

Big Changes to MIPS in 2019

CMS has raised the stakes for this year’s program.

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The Centers for Medicare and Medicaid Services’ Quality Payment Program (QPP) enters its third year in 2019. All eligible providers (EPs) will participate in the QPP in 2019 either via the Merit-based Incentive Payment System (MIPS) or an Alternative Payment Model (APM). The great majority of eligible podiatrists in the country will participate in the QPP via MIPS. MIPS continues to evolve each year and below is a list of changes for 2019.

Schedule. The exceptional performer threshold increased in 2019 from 70 to 75 MIPS points. In the first year of the MIPS program, those EPs who reached exceptional performer status saw a very modest additional bonus.

Eligible Clinician Types

There are new MIPS eligible clinician types in 2019, including physical therapists. This should be of interest to podiatrists who employ or work with

- Provide care to ≤ 200 Part B—enrolled beneficiaries
- OR
- Provide ≤ 200 covered professional services under the Physician Fee Schedule (PFS)

Those calculations are based on Medicare Part B services provided between October 1, 2017 and September 30, 2018, including a 30-day claims run out. New this year is the option for clinicians who only meet one or



Fee Schedule Adjustment

Each EP’s MIPS score impacts their Medicare Part B Physician Fee Schedule two years following the reporting year. The adjustments based on the first reporting year ranged from -4% to +4%. The adjustments for the second reporting year ranged from -5% to +5%. The stakes are raised now that each EP’s 2019 MIPS score will lead to an adjustment to their 2021 Medicare Part B Physician Fee Schedule of anywhere between -7% to +7%.

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Performance Thresholds

The most common question asked regarding MIPS is, “What score do I need to avoid a penalty?” That threshold raised considerably from 2018 to 2019 with an increase from 15 to 30 MIPS points. A MIPS score of 30 in 2019 will result in no adjustment to the 2021 Medicare Part B Physician Fee

physical therapists in the same group. Physician therapists are now included in participation and also must be counted when they are a member of a practice who quantifies its number of eligible providers.

two of those criteria to opt in to MIPS participation should they choose. The reasons clinicians may choose to do this include wanting a high publicly reported MIPS score or trying to earn a positive adjustment to their Medicare Part B Physician Fee Schedule.

Exclusion Criteria

To be excluded for the 2019 reporting period, clinicians or groups need to meet one or more of the following three criteria:

- Have ≤ \$90,000 in Part B allowed charges for covered professional services
- OR

Small Practice Bonus

The small practice bonus, awarded to those in groups with 15 or fewer eligible providers, shifted from five MIPS points to just six bonus points added to the numerator of the Quality

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performance category if data are submitted on at least one quality measure.

Changes to the Quality Category

Regarding submission of quality measures, the term “reporting mechanism” has been changed to “collection type” for the 2019 reporting period. Quality measure collection types for the 2019 MIPS reporting period include MIPS CQMs (Clinical Quality Measures via registry), eCQM (EHR), QCDR (Qualified Clinical Data Registry) measures, and Medicare Part B claims measures. In 2019, only practices with 15 or fewer EPs have the option to report the performance of their quality measures via Part B claims. Practices with greater than 15 EPs need to choose from one of the other collection types.

Changes to the Promoting Interoperability Category

In 2018, EPs had the option to use either 2014 or 2015 Certified Electronic Health Record Technology (CEHRT) to perform their Promoting Interoperability (PI) measures. With these two options, there were two different sets of PI measures, one for each CEHRT type. For the 2019 reporting period, only 2015 CEHRT may be used to perform PI measures.

Now that there is only one CEHRT type allowed for participation in the PI category, there is only one set of

measures for the PI category. Further change to the PI category sees the elimination of base, performance, and bonus scores. Performance within the PI category will now be measured by performance-based scoring at the individual measure level, based on submission of numerator/denominator, or a “yes” or “no”.

Categories

In 2019, the PI category still counts for 25% of the total MIPS score, and Improvement Activities still count toward 15% of the total score. The weight of the Cost category increased to 15% in 2019 and with that, the weight of the Quality category decreased to 45%.

EPs in groups of 15 or fewer and groups of 15 or fewer can still claim an exemption from the Promoting Interoperability category if they choose. Those who take this option will see the 25% from the PI category shift to the Quality category, re-weighting the Quality category to 70%.

Changing Practices

If a MIPS eligible clinician joins an existing practice (one with an existing Tax ID Number) in the final three months of 2019 and the practice is not participating in MIPS as a group, that eligible clinician will automatically be assigned a MIPS score of 30. Similarly, if a MIPS eligible clinician joins a practice that has a newly formed Tax ID Number in the final three months of the performance period year, that eligible clinician will automatically be assigned a MIPS score of 30.

Conclusion

The decision as to whether or not to participate, and at what level to participate, must be made by each individual and each group. There are many factors that play into this decision, and different paths make sense for different individuals and groups. The most common question remains how to avoid a penalty. With the increase in the minimum performance threshold to 30 MIPS points, that answer has changed dramatically in 2019. APMA members can view a video that is less than nine minutes long that addresses that topic here: <https://www.apma.org/PracticingDPMs/content.cfm?ItemNumber=32204&>. **PM**

Resources:

Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; Medicaid Promoting Interoperability Program; etc. <https://www.federalregister.gov/public-inspection/current>.

Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2019. <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year>.



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