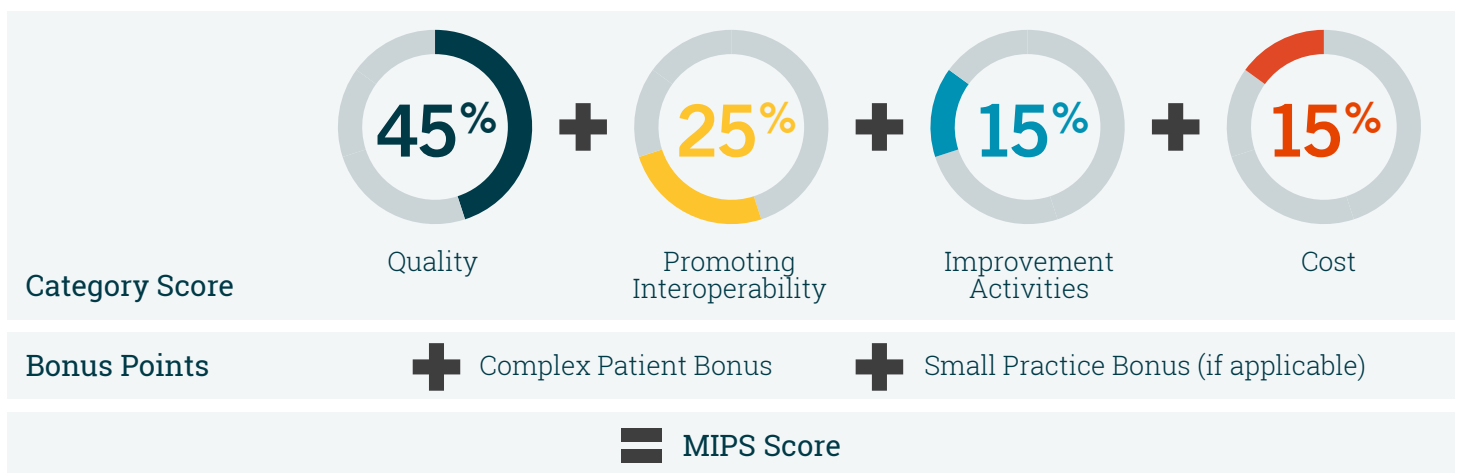


You Are Eligible for MIPS. Now What?

Facts you need to know for calendar year 2020 reporting.

YOUR MIPS COMPOSITE SCORE

The Merit-based Incentive Payment System (MIPS) is the more common reporting path of two reporting options offered to clinicians and groups under the Quality Payment Program (QPP). Providers participating in MIPS will earn a performance-based adjustment by reporting patient care data, as well as reporting how their practice used technology during the year. The MIPS composite score determines a negative, neutral or positive financial adjustment for clinicians on each Medicare Part B claim.



Contact Premier today to assess the impact of MIPS on your practice, determine your best reporting method and optimize your strategy. Learn more at:

solutions.premierinc.com/mips

PERFORMANCE CATEGORIES AND REQUIREMENTS

Understanding requirements and deadlines for the four MIPS performance categories under QPP is key to optimize reporting.

Performance Category	Weight	Maximum Points	Performance Period	Requirements
Quality	45% of total MIPS score	60	365 days	<ul style="list-style-type: none"> • Submit at least six Quality measures. • One of the six measures should be an Outcome measure. If an Outcome measure is not available in your specialty, submit a High-Priority measure in its place. • Submit data on at least 70% of your patients eligible for each measure (all payers). • Bonus points available for submitting additional High-Priority measures, including Outcome or Patient Experience measures, and for using end-to-end electronic reporting. • Bonus for year-over-year improvement in Quality. • Can submit via multiple collection types.
Promoting Interoperability	25% of total MIPS score	100	90 days	<ul style="list-style-type: none"> • Must use a 2015 edition CEHRT. • A Security Risk Analysis is required at some point during the calendar year. • Choose from Performance measures to reach the 100-point threshold. There are six performance measures focused on four categories: <ul style="list-style-type: none"> ◦ Provider to Patient Exchange ◦ Health Information Exchange ◦ Public Health and Clinical Data Exchange ◦ ePrescribing • Bonus Points available (five points) for: <ul style="list-style-type: none"> ◦ Query of Prescription Drug Monitoring Program (PDMP)
Improvement Activities	15% of total MIPS score	40	Minimum of 90 days for each activity	<ul style="list-style-type: none"> • Submit up to four Improvement Activity measures to reach a maximum of 40 points (four medium-weighted activities, two high-weighted activities or a combination). • Only need 20 points if: <ul style="list-style-type: none"> ◦ Small practice (15 or fewer clinicians) ◦ Non-patient facing ◦ Practice in a rural/health professional shortage area
Cost	15% of total MIPS score	---	365 days	<ul style="list-style-type: none"> • This category is claims-based and will be automatically calculated by CMS. No data submission is required.

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