligible clinicians can submit both as individuals and as a group, CMS will apply the higher score to their payment adjustment
  - **[QPP Participation Look Up Tool](#)**
- **Understand how Special Statuses Impact Reporting**
  - Exempt from Promoting Interoperability
  - Double points for Improvement Activities can mean you only need 1
  - Do you need to use a QR or QCDR to report?



# Successful MIPS Participation

## Improvement Activities

- **Choose which activities to perform**
  - 15 were removed in 2020, 2 were added
  - **Non-Patient Facing**
    - Attest to 1 High or 2 Medium weighted activities for full credit
  - **Patient Facing**
    - Attest to 2 High or 4 Medium weighted activities for full credit
- **Groups – make sure to meet 50% requirement**
  - **Keep proper documentation to support the activity**
  - **90 continuous day period**

# Successful MIPS Participation

## Be Cautious of Cost

- Radiologists are usually exempt from the Cost category
- Be aware of how Cost performance gets attributed

Measure Category	Case Min.	Attribution Method	Notes
Total Per Capita Cost (TPCC)	20	Assigned to any clinician who bills an OP E/M and another primary care type service within 90 days	Diagnostic and IR radiologists are exempt. NPs and PAs are not. This could apply to a group if NPs or PAs bill E&M services for Medicare Part A&B
Medicare Spending Per Beneficiary (MSPB)	35	<p><b>Medical Admission</b> – assigned to all clinicians who bill 30% or more of pt's E/M services</p> <p><b>Surgical Admission</b> – assigned to clinician who bills primary surgical CPT</p>	Cases where another clinician fails to bill should no longer be attributed to a radiologist. May still apply to some IR cases. This measure applies to Medicare Part A&B services billed 3 days before admission and 30 days after discharge
Episode Based Measures *	10	Attributed to a clinician who bills a trigger service for an episode of care	If practice bills any of the 'trigger' CPT codes, measures can be attributed to group

**\*New 'Hemodialysis Access' Cost measure possibly attributed if billing 10+ of the following CPTs – 36818, 36819, 36920, 36821, 36825, 36830**

# Successful MIPS Participation

## Measure Your (Quality) Measures

- **Analyze the changes for each measure**
  - What did you report in 2019?
  - What changed?
  - What impact will the devalued measures have on 2020 score?
- **Check that proper workflows are in place**
  - Topped out measures require perfect score for points
    - One report against you can bring points down significantly
  - How do you ensure documentation requirements are met?

# Successful MIPS Participation

## Monitor Your MIPS

- Target specific measures that will make up your TOP 6
- Provide feedback/education
  - Example verbiage for 'performance met' or 'exclusions'
- Consider reporting options
  - Individual VS Group – Claims VS QR/QCQR

# Summary

# Questions?

[Kayley.Jaquet@radadvocate.com](mailto:Kayley.Jaquet@radadvocate.com)



**ADVOCATE**<sup>™</sup>  
Radiology Billing Specialists

# Thank you!



**ADVOCATE**<sup>™</sup>  
Radiology Billing Specialists