Talal Khan

cUREmd  04/04/2022

MIPS-2022

Contents

[MIPS Score 2](#_Toc99930973)

[Entity 2](#_Toc99930974)

[Quality 3](#_Toc99930975)

[Configuring Quality Measures 3](#_Toc99930976)

[EHR Measures 4](#_Toc99930977)

[Registry Measures 4](#_Toc99930978)

[Quality Score 4](#_Toc99930979)

[Improvement Activities 5](#_Toc99930980)

[Configuring of Improvement Activities Measures 5](#_Toc99930981)

[Special Accommodations for IA Measures 6](#_Toc99930982)

[Group-Level Reporting 6](#_Toc99930983)

[Promoting Interoperability Measures 6](#_Toc99930984)

[Objectives of PI 7](#_Toc99930985)

[Configuration of PI Measures 7](#_Toc99930986)

[Scoring of PI Measures 8](#_Toc99930987)

[Bonus Measures 8](#_Toc99930988)

[Score Redistribution in PI Measures 8](#_Toc99930989)

MIPS

Merit-Based Incentive Programs, simply known as MIPS, is a program which allows the providers to receive incentives or deal with penalties based on the services the provider gives to his patients. The providers report the data in form of an Entity, which is evaluated and the provider receives an scores.

MIPS Score:

The MIPS score is divided into 4 performance categories having the following names and weightages in the total MIPS score as of March 2022:

1. Quality (30%)
2. Improvement Activities (15%)
3. Promoting Interoperability (25%)
4. Cost (30%)

The current weightages of the performance categories might change in the future. The performance categories are further divided into different objectives and measures. Also our application does not deal with the Cost performance category, therefore the total MIPS score is given out of 70 for each entity in our application. Furthermore, the score calculated by our application is not the final score because the CMS performs it’s own evaluations after the submission of data. Also the total score(including cost score) should be greater than 75/100 to avoid penalties.

When the provider wants to submit the data to the CMS, he creates an Entity inside our application. All the important details regarding the Entity are listed below.

Entity:

Entity is a collection of measures which is used to report the patient data of different providers to CMS. The MIPS performance score is calculated according to the entity measures configured in the entity against the required performance categories. Entity is created through the following workflow: Quality Programs/Settings/Add MIPS Reporting Entity. While creating an Entity, we take need to decide on the following things:

* What should be the **Submission method** of the Quality measures, if we want to configure Quality performance category. There are two types of submission methods for Quality performance category and we can select only one type while configuring the Entity (For more details please refer to Quality).
* Who is/are the **provider/s** who want to submit their patient data through this Entity. We can select multiple or single providers for each Entity
* Which **performance categories** should be reported in this Entity. We can select at least one category
* What is the **reporting period** for each performance category. The reporting period can be during current year or during previous year. Previous year can be selected as a reporting period only during the first quarter of the current year. Also the reporting period start date and end date cannot overlap two different years. For example the start date **cannot** be during 2021 while the end date is during 2022. Also ideally the reporting period should be a complete year.

After creating the Entity, we configure the measures for each performance category. After configuring the measures, we can activate the Entity. After that, the Entity measures cannot be modified, also the Entity starts collecting data for the configured measures.

Quality:

Quality is the performance category having the most weightage, alongside Cost category, i.e a weightage of **30% in the total MIPS score**. There are total of 6 types of submission mechanisms for the data to CMS, although our application mainly uses two types of submission methods, EHR and Registry. There are total of 200 Quality Measures, as of March 2022. The Quality performance category is divided into following two type of measures based upon the Submission method of the data:

1. EHR measures
2. Registry measures

Some measures fall in both categories, EHR and Registry.

There are a total of **7 Measure Types** based upon the objectives of Quality measures, given below:

* Efficiency
* Intermediate Outcome
* Outcome
* Patient Engagement/Experience
* Patient-Reported Outcome-Based Performance Measure
* Process
* Structure

Configuring Quality Measures:

While configuring the Quality measures into an Entity, we must select at **least 6 measures** and at least one measure should be an Outcome measure or a High Priority measure. High Priority measures are certain measures identified by CMS, which are considered High Priority by CMS. If the user does not configure the required amount of measures, the CMS conducts a validation process through which it identifies whether the measures were applicable or not, if the measures were applicable and were not configured, the provider receives zero score against those measures. Quality measures are stored in the table “**MIPS\_QualityMeasures**”.

EHR Measures:

EHR measures is a category of those measures whose data is created through the patient clinical data workflows inside the application. EHR measures are more commonly known as eCQMs, or Clinical Quality Measures. Currently as of March 2022, there are 47 eCQMs. EHR measures are stored in “**IP\_Measures**”.

Registry Measures:

Registry measures are those measures whose data is created through quick eSuperbill workflow. There are 166 Registry measures, as of March 2022. Every Registry measure has certain conditions (ICDs and CPTs) which trigger the measure. For a patient to qualify in a measure, following things are need:

* The provider on the eSuperbill is same as the provider configured in the entity
* The date on the eSuperbill is within the Reporting period of the Entity
* Add the required ICDs
* Add the required CPTs

Quality Score:

Quality score is calculated based upon the individual scores of the configured measures. Each measure is given score out of 10, which makes a total score of 60. If the user has selected more than 6 measures while configuring the Entity, then the measures with greatest scores are used to calculate the Quality score. The maximum score you can get for a measure is 10. Following are some of the important things related to the score calculation of the Quality measures:

**Case Minimum:** The score for the measure starts calculating when the measure has data of at least 20 patients in initial population. The score remains the lowest possible (which is mostly 3) until the criteria is met.

**Data Completeness Threshold/Reporting Rate:** The measure should be reported for at least 70% of applicable patients. This means that 70% of the patients should be marked as “Meets” or “Does not meet” or “Excluded” for the score to be calculated. Otherwise the score remains lowest possible, which is mostly 3.

**Benchmark:** CMS keeps the historical record of the submissions of each measure throughout the years. This record is used to calculate the benchmarks for the measures, which are just thresholds determining how much score should be awarded for a particular measure. The benchmarks are divided into deciles, with each decile associated with a range of percentage and a particular score. For example, suppose a measure has a decile 5 which has a percentage range of 61-66%. If your percentage ( the patients in “performance met” divided by the patients in denominator, excluding patients in exclusion and exception) lies within that range, then you can earn a score of 5. Benchmarks are stored in the table “**Mips\_QualityMeasures\_BenchMarks**”. There are also some important points which must be considered while calculating the Benchmark score of the measures:

* Only 3 points can be earned if the measure does not have a benchmark.
* Certain measures are marked as “Topped out” by CMS due to high performance rates historically, therefore they are subject to 7-point cap, which means a maximum of 7 points can be earned for these measures.
* If the practice of the Entity is considered to be small practice then a bonus of 6 points will be added in the Quality score. This is present as a toggle on the Overview page of MIPS and is turned on if the providers enrolled in the Entity are less than 15.

Improvement Activities:

Improvement activities performance category has a weightage of 15% in the total MIPS score, which is the lowest weightage among all the performance categories. Improvement Activities is the only performance category which has measures that does not require any patient data for score calculation. Improvement Activity has 100 measures and all are attestation measures, which means they have a toggle which can be turned on to achieve the maximum score of the measure. IA measures are stored in the table “**MIPS\_ImprovementActivity**”.

Configuring of Improvement Activities Measures:

The reporting period for the IA measures should be at least 90 days. Two to four measures should be attested, depending upon the weightage of the selected measures, in order to receive the full credit (40 points). The IA measures have two types of weightages which are mentioned below:

* Medium weighted activities which contribute to a score of 10 points towards the total IA score.
* High weighted activities which contribute to a score of 20 points towards the total IA score.

There is a new measure added to the IA in 2022(**IA\_PCMH**) which if enabled gives you the full IA score, which is 40. If this measure is configured in the entity but not enabled, on the Overview Dashboard below the toggles of Improvement Activities, the text following text is shown in Red highlight: “Not Certified from Patient Centered Medical Home or comparable specialty society.” After the measure is enabled, the following text is shown in the green highlight: “Certified from Patient Centered Medical Home or comparable specialty society.”

Special Accommodations for IA Measures:

There are some leniencies given to some Clinicians based on some special situations. These leniencies are present as a toggle on the MIPS Dashboard. There is some leniency given to the practices who fall in the following categories:

* **Small Practice:** If a practice is considered to be a small practice having 15 or less eligible clinicians by CMS, then the IA score of that Entity is doubled, including each individual measure, although it cannot be greater than the maximum IA score, which is 40. In our application, the Entity is considered small practice if the Providers configured in a group-level entity are 15 or less, and therefore it is automatically enabled.
* **Rural or Health Professional Shortage Area:** If the practice is located in a Rural or Health Professional Shortage area, or in case of group of Clinicians reporting their performance if more than 75 of the Clinicians billing under the accommodation are located in a Rural or Health Shortage Area, then the IA score is doubled, including each individual measure.
* **Non-Patient Facing Practice:** If the practice is non-patient facing, then the score of the IA performance category is doubled, including the score of each individual measure.

If the practice considers that it falls in any one or multiple categories, then it can turn the toggle on, except for the Small Practice toggle. Also if there are multiple toggles turned on, then the score is doubled only once, in other words multiple toggles and single toggle has the same impact on the IA score.

Group-Level Reporting:

For 2020 and onward, at least 50 percent of the clinicians billings under the Entity should complete the required Improvement Activity for at least consecutive 90 days to receive the credit for that particular Improvement Activity.

Promoting Interoperability Measures:

Promoting Interoperability performance category replaces Medicare HER Incentive Program for eligible professionals, previously known as the Meaningful Use (MU). Promoting Interoperability makes 25% of the total MIPS score. PI measures are stored in the table “**MIPS\_AdvancingCareInformation**”. The configuration of PI measures is not required in some specific circumstances, among which our application deals with only one of those, which is listed below:

**Hardship Exemption:** If the Clinicians do not have the technology or the sufficient facilities, they can enable this exemption which is present as a toggle on the MIPS Overview. This will transfer the total points of the PI score to the Quality score.

PI measures are divided into 7 objectives, the provider needs to achieve those 5 objectives in order to get the PI score. Those 5 objectives are:

Objectives of PI:

**Protect Patient Health Information:** This objective has two mandatory measures which are achieved through a toggle.

**Attestations:** This objective has two mandatory measures which are achieved through a toggle.

**Electronic Prescribing:** This objective has a mandatory measure having a score of 10, its exclusion and a bonus measure having a score of 10.

**Health Information Exchange:** This objective has two options. Option 1 has two mandatory measures of score 20 points each and exclusions for each mandatory measure. Option 2 has a single mandatory measure of 40 points, having no exclusion. The score for two mandatory measures in Option 1 is calculated on the basis of the patient data created while the score of the measure in Option 2 is achieved through a toggle.

**Provider to Patient Exchange:** This objective has a single mandatory measure of 40 points.

**Public Health and Clinical Data Exchange:** This objective has two mandatory measures and 3 bonus measures, along with three exclusion for one mandatory measure and four exclusions for one mandatory measure. The mandatory measures are of 5 points each and the bonus measures are of 5 points each also.

Configuration of PI Measures:

There are a total of 25 PI measures, out of which 11 are mandatory. While configuring PI measures in an Entity, the mandatory measures are already selected. The user can select any one of the two options of the Health Information Exchange objective. Also the user has the option to select the Exclusions or the bonus measures.

Scoring of PI Measures:

* The total PI score is 100, and if the bonus measures are enabled then the score can go up to 115.
* A non-zero score is required in each mandatory measure for the PI score to be calculated. If any of the mandatory measure has a score of zero and it’s exclusion is not enabled, then the total PI score is zero and will remain zero unless every mandatory and not excluded measure has a non-zero score.
* The Protect Patient Health Information and Attestation measures are toggle measures with no score. If the toggle is turned off, the PI score will not appear.
* The measures which require the patient data are scored based upon the ratio of patients coming in the Numerator with respect to the patients in the Denominator.

Bonus Measures**:**

* The total score of PI is 100, however it can go up to 115 if the bonus measures are enabled
* If we enable the Electronic Prescribing bonus measure, it’s score which is 10 points is added to the Electronic Prescribing objective, and if all the mandatory measures have a non-zero score or have their exclusions enabled, then this score is added to the total PI score.
* If anyone or multiple bonus measures in the Public Health and Clinical Data Exchange is/are enabled, then the score of 5 points are added to the objective score. Enabling more than one bonus measures is same as enabling a single bonus measure in Public Health and Clinical Data Exchange objective, which means only 5 points are added even if you enable multiple bonus measures, you cannot have 10 bonus points or 15 bonus points for enabling 2 or 3 bonus measures respectively.

Score Redistribution in PI Measures**:**

Score of PI measures is redistributed in the following manner:

* If we enable the **exclusion of the Electronic Prescribing** mandatory measure, then it’s 10 score is **redistributed to the Health Information Exchange** objective. If option 1 is selected in Health Information Exchange then 5 score is added to each measure when there is no exclusion enabled in it. If one exclusion is enabled then 10 score is added to the not excluded measure. If option 2 is selected in Health Information Exchange objective, then 10 points is added to the one measure in option 2.
* If we enable the **exclusion of the Health Information Exchange** mandatory measures, then the redistribution depends upon which measure has its exclusion enabled. If we enable the exclusion of PI\_HIE\_4, then the score is redistributed to HIE\_1, which makes the total score of PI\_HIE\_1 40 points. When the exception of PI\_HIE\_4 is enabled, then it’s score is redistributed to the Provider to Patient Exchange PI\_PEA\_1 measure, which makes it’s score 60 points. If the exclusion of both measure PI\_HIE\_1 and PI\_HIE\_4 is enabled, then the score is redistributed to the Provider to Patient Exchange PI\_PEA\_1 measure, which makes it’s score 80 points. Also if the exclusion of Electronic Prescribing measure PI\_EP\_1 is enabled, then it’s score is also transferred to PI\_PEA\_1 measure, making it’s total score 90.
* If we enable the any of the exclusions of one mandatory measure in Public Health and Clinical Data Exchange objective, the score of the that measure is redistributed to the other mandatory measure within the same objective, making it’s score 10 points. If we turn the exclusions for both mandatory measures, then the score is redistributed to the Provider to Patient Exchange PI\_PEA\_1 measure, adding 10 points to PI\_PEA\_1’s total score.

References:

* [mips-quality-measures-030122.pdf (aapmr.org)](https://www.aapmr.org/docs/default-source/quality-practice/mips-quality-measures-030122.pdf?sfvrsn=379d287c_9)
* [mips-improvement-activities-030122.pdf (aapmr.org)](https://www.aapmr.org/docs/default-source/quality-practice/mips-improvement-activities-030122.pdf?sfvrsn=cf9d287c_6)
* [mips-pi-guide-030122.pdf (aapmr.org)](https://www.aapmr.org/docs/default-source/quality-practice/mips-pi-guide-030122.pdf?sfvrsn=3d9d287c_6)
* https://mdinteractive.com/2022-mips-rules