Get to the Front of the Pack: Making the Most of MIPS

Leila Volinsky, MHA, MSN, RN
Senior Program Administrator
New England Regional Lead
Quality Payment Program – Eligible Clinicians
Disclaimer

This information was prepared as a service to the public, and is not intended to grant rights or impose obligations. This information may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.
Overview

- Quality Payment Program Overview
- Merit-based Incentive Payment Systems (MIPS)
- MIPS Reporting Paces
- Where to Start
- Resources
- Questions
Quality Payment Program (QPP)

MIPS

- Physician Quality Reporting System (PQRS)
- Meaningful Use (MU)
- Value-based Modifier (VBM)

Merit-Based Incentive Payment System (MIPS)

APMs

MIPS APMs*
- Medicare Shared Savings Track 1

Advanced APMs
- Medicare Shared Savings Tracks 2 & 3
- Next Generation ACO
- Comprehensive Primary Care Plus
- Comprehensive End-Stage Renal Disease Model
- Oncology Care Model
MIPS Performance Categories
2017 Transition Year

Quality
60% of MIPS score
- Report on up to six quality measures
- Must include at least one outcome or high priority measure
- Report for a single instance up to full year

Advancing Care Information
25% of MIPS score
- Required base measures – based on EHR certification year
- Performance and bonus points available
- Report for at least a 90-day period

Improvement Activities
15% of MIPS score
- One to four activities based on practice size and activity weight
- PCMH earns full credit
- Report for at least a 90-day period
Where to Start?

Determine eligibility - https://qpp.cms.gov/participation-lookup

Select reporting pace – Crawl, Walk, Run

Determine if reporting as individual or group

Choose a submission method

Select measures and activities to report on

Review performance

October 2nd is the last day to begin a 90-day reporting period.
Acronyms

- **APM** – Alternative Payment Models
- **CMS** – Centers of Medicare & Medicaid Services
- **EHR** – Electronic Health Record
- **MACRA** – Medicare Access & CHIP Reauthorization Act
- **MIPS** – Merit-Based Incentive Payment System
- **IA** – Improvement Activities
- **QPP** – Quality Payment Program
- **MU** – Meaningful Use
- **EC** – Eligible Clinician
- **PQRS** – Physician Quality Reporting System
- **QRUR** – Quality Resource & Use Reports
- **TIN** – Tax Identification Number
- **VBM** – Value Based Modifier
- **ACI** – Advancing Care Information
- **ONC** – Office of the National Coordinator
Resources


- CMS Quality Payment Program website: [https://qpp.cms.gov/](https://qpp.cms.gov/)

- Massachusetts Health and Hospital Association: [https://www.mhalink.org/](https://www.mhalink.org/)

Questions?
Contact Information

Leila Volinsky, MHA, MSN, RN
Senior Program Administrator, Quality Reporting
877 – 904 – 0057 ext. 3307
lvolinsky@healthcentricadvisors.org