Navigating MIPS in 2019 New Podcast

Emily Frederick interviews Sandeep Bajaj MD, Quality Programs Expert at Tower.

In the latest podcast Sandeep will review new information on the topic of MIPS and review key points a medical practice should know for 2019! We want to be a resource for you as you run your medical practice. Here is some important information practices need to know about.

Starting in Year 3 of the MIPS program, CMS will add a 3rd criterion for clinicians to qualify for the low-volume threshold. Clinicians and groups must meet one of the following three criteria to be excluded from MIPS:

- Have $90,000 or less in Part B allowed charges for covered professional services; OR
- Provide care to 200 or fewer beneficiaries; OR
- *New*: Provide 200 or fewer covered professional services under the Physician Fee Schedule (PFS).

MIPS eligibility includes only those eligible clinicians in the categories below who bill for Medicare Part B (otherwise known as the Physician Fee Schedule) or Critical Access Hospital (CAH) Method II payments assigned to the CAH.

The eligibility net expands over the first several years as follows:

- **2017 and 2018 performance years:** physicians (MD/DO and DMD/DDS), physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists
- **Additions for 2019 performance year:** expanded to physical and occupational therapists, speech-language pathologists, audiologists, clinical psychologists, and registered dietitians or nutrition professionals
- **Applicable payments for MIPS adjustments:** For performance year 2019, Part B payments for services are subject to MIPS payment adjustments (excludes payments for items, such as Part B drugs).
- **Excluded Payments:**
    - Medicare Part A
    - Medicare Advantage Part C
    - Medicare Part D
    - CAH Method I facility payments
    - Federally qualified health center (FQHC), rural health clinic (RHC), ambulatory surgical center (ASC), home health agency (HHA), hospice, or hospital outpatient department (HOPD) facility payments billed under the facility's all-inclusive payment methodology or prospective payment system methodology

For the 2019 performance year, and for individual clinicians or groups of clinicians billing through a common tax identification number (TIN) meeting the above eligibility criteria, there are only three exclusions from MIPS:

- Clinicians in their first calendar year of Medicare Part B participation
- "Low-volume exclusion": in a 12-month period, clinicians or groups each (a) billing $90,000 or less in Medicare Part B allowed charges for services, (b) providing care for 200 or fewer Part B beneficiaries, or (c) delivering 200 or fewer covered services to Part B beneficiaries

What are the Performance Periods for MIPS 2019?

- MIPS 2019 performance period: January 1, 2019 to December 31, 2019
- Quality and Cost performance categories: 12-month period
- Improvement Activities (IA) and Promoting Interoperability (PI) performance categories: minimum continuous 90-day period
- Deadline for submitting MIPS 2019 data: March 31, 2020
- CMS provides MIPS 2019 reporting performance feedback to ECs: July 2020
- MIPS payment adjustments (positive, negative or neutral) are applied to each claim: starts January 1, 2021

MIPS is a catalyst to move healthcare providers toward value-based payment models. The 2019 QPP Final Rule signals additional changes in the coming years that will further amplify the program:

- Continuing to increase the performance threshold by about 15 points per year, towards being above 65 points by 2022
- Continuing to increase the Cost category weight by 5% per year, towards 30% by 2022, as required by law
- Adding more episode-based cost measures
- Removing quality bonus points for high-priority measures and end-to-end electronic reporting
- Reducing bonus measures in the PI category

Listen to the Podcast here.
https://soundcloud.com/user-780632233/emily-frederick-interview-w-sandeep-bajaj-md-about-changes-in-mips-2019