

Significant Changes Ahead for MIPS in 2020 and Beyond

August 19, 2019

Several changes to the Merit-based Incentive Payment System (MIPS) track of the Quality Payment System (QPP) are outlined in a proposed rule for 2020 revisions to payment policies under the Physician Fee Schedule (PFS). Most of the proposed changes come as no surprise, but there is one proposal, in particular, that will make a huge impact on the program. It's so big, the Centers for Medicare & Medicaid Services (CMS) has issued a Request for Information.

Performance Category Weights

The changes to the Quality and Cost performance category weights come as no surprise, as CMS has told us all along that they will phase in the final weights mandated by the Medicare Access and CHIP Reauthorization Act (**MACRA**). **Table 1** shows what the proposed performance category weights are for 2020-2022 compared to the current weights.

Table 1: Performance Category Weights

Performance Category	2019	2020 (proposed)	2021 (proposed)	2022 (proposed)
Quality	45%	40%	35%	30%
Cost	15%	20%	25%	30%
Improvement Activities	15%	15%	15%	15%
Promoting Interoperability	25%	25%	25%	25%

Performance Category Changes

In addition to reweighting the Quality and Cost performance categories, CMS proposes changes for how it will measure data in each category.

Quality: Remove low-bar, standard of care, process measures, focus on high-priority outcome measures, and add new specialty sets; increase patient sample to 70 percent for data completeness; and introduce a benchmarking policy for 2022 payment year (2020 performance year).

Cost: Add 10 episode-based measures and revise current global measures attribution methodologies.

Improvement Activities: Add two new activities, modify seven existing activities, and remove 15 activities; introduce a new requirement for Improvement Activities credit for groups (at least 50 percent of MIPS eligible clinicians participate)

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Promoting Interoperability: New reweighting standards for hospital-based MIPS eligible clinicians in groups; revise the Query of Prescription Drug Monitoring Program measure; and remove the Verify Opioid Treatment Agreement measure.

Payment Thresholds

MIPS eligible clinicians/groups' Medicare Part B payment adjustments are based on performance thresholds. As shown in **Table 2**, the performance threshold and payment adjustment statutorily increase each year until the maximums are reached in performance year 2021 (payment year 2023).

Table 2: Payment Thresholds

Performance Period	Performance Threshold	Exceptional Performance Bonus	Payment Adjustment
2017	3 points	70 points	up to +4%
2018	15 points	70 points	up to +5%
2019	30 points	75 points	up to +7%
2020 (proposed)	45 points	80 points	up to +9%
2021 (proposed)	60 points	85 points	up to +9%

Reducing Burden

CMS is also proposing to require Qualified Clinical Data Registries (QCDRs) and Qualified Registries to support the performance categories in which clinicians must report data (Quality, Improvement Activities, and Promoting Interoperability); provide enhance performance feedback; and deliver quality improvement services.

Additional Provisions to Note

- ⇒ Redefining hospital-based clinicians to include groups and virtual groups
- ⇒ Revising the final score reweighting policy to account for control factors
- ⇒ Requiring targeted review requests to be submitted within 60 days of the MIPS payment adjustment

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MIPS Value Pathways

The biggest change CMS is proposing is to implement a new participation framework, called MIPS Value Pathways (MVPs), beginning with the 2021 performance year. The framework for MVPs has been in the works for awhile, but the actual pathways are still in a prepubescent state.

MVPs may help counteract the complexity CMS inadvertently created in allowing so much flexibility in MIPS by limiting the selection of quality measures. Clinicians would select an MVP that provides meaningful set of measures and activities for an applicable condition or specialty, as well as general population health measures included in all MVPs.

You can download the [MIPS Value Pathways diagrams](#) from the Resource Library at qpp.cms.gov.

CMS is encouraging the healthcare community to review the Transforming MIPS: MIPS Value Pathways Request for Information (section III.K.1.b.(1)) and the MIPS Value Pathways diagrams and submit formal comments. Specifically, CMS is seeking feedback on:

Pathways:

- ⇒ What should be the structure and focus of the Pathways?
- ⇒ What criteria should we use to select measures and activities?

Participation:

- ⇒ What policies are needed for small practices and multi-specialty practices?
- ⇒ Should there be a choice of measures and activities within Pathways?

Public Reporting:

- ⇒ How should information be reported to patients?
- ⇒ Should we move toward reporting at the individual clinician level?

Commenting instructions are at the beginning of the [2020 MPFS proposed rule](#). The commenting period ends **Sept. 27, 2019** at 5 pm ET. The final rule will be published in the [Federal Register](#) sometime in November.