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Succeeding with MIPS and the Quality Payment Program

What is MIPS and the Quality Payment Program?

The Quality Payment Program began in 2017 to streamline Medicare's quality improvement and value-based payment programs. The primary track is called the Merit-Based Incentive Payment System (MIPS) which combines PQRS, Value Modifier, and Meaningful Use into a single program.

What's at stake?

2018 is the second year of MIPS -- providers and practices have the potential to lose up to 5% of their Medicare reimbursements in 2020 based on their 2018 MIPS Final Score. Since 2018 is another transition year, it's easy to participate and avoid a penalty for most MIPS eligible clinicians.

Does MIPS apply to me?

For the first two performance years of MIPS, an Eligible Clinician (previously known as an Eligible Provider in the retired PQRS program) is defined by CMS as a Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetist.

Clinicians are exempt in 2018 if any of the following apply to them:

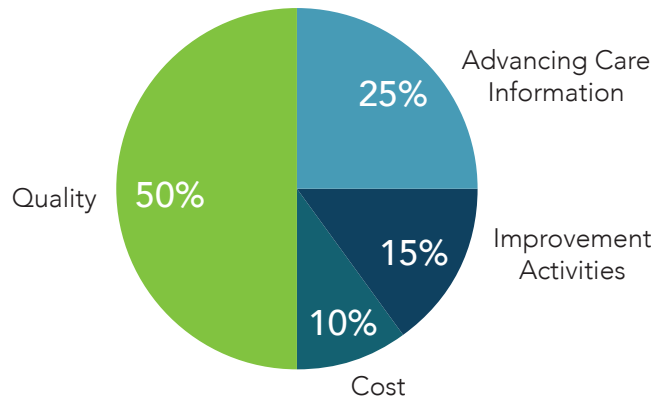
- ✓ Qualifying participant in an advanced APM
- ✓ Treat ≤200 Medicare patients OR have ≤\$90,000 in Medicare Part B allowable charges
- ✓ First year provider in Medicare Part B PFS

What am I scored on under MIPS?

In 2018, the points you receive in four weighted performance categories comprise your Final Score which is calculated by CMS.

The threshold to avoid a penalty has increased to 15 points for 2018 instead of just 3 points in 2017.

2018 MIPS Scoring



Will I need a Registry under MIPS?

Under MIPS, the Registry method is more convenient and effective than ever. CMS allows Quality, Advancing Care Information, and Improvement Activities to be submitted through a single vendor with a common deadline of March 31.

The Cost performance category is calculated by CMS based on claims data submitted throughout the year.

In addition, there are additional submission options available. Ultimately, you choose the best method for you and your practice.

Contact us today

Mingle Analytics is your quality reporting partner. How can we help?

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Prepare for 2018 Success

Here's an overview of notable changes for MIPS reporting as outlined in the 2018 QPP Final Rule:



Scoring

The bar got a little higher for avoiding penalty. CMS now requires 15 points instead of just 3. The exceptional performance bonus threshold remains at 70 points.



Full Year Performance Period

The Quality and Cost performance categories now require a full year of data. Advancing Care Information and Improvement Activities require a minimum of 90-days.



Small Practices & Eligibility

The MIPS low-volume exclusion for MIPS has been increased to \leq \$90,000 in Medicare Part B Allowable charges or \leq 200 individual Medicare patients.



Quality

The data completeness criteria increases from a minimum of 50% of eligible patients for each measure and 90-days of data, to 60% of eligible patients and a full year of data.



Cost

The cost performance category for 2018 will include: "Total per capita costs for all attributed beneficiaries" and "Medicare Spending per Beneficiary." CMS calculates the cost score from claims data. No additional data needs to be submitted.

Read our blog post and watch our 2018 QPP Final Rule webinar to learn more: <http://go.mingleanalytics/mips2018>

What you can do now to prepare to succeed with 2018 MIPS reporting and the Quality Payment Program:

QRUR & Prior Year Performance

Download your QRURs from CMS to review how your practice has performed on Quality and Cost in prior years. [Read our blog post on the power of the QRUR.](#)

Eligibility

[Review our 2018 eligibility blog post](#) and understand which of your clinicians are required to participate.

Quality Measures

Review the list of [MIPS Quality Measures](#) that relate best to the services you render and may want to report on for this performance year.

Workflows and Data Capture

Verify you are capturing the elements for each quality measure in your clinical documentation. Be sure to check the specifications for any changes to the measures.

ACI & EHR Technology

If you use an EHR, are all the modules for the 2017 base score measures functional and are you able to capture data with them as needed for reporting?

Improvement Activities

Review the [list of 2018 Improvement Activities](#); what activities will your practice implement for 2018?

Data

What data and reports are you able to access from your EHR, PM, and billing systems? Are you able to [access 837 files](#), our preferred file type for receiving billing data to determine eligibility for the measures? Will there be any additional charges from your EHR or billing vendor?



Ready to get started with MIPS and the Quality Payment Program?

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