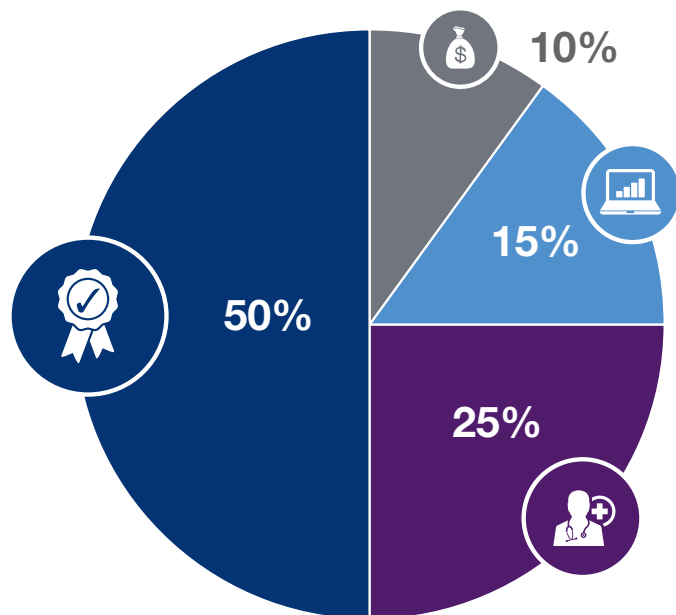


QUALITY PAYMENT PROGRAM BASICS

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

YEAR 2 PERFORMANCE CATEGORY WEIGHTS FOR MIPS



● QUALITY

Report 6 measures, including an outcomes measure, on 50% of patients

● COST

Medicare spending per beneficiary and total per capita cost measures will be used in calculating Cost performance category score

● IMPROVEMENT ACTIVITIES

Must report multiple medium and/or high weight activities to achieve a total of 40 points (IAs include activities focused on type 2 diabetes screening and referral)

● ADVANCING CARE INFORMATION

Composite score includes base and performance scores

CMS will reward demonstrated improvement in the Quality and Cost categories.

MIPS PAYMENT ADJUSTMENT

Clinician's MIPS composite score will be compared against a MIPS performance threshold to determine payment adjustment.

	LOW PERFORMANCE			BENCHMARK		HIGH PERFORMANCE		
	NEGATIVE ADJUSTMENT			NEUTRAL ADJUSTMENT		POSITIVE ADJUSTMENT		
	2015	2016	2017	2018	2019	2020	2021	2022+
PQRS+VM+ EHR INCENTIVE PENALTIES (COMBINED)	-4.5%	-6.0%	-9.0%	-10% or more	-11% or more	-11% or more	-11% or more	-11% or more
MIPS BONUS/ PENALTY (MAX)	N/A	N/A	N/A	N/A	+4% -4%	+5% -5%	+7% -7%	+9% -9%

Visit endocrine.org/topics/macra for additional resources.

QUALITY PAYMENT PROGRAM BASICS

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Reporting Requirements	
YEAR 1	YEAR 2
<p>Minimum 90-day performance period for Quality, Advanced Care Information (ACI), and Improvement Activities (IA)</p> <p>Cost is based on 12 months of data for feedback purposes only</p>	<p>12-month calendar year performance period for Quality and Cost</p> <p>90-day performance period for ACI and IA</p>

Low Volume Threshold Qualifications for Exemption from MIPS	
YEAR 1	YEAR 2
<p>≤ \$30,000 in Part B allowed charges, OR</p> <p>≤ 100 Part B beneficiaries</p>	<p>≤ \$90,000 in Part B allowed charges, OR</p> <p>≤ 200 Part B beneficiaries</p> <p>*CMS solicited comments on allowing clinicians that fall under the low volume threshold to opt-in to MIPS</p>

Opportunities to Earn Bonus Points Towards MIPS Composite Score		
COMPLEX PATIENT BONUS	SMALL PRACTICE	ADVANCING CARE INFORMATION
<p>Apply adjustment of 1 to 3 bonus points to final score based on complexity of the patients cared for by clinician or clinicians in the group (based on average Hierarchical Conditions Category risk score for beneficiaries).</p>	<p>Adjust final score of MIPS eligible clinician or group who is in a small practice (15 or fewer clinicians) by adding 5 points (must submit data on at least 1 performance category in performance period). Small practices also receive special accommodations in Quality, IA, and ACI categories.</p>	<p>Apply 10-point bonus to ACI score for those clinicians who use 2015 Certified Electronic Health Record Technology (CEHRT) exclusively.</p>

MIPS APM Scoring for Year 2

The Alternative Payment Model (APM) scoring standard offers a special, minimally-burdensome way of participating in MIPS for eligible clinicians in APMs who do not meet the requirements to become Qualified Participants (QPs) and are therefore subject to MIPS, or eligible clinicians who meet the requirements to become a Partial QP and therefore able to choose whether to participate in MIPS.

MIPS APMS	YEAR 2		
<ul style="list-style-type: none"> Shared Saving Program (All Tracks) Next Generation ACO Model Other MIPS APMS <ul style="list-style-type: none"> Have an agreement with CMS Includes at least one MIPS eligible clinician Based incentives on performance on Cost and Quality 	DOMAIN	MEDICARE SHARED SAVINGS PROGRAM/NEXT GENERATION ACOS	ALL OTHER MIPS APMS
	Quality	50%	0%
	Cost	0%	0%
	Improvement Activities	20%	25%
	Advancing Care Information	30%	75%