How to NAVIGATE the Land of MIPS

For the majority of clinicians, the Merit-based Incentive Payment System (MIPS) is their first experience in a CMS pay-for-performance program. Participation in this highly complex program can be difficult to navigate. Clinicians must stay current on evolving program requirements each year. Use this map to understand the program’s participation requirements, performance measurement, and financial impact.

**Participation requirements**

Who are the 798,000+ eligible clinicians setting out on the MIPS journey?

The following provider types are eligible for MIPS if they bill Medicare Part B:

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Registered dietitians
- Nutrition professionals

What are the participation options?

Clinicians can report individually or as part of a group

Who stays home?

To be excluded from MIPS, clinicians or groups need to meet one or more of the following four criteria:

- Enrolled in Medicare for the first time during the program year
- Participate in an advanced APM and are determined to be a qualifying APM participant (QP)
- Participate in an advanced APM and are determined to be a partial QP, and do not elect to participate in MIPS
- Falls below the low-volume threshold

**Performance measurement**

**Land of quality**

**PERFORMANCE PERIOD**

12 months

**CMS DATA SUBMISSION REQUIRED?**

Yes

**Path to points:**

Select and report clinical quality measures (CQMs)

- Electronic CQMs from an electronic health record (EHR)
- MIPS CQMs through a registry
- Qualified clinical data registry (QCDR) measures
- CMS Web Interface (groups of 25 or more clinicians)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey
- Claims-based measures (groups of ≤15 clinicians)

**MINIMUM REPORTING PERIOD**

90 days

**CMS DATA SUBMISSION REQUIRED?**

Yes

**Path to points:**

Receive points for applicable cost measures

- Medicare spending per beneficiary
- Total per capita cost
- Eight episode-based cost measures
- Five procedural episode-based measures
- Three acute inpatient medical condition episode-based measures

**Land of improvement activities**

**MINIMUM REPORTING PERIOD**

90 days

**CMS DATA SUBMISSION REQUIRED?**

Yes

**Path to points:**

Report any combination of medium- and/or high-weighted activities to earn all available points

- High-weighted activity example
  - Engage patients and families to guide improvement in the system of care
- Medium-weighted activity example
  - Participation in quality improvement initiatives

**Financial impact**

Final score

Clinicians gather points across MIPS categories (the “lands” detailed above) to receive a final MIPS score that ranges from 0 to 100. More points are available in some categories than others (e.g., Quality is 50% of the total MIPS score in 2019). The final cumulative MIPS score determines the future negative, neutral, or positive payment adjustment.

Payment adjustment

MIPS payment adjustments are applied to Medicare Part B professional services in the payment year that is two years after the program year (e.g., the 2019 MIPS score determines the 2021 MIPS payment adjustment).

**Rules of the road**

To pursue success under MIPS, follow these four steps:

1. **Determine program eligibility and select participation option(s)**
2. **Achieve points in each of the four performance categories (the “lands” described above)**
3. **Report program performance to and receive score from CMS**
4. **Anticipate the impact of future MIPS payment adjustments**

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