HealthCare
Kentucky Regional Extension Center

QPP: 2019 MIPS Clinician Eligibility

A MIPS Eligible Clinician (EC) is a healthcare provider who has been determined to be subject to the terms, methods, rewards, or penalties that are part of the Merit-Based Incentive Payment System (MIPS), which is part of the CMS Quality Payment Program (QPP).

2018 EC Types

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist

2019 New EC Types

- Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Audiologist
- Clinical Psychologist
- Dietitian/Nutritionist

Check Your Participation Status Anytime at QPP.CMS.GOV or the QPP Submission Portal

Exclusion Criteria

Not everyone listed as an EC type will have to participate in MIPS. If a clinician is within their first year of billing Medicare Part B services, they are considered a "**1st year clinician**," and will not be required to participate. If a clinician provides care for a **low volume** of patients, they would also be exempt. Therefore, CMS has outlined 3 thresholds, all of which a clinician must exceed to be required to participate:

Low Volume Thresholds

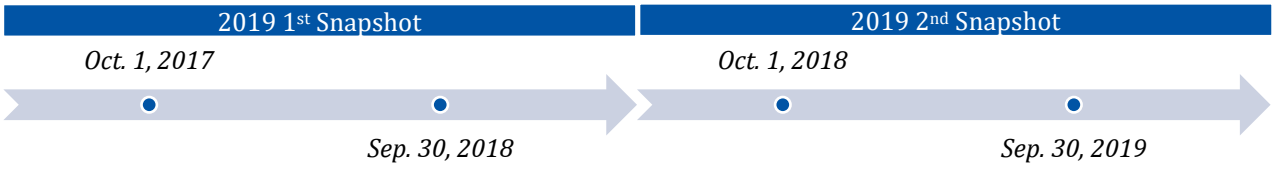
- $90,000 Medicare Part B Allowable Charges
- 200 Medicare Beneficiaries
- 200 PFS Services

New for 2019!

Opt-In
If a clinician exceeds 1 or 2, but not all 3 thresholds, they may choose to participate in MIPS

Assigning Eligibility

CMS uses a 2-Segment Determination Period to identify eligibility for the MIPS program based on "snapshot" periods of clinician's submitted claims.



When CMS conducts their billing snapshots, they're looking at two numbers paired together (called a Billing Combination) – the Tax Identification Number (TIN) and the National Provider Identifier (NPI) associated with the service submitted for billing. This creates a unique way of identifying where and by whom the services were provided. CMS assigns a MIPS performance score to that combination, not to the provider or practice only. You may also have a special status assigned:

Small Practice	15 or fewer clinicians	**Non-Patient Facing**	100 or fewer Medicare Part B encounters
HPSA	Care provided in Healthcare Provider Shortage Area	**Rural**	Care provided in rural area
Hospital-Based	75% or more services at POS 19, 21, 22, or 23	**ASC-Based**	75% or more services at POS 24

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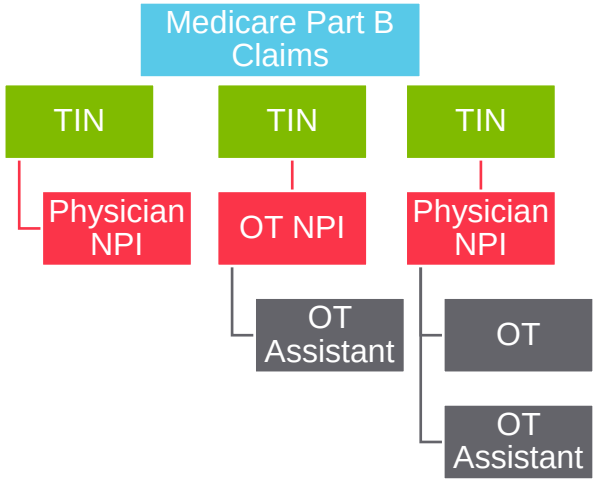
How Will MIPS Work for Occupational Therapists?

Welcome to MIPS in 2019! As a new EC type, OTs are starting in Year 3 of the MIPS program. CMS predicts there will not be great numbers of OTs who qualify as individual ECs, but there may be many who qualify as ECs as part of a group if their practice has decided to report at the group level. You can check this at: https://qpp.cms.gov/participation-lookup



An individual OT would be eligible as an individual if the billing for their NPI/TIN combination exceeds all 3 thresholds.

A group, which may consist of an OT and other ECs, would submit together and receive 1 score for the whole group.

Reweighting Scenarios	Quality	Improvement Activities	Promoting Interoperability	Cost
Reweight One Performance Category Individual *(OTs may have PI automatically reweighted)*				
No Cost	60%	15%	25%	0%
No PI	70%	15%	0%	15%
Reweight Two Performance Categories *(OTs may not meet case minimums for Cost)*				
No Cost & No PI	85%	15%	0%	0%

Sample Quality Measures

- *Diabetic Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention Evaluation of Footwear*
- *Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up*
- *Documentation of Current Medications in the Medical Record*
- *Functional Outcome Assessment*
- *Pain Assessment Prior to Initiation of Patient Treatment*
- *Rheumatoid Arthritis: Functional Status Assessment*

Sample Improvement Activities

- *Collection and follow-up on patient experience and satisfaction data on beneficiary engagement*
- *Improved practices that disseminate appropriate self-management materials*
- *Use group visits for common chronic conditions (e.g., diabetes)*
- *Use of tools to assist patient self-management*
- *Use of QCDR for feedback reports that incorporate population health*

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