

MAXIMIZING MIPS

Preparing Your Practice To Succeed In The Merit-based Incentive Payment System



What Does MACRA's MIPS Program Mean For My Practice?

The Facts: MACRA represents a dramatic change in the way physicians are compensated by the federal government. Recent surveys show that a majority of physicians don't understand how this new program affects them and what it means for their bottom line. Providers who see Medicare Part B patients are already subject to MACRA, which went into effect on January 1, 2017. Don't wait to get your practice ready to meet the requirements of the new CMS Quality Payment Program (QPP).

HealthARCH Education, Assessment and Support

MIPS FAQ

ARE YOU PREPARED TO PARTICIPATE AND SUCCEED IN MIPS?

- Are you knowledgeable about MIPS and its implications on the practice?
- Have you calculated the estimated financial impact on your practice?
- Do you have the trained staff and resources to support the organization's success in MIPS?

MIPS SCORE

KNOW YOUR NUMBERS: WHAT'S YOUR SCORE?

HealthARCH provides tailored education to your practice and conducts a custom assessment that will calculate an estimated* MIPS composite performance score based on your current performance.

(*MIPS score estimate is based on your current practice and the methodology CMS has released as of March 1, 2017 to calculate provider performance.)

THE PATH TO SUCCESS

Our team of experts has the roadmap to assist your organization with the successful transition to the Quality Payment Program.

EDUCATE

ASSESS

PLAN

PERFORM

QUICK FACTS

PROVIDER PAYMENTS - will be adjusted up or down based on your Composite Score calculated on your performance in the following four categories:

QUALITY

IMPROVEMENT ACTIVITIES

ADVANCING CARE INFORMATION

*COST

Improvement Activities is a new category and the other categories replace PQRS, Meaningful Use and the Value-Based Modifier. (*Note: Cost will be measured in 2017 but not scored until 2018.)

PAYMENT ADJUSTMENTS

2017 Performance Year

- Clinicians assigned score of 0-100 based on performance across three categories.
- Score compared to CMS set performance threshold; non-reporting clinicians receive an automatic 4% payment reduction. Clinicians who meet or exceed the performance threshold will receive a positive payment adjustment.
- Clinicians who achieve exceptional performance will be eligible for an additional bonus.
- The maximum penalty in the first year for failing to report is a 4% reduction in Medicare reimbursements for 2019. This penalty rises to 9% reduction by 2022.

Contact HealthARCH to learn more about our services.

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HealthARCH Can Help

HealthARCH's team of experienced professionals are skilled at assisting providers navigate the evolving healthcare reform landscape. Our experts will support your organization with the necessary services to help you succeed in the new outcomes based payment models.

OUR SERVICES INCLUDE:

- **MIPS EDUCATION** - comprehensive training on the different components of MIPS including how the program works in 2017 and beyond
- **ASSESSMENT** - a custom practice analysis with estimated MIPS composite score for each eligible provider and comprehensive report
- **MEASURES SELECTION** - review and selection of the measures most appropriate for your providers and your practice
- **COMPLIANCE MONITORING** - ongoing technical assistance and monitoring during performance period
- **AUDIT PREPAREDNESS** - audit package for compliance submission
- **SUBMISSION SUPPORT** - assistance with CMS reporting
- **SECURITY RISK ASSESSMENT** - assistance with completing required ONC SRA

Your Success in MIPS Starts Now!



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