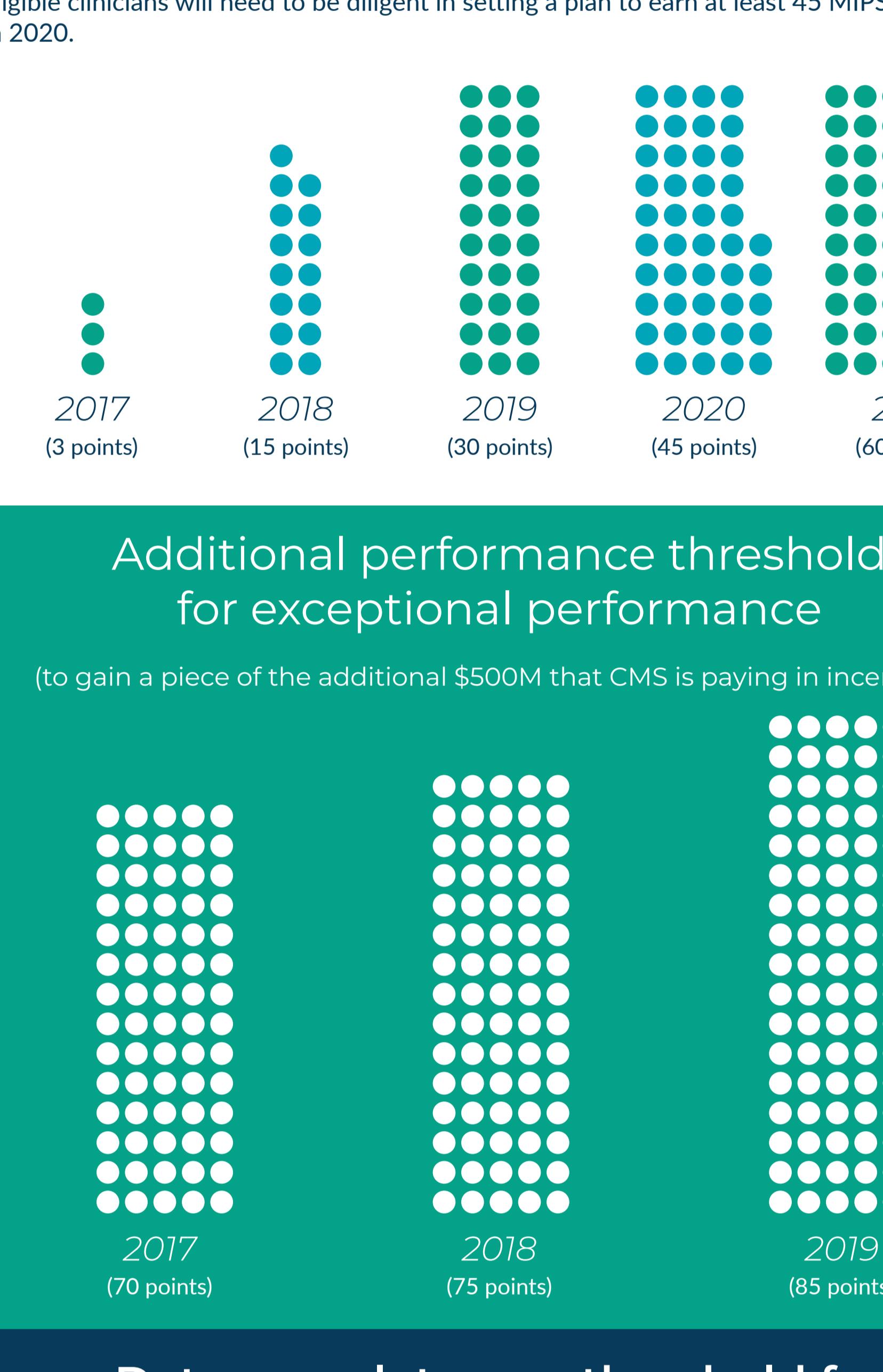


MIPS 2020 finalized policies

Every year the Quality Payment Program evolves. For the 2020 performance year, CMS has both increased the performance threshold for penalty avoidance and exceptional performance, as well as the data completeness requirement.

MIPS Categories



There are no changes on the weighting of the performance categories. While this will enable eligible clinicians to have a consistent experience from 2019 to 2020, it also means we can anticipate a significant jump in the weight of the Cost category from 2020 to 2021.

Minimum Number of MIPS Points for a Neutral Payment Adjustment

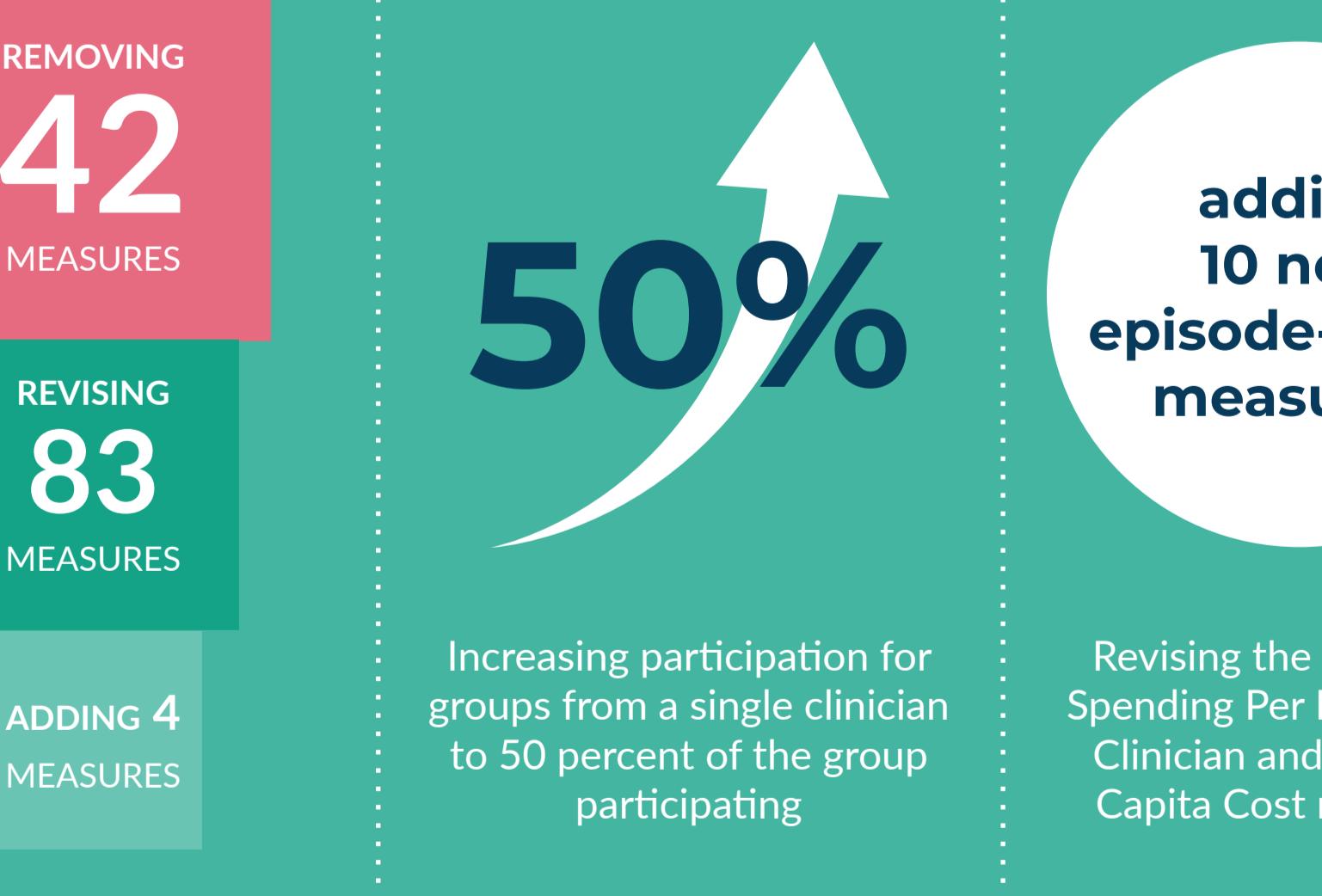
(to avoid a penalty)

With a continued increase in the minimum number of points to avoid a MIPS penalty, eligible clinicians will need to be diligent in setting a plan to earn at least 45 MIPS points in 2020.



Additional performance threshold for exceptional performance

(to gain a piece of the additional \$500M that CMS is paying in incentives)



Data completeness threshold for ALL Patient Quality data

(not just Medicare patients)



It is increasingly important to have your MIPS reporting plan in place at the beginning of the year, to ensure all the necessary information is documented throughout the year.

Incentives and Penalties

The ability to identify gaps in care, as well as performance improvement opportunities, are well within your reach. Visit MIPSpro.com today to learn how MIPSpro™ can help optimize your organization's MIPS score and drive higher reimbursements.

72 Swedesford Road Suite #110 • Malvern, PA 19355 • 1.888.720.4100 • contact@healthmonix.com

Performance Year 2017 2018 2019 2020 2021
Payment Year 2019 2020 2021 2022 2023
Maximum incentive 1.88% 2.05% 4.69% 10%+
Maximum penalty -4% -5% -7% -9%

While incentive payouts have historically not lived up to expectations set by CMS, we will continue to see high performers earning more in incentive payments each year.

Category Updates

Quality Measures

REMOVING
42
MEASURES

REVISING
83
MEASURES

ADDING 4
MEASURES

Improvement Activities

50%

Increasing participation for groups from a single clinician to 50 percent of the group participating

Cost Category

adding 10 new episode-based measures

Revising the Medicare Spending Per Beneficiary and Total Per Capita Cost measures

Promoting Interoperability

Including the Query of Prescription Drug Monitoring Program (PDMP) measure as a bonus point available for bonus points.

Removing the Verify Opioid Treatment Agreement measure

Beginning with PY 2019, requiring a "yes" or "no" for the optional Query of PDMP measure

Reducing the threshold for a group to be considered hospital-based. Instead of 100% of clinicians, more than 75% of the clinicians in a group must be hospital-based. Individual MIPS-eligible clinician in order for the group to be excluded from the MIPS-eligible clinician, to have this category reweighted to zero.

Are you ready to attack the changes to MIPS 2020 reporting?

The ability to identify gaps in care, as well as performance improvement opportunities, are well within your reach.

Visit MIPSpro.com today to learn how MIPSpro™ can help

optimize your organization's MIPS score and drive higher reimbursements.