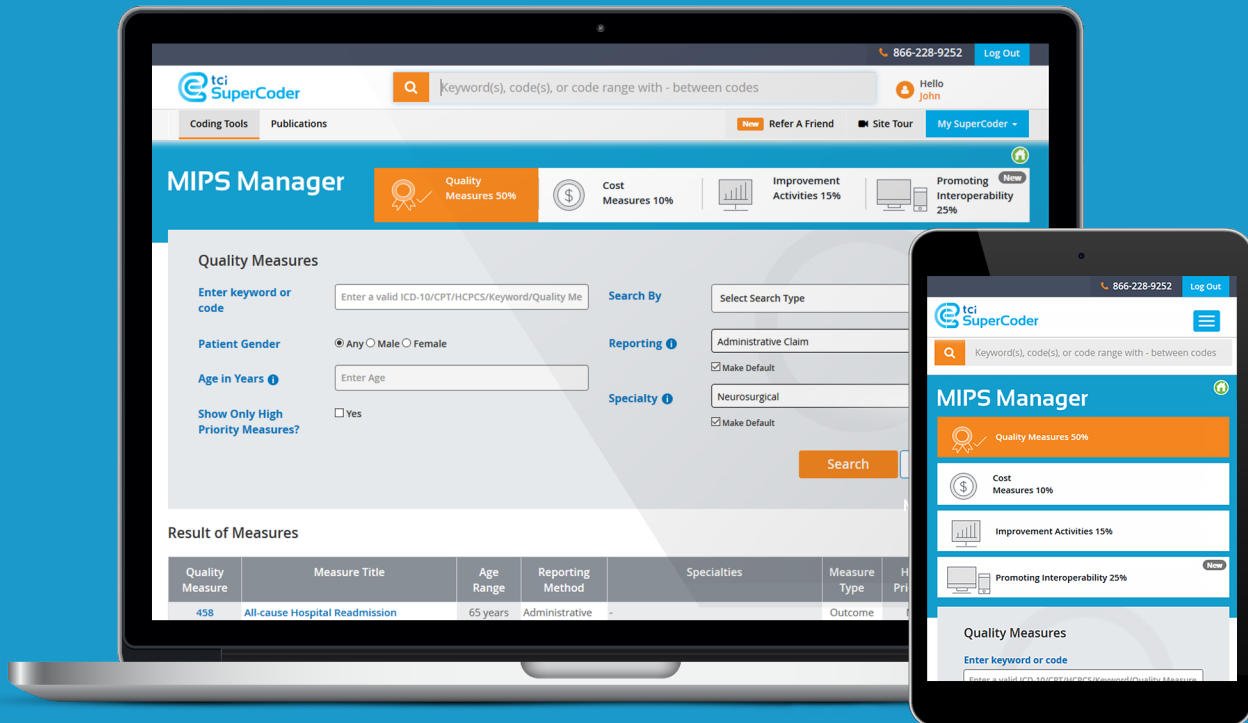


MIPS Quick Guide

Merit-Based Incentive Payment System FAQs, Brought to You by
TCI SuperCoder's MIPS Manager



MIPS FAQs

If you've got questions about MIPS, you've come to the right place. Below you'll find answers to help you get a grip on MIPS and understand the essentials of this payment-impacting system.

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1. MIPS Is Part of QPP. What's That?

The Quality Payment Program (QPP) is part of the shift away from Medicare Part B payments being based on fee-for-service and instead moving toward payment based on value. The QPP is connected to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

There are two QPP tracks:

- Advanced Alternative Payment Models (APMs)
- Merit-Based Incentive Payment System (MIPS).

MIPS Manager is dedicated to MIPS. Participation in MIPS results in a performance-based payment adjustment (explained later in this guide).

2. Who's Eligible for MIPS?

To participate in MIPS in 2018, you must be one of these:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist.

3. Who's Excluded From MIPS?

For 2018, the general rule is that you're excluded from MIPS if you or your group has \$90,000 or less in Part B allowed charges or 200 or fewer Part B beneficiaries. These numbers are called the low-volume threshold.

Be sure to check the requirements each year as they are subject to change.

Tip: If your first year participating in Medicare is 2018, you're excluded from MIPS. You're exempt until the next performance year. Significant participation in Advanced APMs is another basic exemption.

4. What Are the Components of MIPS?

MIPS combines three formerly independent programs and adds in a new one for a total of four performance components.

Before MIPS	MIPS
Physician Quality Reporting System (PQRS)	Quality
Value - Based Payment Modifier (VM)	Cost
N/A	Improvement Activities
EHR Incentive Program (EHR)	Promoting Interoperability

5. What Are the MIPS Component Basics?

Quality

If you participated in PQRS, then you've got a good head start on understanding the Quality component of MIPS. Most participants fall under the requirement to choose up to six individual measures, including one outcome measure (or, if not available, a high priority measure), or to choose a specialty measure set.

Here's a simplified example. Quality Measure 1 is titled Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%). For patients (18-75 years) diagnosed with diabetes, you report a code to identify the HbA1c level, such as 3044F (*Most recent hemoglobin A1c (HbA1c) level < 7.0%*).

Cost

The Cost category, also called Resource Use, replaces the Value-Based Payment Modifier. Measures include Medicare Spending per Beneficiary and total per capita cost measures. Physicians don't submit separate data for this category. CMS calculates Cost from adjudicated claims.

Clinical Practice Improvement Activities

For the Improvement Activities category, most participants fall under the requirement to attest to completing up to four improvement activities.

An example would be Activity ID IA_PM_1. This involves "participation in systematic anticoagulation program" such as a coagulation clinic or patient self-reporting program for 60 percent of patients who receive warfarin or other anti-coagulation medications.

Promoting Interoperability (Formerly Advancing Care Information)

If Promoting Interoperability measures apply to you, you must submit required measures to earn the full base score.

Examples of PI measures include Electronic Prescribing and Protect Patient Health Information.

6. How Is a MIPS Score Calculated?

The scoring methodology for MIPS is a multi-step process. You calculate a score for the component, and then multiply that score by its assigned percentage, or category weight. Certain circumstances can change the percentage, but the default category weights are as follows for 2018:

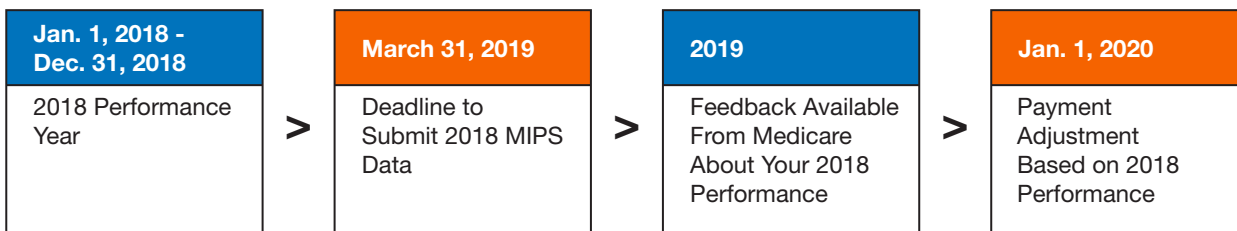
- Quality Performance: 50 percent
- Cost: 10 percent
- Improvement Activities: 15 percent
- Promoting Interoperability: 25 percent.

7. How Does MIPS Score Relate to the Payment Adjustment?

The points you earn in 2018 determine whether you'll get a negative, neutral, or positive payment adjustment in 2020, as shown below.

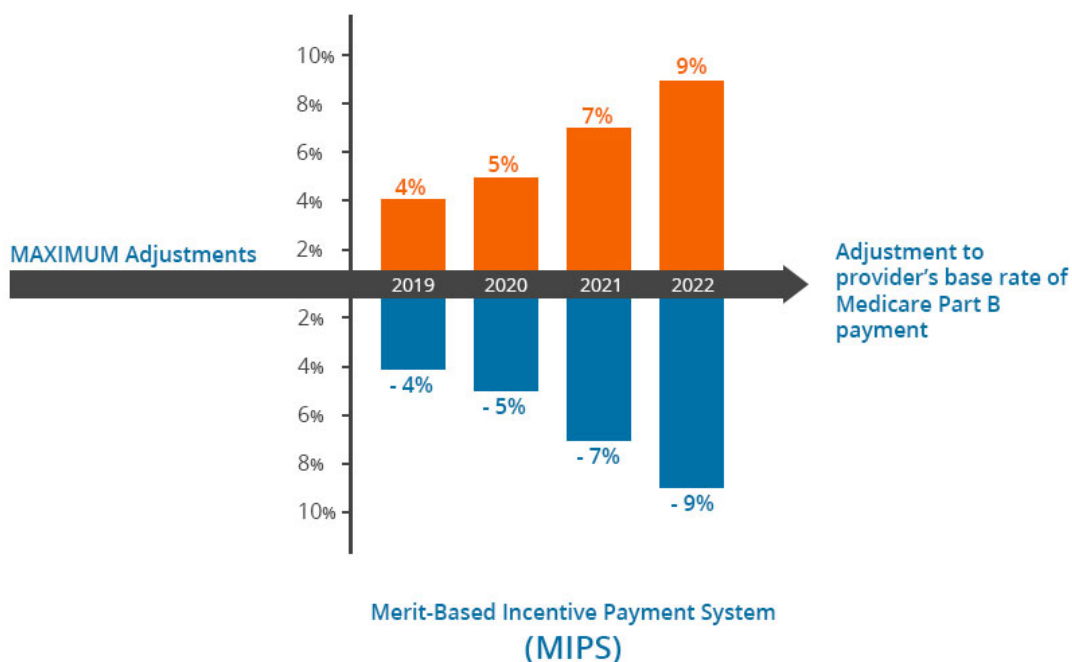
Final Score	Payment Adjustment
0-3.75 points	Negative payment adjustment of -5 percent
3.76 - 14.99 points	Negative payment adjustment between -5 and 0 percent
15 points	Neutral payment adjustment
15.01-69.99 points	Positive payment adjustment
≥70 points	Positive payment adjustment with potential for exceptional performance bonus

8. What Are the Important Dates for the MIPS 2018 Performance Year?



9. What Are the Payment Adjustments Expected to Be in Future Years?

Here's how you can expect the maximum positive and negative adjustments to increase over time for your Medicare Part B payments.



10. Where Can I Learn More?

We've organized MIPS information for Quality, Improvement Activities, and Promoting Interoperability in MIPS Manager. Click [here](#) to get started, or go to www.supercoder.com/mips-manager.

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