Proposed CMS MIPS Changes for 2019

Below are highlights of the proposed changes for MIPS for 2019. ACOFP will be addressing the changes through a Comment Letter to CMS in August. For 2019, most of the changes affect facility-based/hospital-based physicians who have not been the focus of CMS rules in the past.

Low-Volume Threshold Exempts Certain Physicians from MIPS

In 2018, clinicians or groups were excluded from MIPS if they either have ≤ $90K in Part B allowed charges for covered professional services or provide care to ≤ 200 beneficiaries. **For 2019, clinicians or groups may also be excluded if they provide ≤ 200 covered professional services under the Physician Fee Schedule (PFS).**

Quality Performance Category

The weight of this category **in the final score has changed from 50% in 2018 to 45% in 2019.**

Cost Performance Category

The weight of this category in **the final score has changed from 10% in 2018 to 15% in 2019.** The Total Per Capita Cost and Medicare Spending Per Beneficiary will be the same as in 2018.

Improvement Activities Performance Category

The weight of this category in the final score remains at 15% in 2019. **New criteria will be added to this category: "Include a public health emergency as determined by the Secretary." CMS will also remove "Activities that may be considered for a Promoting Interoperability bonus." Six new Improvement Activities will be added, five existing Improvement Activities will be modified, and one will be removed.**

Promoting Interoperability (PI) Performance Category

Previously, this category was called Advancing Care Information, and prior to that, Meaningful Use. This is the category that demonstrates use of the practice's EMR system. The weight of this category in the final score remains at 25%. Eligible clinicians **must use**

2015 Edition CEHRT. There is no opportunity to use 2014 Edition certified EMR technology in 2019.

The four included measures are: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. Clinicians are required to report certain measures from each of the four categories.

Final Category Scores for 2019

Changes to each performance category weight in the final score are listed below:

Year 2	**Year 3**
Quality: 50%	Quality: 45%
Cost: 10%	Cost: 15%
PI: 25%	PI: 25%
IA: 15%	IA: 15%

A small practice bonus will now be added to the Quality performance category.

Payment Adjustment

As required by statute, the **maximum payment adjustment is negative 7 percent. Positive payment adjustments can be up to plus 7%,** multiplied by a factor, to be determined.