

2019 MIPS Reporting: Everything You Want to Know about Medicare Quality Reporting and the Mental & Behavioral Health Registry

Presented January 23, 2019 by

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AMERICAN PSYCHOLOGICAL ASSOCIATION
Services, Inc.

Objectives

- Understand the 2019 changes to the Medicare Access and CHIP Reauthorization Act (MACRA) and the Merit-based Incentive Payment System (MIPS)
- Learn about the development and benefits of the Mental and Behavioral Health Registry (MBHR)
- Receive answers to your questions about federal regulations and quality outcome reporting from the experts

Welcome to MIPS!

2019 Quality Reporting for Psychologists

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2019 Changes to MIPS

Psychologists added to the definition of MIPS eligible clinicians (ECs) effective January 1, 2019

- PTs, OTs, SLPs, Audiologists and Registered Dieticians also added

Those reporting under MIPS in 2019 will see adjustments to 2021 Medicare payments

- Potential adjustments of -7%, 0, or +7%
- Most ECs will have average scores and receive a 0% adjustment



Low Volume Threshold (LVT) Exemption

- Three (3) criteria under LVT – only need to meet one (1) to be exempt from MIPS
 - Billings - \$90,000 or less in Medicare allowed charges
 - Patients – 200 or fewer Medicare beneficiaries
 - Covered Part B Services – 200 or fewer
- Many, if not most, psychologists should be exempt from MIPS
- Any clinician in the first year as a Medicare provider will be automatically exempt from MIPS regardless of LVT



Determining Your Status in MIPS

- CMS reviews claims data from October 2017 thru September 2018
- Agency notifies ECs of MIPS status
- ECs who exceed one or two of the three LVT criteria may opt-in to MIPS
- Decision to opt-in is irrevocable for the performance period



Help for Small Group Practices

- Defined as 15 or fewer clinicians
- Bonus points in Quality Performance category
- Ability to submit quality data through claims
- Customized technical support for small and rural practices
- Call 1-866-288-8292
- Email QPPSURS@IMPAQINT.com



Virtual Groups

- Solo practitioners and groups of ten (10) or less may form a virtual group and aggregate data across all TINs for all four categories.
- To join a virtual group, each solo EC or group must exceed the LVT.
- Virtual group members must have a formal written agreement and name an official representative.
- Official rep must submit virtual group's election to CMS no later than December 31 of the year prior to the performance period.



MIPS Performance Categories

- Quality - Report six measures
- Clinical Improvement Activities - Behavioral & Mental Health Set
- Promote Interoperability - Psychologists do not have to report
- Cost - CMS takes data directly from claims; no reporting required



Quality Performance Measures

- Report six measures over a 12-month period
- Bonus points for small practices of 15 or less
- Behavioral & Mental Health measures including:

Adult MDD: Suicide Risk Assessment, Dementia Screening and Management, Elder Maltreatment Screen, Depression Screening, Alcohol Use, Tobacco Use



Improving Clinical Practice Activities

- 90-day reporting period
- Can attest on CMS website
- Nine Behavioral & Mental & Health measures including:

Depression screening, Integrated Behavioral Health, MDD Prevention and Treatment, Tobacco Use, Unhealthy Alcohol Use



Promoting Interoperability

- New name for 2019; formerly Advancing Care Information
- Requires Certified EHR Technology (CEHRT)
- **Psychologists** and other non-physicians who were not part of meaningful use are **not required to report this category**

CMS will automatically reweight this category to 0%

- Use 90-day period if you choose to report this category



Cost Performance Category

- CMS derives data from claims; no reporting required
- Two measures: Total Per Capita Cost (TPCC) and Medicare Spending Per Beneficiary (MSPB)
- Case minimum of 20 for TPCC and 35 for MSPB
- CMS adding eight (8) new episode-based measures for 2019



Category Percentages of the Final MIPS Score

Quality Performance Category	45%*
Improvement Activities	15%
Promoting Interoperability	25%*
Cost	15%

*** For psychologists and other ECs who are not required to report the Promoting Interoperability Category, PI will be weighted at 0% and Quality Performance Category will be reweighted to 70%**



Methods of MIPS Reporting

- **Claims:**
 - Small practices only (15 or fewer clinicians)
 - Limited to reporting quality measures
 - Highest error rate
- Log-in and upload; can also log-in and attest for some measures
- Report directly through EHRs
- The Mental and Behavioral Health Registry (MBHR)



MIPS Discussion: 2019 Practice Leadership Conference

Practice Leadership Conference

March 9 - 12, 2019

Medicare Workshop on Monday, March 11 from
11:00 am to 12:30 pm

Guest speaker: Molly MacHarris, from the CMS
Office of Clinical Standards and Quality



I don't bill for Medicare, so why should I care?



Accountability and Quality Reporting are here to stay



Introducing the Mental and Behavioral Health Registry Initiative

- Overview
- Advisory Committee
- Benefits & Functions
- Demonstration
- Pricing



Mental and Behavioral Health Registry

- Received approval by CMS to participate in MIPS for 2019 as a “qualified clinical data registry”
- APA partnered with a CMS-approved outside vendor, *Healthmonix*, to develop a cloud-based platform to upload and submit MIPS data to CMS
- APA can include new mental and behavioral health specialty measures developed by psychologists to the registry



MBHR Advisory Committee

Chair: Carol Goodheart, EdD

- David Bard, PhD, University of Oklahoma Health Sciences Center
- Bruce Bobbitt, PhD, LP, retired from Optum (United Health Group)
- Zeeshan Butt, PhD, Northwestern University Feinberg School of Medicine
- Kathleen Lysell, PsyD, VA Central Office
- Dean McKay, PhD, ABPP, Fordham University
- Kari Stephens, PhD, University of Washington



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2017 Qualified Clinical Data Registry Committee

The APA Practice Organization appointed an advisory committee to develop a new qualified clinical data registry (QCDR) for psychologists and other behavioral health practitioners to track patient outcomes and compare new treatments and research. This is an opportunity for the Practice Organization to take a leadership role in identifying gaps in quality measurement and propose new measures that cover the practice of

psychology. The QCDR will also prove valuable for psychologists who aren't Medicare providers as the entire health care industry shifts away from its fee-for-service payment model.

The QCDR advisory committee is composed of seven experts specializing in quality measurement, progress monitoring and clinical research.



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Additional information on the APA Practice Organization's QCDR registry is available in the June 15, 2017 issue of the PracticeUpdate newsletter and the Spring/Summer 2017 issue of Good Practice magazine available at www.apapracticecenter.org.

Benefits of the MBHR

Psychology as Leaders

Define, develop, and/or select the measures that are of the most interest and importance

Improved Reimbursement

Negotiating with 3rd party/commercial payment programs



Benefits of the MBHR, cont.

Quality Improvement/Tracking Client Outcomes

Real-time dashboard, Benchmarking

Meet behavioral health providers' data needs

- Licensure, CE, credentialing or board certification
MOC requirements
- Marketing/Badging/Demonstrate “value-add”



MBHR functions include:

- Real-time dashboard and MIPS scoring provide insight into provider and practice performance
- Drill down capabilities and advanced analytics can identify areas of high quality and areas that might need improvement
- Benchmarking and peer comparison
- Data integration with EHR's
- Data validation and submission
- Customer support



MBHR functions include, cont.:

- EHRs, Excel spreadsheet, Manual entry
- Includes 29 MIPS measures
- Examples include:
 - Depression Remission at Six Months (outcome)
 - Care Plan (process)
 - Dementia measures



Exclusive to the MBHR

6 “QCDR” measures that can be submitted to MIPS and receive credit

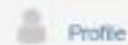
- Anxiety: Utilization of the GAD-7 Tool (process)
- Anxiety Response at 6-months (outcome)
- Pain Interference Response utilizing PROMIS (outcome)
- Sleep Quality Screening and Sleep Response at 3-months (process and outcome)
- Social Role Functioning Outcome utilizing PROMIS (outcome)
- Screening and monitoring for psychosocial problems among children and youth (process and outcome)



Dashboard for John Smith

Total MIPS Score **58 / 100**

2018 Details



Profile



Patients



System



Quality

MIPS Quality is the successor of Physician Quality Reporting System (PQRS).

Continue

33 / 50



Advancing Care Information

ACI is an updated approach to Meaningful Use that is more focused on patient engagement and interoperability.

Continue

25 / 25



Improvement Activities

IA is a new reporting concept introduced by MIPS regarding activities related to patient population.

Begin

0 / 15



Cost

Cost will enable the assessment of two measures across all eligible clinicians.

Begin

0 / 10

MIPS Bonus

**Price
schedule if
using the
registry to
report
MIPS data
to CMS:**

MIPS Provider Selected Reporting Level	<u>APA Member</u> Price Per Provider/Yr (USD)	<u>Non-APA</u> <u>Member</u> Price Per Provider/Yr (USD)
BASIC Includes Quality reporting only.	\$234	\$279
STANDARD Includes Quality and Improvement Activities reporting.	\$314	\$359
PLUS Includes all MIPS reporting elements.	\$439	\$489
ENTERPRISE Includes MIPS COST tracking / estimator component	\$459	\$515

**Using
registry for
personal
practice
and not
reporting
MIPS data
to CMS**

Non-MIPS Provider Type	Non-MIPS Reporting Price Per Provider/Yr (USD)
Non-APA Member	\$120
APA Member	\$60

Closing Thoughts

- Psychologists have been added to MIPS in 2019

Psychologists who bill Medicare and do not fall under the low volume threshold will see their reimbursements penalized if they do not participate

- Other payers are moving toward value-based payment models
- The APA MBHR is one resource to assist psychologists in participating successfully in new payment models



Questions & Answers



Additional Resources

- [Talking Points for the Mental and Behavioral Health Registry](#)
- [Clinical Data Registries: Tools for Better Practice, Research and Public Health](#)
- [Criteria for the Evaluation of Quality Improvement Programs and the Use of Quality Improvement Data](#)
- [Running start... to a great career: Tracking your outcomes](#)
- [The Train Has Left the Station: Understanding the legislative and regulatory trends promoting quality measurement and what to do about it in your practice](#)



How to find out more:

- APA Services, Inc.: <https://www.apaservices.org>
- For questions regarding Medicare or MIPS, contact Diane Pedulla, JD, email: dpedulla@apa.org
- MBHR: <https://www.apaservices.org/practice/reimbursement/health-registry>

To sign up: <https://mbhregistry.com/>

- For additional information regarding the MBHR, contact: Vaile Wright, PhD, email: cwright@apa.org

Check out Progress Notes!

If you enjoy the content of our monthly webinars, be sure to check out Progress Notes. Progress Notes is a podcast produced by the APA Practice Organization with practicing psychologists in mind. Episodes cover a range of topics that affect practitioners, including the financial and legal aspects of running a business. Listeners will also hear expert analysis on developments in health care policy along with stories that highlight the work of fellow psychologists.

<http://www.apaservices.org/business/podcasts/index.aspx>

Thank you for attending today's webinar.

A link to today's recorded webinar will be emailed to all registrants within 72 hours. In addition, the slides and the recording will be available on the APA Services website in a few weeks. (www.apaservices.org)

We'd like your feedback on this webinar; with each recording email, there is a link to a survey. We would appreciate it if you would take the time to fill it out.

Have a great day!