The 2020 Medicare Physician Fee Schedule (MPFS) final rule includes provisions for the 2020 Quality Payment Program (QPP), which impacts 2022 payment. The QPP includes both the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

This guide provides information on how Medicare Shared Savings Program (MSSP) Basic Accountable Care Organization (ACO) participants will be scored for MIPS under the MIPS APM scoring standard. A MIPS APM is either a payment model that does not meet the definition of an Advanced APM—such as a basic track ACO—or an Advanced APM that has not met patient or revenue thresholds. ASCRS has also developed guides on the full QPP, each of the four components of MIPS, and Advanced APMs, and will continue to provide additional resources and training materials to assist ASCRS and ASOA members in complying with the program.

Medicare Shared Savings ACOs Final Rule

Separate from the 2019 MPFS final rule, CMS released a final rule for the MSSP in December 2018 that seeks to accelerate ACOs’ transition to taking on downside risk, which could impact some ophthalmologists participating in MIPS through Track 1 ACOs. Under the new rule, beginning in July 2019, CMS created two tracks, basic and enhanced. New ACOs would begin in the basic track and not have to bear risk for two years, as opposed to the current six-year period allowed before taking on risk. Track 1 ACOs would have one year to move to the enhanced, risk-bearing track. ASCRS recommends that any ophthalmologists who were previously participating in Track 1 ACOs reach out to their ACO’s managers for details about their specific ACOs under this new policy.

MIPS APM Scoring Standard

Basic Track, previously Track 1, ACOs do not meet the definition of an Advanced APM. Therefore, participants in those models are not eligible to receive the statutory 5% bonus that MACRA provides and must participate in MIPS. CMS defines an Advanced APM as a model that involves two-sided risk, and since basic ACOs do not involve downside risk, they cannot be considered Advanced APMs.

However, CMS has created a MIPS scoring standard for participants in certain APMs that do not meet the definition of an Advanced APM (such as basic track ACOs) or do not meet the required participation or revenue thresholds. The MIPS APM scoring standard allows physicians to continue participating in these models and to use that participation to earn credit under MIPS.

How Do Basic Track ACO Members Participate in MIPS?

To earn points in MIPS under the MIPS APM scoring standard, a provider in a basic ACO must be included in the official participant list of the ACO filed with CMS.

Basic Track ACO participants are required to:
- Report the required quality measures for the ACO through their ACO entity (if the ACO does not report data on behalf of its members, those physicians will be required to report quality data on their own);
• Report data for the Promoting Interoperability (PI) category (formerly Advancing Care Information) on their own; and
• Automatically earn at least 50% the total available points for the Improvement Activities category score. However, CMS has indicated that all participants will receive full credit in this category for 2020.

Basic Track ACO Scores Under the MIPS APM Scoring Standard

CMS will award the same final MIPS score to all the participants in a basic Track ACO—including for data they reported individually or as a group under a single TIN. Under the terms of the model, participants in the APM entities are already assessed collectively for meeting certain quality and cost metrics; therefore, CMS will score the PI category collectively as well. All ACO participants will receive the total points for the Improvement Activities category. CMS will use an average score of all the participants’ scores for PI to determine a score for all participants. All participants in the Track 1 ACO will also receive the same total available score for Improvement Activities.

Under the MIPS APM scoring standard, CMS has re-weighted the MIPS categories to reflect the design of the Track 1 model. **For 2020, category weights are 50% Quality, 0% Cost, 20% Improvement Activities, and 30% PI.**

The ACO entity’s final MIPS score will be applied to the participants in the entity at the TIN/NPI level. If a physician participates in multiple ACOs or other MIPS APMs, CMS will award separate scores for each entity. CMS will use whichever score is highest to determine the physician’s payment adjustment.

New for 2020, if a MSSP ACO that is a MIPS APM fails to report quality data, CMS will determine whether the individual or group TINs participating in the ACO reported their own quality data. If so, CMS will calculate the individual TIN level Quality category scores and average the scores across the participants of the ACO, similar to how it calculates the PI score, and award all the participants in the ACO the same Quality score. If, for example, an ophthalmology practice continued to report quality data through the IRIS registry, in the event its ACO failed to report data, CMS would use the data submitted through IRIS toward the collective Quality category score.

MIPS APM Participation

Physicians may participate in basic track ACOs at the individual or group level. Not all physicians billing under a particular TIN are required to participate in the ACO entity if one or more physicians billing under that TIN elects to participate. Certain specialties, such as ophthalmology, are permitted to participate in more than one ACO.

CMS will determine providers’ eligibility to be scored under the MIPS APM scoring standard by checking three times during the performance year to confirm that individuals or groups are listed on the ACO or other APM entities’ participant lists. **CMS will check the lists on March 31, June 30, and August 30 of the performance year.**

If a provider is on the list at any time, he or she will be considered as participating in the entity. If a provider only participates in the APM entity for a portion of the year but is only on the list at one or two of the designated dates on which CMS checks the list, he or she is still considered a participant.

If a full TIN joins an APM later in the year, it can be considered a QP or participate in MIPS through the APM if it is listed on an APM’s participant list by December 31 of the performance year. On December 31, only full TINs participating in the APM will qualify. If all physicians billing under the TIN do not join the APM, they must be on the participant list on one of the three earlier dates.

Additional Resources

For additional information, you may contact Allison Madson, manager of regulatory affairs, at amadson@ascrs.org or 703-591-2220.