2020 PHYSICIAN FEE SCHEDULE
FINAL RULE
TOP 10 MIPS TAKEAWAYS

The Centers for Medicare & Medicaid Services (CMS) recently published the 2020 Physician Fee Schedule Final Rule, which includes the details for 2020 Merit-based Incentive Payment System (MIPS). Here are the top 10 takeaways regarding MIPS. The AUA’s comments about the final rule are available on AUAnet.org.
MIPS Takeaways

1. PERFORMANCE THRESHOLD INCREASED TO 45 POINTS.

In order to avoid a negative payment adjustment (penalty), participants must achieve an overall score of 45 points. This is up from 30 points in 2019. Anyone who scores over 45 points is assured a bonus; however, the amount will be determined after 2020 MIPS reporting concludes.

Similarly, the exceptional performance bonus threshold has also increased and will be 85 points for 2020. Anyone who achieves this threshold gets an extra bonus.
MAXIMUM PAYMENT ADJUSTMENT IS +/- 9 PERCENT.

Those who do not participate in 2020 or who score below a quarter of the performance threshold will face a 9 percent penalty on their Medicare Part B charges in 2022, but those who score very well could get as much as a 9 percent bonus. Keep in mind that MIPS is a budget neutral program. So the penalties must pay for the bonuses. In previous years, participants, for the most part, have scored very well; so, bonuses have been around the 4-5 percent range at most.
ELIGIBILITY CRITERIA REMAIN THE SAME.

If a provider was excluded in 2019, that will probably continue in 2020 (unless the exclusion was as a first-year Medicare participant). The easiest way for providers to check if they must participate is to use the QPP Participation Status tool on the QPP webpage (QPP.CMS.gov).
THE WEIGHT OF THE FOUR PERFORMANCE CATEGORIES HAS NOT CHANGED.

In the 2020 proposed rule, CMS advocated changing the weights of the Quality and Cost categories. However, CMS noted in the final rule that the proposal will not move forward and the 2019 category rates will carry over into 2020.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>2020 WEIGHT</th>
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<tbody>
<tr>
<td>Quality</td>
<td>45%</td>
</tr>
<tr>
<td>Cost</td>
<td>15%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>25%</td>
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<tr>
<td>Improvement Activities</td>
<td>15%</td>
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</table>
MIPS Takeaways

THE COST CATEGORY HAS THE MOST SIGNIFICANT CHANGES.

For the past three years, the Cost category has primarily consisted of two measures (Total per Capita Cost and Medicare Spending per Beneficiary). Those two measures will continue in 2020, but the attribution methodology has been revised. This should benefit urologists who previously were attributed some patients even though they had no input into the costs incurred by those patients. Under the new methodology, that will be corrected.

CMS continues to add additional specialty specific episode-based measures to the Cost category, and in 2020, this will include the Renal or Ureteral Stone Surgical Treatment measure, the first Cost measure directly related to urology. The specifications for this measure (or any of the other new Cost measures) have not been released yet, but CMS intends to publicize this before the New Year.
MIPS Takeaways

THE REMAINING THREE PERFORMANCE CATEGORIES HAVE MINIMAL CHANGES.

**Quality** – Many measures were retired with just a handful of new measures replacing them, but overall the reporting requirements remain the same. The most significant change is that the data completedness requirement (the percentage of applicable patients/cases that must be reported for each measure) is now 70 percent; it had been 60 percent in 2019. If you report less than 70 percent for a measure, you will get 0 points for that particular measure—unless you are part of a practice with 15 or fewer providers. If you are in such a practice, you will get 3 points for measures not meeting the completedness criteria.

**Promoting Interoperability** – In 2019, there were two bonus measures related to opioid prescribing. The Verify Opioid Treatment Agreement measure has been eliminated in 2020, but the Query of Prescription Drug Monitoring Program (PDMP) measure remains a bonus measure. The one update to this measure is the requirement of a yes/no response rather than a numerical option. Otherwise, the remaining measures stay the same in 2020.

**Improvement Activities** – Like Quality, a few activities have been removed or added for 2020. The most significant change is in regards to the previous rule that mandated if a practice was participating via group reporting, only one member of the practice had to do an activity for 90 continuous days in order for all members of the practice to get credit. In 2020, now 50 percent of the members must report for 90 days. CMS has clarified that it does not need to be the same 90-day period for all the clinicians. As long as the 90-day period falls at any time in 2020, the practice has successfully completed the activity.
You can still earn bonus points.

While bonus points continue to decrease as MIPS ages, there are still a few ways to earn them.

- Everyone has the opportunity to earn five bonus points in the Promoting Interoperability category via the Query of Prescription Drug Monitoring Program (PDMP) measure.
- Those participating in a small practice (15 providers or less) will automatically earn six bonus points in the Quality category.
- Reporting quality data directly from one’s Certified Electronic Health Record Technology (CEHRT) without any manual manipulation will earn one bonus point per measure.
- Participants who submit extra Quality measures earn 1 point for each additional high priority measure and 2 points for each additional outcome and patient experience measure. These bonus points are capped at 6 points.
DATA COLLECTION AND SUBMISSION OPTIONS REMAIN THE SAME.

Even though CMS has hinted for years that they will eventually do away with claims reporting for the Quality category, it will still be around in 2020 along with the other options frequently used by urologists—electronic health record (EHR), registry, and qualified clinical data registry (QCDR). In 2020, participants can use multiple options to report for any category. For example, if someone wants to report a portion of their Quality measures via their EHR and use a QCDR for the rest, that is now allowed. Previously the same reporting mechanism was required for a category.
MIPS Takeaways

YOUR MIPS SCORES ARE PUBLIC.

CMS makes all of your MIPS scores available through Physician Compare, and every year more and more data points are published. This website was established as a way to for patients to learn more about their healthcare professionals and how these clinicians scores on various national reporting programs. While it is questionable how much patients actually use this website, other entities such as research firms are accessing the wide variety of data available on Physician Compare.

There is a review period before any data sets are published. So, it is critical to take advantage of that window to correct any errors that might exist or, better yet, providers should monitor their data reporting from the onset to ensure that they maximize their scores.
BE PREPARED FOR MIPS VALUE PATHWAYS (MVPs) IN 2021.

CMS acknowledges that it can be difficult to participate in MIPS. There are many choices to be made across the four categories, and reporting for the four is not interrelated. Therefore, CMS is planning to simplify the program through a new aspect called the MIPS Value Pathways or MVPs, which is designed to align reporting and collect measures and activities across all four performance categories.

CMS believes that MVPs will:

- Simplify MIPS
- Create a more cohesive and meaningful participation experience
- Improve value
- Reduce clinician burden
- Assist with the transition from MIPS reporting to Advanced Alternative Payment Model (APM) reporting
- Achieve better clinical outcomes
- Lower costs for patients

The core of MVPs will be based on a combination of administrative claims measures and specialty/condition specific measures which will streamline reporting, reduce complexity and burden, and improvement measurement.

Over the course of 2020, CMS plans a series of educational programs and products. Look for these announcements and take advantage of the offerings often. Education in the upcoming year will be a key factor to success in 2021. Additionally CMS will work with stakeholders to develop the measures and activities to be used in MVPs. The AUA plans to meet with CMS about such measures and activities, and member input will be needed in order to advise CMS on what would be best for urologists.

For more information on MIPS, contact CMS at QPP@CMS.hhs.gov or 866-288-8292 or the AUA at Quality@auanet.org or 410-689-3925.