MIPS Primer

The Merit-Based Incentive Payment System (MIPS) is an incentive program established by the Centers for Medicare & Medicaid Services (CMS) as a part of the Quality Payment Program (QPP) to provide financial rewards for clinicians who deliver high-quality, value-based care to Medicare beneficiaries.

CMS – The primary federal government agency dealing with Medicaid and Medicare payments to physicians on behalf of eligible patients.

MIPS was created with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) by the U.S. Congress to improve the health of all Americans by providing incentives and policies to improve patient health outcomes. It was intended to transition Medicare away from pure fee-for-service care to value-based care. MACRA does this by evaluating cost and quality of providers, resulting in financial bonuses and penalties in Medicare reimbursement.

MIPS measures healthcare providers' performance over 12 months based on quality, improvement activities, promoting interoperability, and cost. The provider's performance is then assigned a value based on the category, which is then calculated into a numerical score that determines whether the payment adjustment applied is negative, neutral, or positive. A positive adjustment could result in higher reimbursements, while a negative adjustment could lead to a reduction in a provider's Medicare reimbursement.

Clinicians can participate as individuals or groups, or through an Alternative Payment Model (APM) entity. Clinician data and performance are reported using traditional MIPS, APM Performance Pathway, or MIPS Value Pathway.

Why should you, as an emergency physician, care?

Most emergency physicians will need to participate in MIPS to avoid a penalty and perhaps get a bonus. You can report as an individual or as part of a group. For the 2023 performance year, the potential payment adjustments range between -9 and +9%. You will be monitored and graded on how you practice on the below measures.

Examples of Common MIPS Quality Measures for Emergency Medicine (https://qpp.cms.gov/mips/explore-mips-value-pathways/G0057)

- 1. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- 2. Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older
- 3. Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding
- 4. Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
- 5. CAHPS for MIPS Clinician/Group Survey
- 6. Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
- 7. ED Median Time from ED arrival to ED departure for all Adult Patients
- 8. Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain
- 9. Avoidance of Opiates for Low Back Pain or Migraines