Enhancing Patient Care

Transitioning from the Physician Quality Reporting System (PQRS) to the Merit-based Incentive Payment System (MIPS)
Quality Reporting

Improving the quality of health care is a core function of the Centers for Medicare & Medicaid Services (CMS).

For over a decade, the U.S. Department of Health and Human Services (HHS) and CMS have launched quality initiatives to improve quality health care for all Americans through accountability and public disclosure.

Clinicians actively measuring and reporting their quality measures helps to improve the quality of care, the health of communities, and the cost of care for Medicare beneficiaries.

Physician Quality Reporting System (PQRS)

The last program and reporting year for PQRS ended in 2016, which will correspond to the 2018 payment adjustment. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of programs with a single system, the Quality Payment Program, where Medicare physicians and clinicians have a chance to be rewarded for better care.

You'll be able to practice as you always have, but you may receive higher Medicare payments based on your performance. The first performance period of the Quality Payment Program began on January 1, 2017 and the first payment adjustment year will be 2019. The Quality Payment Program has two tracks: the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Models (APMs).

MIPS moves Medicare Part B clinicians to a performance-based payment system and replaces the following three Medicare quality programs:

- **PQRS**
- **Value-Based Payment Modifier (Value Modifier)**
- **Medicare Electronic Health Record (EHR) Incentive Program (also known as Meaningful Use)**

MIPS Performance Categories

**Quality**
Replaces PQRS and quality portion of the Value Modifier

**Cost**
Uses measures previously used in the Value Modifier program

**Advancing Care Information**
Replaces the Medicare EHR Incentive Program

**Improvement Activities**
New category for MIPS
Transition Timeline

The last data submission timeframe for reporting 2016 PQRS quality data to avoid the 2018 PQRS downward payment adjustment was January through March 2017. The first MIPS performance period is January through December 2017.

2017

- MIPS JANUARY-DECEMBER
  - Performance period for 2019 MIPS payment adjustment

PQRS/VM/EHR JANUARY-DECEMBER

- PQRS, Value Modifier, and EHR 2017 payment adjustments effective based on 2015 data

2018

- MIPS JANUARY-DECEMBER
  - Performance period for 2020 MIPS payment adjustment

PQRS/MIPS JANUARY-DECEMBER

- PQRS, Value Modifier, and EHR 2018 payment adjustments effective based on 2016 data

- MIPS JANUARY-DECEMBER
  - In 2018, a MIPS report will be issued and targeted review will be available

2019

- MIPS JANUARY-DECEMBER
  - MIPS 2019 payment adjustments effective based on 2017 data

- MIPS JANUARY-MARCH
  - Report 2017 performance for 2019 MIPS payment adjustment

Have Questions?

For more information, and to learn more about the Quality Payment Program, please view the following resources.

CMS Quality Payment Program website | CMS PQRS website | CMS Twitter account