

# MIPS Year 2: Your Questions Answered

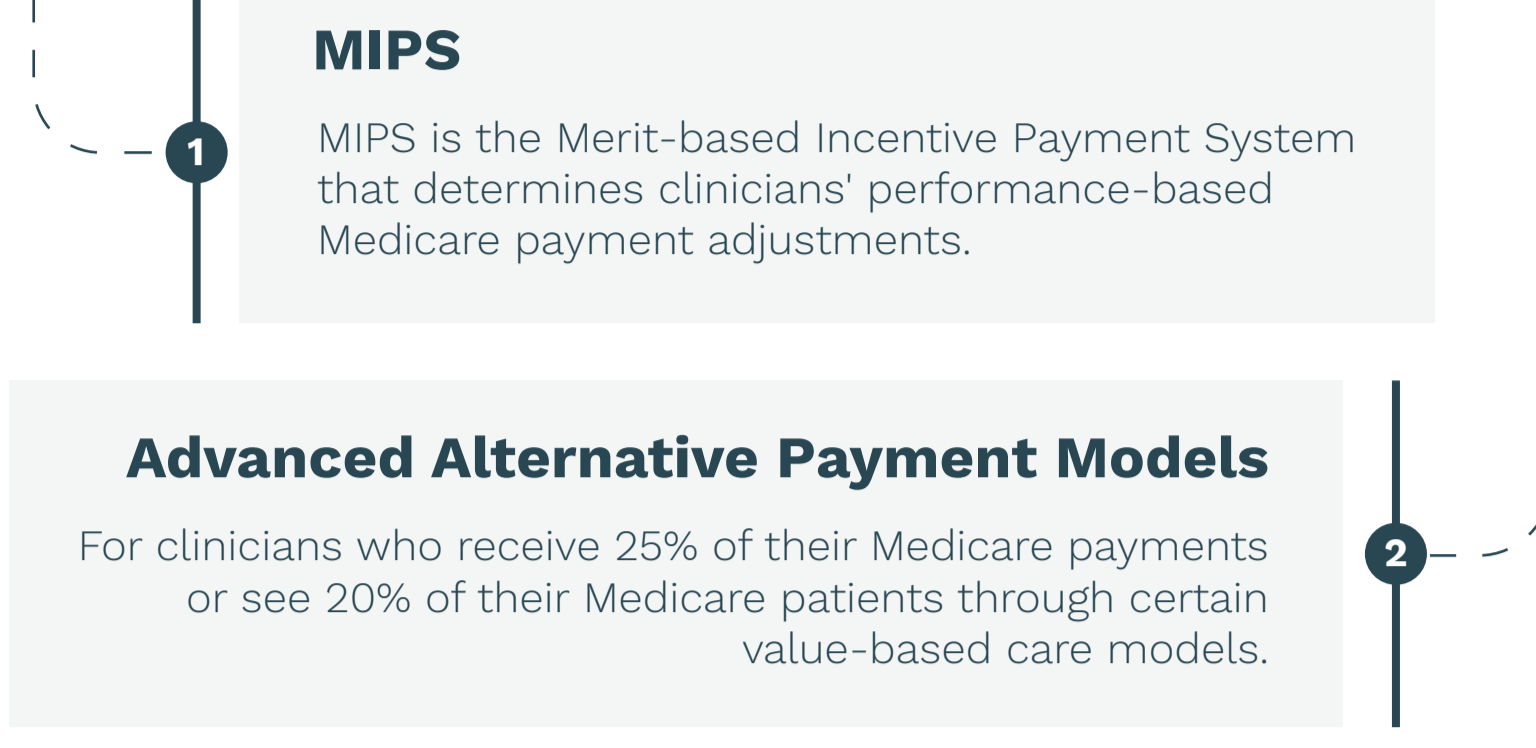


CMS issued the final rule for the second year of its Quality Payment Program (QPP) created by MACRA.

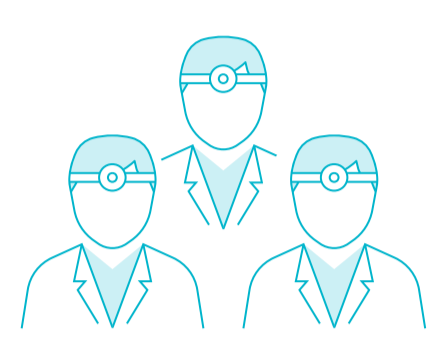
**CMS says Year 2 of the QPP is designed to:**

- Ease the burden on clinicians—especially those in small practices
- Provide a slow ramp-up to full implementation in 2019

There are **two tracks** clinicians can choose from under the QPP:



## AM I SUBJECT TO MIPS?



CMS estimates that approximately **600,000 clinicians**

will be eligible for MIPS in 2018, the program's second reporting year, which will determine MIPS payment adjustments for 2020.

### MIPS-eligible clinicians are:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists



CMS estimates that more than **920,000 clinicians** will be excluded from MIPS in 2018.

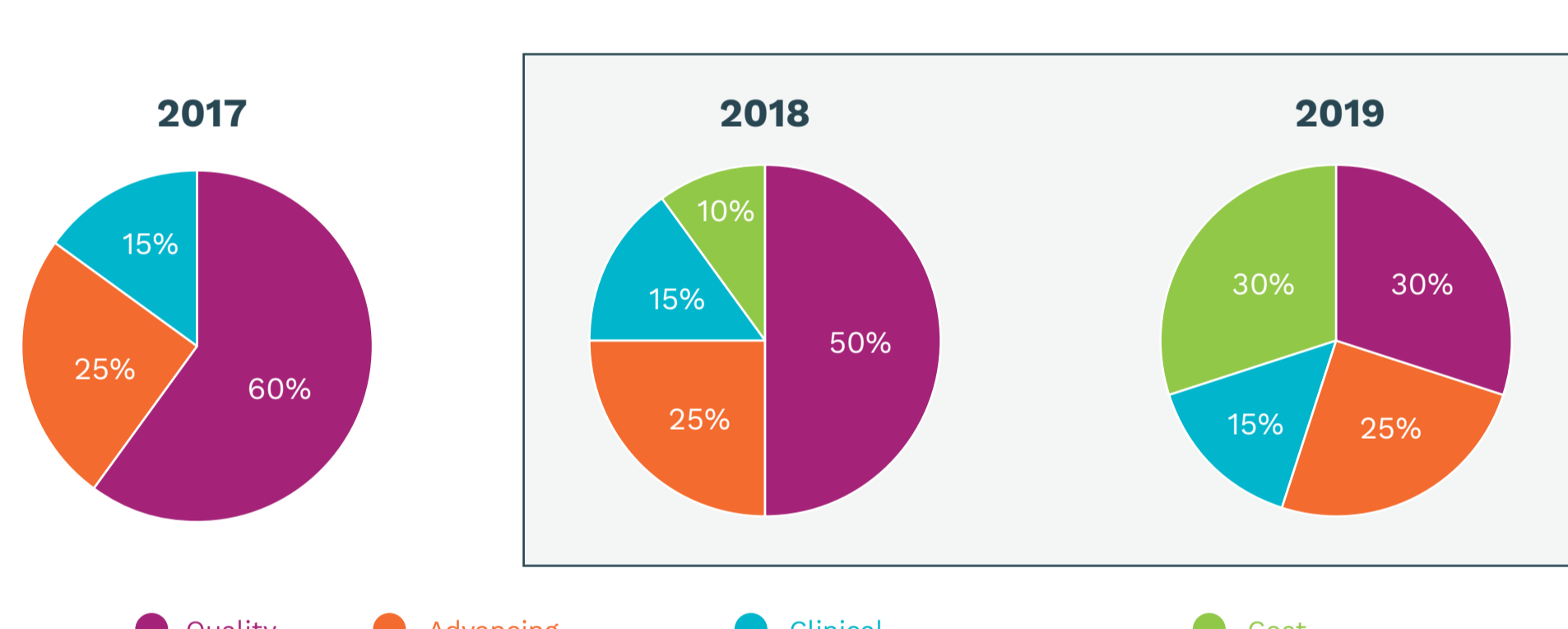
### Clinicians are NOT included in Year 2 of MIPS if they:

- Are in their first year of Medicare Part B participation
- Bill Medicare \$90,000 or less, or have 200 or fewer Medicare Part B patients
- Qualify for the Advanced APM track
- Are not one of the MIPS-eligible clinician types

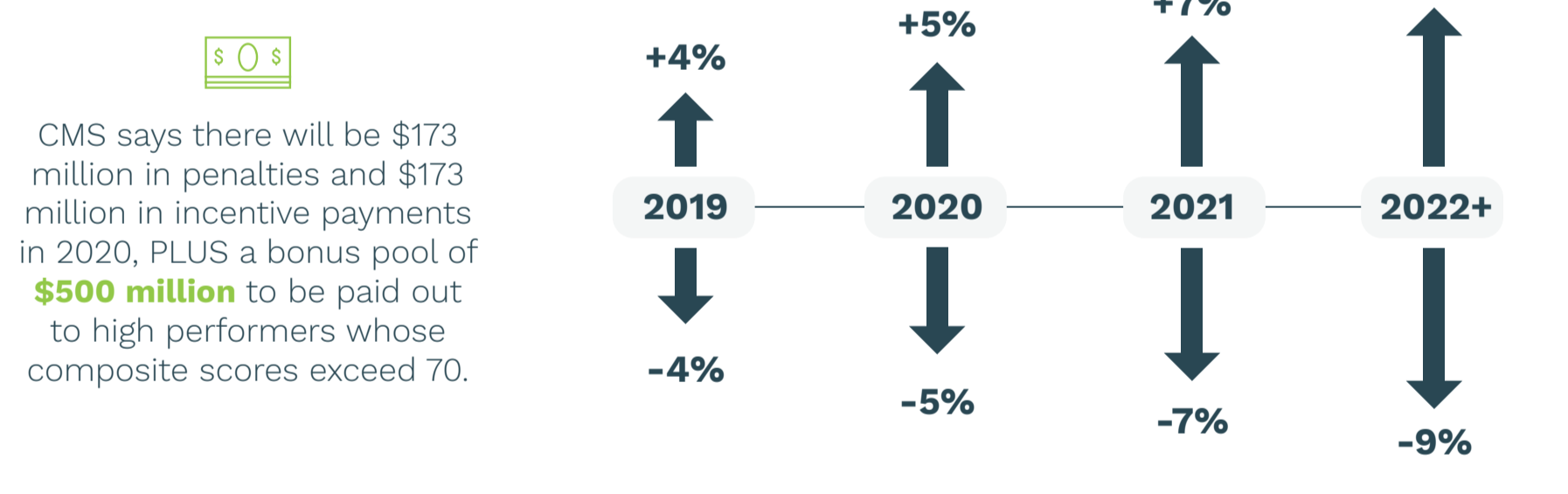
## WHAT ARE THE KEY MIPS CHANGES FOR 2018?

- Cost of care included in performance**
- Performance threshold (the minimum composite score needed to avoid a penalty) jumps from 3 points to 15 points**
- Up to 5 bonus points available for treating complex patients**
- Assistance for small-group clinicians, including bonus points, hardship exemptions, and the opportunity to form or join a "virtual group" to submit data**
- Hardship exemptions for clinicians affected by natural disasters**

## HOW WILL MY MIPS SCORE BE CALCULATED?



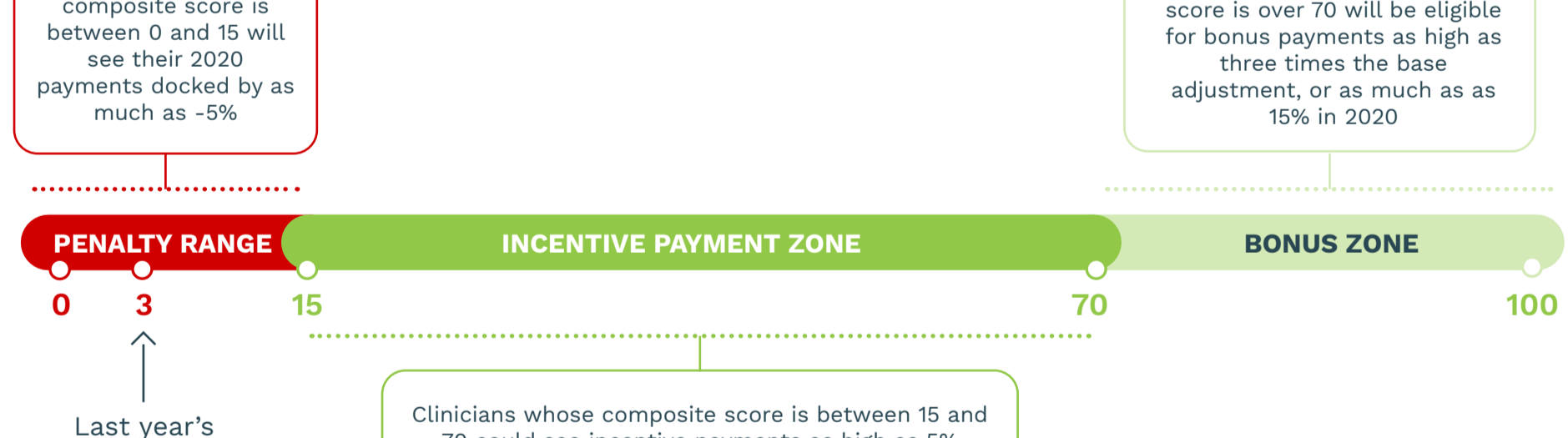
The possible MIPS payment adjustment jumps to +/-5% in 2020 (based on 2018 performance) —and keeps growing



CMS says there will be \$173 million in penalties and \$173 million in incentive payments in 2020, PLUS a bonus pool of **\$500 million** to be paid out to high performers whose composite scores exceed 70.

### Performance Threshold

In 2018, the minimum composite score to avoid a penalty in 2020 jumps from 3 points to 15 points



## HOW MUCH DATA DO I HAVE TO REPORT?

### MINIMUM PERFORMANCE PERIOD

	2017	2018
Quality	90 days minimum; full year (12 months) optional	12 months
Advancing Care Information	90 days	90 days
Clinical Improvement Activities	90 days	90 days
Cost	Not included—12 months for feedback only	12 months

## GOOD NEWS!

Data for many MIPS measures can be captured **automatically** during the intake process, including:

- MATERNAL DEPRESSION SCREENING
  - BREAST CANCER SCREENING
  - QUALITY OF LIFE ASSESSMENT FOR PATIENTS WITH HEADACHE DISORDERS
  - UNHEALTHY ALCOHOL USE SCREENING
  - TOBACCO USE SCREENING
  - CERVICAL CANCER SCREENING
  - COLORECTAL CANCER SCREENING
  - PNEUMOCOCCAL VACCINATION STATUS FOR OLDER ADULTS
  - PAIN ASSESSMENT AND FOLLOW-UP
  - FUNCTIONAL STATUS ASSESSMENT FOR TOTAL KNEE REPLACEMENT
  - FALL RISK ASSESSMENT
  - EVALUATION OR INTERVIEW FOR RISK OF OPIOID MISUSE
  - DOCUMENTATION OF CURRENT MEDICATIONS
- and more!**