

# MIPS Year 2 (2018) and Year 3 (2019) Requirements Comparison

Health Services Advisory Group (HSAG) is contracted by the Centers for Medicare & Medicaid Services (CMS) to provide no-cost assistance to eligible clinicians (ECs) participating in the Merit-based Incentive Payment System (MIPS). For individualized assistance, call or email us at 844.472.4227 or HSAGSupport@hsag.com.

Requirements	MIPS Year 2 (2018)	MIPS Year 3 (2019)
Data Submission Period	January 2, 2019 through <b>April 2, 2019</b>	January 2, 2020 through <b>March 31, 2020*</b> <b>*This date may be extended by CMS at their discretion.</b>
Low-Volume Threshold	<ul style="list-style-type: none"> <li>&gt;\$90,000 in Medicare Part B Fee-for-Service (FFS) allowed charges</li> <li>and &gt;200 Medicare Part B FFS beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>&gt;\$90,000 in Medicare Part B FFS allowed charges</li> <li>and &gt;200 Medicare Part B FFS beneficiaries</li> <li>and &gt;200 covered professional services under the Physician Fee Schedule (PFS)</li> <li>or the OPT-IN option if at least 1 of the above criteria is met</li> </ul>
EC Type	<ul style="list-style-type: none"> <li>Physicians, which includes doctor of medicine, doctors of osteopathy (including osteopathic practitioners), doctor of dental surgery, doctor of dental medicine, doctors of podiatric medicine, doctor of optometry, and chiropractors;</li> <li>Physician assistants (PAs);</li> <li>Nurse practitioners (NPs);</li> <li>Clinical nurse specialists;</li> <li>Certified registered nurse anesthetists.</li> </ul>	All EC types eligible for 2018 along with new EC types: <ul style="list-style-type: none"> <li>Physical therapists;</li> <li>Occupational therapists;</li> <li>Qualified speech-language pathologists;</li> <li>Qualified audiologists;</li> <li>Clinical psychologists;</li> <li>Registered dietitians or nutrition professionals.</li> </ul>
Performance Threshold	15-point minimum to avoid penalty in 2020	30-point minimum to avoid penalty in 2021
Category Weighting	Quality 50% Promoting Interoperability 25% Improvement Activities 15% Cost 10%	Quality 45% Promoting Interoperability 25% Improvement Activities 15% Cost 15%
Performance Period	Quality and Cost require 12 months. Promoting Interoperability and Improvement Activities require a minimum of 90 continuous days.	No changes
Virtual Groups	Option for solo practitioners and groups of 10 or fewer clinicians (with at least one EC) who come together “virtually” to participate in MIPS. Cut-off date to join virtual group for the 2018 performance period was December 31, 2017.	Option for solo practitioners and groups of 10 or fewer clinicians (with at least one EC) who come together “virtually” to participate in MIPS. Cut-off date to join virtual group for the 2019 performance year was December 31, 2018.
Submission Methods	Claims, Registry, Quality Clinical Data Registry (QCDR), electronic health record (EHR), and Web-interface (for groups of 25 or more)	New terms introduced: <b>Collection type:</b> electronic clinical quality measures (eCQMs), MIPS clinical quality measures (CQMs), Medicare Part B claims (for small practices only), CMS-approved survey vendor measures and administrative claims measures <b>Submission type:</b> individual, group and third-party intermediary <b>Submitter type:</b> direct, login, and upload Medicare Part B claims (for small practices only) and CMS Web Interface (for groups with 25 or more ECs)

Requirements	MIPS Year 2 (2018)	MIPS Year 3 (2019)
Quality	60% data completeness required to obtain more than 1 point on measures; small practices will receive 3 points	No changes
	Certified EHR required to report quality measures using EHR	If you submit eCQMs, you will need to use CEHRT to collect the eCQM data. You must have 2015 Edition CEHRT in place by December 31, 2019 and the 2015 CEHRT must be used to generate your eCQM data for reporting.
Cost	No data submission required. Calculation is based on administrative claims.	No changes
Improvement Activities	40 points to receive full credit. Small practice and patient-centered medical home (PCMH) considerations apply.	No changes
Promoting Interoperability	Use of either 2014 or 2015 edition certified electronic health record technology (CEHRT) required. 10% bonus applied for use of 2015 CEHRT.	Use of 2015 edition CEHRT required for Promoting Interoperability for MIPS 2019.
	Base measures required: <ul style="list-style-type: none"> <li>• Base = 50 points</li> <li>• Performance = 90 points</li> <li>• Bonus = 25 points</li> </ul>	Old scoring replaced by 4 objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. All measures under each four objectives will require a response (i.e., yes/no, numerator/denominator, or exclusion). Each measure will be scored based on performance for that measure. For measures where an exclusion is selected, the points will be moved to another objective within this category.
Small Practice Bonus	Practices with 15 or fewer ECs will receive 5 points added to their Final Score	Small practice bonus of 6 points moved to overall score in the Quality performance category.
Complex Patient Bonus	Practices can earn up to 5 points for treating complex patients. Complexity is measured by the Hierarchical Condition Category (HCC) risk.	No changes

Source: The Centers for Medicare & Medicaid Services. Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; Medicaid Promoting Interoperability Program; Quality Payment Program—Extreme and Uncontrollable Circumstance Policy for the 2019 MIPS Payment Year; Provisions from the Medicare Shared Savings Program—Accountable Care Organizations—Pathways to Success; and Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act 42 CFR Parts 405, 410, 411, 414, 415, 425, and 495. November 1, 2018 (2379 pages). Available at: <https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>

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