

MIPS Quality Performance Category: 2018 Performance/2020 Payment



The Quality component in the Merit-Based Incentive Payment System (MIPS) is one of the four categories under which participating MIPS eligible clinicians, including psychiatrists, will be assessed for potential adjustments to their Medicare Part B payments. The MIPS program is part of the Quality Payment Program (QPP), which also includes incentives for “advanced” alternative payment models.

How Much Does Quality Count in My MIPS Score?

Your MIPS composite score for 2018 will determine whether you receive an upward (increase), downward (decrease), or neutral (no change) adjustment in your 2020 Medicare Part B payments. For the 2018 performance year, the Quality performance category will account for 50% of your total MIPS score. In future years, it may decline to 30% of your total MIPS score.

Highlights of the 2018 MIPS Quality Performance Category

The 2018 Quality performance category:

- Maintains the 2017 reporting requirement of six quality measures;
- Continues to allow psychiatrists more flexibility in choosing quality measures more “meaningful” to their practice;
- Continues to increase the emphasis on outcome measurement, over process measures; and
- Beginning with performance year 2018, Quality performance scores may reflect the eligible clinician’s quality improvement from year to year.

QUALITY MEASURES

What Do I Need to Report for this Category?

To maximize the chance of receiving the highest possible score for the Quality performance category, a psychiatrist must report on six MIPS quality measures, including at least one outcome measure.

“Intermediate” outcomes (or measures that track processes that yield an anticipated outcome) are sufficient to count as outcome measures, as identified by the Centers for Medicare and Medicaid Services (CMS). If a relevant outcome measure is not available, the psychiatrist or group will be required

to report one measure in another of the “high priority” areas: (1) appropriate use, (2) patient safety, (3) efficiency, (4) patient experience, or (5) care coordination.

Which Quality Measures Should I Select?

CMS has approved hundreds of MIPS quality measures, but many of these will not be relevant to psychiatrists. Fortunately, a Mental/Behavioral Health specialty measure set is available from which psychiatrists can select six relevant measures for reporting, which appears below as Table 1. If the psychiatrist or practice is unable to report on a total of six measures from this set, the next option is selecting from other MIPS quality measures. To assist in that selection, we have compiled a list of recommendations in Table 2, of “Other 2018 MIPS Quality Measures Recommended for Psychiatrists.” In these tables, “Registry” reporting includes by qualified clinical data registries (QCDRs) and qualified registries (QRs). Psychiatrists or practices that participate in a QCDR (such as the APA mental health registry, PsychPRO) have the option of selecting from both MIPS and (non-MIPS) QCDR measures offered by their QCDR.

Psychiatrists can also find MIPS quality measures by consulting the CMS search tool at www.qpp.cms.gov/measures/quality. When you click on a particular measure, it will include a description and the methods available for reporting that measure. Make a note of the 3-digit quality identification (ID) code. If you wish to report the measure via claims or a quality registry, you can review the measure’s specifications – which guide you on the proper use of the measure – by going to <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>. Under 2018 Resources, see the heading “Quality Measure Specifications 2/9/2018.” This includes links to specifications for claims and registry measures. When reporting electronic clinical quality measures (eCQMs), the specifications are available at <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms>.

QUALITY REPORTING MECHANISMS

How Do I Report MIPS Quality Measures?

Psychiatrists must select one reporting method for the MIPS Quality category, but they can employ other mechanisms to report other categories. The options for the 2018 Quality category include reporting through claims, electronic health record (EHR), QCDR (such as PsychPRO), QR, and CMS Web

Interface. While most of the mechanisms are available to all eligible psychiatrists participating in MIPS, the CMS Web Interface is reserved for use by groups of 25 or more eligible clinicians. MIPS data may also be submitted through CMS's online portal, which requires an Enterprise Identity Management (EIDM) account. The portal and related EIDM information are available at <https://portal.cms.gov/wps/portal/unauthportal/home/>. An EIDM user guide is available at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf>.

General Policies: These policies generally apply to reporting for the MIPS Quality performance category, starting with the 2018 performance year. Exceptions are noted within each reporting category that follows this list.

- The performance period for the MIPS quality category is the calendar year, January 1 through December 31.
- Each psychiatrist or practice must report at least six MIPS quality measures from those approved by CMS for use in that performance year. If fewer than six measures apply, the psychiatrist must report on each measure that is applicable. Your score will depend partly on whether CMS believes other measures should have been reported.
- The six measures must include one outcome measure, if one is available. Another high priority measure (appropriate use, patient safety, efficiency, patient experience, or care coordination) will be accepted if there is no appropriate outcome measure
- The general deadline for submitting MIPS quality measure data is March 31 of the year following the performance year. Unless noted otherwise, the 2018 data is due by March 31, 2019.

Individual Claims Reporting: For each quality measure selected, data must be completed on 60% of the eligible clinician's Medicare Part B patients during the performance year, to whom that measure applies. Data submission occurs throughout the performance year, on the same CMS 1500 Claim Form used to bill for the encounter related to the quality measure. CMS will not accept retroactive submission of claims for quality measures, so the psychiatrist must indicate each quality measure at the time the claim for that patient encounter is submitted. All 2018 claims are due by March 1, 2019.

Individual or Group Reporting: Qualified Clinical Data Registry (QCDR), Qualified Data Registry (QDR), or Electronic Health Record (EHR): You or your practice can choose at least six quality measures from one MIPS specialty measure set or select individual MIPS quality measures from the list

CMS has approved for that year. If you are reporting through a QCDR, you can use the quality measures approved for use in that particular QCDR (such as PsychPRO). The reported data should capture at least 60% of the eligible clinician's patients who are described in the measure's denominator, regardless of the type of payor. This would include all the psychiatrist's or group's patients for the 12-month performance year.

Group Reporting: CMS Web Interface: As defined by the group's taxpayer identification number (TIN), all of the group's eligible clinicians will be assessed as a group practice across all four MIPS performance categories. Groups of 25 or more eligible clinicians must report on all measures included in the CMS Web Interface and must populate data for the first 248 consecutively ranked and assigned beneficiaries. They must report on 100% of the assigned beneficiaries, if fewer than 248 are assigned to the group. The reported data must include sampling requirements for Medicare Part B patients. If a group has no assigned patients, then the group or individuals within the group need to select another mechanism to submit data to MIPS. The 2018 Web Interface data will be due about March 16, 2019.

Consumer Assessment of Healthcare Providers and Systems ("CAHPS for MIPS") Survey: A registered group of two or more MIPS eligible clinicians may elect to participate in the "CAHPS for MIPS" survey, which asks patients about their experience in ten areas. Reporting "CAHPS for MIPS" equates to one patient experience survey, and also counts as one "patient experience" measure. (A "patient experience" measure replaces the need for an outcome measure, if no applicable outcomes measures are available.) Psychiatrists must sign up to have the survey conducted by one of the vendors CMS approved for that performance year, for a fee. Data must be collected for eight to 17 weeks, from November through February of the following year.

YOUR MIPS QUALITY SCORE

How is the Quality Performance Category Scored?

CMS has established a framework to compare performance on different quality measures among MIPS eligible clinicians and reward high performers. The MIPS Quality score is based on achievement points and bonus points. How well you score depends on how many measures you reported, how often you met the requirements of each measure, and how your performance compares to other eligible clinicians. Your score may also include bonus points for improvement over time.

Benchmarks: Each performance year, CMS sets benchmarks for each measure in the Quality performance category, based upon eligible clinicians’ median performance on that measure during a previous, baseline period. For new quality measures, or quality measures that lack historical data, benchmarks will be set based upon performance in the period in which the measures are submitted. Each benchmark represents the median rate at which a particular measure was either (a) administered to the patients for whom it is appropriate, or (b) reflected desired outcome(s). CMS stratifies the national performance on each measure (during the baseline period) into ten levels or “deciles.”

Scoring: The performance of each eligible clinician on each reported measure is compared to the performance levels for that measure. All reported measures receive at least one point. Eligible clinicians receive from one to ten points per measure, depending upon which decile reflects their level of performance. Those with performance in the top decile will receive the maximum 10 points. Psychiatrists only earn points for measures that they (or their registry or EHR vendor) actually submit. Each reported quality measure that meets data completeness standards and has at least 20 cases (patient encounters) will earn 3 to 10 achievement points. The number of points depends on the extent to which that psychiatrist administered the measure to appropriate patients or, for outcome measures, achieved the desired outcome(s). When psychiatrists and other eligible clinicians report more than six complete measures, CMS will count the six measures with the highest performance scores.

Maximum Achievement Points: Most individuals and group practices will have their quality performance compared with other eligible clinicians’ performance on six quality measures. They may receive up to 60 total “achievement points.” However, the All-Cause Hospital Readmission quality measure requires a minimum of 200 cases and is only tabulated from administrative claims for groups of 16 or more eligible clinicians. Those groups must still report six other MIPS quality measures. Their quality performance category score will be based on seven quality measures, and they may receive up to 70 total achievement points.

Minimum Patient Counts: MIPS quality reporting generally requires reporting on at least 60% of all the patients that fall within a measure’s defined population. Psychiatrists that report via QCDR, QR, or EHR must report on **at least 60% of all of their patients (Medicare and other payors)** who fall within a particular measure’s denominator. If they report on less than 60%, they can only receive one achievement point for that measure – unless they are part of small practice, in which case they can earn up to three points. However, psychiatrists who report via claims only need to report on at least 60% of

their **Medicare Part B patients**. They can receive up to three achievement points for reporting on less than 60%.

Special Rules for “Topped Out” Measures: CMS considers certain quality measures to be “topped out” (and no longer meaningful) “if measure performance is so high and unvarying that meaningful distinctions and improvement in performance can no longer be made.” (82 Fed. Reg. 53616, Nov. 16, 2017.) Topped out measures will be removed and scored on a four-year phasing out timeline. Those with benchmarks that have been topped out for at least two consecutive years will earn up to seven points. Topped out policies do not apply to CMS Web Interface measures.

Bonus Points: The 2018 MIPS performance year provides psychiatrists and other eligible clinicians opportunities to earn bonus points toward their total Quality performance category score. The bonus points will be capped so the final category score does not exceed 100%. Bonus points may be earned for reporting more than one outcome, patient experience, appropriate use, and/or patient safety measure. In addition, bonus points may be awarded for end-to-end electronic health record (EHR) reporting, or instances when participants report seamlessly from EHR to a registry without any additional human intervention. CMS will also examine whether eligible clinicians who are fully participating in MIPS have improved their performance from year to year. Those who have shown improvement may receive bonus points on their Quality score.

WHAT HAPPENS IF I DID NOT REPORT THE REQUIRED MEASURES?

CMS plans to employ multiple methods of “measure validation” to ensure that psychiatrists and other program participants are submitting the measures appropriate for them, especially when they are unable to reach the required six measures. The MIPS measure validation process will vary according to the reporting method.

Claims or Qualified Registries: When submitting fewer than six measures through the claims or qualified registry (QR) mechanism (not qualified clinical data registry/QCQR), CMS will utilize “cluster algorithms” associated with submitted measures that meet case minimum and determination of clinical clusters aligned with specialty measure sets. This review will help identify which measures a MIPS eligible clinician is able to report by mechanism. For instance, should a psychiatrist have reported four claims quality measures, the cluster algorithm will only identify other suitable claims measures.

Certified EHRs: CMS acknowledges that some MIPS eligible clinicians may not have six relevant measures available within their certified EHR system. However, if there are not six EHR measures which they can submit, CMS says they should select a different reporting mechanism. Eligible clinicians are also advised to work with their EHR vendors to try to incorporate sufficient quality measures.

QCDRs: There will not be a separate qualified clinical data registry measure validation process when quality data is submitted for QCDR participants. CMS requires each QCDR to apply or reapply each year to receive QCDR status for that year, and CMS will review and approve the QCDR's measures at that time. A QCDR will not qualify for QCDR status for that year, if its participants are not able to successfully report the minimum required number of measures. APA's mental health registry, PsychPRO, has received QCDR designation from CMS for the 2017 and 2018 performance years.

RESOURCES

Where can I find other APA resources?

- The APA Payment Reform Toolkit is available at: [psychiatry.org/PaymentReform](https://www.psychiatry.org/PaymentReform).
- Information about the APA mental health registry, PsychPRO (Psychiatric Patient Registry Online), is available at: <https://www.psychiatry.org/psychiatrists/registry>.

What CMS resources are available?

CMS has many resources on the Quality Payment Program website (<https://qpp.cms.gov>) including:

- **QPP Resource Library:** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>
 - **2018 QPP Final Rule Overview Fact Sheet:** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf>
 - **2018 QPP Final Rule Executive Summary:** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Executive-Summary.pdf>
 - **Benchmark scores and decile assignment data for each measure:** [qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip](https://www.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip)
 - **MIPS Quality Measure Search Tool:** www.qpp.cms.gov/measures/quality

- **MIPS Quality Measure Specifications:** Available at www.qpp.cms.gov/resources/education; download folder entitled “QPP_quality_measure_specifications.”

What if I still have questions?

- APA members may consult APA staff experts by sending an email to qualityandpayment@psych.org or by calling the Practice Management Helpline, at 1-800-343-4671.
- The CMS QPP Service Center accepts questions from the public at QPP@cms.hhs.gov or 1-866-288-8292.

TABLES 1 & 2: QUALITY MEASURES FOR PSYCHIATRISTS

The following tables list: 1) The MIPS quality measures in the 2018 Mental/Behavioral Health Quality Measure Set; and 2) Other 2018 MIPS quality measures that are recommended for psychiatrists. In each table, “Registry” includes both QCDRs and QRs; and outcome measures are shaded in blue.

2018 MENTAL/BEHAVIORAL HEALTH QUALITY MEASURE SET

#	ID	MEASURE NAME	EHR	Claims	Registry	CMS/Web Interface
1	009	Anti-Depressant Medication Management	X			
2	107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	X			
3	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	X	X	X	X
4	130	Documentation of Current Medications in the Medical Record	X	X	X	
5	134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	X	X	X	X
6	181	Elder Maltreatment Screen and Follow-Up Plan		X	X	
7	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	X	X	X	X
8	281	Dementia Cognitive Assessment	X			
9	282	Dementia: Functional Status Assessment			X	
10	283	Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management			X	
11	286	Dementia: Safety Concerns Screening and Mitigation Recommendations or Referral for Patients with Dementia			X	
12	288	Dementia: Caregiver Education and Support			X	
13	317	Preventive Care and Screening for High Blood Pressure and Follow-Up Documented	X	X	X	
14	325	Adult Major Depressive Disorder: Coordination of Care of Patients with Specific Comorbid Conditions			X	
15	366	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	X			
16	367	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	X			
17	370	Depression Remission at Twelve Months	X		X	X
18	371	Depression Utilization of the PHQ-9 Tool	X			
19	374	Closing the Referral Loop: Receipt of Specialist Report	X		X	
20	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	X			
21	383	Adherence to Antipsychotic Medications for Individuals with Schizophrenia			X	
22	391	Follow-Up After Hospitalization for Mental Illness (FUH)			X	
23	402	Tobacco Use and Help with Quitting Among Adolescents			X	
24	411	Depression Remission at Six Months			X	
25	431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling			X	

OTHER 2018 QUALITY MEASURES RECOMMENDED FOR PSYCHIATRISTS

#	ID	MEASURE NAME	EHR	Claims	Registry	CMS/Web Interface
1	046	Medication Reconciliation Post-Discharge		X	X	X
2	047	Care Plan		X	X	
3	110	Preventative Care and Screening: Influenza Immunization	X	X	X	X
4	1111	Pneumonia Vaccination Status for Older Adults	X	X	X	X
5	128	Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	X	X	X	X
6	154	Falls: Risk Assessment		X	X	
7	155	Falls: Plan of Care		X	X	
8	181	Elder Maltreatment Screen and Follow-Up Plan		X	X	
9	182	Functional Outcome Assessment		X	X	
10	236	Controlling High Blood Pressure	X	X	X	X
11	238	Use of High Risk Medications in the Elderly	X		X	
12	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	X			
13	240	Childhood Immunization Status	X			
14	305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	X			
15	317	Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	X	X	X	
16	318	Falls Screening: Screening for Future Fall Risk	X			X
17	N/A	CAHPS for MIPS Clinician/Group Survey	CMS Approved Survey Vendor			
18	372	Maternal Depression Screening	X			
19	374	Closing the Referral Loop: Receipt of Specialist Report	X		X	
20	394	Immunizations for Adolescents			X	
21	408	Opioid Therapy Follow-up Evaluation			X	
22	412	Documentation of Signed Opioid Treatment Agreement			X	
23	414	Evaluation of Interview for Risk of Opioid Misuse			X	
24	458	All-Cause Hospital Readmission	Only quality measure with data extracted by administrative claims			