



Merit-based Incentive Payment System (MIPS)

What is MIPS?

By law, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to implement an incentive program, referred to as the Quality Payment Program (QPP), which provides two participation tracks:

MIPS - Eligible clinicians will be subject to a performance-based payment adjustment through MIPS

APMs - Advanced Alternative Payment Models, such as an ACO.

MIPS combines three legacy programs: Meaningful Use, Physician Quality Reporting System (PQRS), and Value-Based Payment Modifier into a single program.

How does MIPS effect me?

- ◆ MIPS applies to almost **all providers including specialists** because we report as a group.
- ◆ This year, since we are no longer in the ACO, we are required to report on all four categories.
- ◆ The 2019 MIPS performance period is from January 1, 2019 to December 31, 2019.
- ◆ Depending on how well we perform in each category we could receive a positive adjustment to our fee schedule for 2021.

Reporting Requirements

Performance in MIPS is measured through data reported in four areas: Quality, Cost, Improvement Activities, and Promoting Interoperability. The performance categories have different “weights” and are added together to give you a MIPS final score.

Quality

45%

Cost

15%

100%

Improvement Activities

15%

Promoting Interoperability

25%