MIPS Year 3 (2019) Overview

Eligibility:

Physicians (MD, DO, Dental Surgeons, Dentist, Podiatrist, Optometrist, and Chiropractors), PA, NP, Clinical Nurse Specialist, Certified RN Anesthetist, Clinical Psychologist, Physical Therapist, Occupational Therapist, and Clinical Social Workers who bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule AND furnishing covered professional services to more than 200 Medicare beneficiaries a year AND provides more than 200 covered professional services under the PFS.

Exemptions:

- 1st year (2018) participating in Medicare
- Participants in eligible APMs who qualify for the bonus payment
- Participants who fall below the low volume threshold: MUST meet all 3 criteria
  - Bills less than $90,000 of allowed charges for covered services under PFS
  - Provides care to fewer than 200 Medicare beneficiaries in one year
  - Provides less than 200 covered services under the PFS

Opt-In Policy:

Clinicians could opt-in or voluntarily report if they meet 1 or 2 of the low volume threshold criteria thru an election process. Individual EC or group would sign in to qpp.com.gov and select to opt-in.
Once an election has been made, the EC or group can NOT change it.

- EC or groups who opt-in are subject to MIPS payment adjustment.
- EC or groups who elect to voluntarily report will not be subject to MIPS payment adjustments.

Reporting Options:

- Individual – NPI and TIN where they reassign benefits
- Group – 2 or more clinicians NPIs who have reassigned their billing rights to a single TIN

Group and Virtual Groups will be assessed as a group across all 4 MIPS performance categories

Submission Types:

Individual Reporting:

- Quality: Direct, Log-in and Upload, Medicare Part B Claims (small practices only)
- Cost: No data submission required
- IA and ACI: Direct, Log-in and Upload, Log-in and Attest

Group Reporting (including Virtual Groups)

- Quality: Direct, Log-in and Upload, CMS Web Interface (groups of 25 or more), Medicare Part B Claims (small practices only)
- Cost: No data submission required
- IA and ACI: Direct, Log-in and Upload, Log-in and Attest

Performance Period:

Quality: 12 Months
Cost: 12 Months
IA: Minimum of 90 consecutive days up to a full calendar year
ACI: Minimum of 90 consecutive days up to a full calendar year days

Performance Category Weight towards Final Score (100 possible points)

Quality = 45%
Cost = 15%
IA = 15%
ACI = 25%

MIPS Threshold and Payment Adjustments

MIPS Threshold: 30 Points
Exceptional Performance Threshold: 80 points
Payment Adjustment: Positive, Negative or Neutral at 7% applied to payment year 2020

Bonus Points

Complex Patient Care Bonus

- 1 to 5 Bonus Points
- Adjustment will be based off the percentage of dual-eligible beneficiaries and the HCC risk score
- Need to participate in 1 performance category to receive bonus points