### Medicare Quality Payment Program Choices

**APMs**
- Accountable Care Organizations
- Bundled Payments
- Accepting Financial Risk
- Value-Based Contracts
- Global Payments

**MIPS**

### Side-by-side Comparison of Medicare Quality Payment Program Choices Created by MACRA: MIPS vs. APMs

**Review this table to help you decide on which pathway you would like to pursue with your practice.**

<table>
<thead>
<tr>
<th>Category</th>
<th>APM</th>
<th>MIPS</th>
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</table>
| Eligibility*       | An eligible professional is a qualifying APM participant (QP). A QP is exempt from MIPS. CMS proposes to establish a process by which it will identify and notify the public of the APM that would be considered Advanced APM for a performance period. CMS lists the current Innovation Center models that it believes meet its proposed Advanced APM standard. CMS proposes that a number of current innovation models would not meet the criteria for an Advanced APM:  
• Bundled Payment for Care Improvement Model and the Comprehensive Care for Joint Replacement (CJR) model | Physicians, NPs, PAs, clinical nurse specialists, certified registered nurse anesthetists. Exclusions  
• New physicians in their first year of enrollment in Medicare.  
• Physicians who are participating in an eligible advanced alternative payment model (physician is a QP).  
• Physicians who do not treat a large enough number of Medicare patients and who do not exceed $10K in revenue from Medicare. |
| Participation Requirements | • Uses quality measures comparable to measures under MIPS  
• Uses a certified EHR  
• Bears more than “nominal financial risk”  
• Be a medical home model expanded under CMMI | Meets a volume threshold of a minimum number of one or more of the following:  
• Medicare beneficiaries  
• Items  
• Services  
• Allowable charges |

*If you are a physician who treats Medicare patients, you are impacted by either MIPS or APM. Veterans Health Administration health care delivery systems are exempt.*
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| Payments        | 5% Annual lump sum bonus (2019-2024).                               | Current PQRS, MU of EHR, and VBPM programs are rolled into MIPS. Payment adjustments are made on every claim paid out by Medicare. Possible payment adjustments increase over time and are based on a composite score (0-100) made up of the following components:  
  - Quality Performance  
  - Resource Use Performance (Cost)  
  - MU of a Certified EHR  
  - Advancing Care Information  
  - Clinical Practice Improvement Activities (New)  
  +/- 4% (2019)  
  +/- 5% (2020)  
  +/- 7% (2021)  
  +/- 9% (2022)  
 Exceptional performers may be eligible for an additional bonus of up to 10% (2019-2024).  
 0.25% Annual baseline payment update (2026 and beyond). |
|                 | 0.75% Annual baseline payment update (2026 and beyond).             |                                                                      |
|                 | Demonstrating cost savings and higher quality care will produce higher payments. |                                                                      |
|                 | Opportunities exist for financial incentives for participating in an APM even if a QP is not in a qualifying advanced APM. |                                                                      |
|                 | CMS distributes FFS payments in addition to the 5% lump sum bonus.   |                                                                      |
| Feedback on Performance | Feedback is received from the APM entity directly. | Annual (July). |
| Report on Quality of Care Provided | √ | √ |
| Be Evaluated on Costs of Care Provided | √ | √ |
| Use a Certified EHR | √ | √ |
| Impact Analysis | More likely fit for academic center or large multi-specialty groups who are already participating in ACOs. | More likely fit for solo/small, single-specialty, rural. |