MIPS Year 3: Your Questions Answered

What are your top priorities for the third year of MIPS?
- Promoting Interoperability
- Utilizing more meaningful measures
- Streamlining the MIPS program as it moves into full implementation

In reporting year 2019, the possible adjustment for 2021 payments jumps to +/- 7%.

Is the rise in the performance threshold considered a type of penalty?
Yes. A performance threshold (the minimum composite score to avoid a penalty) jumps from 15 in 2017 to 30 in 2019.

How will my MIPS score be calculated?
- Quality
- Cost
- Patient Experience
- Practice Improvement

MIPS measures are based on performance data from your patients and other data submitted by the provider. The weighted scores are calculated using a formula that takes into account your composite score from the previous year and your performance during the current year.

What kind of data do I have to report?
- Quality: 10% of your total MIPS score
- Cost: 25%
- Patient Experience: 25%
- Practice Improvement: 40%

In reporting year 2019, the possible adjustment for 2021 payments jumps to +/- 7%.

How much data do I have to report?
- 220,000 eligible clinicians may qualify for MIPS Year 3.
- CMS estimates that between 165,000 and 235,000 eligible clinicians will be eligible for MIPS in 2019, the program’s third reporting year.

Is the rise in the performance threshold considered a type of penalty?
Yes. A performance threshold (the minimum composite score to avoid a penalty) jumps from 15 in 2017 to 30 in 2019.

What will clinicians receive if they meet one or two but not all three of the low-volume criteria?
Clinicians or groups can now opt in to participate in MIPS and try to receive incentive payments if they meet one or two—but not all three—of the low-volume criteria.

What is MIPS?
MIPS is the Merit-based Incentive Payment System. It is a measure of your quality.