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 Advancing Care Information (ACI) or 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

Let’s find out!

1. Do you qualify for the Advanced Alternative Payment model track?
   
   NO YES

2. Do you provide care for more than 200 Medicare patients AND cover at least 200 professional services a year?
   
   NO YES

3. Do you have the job title of:
   - physician
   - physician assistant
   - nurse practitioner
   - clinical nurse specialist
   - certified registered nurse anesthetist
   - physical therapist
   - respiratory therapist
   - speech language therapist
   - clinical social worker
   - clinical psychologist

You qualify for MIPS! Take in 2019, is available for practices that meet at least one criterion.

02 AM I ELIGIBLE?

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: 45%
- Promoting Interoperability: 15%
- Improvement Activities: 25%
- Cost: 15%

Let’s find out!

4. Do you bill more than $90K in Part B Medicare a year?
   
   NO YES

5. Do you provide care for more than 200 Medicare patients AND cover at least 200 professional services a year?
   
   NO YES

6. Do you have the experience of participating in Medicare before 2019?
   
   NO YES

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: 45%
- Promoting Interoperability: 15%
- Improvement Activities: 25%
- Cost: 15%

IS THE GLASS HALF EMPTY OR HALF FULL?

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 one Outcome measure: Submit 365 days of 2019 data
- Promoting Interoperability: Submit required base measures: Submit 90 days of 2019 data
- Improvement Activities: Submit four IA measures: Submit 90 days of 2019 data
- Cost: Medicare spending per beneficiary and total per capita cost measures will be calculated by CMS based on Medicare claims

Download the e-book:
A Clear Path to Quality Improvement: MIPS 2019 and Beyond