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2020 Brings Your Payment Adjustment from the 2018 MIPS Performance Year

Now that we're into 2020, MIPS providers can expect to start receiving their payment adjustments from the 2018 performance year. Payment adjustments ranged from -5% to 1.68%. Remember, under the MIPS program the payment adjustment earned for any given performance year is actually applied by CMS two years later. This is referred to as the Payment year.

Per CMS rules, the payment adjustments are applied only to payments made for covered professional services paid under the Medicare Physician Fee Schedule and furnished by a MIPS eligible clinician.

- The payment adjustment is applied to the Medicare paid amount (not the "allowed amount") of medical claims and doesn't impact the portion of the payment that a beneficiary is responsible to pay
- The payment adjustment is applied before sequestration. Sequestration is the automatic 2% reduction in the Medicare fee-for-service payments to plans and providers based on the Budget Control Act of 2011 and is currently expected to extend through fiscal year 2029. For more information on this mandatory payment reduction, visit <https://fas.org/sgp/crs/misc/IF11332.pdf>

The Quality Payment Program cites some FAQs that you may find relevant to your practice and worth reviewing:

Q: How is the 2020 MIPS payment adjustment applied to services that are "globally billed," meaning services are split into separate professional component (PC) and technical component (TC) services when the PC and TC are furnished by the same physician or supplier entity?

A: The MIPS payment adjustment is applied to all paid charges for both the TC and PC of a globally billed service.

Q: We have a MIPS eligible clinician who started billing Medicare claims under our practice's existing TIN in October 2018. We participate as a group. Will this clinician receive a payment adjustment based on our group's final score?

A: Yes. We've updated this policy from the 2017 performance period: MIPS eligible clinicians who started billing to a group's existing TIN between 9/1/2018 and 12/31/2018 will receive the group's final score and payment adjustment in the 2020 payment year. (If the practice had not participated as a group, the MIPS eligible clinician would receive a neutral payment adjustment under this TIN/NPI combination in the 2020 payment year.)



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Q: Some of the clinicians in our group billed Medicare under more than one Tax ID Number (TIN) in 2018. How does this impact Payment adjustments?

A: In this situation, the clinician will receive a separate 2018 MIPS final score and payment adjustment amount for each of his/her unique TIN/NPI combinations.

Q: What happens when a MIPS eligible clinician who earned a 2018 MIPS final score bills Medicare in the 2020 payment year under a different TIN than he/she billed under during the 2018 performance year?

A: In such cases, we will apply the payment adjustment earned under the 2018 TIN to covered 2020 services billed to Medicare under the new TIN.

Q: If I'm part of a group that submitted MIPS data on behalf of all of its eligible clinicians and I was determined to be a Qualifying APM Participant (QP) in 2018, will I receive the 2020 payment adjustment based on the group's 2018 final score?

A: No, the group's 2020 MIPS payment adjustment does not apply to clinicians in that group who were determined to be a QP in 2018. Instead, those clinicians who were QPs will receive the 5% APM Incentive Payment.

For additional helpful details and/or FAQs, please review the **2020 Merit-based Incentive Payment System (MIPS) Payment Adjustment Fact Sheet** at:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/0/2020%20Payment%20Adjustment%20Fact%20Sheet.pdf>

Should you have any questions, please feel free to contact your APS Practice Manager.