

Comparison of 2019 and 2020 MIPS Requirements

Policy	2019	2020
Performance Threshold (PT)	Performance Threshold is set at 30 points . Additional performance threshold set at 75 points for exceptional performance.	Performance Threshold is set at 45 points . Additional performance threshold set at 85 points for exceptional performance.
Payment Adjustments	+/- 7% Any positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality, so the maximum positive adjustment will likely be below 7%.	+/- 9% Any positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality, so the maximum positive adjustment will likely be below 9%.
Category Weights for Non-Patient Facing Pathologists	<ul style="list-style-type: none"> • Quality: 85% • Improvement Activities: 15% • Promoting Interoperability: 0% • Cost: 0% unless the CMS can calculate it for your practice. 	Same as 2019.
Low-Volume Threshold (LVT)	The low-volume threshold now includes a third criterion for determining MIPS eligibility. To be excluded from MIPS, clinicians or groups need to meet one or more of the following three criterion: 1. Have ≤ \$90K in Part B allowed charges for covered professional services; 2. Provide care to ≤ 200 Part B-enrolled beneficiaries; OR 3. Provide ≤ 200 covered professional services under the Physician Fee Schedule	Same as 2019.
Opt-in	Starting in 2019, clinicians or groups can opt-in to MIPS, if they meet or exceed at least one, but not all three, of the low-volume threshold criteria.	Same as 2019.



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Quality Measure Submission Requirements	<ul style="list-style-type: none"> • 12 months of reporting • 20 case minimum for each measure • 60% data completeness (if data completeness not met on a measure, large practices of >16 clinicians receive 1 point and small practices of ≤15 clinicians receive 3 points on that measure) • Report on a minimum of 6 measures with one being an outcome measure or a high priority measure • 2 bonus points for each additional outcome measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0) • 1 bonus point for each additional high priority measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0) 	Same as 2019 except: <ul style="list-style-type: none"> • 70% data completeness is required completeness (if data completeness not met on a measure, large practices of >16 clinicians receive 0 points and small practices of ≤15 clinicians receive 3 points on that measure).
Claims Submission Limited to Small Practices	Medicare Part B claims measures can only be submitted by clinicians in a small practice (15 or fewer clinicians), whether participating individually or as a group .	Same as 2019.
Submission Mechanisms/Collection Types	Individuals/groups can use multiple collection types. In 2019, individual eligible clinicians/groups can submit measures via multiple collection types (MIPS CQM, eCQM, QCDR measures, and for small practices, Medicare Part B claims measures). If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring.	Same as 2019.
CAP Measures Available to Report via	5 measures in the pathology specialty measure set available to report via Medicare Part B Claims or Qualified Registry.	5 measures in the pathology specialty measure set available to report via Medicare Part B Claims. <ul style="list-style-type: none"> • Barrett's Esophagus



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<p>Medicare Part B Claims or Qualified Registry</p>	<ul style="list-style-type: none"> • Barrett’s Esophagus • Radical Prostatectomy Reporting • Lung Cancer Reporting (biopsy/cytology specimens) • Lung Cancer Reporting (resection) • Melanoma Reporting <p>3 measures retired and no longer available:</p> <ul style="list-style-type: none"> • Breast Cancer Resection Reporting • Colon Cancer Resection Reporting • Quantitative IHC Evaluation of HER2 Testing in Breast Cancer Patients <p>This will trigger the Eligible Measure Applicability (EMA) process if reporting via claims or Qualified Registry since minimum reporting requirement is still 6 measures. If reporting via a QCDR, you must report on a minimum of 6 measures; EMA is not applicable.</p>	<ul style="list-style-type: none"> • Radical Prostatectomy Reporting • Lung Cancer Reporting (biopsy/cytology specimens) • Lung Cancer Reporting (resection) • Melanoma Reporting <p>6 measures in the pathology specialty measure set available to report via Qualified Registry.</p> <ul style="list-style-type: none"> • Barrett’s Esophagus • Radical Prostatectomy Reporting • Lung Cancer Reporting (biopsy/cytology specimens) • Lung Cancer Reporting (resection) • Melanoma Reporting • Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time – Pathologist to Clinician <p>The EMA process will be triggered if reporting via claims or Qualified Registry and reporting on less than the minimum reporting requirement of 6 measures or not reporting on the complete specialty measures sets above. If reporting via a QCDR, you must report on a minimum of 6 measures; EMA is not applicable.</p>
<p>Topped Out Measures</p>	<p>3 out of 8 measures removed because they were extremely topped out, ie, average mean performance was within the 98th to 100th percentile range.</p> <p>The remaining 3 out of 5 measures are topped out in 2019 (ie, second year in a row) and will be subject to scoring cap of 7 points.</p>	<p>No measures removed.</p>
<p>Facility-Based Scoring</p>	<p>Individual: MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the</p>	<p>Same as 2019.</p>



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	<p>performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23).</p> <p>Group: A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals.</p> <p>Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score.</p> <p>There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement.</p> <p>An individual or group must submit data in the Improvement Activities performance category to maximize MIPS score under facility-based measurement.</p>	
<p>Improvement Activities Requirements for Non-Patient Facing Pathologists</p>	<p>Attest to 1 high-weighted or 2 medium-weighted Improvement Activities to receive full credit in the category.</p> <p>Retain documentation for 10 years to support your attestation.</p> <p>Group can attest to an improvement activity if at least one clinician in the group participates.</p>	<p>Same as 2019 except:</p> <p>Group can attest to an improvement activity when at least 50% of the clinicians (in the group) perform the same activity. Clinicians can perform the activity during any continuous 90-day period during the performance year. (Everyone does not need to perform the activity at the same time.)</p>