QUALITY PAYMENT PROGRAM PATHWAYS
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

YEAR ONE PERFORMANCE CATEGORY WEIGHTS FOR MIPS

- **QUALITY**: Report 6 measures on 80-90 percent of patients
- **COST**: Continues use of VBM cost measures
- **IMPROVEMENT ACTIVITIES**: 90+ activities can be completed to accrue 60 points
- **ADVANCING CARE INFORMATION**: Measures reports to compute base and composite scores

PICK YOUR PACE FOR PARTICIPATING FOR THE TRANSITION YEAR

**TEST PACE**
- Submit some data after January 1, 2017
- Neutral or small payment adjustment

**PARTIAL YEAR**
- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

**FULL YEAR**
- Fully participate starting January 1, 2017
- Modest positive payment adjustment

NOT PARTICIPATING IN THE QUALITY PAYMENT PROGRAM FOR THE TRANSITION YEAR WILL RESULT IN A NEGATIVE 4% PAYMENT ADJUSTMENT.
### QUALITY PAYMENT PROGRAM PATHWAYS

#### ALTERNATIVE PAYMENT MODELS (APMS)

**Requirements and Payments for APM Participants**

<table>
<thead>
<tr>
<th>ADVANCED APMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>At least 50% of participants must use certified EHR technology</td>
</tr>
<tr>
<td>Payment based on quality measures comparable to MIPS</td>
</tr>
<tr>
<td>Must bear more than a nominal amount of financial risk</td>
</tr>
<tr>
<td><strong>Qualifying Programs</strong></td>
</tr>
<tr>
<td>Shared Savings Program (Tracks 2 and 3)</td>
</tr>
<tr>
<td>Next Generation ACO Model</td>
</tr>
<tr>
<td>Comprehensive ESRD Care (Two-sided risk arrangement)</td>
</tr>
<tr>
<td>Comprehensive Primary Care Plus</td>
</tr>
<tr>
<td>Oncology Care Model (Two-sided risk arrangement)</td>
</tr>
</tbody>
</table>

**ADVANCED APMs RECEIVE 5% BONUS 2019-2024**  
NOTE: Excludes participants from MIPS

---

**Partial Qualifying APM Participants**

Providers in APMs with at-risk revenue and patient volume below the advanced APM threshold that meet slightly reduced requirements

- May choose not to participate in MIPS and will not receive a payment adjustment that year
- May opt to participate in MIPS and will then be considered a MIPS APM that year

**MIPS APM**

Entities participate in the APM under an agreement with CMS

- Include one or more MIPS eligible clinicians on their participation list
- Performance evaluated collectively at the APM level
- Cost category not scored
- MIPS APMs model and have the ability to use quality reporting in the APM to meet the MIPS quality reporting requirement

Visit [endocrine.org/macra](http://endocrine.org/macra) for additional resources