

## Participating in the Electronic Health Record (EHR) Incentive Programs vs. Merit-based Incentive Payment System (MIPS) in 2017

Under Medicare, the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program combines the below 3 Medicare “legacy” programs into 1 improved program:

- The Physician Quality Reporting System (PQRS)
- The Value-based Payment Modifier (VM) Program
- The Medicare EHR Incentive Program for Eligible Professionals (EPs)

Calendar year 2018 is the last year for Medicare payment adjustments under these 3 programs. In the future under MIPS, your performance-based participation will determine whether you’ll earn a positive, negative, or neutral adjustment to your Medicare Part B payments starting in 2019.

One of the performance categories under MIPS, the Advancing Care Information performance category, incorporates components of the Medicare EHR Incentive Program. Please note that the Medicaid EHR Incentive Program has not been incorporated into MIPS and continues in its current form. Additional information about Medicaid is provided below.

MIPS and Advanced Alternative Payment Models (APMs) are the two pathways to participate in the [Quality Payment Program](#). Eligible clinicians that meet or exceed specific threshold levels of participation in an Advanced APM are excluded from MIPS and eligible for a 5% lump sum APM incentive payment; however, the APM may require Advancing Care Information data to be reported. If eligible clinicians are participating in a MIPS APM, they will be scored under MIPS using the APM scoring standard, which is designed to account for activities already required by the APM and eliminate the need for eligible clinicians to duplicate the submission of certain quality and improvement activity information. The MIPS APM, though, may require Advancing Care Information data to be reported.

### MIPS replaces the Medicare EHR Incentive Program for EPs

Starting in 2017, if you had participated in the Medicare EHR Incentive Program, you’ll participate in MIPS instead. There are 4 performance categories in MIPS:

- [Advancing Care Information](#)
- [Improvement Activities](#)
- [Quality](#)
- Cost

For the 2017 MIPS transition year, the cost performance category is weighted at zero and will not apply.

MIPS **doesn't** replace:

- The Medicaid EHR Incentive Program for EPs and eligible hospitals, which will continue in its current format through 2021; or
- The Medicare EHR Incentive Program for eligible hospitals and critical access hospitals (CAHs).

If you're [eligible for both MIPS](#) and the [Medicaid EHR Incentive Program](#), you can choose to participate in both programs and earn potential Medicaid incentive payments.

## Participating in MIPS and/or the EHR Incentive Program

The chart below shows when you'll participate only in MIPS, MIPS and the Medicaid EHR Incentive Program, or only the Medicaid EHR Incentive Program.

In what programs should I participate?
<b>1) MIPS only</b>
<ul style="list-style-type: none"><li>• If you furnish items or services under Medicare Part B and are eligible for MIPS as an individual or a group practice.</li><li>• If you're participating in a MIPS APM, please note your Advancing Care Information reported data will be used for purposes of determining your final MIPS score, as well as your performance on pre-determined measures used to assess the APM you're participating in.</li><li>• If you're a MIPS eligible clinician who participated in the Medicare EHR Incentive Program in the past, unless you do not meet eligibility criteria for MIPS (<a href="#">See How is MIPS Participation Determined</a>).</li></ul> <p><b>You should also know:</b></p> <ul style="list-style-type: none"><li>• If you meet <a href="#">special criteria</a>, your participation in MIPS is optional.</li><li>• Eligible clinicians, groups, and APM Entities that, during the applicable determination period, do not exceed the low-volume threshold are excluded from MIPS and are not required to participate in that year. However, if you are part of a Shared Savings Program participant TIN, then the low volume threshold is calculated at the ACO level and you will be required to report Advancing Care Information if otherwise eligible to do so since in almost all cases ACOs exceed the low volume threshold.</li><li>• For certain types of MIPS eligible clinicians, the advancing care information performance category is optional in 2017, but if you choose to report data, you will be scored just like any other clinician. This applies if you're a hospital-based or ambulatory surgical center-based MIPS eligible clinician, nurse practitioner, physician assistant, clinical nurse specialist, or certified registered nurse anesthetist, or if you are facing a significant hardship.</li></ul>

- If you are not a MIPS eligible clinician, you can choose to voluntarily submit data for MIPS, even though you aren't required to participate. If you voluntarily participate, you won't get a payment adjustment.

**Reporting requirements:**

- See the [What to Report](#) section of the Quality Payment Program [website](#).

## 2) MIPS & Medicaid EHR Incentive Program

- If you're a MIPS eligible clinician who's also eligible to participate in your respective [state Medicaid EHR Incentive Program](#).

**You should also know:**

- If you plan to participate in the Medicaid EHR Incentive Program, you still have to participate in MIPS, if you're [eligible](#), to avoid a negative Medicare payment adjustment. Because they are separate programs, you'll need to report separately for each program.

**Reporting requirements:**

- Attest to the 2017 [Modified Stage 2](#) or [Stage 3 Requirements](#) for the Medicaid EHR Incentive Program; see the [2017 Program Requirements](#) to learn more.
- See the [What to Report](#) section of the Quality Payment Program [website](#) for MIPS.

## 3) Medicaid EHR Incentive Program only

- If you're eligible for the Medicaid EHR Incentive Program, but not yet eligible for or excluded from MIPS.

**You should also know:**

- If you're eligible for the Medicaid EHR Incentive Program, you can keep attesting to your [State Medicaid Agencies](#) to get incentive payments.

**Reporting requirements:**

- Attest to the 2017 [Modified Stage 2](#) or [Stage 3 Requirements](#) for the Medicaid EHR Incentive Program; see the [2017 Program Requirements](#) to learn more.

## What about Eligible Hospitals and Critical Access Hospitals?

MIPS doesn't apply to eligible hospitals and critical access hospitals, so hospitals [eligible for the Medicare and/or Medicaid EHR Incentive Program](#) would still participate in these programs.

Eligible hospitals and critical access hospitals participating in the Medicare EHR Incentive Program, including dual-eligible hospitals attesting to CMS must continue to attest to avoid a negative payment adjustment.

## Where can I get more information?

- [Advancing Care Information Performance Category Fact Sheet](#)
- [Advancing Care Information Measure Specifications](#)
- [CMS EHR Incentive Programs Website](#)
- [MIPS Participation Fact sheet](#)
- [Quality Payment Program Website](#)