

MIPS Year 5: Your Questions Answered



CMS issued the final rule for the fifth year of its Quality Payment Program (QPP), created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

CMS states that Year 5 the QPP is designed to:

- Ease the burden on MIPS-eligible organizations and ACOs due to the extreme circumstances of COVID-19
- Expand coverage of telehealth services to accommodate rise in virtual visits
- Utilize more meaningful, outcomes-based measures

Clinicians may choose between **two tracks** under the QPP

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MIPS

The Merit-based Incentive Payment System allows clinicians to earn performance-based payment adjustments based on the services they provide to their Medicare patients.

Advanced Alternative Payment Models (APMs)

Clinicians who receive at least 50% of their Medicare Part B payments or see at least 35% of their Medicare patients through an Advanced APM entity qualify to be APM participants.



CMS estimates that between 196,000 and 252,000 eligible clinicians may qualify for the APM track in 2021 for payment year 2023.

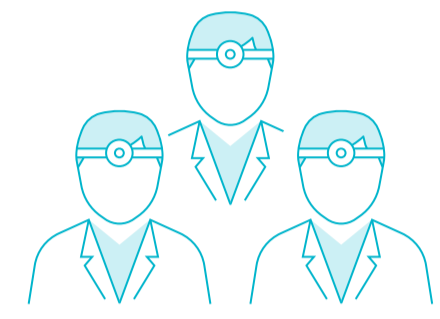
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AM I ELIGIBLE FOR MIPS?

CMS estimates that approximately

890,742 clinicians

will be eligible for MIPS in 2021, which will determine MIPS payment adjustments for 2023. That's up from approximately 879,966 eligible clinicians in 2020.



For Year 5, MIPS-eligible clinician types remain the same as 2020:

- ✓ Physicians
- ✓ Physician Assistants
- ✓ Nurse Practitioners
- ✓ Clinical Nurse Specialists
- ✓ Certified Registered Nurse Anesthetists
- ✓ Physical Therapists
- ✓ Occupational Therapists
- ✓ Clinical Psychologists
- ✓ Qualified Speech-Language Pathologists
- ✓ Qualified Audiologists
- ✓ Registered Dieticians or Nutrition Professionals

Clinicians are NOT eligible for Year 5 of MIPS if they:

- ⊗ Are not a MIPS-eligible clinician type
- ⊗ Enrolled in Medicare after Jan. 1, 2021
- ⊗ Meet any of the following low-volume threshold criteria :
 - Bill less than \$90,000 for Medicare Part B-allowed services
 - See fewer than 200 Medicare Part B patients
 - Provide 200 or fewer covered professional services under the Physician Fee Schedule

CMS estimates that approximately 734,715 clinicians will not be eligible for MIPS in 2021.

WHAT ARE THE KEY MIPS CHANGES FOR 2021?



The Quality performance category weight was reduced from 45% to 40%, and the Cost performance category weight increased from 15% to 20%. Both categories will be weighted at 30% in 2022.



CMS added telehealth services directly applicable to existing episode-based cost measures and a Total Per Capita Costs (TPCC) measure within the Cost category performance.

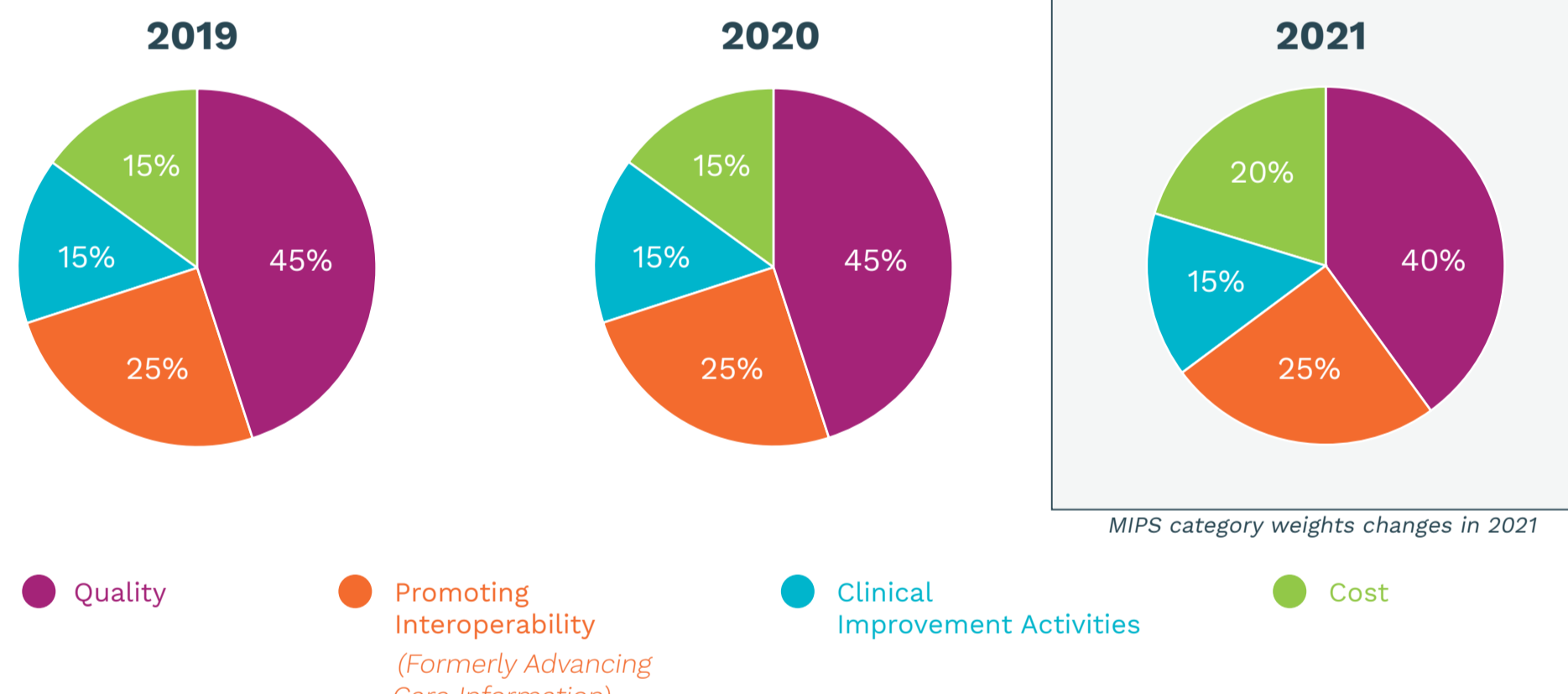


CMS increased the minimum threshold to 60 points, (up from 45 points in 2020), for the new performance year. This means clinicians must achieve at least 60 MIPS points to avoid a penalty.



CMS will delay the MIPS Value Pathways reporting framework until the 2022 performance period or later.

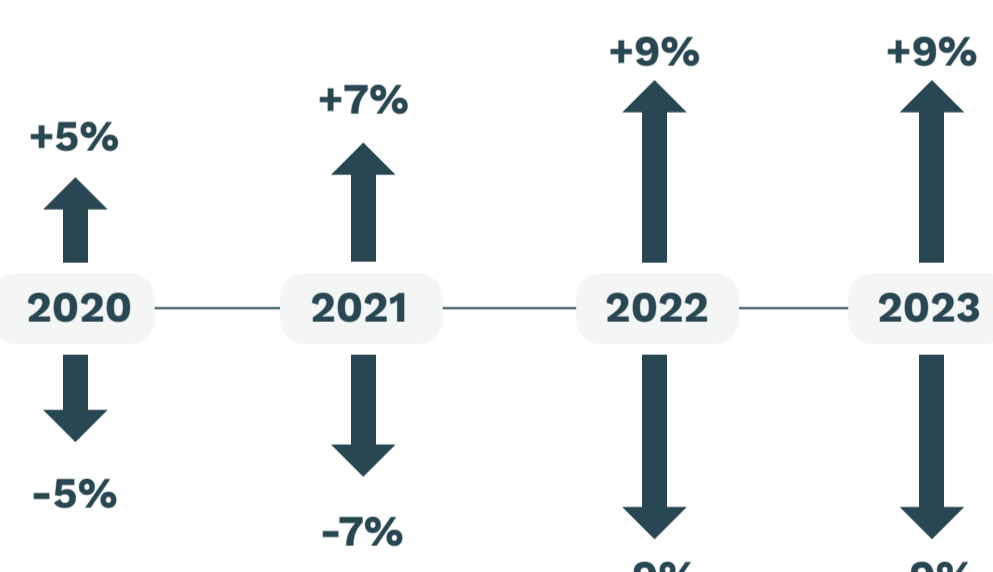
HOW WILL MY MIPS SCORE BE CALCULATED?



In reporting year 2021, the possible adjustment for 2023 payments remains the same as in reporting year 2020, at +/- 9%.

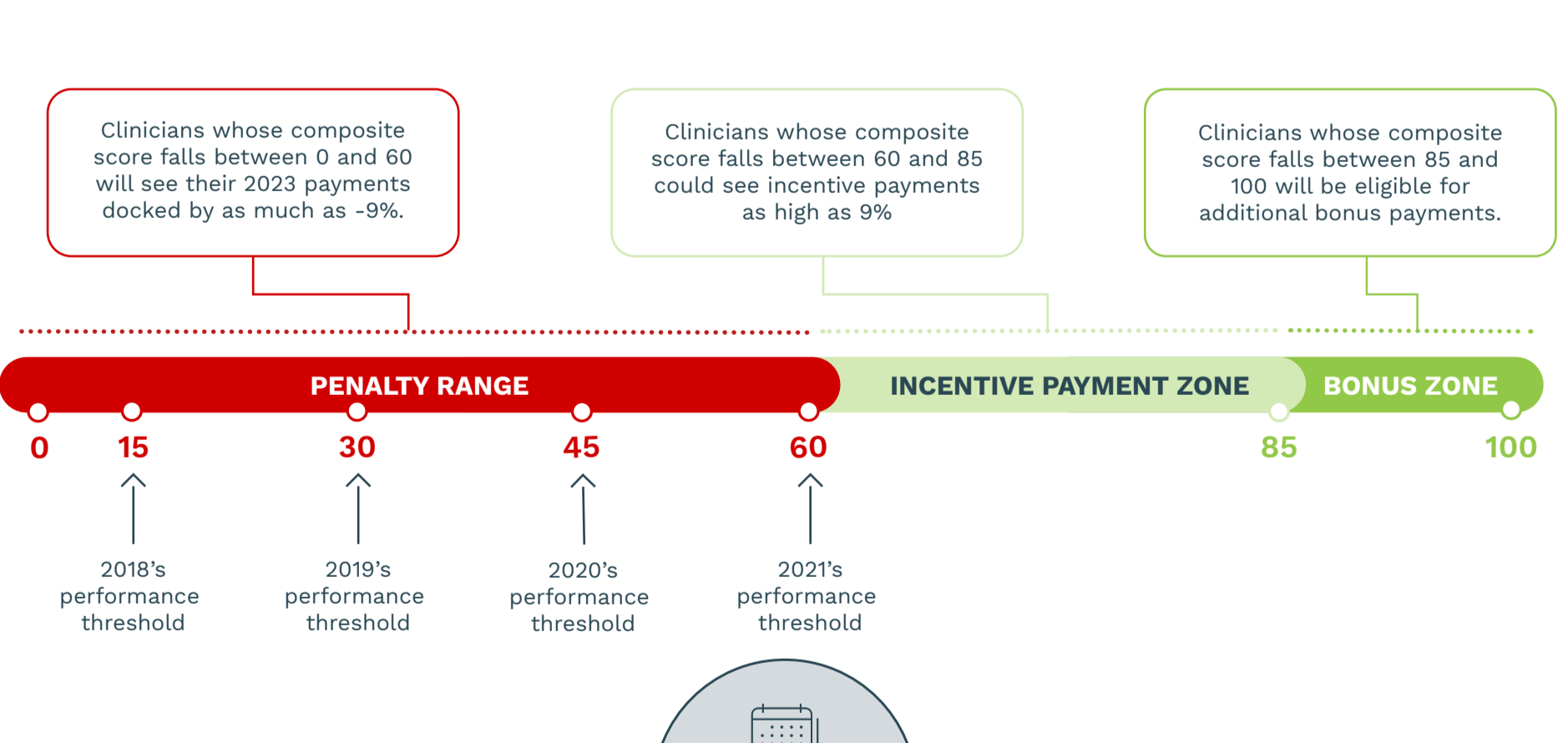


CMS estimates there will be \$458 million in penalties and incentives redistributed in 2023, PLUS an **extra pool of \$500 million** to be paid out to exceptional performers whose composite scores meet or exceed 85.

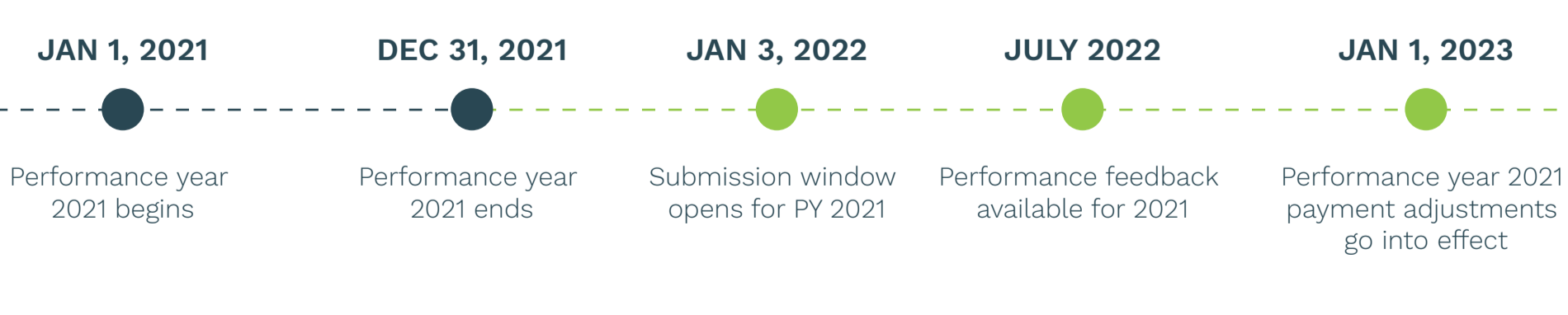


Because the MIPS program is budget-neutral, actual incentive payments are often below the top threshold. For instance, providers who achieved the maximum MIPS score in 2019 will see their 2021 payments go up by +1.79%, including both the positive and maximum incentives performance in 2021. However, CMS reports that maximum incentives are expected to increase as the program's penalties increase. CMS projects the maximum bonus in 2023, based on 2021 data, will be 5.3%.

Performance Threshold



MIPS TIMELINE



GOOD NEWS!

Data for many MIPS measures can be captured **automatically** during the intake process, including:

- DEPRESSION SCREENING
- TOBACCO USE SCREENING
- COLORECTAL CANCER SCREENING
- FALL RISK ASSESSMENT
- DOCUMENTATION OF CURRENT MEDICATIONS
- BREAST CANCER SCREENING
- UNHEALTHY ALCOHOL USE SCREENING
- CERVICAL CANCER SCREENING
- PNEUMOCOCCAL VACCINATION STATUS FOR OLDER ADULTS
- FUNCTIONAL STATUS ASSESSMENT FOR TOTAL KNEE REPLACEMENT
- EVALUATION OR INTERVIEW FOR RISK OF OPIOID MISUSE

and more!