

Merit-based Incentive Payment Program (MIPS): Don't Merely Survive, Thrive

We have been witness to the many changes, updates and modifications to the various Medicare pay-for-performance programs over the years from eRx, to the Physician Quality Reporting System (PQRS), to the HITECH Act and Meaningful Use (MU) and now MACRA. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is Medicare's most recent push toward Value-Based Care by creating the Quality Payment Program (QPP) and ending the Sustainable Growth Rate (SGR) methodology for physician fee schedules. The QPP is made up of two distinct pathways – the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APM). In the **upcoming webinar**, we will discuss the QPP and a number of obstacles clinicians must face in order to be successful in MIPS including:

- Public Health Reporting
- Security Risk Assessment
- Health Information Exchange
- Patient Portal Adoption
- Quality Metric Improvement
- Improvement Activity selection

The Center for Medicare and Medicaid Services (CMS) will sunset payment adjustments after 2018 for eligible clinicians participating in the Medicare Electronic Health Record Incentive Program (MU), PQRS and the Physician Value-based Payment Modifier (VM). Under the MIPS track, eligible clinicians could receive bonuses based on their performance on metrics related to Improvement Activities (IA), Quality, Advancing Care Information (ACI) and Cost.

In each category, eligible clinicians or groups will be able to earn a score that will be combined to create the composite score which will then dictate the positive, neutral or negative payment adjustment in the corresponding payment year. If eligible clinicians fail to participate in 2017, a negative Medicare Part B payment adjustment of up to 4% will result beginning January 1, 2019. You can avoid this negative payment adjustment by reporting a minimal amount of performance data to CMS by March 31, 2018. However, since the QPP is allowing clinicians to pick their pace in performance reporting in 2017, there is an opportunity to gain a positive payment adjustment by participating for at least 90 days and reaching a composite score of 70 points or higher in the three MIPS categories in 2017.

The Quality Payment Program requirements may seem daunting, confusing and down-right scary. But they don't have to be. Relying on someone who has years of experience in successfully assisting clinicians and groups participating in federal regulatory compliance programs will help you be rewarded for providing higher quality outcomes and care coordination efforts through data analytics, performance improvement monitoring and beginning-to-end education and guidance.

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