

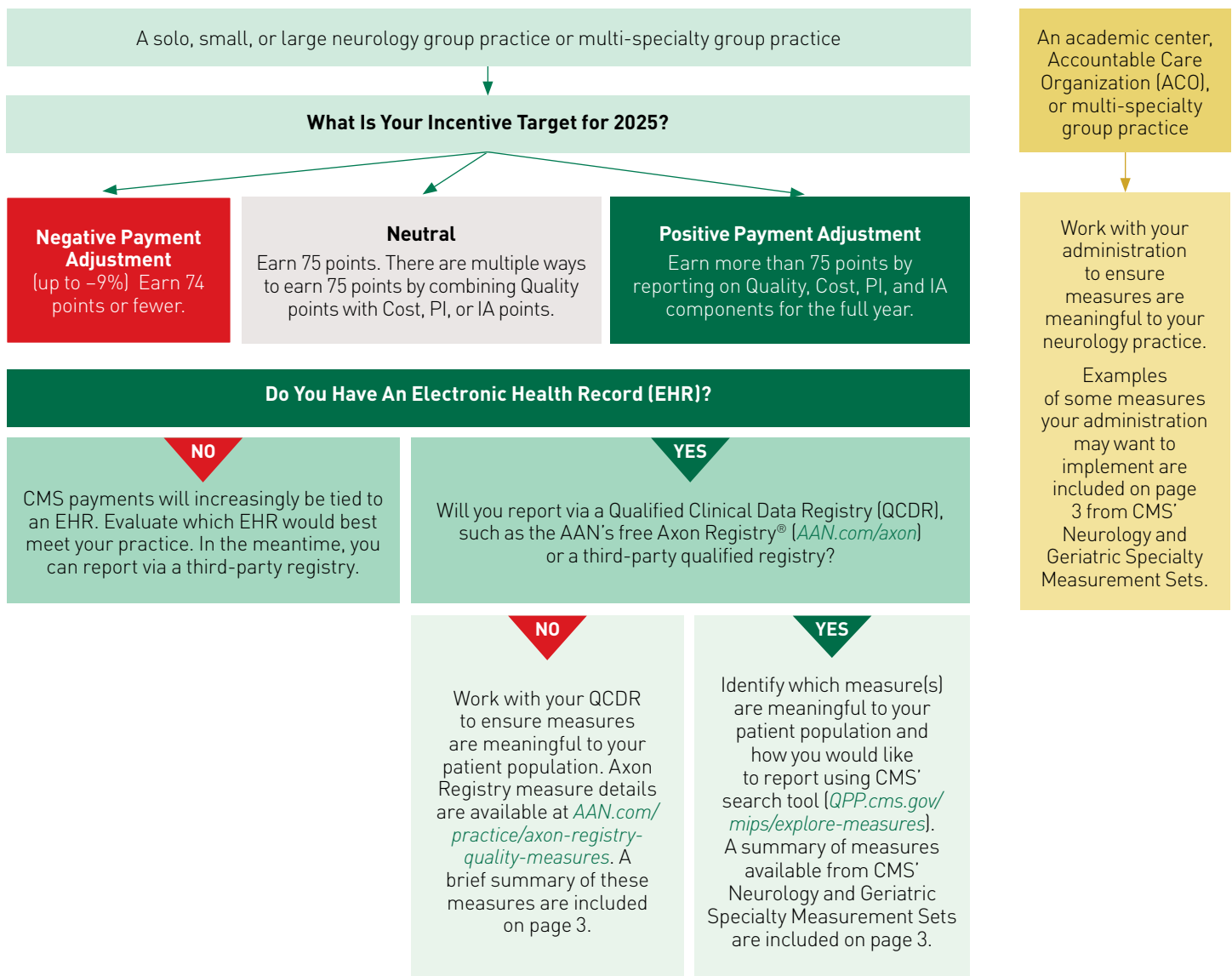
What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one track of the Centers for Medicare & Medicaid Services (CMS) Quality Payment Program (QPP) that moves providers toward value-based payment gradually by retaining a fee-for-service option and adjusting payments based on performance across four performance categories: Quality, Cost, Promoting Interoperability (PI), and Improvement Activities (IA). The diagram below is intended to provide you with an overview of MIPS quality component reporting requirements and help you identify the tools needed to be successful in 2023. Additional AAN resources for Cost, PI, and IA are available at [AAN.com/qpp](https://aan.com/qpp).

NOTE: MIPS may not apply if you are new to Medicare, have \$90,000 or less in allowed charges, see 200 or fewer Medicare patients, or have fewer than 200 covered professional services. Visit [QPP.cms.gov/participation-lookup](https://qpp.cms.gov/participation-lookup) to determine whether you are eligible to participate.

What is your practice setting?

This flow sheet is intended to provide you with an overview of MIPS reporting requirements for 2023 and help you identify the tools needed to succeed.



What is the minimum I must do to avoid a penalty under MIPS in Performance Year (PY) 2023?

You must earn at least 75 points. There are multiple ways to earn 75 points by combining Quality points with Cost, PI, or IA points.

How are points awarded for quality measures in PY2023?

- CMS will award between 0–10 points for each of the six quality measures reported. If a measure is not reported, a zero is awarded.
- Providers must report on six measures, including at least one **outcome** measure for the 12-month performance period. If an outcome measure is not available, eligible clinicians must report one other high priority measure.
- Starting in the 2023 performance period, new MIPS measures will receive between 7–10 points for the first year in the program and 5–10 points in the second performance year; this change is an incentive to use new measures for MIPS. Regular scoring will apply in year three that a measure is in the program.
- CMS has established a minimum case requirement of 20 cases for neurology measures.
- If you fail to meet the data completeness threshold for a measure, zero points will be awarded for the measure. Small practice providers (15 or fewer clinicians reporting under the same TIN) are given an exemption and will be awarded three points for measures even if the data completeness threshold is not met. (Definition of data completeness threshold listed below.)
- CMS will award between three to 10 points for measures that have benchmark data. You can find CMS benchmark data at [QPP.cms.gov/resources/resource-library](https://qpp.cms.gov/resources/resource-library).
- Zero to seven points can be awarded for topped-out measures. (Definition of topped-out measures below)
- Bonus points may be awarded for caring for complex patients, including those with COVID-19. These bonus points cannot exceed 10 percent of the total available measure achievement points.
- **Additional points are available for participating in the Promoting Interoperability and Improvement Activities components.**

What is a topped-out measure?

Topped-out measures have high and unvarying performance that meaningful distinctions and improvement in performance can no longer be made, and these rates have been observed for at least two consecutive years. CMS releases an annual list of identified topped-out measures included in the benchmarking data.

What is the data completeness threshold?

- For quality measures reported via Medicare Part B claims, **which can only be reported by small practice providers for 2023**, providers must report 75 percent of individual eligible clinicians' or group's Medicare Part B patients for the performance period.
- For quality measures reported via a QCDR, MIPS Clinical Quality Measures and eCQMs (electronic Clinical Quality Measures) providers must report on 75 percent of the individual MIPS eligible clinician's or group's patients across all payers for the performance period.

I'd like to earn a positive incentive in 2024. Which measures should I use?

You will need to identify the measures most meaningful for your practice and this will be different for each neurology practice. If you identify measures with benchmarks and perform better than peers, there is an opportunity to earn up to 10 points per measure. You may want to consider using measures that are new to the program as noted above. A summary of measures available in the Axon Registry and in CMS' Neurology Specialty set are included below. A complete list of measures available can be found using CMS' search tool available at [QPP.cms.gov/mips/explore-measures](https://qpp.cms.gov/mips/explore-measures).

What is the difference between a Medicare Part B Claims, Clinical Quality Measure (CQM), eCQM, and a registry measure?

- These are different ways measure data can be submitted to CMS.
- Only small practice providers can report quality measure data via Medicare Part B Claims for 2023.
- A MIPS CQM is a measure that can be reported via an EHR or registry vendor (including Axon Registry), usually collected via specific billing and diagnostic coding.

- An eCQM is an electronic clinical quality measure that is expressed and formatted to use data from EHRs or health information technology in systems to capture that data in structured form during the process of patient care to measure quality.
- Registry measure data can only be submitted by a Qualified Registry or Qualified Clinical Data Registry (QCDR), such as the Axon Registry.

I want to use some QCDR measures and some EHR measures. Is that an option?

Yes. You can submit using multiple methods for the Quality component and use a combination of the CQMs via your EHR, QCDR, or other available reporting methods if applicable to you. Also, if you are unsure which method would yield the highest score, CMS will calculate this for you. If you submit the same measure via multiple methods, CMS will award points from the submission with the higher performance data in comparison to peers.

How do I identify an outcome measure for my practice?

Some examples of outcome measures are identified below. The CMS Geriatrics Measure Set has multiple outcome measures, including “Depression Remission at Twelve Months,” which may be relevant to neurology practices. You can drill down to evaluate each measure type using CMS’ search tool at [QPP.cms.gov/mips/explore-measures](https://qpp.cms.gov/mips/explore-measures).

How are benchmarks established?

CMS establishes benchmarks from prior performance year data when a minimum number of providers report on a measure. If too few eligible providers report a measure, a benchmark cannot be established. CMS benchmarking data is available at [QPP.cms.gov/resources/resource-library](https://qpp.cms.gov/resources/resource-library).

Is there any benefit to me to submit more than the minimum six measures?

Yes. Think ahead and do more than just the minimum. The more data you submit to CMS the more likely neurology-specific measures germane to you and your practice will be worth more than base level three points in the future. CMS takes your top six performing measures to establish your Quality score. Be a part of the solution by submitting data for as many relevant measures as you can.

What is an MVP and how does it differ from MIPS?

Three neurology specific MIPS Value Pathways (MVPs) are available to report in PY2023. MVPs are a subset of measures and activities intended to streamline reporting options for specialists. Learn more about MVPs at [AAN.com/qpp](https://aan.com/qpp) or [QPP.cms.gov/mips/mips-value-pathways](https://qpp.cms.gov/mips/mips-value-pathways).

Can I enroll in the Axon Registry to report MIPS quality measures in PY2023?

AAN members can enroll in the Axon Registry and report for 2023 MIPS if they meet the following deadlines: complete enrollment by June 30 and complete onboarding with measure refinement completed by December 1. Request more information at registry@aan.com.

If you have additional QPP or MIPS questions, the AAN has resources to help you. Visit [AAN.com/qpp](https://aan.com/qpp). You can also send your questions to practice@aan.com.

CMS Assigned Measure ID	Measure Title	Measure Type	Quality Payment Program (QPP) Availability by Reporting Type QPP Measure Details are Available at QPP.cms.gov/mips/explore-measures			2023 Axon Registry Availability Axon Registry Measure Details are Available at AAN.com/practice/axon-registry-quality-measures
			Medicare Part B Claims	MIPS CQM	eCQM	
QPP 047	Advance Care Plan	Process High Priority	Yes	Yes	No	Yes
QPP 130 eCQM 68	Documentation of Current Medications in the Medical Record	Process High Priority	Yes	Yes	Yes	Yes, collected as an eCQM
QPP 134 eCQM 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	Process	Yes	Yes	Yes	Yes, collected as an eCQM
QPP 155	Falls: Plan of Care	Process High Priority	Yes	Yes	No	No
QPP 181	Elder Maltreatment Screen and Follow-up Plan	Process High Priority	Yes	Yes	No	No
QPP 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	Yes	Yes	Yes	No
QPP 236 eCQM 165	Controlling High Blood Pressure	Intermediate Outcome—High Priority	Yes	Yes	Yes	Yes, collected as an eCQM
QPP 238 eCQM 156	Use of High-risk Medications in the Elderly	Process High Priority	No	Yes	Yes	Yes, collected as an eCQM
QPP 268	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	Process	No	Yes	No	Yes
QPP 277	Sleep Apnea: Severity Assessment at Initial Diagnosis	Process	No	Yes	No	Yes
QPP 279	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	Process	No	Yes	No	Yes
QPP 281 eCQM 149	Dementia: Cognitive Assessment	Process	No	No	Yes	Yes, collected as an eCQM
QPP 282	Dementia: Functional Status Assessment	Process	No	Yes	No	Yes
QPP 283	Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management	Process	No	Yes	No	No
QPP 286	Dementia: Safety Concern Screening and Follow-up for Patients with Dementia	Process High Priority	No	Yes	No	Yes
QPP 288	Dementia: Education and Support of Caregivers for Patients with Dementia	Process High Priority	No	Yes	No	Yes
QPP 290	Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease	Process	No	Yes	No	Yes
QPP 291	Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease	Process	No	Yes	No	Yes
QPP 293	Rehabilitative Therapy Referral for Patients with Parkinson's Disease	Process High Priority	No	Yes	No	Yes
QPP 317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented	Process	Yes	Yes	Yes	No
QPP 326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Process	Yes	Yes	No	Yes

CMS Assigned Measure ID	Measure Title	Measure Type	Quality Payment Program (QPP) Availability by Reporting Type QPP Measure Details are Available at QPP.cms.gov/mips/explore-measures			2023 Axon Registry Availability Axon Registry Measure Details are Available at AAN.com/practice/axon-registry-quality-measures
			Medicare Part B Claims	MIPS CQM	eCQM	
QPP 370 eCQM 159	Depression Remission at Twelve Months	Outcome	No	Yes	Yes	Yes, collected as an eCQM
QPP 374	Closing the Referral Loop: Receipt of Specialist Report	Process High Priority	No	Yes	Yes	No
QPP 386	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences	Process High Priority	No	Yes	No	Yes
QPP 402	Tobacco Use and Help with Quitting Among Adolescents	Process	No	Yes	No	No
QPP 409	Clinical Outcome Post Endovascular Stroke Treatment	Outcome	No	Yes	No	Yes
QPP 419	Measure Title: Overuse of Imaging for the Evaluation of Primary Headache	Process	No	Yes	No	Yes
QPP 431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	Process	No	Yes	No	Yes
QPP 487	Screening for Social Drivers of Health	Process	No	Yes	No	No
QPP 438 eCQM 347	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Process	No	Yes	Yes	Yes
QPP 441	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	Intermediate Outcome– High Priority	No	Yes	No	Yes
AAN 5	Medication Prescribed for Acute Migraine Attack	Process	No	No	No	Yes
AAN 8	Exercise and Appropriate Physical Activity Counseling for Patients with MS	Process	No	No	No	Yes
AAN 9	Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson’s Disease	Process	No	No	No	Yes
AAN 22	Quality of Life Outcome for Patients with Neurologic Conditions	Outcome	No	No	No	Yes
AAN 25	Pediatric Medication Reconciliation	Process	No	No	No	Yes
AAN 26	Activity Counseling for Back Pain	Process	No	No	No	Yes
AAN 29	Comprehensive Epilepsy Care Center Referral or Discussion for Patients with Epilepsy	Process	No	No	No	Yes
AAN 30	Migraine Preventive Therapy Management	Process	No	No	No	Yes
AAN 31	Acute Treatment Prescribed for Cluster Headache	Process	No	No	No	Yes
AAN 32	Preventive Treatment Prescribed for Cluster Headache	Process	No	No	No	Yes
AAN 34	Patient-reported Falls and Plan of Care	Process and Outcome	No	No	No	Yes. This is a two-part measure and CMS uses the process measure for QCDR reporting.