

# Clinical Integration Educational Series

## Impact of MIPS Participation on Clinician Payment



### Overview

The Medicare Access and CHIP Reauthorization Act (MACRA) establishes a new clinician reimbursement mechanism with two payment tracks, the Merit-Based Incentive Payment System (MIPS) track and the Advanced Alternative Payment Model (APM) track. Most clinicians in St. Rose Quality Care Network will be reimbursed under the MIPS track. This week, we discuss how clinician payment could be impacted under MIPS.

As a reminder, payment adjustments under MACRA take effect January 1, 2019, and will be determined using data from two years prior. Therefore, clinician payment in 2019 will be dependent on performance and reporting in 2017.

### Calculating MIPS Performance Score

As a reminder, payment adjustments under MIPS take effect January 1, 2019. MIPS uses data from two years prior to determine payment adjustments, so performance in 2017 will determine payment adjustments in 2019.

MIPS scores clinicians on their performance in the following categories, which differ in weighting and reporting requirements:

1. Quality,
2. Cost,
3. Improvement Activities (such as patient-centered care and practice transformation), and
4. Advancing Care Information (use of electronic health records).

Performance Category	Category Weight in 2017	Reporting Requirements in 2017
Quality	60%	Clinicians must report measures to CMS
Improvement Activities	15%	Clinicians must attest that they completed improvement activities
Advancing Care Information	25%	Clinicians must report measures similar to Meaningful Use to CMS
Cost	0% (Will count starting in 2018)	No reporting necessary

Based on their MIPS composite score, clinicians will receive positive or negative payment adjustments to their Medicare Part B payments. These payment adjustment ranges start at +/- 4 percent in 2019 (**based on the 2017 Performance Year**), and will increase gradually to a maximum of +/- 9 percent in 2022 and beyond. The MIPS payment adjustments are designed to be revenue-neutral for the federal government, meaning that the total revenue in negative payment adjustments that CMS maintains from low performers must equal the total revenue in positive payment adjustments that CMS distributes to high performers. There may be additional funds available for exceptional performers.

*This informational series will be distributed every other week to help clinicians stay updated on MACRA and other initiatives. The next topic will be an overview of the Quality category under the Merit-Based Incentive Payment System (MIPS). The MACRA final rule was released on October 14. Given that the law passed with bipartisan support, implementation is expected to continue under the new administration.*