

How MIPS Changes in the 2019 Quality Program Proposed Rule

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Below are the key MIPS changes within the 2019 QPP proposed rule that providers need to know:

1. MORE PROVIDERS WILL BE ABLE TO PARTICIPATE AS MIPS ELIGIBLE CLINICIANS

Proposed policies that may affect Year 3 of the program include expanding the definition of MIPS eligible clinicians to include additional clinician types such as physical therapists, occupational therapists, clinical social workers, and clinical psychologists.

Additionally, CMS is considering adding a third element to the low-volume threshold determination: number of covered professional services.

All told, the proposed low-volume threshold would exempt clinicians with 200 or fewer beneficiaries, equal to or less than \$90,000 in Part B charges, and 200 or fewer covered professional services.

However, eligible clinicians who meet or exceed one or two of the low-volume threshold criteria will have the choice of opting in to MIPS participation.

2. SEVERAL NEW MIPS POLICIES WILL HELP TO REDUCE ADMINISTRATIVE BURDEN

To follow through on its repeated promises to reduce administrative burden on providers, CMS proposed adding new episode-based measures to the Cost performance category of MIPS.

Additionally, CMS proposed re-naming the Advancing Care Information category as the Promoting Interoperability performance category. The Promoting Interoperability category is designed to support improved EHR interoperability and ease provider burden by aligning more closely with the proposed Promoting Interoperability (PI) Program, which will apply to hospitals. The proposed rule also includes policies that move clinicians to a smaller set of objectives and measures with scoring based on performance for the Promoting Interoperability performance category.

Furthermore, new proposed policies would allow the use of a combination of collection types for the Quality performance category. Eligible clinicians would also be able to retain bonus points in the scoring methodology for the care of complex patients, end-to-end electronic reporting, and small practices.

Finally, the proposed rule offers eligible clinicians the option to use facility-based scoring for facility-based clinicians that wouldn't require data submission.

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3. ADDED FLEXIBILITIES WILL HELP CLINICIANS IN SMALL PRACTICES

The high administrative burden associated with the transition to value-based care has been particularly hard on small and independent practices.

To help small practices succeed in MIPS in 2019, CMS proposed continuing the small practice bonus but including the bonus in the Quality performance score of clinicians instead of as a standalone bonus.

CMS also proposed awarding small practices three points for quality measures that don't meet data completeness requirements, and consolidating low-volume threshold determination periods with the determination period for identifying a small practice.

4. NEW MIPS TERMS MAY CROP UP THAT PROVIDERS NEED TO KNOW

In addition to these program changes, CMS also proposed three new MIPS terms.

The federal agency proposed that the term "collection type" be used to refer to a set of quality measures with comparable specifications and data completeness criteria.

eCQMs, MIPS clinical quality measures, qualified clinical data registries (QCDR) measures, Medicare Part B claims measures, CMS web interface measures, CAHPS for MIPS survey measures, and administrative claims measures would each be considered collection types.

The term "submitter type" would stand for the MIPS eligible clinician, group, or third party intermediaries acting on behalf of a MIPS eligible clinician or group to submit data on measures and activities.

Finally, the "submission type" would be used to refer to mechanisms by which submitter types submit data to CMS.

Direct, log in and upload, log in and attest, Medicare Part B claims, and the CMS Web Interface would each be considered submission types.

These key changes may be included in the future 2019 QPP final rule.