

# Get On-Track with MIPS 2019: 6 Important To-Do's

The third year of the Medicare Incentive Payment System (MIPS) began on January 1, 2019. Similar to the 2018 transition year, quality performance requirements encompass a full year of reporting - meaning that providers must be ready to participate on Day 1. Here's your to-do list and action items for getting on-track with MIPS for 2019.

## ■ Determine if you are eligible for the 2019 MIPS Program

**New Eligible Clinicians were added for 2019 in performance year:**

- Physicians, including Doctor of Medicine, Osteopathy, Dental Surgery, Dental Medicine, Podiatric Medicine, and Optometry; Osteopathic Practitioners; and Chiropractors
- Physician assistants, Nurse practitioners, Clinical nurse specialists and Certified registered nurse anesthetists
- **NEW:** Clinical psychologists
- **NEW:** Physical therapists
- **NEW:** Occupational therapists
- **NEW:** Qualified speech-language pathologists
- **NEW:** Qualified audiologists
- **NEW:** Registered dietitians and nutrition professionals

## ■ Determine if you are excluded from the 2019 MIPS Program

The 2019 Low-Volume Threshold requirements were modified. Check your participation status as a MIPS eligible clinician (EC) for 2019 by accessing the CMS [Quality Payment Program Website](#). Enter your NPI number to find out more information. You are excluded and will not have to report if you are:

- A newly-enrolled Medicare provider for the first time during the 2019 MIPS performance year
- Significantly participate in an Advanced APM
- Below the 2018 Low Volume Threshold of
  - ≤ \$90,00 in Medicare Part B allowed charges or
  - See fewer than 200 Medicare Part B beneficiaries a year or
  - Provide 200 or more covered professional services to Part B patients (**NEW**)

## ■ Review Your 2018 Performance, Data Collection Tools and Processes

Make sure your data collection method(s) and processes are reflected in your reports and you are on-track for where you want to be. Analyze your Promoting Interoperability (PI) and Quality Compliance 2018 Reports. Adjust your documentation procedures to improve your scores.

## ■ Select Your 2019 Quality Measures

Review the Quality measures available for your specialty on the [CMS Website](#). New tools and guides are now available for many specialties.

- Choose at least six Quality measures or a full Specialty Data Set to collect data
- Read and understand the numerator, denominator and data completion rules for each Quality measure
- Be sure to check with your Registry vendor for any 2019 measure changes, if you plan to attest via Registry in 2019
- Remember, you must achieve a minimum of **30 points** to avoid a downward payment adjustment for MIPS 2019

Year 2 (2018) Final		Year 3 (2019) Final	
Performance Category	Minimum Performance Period	Performance Category	Minimum Performance Period
Quality	12 Months (full year)	Quality	12-months
Cost	12-months Administrative Claims	Cost	12-months Administrative claims
Improvement Activities	90-days	Improvement Activities	90-days
Promoting Interoperability	90-days	Promoting Interoperability	90-days

## ■ Promoting Interoperability - 2015 Edition ENC Certified EHR is required

2015 ONC Certified EHR is required to participate in MIPS Promoting Interoperability (PI) in 2019. Compulink Advantage software is 2015 ONC Certified and will help maximize your MIPS score.

## ■ Updating Your Security Risk Analysis

You must conduct or review a security risk analysis in accordance with PI Security Risk Measure objectives. Be sure to address the security encryption of ePHI data created or maintained by CEHRT. Implement security updates for 2019 and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

## ■ What About a Possible Audit?

Whether you store your data digitally or on paper, create a 2019 Quality Reporting Audit File to store all information related to the Quality Payment program.

- Divide your data into sections for ACI, Quality, Cost and Improvement Activities
- Remember, CMS requires you to store 6 years historical data and recommends retaining data up to 10 yrs