Get 5x Smarter About MIPS in Five Minutes

Quality

**Previously Physician** 

**Quality Reporting** 

Evaluates clinicians

System (PQRS)

on self-reported

patient outcomes

## WHAT'S MIPS?

The Merit-based Incentive Payment System (MIPS) governs how clinicians will be reimbursed for Medicare Part B fee-for-service revenue moving forward.

**Clinicians submit patient** 

care data under four categories:

## **Promoting Interoperability (PI)**

**Previously Advancing Care** Information (ACI) or the EHR **Incentive Program (Meaningful Use)** Promotes patient engagement and electronic

#### **Improvement Activities (IA)**

**Newly-established category** Rewards clinicians for

patient-centered activities that improve health outcomes

#### Cost

**Previously Value-Based Payment Modifier** 

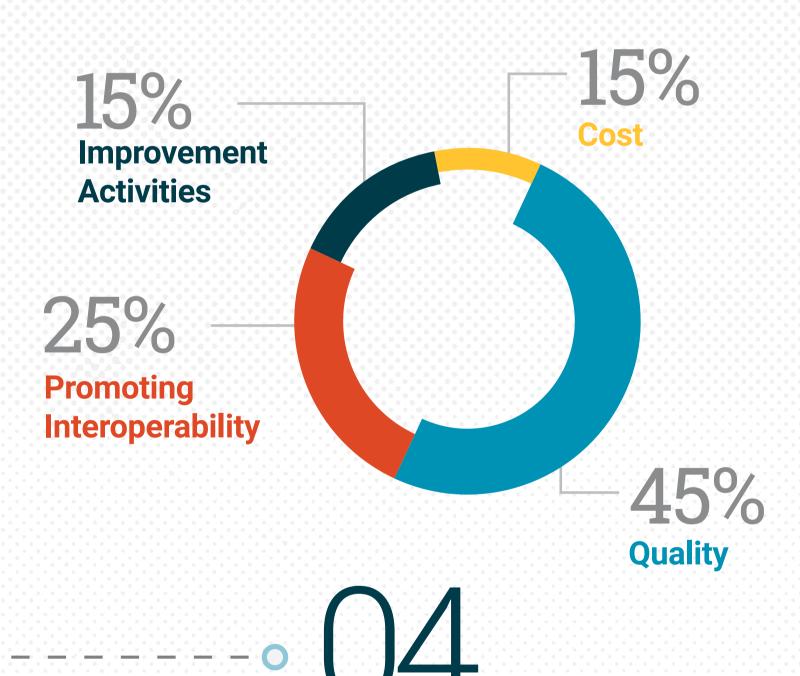
Measures the resources used to care for patients and the Medicare payments per episode of care



# 03

# **HOW WILL I BE SCORED?**

The MIPS composite score determines penalties, incentives and eligibility for bonuses. The score is calculated on a scale from 0 to 100, based on the data received. The four categories are weighted at different percentages.



# IS THE GLASS HALF EMPTY OR HALF FULL?











70-100 points

<30 points up to 7%

30 points no penalty

**31-69 points** some incentive payments

up to 7% incentive payments + bonuses

## YOUR MIPS COMPOSITE SCORE BY THE NUMBERS

Your score is determined by your participation in the MIPS program categories. A registry partner can help you select the appropriate measures to capture the most data.

## **QUALITY**

Submit six Quality measures Submit one Outcome measure Submit 365 days of 2019 data

### **PROMOTING** INTEROPERABILITY

Submit required base measures Submit 90 days of 2019 data Choose from performance measures to reach 100 points

#### **IMPROVEMENT ACTIVITIES**

Submit four IA measures to reach 40 points Some specified groups may report two IA measures Submit 90 days of 2019 data

## COST

Medicare spending per beneficiary and total per capita cost measures will be calculated by CMS based on Medicare claims

