

# MIPS Year 3: Your Questions Answered



CMS issued the final rule for the third year of its Quality Payment Program (QPP), created by MACRA.

**CMS says Year 3 of the QPP is designed to:**

- Streamline the MIPS program as it moves into full implementation
- Utilize more meaningful measures
- Ease the burden on small and rural practices
- Promote interoperability

There are **two tracks** clinicians can choose from under the QPP:

**1**

**MIPS**

MIPS is the Merit-based Incentive Payment System that determines clinicians' performance-based Medicare payment adjustments.

**2**

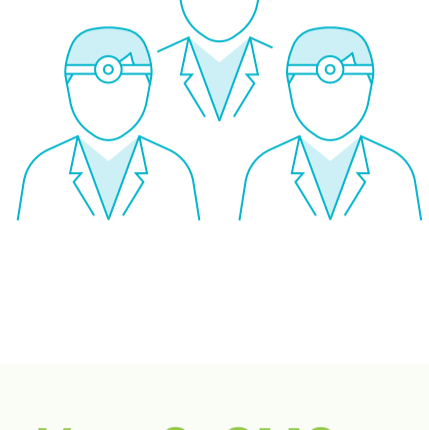
**Advanced Alternative Payment Models**

For clinicians who receive 50% of their Medicare payments or see 35% of their Medicare patients through certain value-based care models.

**CMS estimates that between 165,000 and 220,000 eligible clinicians may qualify for the APM track for payment year 2021.**



## AM I SUBJECT TO MIPS?



CMS estimates that approximately **800,000 clinicians**

will be eligible for MIPS in 2019, the program's third reporting year, which will determine MIPS payment adjustments for 2021. **That's up from approximately 600,000 eligible clinicians in 2018.**

## For Year 3, CMS expanded the list of MIPS-eligible clinicians to now include:

- ✓ Physical Therapists
  - ✓ Occupational Therapists
  - ✓ Qualified Speech-Language Pathologists
  - ✓ Qualified Audiologists
  - ✓ Clinical Psychologists
  - ✓ Registered Dietitians or Nutrition Professionals
- In addition to:**
- ✓ Physicians
  - ✓ Physician Assistants
  - ✓ Nurse Practitioners
  - ✓ Clinical Nurse Specialists
  - ✓ Certified Registered Nurse Anesthetists

## Clinicians are NOT included in Year 3 of MIPS if they:

- ⊗ Are in their first year of Medicare Part B participation
- ⊗ Qualify for the Advanced APM track
- ⊗ Are not one of the MIPS-eligible clinician types
- ⊗ Meet any of the low-volume threshold criteria:
  - Bill Medicare \$90,000 or less for Part B-allowed services
  - Have fewer than 200 Medicare Part B patients, or

**NEW!** ➤ Provide 200 or fewer covered professional services under the Physician Fee Schedule (PFS) ⚡

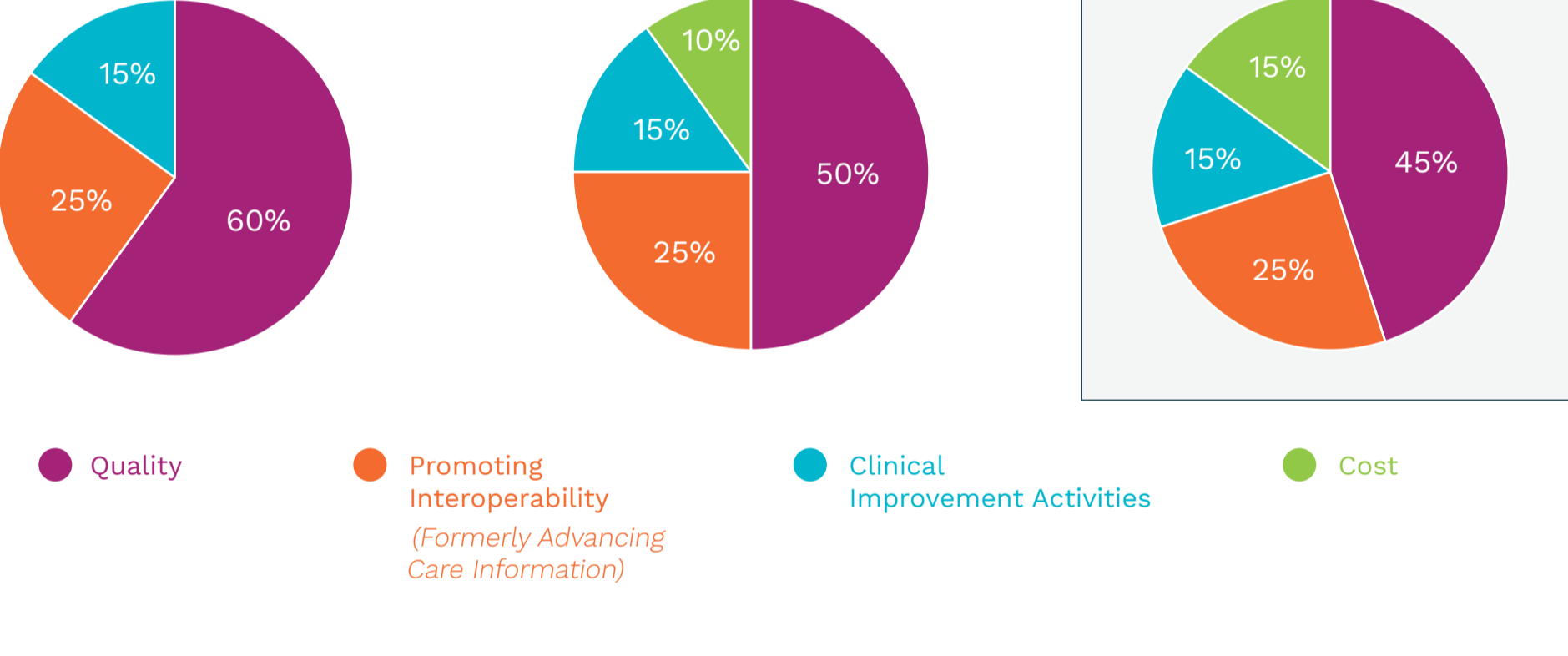


## WHAT ARE THE KEY MIPS CHANGES FOR 2019?

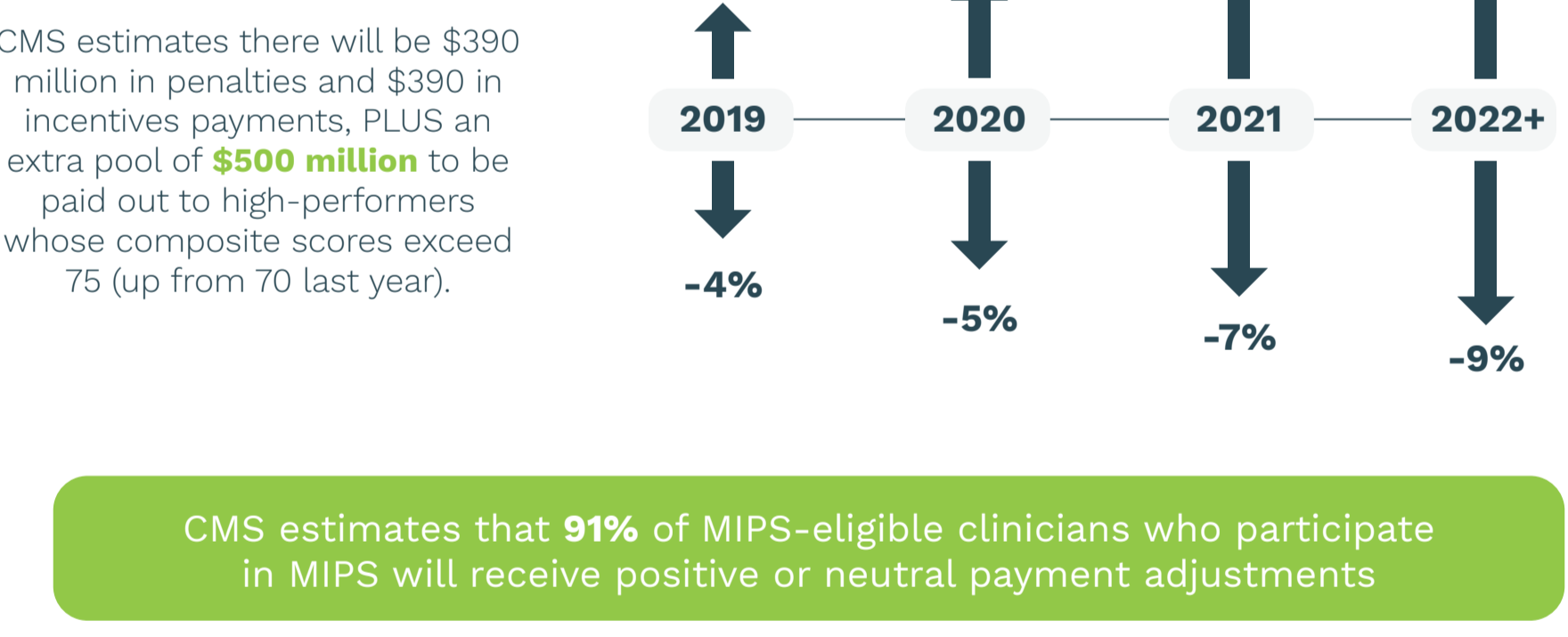
- 🕒 Performance threshold (the minimum composite score to avoid a penalty) jumps from 15 points in 2018 to 30 in 2019.
- ⚙️ The Advancing Care Information performance category changed to Promoting Interoperability, which has a new scoring methodology based on performance and requires the use of 2015-edition CEHRT.
- 🏠 Assistance for small-group docs will continue, and their bonus, now included in the Quality category, rises from 5 points to 6.
- 👤 CMS removed 26 quality measures and added eight new ones, including Continuity of Pharmacotherapy for Opioid Use Disorder and Zoster Vaccination.
- 📄 Clinicians or groups can now opt in to participate in MIPS and try to receive incentive payments if they meet one or two—but not all three—of the low-volume criteria. **NOTE:** If you opt in, you cannot opt out for the rest of that performance period.



## HOW WILL MY MIPS SCORE BE CALCULATED?



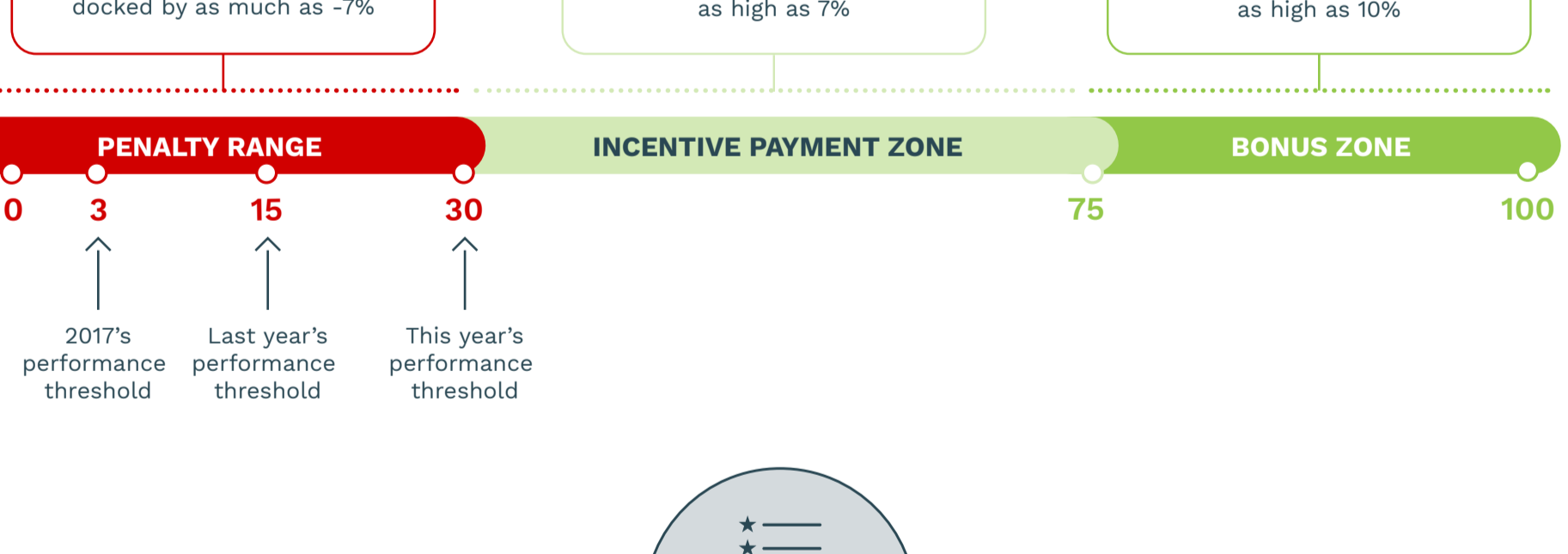
In reporting year 2019, the possible adjustment for 2021 payments jumps to +/- 7%



CMS estimates that **91%** of MIPS-eligible clinicians who participate in MIPS will receive positive or neutral payment adjustments

## Performance Threshold

Performance threshold (the minimum composite score to avoid a penalty) jumps 100% from 15 points in 2018 to 30 in 2019

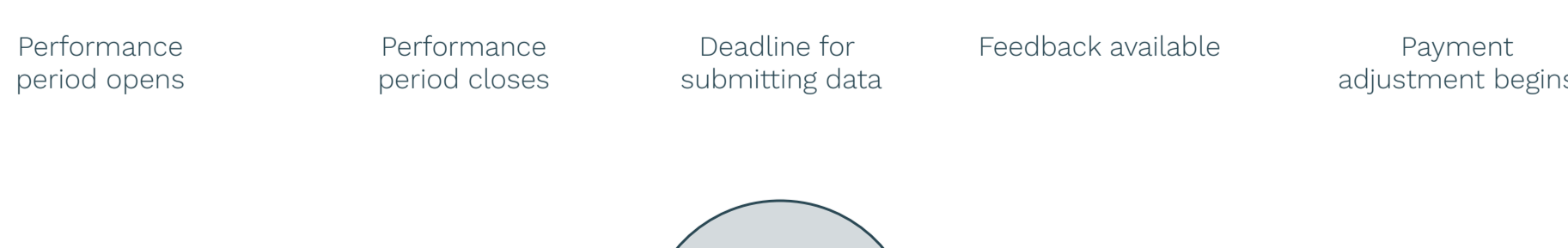


## HOW MUCH DATA DO I HAVE TO REPORT?

- Quality** (15 points): 12 months
- Promoting Interoperability (Formerly Advancing Care Information)** (15 points): 90 days minimum
- Clinical Improvement Activities** (10 points): 90 days minimum
- Cost** (5 points): 12 months



## MIPS TIMELINE



## GOOD NEWS!

Data for many MIPS measures can be captured **automatically** during the intake process, including:

- 🔍 MATERNAL DEPRESSION SCREENING
  - 🔍 BREAST CANCER SCREENING
  - 🔍 QUALITY OF LIFE ASSESSMENT FOR PATIENTS WITH HEADACHE DISORDERS
  - 🔍 UNHEALTHY ALCOHOL USE SCREENING
  - 🔍 TOBACCO USE SCREENING
  - 🔍 CERVICAL CANCER SCREENING
  - 🔍 COLORECTAL CANCER SCREENING
  - 🔍 PNEUMOCOCCAL VACCINATION STATUS FOR OLDER ADULTS
  - 🔍 PAIN ASSESSMENT AND FOLLOW-UP
  - 🔍 FUNCTIONAL STATUS ASSESSMENT FOR TOTAL KNEE REPLACEMENT
  - 🔍 FALL RISK ASSESSMENT
  - 🔍 EVALUATION OR INTERVIEW FOR RISK OF OPIOID MISUSE
  - 🔍 DOCUMENTATION OF CURRENT MEDICATIONS
- and more!**