

Q&A: MIPS for Newly Eligible Clinician Types

As the third year of the Merit-based Incentive Payment System (MIPS) begins, the definition of MIPS-eligible clinicians has expanded to include new clinician types. In 2017 and 2018, MIPS-eligible clinicians included physician (MD, DO, DDS, podiatrist, chiropractor and optometrist), physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS) and certified registered nurse anesthetist (CRNA). In 2019, seven new MIPS-eligible clinician types were added: physical therapist, occupational therapist, speech-language pathologist, audiologist, clinical psychologist, and registered dietitian or nutritional professional.

Eligible clinicians should begin collecting data and adjusting workflows for 2019 as soon as possible. Below are common questions about MIPS from newly eligible clinician types, with a specific focus on preparing for the Quality category.

Question: What is the low-volume threshold for 2019?

Answer: You must meet all criteria to be considered a MIPS-eligible clinician:

- Bill more than \$90,000 for Medicare Part B covered professional services **and**
- See more than 200 Part B patients **and**
- Provide 200 or more covered professional services to Part B patients

If you are not required to participate as an individual due to not meeting one of the low-volume thresholds, you may still be required to participate if the following applies:

- Your practice chooses to participate as a [group](#)
- You are part of an approved virtual group
- You participate in a type of Alternative Payment Model (APM) called a [MIPS APM](#)

MIPS-eligible clinicians reporting as a group will receive a payment adjustment based on the aggregate score of the group.

Additional information is available in CMS' [2019 Merit-based Incentive Payment System \(MIPS\) Participation and Eligibility Overview](#).

Q: How can I find whether I am an eligible clinician for 2019?

A: CMS updates the [QPP Participation Status](#) tool at the beginning of each performance year. Enter the clinician's National Provider Identifier (NPI) to identify his or her status for 2019 and previous years of MIPS. Remember to note whether the clinician is eligible as an individual or group, and whether he or she is a member of an Alternative Payment Model (APM).

Q: What is opt-in for MIPS 2019?

A: The opt-in option gives eligible clinicians or groups who do not meet all three of the low-volume threshold criteria, but do meet one or two elements, the choice to participate in MIPS. You can report and receive a payment adjustment if you opt in and meet one of the three low-volume threshold criteria. Once you opt in, you will be scored and this choice is irrevocable.

Q: If we are deemed not eligible in 2019, should we report anyway?

A: If you are not eligible, you have two options to report. You can opt in if you qualify to do so, and you must indicate this choice in the QPP Portal. You may also voluntarily participate. Voluntary participation means submission will be scored, but no payment adjustment will be applied. As you ponder your options, review your performance on the measures you are considering submitting in 2019. If your performance is positive and you think you will score well on those measures, you may want to opt in. If MIPS is new to you, you may want to work through measures and submit voluntarily to figure it out.

TMF's QPP team suggests that you do not make the choice to do nothing, even if you are not eligible this year. The rules change year to year and reporting in 2019 prepares you for the future. At the very least, work on data collection, electronic health record (EHR) or registry improvement, and improvement activities to prepare you for when you do become eligible.

Q: How does practice size affect MIPS requirements?

A: Bonuses and measure scoring may differ between small and large practices. A small practice has 15 or fewer eligible clinicians who report under one Tax Identification Number (TIN). A large practice has 16 or more eligible clinicians who report under one TIN. CMS identifies clinicians by their individual National Provider Identifier (NPI) and their associated TIN.

Q: What are the category weights for 2019 MIPS?

A: The Quality category weight has decreased in 2019 to 45 points, and the Cost category has increased to 15 percent. The Promoting Interoperability category is worth 25 points and the Improvement Activities category is worth 15 points. If you are a part of an Alternative Payment Model (APM), the scoring standard used for accountable care organizations (ACOs) is different. The APM scoring standard for 2019 is Quality at 50 percent, Improvement Activities at 20 percent and Promoting Interoperability at 30 percent. The APM standard assigns zero weight to Cost.

Q: What is the 2019 MIPS performance threshold?

A: The performance threshold for 2019 is 30 points. You must obtain 30 points to avoid a negative payment adjustment. This may be reached by a number of submission methods: completing improvement activities is worth 15 points, submitting Quality measures will add up to 45 points, successfully submitting data for PI will add up to 25 points (you must have data or an exclusion for all measures that are required), Cost may add points (unable to calculate in advance), and a small practice bonus is six points (you must submit data on at least one Quality measure to get the bonus).

Q: What are the 2019 MIPS performance periods?

A: The performance period is the amount of time the clinician or group must collect data for that measure or activity. The Quality and Cost categories are a 12-month period. The Promoting Interoperability and Improvement Activities categories must have data for at least a consecutive 90-day period.

Q: What is Quality data completeness?

A: Data completeness is required to reach full scoring potential on Quality measures. If not reached, only one point will be scored on the measure for large practices and three points for small practices. See table below for data completeness thresholds.

Claims	60 percent of Medicare Part B patients for the performance period
QCDR/Registry/EHR	60 percent of the clinician's or group's patients across all payers for the performance period
CMS Web Interface	Sampling requirements for Medicare Part B patients
Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey	Sampling requirements for Medicare Part B patients

For groups that submit five or fewer Quality measures and do not meet the CAHPS for MIPS sampling requirements, the Quality denominator will be reduced by 10 and the measure will receive zero points.

Q: How can a clinician or group earn bonuses in the Quality category?

A: Bonus points are awarded for measures submitted in addition to the first required outcome or high-priority measure. An extra outcome or patient experience measure is worth two points and another high-priority measure is one point. These measures must meet the data completeness and case minimum requirements as well as have a performance rate of greater than zero. This does not

apply to measures submitted using the CMS Web Interface. These bonus points are capped at 10 percent of the denominator for the total Quality category.

Bonus points may also be earned for end-to-end reporting, which earns one point for each Quality measure that is submitted using end-to-end electronic reporting and is capped at 10 percent of the denominator of the total Quality category.

Clinicians and groups may also earn up to 10 additional percentage points based on their improvement in the Quality performance category from the previous year. These points will be incorporated into the overall Quality category score. You must completely participate in the Quality category (submit all required measures and meet data completeness and case minimums) for improvement scoring to apply.

A small practice bonus will be added to the Quality category for MIPS-eligible clinicians in small practices who submit data on at least one Quality measure. Six bonus points are added to the numerator of the Quality performance category.

Q: What do I need to know about topped-out measures?

A: Topped-out measures are measures in which the performance is so high and unvarying that meaningful distinctions and improvement in the performance can no longer be made. Scoring is capped at seven points for these measures. QCDR measures are excluded from topped-out and special scoring. A topped-out measure becomes an extremely topped-out measure when the average mean performance is within the 98th to 100th percentile range, and these measures may be removed sooner than the defined cycle.

Q: What do we need to know about the reporting methods for Quality?

A: In 2019, new terminology was defined:

- Collection type – a set of Quality measures with comparable specifications and data completeness criteria
- Submitter type – MIPS-eligible clinician, group or third-part intermediary
- Submission type – mechanism by which the submitter type submits data to CMS

2019 Quality Reporting for Individuals

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	Direct Log in and upload to the QPP Portal Medicare Part B claims (small practices only)	Individual Third-party intermediary	eCQMs MIPS CQMs QCDR measures Medicare Part B claims (small practices only)

2019 Quality Reporting for Groups

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	Direct Log in and upload to the QPP Portal CMS Web Interface (groups of 25 or more) Medicare Part B claims (small practices only)	Group Third-party intermediary	eCQMs MIPS CQMs QCDR measures CMS Web Interface measures CMS-approved Survey Vendor measure Administrative claims Medicare Part B claims (small practices only)

Q: Can we submit using multiple collection types for the Quality category in 2019?

A: Yes, individuals and groups may use multiple collection types. This includes MIPS CQM (formerly registry measures), eCQM, QCDR measures and Medicare Part B claims for small practices only. Measures submitted via CMS Web Interface and facility-based measures may not be combined with any other collection type. There is a specific set of measures that must be submitted for those collection types.

Q: If I submit data using two different collection types, will CMS aggregate my data for a total Quality score?

A: CMS will **not** aggregate two collection types of the same measure to achieve measure completeness. If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring. If you submit different measures using two collection types, those individual measure scores will be added together for a full score. Appendix B in the [2019 MIPS Quality Performance Category Fact Sheet](#) (Page 25) contains an example of scoring.

Q: How have the Quality measures changed from 2018 in consideration of the newly eligible clinician types?

A: CMS has added new measures and removed some, as well as has changed some topped-out measures. Some specialty measure sets have also changed, with additions and deletions. Details on these measures are in Appendix 1, Table B, on Page 2,180 of the QPP [2019 Final Rule](#).

Q: What are facility-based Quality and Cost measures?

A: Facility-based scoring will be used for your Quality and Cost performance category scores when the following apply:

- You are identified as a facility-based clinician.
- You are attributed to a facility with a Hospital VBP program score for the 2019 performance period.
- The Hospital VBP score results in a higher score than MIPS Quality measure data you submit and the MIPS Cost measure data CMS calculates for you.

Additional details are available by reviewing CMS' [2019 Facility-based Measurement Fact Sheet](#) (PDF).

Q: How can we evaluate Quality measures for potential best method of submission?

A: The first place to search for measures that may apply to the practice is to look at the [2019 Clinical Quality Measure Specifications and Supporting Documents](#) (ZIP) from CMS. This ZIP file contains multiple documents, including the 2019 MIPS Quality Measures List that allows you to filter for the measures applicable to your specialty. Once you identify measures, look at the measure specification sheets also included in the file to understand the reporting requirements for each measure.

Q: How do benchmarks impact my score?

A: CMS uses the [2019 Quality Measure Benchmarks](#) (ZIP) to score Quality measures. Each collection type has its own benchmark. When you are able to submit a measure using different collection types, choose the measure submission method that provides the best score.

Q: What first steps should new eligible clinician types do to prepare for 2019 MIPS?

A: Review the resources available on each category to educate you and your practice. In CMS' [QPP Resource Library](#), you can filter to find materials pertinent to 2019 in whatever category you choose to research.

Prepare to access the [QPP Portal](#). You will need a HCQIS Authorized Roles and Profile (HARP) account for this (formerly an Enterprise Identity Management account). If you do not have a HARP account, register at [QPP.CMS.gov on the Sign-in tab](#). The [QPP Access User Guide](#) (ZIP) provides you direction on setting up your account. Contact the CMS QPP support desk at 1-866-288-8292 if you need to reset your HARP or EIDM password or need additional help setting up your account.

Join the [TMF Learning and Action Network](#). This free website provides MIPS fact sheets, Q&As, webinars and other resources to help you. Review TMF's MIPS fact sheet for each MIPS category, which will provide a foundation for your work. Spanish versions are also available at <https://tmfqin.org/qpp>:

- [Quality 2019](#)
- [Cost 2019](#)

- [Promoting Interoperability 2019](#)
- [Improvement Activities 2019](#)

Finally, if not yet completed, select the Quality measures you plan to report. Review available measures for your specialty and select those you will report on. Your next step would be to look at the available improvement activities that will help you improve on those measures. If using an EHR and reporting for the Promoting Interoperability category, consider improvement activities that will benefit those scores as well.

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To learn more about free MIPS support, visit www.tmfqin.org/qpp. To request technical assistance with MIPS for practices or systems with 16 or more eligible clinicians, contact QualityReporting@tmf.org. To request support for small and rural practices, contact QPP-SURS@tmf.org. Call us at 1-844-317-7609 Monday to Friday, 8 a.m. to 5 p.m., or you can submit a [Request for Support form](#) at any time.