FAQ: Merit-Based Incentive Payment System (MIPS)

How will the Merit-Based Incentive Payment System (MIPS) effect small practice reimbursement in 2019?

In 2015 MACRA was passed. (Medicare Access CHIP Reauthorization Act) This was part of the Affordable Care Act. It asked HHS and CMS to develop a new payment plan based on outcomes and quality. There are bonuses for highest performers and penalties for poor performers. There are two systems for reimbursement. The MIPS or Merit Based Incentive Payment System is what will most often apply to therapist. The other system is APMs or Advanced Payment Model. This program will be most often used in larger corporations.

Under the Merit Based Incentive Payment System (MIPS) there are 4 categories required to score performance.

- Quality =50%
- Cost =10%
- Improvement Activities =15%
- Promoting Interoperability =25%

- **Quality**: Minimum 6 reporting measures required (all prior PQRS measures were retained for therapists)

  Examples of quality measures include:

  - BMI
  - Current Medications
  - Blood Pressure
  - Fall risk and fall prevention plan of care
  - Pain level and treatment follow up plan
  - Depression screening and treatment follow up plan
- Currently there no upper extremity specific reporting measures.

It is not clear how remaining categories will be applied to therapy:

- **Cost:** Therapists are currently exempt from this measurement for 2019
- **Improvement Activities**
- **Promoting Interoperability** (Certified Electronic Health Record Technology): Therapists are currently exempt from this measurement for 2019

All are added to create a CPS or composite performance score of 100%

- Participants have the ability to receive 7% increase in reimbursement
- Those that participate incorrectly or do not participate as required will have a 7% penalty

- You can opt-in voluntarily even if you or your practice meets the exclusion criteria

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2019 Occupational and Physical Therapist:

- Individuals report with NPI
- Groups report with TIN)
    - Groups must have a minimum of 25 participants.

CMS finalized a policy to exclude MIPS in the following situations:

- Eligible clinicians or group with less than or equal to $90,000 in Part B allowable charges.
- Less than or equal to 200 part B beneficiaries per year.
- Less than or equal to 200 service charges per year.
    - Most outpatient OT and PT private practices will be excluded from requirement to participate in 2019 if they fall into this category.
    - Hardship exceptions: Applications are due December 31st of each year.

References:

Centers for Medicare & Medicaid Services (2018). 2019 QPP proposed rule for the quality payment program year 3: Retrieved from: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2019-QPP-proposed-rule-fact-sheet.pdf

Centers for Medicare & Medicaid Services (2018). Quality payment program. Retrieved from: https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program.html