

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 | 2019 New EC Types |
|--|---|
| <ul style="list-style-type: none"> •Physician •Physician Assistant •Nurse Practitioner •Clinical Nurse Specialist •Certified Registered Nurse Anesthetist | <ul style="list-style-type: none"> •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

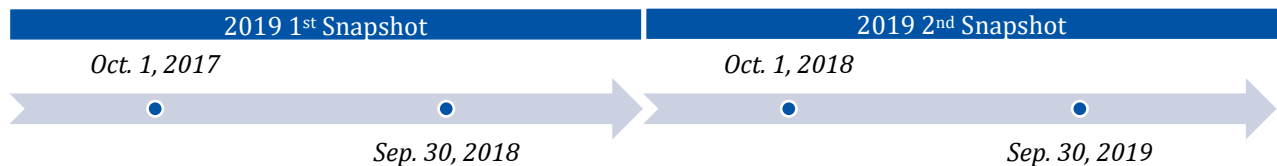
Opt-In

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

New for 2019!

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.



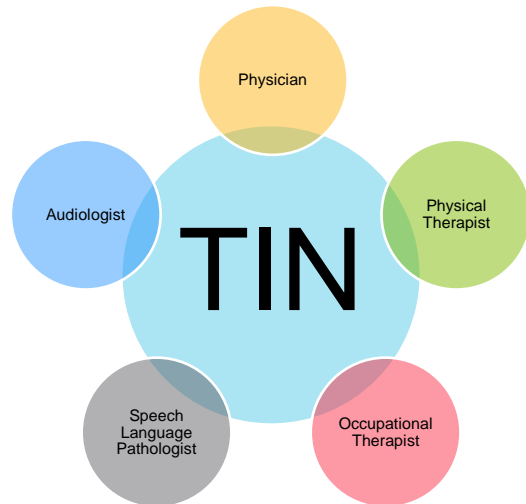
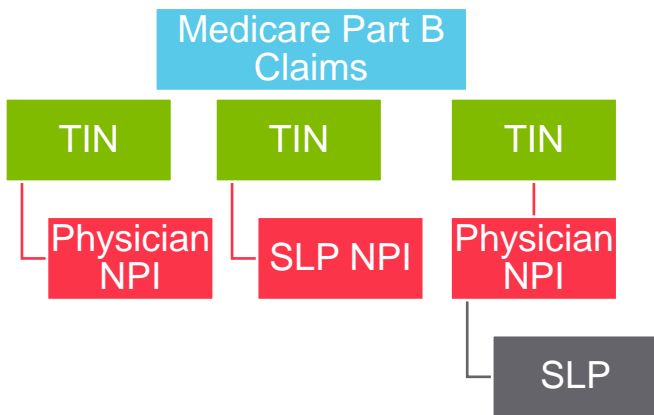
When CMS conducts their billing snapshots, they’re looking at two numbers paired together (called a Billing Combination) – the Tax Identification Number (TIN) and the National Provider Identifier (NPI) associated with the service submitted for billing. This creates a unique way of identifying where and 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 |

How Will MIPS Work for Speech Language Pathologists?

Welcome to MIPS in 2019! As a new EC type, SLPs are starting in Year 3 of the MIPS program. CMS predicts there will not be great numbers of SLPs 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 SLP 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 SLP 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 (SLPs may have PI automatically reweighted) | | | | |
| No Cost | 60% | 15% | 25% | 0% |
| No PI | 70% | 15% | 0% | 15% |
| Reweight Two Performance Categories (SLPs may not meet case minimums for Cost) | | | | |
| No Cost & No PI | 85% | 15% | 0% | 0% |

Sample Quality Measures

- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Documentation and Verification of Current Medications in the Medical Record
- Pain Assessment Prior to Initiation of Patient Treatment

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

Funding for this document was provided by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not represent the official views of HHS or any of its agencies. The information contained in this presentation is for general information purposes only. The information is provided by UK HealthCare's Kentucky Regional Extension Center and while we endeavor to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to content.