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A Comprehensive Overview of the Merit-Based Incentive Payment System (MIPS) for Radiology Closing Out 2019 and Moving Forward with 2020

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Results were recently published from the 2019 MIPS program, illustrating yet another impact of the COVID pandemic on healthcare providers and their practices.

Originally for performance year (PY) 2019, a participating provider/group had to meet the performance threshold of 30 points to avoid a negative payment adjustment and be eligible for a positive payment adjustment. Those scoring at least 75 points would be additionally eligible for the exceptional performance payment adjustment, additional bonus money that comes from a separate pool of money in the MIPS program.

In response to the COVID-19 pandemic, CMS automatically extended its Extreme and Uncontrollable Circumstances policy to clinicians reporting as Individuals in PY2019. This flexibility meant that providers who did not submit any data, or who only submitted data in one performance category, automatically received a neutral payment adjustment, thus avoiding a penalty. Those participants reporting as Groups were able to submit applications for this hardship policy that, if approved, essentially provided the same neutral payment adjustment for the performance year.

Due to the budget neutrality required of the MIPS program that is not allowed to be impacted by implementing the Extreme and Uncontrollable policy, participating clinicians/groups now had to score 75 points in PY2019 to earn a positive payment adjustment, which topped-out at 1.79%. Discouraging news for many participants – especially those that couldn't reach 75 points - but for some, the new **Facility Based Measurement** came to the rescue, lifting scores for a second chance at a piece of the pie.

Here's how it works:

Physicians who are designated as facility-based and working primarily in hospitals were eligible to have their Quality and Cost category scores based on their hospital's performance under the Hospital Value-based Purchasing (VBP) Program which is linked to the Inpatient Prospective Payment System.

- First, physicians/groups were attributed by CMS to the facility where they service the most Medicare patients; that facility had to have a fiscal year 2020 Hospital Value-Based Purchasing score (VBP)
- Under the facility based measurement, the facility's performance score could replace the scores for the physician's/group's reported quality data and cost score (if applicable), if higher than the physician's/group's own data
- Finally, CMS automatically bumped the facility's VBP score against the score of the data submitted by the participating provider/group and used the higher of the two scores for the final calculation of the PY2019 results.

NOTE: Providers that are part of an Alternative Payment Model (APM) or Advanced Alternative Payment Model (AAPM) should check with the program directors at their facilities for 2019 results detail and direction on 2020 participation.



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Now let's look at the current 2020 requirements of the MIPS program specifically as they pertain to radiology, starting with the basics.

Performance Year 2019 Policy	Performance Year 2020 Policy
Maximum negative payment adjustment is -7%	Maximum negative payment adjustment is -9%
<ul style="list-style-type: none"> Performance threshold is 30 points Exceptional Performance threshold is 75 points 	<ul style="list-style-type: none"> Performance threshold is 45 points Exceptional Performance threshold is 85 points
Facility-Based Measurement considered in final score if applicable	No Change
<ul style="list-style-type: none"> Quality category: 70% (includes reweighting of the Promoting Interoperability category from which providers designated as hospital based are exempt) Cost category: 15% if applicable (if not applicable, this category is also reweighted to the Quality category) Improvement Activities: 15% 	No Change

Again this year, the vast majority of radiologists will report on two categories: Quality and Improvement Activities. Note that this year, 45 points have to be earned to avoid a negative payment adjustment. **This is important to consider because, of the 9 quality measures common among our radiology clients, 7 have been designated as "Topped-Out."**

- Topped-Out means a measure's average scores have been consistently high with a distinct lack of variability. When a measure is designated as Topped-Out it follows the CMS process to eventually be deleted from the program. Part of this process includes capping the maximum points that can be earned for the measure at 7.

Measure ID	Measure Description	Topped-Out PY2020 Y/N	7 Point Cap PY2020 Y/N
76	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	Yes	Yes
145	Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy	Yes	Yes
146	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	Yes	Yes
147	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	Yes	Yes
195	Radiology: Stenosis Measurement in Carotid Imaging Reports	Yes	Yes



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225	Radiology: Reminder System for Screening Mammograms	No	No
405	Appropriate Follow-up Imaging for Incidental Abdominal Lesion	No	No
406	Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients	Yes	Yes
436	Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques	Yes	Yes

Notable changes in quality measures this year include **deletion of measures 361 and 362** (Optimizing Patient Exposure to Ionizing Radiation) and **revisions to measure 405** (Appropriate Follow-up Imaging for Incidental Abdominal Lesions).

The intent of measure 405 is to ensure patients (18 years and older) with incidental findings on abdominal imaging that are highly likely to be benign do not receive follow-up imaging routinely. Updated for 2020, the list of incidental findings is defined below:

- Cystic Kidney Lesion that is simple-appearing (Bosniak I or II)
- Adrenal Lesion ≤ 1.0 cm
- Adrenal Lesion > 1.0 cm but ≤ 4.0 cm as classified as likely benign by unenhanced CT or washout CT, or MRI with in- and opposed phase sequences or other equivalent institutional imaging protocols

[See the link under Resources at the end of this document to review the specs of the 2020 MIPS quality measures.](#)

The Improvement Activities (IA) performance category gauges your participation in activities that lead to improved clinical practices. This category has over 100 activities from which program participants can choose for reporting as applicable to their practices. As in previous years of the program **each reported activity must be performed for a minimum of 90 continuous days during 2020.**

- [New in 2020: for Group reporting, 50% of the group has to perform the reported activity but they do not have to share the same continuous 90-day period.](#)

Reporting is handled via attestation to the MIPS program. Once you've identified the IAs that apply to your practice, APS will complete your attestation(s) on your behalf. [See the link under Resources at the end of this document to review all 2020 Improvement Activities.](#)

- Take note: Clinicians are expected to retain all supporting documentation for each attested activity for 10 years
- **APS strongly encourages clinicians to review CMS' Validation Criteria for each of their attested activities to ensure they have compiled the necessary supporting documentation.** [See the link under Resources at the end of this document to review this information.](#)



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Again this year, maximum number of points that can be earned for this category is 40. Activities are worth either 10 or 20 points with these points doubled for clinicians/groups designated by CMS as:

- Small Practice (15 or fewer clinicians)
- Non-patient facing
- Rural
- Health Professional Shortage Area (HPSA)

<p>Groups with more than 15 clinicians that are not in a rural area or HPSA will need to report:</p> <p>2 high-weighted activities OR 1 high-weighted activity and 2 medium-weighted activities OR 4 medium-weighted activities</p>	<p>Groups with 15 or fewer clinicians, non-patient facing clinicians, and/or clinicians located in a rural area or HPSA will need to report:</p> <p>1 high-weighted activity OR 2 medium-weighted activities</p>
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To get started, clinicians should check their eligibility for participation in 2020 MIPS by entering their NPIs at the following link: <https://qpp.cms.gov/participation-lookup>

- There will be more than one practice listed if the provider renders services under more than one tax ID – be sure to check status for each practice
- Note any that reference APM status and follow-up with the APM entity at the facility for further direction
- Notify APS of APM status

APS Practice Managers will be reaching out to our clients shortly with more information and invoicing packets for the current year MIPS program. In the meantime, please contact your Practice Manager with any questions.

DOCUMENT RESOURCES

Select *2020 Clinical Quality Measure Specifications and Supporting Documents* to review current specs of the 2020 MIPS measures at the following link:

<https://qpp.cms.gov/mips/explore-measures?tab=qualityMeasures&py=2020#measures>

Select *2020 Improvement Activities Inventory* on page 12 at the following link:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/818/2020%20Improvement%20Activities%20Quick%20Start%20Guide.pdf>

Select *2020 Improvement Activities Data Validation Criteria.pdf* at the following link:

<https://qpp.cms.gov/mips/improvement-activities>