

# 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

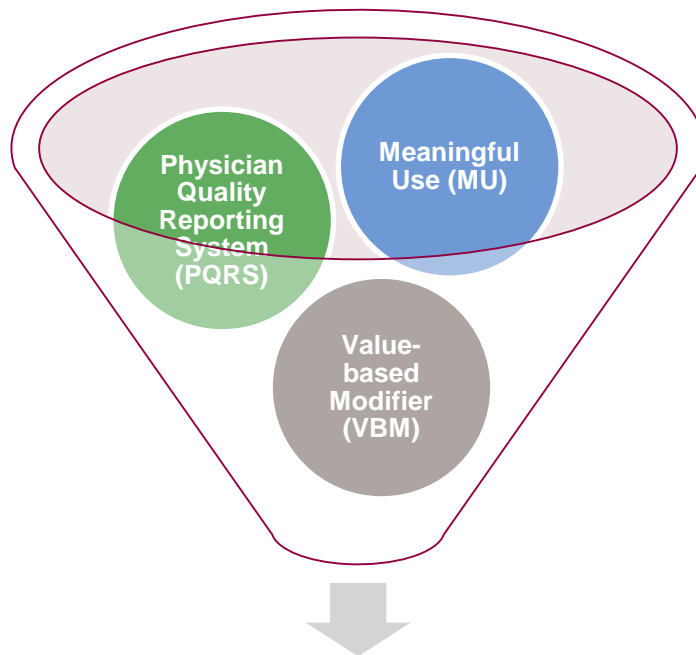
*This information was prepared as a service to the public, and is not intended to grant rights or impose obligations. This information may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended 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



**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 2<sup>nd</sup> 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

- **New England QIN-QIO MACRA website:** <http://neqpp.org/>
  - **Ask A Question:** <http://neqpp.org/ask-question/>
  
- **CMS Quality Payment Program website:**  
<https://qpp.cms.gov/>
  
- **Massachusetts Health and Hospital Association:**  
<https://www.mhalink.org/>
  
- **CMS QPP Year 2 Proposed Rule:**  
<https://www.federalregister.gov/documents/2017/06/30/2017-13010/medicare-program-cy-2018-updates-to-the-quality-payment-program>



# Questions?



# Contact Information



**Leila Volinsky, MHA, MSN, RN**

*Senior Program Administrator, Quality Reporting*

877 – 904 – 0057 ext. 3307

[Ivolinsky@healthcentricadvisors.org](mailto:lvolinsky@healthcentricadvisors.org)