

## How to Avoid the 9% Penalty by Reporting MIPS in 2020

The Centers for Medicare & Medicaid Services (CMS) was mandated by legislation to increase the number of points a clinician (or group) must earn to avoid the Merit-based Incentive Payment System (MIPS) penalty for the 2020 reporting year. The performance threshold for 2020 is **45 points**, which means

45  
Points

- a MIPS score below 45 points will result in a negative payment adjustment;
- a MIPS score above 45 points will result in a positive payment adjustment;
- a MIPS score equal to 45 points will not have an adjustment added or subtracted from the Medicare Part B payment for covered professional services.

### Payment Adjustments for the 2020 Performance Year are Based on the MIPS Final Score

MIPS Final Score	Payment Adjustment
0 – 11.25 points	Negative 9%
11.26 – 44.99	Negative between 0.01% and 8.99%
45	No payment adjustment
45.01 – 84.99	Positive between 0.01% and 9%
85.01 – 100	Positive between 0.01% and 9% plus a minimum 0.5% for exceptional performance

**NOTE:** MIPS payment adjustments are only applicable to clinicians deemed “MIPS eligible.” CMS determines MIPS eligibility annually, based on the number of Medicare patients seen and costs and services provided during two specific look-back periods. Clinicians should verify if they are required to participate in MIPS every year by entering their NPI in the [QPP Participation look-up tool](#).

### MIPS Total Score

In 2020, the four performance categories are worth the same percentage of the total MIPS score as they were in 2019. The weight of a category may change if a clinician (or group) qualifies for a category exclusion(s) and/or a Hardship Exception is approved.

$$\begin{array}{ccccccccc}
 \text{Maximum} & & & & & & & & & & \\
 \text{Quality score} & + & \text{Maximum} & + & \text{Maximum} & + & \text{Maximum} & = & \text{Maximum} & \\
 \mathbf{45} & & \mathbf{15} & & \mathbf{15} & & \mathbf{25} & & \mathbf{100} & \\
 \text{MIPS points} & & \text{MIPS points} & & \text{MIPS points} & & \text{MIPS points} & & \text{points} & \\
 \end{array}$$

### Quality Category (60 Points | 45% of MIPS Score)

Sixty performance points are needed to earn full credit for the Quality category. The category weight is 45 percent, unless one or more categories are reweighted to zero, in which case the Quality category weight increases by adding the weight of the re-weighted category. All clinicians in **SMALL** practices are eligible to submit a Promoting Interoperability Hardship Exception application to get the PI category reweighted to zero. If approved, the quality category weight increases to 70 percent. **NOTE:** clinicians in **SMALL** practices automatically receive six points in their quality category numerator if **at least one quality measure is reported**. This is called the small practice bonus.

### Improvement Activity (IA) Category (40 Points | 15% of MIPS Score)

Forty performance points are needed to earn full credit for the IA category. The category weight is 15 percent. **SMALL** practices receive full credit for the IA category when they complete one high-weight activity (worth 40 points) or two medium-weight activities (worth 20 points each). **NEW:** In 2020, if reporting as a group, at least 50 percent of the clinicians in the practice need to complete the **SAME** activity for the group to receive credit. The activity can be completed during different 90-day periods, but the activity must be the same.

## Promoting Interoperability (PI) Category (100 Points | 25% of MIPS Score)

One hundred performance points are needed to earn full credit for the PI category. The category weight is 25 percent. Points are earned based on performance. All required PI measures must be reported or excluded. When a measure is excluded, the points are reallocated to a different, assigned PI measure. Additional requirements for this category include utilization of a 2015 edition certified electronic health record (EHR) and completion of a privacy and security risk analysis during 2020. **NOTE:** There are certain instances when your PI category points can be re-assigned to the quality category (refer to scenarios 4 and 5 below).

### Report Categories Based on YOUR Circumstances

#### Scenario 1: You do not have an EHR.

If you do not have a 2015 edition certified EHR, you **CAN** still participate in MIPS. You can report the Quality and IA categories and apply for a PI Hardship Exception, because you are a **SMALL** practice.

#### Scenario 2: You have an EHR.

If you have a 2015 edition certified EHR, you can submit data in the Quality, IA and PI categories or just the Quality and IA categories, if you submit a PI Hardship Exception application and it is approved.

#### Scenario 3: The PI category is automatically reweighted.

If you are a clinician type listed below, CMS automatically re-assigns the PI category points to the Quality category. As a result, you only need to report the Quality and IA categories to earn 45 points.

$$\begin{array}{rcccl} \text{IA Score} & + & \text{Quality Score} & = & \text{MIPS Score} \\ 15\% \text{ weight} & & 70\% \text{ weight} & & \end{array}$$

**NOTE:** If you want to report PI data, you can, but the PI category weight will return to 25 percent and the quality category weight will be 45 percent.

#### Clinician Types that Qualify for AUTOMATIC Re-Weighting of the PI Category Include:

- |                            |  |                         |
|----------------------------|--|-------------------------|
| • Hospital-based           | • Clinical Nurse Specialist              | • Audiologist           |
| • Ambulatory Surgery-based | • Certified Registered Nurse Anesthetist | • Clinical Psychologist |
| • Non-patient Facing       | • Physical Therapist                     | • Registered Dietician  |
| • Physician Assistant      | • Occupational Therapist                 |                         |
| • Nurse Practitioner       | • Speech Language Pathologist            |                         |

#### Scenario 4: The PI category is reweighted due to an approved PI Hardship Exception application.

If you are a clinician or group and one of the following circumstances applies, **you can submit a PI Hardship Exception application**. If the application is approved, you only need to report the Quality and IA categories. Applications will open during the summer of 2020 and must be submitted prior to December 31, 2020.

#### Circumstances that Qualify for a PI Hardship Exception Include:

- |   |  |
|---|--|
| • Clinicians in a small practice (15 or fewer clinicians linked to the taxable identification number [TIN]) | • Have decertified EHR technology  |
| • Have insufficient Internet connectivity   | • Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues |
| • Lack control over the availability of certified EHR technology  |  |

Category weights with an approved PI Hardship Exception and no submission of PI data result in:

$$\begin{array}{rcccl} \text{IA Score} & + & \text{Quality Score} & = & \text{MIPS Score} \\ 15\% \text{ weight} & & 70\% \text{ weight} & & \end{array}$$

If PI data is submitted after a PI Hardship Exception has been approved, the PI data will be scored, and the PI category will not be reweighted:

$$\begin{array}{rcccl} \text{IA Score} & + & \text{Quality Score} & + & \text{PI Score} & = & \text{MIPS Score} \\ 15\% \text{ weight} & & 45\% \text{ weight} & & 25\% \text{ weight} & & \end{array}$$

## Scenario 5: A category or categories are reweighted due to extreme and uncontrollable circumstances.

If you are impacted by extreme and uncontrollable circumstances that prevent you from collecting or submitting data for an extended period of time for one or more categories, you can submit an Extreme and Uncontrollable Circumstances Exception application. If approved and you do not submit data for the requested category or categories, your category weight(s) will be based on the data you report. If data for two or more categories is submitted after an application has been approved, the data will be scored. Applications will open during the summer of 2020 and must be submitted prior to December 31, 2020.

CMS automatically applies an Extreme and Uncontrollable Circumstances Exception to clinicians located in a CMS-designated region where there is a Federal Emergency Management Agency (FEMA)-designated major disaster such as a hurricane, tornado or fire. Impacted clinicians have all four performance categories re-weighted to zero percent unless data is submitted for two or more categories. There is no payment adjustment, unless data is submitted.

## How Small Practices Can Earn 45 Points and Avoid a Penalty

### Report two categories (Quality and IA) and have PI category reweighted to zero

**\*This is advantageous, because a lower quality category score is required to avoid the penalty.**

- Report six quality measures: four do not need to meet the 70 percent data completeness requirement, but two measures do. Three points are awarded for the four measures that did not meet data completeness, and at least four points are needed for the other two measures. The quality measures can be submitted using any method, including claims. You also need to earn full credit for the IA category by submitting one high-weight or two medium-weight activities.

$$\text{CQM 1} + \text{CQM 2} + \text{CQM 3} + \text{CQM 4} + \text{CQM 5} + \text{CQM 6} + \text{small practice bonus} = 26$$

(3 pts) + (3 pts) + (3 pts) + (3 pts) + (4 pts) + (4 pts) + (6 pts)

$$26/60 = .43 \times .70 \text{ (increased weight of 70\%)} = 30.3 \text{ MIPS points for Quality category}$$

**30.3 points (Quality category) + 15 points (IA category) = 45.3 points MIPS total score**

- Report six quality measures: Submit quality measures directly from your EHR, registry or qualified clinical data registry (QCDR) to receive the electronic end-to-end reporting bonus. You do not have to meet the 70 percent data completeness requirement. You also need to earn full credit for the IA category by submitting one high-weight or two medium-weight activities.

$$\text{CQM 1} + \text{CQM 2} + \text{CQM 3} + \text{CQM 4} + \text{CQM 5} + \text{CQM 6} + \text{small practice bonus} + \text{electronic end-to-end bonus} = 30$$

(3 pts) + (3 pts) + (3 pts) + (3 pts) + (3pts) + (3pts) + (6 pts) + (6 pts)

$$30/60 = .50 \times .70 \text{ (increased weight of 70\%)} = 35 \text{ MIPS points for quality category}$$

**35 points (Quality category) + 15 points (IA category) = 50 points MIPS total score**

**NOTE:** If you report a measure with a benchmark, a minimum of 20 cases and a minimum of 70 percent of eligible patients, the quality measure will be scored based on performance, and you can receive between three to 10 points (unless the measure is topped-out and capped at seven points) for each measure.

### Report two categories (Quality and IA) when the PI category is not reweighted to zero

- Report six quality measures: All measures must meet the 70 percent data completeness requirement and you must earn at least six points for each measure. The quality measures can be submitted using any method, including claims. You also need to earn full credit for the IA category by submitting one high-weight or two medium-weight activities.
- NOTE:** If 70 percent data completeness is NOT met for any measure, you will only receive 18 points for the Quality category (6 measures x 3 points each + 6 points for small practice bonus= 24/60 X 0.45).

$$\text{CQM 1} + \text{CQM 2} + \text{CQM 3} + \text{CQM 4} + \text{CQM 5} + \text{CQM 6} + \text{small practice bonus} = 42$$

(6 pts) + (6 pts)

$$42/60 = .70 \times .45 \text{ (category weight 45\%)} = 31.5 \text{ MIPS points for quality category}$$

**31.5 points (Quality category) + 15 points (IA category) = 46.5 points MIPS total score**

- Report six quality measures: All measures must meet the 70 percent data completeness requirement, you must earn at least five points for each measure and you must submit data directly from your EHR, registry or QCDR to receive the electronic end-to-end reporting bonus. You also need to earn full credit for the IA category by submitting one high-weight or two medium-weight activities. **NOTE:** If 70 percent data completeness is NOT met for any measure, you will only receive 22.5 points for the quality category (6 measures x 3 points each + 6 points for small practice bonus + 6 points for electronic reporting bonus = 30/60 X 0.45)

$$\begin{aligned} & \text{CQM 1} + \text{CQM 2} + \text{CQM 3} + \text{CQM 4} + \text{CQM 5} + \text{CQM 6} + \text{small practice bonus} + \text{electronic end-to-end bonus} = 42 \\ & (5 \text{ pts}) + (6 \text{ pts}) + (6 \text{ pts}) \\ & 42/60 = .70 \times .45 \text{ (category weight 45\%)} = \mathbf{31.5 \text{ MIPS points for quality category}} \\ & \mathbf{31.5 \text{ points (Quality category)} + 15 \text{ points (IA category)} = \mathbf{46.5 \text{ points MIPS total score}} \end{aligned}$$

**NOTE:** If you report a measure with a benchmark, a minimum of 20 cases and a minimum of 70 percent of eligible patients, the Quality measure will be scored based on performance and receive between three to 10 points (unless the measure is topped-out and capped at seven points).

### Report all three categories (Quality, IA and PI)

It is highly recommended that everyone reports the IA category, because most practices have a workflow in place that qualifies as an improvement activity. You receive 15 MIPS points by completing one high-weight or two medium-weight activities. To avoid the MIPS penalty in 2020, you will need to earn an additional combined 30 points from the Quality and PI categories. This can be accomplished multiple ways. Following are a few examples:

- If none of the Quality measures submitted meet the 70 percent data completeness requirement, and you submit Quality measures using electronic end-to-end reporting via EHR, registry or QCDR:
  - Submit 6 quality measures (22.5 points) + earn 7.5 points in the PI category
  - Submit 4 quality measures (18 points) + earn 12 points in the PI category
  - Submit 2 quality measures (13.5 points) + earn 26.5 points in the PI category
- If none of the Quality measures submitted meet the 70 percent data completeness requirement, and they are not submitted using electronic end-to-end reporting:
  - Submit 6 quality measures (18 points) + earn 12 points in the PI category
  - Submit 4 quality measures (13.5 points) + earn 16.5 points in the PI category
  - Submit 2 quality measures (9 points) + earn 21 points in the PI category
- When a Quality measure meets the 70 percent data completeness requirement, at least 20 cases are submitted, and there is a benchmark available, the Quality measure is worth between three and 10 points, unless it is a “topped-out” measure with a maximum score of seven points. This will allow you to earn more points and possibly receive a positive payment adjustment.

## Mountain-Pacific Quality Health Resources

- [Tools & Resources](#)
- [2020 MIPS Quick Start Guide](#)
- [Blog](#)

