



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 <u>PQRS</u> 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 <u>Quality Payment Program</u>, 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:



PORS



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



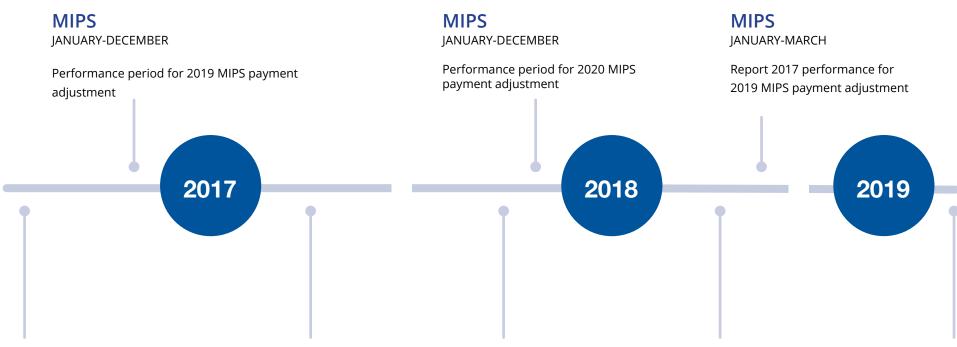
Advancing Care
Information
Replaces the Medicare EHR
Incentive Program



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.



PQRS/VM/EHR

JANUARY-DECEMBER

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

PQRS

JANUARY-MARCH

Report 2016 PQRS performance for 2018 PQRS and Value Modifier payment adjustments

PQRS/VM/EHR

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

MIPS

JANUARY-DECEMBER

MIPS 2019 payment adjustments effective based on 2017 data

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

