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Changes to the MIPS Program on the Table in the 2020 Medicare Physician Fee Schedule Proposed Rule

In its *2020 Medicare Physician Fee Schedule Proposed Rule* published in the *Federal Register* in August, 2019, CMS detailed its proposed provisions for the MIPS 2020 Performance Year. The document can be accessed at the following link:

<https://www.federalregister.gov/documents/2019/08/14/2019-16041/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>

A number of the proposals were already expected, such as continuing to auto-exempt non-patient-facing providers from the Promoting Interoperability, and maintaining the 3 point floor for measures that can be scored in the performance category.

But there are a few recommendations for 2020 that should be on your radar as the MIPS program is noticeably picking up steam.

1. The maximum negative payment adjustment increases to -9% from -7% in the current performance year.
2. The Performance Threshold (PT) (the minimum number of points needed to avoid a negative payment adjustment) would increase to 45 points in 2020, up from 30 points for the current performance year. Take note, the recommended PT for 2021 is up to 60 points and in 2022, it's expected to be calculated as the average of all participant's final scores that year.
 - a. This is where we'll expect to start seeing some widening gaps in performance, leaving more participants unable to meet the PT and, instead, incurring a negative payment adjustment. As this shift occurs, the amount of money available for the positive payment adjustments will open up and provide a more substantial bonus incentive.
3. The Exceptional Performance threshold, a bonus which has its own pool of award money, is expected to take some significant leaps as well. Currently at 70 points, it's expected to increase to 80 points in 2020 and 85 in 2021. By 2022, the Exceptional Performance threshold is expected to be a calculation guided by whatever the PT is for that year.
 - a. Again, more stringent benchmarks here are expected to result in far fewer participants receiving this particular bonus, leaving more money available to create higher Exceptional Performance bonuses.
4. Reweighting of the Cost and Quality categories reflect CMS' goal to align their respective values in 2022:

Performance Year	Quality – Weight of Final Score	Cost – Weight of Final Score	Improvement Activities – Weight of Final Score	Promoting Interoperability (PI) - Weight of Final Score
2019	45	15	15%	25%
2020	40	20	15%	25%
2021	35	25	15%	25%
2022	30	30	15%	25%



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Historically, if the Cost category cannot be attributed to a practice, it is reweighted to the Quality category. In this scenario under the 2020 proposed rule, Quality could only be reweighted to a maximum of 55%, with the balance of 5% going toward the Promoting Interoperability (PI) category. (Remember, the PI category relates to the use of EHRs and was referred to as Meaningful Use prior to being integrated into the MIPS program.)

- ✓ As most non-patient-facing providers are exempt from the PI category, it is anticipated that the full weight of the Cost category, along with that of PI, will be reweighted to the Quality category for those participants not receiving a Cost Performance score.

Keep in mind these are provisions of the *Proposed Rule* so there may be some changes when the *Final Rule* is released toward the end of the year. But even if changes are realized, it's clear that CMS intends to continue upping the ante over the next few years. It has provided the following mean Final Score data breakdown of the MIPS program which would appear to point to the impact of the changes and scoring introduced for 2019 and beyond:

Performance Year 2017:	74.01 points
Performance Year 2018:	80.30 points
Performance Year 2019:	69.53 points, predicted

At APS, we continue to work with our clients to ensure they are participating optimally in the MIPS program. If you are a client of APS and haven't yet indicated your participation intentions for this year, please contact your Practice Manager who will walk you through the next steps.