

Navigating **MIPS 2020**

WHITE PAPER

Introduction



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One thing that's always certain in healthcare is change. Thus, in 2020, as outlined by the Centers for Medicare and Medicaid Services (CMS), you can expect adjustments to the Quality Payment Program (QPP) that will impact Merit-based Incentive Payment Systems (MIPS).

Gradually increasing reporting requirements under MIPS, the proposed changes have been published with the [final rule from CMS](#) released in November 2019. To help you navigate these changes and ensure preparedness, let's explore what MIPS is, the proposed changes, and their impact on your bottom line.

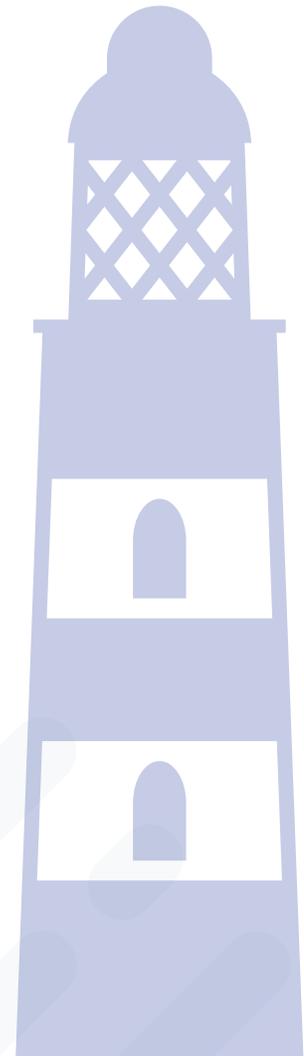


What is **MIPS**?



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MIPS is one of two tracks under the QPP which moves Medicare Part B providers to a performance-based payment system, rewarding good performances with bonus payments and disincentivizing poor performances through penalties. The program streamlines three historical Medicare programs—the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM) Program and the Medicare Electronic Health Record (EHR) Incentive Program (Meaningful Use)—into a single payment program.



Beginning on January 1 and ending December 31 of each year, MIPS measures performance in four areas:

Quality

This metric replaces PQRS and requires eligible clinicians to report quality measures related to patient outcomes, appropriate use of medical resources, patient safety, efficiency, patient experience, and care coordination to CMS.

Promoting Interoperability (PI)

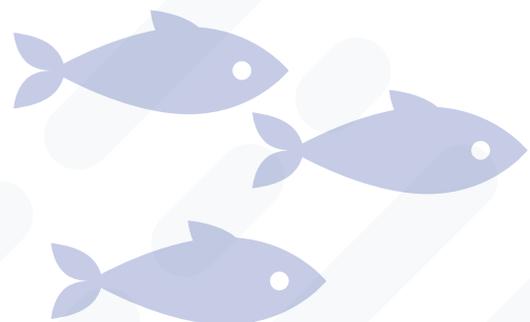
Replacing the Medicare EHR Incentive Program/Meaningful Use, this aspect focuses on patient engagement and the electronic exchange of healthcare information using certified electronic health record technology (CERHT). To perform well in this category, organizations should proactively share patient data such as test results, visit summaries, and therapeutic plans with patients and other facilities to better coordinate care.

Cost

Supplanting the VBM Program, this cost class evaluates clinicians on measures related to resource usage and is calculated based on Medicare claims.

Improvement Activities

This category encourages eligible clinicians to participate in activities that will improve clinical practice in areas such as patient safety, shared decision-making, care coordination, and improving access.



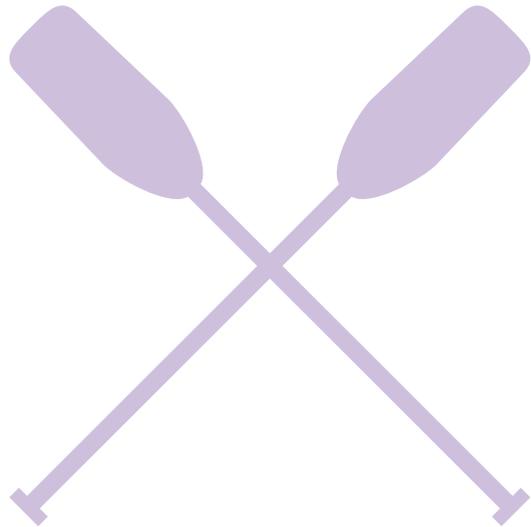
Who is **Eligible** for **MIPS**?



Who Is Eligible for MIPS?

The following clinician types are eligible for MIPS:

- Physicians
- 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 Dietitians & Nutrition Professionals



Eligibility Exceptions:

- New enrollees in Medicare
- Low Volume Threshold (LVT): \leq \$90,000 in Medicare Part B Charges -or- \leq 200 Medicare Part B patients -or- \leq 200 covered professional services.
- Advanced APM Participation

In Year 3, eligible clinicians (ECs) or groups can opt-in to MIPS if they met one or two, but not all the LVT criteria.

2020 MIPS Changes



2020 MIPS Changes

While all category weights remain the same, there are several substantial changes to MIPS in 2020 that organizations should be aware of. To ensure you're prepared, we've broken them down into an easy-to-understand format.

Higher Performance Thresholds and Penalties

CMS is increasing the performance threshold (the number of MIPS points required to be exempt from the penalty) from 30 points in 2019 to 45 in 2020. The exceptional performance threshold has also been increased from 75 points in 2019 to 85 in 2020 and 2021.

Also, the payment adjustments in MIPS will increase from +/-7% in 2019 to +/-9% in

2020. What this means is the maximum penalty for not reporting in 2020 will rise to negative -9% while the incentive increases to +9%.

However, due to federal budget neutrality requirements, any positive payment adjustments are expected to be below 9%.

Quality Changes

Under Quality, the data completeness requirement jumps to 70%. Thus, quality measures will be reportable for at least 70% of eligible cases for Medicare and non-Medicare patients. Measures submitted that don't meet the data completeness threshold would garner 0 points. However, small practices will continue to receive 3 points on measures that don't meet requirements.

Other category changes include removing or topping out several Quality measures, new specialty sets for specific clinicians

(Speech-Language Pathology, Audiology, Clinical Social Work, Chiropractic Medicine, Pulmonology, Nutrition/Dietician, and Endocrinology), and the development of flat percentage benchmarks in limited cases where CMS has determined the measure's benchmark has the potential to incentivize appropriate treatment for specific patients.

Promoting Interoperability (PI) Changes

While no significant changes will be made to PI in 2020, there are some minor adjustments. At 100% in 2019, in 2020, a group will now be classified as hospital-based and eligible for reweighting if more than 75% of its clinicians meet the definition. Additionally, clinicians will be able to satisfy the optional Query of Prescription Drug Monitoring Program (PDMP) measure with a yes/no response instead of a numerator/denominator. There

will also be a redistribution of points for the Support Electronic Referral Loops by Sending Health Information measure to the Provide Patients Access to Their Health Information measure if a claimed exclusion exists. Also, CMS will remove the Verify Opioid Treatment Agreement measure and keep the Query of PDMP measure as optional.

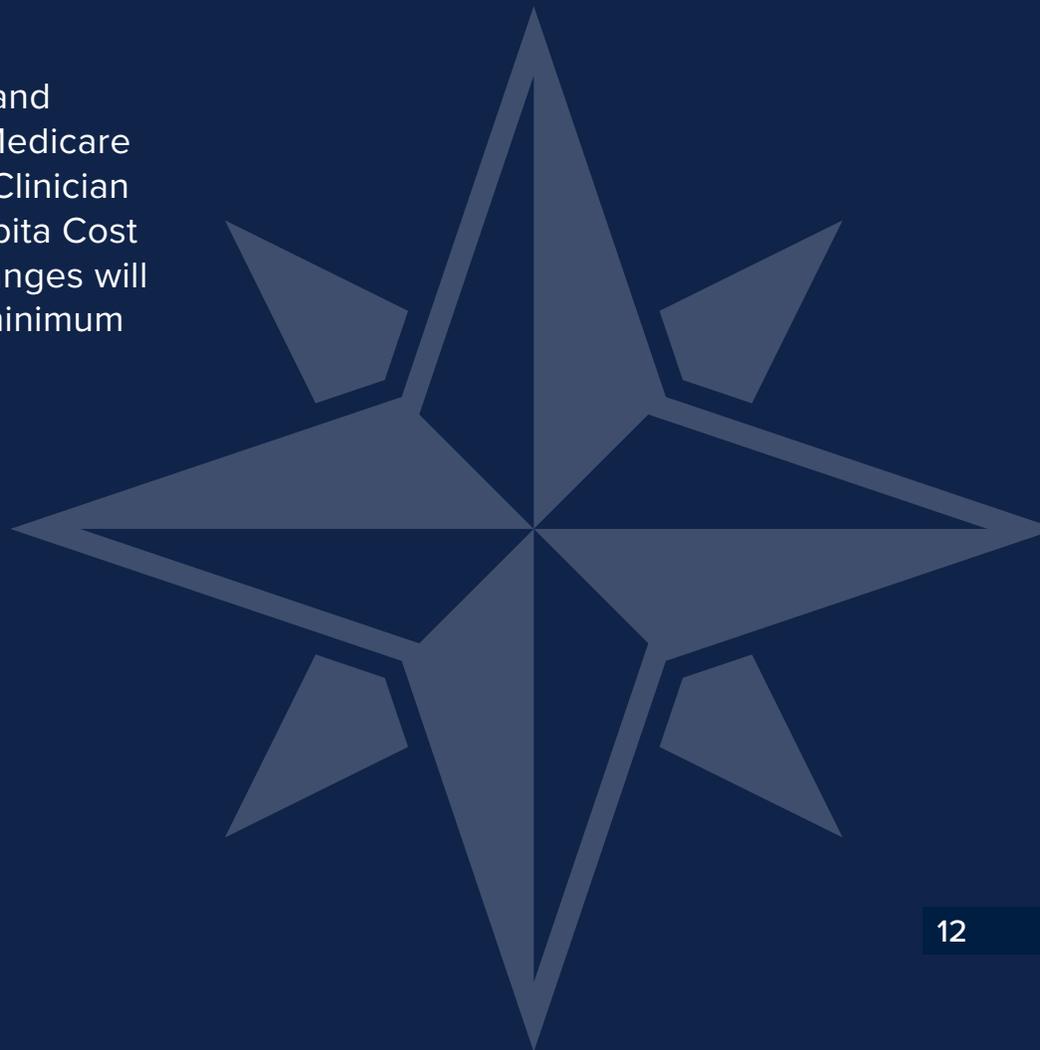
Improvement Activities (IA) Changes

The primary change in the IA category is an adjustment to the participation threshold for group reporting from a single clinician to 50% of the clinicians in the practice. There is also a modification to the definition of a rural area—the zip code must be designated as rural by the Federal Office of Rural Health Policy (FORHP). IA inventory is

being updated with the establishment of criteria for removing activities in the future. Also, Patient-Centered Medical Home designation criteria relating to a practice being accredited by one of four accreditation organizations have been removed.

Cost Changes

CMS is adding ten new episode-based measures and revising both the current Medicare Spending Per Beneficiary Clinician measure and Total Per Capita Cost measure. However, no changes will be made to current case minimum requirements.



Preparing Your
Practice for
MIPS 2020



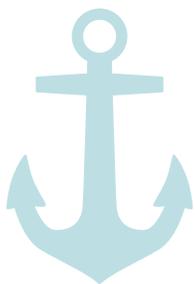
Preparing Your Practice for MIPS 2020

Steering through both the many small and sizeable changes to MIPS in 2020 requires a roadmap. Using the following as a benchmark, review your MIPS performance from the past year to understand what bonus payments you received:

Consider how you report information to CMS and how this could be improved with the right technology platform.



Implement a tracking system to monitor your MIPS progress throughout the year.



Identify which MIPS quality categories to report on in 2020 by reviewing past year performance.



Improve your EHR and patient portal reporting workflows to make them seamless and less of a time drain.

Ensure you have a MIPS-expert point person in your practice that is responsible for tracking and tweaking as necessary.

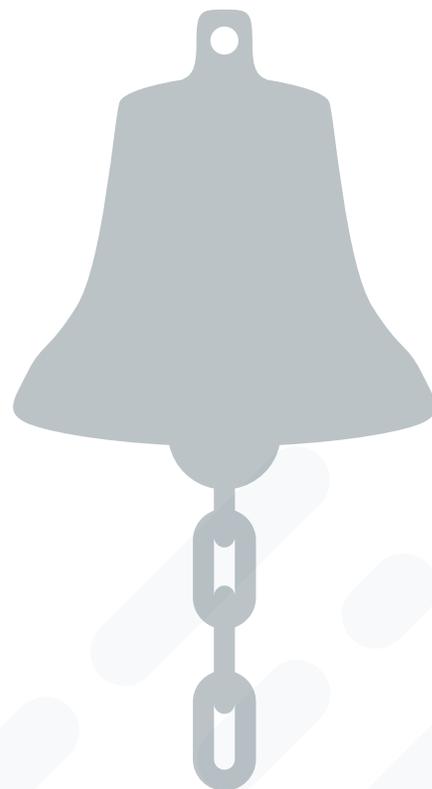
How to Simplify and Streamline **MIPS Reporting**



Preparing Your Practice for MIPS 2020

While allowed in the past, it's becoming increasingly difficult to meet requirements with partial reporting. As such, providers should plan full implementation of measures as early as possible. ChartLogic can help.

As a trailblazer in the EHR industry for more than 20 years, at ChartLogic, we strive to assist our providers with reporting the necessary information to CMS for them, enabling these practices to focus on what matters most—their patients.



Our MIPS Reporting Package features a 2-pronged approach:

MIPS Preparation

- Setup & Configuration of Quality Measures in the ChartLogic EHR
- Designated Project Manager to Help Your Practice Succeed
- Increased Project Hours to Maximize Performance



PLAN

MIPS Reporting

- Full Submission at the end of 2020
- MIPS Quarterly Performance Dashboard
- Incentive Revenue Estimator Tool



EXECUTE

ChartLogic ensures the appropriate workflows within the EHR and Patient Portal are in place while monitoring progress throughout the year, helping to keep organizations on track. Once the data has been gathered, we submit the final reports on the practice's behalf, ensuring the greatest incentive for the client.

[Learn more](#) about how ChartLogic can help practices prepare, manage, and track MIPS for higher incentives in 2020 and beyond.