What's New with MIPS in 2020?

It's important to keep up with yearly changes.

BY JEFFREY LEHRMAN, DPM

2020 is the fourth year of the Centers for Medicare and Medicaid Services' (CMS) Merit Based Incentive Payment System (MIPS). With each year that goes by, the program evolves and changes. This year, there is much that stays the same and there are also some changes that will have a significant impact on most who participate in the system. This article details those changes that will impact providers who participate in MIPS in 2020.

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Avoid the Penalty

The biggest change to MIPS in 2020 is the score needed to avoid a penalty. The Medicare Part B Fee Schedule adjustments always come two years after the performance year. These adjustments are only based on performance from two years prior. Therefore, a provider's 2020 MIPS score will only impact their 2022 Medicare Part B Physician Fee Schedule, with scores in other years having no effect. In order to avoid any negative adjustment to their 2022 Medicare Part B Physician Fee Schedule, providers will need to earn at least 45 MIPS points during the 2020 performance year. CMS has also given providers a year to prepare for an even higher bar to clear when the score needed to avoid a penalty for the 2021 performance period will increase to 65.

TABLE 1:

Possible MIPS Adjustments

PERFORMANCE YEAR	LOW END	HIGH END
2017	-4%	+4%
2018	-5%	+5%
2019	-7%	+7%
2020	-9%	+9%

Exception Performance Threshold

The great majority of MIPS fee schedule adjustments are budget neutral. This budget neutrality calls for the majority of bonus money to come from the pool of penalty money. There is an exception to this in that there is a separate allotment of money set aside, above the budget neutral bonus payments, for those providers who are deemed to be "exceptional performers." In 2020, the MIPS score needed to achieve "exceptional performer" status increases from 75 to 80. This will increase even more in 2021 with a rise to 85 MIPS points.

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Change to Quality Category Reporting

After selecting Quality measures, providers are to report the performance of those measures on only the patients seen that qualify for the selected measures. In year one of MIPS (2017), for a perfect Quality score, participating providers had to report on 50% or more of their patients who qualified for their Quality Measures. In year 2 and 3 of MIPS, that threshold increased to at least 60% of qualifying patients. Now, for the 2020 performance year, participating providers must report on at least 70% of patients who qualify for their Quality measures in order to earn a perfect score in the Quality category. Depending on the selected measures, some patients may qualify for performance of some measures but not others at the same encounter.

Quality Measure Removed

Quality measure #131, "Pain Assessment and Follow-Up", has been removed from the MIPS program. Many podiatrists used this measure in the first several years of the program, but this is no longer an option in 2020. Some EHR companies have still not removed this measure from their software, so podiatrists are seeing this as an option. Because the measure has been deleted, performing this measure and reporting performance of this measure will not count for any points in the MIPS program. The reason given by CMS for deletion of this measure includes concerns relative to the opioid crisis in our country and how clinicians go about managing pain.

Change in Reporting Hemoglobin A1c Quality Measure

Quality measure #1, "Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)", is a measure with a high rate of utilization by podiatrists. When reporting performance of this measure via claims, one of the reporting codes is changing for 2020. When reporting that the most recent HbA1c was between 7.0 and 9.0%, the code changed from CPT 3045F to G2089.

Change in Reporting Diabetes Eye Exam Measure

Quality measure #117, "Diabetes: Eye Exam" sees a high rate of utilization by podiatrists. When reporting performance of this measure via claims, some of the reporting codes are changing for 2020. When reporting that a dilated retinal eye exam with interpretation by an ophthalmologist or optometrist was documented and reviewed, G2102 should be used instead of CPT 2022F. When reporting that seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist was documented and reviewed, use G2103 instead of CPT 2024F. When reporting that eye imaging validated to match diagnosis from seven standard field stereoscopic photos results was documented and reviewed, use G2104 instead of CPT 2026F.

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Group Reporting of Improvement Activities

When reporting MIPS performance, providers in groups can choose to report as either individuals or as a group. When reporting as a group, all eligible providers in the group will share the same final MIPS score. In the first three years of the program, when reporting as a group, only one eligible provider needed to perform an Improvement Activity for the entire group to receive credit for that Activity. That threshold has changed. For the 2020 performance year, when reporting as a group, at least 50% of the eligible providers in the group must perform an Improvement Activity for the group to receive credit for that Activity.

New Improvement Activity

If you are a member of the American Podiatric Medical Association, you have received guidance regarding the relatively new Patient Relationship Categories and Codes (PRC) and CMS' recommendation that providers start using them. These are HCPCS modifiers that allow providers to convey the nature of their relationship with a patient and their degree of responsibility for each patient depending on the service provided that day. In addition to CMS' suggestion that providers start using these, and their announcement that mandatory reporting is "coming soon", now there is a new high-weight improvement activity that calls for reporting PRC codes on 50% of Medicare claims for at least 90 consecutive days.

Conclusion

If you have participated in MIPS in previous years, the structure of the program is largely unchanged in 2020. The changes outlined here should be considered and implemented for 2020 participation. **PM**

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