

# Get 5x Smarter About MIPS in Five Minutes

## 01

### 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:

#### Quality

Previously Physician Quality Reporting System (PQRS)  
Evaluates clinicians on self-reported patient outcomes

#### Promoting Interoperability (PI)

Previously the EHR Incentive Program (Meaningful Use)  
Promotes patient engagement and electronic exchange of health information

#### 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



## 02

### AM I ELIGIBLE?

LET'S FIND OUT!

1 Do you qualify for the Advanced Alternative Payment model track?

NO YES

NOT ELIGIBLE

You qualify for MIPS!

2 Do you bill more than \$90K in Part B Medicare a year?

NO YES

NOT ELIGIBLE

3 Do you provide care for more than 200 Medicare patients a year?

NO YES

NOT ELIGIBLE

4 Do you have the job title of physician, physician assistant, nurse practitioner, clinical nurse specialist or certified registered nurse anesthetist?

NO YES

NOT ELIGIBLE

5 Do you have the experience of participating in Medicare before 2018?

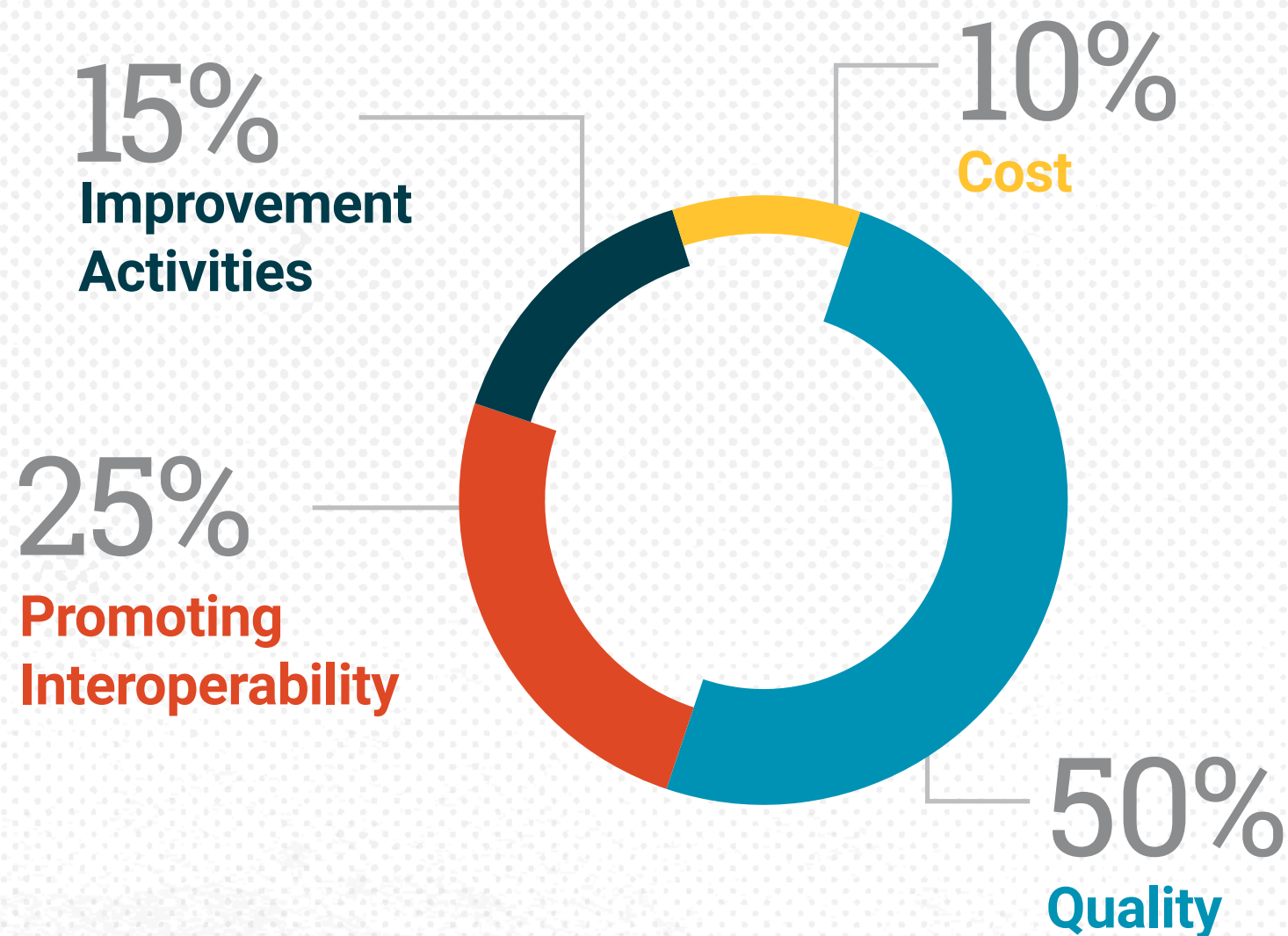
NO YES

NOT ELIGIBLE

## 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.



## 04

### IS THE GLASS HALF EMPTY OR HALF FULL?



Up to 5% penalty



No adjustment



Some incentive



Higher incentive + bonuses

## 05

### 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 2018 data

#### PROMOTING INTEROPERABILITY

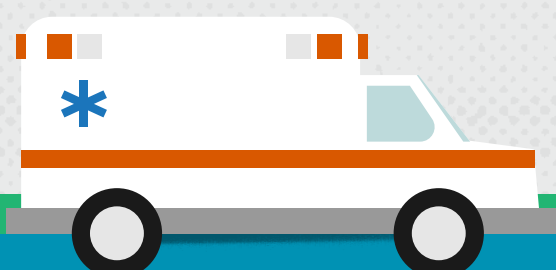
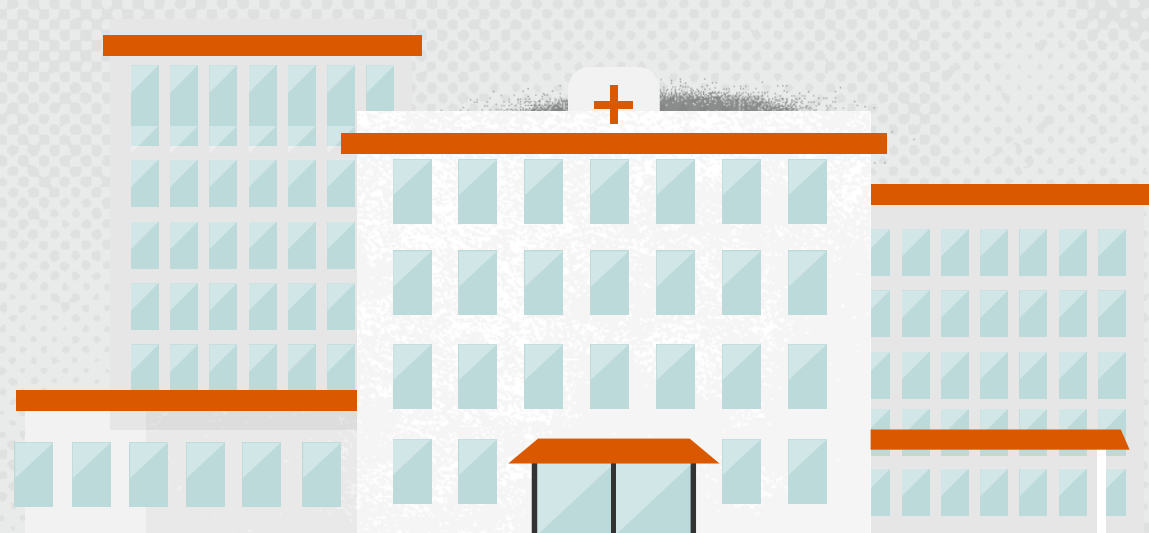
Submit required base measures  
Submit **90** days of 2018 data  
Choose from performance measures to reach **100** points

#### IMPROVEMENT ACTIVITIES

Submit **four** IA measures to reach **40** points  
Some specified groups may report **two** IA measures  
Submit **90** days of 2018 data

#### COST

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



A Clear Path to Quality Improvement: MIPS 2018 and Beyond  
**DOWNLOAD THE E-BOOK**