

# Merit-based Incentive Payment System Measures and Activities in 2018

## FOR NURSE PRACTITIONERS



### What is MIPS?

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

Visit [QPP.CMS.GOV](http://QPP.CMS.GOV) to understand program basics, including submission timelines and how to participate.

### What are the Measures That I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, your Medicare payment adjustment in 2020 will be based on submitting data and your performance for the following MIPS performance categories for the 2018 performance year:

**50%**  
Quality



**10%**  
Cost



**MIPS Performance Categories**  
Year 2018

**25%**  
Promoting Interoperability



*(formerly Advancing Care Information)*

**15%**  
Improvement Activities



*(Note: Cost is 10% of the MIPS final score in the 2018 performance year; there is no data submission requirement.)*



# What Measures Do I Submit for Each Category in 2018?

This resource provides guidance on selecting the applicable measures and improvement activities that may apply to nurse practitioners. Make sure to consider your data submission method, practice size, patient demographic, and performance year to select the measures that best suit you. See a full list of measures at [QPP.CMS.GOV](https://www.cms.gov/qpp). Please note that performance category weights differ for clinicians in [MIPS APMs](#). The full specifications can be downloaded from the [QPP Resource Library](#).



*(50% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

## Assesses the value of care to ensure patients get the right care at the right time

Nurse practitioners are encouraged to review the specialty measure sets applicable to the specialty in which they practice. CMS provides the following specialty measure sets:

- Allergy/Immunology
- Cardiology
- Gastroenterology
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine
- Preventive Medicine
- Neurology
- Mental/Behavioral Health
- Vascular Surgery
- General Surgery
- Urology
- Oncology
- Hospitalists
- Rheumatology
- Nephrology
- Infectious Disease
- Podiatry

When selecting applicable measures, please remember that CPT I Categories **with** modifiers 80, 81, 82, AS or TC are **not** considered denominator eligible.

In addition, MIPS eligible clinicians may want to consider applicable specialty-specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR data submission method only. The 2018 QCDR measure specifications are found on the [QPP Resource Library](#).





*(25% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

*For more information on PI performance category measures, requirements, and reweighting for hospital-based and non-patient facing clinicians, see the [2018 PI Fact Sheet](#).*

## Supports the secure exchange of health information and the use of certified electronic health record technology (CEHRT).

The PI performance category score includes a base score, performance score and bonus score. Additionally, in 2018, there will still be 2 measure set options to report:

- PI Objectives and Measures
- 2018 PI Transition Objectives and Measures

**MIPS eligible clinicians can report the PI Objectives and Measures if they have:**

- Technology certified to the 2015 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

**MIPS eligible clinicians can alternatively report the 2018 PI Transition Objectives and Measures if they have:**

- Technology certified to the 2015 Edition; or
- Technology certified to the 2014 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

**MIPS eligible clinicians need to meet the requirements of all the base score measures in order to receive the 50% base score. If these requirements are not met, they will get a 0% for the overall PI performance category score.**

**Nurse practitioners, except those who are designated as hospital-based or non-patient facing, may choose to report, at a minimum, on the following base score measures:**

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or by the “yes” answer submitted for the public health and clinical registry reporting measures.

**MIPS eligible clinicians can earn bonus percentage points by doing the following:**

- Reporting “yes” for 1 or more additional public health agencies or clinical data registries beyond the one identified for the performance score measure results in a 5% bonus
- Clinicians and groups that exclusively report the PI Objectives and Measures (and using only 2015 Edition CEHRT) will result in a 10% bonus
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

### **Reweighting the PI Performance Category**

- Qualifying hospital-based or non-patient facing nurse practitioners will automatically have their PI performance category score reweighted to 0% of the final score
- A hospital-based MIPS eligible clinician is defined as furnishing 75% or more of their covered professional services in either the off-campus outpatient hospital (Place of Service 19), inpatient hospital (Place of Service 21), on-campus outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting
- In the case of reweighting to 0%, CMS will assign the 25% from the PI performance category to the Quality performance category so that 75% of the final score will be based on Quality
- Eligible clinicians that qualify for reweighting of the PI performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their PI performance accordingly



15%

Improvement  
Activities  
Performance  
Category

*(15% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

10%

Cost  
Performance  
Category

*(10% of final score)*

## Gauges your participation in activities that improve clinical practice, such as:

- Ongoing care coordination
- Clinician and patient shared decision making
- Regularly using patient safety practices
- Expanding practice access

In the 2018 performance year, MIPS eligible clinicians will be able to choose from 100+ activities to show their performance.

Some examples of the types of activities you may select to show your performance in 2018 are listed below. Please note that these are merely suggestions and do not represent requirements or preferences on the part of CMS. The full inventory from which MIPS-eligible clinicians or group must select their Improvement Activities in 2018 is available [here](#). The MIPS data validation criteria, which provides guidance on documentation requirements for improvement activities, is available [here](#).

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

- Advance Care Planning
- Implementation of improvements that contribute to more timely communication of test results
- Regular training in care coordination
- Implementation of documentation improvements for practice/process improvements
- Implementation of practices/processes for developing regular individual care plans
- Care transition documentation practice improvements
- Collect and follow up on patient experience and satisfaction data

## Helps create efficiencies in Medicare spending

- Participation does not require any special action by MIPS eligible clinicians to submit the cost performance category.
- Measures are calculated based on Medicare claims data.
- For MIPS eligible clinicians who do not have a cost performance category score assigned, the weight for the cost performance category will be reweighted to the quality performance category.

For more information or a list of Advanced APMs that may be right for you, please visit: [QPP.CMS.GOV](http://QPP.CMS.GOV).

