

## Year 3 vs Year 4 Requirements

Requirements	Year 3 (2019)	Year 4 (2020)
Eligible Clinicians	<p><u>Addition of:</u></p> <ul style="list-style-type: none"> <li>Physical Therapists</li> <li>Occupational Therapists</li> <li>Speech-Language Pathologists</li> <li>Audiologists</li> <li>Clinical Psychologist</li> <li>Registered Dietitians or Nutrition Professionals</li> </ul>	No Changes
Submission Deadline	March 31, 2020	March 31, 2021
Low-Volume Threshold	<p><u>Exempt if:</u></p> <ul style="list-style-type: none"> <li>200 or fewer Medicare beneficiaries OR</li> <li>\$90,000 or less in Medicare Part B charges OR</li> <li>200 or fewer Medicare Part B services</li> </ul> <p>*Can opt-in if meeting at least one low-volume threshold</p>	No Changes
Performance Threshold	<ul style="list-style-type: none"> <li>30 points to avoid a negative payment adjustment (-7% in 2021)</li> <li>75 points for Exceptional Performer bonus</li> </ul>	<ul style="list-style-type: none"> <li>45 points to avoid a negative payment adjustment (-9% in 2022)</li> <li>85 points for Exceptional Performer bonus</li> </ul>
Submission Methods	<p><u>New for 2019:</u></p> <ul style="list-style-type: none"> <li>Can submit data across different submission mechanisms for one category.</li> <li>Only small practices can submit via claims in 2019 (group or individual).</li> <li>CMS Web Interface may only be used for Quality submission.</li> </ul>	No Changes
Performance Period	No Changes	No Changes

Quality	<ul style="list-style-type: none"> <li>• 45% of total score</li> <li>• 60% data completeness required</li> <li>• 8 new measures, 26 retired measures, 257 Total measures</li> </ul>	<ul style="list-style-type: none"> <li>• 45% of total score</li> <li>• 70% data completeness required</li> <li>• Removed 42 measures</li> <li>• Added 3 new measures</li> <li>• Added 7 new specialty sets</li> <li>• Substantive changes to 83 measures</li> <li>• Added alternative benchmarks for measures #1 and #236 to avoid potential patient risk</li> </ul>
Cost	<ul style="list-style-type: none"> <li>• 15% of total score</li> <li>• MSPB and TPCC still evaluated with the addition of eight episode-based measures <ul style="list-style-type: none"> <li>• 10 case minimum for procedural episodes</li> <li>• 20 case minimum for acute inpatient episodes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 15% of total score</li> <li>• MSPB measure renamed to MSPB Clinician (MSPB-C)</li> <li>• Revisions to TPCC and MSPB-Clinician</li> <li>• 10 new episode-based measures (18 total)</li> <li>• New attribution methodology for TPCC and MSPB-C</li> </ul>
Improvement Activities	<ul style="list-style-type: none"> <li>• 15% of total score</li> <li>• Scoring remains the same including double activity points for small/rural/non-patient facing clinicians</li> <li>• 6 new activities, 1 activity retired</li> <li>• Removed PI bonus</li> </ul>	<ul style="list-style-type: none"> <li>• 15% of total score</li> <li>• Group Reporting - At least 50% of the group must complete the activity</li> <li>• Added 2 new activities</li> <li>• Modified 7 activities</li> <li>• Removed 15 activities</li> <li>• Formalized process for removing activities</li> <li>• Removed burden study on Quality measures (No IA credit)</li> <li>• New definition of rural area</li> <li>• Reduced barriers to PCMH designation</li> </ul>
Promoting Interoperability	<ul style="list-style-type: none"> <li>• 25% of total score</li> <li>• <b>Must use 2015 CEHRT</b></li> <li>• Must attest "yes" to completing a security risk analysis, prevention of information blocking and ONC direct review attestation</li> <li>• Performance score only <ul style="list-style-type: none"> <li>○ 4 objectives</li> <li>○ 5 measures and 2 bonus measures</li> </ul> </li> <li>• Automatic reweighting remains the same with the addition of the new ECs</li> </ul>	<ul style="list-style-type: none"> <li>• 25% of total score</li> <li>• Automatic reweight to Quality when 75% of group is non-patient facing</li> <li>• Qualify for reweight when 75% of group in hospital-based</li> <li>• Change Support Electronic Referral Loops by Receiving and Incorporating Health Information exclusion to only if receive less than 100 referrals</li> <li>• Remove Verify Opioid Treatment Agreement</li> </ul>

	<ul style="list-style-type: none"> <li>Hardship exceptions remain the same</li> </ul>	<u>2020 Rule (2019 Implementation)</u> <ul style="list-style-type: none"> <li>HIE: Sending exclusion will be redistributed to Provide Patient Access</li> <li>Query of PDMP will be a yes/no measure, not performance rate; will remain optional for 2020</li> </ul>
Small Practice Bonus	Small practices will receive a 6-point bonus in the Quality category score if submitting at least 1 quality measure.	No change to bonuses (including Improvement, High Priority and End-to-End Electronic Reporting)
Complex Patient Bonus	Practices can still earn a 5-point bonus for treating complex patients.	
Targeted Review	Must be submitted by September 30 <sup>th</sup>	Must be submitted within 60 days of the release of MIPS payment adjustment factors with performance feedback.
Third Party Intermediaries		<ul style="list-style-type: none"> <li>Stricter rules on remedial action and termination when a false certification is reported or inaccurate, incomplete or unusable data is submitted</li> <li>Establish performance category reweight due to third-party intermediary and/or data integrity issues (in extreme circumstances)</li> </ul>
APM		<ul style="list-style-type: none"> <li>Clinicians have the option to report for the Quality category</li> <li>Quality Reporting Credit where quality scoring through the APM is not possible (50%)</li> <li>Quality reporting exceptions</li> </ul>
Partial QP Status	Partial QPs excluded at NPI level including all TINs with which a clinician is associated	Partial QPs only excluded from MIPS in the TIN which they received Partial QP status

QCDR Changes
Beginning in 2021 <ul style="list-style-type: none"> <li>QCDR/QRs must support reporting measures for Quality, IA and PI</li> <li>Feedback provided 4 times a year must now include information on how participants compare to other clinicians in the QCDR/QR</li> </ul>
QCDR Measure Requirements (2021): <ul style="list-style-type: none"> <li>Linked to Cost measure, Improvement activity or MIPS Value Pathways</li> <li>Fully developed, tested and ready for implementation at time of self-nomination</li> <li>Duplicative measures will not be approved without harmonization</li> <li>QCDRs must be willing to license their approved measures to other QCDRs</li> </ul>

- Measures may be approved for two years

QCDR Measure Removal/Rejection:

- Duplicative measures
- Topped out
- Process-based
- "Check-box"
- No longer robust
- Don't address priority area highlighted in MDP
- Have potential for unintended consequences
- Not directly attributable to the reporting clinician
- Measures have been in MIPS for 2 years and have failed to reach benchmarking thresholds

### MIPS Value Pathways (MVPs)

- New participation framework for 2021
- Move away from siloed activities and measures
- Move toward aligned set of measures relevant to clinician's scope of practice that is meaningful to patient care
- Sub-group reporting for different specialties within one organization
- Possibly reduce number of measures that must be reported
- Simplify MIPS/reduce provider burden
- Better align with APMs
- Connect measures across all categories
- Core set of claims-based measures
- Provide comprehensive information to empower patients
- Put the patient at the center of their care

Looking for stakeholder feedback for ways to implement MVP to make MIPS meaningful