

An Introduction to MIPS Requirements for the 2019 Performance Year



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On November 1, 2018, the Centers for Medicare and Medicaid Services (CMS) finalized policies that apply to Year 3 of the Merit-based Incentive Payment System (MIPS). Key changes for 2019 are explained in greater detail below. **Note: requirements below apply to performance in calendar year 2019, which determines payment adjustments for calendar year 2021.**

Am I Subject to MIPS Requirements for 2019?

For the 2019 performance year, CMS has made certain changes to eligibility requirements that determine participation in MIPS. As a reminder, certain categories of physicians are excluded from the MIPS requirements who:

- Are determined to be Qualifying Alternative Payment Model (APM) Participants, who meet significant participation requirements through advanced APMs, or who are determined to be Partial Qualifying APM Participants who do not elect to report under MIPS.
- Are new Medicare-Enrolled MIPS Eligible Clinicians, who first become enrolled in the Medicare program during the 2019 performance year.
- Fall below a CMS-determined “low-volume threshold.”
For 2019, CMS has established that clinicians and group practices who meet any of the following criteria qualify for low-volume status:
 - » Bill \$90,000 or less in allowed charges under the Medicare Physician Fee Schedule.
 - » Furnish covered professional services to 200 or fewer Medicare beneficiaries.
 - » Provide 200 or fewer covered professional services under the Physician Fee Schedule.

Additionally, new for 2019, clinicians and groups who meet 1 or 2 of the above criteria, but not all 3, may choose to opt-in to MIPS. They may choose to do so if they believe they are likely to perform well under the program requirements and qualify for upward payment adjustments.

CMS anticipates providing information about 2019 MIPS eligibility on the Quality Payment Program (QPP) website through the QPP Lookup Tool (qpp.cms.gov/participation-lookup) in the coming weeks/ months. AAPM&R will keep you informed on when the lookup tool has been updated.

Finally, keep in mind that MIPS eligibility and participation is specific to each TIN/NPI combination. Clinicians who provide services under multiple TINs should check each TIN/NPI combination for eligibility and reporting requirements under each practice.

How Am I Assessed Under MIPS?

MIPS-eligible clinicians can participate under MIPS as individual clinicians (based on TIN/NPI combination) or as part of a group (based on the group’s TIN). Each clinician should check with his/her practice leadership to determine reporting expectations.

MIPS-eligible clinicians or groups are assessed for their performance under 4 performance categories, with each category contributing to a certain portion of the final score. Based on combined weighted performance under all of the categories, clinicians will receive a MIPS final score that can range from 0 to 100 points.

For 2019 performance, the performance categories and their weights are as follows:

PERFORMANCE CATEGORY	CATEGORY WEIGHT
Quality	45%
Cost	15%
Promoting Interoperability	25%
Improvement Activities	15%

All of the categories require clinicians to take proactive steps, such as reporting quality measures or attesting to engagement in improvement activities, in order to receive credit – with the exception of the cost performance category. For that category, CMS will calculate scores based on claims data, so no active reporting is required.

How Do I Avoid a Penalty for 2021?

In order to avoid a penalty, clinicians must achieve a MIPS final score of at least 30 points for the 2019 performance year. In contrast, for 2018, a final score of only 15 points was required to avoid a negative payment adjustment.

While there are many scenarios that may allow a clinician to achieve a MIPS final score of 30 points, a few examples are provided below.

- **Example 1:**
 - » Fully report 6 measures under the quality performance category and achieve an average performance score of 35 percent across all measures, which would contribute 15.75 points towards the MIPS final score AND
 - » Fully participate in the Improvement Activities category, which would contribute 15 points towards the MIPS final score.
- **Example 2:**
 - » Fully report 6 measures under the quality performance category and achieve an average score of 50 percent across all measures, which would contribute 22.5 points towards the MIPS final score AND
 - » Receive half credit in the Improvement Activities category, which would contribute 7.5 points towards the MIPS final score.

What if I am Part of a Small Practice or Have Other Special Status?

Clinicians who practice as part of a small practice receive special scoring accommodations under MIPS that can help bolster their MIPS final scores. These include:

- A floor of 3 points for each reported quality measure in the quality performance category, regardless of how much data are submitted, and a small practice bonus of 6 points added to the quality performance category numerator.
- Fewer reporting requirements under the Improvement Activities category.
- Potential eligibility for a hardship exception under the Promoting Interoperability performance category (an application is required).

Other special status categories may also apply, including for rural or health professional shortage area status, hospital-based status, MIPS APM status, and more. To learn more about these other categories, visit qpp.cms.gov/participation-lookup/about.

What is at Stake?

As MIPS matures, clinicians have greater incentives to meet the reporting requirements and maximize performance under the program. By law, the maximum penalty for Year 3 increases to 7 percent (up from 5 percent for year 2). **For MIPS-eligible clinicians who fail to report, or whose scores are among the lowest for the year (7.5 points or less), this means that every payment for covered professional services provided under the Medicare Physician Fee Schedule in 2021 will be reduced by 7 percent.** For those clinicians who score between 7.5 and 30 points, negative payment adjustments will be determined on a sliding scale, with clinicians receiving penalties greater than 0 percent and less than 7 percent.

Clinicians who score above 30 points are eligible for an upward payment adjustment in 2021 and those who score above 75 points are eligible for an additional exceptional performance bonus. However, since MIPS is a budget neutral program, the amount of the upward adjustments cannot be determined until total penalties are known.

Estimated penalties based off the 2017 AAPM&R Compensation Survey data:

	MEDIAN NET PROFESSIONAL COLLECTIONS	33.2% PAYOR MIX	7% PENALTY ON 2021 PAYMENT (BASED ON 2019 SCORE)
AVERAGE OVERALL	\$530,331.00	\$176,069.89	\$12,324.89
CENTRAL NERVOUS SYSTEM	\$411,391.00	\$132,583.80	\$9,280.087
MUSCULOSKELETAL MEDICINE	\$532,791.00	\$176,886.61	\$12,382.06
PAIN MEDICINE / NEUROMUSCULAR	\$711,111,00	\$236,088.85	\$16,526.21
GENERAL AND MEDICAL REHABILITATION	\$491,000.00	\$163,012.00	\$11,410.84

“The need for PM&R to not only participate to avoid a payment penalty but to take hold of their future as it relates to payment tied to quality is becoming more and more important. Gaining a critical mass of PM&R physicians to report and track their outcomes is vital to the field in defining how they want to be measured and get paid. As the session director for our MIPS education during the 2017 and 2018 Annual Assemblies, I saw first-hand the need to continue to educate and encourage participation in the Quality Payment Program to avoid increasing penalties. The AAPM&R Registry is a critical tool that will allow us as a specialty to define future measures and show our value to health care. I would encourage all members to strongly consider being part of the Registry.”

Mark Huang, MD, FAAPMR; Registry Steering Committee

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