

MIPS—What's New for 2019, Part 1: Scoring, Bonuses, Penalties, and PI

In November, Centers for Medicare & Medicaid Services (CMS) announced significant changes to the Merit-Based Incentive Payment System (MIPS) for the 2019 performance year. Part 1 of this two-part series reviews general program changes and the restructuring of promoting interoperability (PI), which is the EHR-based performance category. Part 2 looks at the other three performance categories.

Scoring, Penalties, Bonuses

MIPS final score—quality's contribution is down, cost's is up. In 2021, your payments for Medicare Part B services will be adjusted up or down based on your 2019 MIPS final score, which is a composite score that can range from 0 to 100 points and is based on up to 4 performance category scores:

Quality score is weighted at 45% (down from 50% in 2018), meaning it can contribute up to 45 points to your 2019 MIPS final score.

PI score is weighted at 25% (same as 2018).

Improvement activities score is weighted at 15% (same as 2018).

Cost score is weighted at 15% (up from 10% in 2018). CMS states that it expects to continue boosting cost's weight by 5%, and reducing quality's weight by 5%, every year until they are each weighted at 30% of the final score.

Your scores can be reweighted. Like in 2018, the relative weights of these

four scores can be adjusted. For example, if you qualify for a PI exception, PI's weight in your 2019 MIPS final score will be reduced to zero, and quality's weight will be increased to 70%.

Final score bonus points—one bonus has been retained, the other moved to quality. As in

2018, a complex patient bonus (0-5 points) can boost your MIPS final score. However, the small practice bonus has been moved from the MIPS final score to the quality performance category score.

Negative payment adjustments may be higher. As shown in Table 1, if your 2019 MIPS final score is less than 30 points, your payments for Medicare Part B services in 2021 will incur a negative payment adjustment; if you score 7.5 points or less, those payments will be subject to the maximum 2021 penalty of -7%. (By comparison, during the 2018 performance year, scores of less than 15 points will result in a negative payment adjustment in 2020, with scores of 0-3.75 points resulting in the

Table 1: Bonuses and Penalties

2019 MIPS Final Score	2021 Payment Adjustment
0-7.5 points	-7% penalty
7.51-29.99 points	Less than -7% penalty*
30 points	Neutral (no bonus; no penalty)
30.01-74.99 points	Small bonus*
75-100 points	Small bonus* + exceptional performance bonus*

* This penalty and these two bonuses will be based on linear sliding scales. For each of the bonuses, for example, the higher your 2019 score, the greater the positive adjustment that will be applied to your 2021 payments.

maximum 2020 penalty of -5%.)

How the positive payment adjustments are funded. The performance bonus for clinicians who exceed 30 points is funded by the reduction in payments to those who score less than 30 points. The exceptional performance bonus for scoring at least 75 points is funded by a separate \$500 million bonus pool.

No change in performance periods. For 2019, the PI and improvement activities performance categories each require a performance period of at least 90 consecutive days; the performance period for quality and cost is the full calendar year. CMS also plans to maintain the same performance periods in the 2020 performance year.

Avoiding the payment penalty is harder now that you must score at least 30 points. Scoring 100% for

improvement activities contributes 15 points to your MIPS final score. For the 2018 performance year, that would have been enough to avoid the 2020 MIPS payment penalty. But if you max out your improvement activities score in 2019, you will still have to score points for quality measures and/or PI measures in order to get the 30 points that are needed to avoid a 2021 penalty.

Special scoring for clinicians who join a practice late in the year. If you join a practice in the last three months of 2019, CMS will assume that you won't have enough measures available to you to participate as an individual in MIPS. What does this mean for your score? If you join a newly formed practice (established after Oct. 1, 2019) or if you join an established practice where the clinicians are reporting as individuals, CMS will award you a MIPS final score of 30 points, which means you would get a neutral payment adjustment in 2021 (no bonus and no penalty). If you join an established practice that is reporting as a group, you would get the practice's group score.

MIPS Eligibility Criteria

More clinicians are eligible to participate. CMS expanded the definition of MIPS eligible clinician to include six additional types of clinician, such as physical therapists and occupational therapists. None of them are likely to be found in an ophthalmology practice.

Low-volume clinicians now have an opt-in option. In 2018, you were excluded from MIPS if you fell below

either of two low-volume thresholds. For 2019, CMS added an opt-in option: You can choose to participate in MIPS if you fall below at least one, but not all, of the low-volume thresholds, which now include a third threshold: Providing 200 covered professional services to Medicare Part B patients. At time of press, CMS had not yet set a deadline for opting in. If you do opt in for 2019, you will be subject to a payment adjustment in 2021. And you can't change your mind—the decision is irrevocable until the next performance year.

MIPS Determination Periods

Several determination periods are consolidated into one. Each year, CMS uses Medicare data to make several determinations about your MIPS eligibility and status. Two examples: Do you qualify for a low-volume exclusion? Is your practice considered small or large? For 2019, CMS will make most of these decisions based on data from a two-segment determination period that is aligned with the government's fiscal year:

- Oct. 1, 2017–Sept. 30, 2018 (plus a 30-day claims run out)
- Oct. 1, 2018–Sept. 30, 2019 (no claims run out)

If, for example, you fall below a low-volume threshold in the 2017/2018 time segment, you would qualify for the low-volume exclusion even if you exceed the same threshold in the 2018/2019 time segment.

What has changed? Previously, some of these decisions were based on a Sept. 1–Aug. 31 timeline; they had differences in their claims run-out policies; and the practice-size determination was based solely on historic data.

Check your quarterly snapshots. During the determination period's second time segment (Oct. 1, 2018–Sept. 30, 2019), CMS hopes to provide you with quarterly snapshots that would show—based on the data available at that point in time—what the agency's provisional status and eligibility determinations would be for you. Although the final determinations won't be made until after Sept. 30, 2019, these snapshots will give you a sense of what those final decisions are likely to be.

Promoting Interoperability

The EHR-based performance category has had a major overhaul. CMS has restructured PI, which now has a new scoring methodology. The agency also has made some changes to the PI measures, with some measures being renamed, modified, and combined.

You may need to upgrade your EHR system. In 2018, you could use an EHR system that was certified as a 2014- or 2015-edition certified EHR technology (CEHRT); in 2019, your EHR must be a 2015-edition CEHRT.

Some PI measures have been removed. CMS eliminated the 2018 PI transition measure set altogether, and it also eliminated four measures from the PI measure set: Patient-Generated Health Data; Patient-Specific Education; Secure Messaging; and View, Download, or Transmit.

PI is now arranged around four objectives: 1) e-Prescribing; 2) Health Information Exchange; 3) Provider to Patient Exchange; and 4) Public Health and Clinical Data Exchange. Each objective has at least one measure associated with it (see Table 2).

Fall short with even just one measure and your PI score will be zero. In order to earn any score for the PI performance category, you must either 1) report a numerator of at least 1 or, if an exclusion is available, 2) claim an exclusion for each of the required measures. If you fail to do that, your PI score will be zero.

Exclusions are available for most of the PI measures. For example, there are two exclusions available for the Support Electronic Referral Loops By Sending Health Information measure. If you qualify for either of those exclusions, the 20 points for that measure would be reallocated to another measure.

Not all PI measures have exclusions. There is no exclusion for the Provide Patients Electronic Access to Their Health Information measure.

The two new opioid-related measures are optional in 2019, and therefore, they don't need an exclusion.

For most PI measures, you will be scored based on your performance rate. You can, for example, score up to 10 points for the e-prescribing mea-

Check Your RA in 2019

If you participated in MIPS in 2017, your 2019 payments for Medicare Part B services could be subject to a payment adjustment, which will be flagged in your remittance advice (RA). To make sure you are paid correctly, you will need to apply an internal charge to offset the adjustment. Learn more at aao.org/medicare/2019-MIPS-payments-under-standing-remittance-advice-codes.

Table 2: 2019 Promoting Interoperability (PI) At a Glance

To get a PI score, you must perform all nine of these steps: ❶ have 2015-edition CEHRT; ❷ submit a “Yes” for the Security Risk Analysis attestation; ❸ submit a “Yes” for the Prevention of Information Blocking attestation; ❹ submit a “Yes” for the ONC Direct Review attestation; and satisfy the reporting requirements ❺ through ❾, as shown below. (The minimum performance period for the measures listed below is 90 consecutive days.)

Objective	Reporting Requirements	2019 PI Measure	Equivalent 2018 Measure(s)	Points	
e-Prescribing	5 Report a numerator of at least 1 or claim an exclusion* for this measure:	e-Prescribing	e-Prescribing	Up to 10	Performance rate-based scoring
	These two opioid-related measures are optional.	Query of Prescription Drug Monitoring Program (PDMP)		Up to 5	
		Verify Opioid Treatment Agreement		Up to 5	
Health Information Exchange	6 Report a numerator of at least 1 or claim an exclusion* for this measure:	Support Electronic Referral Loops by Sending Health Information	Send a Summary of Care	Up to 20	
	7 Report a numerator of at least 1 or claim an exclusion* for this measure:	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Request/Accept Summary of Care	Up to 20	
			Clinical Information Reconciliation		
Provider to Patient Exchange	8 Report a numerator of at least 1 for this measure:	Provide Patients Electronic Access to Their Health Information	Provide Patient Access	Up to 40	
Public Health and Clinical Data Exchange	9 (a) Report two measures, or (b) report one measure for two clinical data registries or public health agencies, or (c) report one measure and claim one exclusion, or (d) claim two exclusions.*	Immunization Registry Reporting	Immunization Registry Reporting	0 or 10	“Yes” or “no” attestation
		Electronic Case Reporting	Electronic Case Reporting		
		Public Health Registry Reporting	Public Health Registry Reporting		
		Clinical Data Registry Reporting	Clinical Data Registry Reporting		
		Syndromic Surveillance Reporting	Syndromic Surveillance Reporting		
2019 PI score is sum of your measure scores (capped at 100 points, and reported as a percentage)				0-100	

* Note: If you claim exclusions, points may be reallocated. For example, if you claim two exclusions for the Public Health and Clinical Data Exchange objective, its 10 points would be reallocated to the Provider to Patient Exchange objective.

sure; if your performance rate is 80%, you would score eight points. However, the scoring is not performance rate-based for the five measures in the Public Health and Clinical Data Exchange objective (see Table 2).

The Security Risk Analysis measure. In 2019, as in 2018, this measure is mandatory—but you no longer earn points for it. The analysis must be done at some point during 2019, but it doesn’t have to take place during your 90-day

PI performance period.

Who has to participate in PI? As in 2018, some clinicians may be excused from PI. The six new types of MIPS eligible clinicians are automatically excluded from PI.

Hardship exceptions. CMS is continuing its significant hardship policy for PI. For example, if you are in a small practice, you may be excused from PI if you successfully apply for a significant hardship exception.

Keys to MIPS Success

Use the IRIS Registry (aao.org/iris-registry). This free member benefit is eye care’s tool of choice for MIPS.

Stay tuned. This article reflects the Academy’s knowledge of the 2019 regulations at time of press, but CMS payment policies can change. For MIPS updates, visit aao.org/medicare and check your email each week for Washington Report Express and, if you are in AAOE, Practice Management Express.