



MohsAIQ

ACMS American College of Mohs Surgery • *The Mohs Surgery Registry*
Advancing & Improving Quality

MIPS & MohsAIQ

A GUIDE TO MIPS PARTICIPATION IN PERFORMANCE YEAR 2020

Prepared for the American College of Mohs Surgery (ACMS) MohsAIQ Registry
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The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law April 2015, repealing the flawed sustainable growth rate (SGR) and establishing a two-track Medicare physician payment system that emphasizes the transition to value-based payment and delivery. To implement MACRA, the Centers for Medicare and Medicaid Services (CMS) established the Quality Payment Program (QPP), whereby eligible clinicians will either participate in the Merit-based Incentive Payment System (MIPS) or join an Advanced Alternative Payment Model (APM).

With few APM options available for Mohs surgeons, the American College of Mohs Surgery (ACMS) created MohsAIQ, a CMS-recognized Qualified Clinical Data Registry (QCDR) that allows Mohs surgeons to participate in the MIPS track of QPP by reporting quality measures relevant to their practice.

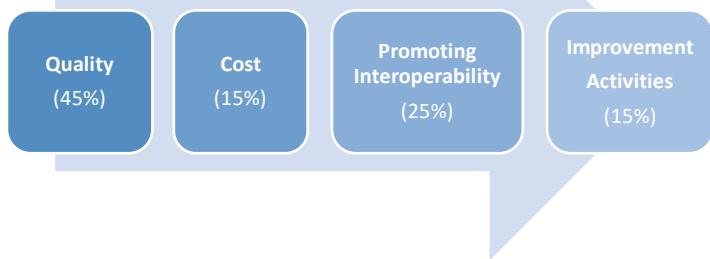
This guide, prepared by the MohsAIQ Registry Committee, will assist with your participation in the MIPS program in 2020.

Merit-Based Incentive Payment System

Performance Categories, Weights and Thresholds

MIPS incorporates four weighted performance categories – **Quality, Cost, Promoting Interoperability, and Improvement Activities** – that contribute to an annual MIPS final score of between 0 and 100 points. Clinicians receive a score in each category, and their MIPS final score is the sum of the weighted score of each category. For example, if the maximum points for a clinician in the Quality performance category is 60 and they earn a total of 66 points (including bonuses), the score will be capped at 60 points. In this scenario, the clinician would get full credit for the Quality category (i.e., 45 points) towards the calculation of their annual MIPS final score.

MIPS Performance Categories and Weights: 2020



The MIPS final score is compared to a performance threshold to determine Medicare payment adjustments. MIPS final scores above the threshold will receive a positive payment adjustment, those below the threshold will receive a negative payment adjustment, and those equal to the threshold will receive no adjustment. ***The performance threshold that clinicians must meet in 2020 to avoid a payment penalty in 2022 is 45 MIPS final score points.***

Payment Adjustments

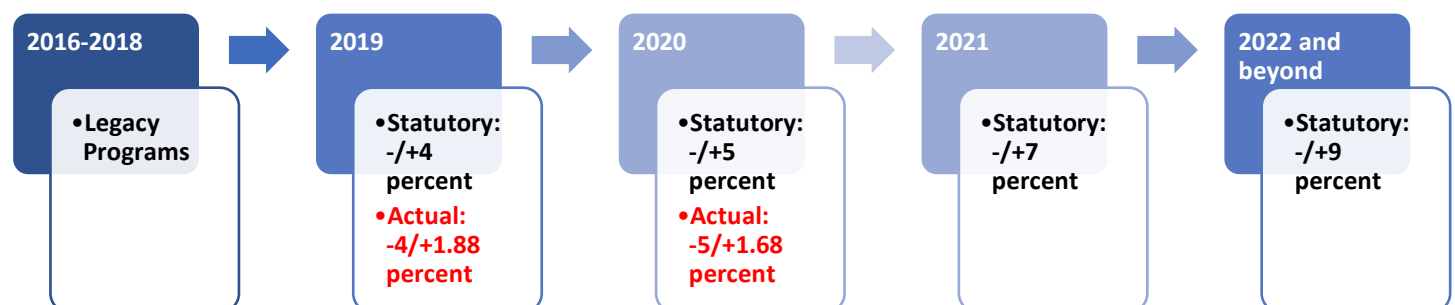
MIPS is a budget neutral program (i.e., negative payment adjustments create the funding pool for positive payment adjustments) and payment adjustments are made on a sliding scale (i.e., the higher a clinician scores above the performance threshold, the higher the incentive payment). To maintain budget neutrality, clinicians with higher final scores may earn a positive payment adjustment up to three times the baseline positive payment adjustment for a given year. The MIPS payment adjustments are applied to Part B payments for Medicare physician fee schedule services two years after the performance period (i.e., final scores for the 2020 performance period will determine 2022 payment adjustments). For 2020 performance, the maximum downward payment adjustment in 2022 will be -9 percent.

In addition, those with exceptional performance (at least 85 points), may earn “bonus” incentives from a special pool of funding, in addition to their positive MIPS payment adjustment (up to an additional 10 percent).

To date, positive payment adjustments – including exceptional performance bonuses – have been low due to a relatively small number of clinicians qualifying for penalties. For example, the *maximum* positive payment adjustment in 2019 was 1.88 percent (based on 2017 performance), and is 1.68 percent for 2020 (based on 2018 performance).

Additional information on the [2019 MIPS payment adjustment](#) and [2020 MIPS payment adjustment](#) can be found in CMS’ related fact sheets.

MIPS Payment Adjustment Ranges by Payment Year



MIPS Exclusions: 2020

Excluded from MIPS are those who are:

- ✗ **Newly-enrolled in Medicare**
(Enrolled in Medicare for the first time during the performance period)
- ✗ **Below the Low-Volume Threshold**
(Medicare Part B allowed charges less than or equal to \$90,000 a year; see 200 or fewer Medicare Part B patients a year; or provide 200 or more covered professional services to Medicare Part B patients)
- ✗ **Qualifying AAMP Participants**
("QPs")

MIPS Eligibility & Facility-Based Determinations

All Mohs surgeons that participate in traditional Medicare are eligible for and required to participate in MIPS, as long as they also meet certain other requirements as [outlined by CMS](#).

CMS will evaluate each TIN/NPI combination for MIPS eligibility; it will use TINs to evaluate group practices for eligibility. A single clinician (NPI) that bills Medicare under multiple TINs will receive an eligibility determination under each unique TIN/NPI combination and may be required to satisfy the requirements of MIPS under each unique practice.

Of note, physicians who have [opted out](#) of Medicare and do not accept payments from Medicare are not required to participate in MIPS and will not be affected by payment adjustments in MIPS.

Clinicians should check their MIPS-eligibility and Qualifying APM Participant (QP) status using the [QPP Participation Status Tool](#). The tool is searchable by NPI and will show eligibility for each unique group practice that the NPI is affiliated with.

Participation Options

Clinicians may participate in MIPS as individuals or as a member of a group (or virtual group). Clinicians that report as an individual (i.e., a single NPI tied to a single TIN) will have their payments adjusted based only on their own performance. Clinicians that report as part of a group (i.e., defined as a set of clinicians, identified by their NPI, who share a common TIN no matter the specialty or practice site) will have their payments adjusted based on the group's performance across all four MIPS categories.

Clinicians may also participate as a "virtual group," which is a combination of two or more TINs made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together virtually (regardless of specialty or location) to participate in MIPS for a performance period of a year. Learn more about this option by reviewing [CMS' Virtual Groups Toolkit](#).

Reporting Mechanisms

Clinicians may also choose to collect quality data via multiple mechanisms, including claims (limited to physicians in small practices), registry, certified electronic health record (CEHRT), and web-based attestation (via the [QPP Portal](#)). Although most clinicians stick with a single reporting mechanism, clinicians may use different mechanisms across performance categories (e.g., report quality measures via claims and improvement activities via registry) and within performance categories (e.g., report quality measure A through claims and quality measure B through a registry). **ACMS members are strongly encouraged to report quality data using MohsAIQ, a CMS-recognized QCDR approved for 2020.**

Quality Performance Category

For 2020, clinicians and groups must report at least six measures, including one outcome or high-priority measure, for at least 70 percent of *all* patients eligible for the measure (i.e., all payers, except in the case of claims-based reporting) to meet CMS' data completeness requirement. Clinicians and groups who report a quality measure, but fail to satisfy the data completeness requirement will receive 0 points on that measure (except for small practices, who will receive 3 points).

Each measure is generally worth up to 10 points (Note: certain "topped out" measures with historically high performance are subject to a 7-point cap, such as MIPS Measure #440). CMS awards a clinician or group points for each measure based on their performance compared to a national benchmark (download benchmarks through CMS' [QPP Resource Library](#)).

2020 MohsAIQ Quality Measures

Quality measures available for reporting through MohsAIQ are listed below. Detailed [measure specifications](#) can be found on the Mohs College website.

ACMS1: Adherence to Mohs Micrographic Surgery Appropriate Use Criteria

ACMS2: Closing the Mohs Surgery Referral Loop: Transmission of Surgical Report

ACMS3: Antibiotic Prophylaxis for High Risk Cardiac / Orthopedic Cases prior to Mohs micrographic surgery - Prevention of Overuse

ACMS4: Surgical Site Infection Rate - Mohs Micrographic Surgery

ACMS5: Documentation of High-Risk Squamous Cell Carcinoma Stage in Mohs Micrographic Surgery Record

ACMS6: Management of perioperative anticoagulation with Mohs micrographic surgery

ACMS7: Non-Opioid Pain Management Following Mohs micrographic surgery

ASPS22: Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection

ASPS24: Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection

ASPS25: Avoidance of Post-operative Systemic Antibiotics for Office-based Reconstruction After Skin Cancer Resection Procedures

Clinicians can also earn up to 10 additional percentage points based on their improvement in the Quality performance category from the previous year (i.e., your Quality category performance score improves from one year to the next). In addition, small practices are also eligible for a bonus of 5 points added to their Quality category performance score. More details can be found in this [CMS guide](#).

CMS has organized available MIPS quality measures into specialty measure sets to assist clinicians with selecting relevant measures. A specialty measure set is available for Dermatology, which consists of a broad range of dermatologic quality measures. However, **for Mohs surgeons, reporting through the MohsAIQ registry is strongly recommended since it includes even more specific measures developed by ACMS**. Not only will this facilitate and ease reporting, it will help ACMS collect important quality data, ensuring ACMS members are continuously raising the bar on skin cancer care and treatment, including Mohs micrographic surgery.

A list of all available measures is available on CMS' [QPP website](#). Review all [claims](#) and [registry](#) specifications the for 2020 performance period on CMS' QPP website.

Cost Performance Category

CMS calculates cost performance using claims data; no reporting is required under this category. In general, if attributed a sufficient number of beneficiaries, clinicians may be assessed on a Total per Capita Cost (TPCC) measure, a Medicare Spending per Beneficiary (MSPB) measure, and where applicable, more focused episode-based measures. However, for the 2020 performance period, CMS has excluded dermatologists from the TPCC measure. For 2020, there is no specific episode-based cost measure for skin cancer care and treatment. And since Mohs surgeons are unlikely to be attributed beneficiaries under the MSPB measure, Mohs surgeons will have this category reweighted to the Quality category. This means Mohs surgeons can earn up to 60 points in the Quality category to be applied toward their MIPS final score.

ACMS leaders have extensively participated in the development of episode-based measures, which may be proposed for use in future years of the MIPS program. Learn more about cost measures on [CMS' QPP website](#).

Improvement Activities Performance Category*

Generally, clinicians and groups must attest to two high-weighted (20 points each) or, four medium-weighted (10 points each) activities, or a combination of both to achieve a total of 40 points in this category. In general, an activity must be performed for at least 90 consecutive days during the performance period to receive credit.

For small practices (15 or fewer ECs), practices in rural areas or health professional shortage areas (HPSAs), CMS requires submission of one high-weighted activity or two medium-weighted activities.

Of note for the 2020 performance period, CMS increased the participation threshold for group reporting. Groups may only earn credit for an improvement activity if at least 50% of the clinicians in the TIN fulfill the activity during *any* continuous 90-day period within the performance year.

A full list of improvement activities can be found on CMS' [QPP website](#). A list of validation criteria (i.e., documentation needed to verify performance during an audit) can also be downloaded from CMS' [QPP website](#).

Promoting Interoperability (PI) Performance Category*

Clinicians must submit data for certain measures across four objectives that align with 2015 Edition CEHRT and for a period of 90 continuous days or more during the 2020 performance period. Failure to report any of the *required* measures will result in a PI performance category score of "0". Reporting certain optional measures (i.e., Query of Prescription Drug Monitoring Program (PDMP)) will earn 5 bonus points each. Review the full list of PI measures on [CMS' QPP website](#). Of note, MohsAIQ does not support PI category reporting; Mohs surgeons should submit these data through CMS' QPP portal.

Clinicians must also attest "yes" to the following attestation statements:

- ✓ The Prevention of Information Blocking Attestation,
- ✓ The ONC Direct Review Attestation, and;
- ✓ The security risk analysis measure.

[Hardship exceptions](#) are available in this category for clinicians and groups who are deemed as a small practice, use decertified EHR technology, have insufficient internet connectivity, face extreme and uncontrollable circumstances, or lack of control over the availability of CEHRT. Clinicians with a special status (e.g., hospital-based) will have their PI performance category score automatically reweighted to the Quality performance category and will not need to submit a hardship exception application.

Clinicians can find out if their EHR is certified by searching the [Certified Health IT Product List](#).

Avoiding the MIPS Penalty

As noted above, the maximum downward payment adjustment in 2022 is -9 percent based on 2020 performance. To avoid this penalty, Mohs surgeons must at least earn a total MIPS score of 45 points – the performance threshold for 2020. Examples of ways to reach the 2020 performance threshold include:

- Achieving a perfect score, at least 60 points, in the Quality category, which – when reweighted – will yield 60 total points toward the MIPS final score (with category reweighting). **Total MIPS Final Score = 60.**
- Achieving 40 points in the Improvement Activities category (e.g., completing the required number of high/medium weighted activities, depending on practice size, for full credit) and achieving a score of at least 30 points in the Quality category, which will yield 15 + 40 total points (with category weighting/reweighting) toward the MIPS final score. **Total MIPS Final Score = 45.**
- Achieving 100 points in the Promoting Interoperability category (e.g., completing the total number of required measures and objectives) and achieving a score of at least 20 points in the Quality category, which will yield 25 + 20 total points toward the MIPS final score (with category weighting/reweighting). **Total MIPS Final Score = 45.**
- Achieving 40 points in the Improvement Activities category (e.g., completing the required number of high/medium weighted activities, depending on practice size); achieving 100 points in the Promoting Interoperability category (e.g., completing the total number of required measures and objectives); and, achieving a score of at least 10 points in the Quality category, which will yield 15 + 25 + 10 total points toward the MIPS final score (when category weights are applied). **Total MIPS Final Score = 50.**

Alternative Payment Models

Alternative Payment Models (APMs) are a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. [Advanced APMs](#) are a subset of APMs that meet specific requirements, such as taking on financial risk for the value of their patients' care. They must also exceed certain financial and patient thresholds. Clinicians participating sufficiently in an Advanced APM in 2020 (i.e., a minimum number of payments or patients affiliated with the APM) are known as Qualifying APM Participants, or QPs, and are exempt from MIPS and eligible to earn a 5% Medicare incentive payment in 2022.

The number of clinicians in this track will remain relatively small compared to those in the MIPS track, particularly among Mohs surgeons, given the limited availability of specialty-focused Advanced APMs. For a list of Advanced APMs approved for 2020, please visit the [QPP Resource Library](#). Physicians can use the [QPP Participation Status Look-up Tool](#) to determine whether they qualify as a QP in 2020. CMS will post initial predictive QP determinations for 2020 starting in the spring of 2020.