

# Medicare MIPS goes on amid COVID-19, but flex reporting options exist

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## Andis Robeznieks

Senior News Writer

Physicians and medical groups have until Oct. 5 to challenge their 2019 Merit-based Incentive Payment System (MIPS) performance score if they disagree with the number posted by the Centers for Medicare & Medicaid Services (CMS).

CMS recently posted performance scores for physicians and others participating in MIPS on the Quality Payment Program website and can be accessed through the secure portal. The score dictates Medicare payment in 2021 with physicians and groups receiving either a positive, negative or neutral adjustment.

MIPS-eligible clinicians, groups and virtual groups—including those participating in an alternative payment model (APM)—may request a review by going to the QPP website and logging in with the same credentials they previously used to submit data. It is important physicians and groups check their 2019 performance feedback reports and 2021 payment adjustment scores for accuracy because, due to the COVID-19 pandemic, CMS instituted a policy of holding physicians harmless from payment adjustments if they did not submit 2019 MIPS data.

## Targeted review triggers

Examples of circumstances that have previously sparked a MIPS “targeted review” include:

- Errors or data-quality issues for submitted measures and activities.
- Eligibility and special status issues, such as falling below the low-volume threshold.
- Being erroneously excluded from their APM participation list and not being scored.
- Performance categories that were not automatically reweighted even though the physician or group qualified for automatic reweighting under the CMS extreme and uncontrollable circumstances clause.

Documentation may be required to support the targeted review request. More information is available from CMS at (866) 288-8292 or [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

## Opting out: Partial or complete options

CMS has also announced that physicians and groups have the option to completely or partially opt out from the 2020 MIPS program. To do so, they must submit a hardship application on the QPP website before Dec. 31 and indicate that the hardship is linked to the COVID-19 public health emergency.

CMS followed the AMA's recommendation to create flexible 2020 flexible reporting options.

These include, for example, allowing physicians to indicate that they do not want to be scored on cost and quality measures, and instead have their score calculated using only measures from the promoting-interoperability and improvement-activity categories.

They can also opt out of all four performance categories and be held harmless from a 2022 payment adjustment. But, if these physicians do submit MIPS data to CMS, it will override their hardship exemption application.

## Advocating for flexibility on COVID-19

The AMA has been working with CMS to identify issues arising from COVID-19 and to recommend specific actions to improve Medicare coverage of services and to reduce regulatory burdens on physicians during the pandemic.

Read more AMA guidance on MIPS and discover how AMA advocacy has led to flexibility of CMS payment and regulatory policies during the COVID-19 public health emergency.