

Top Ten Things to Know for Year 2 of MIPS

1. The low volume threshold has increased.

CMS has updated the low-volume threshold for year 2. You are excluded from participation in MIPS if you or your group has less than or equal to \$90,000 in Part B allowed charges OR less than or equal to 200 Part B beneficiaries. This is an increase from the transition year which excluded clinicians and groups that had less than or equal to \$30,000 in Part B allowed charges OR less than or equal to 100 Part B beneficiaries.

For 2018, clinicians who do not exceed the low volume threshold are excluded from voluntary participation in MIPS, and will receive a neutral payment adjustment in 2020.

2. There is no longer a “transition” option for those that participate.

CMS previously allowed for a 90-day performance period for the transition year for Quality component of MIPS. This will change for Year 2 as CMS now requires a 12-month (full year) performance period for both Quality and Cost.

Performance Component	Minimum Performance Period 2017	Minimum Performance Period 2018
Quality	90-days minimum; full year (12 months) was also an option	12-months
Cost	Not included. 12-months for feedback only.	12-months
Improvement Activities	90-days	90-days
Advancing Care Information	90-days	90-days

3. The weighting of the performance categories has shifted.

In the transition year, CMS did not associate a weighting to Cost. For 2018, the Quality component has a reduced weighting and Cost now has a weighting that will continue to increase for subsequent performance period as well.

Performance Component	2017 Performance Year	2018 Performance Year	2019 Performance Year and Beyond
Quality	60%	50%	30%
Cost	0%	10%	30%
Improvement Activities	15%	15%	15%
Advancing Care Information	25%	25%	25%

4. The payment adjustment has changed.

In the 2017 transition year, the payment adjustment was set at +/- 4%. In performance Year 2, the payment adjustment has increased to +/- 5%. Adjustments will be assessed in payment year 2020.

5. CMS has increased the performance threshold.

CMS is increasing the value of what will be considered an acceptable level of performance in the QPP, raising the threshold to 15 points, versus 3 points, which was the minimum number of points needed in 2017 to avoid a payment penalty in 2019. There are multiple ways in which a clinician can meet that 15-point threshold, including submitting the maximum number of improvement activities OR full participation in the Quality component of MIPS. For 2018, CMS is keeping its "Exceptional Performance" threshold, or the point at which bonuses are awarded, at 70 points.

6. CMS has increased flexibility for the ACI component.

In an effort to reduce administrative burden, CMS is allowing MIPS eligible clinicians to use either the 2014 or 2015 CEHRT or a combination of both for the 2018 performance year. Note that a **10% bonus is available for clinicians using ONLY the 2015 edition.**

7. Virtual Group Reporting is an option for 2018.

CMS has announced the inclusion of Virtual Groups with year 2 of the QPP as an additional participation option. A Virtual Group is a combination of 2 or more Taxpayer Identification Numbers (TINs) made up of solo practitioners and/or groups of 10 or fewer eligible clinicians who come together "virtually" (no matter specialty or location) with others to participate in MIPS for a yearly performance period. To be eligible to join or form a virtual group you would need to be a solo practitioner who exceeds the low volume threshold individually and are not a newly Medicare enrolled eligible clinician, a Qualifying APM Participant (QP) or a Partial QP choosing not to participate in MIPS. If you are a group of 10 or fewer eligible clinicians and exceed the low volume threshold at the group level, you are eligible to participate.

8. Small practices that report are eligible for a bonus.

CMS has stated that they realized it might be hard for small practices to participate in the QPP so they are offering some flexibilities for groups of 15 or fewer clinicians. Some of these flexibilities include adding **5 bonus points to the final scores** of small practices, giving solo practitioners or small groups the option to form or join a virtual group if they exceed the low-volume thresholds and continuing to award small practices 3 points for measures in the Quality performance component of MIPS when the reported data does not meet data completeness requirements. CMS has also added a new hardship exception for the ACI performance category as well.

9. CMS has introduced a bonus for complex patients.

Clinicians can earn up to a **5-point bonus** for the treatment of complex patients. This is based on a combination of Hierarchical Condition Categories (HCCs), a method used to account for a patient's

health relative to risk. The number of Medicare/Medicaid dual eligible patients treated by the clinician will also be factored into the bonus scoring

10. CMS has adjusted how they will score topped-out measures.

CMS intends to indicate which measures are topped out through the benchmarks that will be published on the QPP website annually, as feasible prior to the beginning of each performance period. CMS clarified that if the measure benchmark is not topped out during one of the 3 MIPS performance periods, then the lifecycle would stop and start again at year 1 the next time the measure benchmark is topped out.