Get 5x Smarter About MIPS in Five Minutes

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

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

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.

**Quality**
- Submit six Quality measures
- Submit one Outcome measure
- Submit 365 days of 2018 data

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

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

**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