

Merit-based Incentive Payment System (MIPS)

Earn rewards, avoid penalties

The Merit-based Incentive Payment System (MIPS) provides eligible clinicians financial adjustments based on quality, outcomes and efficiency. Our team of professionals will partner with your practice to ensure that you successfully meet these MIPS measures and manage the data submission process for your eligible clinicians.

MIPS consolidates the quality reporting systems—Physician Quality Reporting System (PQRS), the Value-based Payment Modifier and the EHR Incentive Program (Meaningful Use)—into one scoring system that is based on four categories:

2018 Standard MIPS Reporting

Quality - 50%	Promoting Interoperability - 25%
<ul style="list-style-type: none"> ■ Formerly PQRS ■ Report on 6 measures including 1 outcome measure 	<ul style="list-style-type: none"> ■ Formerly Meaningful Use ■ Report 4 to 9 measures for Base, Performance and Bonus scores ■ Practice will conduct a security risk analysis annually and review when changes to the practice or electronic systems occur
Improvement Activities - 15%	Cost - 10%
<ul style="list-style-type: none"> ■ Report completed practice Improvement Activities ■ Choose from more than 100 Improvement Activities 	<ul style="list-style-type: none"> ■ Formerly Value-based Payment Modifier ■ CMS will calculate performance using Medicare claims data

*Weighting will be different for APM



Areas of Expertise

MIPS Standard Reporting Service

- Available to practices subject to standard MIPS reporting and payment adjustments
- This service is a true partnership, designed to save you time and give you peace of mind

MIPS Alternative Reporting Service

- Available to practices subject to MIPS payment adjustments but reporting and weighting are non-standard
- Practices qualify if they participate in a non-advanced APM
- This service will only cover the Promoting Interoperability (PI) and Improvement Activities (IA) portions of MIPS
- 99.4% of Eligible Clinicians' were 'Exceptional Performers' utilizing MIPS Standard Reporting Service for 2017 reporting
- Eligible Clinicians' average score for PI/IA categories was 48.25 out of 50 points utilizing MIPS Alternative Reporting Service for 2017 reporting

Feedback Reports

(formerly Quality and Resource Use Report)

- This service will help your practice understand cost and quality measures to enhance quality and maximize payments
- Practices will learn actionable steps to avoid future negative adjustments

Audits

- In the event of a CMS-initiated audit, support is available to eligible clinicians through the entire CMS audit process
- Our consultants have submitted more than 7,000 Meaningful Use attestations and successfully completed 125 audits
- We understand what documentation to review and provide to the auditor, saving you time and anxiety

Your Quality Reporting Engagement Group Consultant:

- Supports your eligible clinicians to help your practice successfully meet all MIPS measures
- Eases the burden on your practice's staff by managing the data submission process
- Sends you monthly updates on your progress with suggestions for improvements