WHAT IS MIPS?
MIPS was created by the Medicare Access and CHIP Reauthorization Act of 2015 to streamline multiple value-based programs including Meaningful Use (MU), Physician Quality Reporting System (PQRS) and Value-Based Modifier (VBM).

WHO IS ELIGIBLE?
Providers who have met a minimum volume threshold of Medicare Part B patients or payments.

WHO QUALIFIES AS AN EP?
2017 & 2018 PERFORMANCE YEARS:
- MDs
- PAs
- NPs

CNSs
- CRNAs

2019 PERFORMANCE YEAR:
In addition to those above,
- PTs
- OTs
- SLPs
- Auds
- CNMs
- LCSW

LCPs
- RDNs
- LNs
- CNMs
- LCSW

WHO IS EXEMPT?
- Qualifying APM participant
- Partial qualifying APM participant
- Doesn’t meet the low volume threshold

HOW WILL MIPS BE SCORED?
Starting Jan. 1, 2017, Medicare Part B eligible providers (EPs) will be measured annually in four performance categories to derive a MIPS score between 0 and 100. That score will determine positive, neutral, or negative adjustments to each provider’s annual Medicare reimbursement.

The four MIPS performance categories and associated point values for the 2017 performance year are:
- Resource use: 10 points
- Clinical practice improvement: 15 points
- MU of certified EHR technology: 25 points
- Quality (PQRS/VBM): 50 points

HOW WILL MIPS BE SCORED?
CMS may choose to shift these point values each year, but a provider’s 2017 performance in just two of these categories, MU and Quality, will comprise 75% of their maximum possible score.

Providers’ scores will be publicly available to consumers via the Centers for Medicare & Medicaid Services (CMS) Physician Compare website.

FINANCIAL IMPACT OVER TIME

EACH MIPS POINT COUNTS
CMS will set a performance threshold score each year that equals the mean or median of all EPs’ 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

$ FINANCIAL IMPACT OVER TIME

2017

<table>
<thead>
<tr>
<th>PERFORMANCE YEAR</th>
<th>MEDICARE PART B PAYMENT ADJUSTMENT YEAR</th>
<th>MAX/MIN PERCENT MEDICARE PART B PAYMENT ADJUSTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2019</td>
<td>+4% incentive</td>
</tr>
<tr>
<td>2018</td>
<td>2020</td>
<td>+5% incentive</td>
</tr>
<tr>
<td>2019</td>
<td>2021</td>
<td>+7% incentive</td>
</tr>
</tbody>
</table>

2020

+9% incentive | -9% penalty

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

ARE YOU READY FOR MIPS?
Here are some questions to ask yourself:

- Do we understand the deadlines related to PQRS/VBM, MU and APM (Medicare ACO) decisions and how they impact future MIPS scores?
- How are we calculating estimated incentives and penalties? How accurate are those estimates?
- Do we understand the reputational and financial impact of PQRS method and measures selection?
- How many of our providers have received a penalty letter for MU and PQRS/VBM and what was the total sum of those combined penalties?
- Do our PQRS/VBM and MU program managers feel they have the resources, educational opportunities, and organizational support they need for our organization to be most successful in these programs and in preparation for MIPS?

If you would like to explore the financial impacts of MIPS using your own numbers, please visit our website and download the SA Ignite MIPS calculator.

For specific questions, please contact us directly – we’re here to help | 312.724.7772 | info@saignite.com