



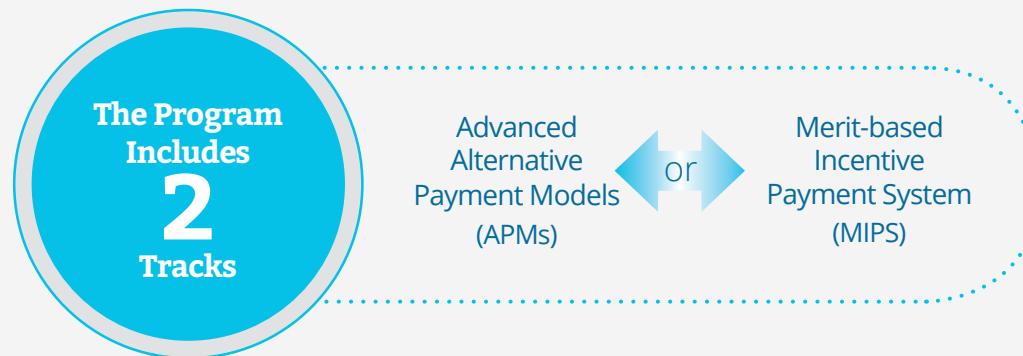
**A Quick Start Guide to  
the Merit-based Incentive  
Payment System (MIPS)**

FOR 2017 PARTICIPATION



## What is the Quality Payment Program?

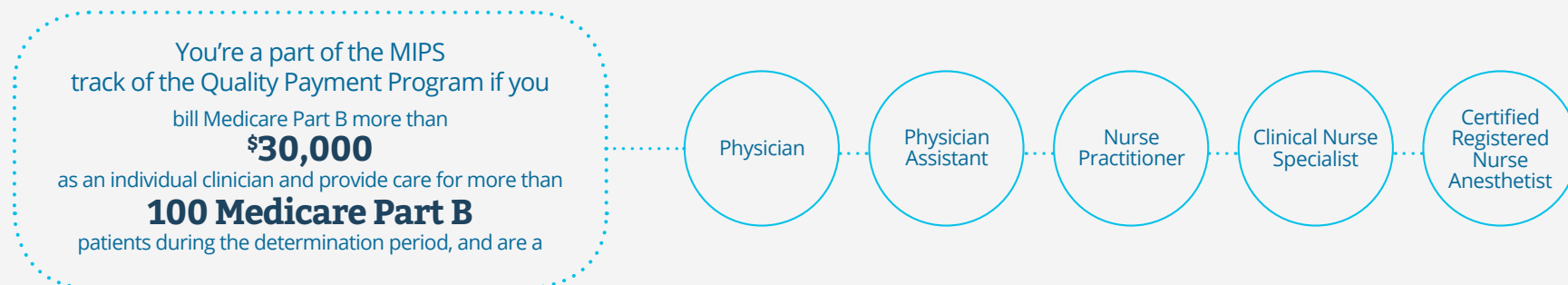
The Quality Payment Program implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and improves Medicare payments to focus on care quality for patients.



## Why is the Quality Payment Program Important?

The Quality Payment Program combines and replaces three separate Medicare related programs with a single system where Medicare clinicians have the opportunity to be paid more for doing what they do best – making their patients safer and healthier. The vast majority of measures in the program are clinician-initiated, ensuring that we are rewarding what matters most to clinicians and their patients.

## Who Participates in the Quality Payment Program?



You do not participate in MIPS if you are:

- In your first year of enrollment as a Medicare provider.
- Below the low-volume threshold: care for 100 or fewer Medicare beneficiaries or have \$30,000 or less in Medicare Part B allowed charges in a year.
- Above the threshold for significantly participating in an Advanced APM.

**APMs**  
Advanced  
Alternative Payment  
Models

**2**  
Program Tracks  
Available

**MIPS**  
Merit-based  
Incentive Payment  
System

## When Does it Start?

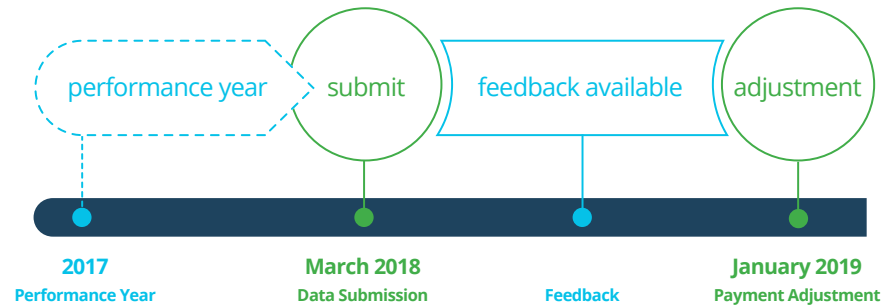
You get to pick your pace for the Quality Payment Program. You can choose to start anytime between January 1 and October 2, 2017. Whenever you choose to start, you'll need to send in your performance data by March 31, 2018.



## How Will the Quality Payment Program Affect My Payments?

- If you decide to participate in an Advanced APM, you may earn an incentive payment through Medicare Part B.
- If you decide to participate in MIPS, you will earn a performance-based payment adjustment – up, down, or not at all – based on the data that you submit.

In either track, the first payment adjustments based on performance in 2017 go into effect on January 1, 2019.



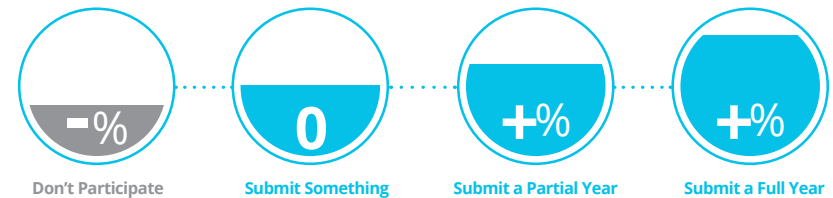
## What is “Pick Your Pace”?

In 2017, you can assess your readiness and decide how and when you'll participate in MIPS.

Your options include:

- Submit the minimum amount of 2017 data required to Medicare and avoid a negative payment adjustment.
- Submit a minimum of 90 days of 2017 data to Medicare to earn a neutral to positive payment adjustment.
- Submit up to a full year of data to earn a positive payment adjustment.

If you don't submit any 2017 data, then you receive a negative 4% payment adjustment.



# What Should I Do to Prepare and Participate in MIPS?

May

2017

Check participation status on [QPP.CMS.GOV](http://QPP.CMS.GOV). Letters will also be mailed to clinicians.

Choose whether you want to submit data as an individual or as part of a group. Individual clinicians are identified by a unique combination of his or her individual National Provider ID (NPI) and Tax ID Number (TIN). Clinicians who assigned their Medicare billing rights to a group organizational TIN can submit their data either:

- As part of a group TIN, pooling all clinicians' data; or
- As an individual.



Choose your submission mechanism and verify its capabilities. You can submit data via:

- Qualified Clinical Data Registry (QCDR)
- Electronic health record (EHR)
- Qualifying registry
- Claims
- Comma-separated value (CSV) files
- CMS web interface

Before the start of your chosen reporting period



Verify your EHR vendor or registry's capabilities before your chosen reporting period.

Contact your EHR vendor or registry directly to verify their reporting deadlines and confirm that they will be able to report your data to CMS.

Choose your measure(s) and activities and pick your pace. On [QPP.CMS.GOV](http://QPP.CMS.GOV), you can sort by specialty and data submission mechanism to choose measures that work best for you and your practice.

## Tips:

- When selecting measures, consider the clinical conditions you treat, where you practice, your practice improvement goals, and quality information you may submit to other payers.
- Review your current billing codes and Quality and Resource Use Report to help identify measures and activities that best suit your practice.



Verify the information you need to report successfully. Each measure may require different elements and different reporting periods. Please make note of the element(s) and reporting period(s) that apply to the measure(s) you choose.

For any reporting period

Care for patients and record data. Collect data as you care for your patients.

By March 2018

2018

Submit your data by March 2018 to avoid a negative payment adjustment.



## Where Can I Go for Help?

- Visit [QPP.CMS.GOV](http://QPP.CMS.GOV)
- Call 1-866-288-8292 (TTY users should call 1-877-715-6222) or email [QPP@CMS.HHS.GOV](mailto:QPP@CMS.HHS.GOV)
- For local assistance, contact one of the CMS-approved organizations that can help:
  - Practice Transformation Networks (PTNs) are organizations designed to support clinician practices in quality improvement strategies. For more information or to get connected to a PTN, contact [TCPI.ISC@TruvenHealth.com](mailto:TCPI.ISC@TruvenHealth.com)
  - Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs) are regionalized organizations dedicated to improving health quality at the community level. To find your QIN-QIO, please visit <http://qioprogram.org/contact-zones?map=qin>
  - The Small, Underserved, and Rural Support initiative provides direct, customized support to small practices. Email [QPPSURS@IMPAQINT.com](mailto:QPPSURS@IMPAQINT.com) for general information or help getting connected

For more information on the Quality Payment Program and a list of Advanced APMs that may be right for you  
**VISIT [QPP.CMS.GOV](http://QPP.CMS.GOV)**

