

What's Proposed for MIPS in 2020 and What are MVPs?

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The Quality Payment Program (QPP) proposed rule for 2020 adds some insights into what we may see in 2021, as well. One possibility is a new MIPS Value Pathways (MVPs) framework. Here is a look at the highlights for these MACRA-related updates.

Prepare for Performance Threshold Points to Go Up

First up, the QPP 2020 proposed rule includes changes for the performance threshold, the lowest number of points required to avoid a negative Medicare payment adjustment. Included are the current numbers to help demonstrate the change from the 2019 performance year:

- ⇒ **2019: 30 points**
- ⇒ **2020: 45 points**
- ⇒ **2021: 60 points**

In the 2020 QPP proposed rule overview fact sheet, CMS states that the idea behind the incremental increases is to “meet the requirements established by Congress that beginning with the sixth year of the program (2022 Performance Year) the performance threshold needs to be set at the mean or median of the final scores for all MIPS eligible clinicians for a prior period.”

The additional performance threshold for exceptional performance is likely to see a change, too:

- ⇒ **2019: 75 points**
- ⇒ **2020: 80 points**
- ⇒ **2021: 85 points**

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Keep Tabs on Quality and Cost Category Updates

Some of the category weights may change, as well.

For the Quality performance category, the numbers may look like this, if the proposed rule goes through:

- ⇒ **2019: 45 percent**
- ⇒ **2020: 40 percent**
- ⇒ **2021: 35 percent**
- ⇒ **2022: 30 percent**

In line with the Quality percentage reductions, the Cost performance category percentages may increase over time:

- ⇒ **2019: 15 percent**
- ⇒ **2020: 20 percent**
- ⇒ **2021: 25 percent**
- ⇒ **2022: 30 percent**

These incremental changes end with equal weight for both categories, as required by law in the 2022 performance year, the fact sheet states.

Make Up Your Mind About MVP

CMS is proposing the MVP framework for the 2021 performance year to align measures and activities across Quality, Cost, Promoting Interoperability, and Improvement Activities. A clinician or group could be in an MVP dedicated to their specialty or to a condition. Clinicians and groups in that MVP would report on the same measures and activities for the four performance categories. CMS indicates the new framework should result in reduced reporting burden by limiting required measures and using administrative claims-based quality measures.