



Are you ready for the transition to the Merit-based Incentive Payment System (MIPS)?

Under MACRA, clinicians may participate in one of two tracks: Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (Advanced APMs). **92% of eligible clinicians are projected to fall into the MIPS track, while the remaining 8% will fall into the Advanced APM track.**

MIPS combines the pay-for-performance programs PQRS, VBM and MU, adjusting payments based on group or individual clinicians' quality performance data.

MIPSwizard provides one solution to help ensure eligible clinicians participating in MIPS have a successful reporting experience. MIPSwizard is brought to you from the leaders in PQRS reporting who brought you PQRSwizard, the #1 solution* for quality reporting to CMS.

Similar to online tax preparation software, MIPSwizard is a web-based tool to guide eligible clinicians through a few easy steps to help rapidly collect, validate, report and submit the results to CMS.



Would you like to see a MIPSwizard demo?

Visit www.mipswizard.org to register for any of our monthly product demonstrations.

See a MIPSwizard demo

www.mipswizard.org

Why use MIPSwizard reporting?

- Avoid Penalties
- Quick, easy and cost-effective
- Data entry and file upload tools
- Real-time data validation

What reporting methods are supported?

MIPSwizard supports individual eligible clinicians and group practices of all sizes and specialties. Reporting methods supported by the MIPSwizard include:

- All 2017 Quality Measures
- Qualified Clinical Data Registry (QCDR)
- Certified EHR Data Submission Vendor
- Attestations available for Advancing Care Information and Improvement Activities Categories within MIPS

What measures are available?

MIPSwizard is certified to report on all quality measures and all electronic clinical quality measures (eCQMs) approved by CMS for registry reporting. For a detailed list of measures please visit www.mipswizard.org.

MIPSWIZARD

Avoid up to a 4% payment adjustment in 2019!

With MIPS*wizard*, choose any time to start reporting between January 1 and October 2, 2017.

During the 2017 “transition year”, there are several options for clinicians and practices to participate:

DO NOTHING

Clinicians who do not submit any 2017 data would receive a negative 4% payment adjustment.

SUBMIT SOMETHING

Clinicians who submit a minimum amount of 2017 data will avoid a downward payment adjustment (e.g., one quality measure or one improvement activity).

SUBMIT A PARTIAL YEAR

Clinicians who submit 90 days of 2017 data may earn a neutral or small positive payment adjustment.

SUBMIT A FULL YEAR

Clinicians who submit a full year of 2017 data may earn a moderate positive payment adjustment.

How do eligible clinicians use MIPS*wizard*?

Reporting as an individual eligible clinician requires the submission of a MIPS report for a unique NPI/TIN combination. Individual clinicians may choose to report any MIPS Quality Measure through the MIPS*wizard* in 2017.

Are you registering for more than 10 clinicians?

Groups of 10 or more are eligible for a discount during registration. Get started at www.mipswizard.org.

How do group practices use MIPS*wizard*?

GPRO is an option for group practices that have at least 2 individual NPIs billing under a single tax ID (Practice), who elect to participate via GPRO. This reporting option enables the practice to report as a group, rather than reporting for each individual eligible clinician.

A practice that elects to participate in the GPRO will be required to report on a population of patients attributed to its Tax Identification Number (TIN). Measures reported are attributed to the entire cohort of Medicare patients serviced within the reporting period and billed through the TIN, to which the MIPS measures apply. MIPS measures only apply to a patient if they meet the denominator eligibility criteria.

Contact Us

Contact one of our experts to learn how MIPS*wizard* can help you navigate the upcoming quality programs and avoid MIPS penalties.

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* Centers for Medicare & Medicaid Services. 2014 Reporting Experience Including Trends (2007-2014) (2016).