

# MIPS Quality Performance Category: 2017 Performance/2019 Payment



The Quality component in the Merit-Based Incentive Payment System (MIPS) is one of the four categories under which participating MIPS eligible clinicians (ECs), including psychiatrists, will be assessed for potential adjustments to their Medicare Part B payments. The Quality performance category replaces the existing Medicare Physician Quality Reporting System (PQRS), beginning with reporting in 2017. The MIPS and incentives for “advanced” alternative payment models are the two pathways for the Quality Payment Program (QPP).

## How Much Does Quality Count in My MIPS Score?

Your MIPS composite score for 2017 will determine whether you receive an upward (increase), downward (decrease), or neutral (no change) adjustment in your 2019 Medicare Part B payments. For year-one (2017) complete reporting (as opposed to partial reporting under the “Pick Your Pace” approach), Quality performance will account for 60% of your total MIPS score. For 2018 reporting (and adjustments in 2020), Quality will count for 50%. Then starting with the 2019 performance year, it will account for 30% of your MIPS composite score.



## How Does the MIPS Quality Category Compare to the Physician Quality Reporting System (PQRS)?

Compared with PQRS, the MIPS Quality Category:

- Reduces the required number of reported quality measures from nine to six;
- Eliminates the requirement that quality measures fall into a certain number of National Quality Strategy domains;
- Allows clinicians more flexibility in choosing quality measures more “meaningful” to their practice; and
- Increases the emphasis on outcome measurement, over process measures.

There is also a fundamental difference in the requirements for *satisfactory reporting*:

- **PQRS:** In PQRS, to earn payment incentives or avoid a financial penalty, eligible clinicians could choose from several reporting mechanisms and options to be deemed “successful.” Depending upon the reporting option, the eligible clinician had to report on a certain number of quality measures for a certain portion of their patients. Actual performance reported on PQRS quality measures was not scored, rewarded, or penalized.
- **MIPS Quality Category:** In the new MIPS Quality performance category, by reporting all required measures, eligible clinicians will receive credit for data completeness. However, and most importantly, eligible clinicians will receive a score for their actual quality performance, which will influence their MIPS composite score, and their ultimate payment adjustments.

## QUALITY MEASURES

### What Do I Need to Report?

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 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.

### What 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 (Table 1) is available for reporting, and population measures will automatically be calculated. If the psychiatrist is unable to report on a total of six measures from this set, the next option is selecting individual measures from among the other categories of MIPS quality measures. To assist in that selection, we have compiled a list of “Individual Measures Pertinent to Psychiatrists” (Table 2).

**Table 1. Mental/Behavioral Health Measure Set**

(Outcome Measures Shaded in Blue)

Measure Name	Reporting Mechanism			
	Electronic Health Record (EHR)	Claims	Registry	CMS Web Interface
Anti-Depressant Medication Management	X			
Care Plan		X	X	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan		X	X	
Documentation of Current Medications in the Medical Record	X	X	X	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	X	X	X	X
Elder Maltreatment Screen and Follow-Up Plan		X	X	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	X	X	X	X
Dementia Cognitive Assessment	X			
Dementia: Functional Status Assessment			X	
Dementia: Neuropsychiatric Symptom Assessment			X	
Dementia: Management of Neuropsychiatric Symptoms			X	
Dementia: Counseling Regarding Safety Concerns			X	
Dementia: Caregiver Education and Support			X	

Measure Name	Reporting Mechanism			
	Electronic Health Record (EHR)	Claims	Registry	CMS Web Interface
Preventive Care and Screening for High Blood Pressure and Follow-Up Documented	X	X	X	
Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions			X	
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	X			
Depression Remission at Twelve Months	X		X	X
Depression Utilization of the PHQ-9 Tool	X			
Closing the Referral Loop: Receipt of Specialist Report	X			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia			X	
Follow-Up After Hospitalization for Mental Illness (FUH)			X	
Tobacco Use and Help with Quitting Among Adolescents			X	
Depression Remission at Six Months			X	
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling			X	

**Table 2. Individual Measures Pertinent to Psychiatrists**  
(Outcome Measures Shaded in Blue)

Measure Name	Reporting Mechanism			
	Electronic Health Record (EHR)	Claims	Registry	CMS Web Interface
Anti-Depressant Medication Management	X			
Medication Reconciliation Post-Discharge		X	X	X
Adult Major Depressive Disorder (MDD) Suicide Reassessment	X			
Preventative Care and Screening: Influenza Immunization	X	X	X	X
Pneumonia Vaccination Status for Older Adults	X	X	X	X
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	X	X	X	X
Documentation of Current Medications in the Medical Record	X	X	X	
Preventative Care and Screening: Screening for Depression and Follow-Up	X	X	X	X
Elder Maltreatment Screen and Follow-Up Plan		X	X	
Functional Outcome Assessment		X	X	
Preventative Care and Screening: Tobacco Use:	X	X	X	X

Measure Name	Reporting Mechanism			
	Electronic Health Record (EHR)	Claims	Registry	CMS Web Interface
Screening and Cessation Intervention				
Controlling High Blood Pressure	X	X	X	X
Use of High Risk Medications in the Elderly	X		X	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	X			
Childhood Immunization Status	X			
Dementia: Cognitive Assessment	X			
Dementia: Functional Assessment			X	
Dementia: Counseling Regarding Safety			X	
Dementia: Caregiver Education and Support			X	
Dementia: Neuropsychiatric Symptom Assessment			X	
Dementia: Management of Neuropsychiatric Symptoms			X	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	X			
Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	X	X	X	
Falls Screening: Screening for Fall Risk	X			X
CAHPS for MIPS Clinician/Group Survey	CMS Approved Survey Vendor			

Measure Name	Reporting Mechanism			
	Electronic Health Record (EHR)	Claims	Registry	CMS Web Interface
Adult Major Depressive Disorder (MDD) Coordination of Care of Patients with Specific Comorbid Conditions			X	
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	X			
Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance	X			
Depression Remission at Twelve Months	X		X	X
Depression Utilization of the PHQ-9 Tool	X			
Maternal Depression Screening	X			
Closing the Referral Loop: Receipt of Specialist Report	X			
Child and Adolescent Major Depressive Disorder (MDD): Suicide Assessment	X			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia			X	
Follow-Up After Hospitalization for Mental Illness (FUH)			X	
Immunizations for Adolescents			X	
Tobacco Use and Help with Quitting Among Adolescents			X	
Depression Remission at Six Months			X	
Documentation of Signed Opioid Treatment Agreement			X	
Evaluation of Interview for Risk of Opioid Misuse			X	

Measure Name	Reporting Mechanism			
	Electronic Health Record (EHR)	Claims	Registry	CMS Web Interface
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling			X	

## QUALITY REPORTING MECHANISMS

### How Do I Do MIPS Quality Reporting?

The reporting mechanisms for MIPS quality measures include the same methods that were utilized in PQRS (e.g., claims, EHR, and registry reporting).

Another option is to submit MIPS data using CMS’s new online portal. The portal is available through the [Quality Payment Program \(QPP\) website](http://qpp.cms.gov) (at [qpp.cms.gov](http://qpp.cms.gov)). You will need an Enterprise Identity Management (EIDM) account to submit data through the portal. If you need to set up an EIDM account, get EIDM account information, or reset your password on an existing EIDM account, visit the CMS Enterprise Portal at <https://portal.cms.gov/wps/portal/unauthportal/home/>. For questions, contact the Quality Payment Program at 1-866-288-8292. CMS has an EIDM Guide to help with this process, at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf>.

Psychiatrists must select one single, reporting method for MIPS Quality reporting. They can choose other mechanisms for reporting under other MIPS performance categories.

### Individual Claims Reporting

- Psychiatrists must report at least six MIPS quality measures, including one outcome measure (high priority measures will be accepted if no appropriate outcomes measures exist).
- If fewer than six measures apply, the psychiatrist must report on each measure that is applicable.
- Data must be completed on 50% of the eligible clinician’s Medicare Part B patients for which the measure applies during the performance period (a minimum of one continuous 90-day period during calendar year 2017).

- Psychiatrists must report at least six quality measures, including one cross-cutting measure and at least one outcome measure (high priority measures will be accepted if no appropriate outcomes measures exist).
- If fewer than six measures apply, the psychiatrist must report on each measure that is applicable.
- Select measures from the list of MIPS individual measures, choose a set of specialty measures, or use QCDR-approved quality measures.
- Reporting is required on at least one measure for which there is Medicare patient data.
- The data must be completed on 50% of the eligible clinician’s patients who fit within the measures’ denominator, regardless of the type of payor. This would include all of the psychiatrist’s or group’s patients for the performance period (a minimum of one continuous 90-day period during calendar year 2017).

## **Group Reporting: CMS Web Interface**

*\* As defined by taxpayer identification number (TIN), will be assessed as a group practice across all four MIPS performance categories.*

- Groups must report on all measures included in the CMS Web Interface, and 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.
  - 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 reported data must include sampling requirements for Medicare Part B patients.
- The performance period is the entire calendar year, January 1 to December 31, of the performance year.

## **Groups Submission: Consumer Assessment of Healthcare Providers and Systems (“CAHPS for MIPS”)**

- A registered group of two or more MIPS eligible clinicians may elect to participate in the “CAHPS for MIPS” Survey.

- Reporting “CAHPS for MIPS” equates to one patient experience survey, as well as a “patient experience” measure. Please note that a “patient experience” measure replaces the need for an outcome measure, if there are no applicable outcomes measures available to fit the practice.
- Groups may report on any five measures within MIPS plus the “CAHPS for MIPS” survey to achieve the six-measure threshold.
- Like “CAHPS for PQRS,” the group must have the “CAHPS for MIPS” survey reported on its behalf by a CMS-approved vendor.
- To report on five other MIPS measures, the group must use another submission method such as a qualified data registry (QDR) or qualified clinical data registry (QCDR).
- The survey must be administered from November to February.
- The data must include sampling requirements for Medicare Part B patients.
- The performance period is the entire calendar year, January 1 to December 31, of the performance year.

## YOUR MIPS QUALITY SCORE

### How is the Quality Performance Category Scored?

**Benchmarks:** Before the most current performance period begins, CMS will publish benchmarks for eligible clinicians’ previous measure performance (utilizing a baseline performance expectation that reflects two years before the current performance period). As a result, psychiatrists can track their performance during the performance period.

**Scoring:** All MIPS quality measures will be converted to a 10-point scoring system which provides a framework to compare different types of measures across different types of MIPS eligible clinicians.

- Psychiatrists who fail to report six quality measures including one outcome measure (or if there are no suitable outcome measures, a high-priority measure) will receive zero points for each required measure that they do not submit. However, a minimum floor will be provided for all submitted measures during the 2017 reporting year to safeguard against unexpected poor performance on submitted measures.

- Psychiatrists who report via claims on less than 50%, but more than 0% of the eligible clinician’s Medicare Part B patients, will receive a maximum of three points toward their quality performance score.
- Psychiatrists that report via QCDR, QDR, or EHR on less than 50% of their patients who fit within the measures’ denominator, regardless of payor patients or group’s patients will receive a maximum three points toward their quality performance score.

**Bonus Points:** Psychiatrists and other eligible clinicians can earn bonus points for reporting outcomes, patient experience, appropriate use, and patient safety measures. Bonus points will also be given for end-to-end electronic health record (EHR) reporting, which allows participants to report seamlessly from EHR to Registry without any additional human intervention.

The following diagram illustrates how the measure points are calculated:



Source: Centers for Medicare and Medicaid Services.

**Converting Measures to Points Based on Deciles:** CMS will set benchmarks for the Quality performance category using national performance 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.

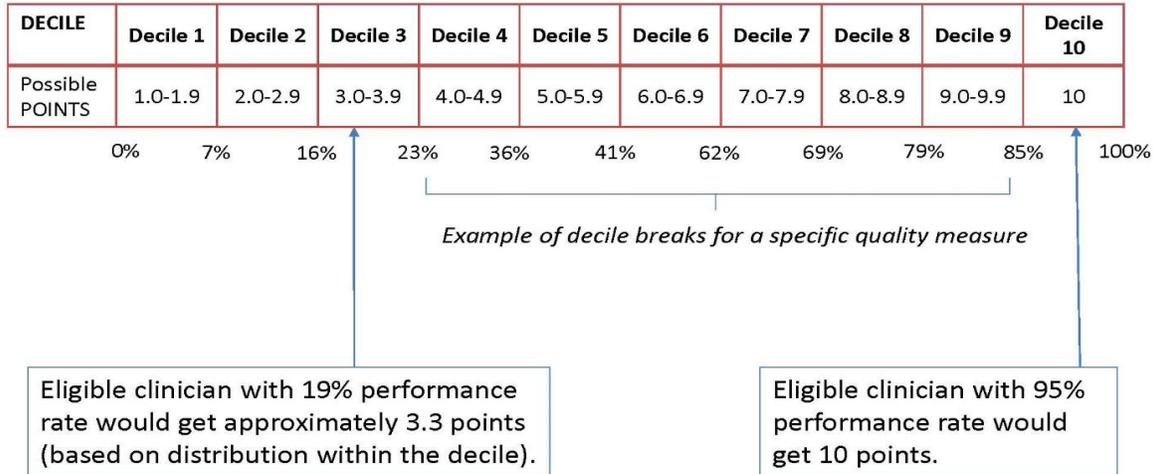
CMS will break down Quality scoring into ten categories, or “deciles,” reflecting one to ten points. The deciles will be based upon stratified levels of national performance within that baseline period. The performance of each eligible clinician will be compared to the performance levels in the published deciles. Eligible clinicians will receive points based upon the decile range reflecting their level of performance. Those with performance in the top decile will receive the maximum 10 points.

- All reported measures receive at least one point. Partial points are also distributed within each decile.
- Points will only be earned if the minimum number of measures are submitted. Psychiatrists who do not report enough measures will receive zero points for each measure NOT reported, unless they could not report these measures due to insufficient measures being available. This could often be the case for psychiatrists who use the claims reporting method. More on this can be found below in the section entitled “What Happens if I Can Not Report Enough Measures?”

**Special Rules for the 2017 “Transition” Reporting Year:** Unique to the 2017 “transition” reporting year (the first year of this program), CMS is allowing a minimum floor of three points for all quality measures submitted. There will also be an automatic allowance of three points for quality measures that are submitted, regardless of whether they lack a benchmark or do not meet the case minimum or data completeness requirements. In other words, in 2017 all who report will earn no less than three points per measure no matter the degree of poor performance or volume of patients measured, compared to future years when poor performance could be assigned a points value less than three and data incompleteness earns zero points.

The following chart illustrates how points will be assigned based on deciles.

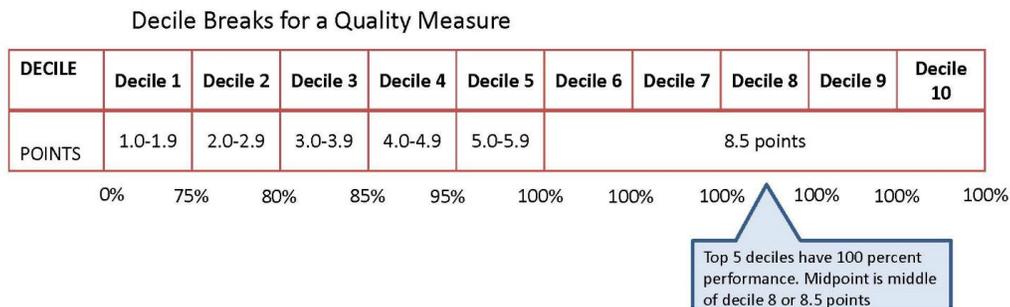
## Example: Assigning Points Based on Deciles



Source: Centers for Medicare and Medicaid Services.

**Special Scoring for Measures Considered “Topped Out:”** In PQRS, CMS often considered certain quality measures to be “topped out” (and no longer meaningful) if the overall performance on that measure was very high, indicating little room for improvement. CMS is taking a different approach for the MIPS program. When a MIPS quality measure has “topped out,” a “mid-cluster” scoring approach will be utilized. This means that if half of all eligible clinicians are reporting a particular measure with a score of 100% then the middle of that decile cluster is the value that the performance rate will be assigned. This is illustrated in the table below:

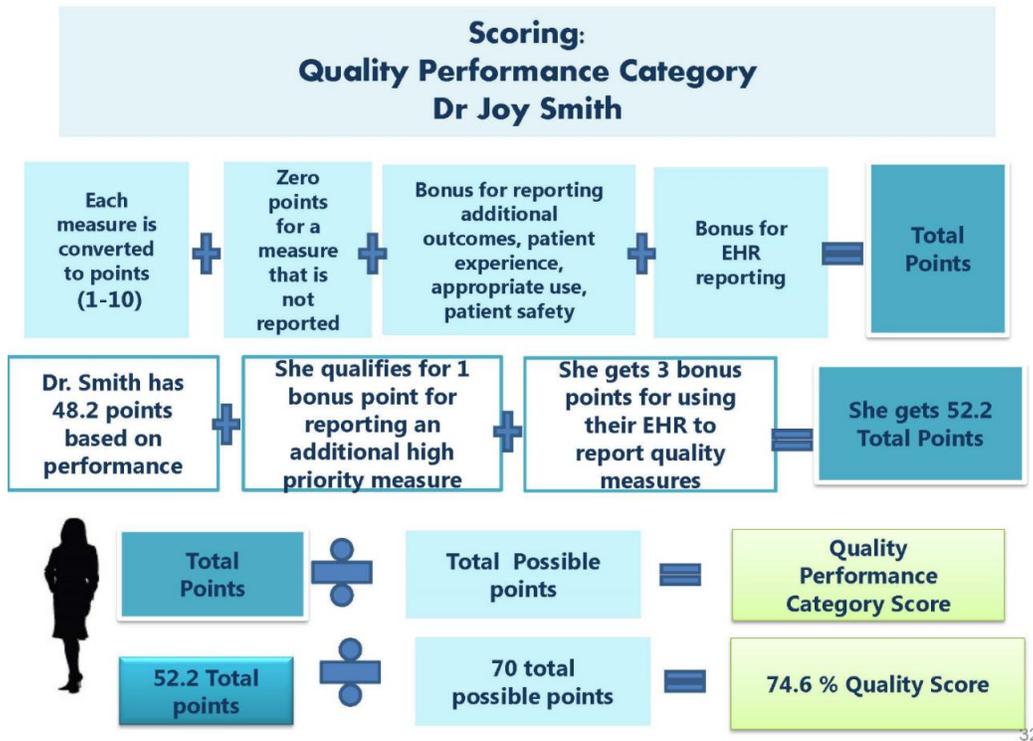
## Topped Out: Mid-Cluster Approach



Source: Centers for Medicare and Medicaid Services.

## What Does a Quality Score Calculation Look Like?

The following is an example of the MIPS Quality scoring process for an individual clinician.



Source: Centers for Medicare and Medicaid Services.

## WHAT HAPPENS IF I CANNOT 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. (This process was known as the Measures Applicability Validity (MAV) process within the PQRS program.) 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 mechanism (not QCDR), CMS will utilize “cluster algorithms” from the current PQRS MAV process to identify which measures an MIPS eligible clinician is able to report.
- **Certified EHRs:** If submitting fewer than six measures through a certified EHR, CMS acknowledges that MIPS eligible clinicians may not have six relevant measures within their EHR. However, CMS is saying that if there are not six EHR measures which they can submit, 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 QCDR measure validation process. CMS is now requiring each QCDR to apply or reapply each year to receive QCDR status for that year. 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.

## 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, including how to sign up, is available at <https://www.psychiatry.org/psychiatrists/registry>.

### What CMS resources are available?

- MACRA Final Rule (Nov. 4 Federal Register): <https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf>
- CMS Fact Sheet (12 pages): [https://qpp.cms.gov/docs/Quality\\_Payment\\_Program\\_Overview\\_Fact\\_Sheet.pdf](https://qpp.cms.gov/docs/Quality_Payment_Program_Overview_Fact_Sheet.pdf)
- CMS Executive Summary (24 pages): [https://qpp.cms.gov/docs/QPP\\_Executive\\_Summary\\_of\\_Final\\_Rule.pdf](https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf)
- CMS Quality Payment Program Website: <https://qpp.cms.gov/>

### What should I do if I have questions or issues regarding the MIPS Quality performance category?

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