MIPS Overview 2017

Andrew Smith - 2017-04-04 - MIPS

Ware Langhorne and Associates, Inc. is committed to helping you meet the requirement of the Merit-Based Incentive Payment System (MIPS) for 2017. MIPS is part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and is designed to replace Meaningful Use and PQRS. Those programs have now been given new life inside the MIPS program along with two new categories. This article is designed to give a brief overview of the MIPS categories and what you need to do. For a detailed overview of the entire program, please visit the CMS website:

https://qpp.cms.gov/

A MIPS eligible clinician is a Physician, PA, NP, Clinical Nurse Specialist, or CRNA who bills Medicare Part B. Exemptions include your first year of Medicare Part B participation, membership in an Alternative Payment Model, or having less than $30,000 in annual Medicare revenue/or less than 100 Medicare patients.

MIPS is a budget neutral program. Penalties and bonuses will be calculated based on the performance of all physicians. This is based on a “Pick Your Pace” model, which allows you to participate as little or as much as you want. Your reporting period is also up to you, but it is recommended to have at least 90 days.
The more you participate, the higher your chance of receiving a bonus. 2017 MIPS participation affects 2019 Medicare payments.

MIPS is broken into 4 categories and each is weighted differently. Here is a quick overview of each:

1. **Quality** (replaces PQRS) is weighted at 60% of the score in 2017. Your practice should report on 6 measures for all patients (not only Medicare).
    a. Details and measures can be found here: http://wla.deskpro.com/kb/articles/quality-measures-2017
2. **Advancing Care Information** (ACI) is weighted at 25% of the score in 2017. This program replaces Meaningful Use.
    a. Details found here: http://wla.deskpro.com/kb/articles/aci-measures-2017
3. **Improvement Activities** (IA) is a new category and is weighted at 15% in 2017. Practices with fewer than 15 clinicians will choose 2 categories to report for a minimum of 90 days.
    a. Details found here: http://wla.deskpro.com/kb/articles/improvement-activities-2017
4. **Cost** is a new category, which is weighted at 0% for 2017. CMS will collect claims data to determine costs related to different treatments.