

MIPS 2019 (Year 3) Key Changes & Highlights

Merit-Based Incentive Payment System (MIPS)

Eligibility:

Eligible Clinician Types: The eligible clinician types continue to include: Physicians (Optometrists), Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists. New clinician types added in Year 3 include: Physical Therapists, Occupational Therapists, Qualified Speech-Language Pathologists, Qualified Audiologists, Clinical Psychologists, and Registered Dietitians or Nutrition Professionals.

Low Volume Threshold (LVT): In Year 3 of the Quality Payment Program (QPP), the Centers for Medicare and Medicaid Services (CMS) have added a third element to the “Low Volume Threshold (LVT)” which determines clinician eligibility in MIPS.

In order to be eligible for MIPS in 2019, eligible clinicians or groups must have **ALL 3**:

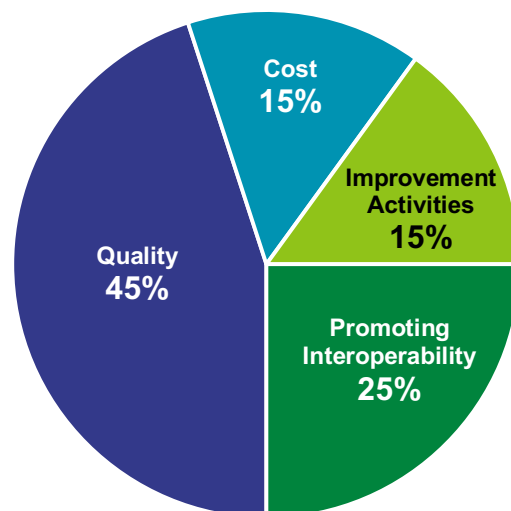
- greater than or equal to \$90,000 in Part B allowed charges, and
- greater than or equal to 200 Part B Beneficiaries, and
- greater than or equal to 200 covered professional services under the Physician Fee Schedule (PFS)

The LVT applies to the two MIPS determination periods:

- October 1, 2017 to September 30, 2018
- October 1, 2018 to September 30, 2019

Scoring:

- Payment adjustment will range between -7% to +7%
- The performance threshold has been set at:
 - 30 points to receive a neutral payment adjustment
 - 31 to 100 points to receive a positive payment adjustment
 - Greater than 75 points to receive an exceptional bonus adjustment
- Performance categories have been assigned the following weights:
 - Quality 45%
 - Promoting Interoperability 25%
 - Improvement Activities 15%
 - Cost 15%
- For small practices (15 or fewer eligible clinicians), 6 bonus points will be added to the numerator of the Quality performance category



Reporting:

All eligible clinicians must report on a full calendar year of Quality and Cost data, and at least 90 consecutive days of data for Promoting Interoperability and Improvement Activities. Cost performance is collected by CMS via Medicare B claims. Quality measures can be reported by multiple submission types (EHR, QCDR, Claims). Small practices (less than 15 providers) can submit Quality measures via claims, both as individuals and groups.

Quality:

- The Quality performance category for 2019 is weighted at 45% of the final score
- 12-month Performance Period is required: January 1, 2019 to December 31, 2019
- Total of 257 Quality measures for 2019. Complete list and reporting criteria are available on the QPP Resources Library (<https://qpp.cms.gov>)
 - Renamed 26 quality measures, including those that are process, duplicative, and/or topped-out
 - Added 8 measures (4 Patient-Reported Outcome Measures, 6 of which are high-priority)
 - Check with your EHR and/or QCDR vendor to understand the MIPS changes they have implemented
- Data completeness: 60% of all payor claims. Measures that do not meet this criteria will earn 1 point. Small practices will continue to earn 3 points

- 6 bonus points will be added to the numerator for small practices that submit data on at least 1 Quality measure
- Bonus points for High-Priority Measures remain at 2 points for outcome or patient experience related measures and End-To-End reporting remains at 1 point per submitted measure
- Measures topped out for 2 consecutive years can earn only up to 7 points

Promoting Interoperability (PI):

- The Promoting Interoperability (PI) performance category for 2019 is weighted at 25% of the final score
- New clinician types added in Year 3 will have the PI performance category automatically reweighted to Quality
- At least 90 consecutive days reporting is required
- Clinicians/groups **must** use **2015 Certified Electronic Health Record Technology (CEHRT)**
- Base measure requirement has been removed
- Security Risk Analysis required (does not add points)
- PI measures are now individual measures and include:
 - E-Prescribing
 - Query of Prescription Drug Monitoring Program (PDMP) (optional with bonus points available)
 - Verify Opioid Treatment Agreement (optional with bonus points available)
 - Health Information Exchange
 - Provider to Patient Exchange
 - Public Health and Clinical Data Exchange
- Additional points are available for reporting to more than one public health agency or clinical data registry
- A significant hardship exception for small practices is available via application

Improvement Activities (IA):

- The Improvement Actives (IA) performance category for 2019 is weighted at 15% of the final score
- TCPI Participation remains as a medium-weighted activity
- At least 90 consecutive days reporting is required
- CMS has updated the menu of Improvement Activities for 2019. Complete list including audit and reporting criteria are available on the QPP Resources Library (<https://qpp.cms.gov>)
 - Added 6 new activities
 - Modified 5 existing activities
 - Removed 1 existing activity

Cost:

- The Cost performance category for 2019 is weighted at 15% of the final score
- 12-month Performance Period is required: January 1, 2019 to December 31, 2019
- CMS calculates the Cost performance category score using Medicare claims data (no need to submit any data)
- Medicare Spending per Beneficiary (MSPB) and Total Per Capita Cost (TPCC) will be joined by 8 new episode-based measures (with case minimums for each measure)
- If the case minimums aren't met for the measures, CMS will reweight the Cost performance category weight (15%) to the Quality performance category

CMS Quality Payment Program Resources:

- <https://qpp.cms.gov/>
- Participation Lookup Tool
- QPP Resource Library
- QPP Sign In & Reporting Portal
- HARP (manage access and credentials for QPP related activities for a practice)

The content provided in this document is advisory in nature and makes no assurances of any kind with respect to opinions or assessments that have been or might be determined by CMS and does not constitute an endorsement by CMS. Every reasonable effort has been made to present current and accurate information, however, the Southern New England Practice Transformation Network makes no guarantees of any kind. Additional guidance can be found at qpp.cms.gov. Last updated 12/26/18