MIPS in 2019

Jim Christina, DPM

Jeffrey D Lehrman, DPM
Quality Payment Program

MACRA

SGR

MIPS

APM
SENATE VOTE
IN FAVOR OF MACRA

92-8

HOUSE VOTE
IN FAVOR OF MACRA

392-37
Highest total of 100

EPs will receive either a positive or negative payment adjustment to Medicare part B fee schedule based on MIPS score
### MIPS Adjustments

<table>
<thead>
<tr>
<th>Year</th>
<th>Range</th>
<th>Based On</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>-4% to +4%</td>
<td>2017 score</td>
</tr>
<tr>
<td>2020</td>
<td>-5% to +5%</td>
<td>2018 score</td>
</tr>
<tr>
<td>2021</td>
<td>-7% to +7%</td>
<td>2019 score</td>
</tr>
<tr>
<td>2022</td>
<td>-9% to +9%</td>
<td>2020 score</td>
</tr>
</tbody>
</table>
The results are in! 91% of #MIPS eligible clinicians participated in Year 1 of the Quality Payment Program – exceeding our goal of 90%. Find out more in my latest blog on #QPP submission results:

Quality Payment Program Exceeds Year 1 Participation Goal
By: Administrator, Seema Verma, Centers for Medicare & Medicaid Services

I’m pleased to announce that 91 percent of all blogs can be found at blog.cms.gov
<table>
<thead>
<tr>
<th>2017 MIPS Points</th>
<th>2019 Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 MIPS points</td>
<td>-4%</td>
</tr>
<tr>
<td>3 MIPS points</td>
<td>Neutral</td>
</tr>
<tr>
<td>15 MIPS points</td>
<td>+0.05% +0.04%</td>
</tr>
<tr>
<td>40 MIPS points</td>
<td>+0.16% +0.11%</td>
</tr>
<tr>
<td>100 MIPS points</td>
<td>+2.02% +1.88%</td>
</tr>
</tbody>
</table>
Scores Will Be Publically Reported

- Physician Compare
  https://www.medicare.gov/physiciancompare/#

- Yelp ?

- Employers ?

- Private Insurance Carriers ?
2019 Changes

Threshold to avoid a penalty is 30 MIPS points

Exceptional performer threshold 75 MIPS points
2019 Changes to Eligible Clinicians

- New eligible clinician types, including physical therapist
Clinicians or groups need to meet one or more of the following three criterion:

- Have $\leq 90K$ in Part B allowable for covered professional services
  OR
- Provide care to $\leq 200$ Part B-enrolled beneficiaries
  OR
- Provide $\leq 200$ covered professional services under the Physician Fee Schedule (PFS)
2019 Exclusion Criteria Determination Period

Oct. 1, 2017 to Sept. 30, 2018 (including a 30-day claims run out)

OR

Oct. 1, 2018 to Sept. 30, 2019 (does not include a 30-day claims run out).
MIPS Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your MIPS participation status by Performance Year (PY).
MIPS Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your MIPS participation status by Performance Year (PY).

NATIONAL PROVIDER IDENTIFIER (NPI)
1285721266

Check All Years
2018 Participation Status
NPI: #1285721266

The first review of Performance Year 2018 is now available. If you’re exempt from MIPS, you won’t need to do anything for MIPS for Performance Year 2018. Learn more about MIPS participation.

☑ Included in MIPS

JEFFREY D LEHRMAN must submit data for MIPS by March 2019. This clinician will need to report as an individual or with a group.

What Can I Do Now?
Eligible clinicians who meet one or two elements of the low-volume threshold have the choice to opt in to MIPS participation.
Other Exclusions Still Exist

- Newly Medicare-enrolled eligible clinicians
- Qualifying APM Participants (QPs)
- Certain Partial Qualifying APM Participants (Partial QPs)
Get 30 MIPS points for 2019 if:

- A MIPS eligible clinician joins an existing practice (existing TIN) in the final three months of the performance period year and the practice is not participating in MIPS as a group.

- A MIPS eligible clinician joins a practice that is a newly formed TIN in the final three months of the performance period year.
2019 Small Practice Bonus

- 6 bonus points added to the numerator of the Quality performance category if submit data on at least 1 quality measure.
2019 MIPS Category Weights

- Quality – 45%
- Promoting Interoperability (PI) – 25%
- Improvement Activities (IA) – 15%
- Cost – 15%
2019 Reweighting Option

- PI exception for practices with 15 or fewer eligible clinicians

- Re-weights Quality to 70% 
  - (45% + 25%)
2019 Category Weights With PI Exception

- Quality – 70%
- PI – Exception! (0%--now part of Quality)
- IA – 15%
- Cost – 15%
2019 Quality Category

- Can now submit quality measures via a combination of collection types

- Collection types:
  - MIPS CQM
  - eCQM
  - QCDR measures
  - Medicare Part B claims measures (small practice only)

- **EXCEPTION:** CMS Web Interface measures cannot be scored with other collection types other than the CMS approved survey vendor measure for CAHPS for MIPS and/or administrative claims measures.
2019 Quality Category

- List of topped out measures for 2019 not released yet
- If measure topped out, max of 7/10

2018 podiatry-pertinent topped out measures:

- Perioperative Care: Selection of Prophylactic Antibiotic-First or Second Generation Cephalosporin. (Quality Measure ID: 21)
- Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients). (Quality Measure ID: 23)
2019 Promoting Interoperability Category

- Single set of measures
- Must use 2015 Edition CEHRT
Base, performance, and bonus scores eliminated.

Performance-based scoring at the individual measure level based on submission of numerator / denominator, or a “yes or no”.

Scores for each of the individual measures will be added together to calculate the PI score of up to 100 possible points.
2019 Performance Periods Same as 2018

- Quality: 365 days
- PI: 90 days
- IA: 90 days
- Cost: 365 days
2019 – How do I avoid the penalty?
Learn how to avoid a negative adjustment in 2021 for the 2019 MIPS Performance Period in less than 10 minutes!

Looking for information on the 2018 MIPS Performance Year?

Members can find all up-to-date information related to the 2019 MIPS performance year (January 1, 2019–December 31, 2019) on this resource page. Once the 2019 performance period ends on December 31, 2019, providers will have the first quarter of 2020 (January 1, 2020–March 31, 2020) to submit data and attest to the performance measures categories. As a reminder, the 2019 performance period score will impact your 2021 Medicare Part B payments, with a positive, neutral, or negative payment adjustment.

APMA Registry, APMA MIPS App, and MIPS White Glove Services

MACRA Made Easy Webinars

MACRA Made Easy 2019 Performance Period Webinars

2019 MIPS Performance Categories

CMS Resources

APMA Comment Letters

Educational Opportunities

APMA Registry, APMA MIPS App, and MIPS White Glove Services
Three Quality Measures with 100% performance (or a MIPS score of 10 on each measure) and Perfect Improvement Activities (IA):

Three quality measures
30/60 Quality = 0.5 X 45% = 22.5 MIPS points

Perfect IA = 15 MIPS points

22.5 + 15 = 37.5 MIPS points
Avoid Penalty For All Practices – Option #2

30% Quality Score*

\[ 0.3 \times 45 = 13.5 \text{ MIPS points} \]

(30% in quality means getting 18 total quality points out of a possible 60, \( \frac{18}{60} = 0.30 \) or 30%)

Perfect IA = 15 MIPS points

Cost = 1.5 minimum or not assessed (Quality weight)

Total = 30 or 33 MIPS points

* Use APMA MIPS app to track 30%
Avoid Penalty For All Practices – Option #3

20/60 Quality Score by any combo

\[ 0.33 \times 45\% = 15 \text{ MIPS points} \]

Perfect IA = 15 MIPS points

15 + 15 = 30 MIPS points
Avoid Penalty for Small Practices

PI Exception (remember you have to apply for this)

6 Quality measures minimum activity

\[ \frac{18}{60} + \frac{6}{60} = \frac{24}{60} = 0.4 \times 70 = 28 \text{ MIPS points} \]

* \( \frac{6}{60} \) is bonus for quality for small practices

Or

Score 8 MIPS points for quality measures by any method

\[ \frac{8}{60} + \frac{6}{60} = \frac{14}{60} = 0.23 \times 70 = 16 \]

Perfect IA = 15 MIPS points

\[ 28 + 15 = 43 \text{ MIPS points (or } 16 + 15 = 31) \]
APMA MIPS App

www.apma.org/MIPSapp
This as a member benefit available to all APMA members

- Analytics of the tool allow you to evaluate progress on MIPS Measures, maximize your performance thus increasing your MIPS score and therefore earn a your maximum incentive
- Lets you simulate an increase in your performance on a measure to see effect on MIPS score and incentive payment
Allows any APMA member to submit their MIPS data to the APMA Registry even if your EHR has not integrated with the APMA Registry
2019 APMA MIPS Resources – Learn More!

www.APMA.org/MIPS2019
If you are looking for additional support beyond what is available on the APMA website, such as one-on-one assistance with individualized measure selection and personalized planning for your practice’s participation with the MIPS program, consider working with a MIPS consultant. APMA has identified two consultants to provide members with individual assistance. Find out more at:

https://www.apma.org/MIPSWhiteGlove
QUESTIONS?

Jim Christina, DPM
Jeffrey D Lehrman, DPM