



Eligibility requirements will
exclude more clinicians.

1. ELIGIBILITY REQUIREMENTS

Eligibility requirements will change to make it easier for clinicians to be exempt from MIPS reporting. The same titles are eligible – Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist. In addition to these job titles the clinician must:

Bill Medicare ***more than \$90,000*** in allowable charges

OR

see ***more than 200*** Medicare Part B patients.

Last year, clinicians were excluded if they billed Medicare less than \$30,000 or saw less than 100 Medicare Part B patients. This change will exclude more clinicians from reporting in 2018.

[More details >>](#)



EHR technology requirements
have been eased.

2. EHR TECHNOLOGY

CMS did a good job of scaring everyone into thinking they had to be ready to use the 2015 Edition of Certified EHR Technology (CEHRT) in 2018. In the final rule, however, they have backed away from that requirement, now permitting Eligible Clinicians to still use the 2014 Edition instead. While it's no longer a requirement, CMS is encouraging the use of 2015 CEHRT with a nice 10 percent bonus for those who exclusively use the 2015 Edition.

[More details >>](#)



The Cost category will be added to your 2018 final MIPS score.

3. CATEGORY WEIGHTING

In the proposed rule, CMS said they would keep the categories weighted the same as they were in 2017. However, in the final rule they changed their mind, stating that it would make the transition to 30 percent weight for Cost in 2019 more difficult. So in 2018, the Cost category will be weighted 10 percent of the final score. Which means there is a change in the Quality category as well. The Quality category has bumped down from 60 to 50 percent of the total score. Here are the category weightings for 2018.



Quality = 50 percent
Advancing Care Information = 25 percent
Improvement Activities = 15 percent
Cost = 10 percent

[More details >>](#)



The requirements for each category remain *basically* the same.

4. CATEGORY REQUIREMENTS

The only change comes within the Cost category. CMS will not use the 10 episode-based measures that are used for the 2017 MIPS performance period. The Cost category will only include the Medicare Spending per Beneficiary (MSPB) and total per capital cost measures in 2018.

All other categories - Quality, IA and ACI, do not have requirement changes. CMS has modified and added several measures in each category.

[More details >>](#) (Pages 8 - 16)



You only have one reporting option this year.

5. REPORTING OPTIONS

No longer can you “Pick Your Pace” for reporting to MIPS. For the Quality and Cost categories you must submit 365 days of data. For the Improvement Activities (IA) and Advancing Care Information (ACI) categories you must submit a minimum of 90 days of data.

[More details >>](#)



Quality requires more complete data
except for small practices.

6. QUALITY DATA COMPLETENESS

In 2017, all of the Quality measures that you submit must contain at least 50 percent of all Eligible Clinician patients across all payers. In 2018 this percentage is upped to 60 percent. If your measure fails this requirement you will earn only one point for that measure, instead of the possible 10 points.

If, however, you are considered a small practice, you will still earn a minimum of three points for each Quality measure submitted regardless of the percentage of patients included.

[More details >>](#)

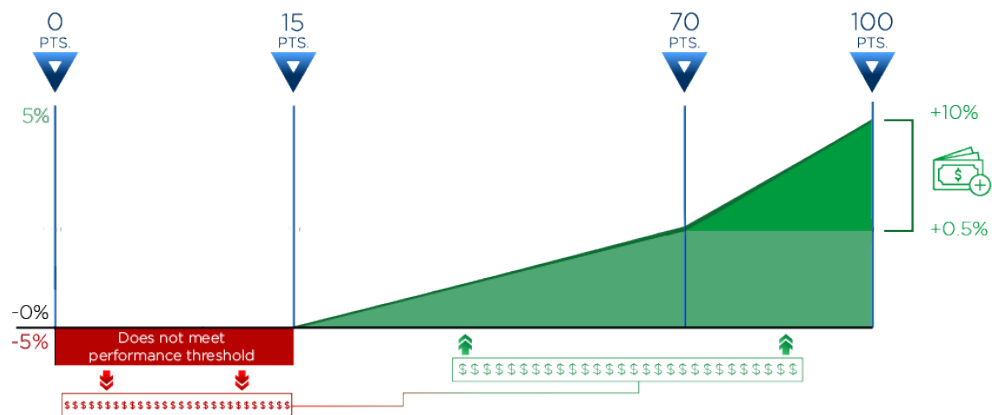


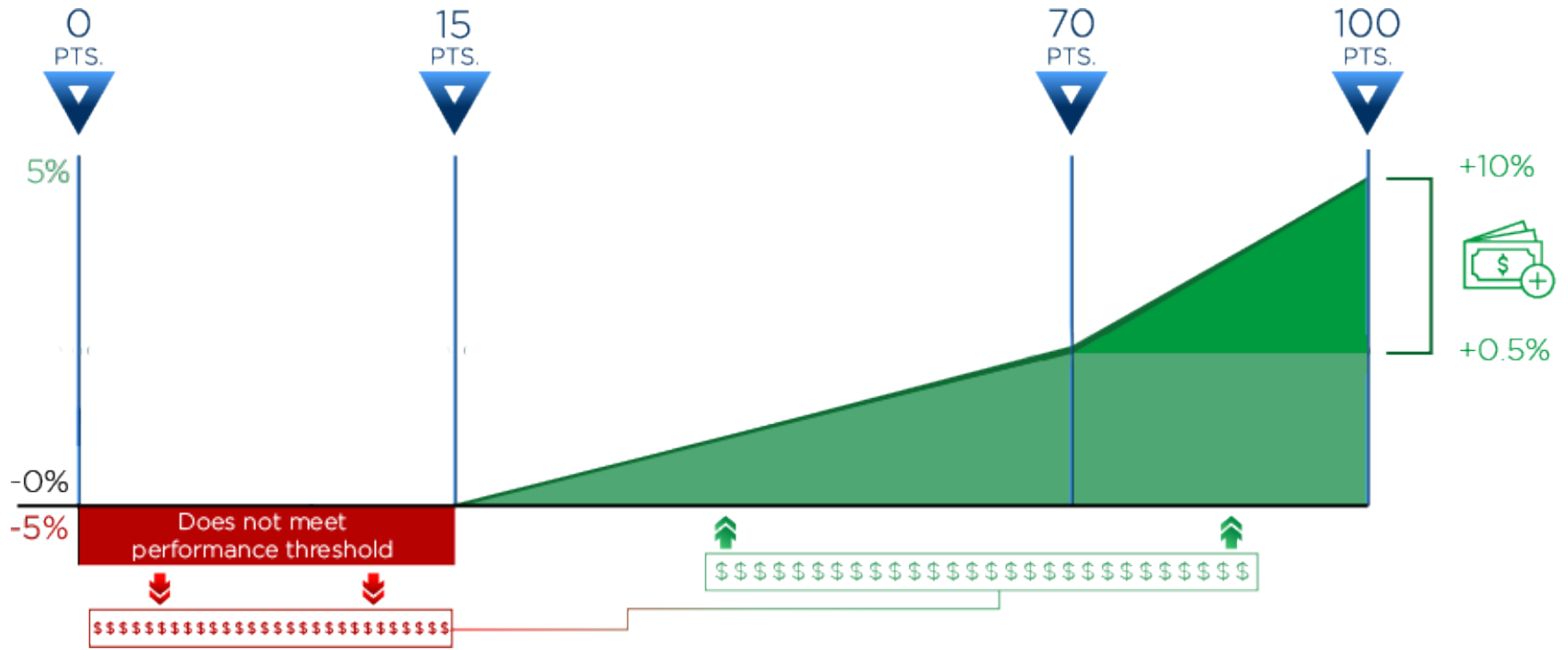
Clinicians must meet a higher minimum score to avoid a penalty.

7. PERFORMANCE THRESHOLD

You must achieve at least 15 points to avoid a negative five percent penalty in 2018. That's up from the three-point minimum of 2017. In the graph below, you'll see the performance threshold minimum at 15 points and the performance threshold for exceptional performance at 70 points. Once you hit that 70-point threshold you will earn bonus money **on top of** any money you make from scoring above the 15-point threshold score.

[More details >>](#) (Pages 17 - 18)







Clinicians will either make more money or lose more money.

8. PAYMENT POSSIBILITIES

And speaking of money, as I mentioned above, you can get up to five percent added to your Medicare reimbursement funds by performing well in MIPS next year. Conversely, you can expect to receive a negative five percent reduction to your Medicare reimbursement funds if you don't meet that 15-point performance threshold score.

[More details >>](#)



CMS gives even more help
to small practices.

9. HELP FOR SMALL PRACTICES

Small practices get several breaks in this upcoming year, including the following:

Five bonus points added to their MIPS final score;

New hardship exceptions in the Advancing Care Information category;

Continuing to award small practices three points for Quality measures that don't meet the Data Completeness requirement;

And increasing the low-volume threshold so that more small practices are exempt from MIPS.

[More details >>](#) (Pages 6, 8, 16 and 17)



Hospitals impacted by recent hurricanes will find relief.

10. AUTOMATIC RE-WEIGHTING OF CATEGORIES TO ZERO

Hospitals that were impacted by hurricanes Irma, Harvey and Maria or other natural disasters will automatically have their Quality, ACI and IA categories re-weighted to zero percent in 2017.

If a hospital would also like this same treatment in 2018, they must submit a hardship exception application by December 31, 2018.

[More details >>](#)



A new way of reporting via Virtual Groups.

11. VIRTUAL GROUPS

New this year is the concept of Virtual Groups, which will allow individual clinicians and small groups to come together to form one virtual group that can report together. Clinicians do not need to be in the same area of the country or be in a similar specialty to be in the same group. All members of the virtual group must be Eligible Clinicians either at an individual level or a group level.

[More details >>](#)



There is a reward for improving your performance over last year.

12. IMPROVEMENT BONUS

Another nice little bonus will be awarded to any clinicians whose Quality or Cost score has improved over last year. You can receive up to 10 bonus points in the Quality category and one additional bonus point in the Cost category. Keep in mind, CMS will figure an improvement score only when there's sufficient data to measure improvement. So make sure to submit your data for 2017!

[More details >>](#)



Bonus points for clinicians based on medical complexity of their patients.

13. COMPLEX CASES BONUS

An additional five bonus points may be added to the clinician's final score based on the medical complexity of patients they see.

[More details >>](#)