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
  - Previous 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

**02. AM I ELIGIBLE?**

New in 2019, opt-in available for practices that meet at least one criterion.

- Do you meet the following eligibility criteria?
  - Do you bill more than $90K in Part B Medicare a year? **YES NO**
  - Do you provide care for more than 200 Medicare patients AND cover at least 200 professional services a year? **YES NO**
  - Do you have the experience of participating in Medicare before 2019? **YES NO**

**03. HOW WILL I BE SCORED?**

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**
  - Previously Physician Quality Reporting System (PQRS)
  - Evaluates clinicians on self-reported patient outcomes
  - Submit 652 Outcome measures
  - Submit 365 days of 2019 data
- **Promoting Interoperability (PI)**
  - Previously Advancing Care Information (ACI) or the EHR Incentive Program (Meaningful Use)
  - Promotes patient engagement and electronic exchange of health information
  - Submit required base measures
  - Submit 90 days of 2019 data
  - Choose from performance measures to reach 100 points
- **Improvement Activities (IA)**
  - Newly-established category
  - Rewards clinicians for patient-centered activities that improve health outcomes
  - Submit four IA measures to reach 40 points
  - Some specified groups may report two IA measures
  - Submit 90 days of 2019 data
- **Cost**
  - Previously Value-Based Payment Modifier
  - Measures the resources used to care for patients and the Medicare payments per episode of care
  - Submit four Core measures to reach 40 points

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

Your score is determined by your participation in the MIPS program categories.

- **<30 points** up to 7%
  - No penalty
- **30 points** no penalty
- **31-69 points** some incentive payments
- **70-100 points** up to 7% incentive payments + bonuses

**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 652 Outcome measures
  - Submit 365 days of 2019 data
- **Promoting Interoperability (PI)**
  - Submit required base measures
  - Submit 90 days of 2019 data
- **Improvement Activities (IA)**
  - Submit four IA measures to reach 40 points
  - Some specified groups may report two IA measures
  - Submit 90 days of 2019 data
- **Cost**
  - Submit four Core measures to reach 40 points
  - Submit 90 days of 2019 data

Download the e-book: [A Clear Path to Quality Improvement: MIPS 2019 and Beyond](https://www.premier.com/meritbased-incentive-payment-system-mips-medicare-payment-system)