Phreesia

MIPS year 8: Your questions answered

Q&A

The Centers for Medicare & Medicaid Services (CMS) issued the final rule for the eighth year of its Quality Payment Program (QPP), created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

CMS states that year 8 of the QPP is designed to:

- Continue to move the program forward, placing more focus on measurement efforts
- Refine how clinicians can participate in more meaningful ways through MIPS Value Pathways (MVPs)
- Reduce administrative burden and simplify reporting by supporting digital measurement and interoperability
- Advance health equity by aligning policies and quality measures with overarching CMS goals

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

1

MIPS

The Merit-based Incentive Payment System (MIPS) allows clinicians to earn performance-based payment adjustments based on the services they provide to their Medicare patients. In 2024, eligible clinicians can report either through traditional MIPS or through one of 16 MVPs, which are measure subsets related to specific medical conditions or specialties.

2

Advanced Alternative Payment Models (APMs):

Clinicians who receive at least 75% of their Medicare Part B payments or see at least 50% of their Medicare patients through an Advanced APM entity qualify to participate in an APM, up from 50% and 35%, respectively, in 2023.

CMS estimates that between 316,767 and 407,272 eligible clinicians will qualify for the APM track in performance year 2024 for payment year 2026.

Am I eligible for MIPS?

CMS estimates that approximately

686,650 clinicians

will be eligible for MIPS in 2024, which will determine MIPS payment adjustments for 2026. That's down from approximately 719,516 eligible clinicians in 2023.

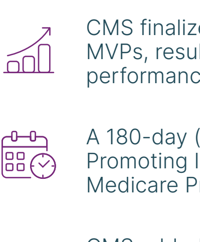
For year 8, MIPS-eligible clinician types remain the same as 2023:

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine and optometry)
- Osteopathic practitioners
- Chiropractors
- 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
- Clinical social workers
- Certified nurse-midwives

Clinicians are NOT eligible for year 8 of MIPS if they:

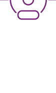
- Are not a MIPS-eligible clinician type on Medicare Part B claims
- Enrolled as a Medicare provider on or after January 1, 2024
- Are a Qualifying Alternative Payment Model Participant (QP)
- Meet any of the following low-volume threshold criteria:
  - Bill less than $90,000 for Medicare Part B-allowed services
  - See 200 or fewer Medicare Part B patients
  - Provide 200 or fewer covered professional services to Medicare Part B patients under the CMS Physician Fee Schedule

CMS estimates that approximately 1,134,249 clinicians will not be eligible for MIPS in 2024.



What are the key MIPS changes for 2024?

CMS finalized five new MVPs and modifications to previously finalized MVPs, resulting in a total of 16 MVPs available for reporting in the 2024 performance period.



A 180-day (minimum) performance period has been established for the Promoting Interoperability performance category to align with the Medicare Promoting Interoperability program.

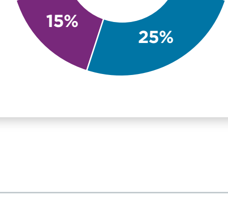
CMS added five episode-based cost measures with a 20-episode case minimum for 2024, including an acute inpatient medical condition measure for psychoses and related conditions, three chronic condition measures and a measure focused on emergency department care.

CMS no longer offers bonus MIPS incentives for exceptional performance, as 2022 was the last performance year for which practices could earn points toward that additional performance threshold. The performance threshold remains at 75 points for the 2024 performance year, but CMS notes that it plans to change the threshold in the future to better reflect clinician engagement and encourage participation in APMs.

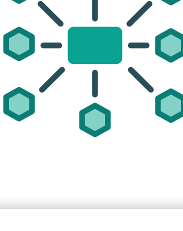
How will my MIPS score be calculated?

MIPS category weights remain the same since 2022

- Quality
- Promoting Interoperability
- Improvement Activities
- Cost



In reporting year 2024, the possible adjustment for 2026 payments remains the same as in the past four reporting years at +/- 9%.



CMS estimates it will redistribute **$491 million** in penalties and incentives in 2026.

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 2022 will earn an 8.25% incentive on their Medicare Part B claims in 2024, including exceptional-performance adjustments. But because the 2024 payment year is the last year for exceptional performance adjustments, and the estimated amount of program penalties has decreased, CMS projects the maximum MIPS bonus in 2026 will be 2.99%, based on 2024 performance-year data.

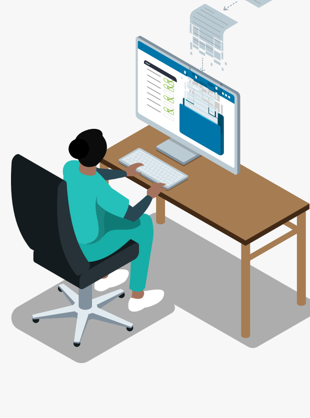
Performance thresholds

MIPS timeline

How to meet MIPS requirements

Collect quality measures efficiently

If your organization participates in MIPS, you will need to collect quality measurement data. But how do you do that without creating more work for staff and more paperwork for patients? Digital intake can help.



Use the Patient Activation Measure® Performance Measure (PAM®-PM)

By digitally collecting patient-reported data, you can fulfill your MIPS requirements while ensuring data is accurate and complete. **Phreesia users can collect the Patient Activation Measure® Performance Measure (PAM®-PM) during digital intake with no additional work and at no additional cost—and add 7-10 points to their 2024 MIPS score.**

The PAM-PM, which is new to MIPS this year, places the patient's voice at the center of clinical care. PAM measures a patient's knowledge, skills and confidence to self-manage their health. In the 2024 Medicare Physician Fee Schedule Final Rule published on November 16, CMS said the PAM-PM "ensures capture of the patient voice and experience of care related to the patient's understanding and confidence in the ability to manage their health and be an active partner in their health care journey." CMS has designated the PAM-PM as both a high-priority measure and an outcome measure.

PAM-PM is now included in:

- The Quality category for traditional MIPS
- 18 specialty-specific measure sets
- 5 MIPS Value Pathways (MVPs)
  - Advancing Cancer Care
  - Advancing Care for Heart Disease
  - Advancing Rheumatology Patient Care
  - Optimal Care for Kidney Health
  - Optimal Care for Patients with Episodic Neurological Conditions

To learn more about PAM, visit **Phreesia.com/patient-activation-measure**

Gather data for MIPS quality measures

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

- Social determinants of health screening
- Depression screening
- Tobacco use screening
- Fall risk assessment
- Documentation of current medications
- Colorectal, breast and cervical cancer screenings
- Unhealthy alcohol use screening
- Patient vaccination status
- Sexually transmitted infections screening
- Functional status assessments, including those for rheumatoid arthritis, joint replacements and joint impairments

Provide patients with 24/7 access to care

Phreesia also can help you fulfill an improvement activity within MIPS' Expanded Practice Access subcategory. With PhreesiaOnCall, healthcare organizations can provide patients with 24/7 access to clinicians who have real-time access to their medical record, a high-weighted improvement activity.

PhreesiaOnCall is a medical answering solution that helps healthcare organizations manage after-hours calls and simplify care coordination with smart, automated call tracking. Providers and patients can interact via HIPAA-compliant text messaging, phone calls or telehealth visits, and a bidirectional EHR integration allows clinicians to view patient history and add notes about the call.*

To learn more about PhreesiaOnCall, visit **Phreesia.com/after-hours**.

*Available for select integrations