

Top Ten MIPS Changes from 2017 to 2018

The Quality Reporting Engagement Group recently reported on their top 10 differences in MIPS (Merit-based Incentive Payment System) reporting from 2017 to 2018.

1. Low Volume Threshold

In 2017, eligible clinicians were excluded from reporting if they had less than **\$30,000** in Medicare Part B allowed charges, including service and drugs, OR they provided care to less than **100** Medicare Part B beneficiaries.

In 2018, eligible professionals are excluded if they have **\$90,000 or less** in Medicare Part B charges OR provide care to less than **200** Medicare Part B beneficiaries.

2. Payment Adjustment Range

Under MIPS, the payment adjustment range for performance changes from **+/- 4%** in 2017 to **+/- 5%** in 2018.

3. MIPS Performance Threshold

In 2017, the performance threshold was set at **3 points** (scoring a minimum of three points would prevent a negative payment adjustment). In 2018, the performance threshold increased to **15 points**. In both years, the additional performance threshold stays at 70 points for exceptional performance.

4. Reporting Options

In 2017, you had the option of reporting as an **Individual** (eligible clinician) or with a **Group**. In 2018, the individual and group options remained, but a third **Virtual Group** was added. A Virtual Group could be made up of 10 or fewer eligible clinicians who came together virtually to report. Practices or individuals had to elect to be part of a virtual group before the end of 2017 for the 2018 reporting year.

5. Final Score Breakdown

The performance category scores changed in the years 2017 and 2018.

Quality:	60% in 2017	50% in 2018
Cost:	0%	10%
Improvement Activities:	15%	15%
Advancing Care Information:	25%	25%

*CMS recently changed the name of the Advancing Care category to Promoting Interoperability.

6. Changes in the Quality Category

In 2017, eligible clinicians could report for a period of 90 days to earn a neutral or positive payment adjustment. Data completeness had to only reach 50 percent.

In 2018, eligible professionals must report a full calendar year with data completeness at 60 percent. Some topped-out measures are being removed in this category and scored on a four-year phasing out timeline, although some may be considered to remain as they contribute important aspects of patient safety and reliability. CMS will also cap the possible points at seven for six measures.

7. Changes in the Advancing Care Information/Promoting Interoperability Category

In 2017, there was **no bonus for using the 2015 Edition of CEHRT** (Certified Electronic Health Record Technology) for the transition year. In addition, the ACI category could be reweighted to **zero percent** if there were not sufficient measures applicable and available for clinicians.

In 2018, there is a **10 percent bonus for exclusively using the 2015 Edition of CEHRT**. In addition, reweighting can occur for the following reasons: significant hardship exception; new significant hardship for small practices and hospital-based ECs; new exceptions for Ambulatory Surgery Center based ECs; exceptions of your EHR was decertified; and there is a deadline of December 31 of the performance year to apply for hardship.

8. Changes in Improvement Activities

In 2017, there were **92** activities to choose from. In 2018, CMS finalized more activities and changed existing activities for a total of **112**. There were some additional changes around the Patient-Centered Medical Home (PCMH). In 2017, only one practice within a TIN had to be a PCMH to get full credit and that PCMH was accredited from one of four nationally recognized organizations. In 2018, CMS finalized a 50 percent threshold for the number of practice sites within a TIN to receive credit, and they finalized the term “recognized” to mean the same as “certified.”

9. Bonus Options

In 2017, there were **few bonus options** available. In 2018, there are **several options**: Complex Patients Bonus; Small Practice Bonus; 2015 EHR Certified Edition Bonus; and Performance Improvement Bonus Points in the Quality category only.

There is an exclusion in this category if you receive less than 100 transitions/new patients during the reporting period.

10. Small Practice Scoring Considerations

In 2017, there was a **reweighting of Improvement Activities** to include either two medium-weight or one high-weight activity to earn a full score. In 2018:

- **CMS will continue to reweight the Improvement Activities**
- **Practices or ECs will receive three points if data completeness falls below 60 percent in the Quality measure, as long as they have a benchmark and meet the case minimum requirement**
- **Practices or ECs can apply for a Hardship Exception for the ACI category if facing overwhelming barriers to adopting a certified EHR**
- **CMS has included a Small Practice Bonus of five points**

Our Quality Reporting Engagement Group can assist your practice with your value-based care needs. For more information, email us at sales@intrinsiq.com or call 877.570.8721, x2.