



## MIPS 2018 vs. 2019

### A comparison of key Merit-Based Incentive Payment System requirements

2018	2019
<p><b>Avoid Penalty</b></p> <ul style="list-style-type: none"> <li>A MIPS final score of 15 points is needed</li> <li>Report 6 quality measures OR report the improvement activity category</li> </ul>	<p><b>Avoid Penalty</b></p> <ul style="list-style-type: none"> <li>A MIPS final score of 30 points is needed</li> <li>Report 6 quality measures AND report the improvement activity category</li> </ul>
<p><b>Low-Volume Exclusion</b></p> <ul style="list-style-type: none"> <li>Low-volume threshold \$90,000 in Part B allowed charges, OR</li> <li>200 Medicare Part B patients</li> </ul>	<p><b>Low-Volume Exclusion</b></p> <ul style="list-style-type: none"> <li>\$90,000 or less Part B covered service allowables, OR</li> <li><b>200 or fewer Part B patients</b> provided covered professional services, OR</li> <li><b>200 or fewer covered professional services</b> provided to Part B patients.</li> </ul>
<p><b>Small-practice accommodations</b></p> <ul style="list-style-type: none"> <li>Small practices (15 or fewer clinicians) get double credit for each improvement activity</li> <li>Hardship for promoting interoperability</li> <li>3-point floor for quality measures</li> <li>Adds a 5-point bonus to the final MIPS score</li> </ul>	<p><b>Small-practice accommodations</b></p> <ul style="list-style-type: none"> <li>Maintains accommodations for improvement activity</li> <li>Maintains promoting interoperability hardship</li> <li>Maintains 3-point floor for quality measures</li> <li>Removes 5-point bonus to the final MIPS score</li> <li>Adds a 6-point to the quality category</li> </ul>
<p><b>Hardships</b></p> <ul style="list-style-type: none"> <li>Promoting interoperability hardships available; qualifications similar to meaningful use</li> <li>Promoting interoperability hardships reweight category points to quality</li> <li>Category hardships now available for clinicians and groups experiencing extreme and uncontrollable circumstances</li> </ul>	<p><b>Hardships</b></p> <ul style="list-style-type: none"> <li>Promoting interoperability hardships maintained</li> <li>Category hardships maintained</li> </ul>
<p><b>Promoting Interoperability</b></p> <ul style="list-style-type: none"> <li>2014 or 2015 certified EHRs required for Promoting interoperability</li> <li>10 percent category bonus for exclusively using 2015 certified EHR to attest</li> </ul>	<p><b>Promoting Interoperability</b></p> <ul style="list-style-type: none"> <li>2015 certified EHR</li> <li>Eliminated base, performance, and bonus scores.</li> <li>Replaced with 6 measures, <i>all required</i>.</li> </ul>
<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>Yearlong performance period</li> <li>Only small practices maintain the 3-point floor</li> <li>Category improvement score: Worth up to 10 percent added onto quality score.</li> </ul>	<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>Yearlong performance period maintained</li> <li>Maintains 3-point floor on measures for small practices</li> <li>Maintains category improvement score</li> <li>Restricts claims-based reporting to small practices; allows group reporting via claims.</li> </ul>
<p><b>Cost</b></p> <ul style="list-style-type: none"> <li>10 percent of MIPS final score</li> <li>CMS evaluates Medicare spending per beneficiary and per capita cost per attributed beneficiary</li> </ul>	<p><b>Cost</b></p> <ul style="list-style-type: none"> <li>15 percent of MIPS final score</li> <li>Maintains 2018 cost measures.</li> <li>New episode-based cost measure available – the cataract episode measure.</li> </ul>

For more information, visit [aao.org/medicare](http://aao.org/medicare).