

Merit-Based Incentive Payment System (MIPS) – Medicaid

The Merit-based Incentive Payment System (MIPS) consolidates three existing quality reporting programs: the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VBPM), and meaningful use (MU). The system also adds a new performance category, called improvement activities (IA). Scores from the four categories are combined to establish a final score (0-100) that will be compared against a threshold. The final score is then used to determine physician payment adjustments. The categories that make up the MIPS final score are:

Quality—based on PQRS;

Resource use—based on VBPM;

Advancing Care Information (ACI)—based on MU; and

Clinical practice improvement activities—new performance category.

Public Health Registry Bonus Point: Immunization registry reporting is required. In addition, physicians and other clinicians may choose to report to other public health registries, and will receive one additional point for reporting beyond the immunization category.

2017 MIPS Measure #110: Preventive Care and Screening: Influenza Immunization

This measure is intended to determine whether or not all patients aged 6 months and older received (either from the reporting eligible clinician or from an alternate care provider) the influenza immunization during the flu season.

Valid Data Submission Method: Claims, EHR, CMS Web Interface, **Registry**

NQS Domain: Community/Population Health

Specialty Measure Set: Allergy/Immunology, Internal Medicine, Obstetrics/Gynecology, Preventive Medicine, General Practice/Family Medicine, Pediatrics

NOTE: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)