



**MIPS**

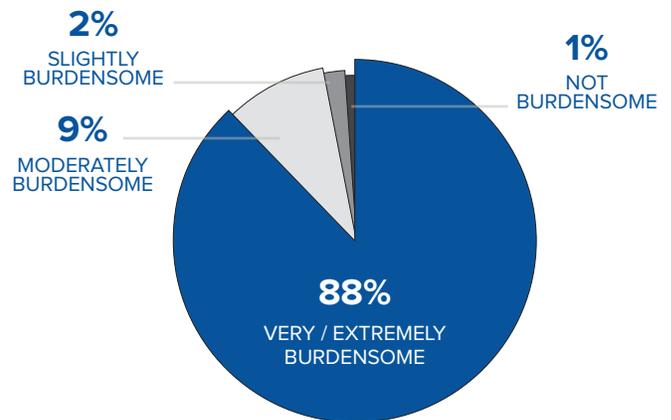
MGMA advocates for reforms to the Merit-based Incentive Payment System (MIPS) to reduce overall group practice burden, simplify scoring complexities, and refine it from the current one-size-fits-all reporting program to a system based on clinically relevant and efficient metrics.

**CURRENT LANDSCAPE**

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repealed the flawed sustainable growth rate (SGR) methodology and stabilized annual updates under the Physician Fee Schedule (PFS). MACRA also took the first steps toward implementing improved quality improvement initiatives that further value-based care by creating MIPS and alternative payment models (APMs).

Rather than improve clinical care, medical groups participating in MIPS report overwhelming costs and reporting burden. The time and money spent by practices to participate in MIPS often outweighs financial bonuses for exceptional performance. This results in a net financial loss for participants and represents an unsustainable situation for the nation’s medical practices.

HOW BURDENSOME IS THE MEDICARE QUALITY PAYMENT PROGRAM (MIPS/APMS)?



Source: 2018 MGMA Regulatory Burden Survey

**ADVOCACY PRIORITIES**

- ▶ **Continue stability in physician fee-for-service payments** by appropriately adjusting the PFS conversion factor
- ▶ **Award multi-category credit** for MIPS activities and measures that overlap performance categories
- ▶ **Reduce requirements for reporting quality measures** and create reporting options based on clinical continuums of care
- ▶ **Provide more timely, meaningful feedback on performance**
- ▶ **Support efforts that more accurately measure the cost component** of MIPS and only hold clinicians accountable for resource use within their control