

MIPS Year 3 (2019) and Year 4 (2020) 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).

Requirements	MIPS Year 3 (2019)	MIPS Year 4 (2020)
Data Submission Period	January 2, 2020 through March 31, 2020	January 2, 2021 through March 31, 2021
Low-Volume Threshold	<ul style="list-style-type: none"> • >\$90,000 in Medicare Part B Fee-for-Service (FFS) allowed charges • and >200 Medicare Part B FFS beneficiaries • and >200 covered professional services under the Physician Fee Schedule (PFS) • or the OPT-IN option if at least 1 of the above criteria is met 	No changes
EC Type	<ul style="list-style-type: none"> • 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; • Physician assistants (PAs); • Nurse practitioners (NPs); • Clinical nurse specialists; • Certified registered nurse anesthetists; • Physical therapists; • Occupational therapists; • Qualified speech-language pathologists; • Qualified audiologists; • Clinical psychologists; • Registered dietitians or nutrition professionals. 	No changes
Performance Threshold	30-point minimum to avoid penalty in 2021	45-point minimum to avoid penalty in 2022
Category Weighting	Quality 45% Promoting Interoperability 25% Improvement Activities 15% Cost 15%	No changes
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 2019 performance period was December 31, 2018.	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 2020 performance year is December 31, 2019.
Submission Methods	<p style="text-align: center;">New terms introduced:</p> <p>Collection type: electronic clinical quality measures (eQMs), MIPS clinical quality measures (CQMs), Medicare Part B claims (for small practices only), CMS-approved survey vendor measures and administrative claims measures</p> <p>Submission type: individual, group, and third-party intermediary</p> <p>Submitter type: direct, login, and upload Medicare Part B claims (for small practices only) and CMS Web Interface (for groups with 25 or more ECs)</p>	No changes

Requirements	MIPS Year 3 (2019)	MIPS Year 4 (2020)
Quality	60% data completeness required to obtain more than 1 point on measures; small practices will receive 3 points	70% of data completeness required to obtain at least 1 point on measures; small practices will receive 3 points
	If you submit eCQMs, you will need to use certified electronic health record technology (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.	No changes
Cost	No data submission is required. Calculation is based on administrative claims.	No data submission is required. Calculation is based on administrative claims. Revising the existing Medicare Spending Per Beneficiary Clinician and Total Per Capita Cost measures. Additional 10 new episode-based measures.
Improvement Activities	40 points to receive full credit. Small practice and patient-centered medical home (PCMH) considerations apply.	40 points to receive full credit. Small practice PCMH considerations apply. Increase Improvement Activity performance category participation threshold for group reporting from a single clinician to 50% of the clinicians in the practice.
Promoting Interoperability	Use of 2015 Edition CEHRT required for Promoting Interoperability for MIPS 2019.	No changes
	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.	No changes
Small Practice Bonus	Small practice bonus of 6 points moved to overall score in the Quality performance category.	No changes
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; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule. November 15, 2019. Available at: <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>

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