Currently, physicians participate in several overlapping Medicare reporting programs—the electronic health records incentive program (Meaningful Use or MU), the Physician Quality Reporting System (PQRS) and the value-based modifier (VBM).

MIPS replaces these 3 reporting programs and introduces a 4th component. For 2017, only three components will be weighted and scored.

**Eligibility**
All physicians billing Medicare Part B are eligible for MIPS. Under the proposed rule, the following exclusions apply:
- It is your first year of Medicare Part B Participation;
- You meet the low volume threshold of Medicare billing charges less than or equal to $30,000 or care for 100 or fewer Medicare patients in one year;
- Certain participants in ADVANCED Alternative Payment Models

**Participation in 2017**
The final MACRA rule will exempt physicians from any risk of penalties in 2019 if they choose one of three distinct MIPS reporting options in 2017:
1) Full-year reporting that begins January 1, 2017
2) Partial year reporting for a reduced number of days
3) A “test” option under which physicians can report minimal amounts of data

**Quality**
60% of 2017 composite score
- Replaces PQRS
- Reduces reporting burden:
  - Physicians report on 6 measures rather than 9
  - No longer have to choose from 3 national quality strategy domains
  - No longer uses “all or nothing” method. You can receive partial credit for reporting a measure.
  - Provides bonus points

**Advancing Care Information**
25% of 2017 composite score
- Replaces Meaningful Use
- Moves away from “pass-fail” scoring program:
  - Base score requires yes/no attestation
  - Performance score does not use thresholds and allows for partial credit
  - Can also receive bonus points for reporting to clinical data registries
  - Reduced number of measures
- Easier reporting process:
  - Group data submission is now allowed
  - Reporting can be done through QCDR

**Resource Use**
0% of 2017 composite score
- Replaces Value-based Modifier
- Based on claims data so there are not reporting requirements
- Transitions to episode-based measures
- Episode groups have the potential to more appropriately measure resource use and provide more actionable feedback than cost measures

FACT: 47% of physiatrists do not comply with current CMS mandated quality reporting programs.

Visit [www.aapmr.org/quality-practice](http://www.aapmr.org/quality-practice) for up to date information.