The Merit-Based Incentive Payment System’s Targeted Review Deadline is Upon Us: Physicians, Groups, and other Clinicians have until October 15, 2018 to Identify and Report Errors in the Calculation of their 2017 MIPS Final Scores

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The Centers for Medicare & Medicaid Services (CMS) recently announced that it has several “prevailing concerns” regarding the accuracy of the 2017 Merit-Based Incentive Payment System (MIPS) scoring data that was used to set the 2019 MIPS payment adjustments. According to CMS, the concerns at issue relate to problems in the scoring logic used by CMS to generate the MIPS final scores for 2017. In light of these “prevailing concerns” and the identified errors, CMS went about the task of “addressing and correcting” the 2017 MIPS data. As a result, on September 13, 2018, CMS posted to the CMS Quality Payment Program (“QPP”) website the CMS revisions to the 2017 MIPS final scores and their associated 2019 MIPS payment adjustments.

In order to allow MIPS-participating clinicians an opportunity to review the CMS corrections, CMS extended the deadline for clinicians to access, review, and comment on their performance feedback (i.e., the “targeted review deadline”) to October 15 at 8:00 p.m. (ET).

CMS has not stated the overall dollar impact of the identified errors. Regardless, the flaw in CMS’s scoring logic underscores some of the logistical challenges CMS has faced in connection with its first MIPS performance year (PY 2017) and may continue to wrestle with as it begins its review of PY 2018. Importantly, however, it also illustrates that the processes that CMS has established are working, as they enable CMS to identify and resolve these issues.

MIPS was established pursuant to the Medicare Access & Chip Reauthorization Act (MACRA) for the purposes of reducing burdens for clinicians, and incentivizing their provision of high quality and high value care. Under MIPS, participating clinicians receive a positive or negative adjustment to their Medicare Part B payment based upon a score of their performance in the following categories: (1) “Quality of Care,” which is based on measures tailored to a clinician’s practice; (2) “Promoting Interoperability,” which is based on patient engagement and the use of certified electronic health record technology to exchange health information; (3) “Improvement Activities,” which is based on activities that improve care processes, enhance patient engagement and increase access to care; and (4) “Costs,” which will not be used to calculate the PY 2017 score, but will nonetheless be reviewed by CMS. The clinician’s final performance score is then compared with a performance threshold set by CMS, the results of which are used to calculate the payment adjustment.

CMS noted it made errors in its scoring logic for the following hardship exceptions and measures:

- In the Quality of Care category, errors were made with respect to the All-Cause Readmission (ACR) measure;
- In the Promoting Interoperability category, errors were made with respect to the 2017 Advancing Care Information (ACI) and Extreme and Uncontrollable Circumstances hardship exceptions; and
In the Improvement Activities category, errors were made with respect to crediting clinicians for successful participation in CMS’ Improvement Activities (IA) Burden Reduction Study.

These errors in scoring logic only impact clinicians whose performance scores were (or were supposed to be) impacted by these exceptions and measures.

Importantly, the errors were identified during the “targeted review” period where CMS provides an opportunity for clinicians to review their MIPS payment adjustment factor(s) if they believe there was an error with the 2019 MIPS payment adjustment calculation. Several concerns raised relating to the above exceptions and measures prompted CMS to review its scoring logic, which led to CMS identifying and ultimately being able to resolve the errors.

Thus, although CMS has made some errors in its calculations that will require changes to the 2019 MIPS payment adjustment for certain clinicians, there seems to be a viable process in place for reporting and identifying errors. As such, Providers would be well-advised to take advantage of CMS’ extension of the deadline to participate in the MIPS targeted review process, and voice any concerns by the October 15 deadline.

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