Merit-based Incentive Payment System Measures

For Oncologists

Visit QPP.CMS.gov to understand program basics, including submission timelines and how to participate.

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Comagine Health

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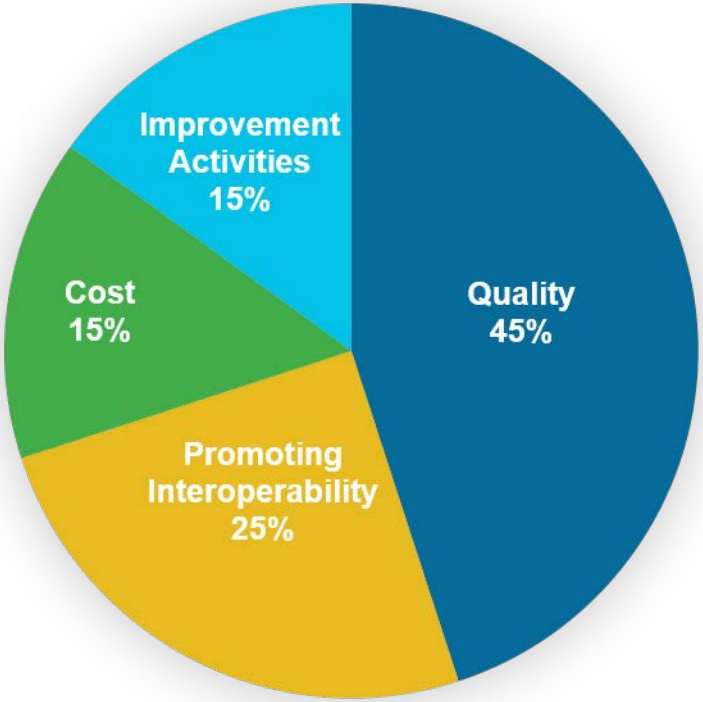
What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one of the two tracks of the Medicare Quality Payment Program (QPP), which implements provisions of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA).

What must be submitted to successfully participate in MIPS?

If you are participating in QPP through MIPS, you must submit a full year of Quality measures, full year of Cost measures, 90 days of Promoting Interoperability measures and 90 days of Improvement Activities measures. Your MIPS payment adjustment in 2022 will be based on submitting data and your performance for the following MIPS categories in 2020:



- **Quality**
- **Promoting Interoperability**
- **Improvement Activities**
- **Cost**

Quality Category - 45%

The reporting period for the Quality category is a 12-month period (January 1 through December 31, 2020). During this 12-month period, six measures must be reported and at least one outcome measure or another high-priority measure.

Clinicians may choose measures on which they may report from a list. Some include:

- Quality ID-047: Advance Care Plan
- **Quality ID-067**: Hematology: Myelodysplastic Syndromes (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
- **Quality ID-069**: Hematology: Multiple Myeloma: Treatment with Bisphosphonates
- **Quality ID-070**: Hematology Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
- Quality ID-102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
- **Quality ID-110**: Preventive Care and Screening: Influenza Immunization
- **Quality ID-111**: Pneumococcal Vaccination Status for Older Adults
- Quality ID-130: Documentation of Current Medications in the Medical Record
- Quality ID-143: Oncology: Medical and Radiation - Pain Intensity Quantified
- Quality ID-144: Oncology: Medical and Radiation - Plan of Care for Moderate to Severe Pain
- **Quality ID-250**: Radial Prostatectomy Pathology Reporting
- **Quality ID-317**: Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented
- Quality ID-450: Trastuzumab Received by Patients with American Joint Committee on Cancer (AJCC) Stage I (T1c) - III and Human Epidermal Growth Factor Receptor 2 (HER2) Positive Breast Cancer Receiving Adjuvant Chemotherapy
- **Quality ID-451**: KRAS (Kirsten rat sarcoma viral oncogene homolog) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Caner Who Receive Anti-epidermal Growth Factor Receptor (EGFR)
- Quality ID-452: Patients with Metastatic Colorectal and KRAS Gene Mutation Spared Treatment with Anti-EGFR Monoclonal Antibodies
- Quality ID-453: Proportion Receiving Chemotherapy in Last 14 Days of Life
- Quality ID-455: Proportion Admitted to Intensive Care Unity (ICU) in Last 30 Days of Life
- Quality ID-457: Proportion Admitted to Hospice for Less than 3 Days
- **Quality ID-462**: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

Red: high-priority measures

Learn more at qpp.cms.gov.

Improvement Activities - 15%

The reporting period for the Improvement Activities category is a 90-day to a full-calendar-year period (January 1 through December 31, 2020).

Clinicians choose activities in which they may participate from a list. Some activities include:

- **IA_AHE_1**: Engagement of new Medicaid patients and follow-up
- **IA_BE_20**: Implement condition-specific chronic disease self-management support programs
- **IA_BE_22**: Improving practices that engage patients pre-visit
- **IA_CC_1**: Implementing the use of specialist reports back to referring clinician or group to close referral loop
- **IA_CC_2**: Implementation of improvements that contribute to more timely communication of test results
- **IA_CC_8**: Implementing documentation improvements for practice/process improvements
- **IA_EPA_3**: Collection and use of patient experience and satisfaction data on access
- **IA_EPA_4**: Additional improvements in access as a result of Quality Innovation Network-Quality Improvement Organization (QIN-QIO) technical assistance (TA)
- **IA_PSPA _6**: Consultation of the Prescription Drug Monitoring Program (PDMP)
- **IA_PSPA_8**: Using patient safety tools
- **IA_PSPA_16**: Using decision support and standardized treatment protocols

Blue: medium-weighted measures
Green: high-weighted measures

$ Cost - 15%

Why report cost?

For the 2020 performance year, the Cost category is 15 percent of the MIPS final score. Reporting on Cost measures in 2020 will help you understand the Cost category before the percentage increases in future performance years.

No Cost category? What happens?

If you do not meet either or the case minimums for either measure of the Cost category, it will be reweighted to the Quality category. This will then result in the Quality category being worth 60 percent of your MIPS final score, instead of 45 percent.

How will you be scored?

- If only one measure can be scored, that score will be the performance score.
- There is no reporting required. The Centers for Medicare & Medicaid Services (CMS) automatically calculates from claims submitted for payment.
- No score will be given to eligible clinicians who are not attributed any cost measures because of case minimum requirement or lack of benchmark.

Medicare Spend per Beneficiary Clinician (35 case minimum)

- Risk-adjusted Part A and B costs per inpatient admission
- Attributed based on service volume during hospitalization
- Assesses the cost of care for services related to qualifying in patient hospital stay (immediately prior to, during and after) for Medicare patient
- Includes all Part A and Part B claims

Total per Capita Cost (20 case minimum)

- Risk-adjusted per capita Part A and B costs
- Attributed based on primary care service volume
- Assesses the primary care clinician's overall care for a Medicare patient during the performance period

Episode-Based Measures

- Electronic Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization for Lower Extremity Chronic Limb Ischemia
- Routine Cataract Removal with Intraocular Lens (IOL) Implantation
- Screening/Surveillance Colonoscopy
- Acute Kidney Injury Requiring New Inpatient Dialysis
- Elective Primary Hip Arthroplasty
- Femoral or Inguinal Hernia Repair
- Hemodialysis Access Creation
- Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
- Lumpectomy Partial Mastectomy, Simple Mastectomy
- Non-Emergent Coronary Artery Bypass Graft (CABG)
- Renal or Ureteral Stone Surgical Treatment
- Intracranial Hemorrhage or Cerebral Infarction
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infraction (STEMI) with Percutaneous Coronary Intervention (PCI)
- Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
- Lower Gastrointestinal Hemorrhage (applies to groups only)

$$\text{COST PERFORMANCE} = \frac{\text{Total points scored on each measure}}{\text{Total possible points available}}$$

Learn more at qpp.cms.gov.

Promoting Interoperability (PI) - 25%

The Promoting Interoperability (PI) performance category score is now performance-based (100 points with optional 10 bonus points). The score is based on "objectives" that have measures included in them.

Submit YES to:

- Prevention of Information Blocking Attestation
- Office of the National Coordinator (ONC) Direct Review Attestation
- Security Risk Analysis (SRA) Completion:
  - No score attached
  - Must be during calendar year in which reporting
  - Required to receive PI score

Certified Electronic Health Record Technology (CEHRT) Requirements:

- 2015 edition
- Be in place for the 90-day reporting period chosen
- Be certified to 2015 edition by the last day of the selected reporting period

How is PI scored?

Provider-to-Patient Exchange

Measure Name	Points
Provide Patient Electronic Access to Their Health Information	40

Public Health and Clinical Data Exchange (Choose 2 – Reported with "YES" or "NO.")

Measure Name	Points
Immunization Registry Reporting	10
Electronic Case Reporting	10
Public Health Registry Reporting	10
Syndromic Surveillance Reporting	10
Clinical Data Registry Reporting	10

Electronic Prescribing (Green measures are bonus measures.)

Measure Name	Points
E-Prescribing	10
Query of Prescription Drug Monitoring Drug Program (PDMP)	5

Health Information Exchange

Measure Name	Points
Support Electronic Referral Loops by Sending Health Information	20
Support Electronic Referral Loops by Receiving and Incorporating Health Information	20

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