

## What is MIPS?

Effective January 1, 2017, the Meaningful Use (MU) Electronic Health Record Incentive Program, Physician Quality Reporting System (PQRS), and Value-Based Modifier (VBM) program will be consolidated into the new Merit-Based Incentive Payment System (MIPS) program. This new program will merge and strengthen the financial impact of the various measurement and reporting tools, along with claims-based financial considerations that have become familiar since the adoption of digital health records. According to CMS, "to implement the quality category of the MIPS, CMS will be using the measures in the existing quality programs (PQRS, VM and MU)."

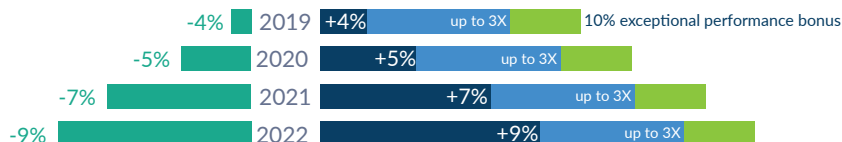
## MIPS

- Ranks peers nationally & reports scores publicly
- MIPS is budget neutral; Incentives to high-performers funded by penalties applied to low-performers
- 100-point scale composite of multiple programs
- Leverages PQRS, Value-Based Modifier (VBM) and Meaningful Use rules

### Significant Financial Impact Over Time

(Adjustment based on reporting two years prior)

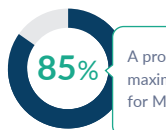
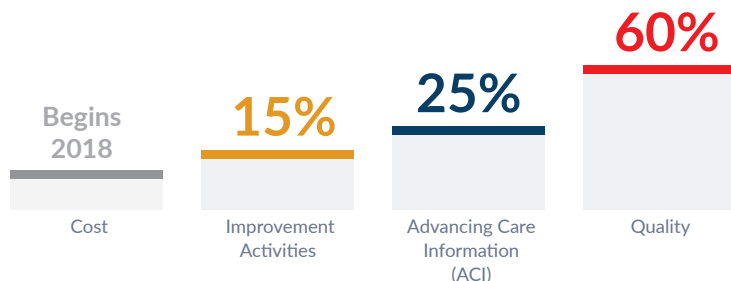
#### Minimum and Maximum Adjustment



\*Potentially up to 3 times these rates plus up to a 10% exceptional performance bonus

## How will MIPS be scored?

A provider's MIPS composite performance score will be calculated on a scale from 0 to 100 and will significantly influence their Medicare reimbursement payment each year. The composite score will be aggregated from the following components: 60% Quality (PQRS optimized), 25% Advancing Care Information (previously Meaningful Use), and 15% Improvement Activities. The point values for the 2017 performance year are:



A provider's 2017 performance in two categories, ACI and Quality, will comprise 85% of their maximum possible score. Providers' scores will be publicly available to consumers via the Centers for Medicare & Medicaid Services (CMS) Physician Compare website.

## Every MIPS point counts

CMS will set a performance threshold score each year that equals the mean or median of all eligible clinicians (EC's) MIPS scores from a prior period.

Scores exactly equal to the performance threshold score



Zero payment adjustments

Scores progressively above the threshold



Progressively increasing incentive

Scores progressively below the threshold



Progressively increasing penalty

## Who is Eligible?



Providers who have met a minimum volume threshold of >\$30,000 and >100 Part B-enrolled Medicare enrolled beneficiaries

## Who is Exempt?



- Qualifying advanced APM participant
- Below the CMS low volume threshold (does not apply to all categories)
- First year NPIs

For more information, visit [mipspro.com](http://mipspro.com)

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1-888-720-4100  
[healthmonix.com](http://healthmonix.com)

## 2017 MIPS Pacing Options



If you're ready, you can begin collecting your MIPS performance data on January 1, 2017. If you are not ready on January 1, you can choose to start anytime between January 1 and October 2, 2017. Whenever you choose to start, you'll need to send in your performance data by March 31, 2018.



### Don't participate

Not participating in the Quality payment program will result in a -4% payment adjustment.



### Submit Something

Submit the minimum amount of 2017 data (one quality measure or one improvement activity) and you can avoid a downward payment adjustment.



### Submit a Partial Year

If you submit 90 days of 2017 data, you may earn a neutral or small positive payment adjustment.

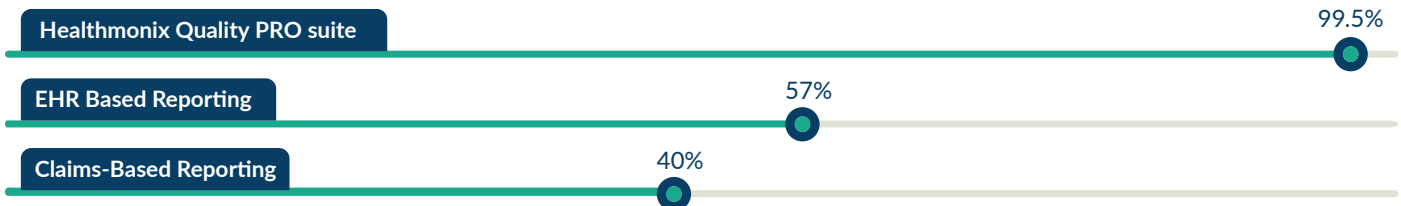


### Submit a Full Year

If you submit a full year of 2017 data, you may earn a positive payment adjustment.

## Your Reporting Success Rate = Payment Reimbursement Incentives

Healthmonix has been a CMS qualified PQRS Registry since 2009. Tens of thousands of providers have reported through PQRS PRO platform with over 99.5% reporting success rate.



Get started with **MIPS PRO™** today!

## Why Start Now?

The 2019 payment adjustment **will be based on 2017 performance metrics**. Each eligible clinician's MIPS score and individual performance category scores will be made available on the Physician Compare website, and available for public comparison to your peers. Guarantee your success and readiness by reporting PQRS in 2016 and MIPS in 2017!

## MIPS Preparation Activities in 2016

**#1 Priority:** Meet 2016 external deadlines potentially impacting 2017 MIPS strategy, budgeting, execution and performance.

**Evaluate options to earn Improvement Activities points**  
15% of MIPS score

**Optimize and Report PQRS in 2016**  
60% of MIPS score in 2017

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