Code Breaker: Unlocking the Power of Billing for MIPS Quality

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Quality Payment Program of Illinois

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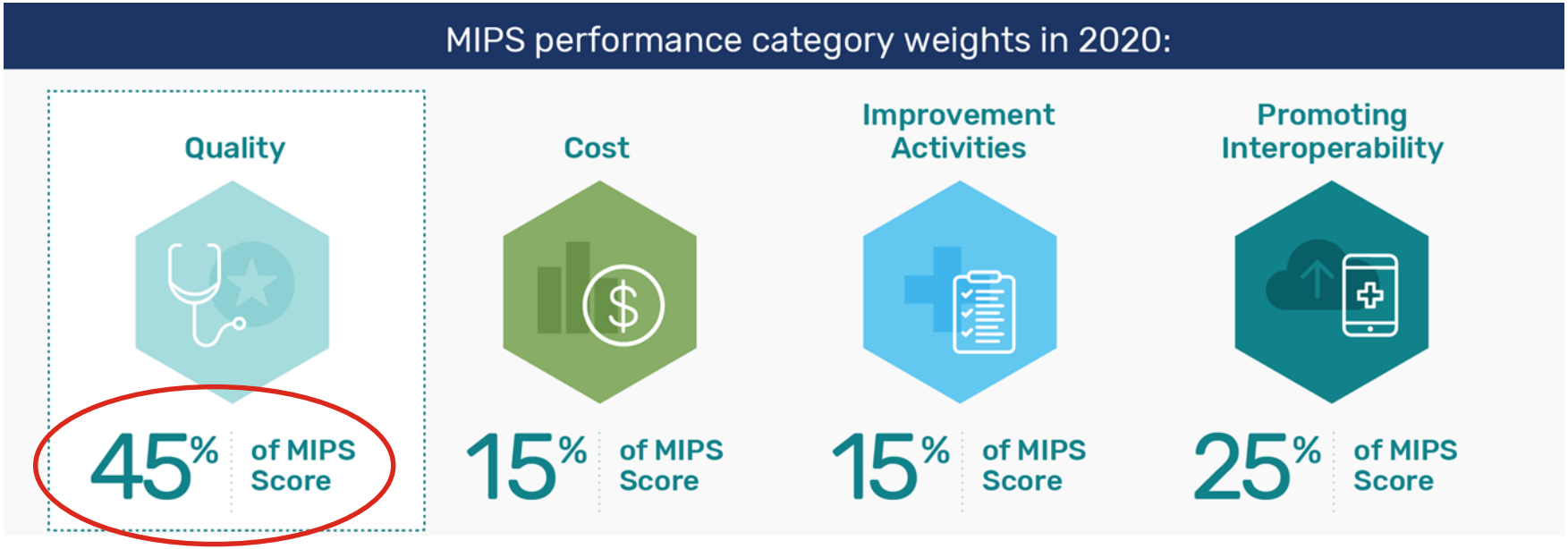
Agenda

- MIPS Quality category review
- Billing for MIPS Quality
- Measure selection and specifications
- Additional considerations
- Q&A

MIPS Quality Category Review

MIPS Scoring

- MIPS is like a grade card with a score ranging from 0-100
- Points are earned from four performance categories:



NOTE: these percentages apply for 2020; category weights change over time

- Quality is the highest value MIPS category

MIPS Quality Category

- Quality measures are tools that help Medicare assess processes, outcomes and patient experiences to ensure they align with our goals
- More than 200 measures available
- Specialty measure sets support identification of relevant measures
- May be reported at the individual clinician level, or as a group
- Meet requirements by reporting 6+ measures, including at least one outcome measure (or high-priority measure in the absence of outcome)
- Report a 12-month performance period (January 1 – December 31, 2020)
- Performance is evaluated relative to historical benchmarks

Collection Types

- Electronic Clinical Quality Measures (eCQM) = collected using 2015 Edition certified EHR technology

- MIPS Clinical Quality Measures (MIPS CQM) = collected by third-party intermediaries (registries) and submitted on behalf of MIPS eligible clinicians

  *May depend on billing codes

- Qualified Clinical Data Registry (QCDR) Measures = collected by CMS-approved entities with the flexibility to develop their own measures

- Medicare Part B Claims Measures = collected by CMS claims processing in association with individual NPI

  *Always depends on billing codes

- CAHPS for MIPS Survey Measure = administered by CMS-approved vendor to measure patient experience and care within a group

NOTE: additional collection types have been left off this list because they are not available to individuals or groups eligible for QPP of Illinois support

Key Terms

- **Data Completeness** refers to the minimum percentage of eligible population for which a clinician reports performance
  - Data completeness requirement for 2020 is generally 70%
  - Selectively reporting on eligible patients/visits in a disingenuous manner ("cherry-picking") may subject clinicians to audit

- **Specifications** refer to instructions for collecting a quality measure:
  - Eligible population (denominator) based on patient age, diagnoses, and encounter type
  - Population where performance was met (numerator)
  - Population otherwise eligible that may be left out of reporting for valid reasons (exclusions/exceptions)

- **Quality Data Codes (QDC)** refer to HCPCS or CPT II codes that can be added to claims to track performance for the eligible population

Billing for MIPS Quality

Billing-Oriented Collection Types

- Potential advantages over collecting eCQM:
  - Clinician doesn't use certified EHR
  - EHR doesn't support eCQM versions required for MIPS
  - EHR doesn't support relevant eCQM
  - EHR documentation workflows are cumbersome

- QDC are added to claim like any other CPT/HCPS but generally as unbillable services (charge of $0.01)

- QDC must be supportable by documentation in the medical record verifying described quality action (or inaction) corresponding to:
  - Denominator Exclusion/Exception
  - Numerator Performance Met
  - Numerator Performance Not Met

Medicare Part B Claims vs MIPS CQM

- Medicare Part B Claims:
  - Only add codes for Medicare fee-for-service patients
  - Medicare calculates data completeness and measure performance automatically when processing claims (no manual reporting)
  - Limited measures available (55)
  - QPP submission site lags in updating performance data
  - Can't re-submit claims to earn credit if a code was missed

- MIPS CQM:
  - Wide variety of measures available (196)
  - Registries may integrate with EHR/billing system (or accept file upload) to calculate performance automatically
  - Potentially earn credit even if code was missed
  - Must report on all payer patients
  - Non-integrated registries require manual calculation
  - Registries are typically fee-based

Measure Selection and Specifications

Measure Selection

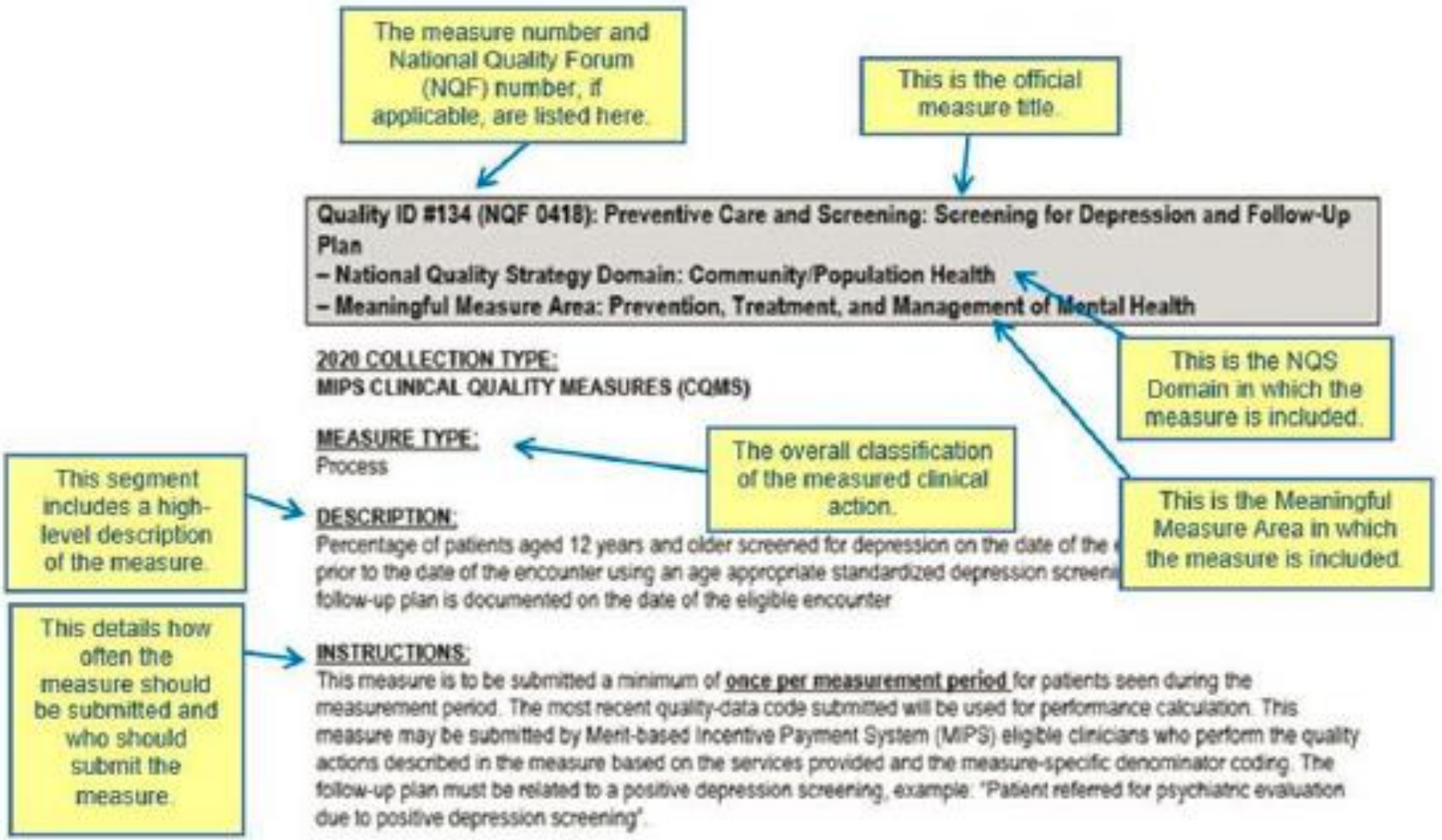
- Identify at least six measures (including one outcome) based on:
  - Availability through your collection type
  - Relevance to your scope of work and clinical goals
  - Current or anticipated performance relative to benchmark

- Search at https://qpp.cms.gov/mips/explore-measures/quality-measures

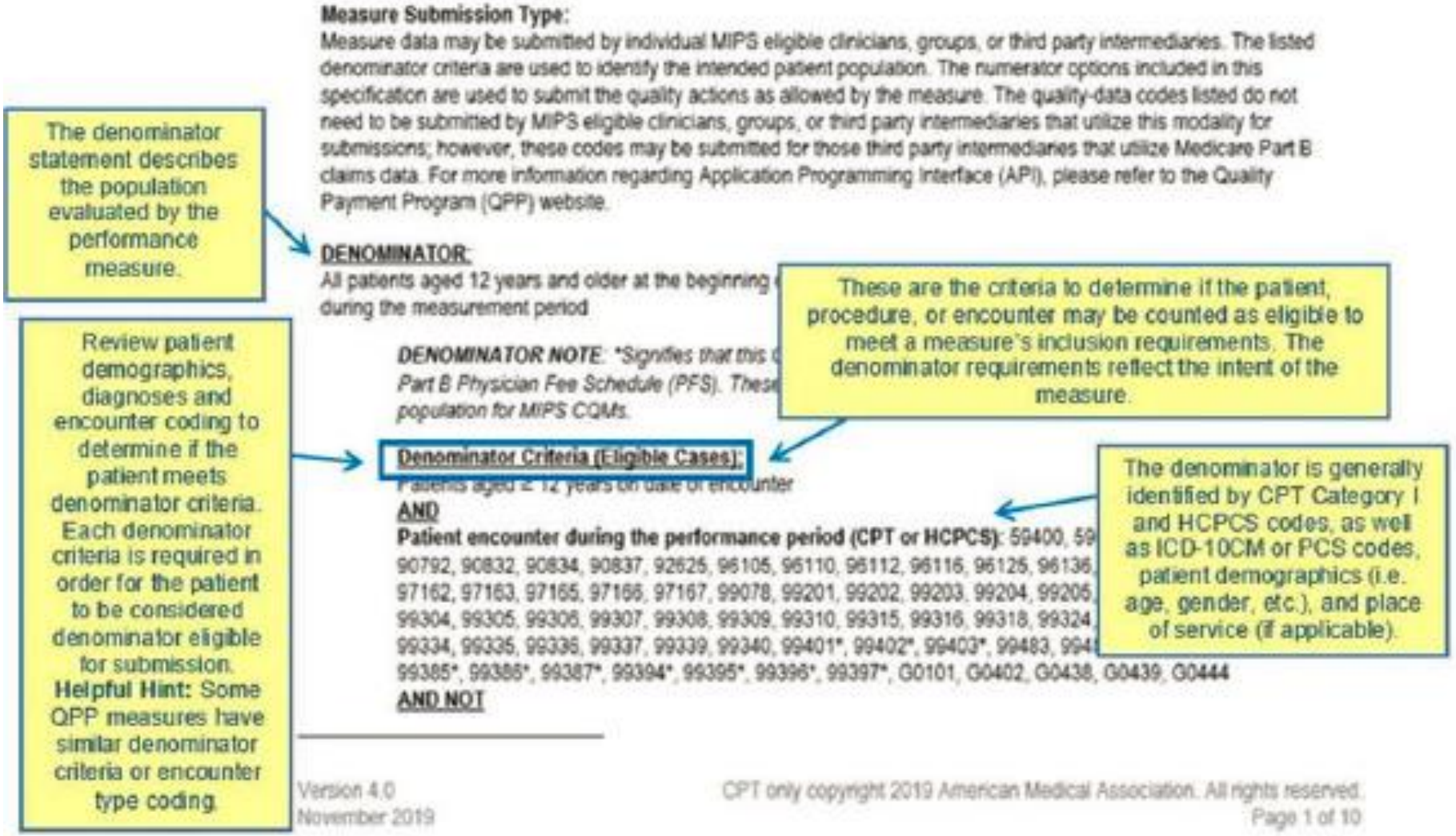
- Search for measures that apply to specific encounter types (CPT) or diagnoses (ICD) using the "single source" spreadsheets:
  - Download Medicare Part B Claims specifications and supporting documents here
  - Download MIPS CQM specifications and supporting documents here

- Assess how performance stacks up against other MIPS participants
  - Download benchmark data here to estimate points earned
  - Avoid "topped out" measures to maximize opportunity

Measure Specifications



Measure Specifications



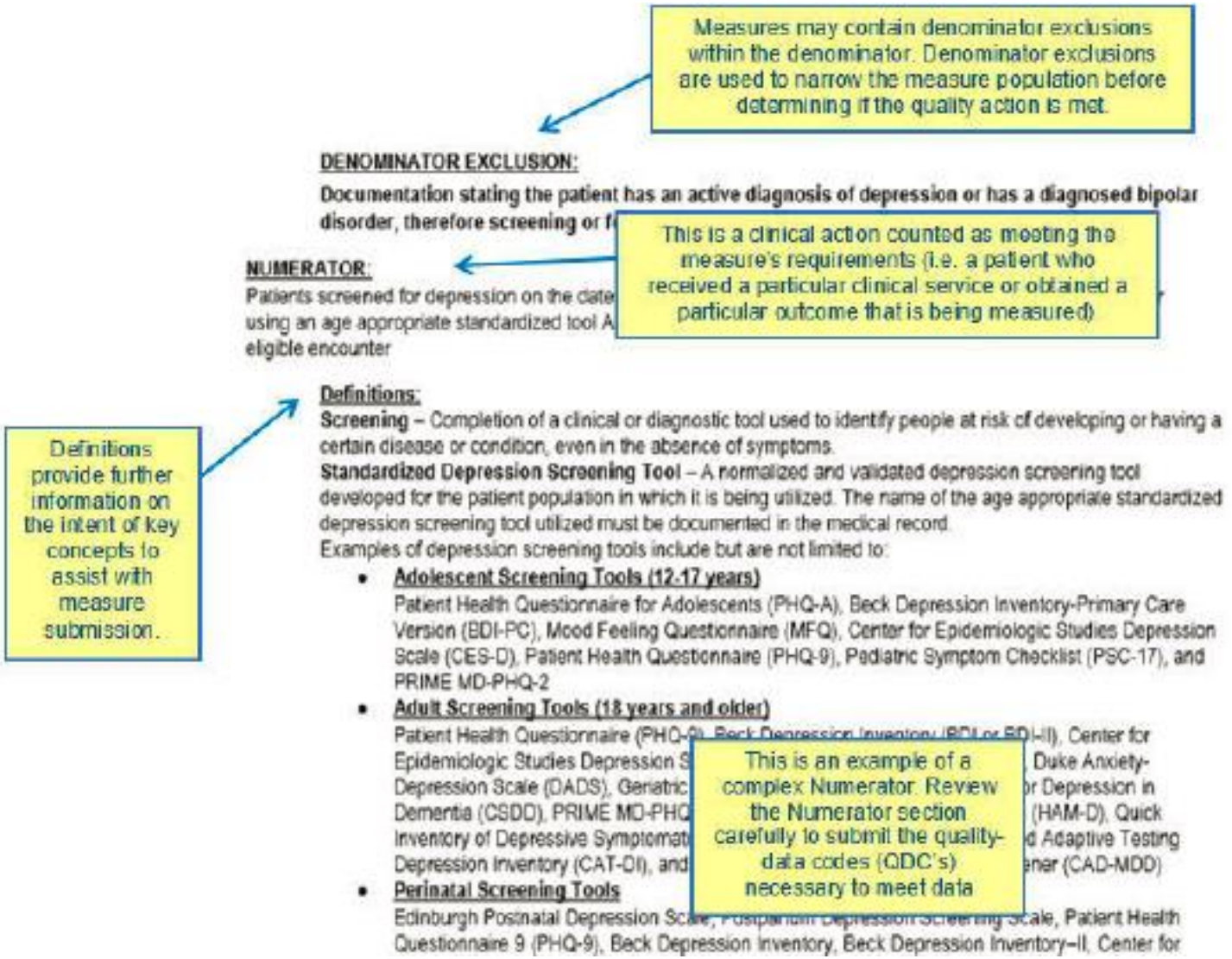
The denominator statement describes the population evaluated by the performance measure.

These are the criteria to determine if the patient, procedure, or encounter may be counted as eligible to meet a measure's inclusion requirements. The denominator requirements reflect the intent of the measure.

Review patient demographics, diagnoses and encounter coding to determine if the patient meets denominator criteria. Each denominator criteria is required in order for the patient to be considered denominator eligible for submission. **Helpful Hint:** Some QPP measures have similar denominator criteria or encounter type coding.

The denominator is generally identified by CPT Category I and HCPCS codes, as well as ICD-10CM or PCS codes, patient demographics (i.e. age, gender, etc.), and place of service (if applicable).

Measure Specifications



Additional Considerations

Additional Considerations

- Not limited to a single collection type:
  - E.g. collect two measures via Medicare Part B, two measures via MIPS CQM, two measures via eCQM (or any combination)
  - Collect same measure via multiple collection types
  - Medicare automatically selects measures that earn the best possible score based on performance against benchmark

- Multiple measures may apply to the same patient:
  - QDCs for each measure may be added to the same claim
  - QDCs for some measures may be added to one claim, and others to another claim later in the year

- MIPS CQM registry selection:
  - Check with your specialty society
  - Review Qualified Registry list here or QCDR list here for comparison of costs, supported measures, contact information

MIPS*cast*®

- QPP Resource Center offers the free MIPS*cast*® Qualified Registry for collecting and submitting data to Medicare
- MIPS*cast*® includes performance tracking and score estimation
- Data entry options:
  - Upload file from EHR/QCDR
  - Manually enter performance data
- Entering data manually requires calculation from billing report:
  - Include every claim with patient ID, gender, DOB, ICD and CPT/HCPCS
  - Query/filter billing report to identify denominator, numerator, exclusions, exceptions based on applicable patients/codes

Q&A

THANK YOU!!

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