

get 5x smarter about MIPS in 5 minutes

01

WHAT'S MIPS?

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

The program focuses on:

Quality

Previously Physician Quality Reporting System (PQRS)

Advancing Care Information (ACI)

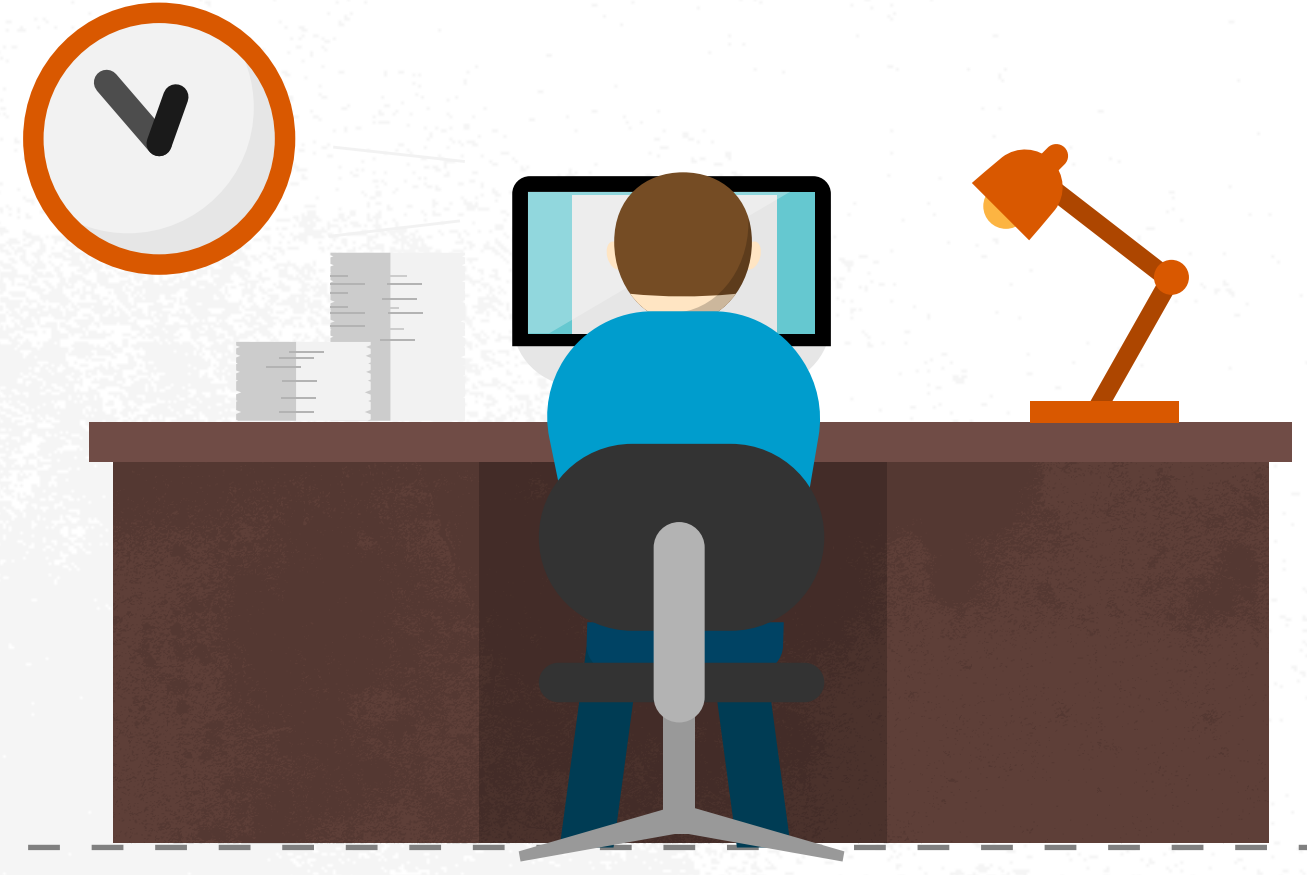
Previously the EHR Incentive Program (Meaningful Use)

Improvement Activities

New!

Cost

Previously Value-Based Payment Modifier (starts in 2018)



02

WHY IS IT IMPORTANT?

The MIPS program can have a **serious impact** on your organization's

REVENUE

How serious are we talking?

Network Size	Number of Providers	Medicare Payments	Potential Penalty*	Potential Bonus*	Total Potential Bonus for High Performers
Small	80	\$6M	(\$420K)	\$420K	\$1.8M
Medium	844	\$68M	(\$4.7M)	\$4.7M	\$21M
Large	1,458	\$132M	(\$9.2M)	\$9.2M	\$41M

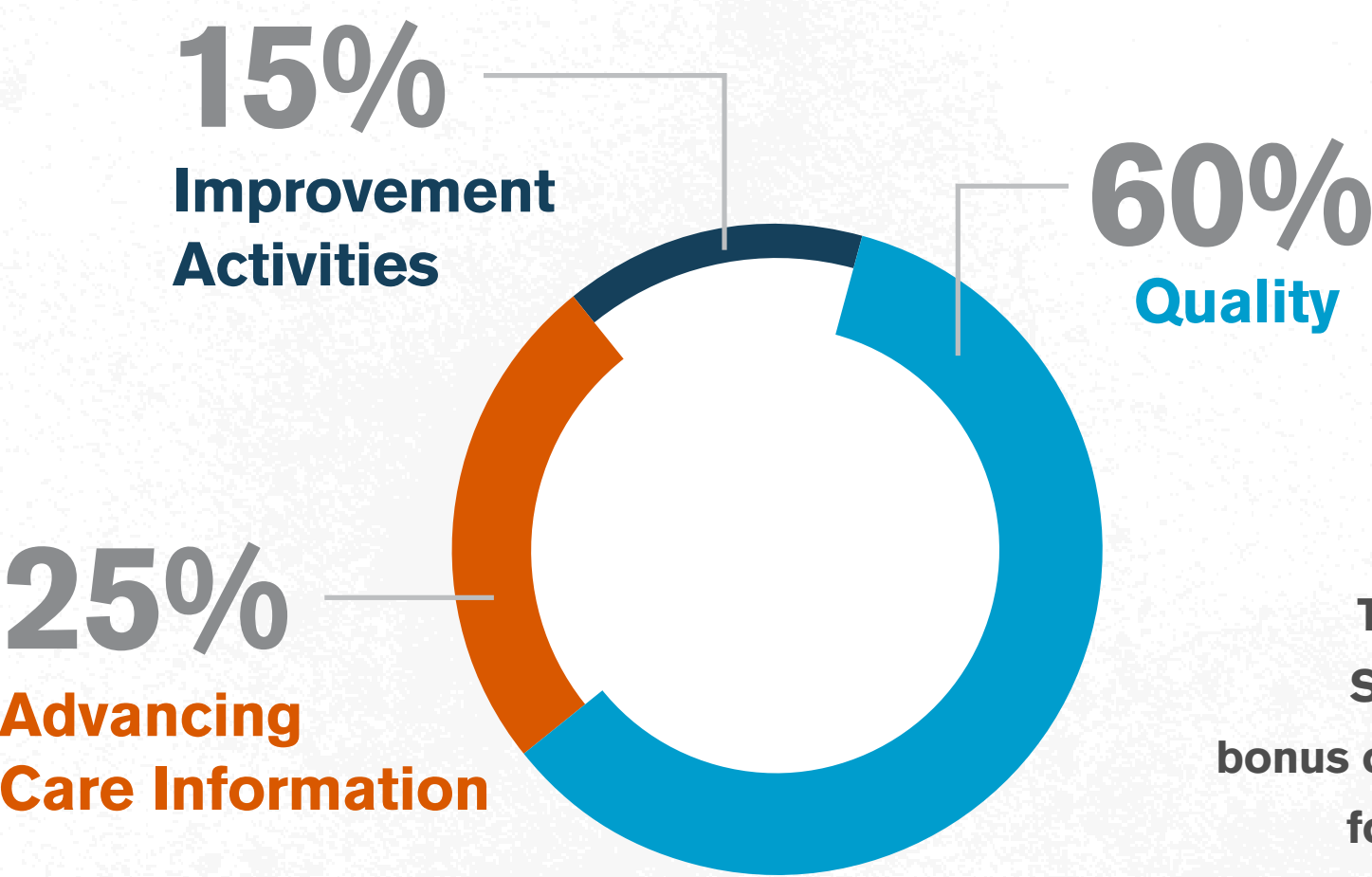
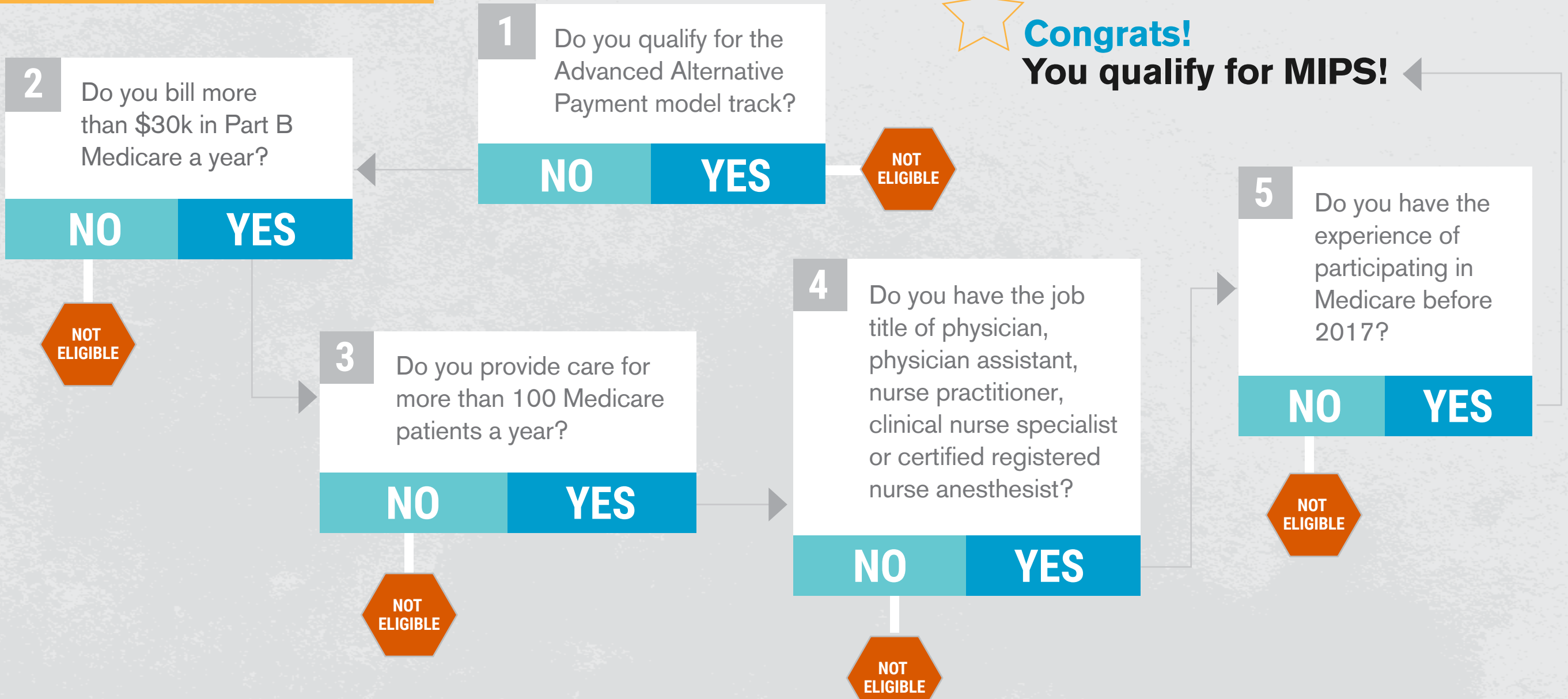
The potential impacts are based on blinded results from MIPS Assessments performed by Premier Performance Partners for provider networks.

*Assuming a 7 percent impact in 2021

03

AM I ELIGIBLE?

LET'S FIND OUT!



04

HOW WILL I BE SCORED?

The MIPS Composite Score determines the bonus or incentive payment for the MIPS program.

The score is calculated on a scale from 0 to 100 and is based on: Quality, Improvement Activities, Advancing Care Information, and Cost (coming in 2018.) Weights will change after the 2017 transition year.

05

WHAT DATA DO I SUBMIT FOR 2017?

To ease the burden of transitioning to MIPS, the 2017 performance year is a "transition year" that provides eligible clinicians three reporting options to avoid the negative payment adjustment:

You can submit:

Something

Avoid the penalty by submitting one measure from the quality performance category and one activity from the improvement activities category for at least a 90-day period.

A partial year

Qualify for a slight positive adjustment by submitting "more than minimal" data for the three MIPS performance categories for at least a 90-day period.

A full year

Eligible clinicians who completely report all three performance categories will be eligible for a positive payment adjustment. The more data you submit, the more likely you are to get a higher incentive.

