

# MIPS Estimator Facilitates Clinician Ability to Plan for Success in the Quality Payment Program

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Findings from the **Stratis Health 2017 MIPS Estimator**

**April 2018**



*Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.*

## Introduction

Uncertainty about the Merit-based Incentive Payment System (MIPS) immobilized many clinicians from taking steps to participate in this new Medicare payment program effectively. Many felt overwhelmed by the abundant choices for how to participate and lacked knowledge of reliable resources to understand the complex program.

The Stratis Health 2017 MIPS Estimator helped clinicians understand how to integrate MIPS requirements with their internal quality improvement efforts. This solution enabled clinicians to determine their highest achievable MIPS final score—positioning them for maximum incentive payments.

## Stratis Health MIPS Estimator

**“Within a few minutes we were able to determine how each measure impacts our potential MIPS score and our quality performance against benchmarks. It is impressive that the complicated QPP final rule was put together in one tool so that MIPS reporters can easily understand implications of reporting in various scenarios. It is an amazing product!”**

*- Practice Administrator, Florida Hospital-based Radiology Group, Fort Lauderdale, FL*

MIPS is part of the Centers for Medicare & Medicaid Services’ (CMS) Quality Payment Program (QPP). QPP is structured to incentivize high quality care over service volume—to help Medicare patients be healthier and to exercise smarter spending. MIPS combined three legacy programs and a new component into one program with four categories: Quality, Advancing Care Information, Improvement Activities, and Cost. QPP is part of Medicare Access and CHIP Reauthorization Act (MACRA), legislation that received strong bipartisan congressional support for its aim to modernize Medicare to provide better care and smarter spending for a healthier America.

2017 was the first MIPS measurement year, called the transition year, with an initial data submission deadline of March 31, 2018. The program’s flexible design—with options for reporting periods, hundreds of quality measure options, multiple data submission methods and scoring techniques, and participating as an individual or as part of a group—made understanding the program a challenge for many health care providers.

Stratis Health provided technical assistance to clinicians through both the Quality Innovation Network – Quality Improvement Organization (QIN-QIO) program and QPP Small, Rural and Underserved Support (QPP-SURS) program, two of the four technical assistance programs funded by CMS to support eligible clinicians and prepare them for one of the QPP payment tracks: MIPS or Advanced Alternative Payment Models. The transition year was intended to introduce practices to the program with relative easy-to-achieve targets with a low threshold to avoid a negative payment adjustment.

Stratis Health QPP subject matter experts recognized the need for a tool to help clinicians and organizations understand MIPS, particularly how to efficiently assess their current care delivery and quality performance to help them advance care quality before the 2017 performance period ended. Our nonprofit organization self-funded development of the Stratis Health 2017 MIPS Estimator ([www.mipsestimator.org](http://www.mipsestimator.org)), which was released in September 2017.

**“The Estimator told me our data was very good and that we have a good chance of getting incentives from this, so I kept working through the QPP website issues.”**

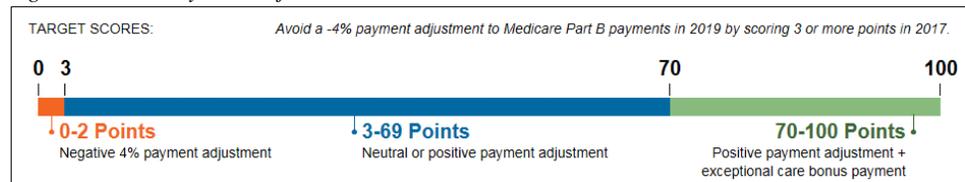
- Sister Mary Raphael Paradis, administrator, Sacred Heart Mercy Health Care Center, Jackson, MN

### Precision Intervention

The Stratis Health 2017 MIPS Estimator was designed to provide clinicians individualized, instant feedback about their MIPS status, based on their practice experience; and, it accelerated planning for quality improvement—making the tool a first-line, precision intervention. Clinicians could access all of the information they needed about MIPS in one place to prepare for reporting, self-assess current performance across the MIPS categories, determine how to make workflow changes to improve patient outcomes, and work towards improving their MIPS score to achieve the highest possible reimbursement. Built to be comprehensive and accurate, the tool also was easy to use and available free of charge online.

The Estimator guides users through a data entry process and offers links to additional supportive information throughout. It produces score estimates in both a dashboard view and category detail view, with scores clearly displayed on a simple MIPS payment adjustment continuum (Figure 1). The guided data entry and score reports reduced the time clinicians needed to understand MIPS and prepared them to work across their practices, and in tandem with technical assistance when needed, to strategize how to advance quality improvement.

Figure 1. MIPS Payment Adjustment Continuum

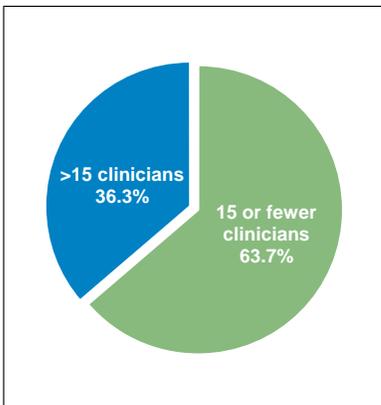


### MIPS Estimator Users

More than 400 health care organizations across the country from 45 states and the District of Columbia, representing nearly 37,000 clinicians who serve Medicare patients (i.e., bill to Medicare Part B) created accounts in the Stratis Health 2017 MIPS Estimator to explore how to plan for success in the first year of the QPP. Of the registered 432 health care accounts, 63.7 percent indicated they had 15 or fewer clinicians who bill to Medicare Part B (Figure 2). These organizations fit the definition of small practices and were eligible for technical assistance through QPP-SURS.

Small practices rarely have sufficient staff expertise regarding CMS quality measures and the financial implications of MIPS. These practices experience significant benefit from the information provided by the Stratis Health Estimator. The tool provides powerful motivation to follow through with MIPS reporting. Most importantly, the tool helps pinpoint opportunities for specific quality improvements.

Figure 2. MIPS Estimator Accounts by Number of Clinicians Billing Part B



**Small Practice Success:** One family medicine clinic used the Stratis Health MIPS Estimator to validate MIPS scores for its two eligible clinicians after finding a score discrepancy between the MIPS dashboard in its electronic health record (EHR) and the CMS QPP website. The MIPS Estimator encouraged the administrator to keep working through the technical challenges during submission to the CMS website.

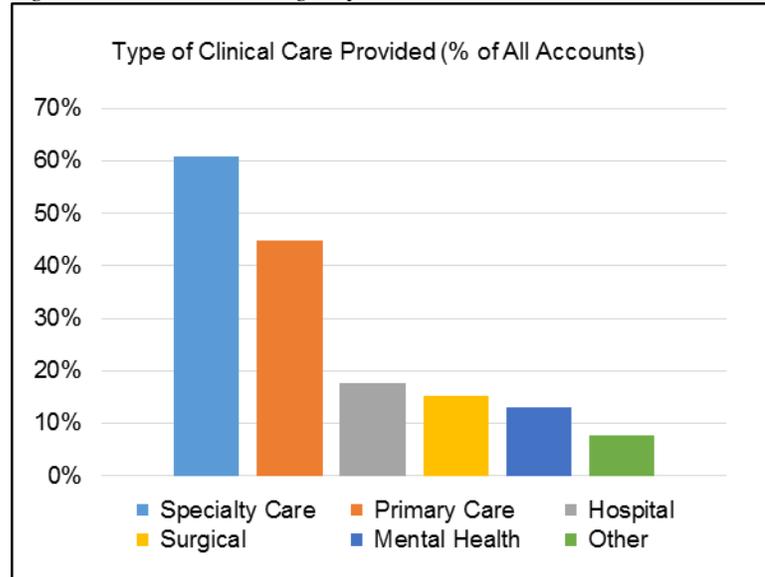
**Specialty Practice Success:** A radiation oncology practice used the MIPS Estimator to track performance in the Advancing Care Information (ACI) and Quality categories. They focused on specific objectives and measures to improve on before the end of the year, shared metrics with their clinicians, and used the data to determine whether to report to MIPS as individuals or as part of a group.

**“The Stratis Health MIPS Estimator has been an extremely valuable tool for our organization. We use the tool to identify measures we need to focus on in order to maximize our financial incentives and improvement strategies under the MIPS program.”**

*- Nate Hunkins, director of population health, Bluestone Physician Services, Stillwater, MN*

Most Stratis Health 2017 MIPS Estimator accounts were established by representatives of specialty care (61%) and primary care (45%). Users could select more than one clinical care setting for their account. A smaller percentage of accounts represented surgical, mental health, hospital, or other providers. All user types are shown in Figure 3. Users eligible for “special status”<sup>\*</sup> scoring under the QPP represented 68 percent of the care delivery settings with Estimator accounts. Another 25 percent indicated they were practices with 16 or more clinicians and a small fraction of users (7%) participated in alternative payment models (APM).

Figure 3. Clinical Care Settings Represented in Stratis Health MIPS Estimator Accounts



Multiple users provided feedback about how the Stratis Health 2017 MIPS Estimator was critical in helping them learn about MIPS requirements. Many

<sup>\*</sup>Special status refers to patient facing and hospital-based clinicians, as well as those considered a small or rural practice and/or in a Health Professional Shortage Area.

users indicated that simply walking through the steps required to receive a score report from the Estimator educated them on the MIPS categories and scoring criteria. The tool corrected users' misunderstandings about available reporting methods and measures options, through tips like "check with your EHR vendor about which measures it supports." Users also received instant feedback about missing or incomplete data, prompting further action to achieve MIPS requirements.

**Small Practice Success:** One clinic discovered the need to do a security risk analysis to score in the ACI category because of the educational tips and links to additional resources available in the tool.

**Rural Clinic Success:** After receiving a low quality-measure score in the MIPS Estimator, a rural clinic contacted Stratis Health's QPP Help Desk and learned some of its chosen measures were topped out, lacked benchmarks, or did not meet data completeness thresholds. When the clinic added several more measures that its clinicians performed well on, its quality category score increased from 18 to more than 40 points, significantly increasing its overall MIPS score.

**"The MIPS Estimator is very user friendly. It was easy to walk through each step. The scoring breakdown is easy to understand and is displayed in an organized way so you can see areas for improvement."**

*- Laura Fosse, optometric technician, Cambridge Eye Associates, Cambridge, MN*

The Estimator allowed registered users to easily compare different reporting scenarios, such as individual versus group reporting. Users could easily see differences in clinician performance and identify areas where focused attention on improving performance could have the greatest impact. And, multiple health care organizations reported they were using the Estimator for strategic planning.

**Small Practice Success:** One primary care clinic determined its group performance was higher than the average for its accountable care organization. The clinic planned to use this information and leverage its clinicians' high performance in its business partnerships.

Reduced clinic burden was one of the main impacts of the Stratis Health MIPS Estimator. Users reported that the Estimator made MIPS easier to understand and accelerated planning for quality improvement. Contractors through the CMS technical assistance programs and independent consultants used the tool to enhance technical assistance to clients for MIPS reporting services.

The Estimator also created efficiencies and saved time as people learned the new MIPS program. When connected with Stratis Health through the QIN-QIO program and QPP-SURS, these organizations were directed to use the Stratis Health MIPS Estimator as an effective way to gain a foundation in MIPS. Clients reported the tool fully explained the measures and subsequent calls for technical assistance were able to focus more on how clinicians could optimize performance in the QPP and drive positive workflow changes and improvement efforts.

## Scenarios Test MIPS Performance

According to user feedback and account data, a common use of the Stratis Health 2017 MIPS Estimator was to explore different scenarios in an attempt to determine how to maximize MIPS performance. Of the 432 accounts, more than 60 percent ran scenarios to plan for providing the highest quality care and to achieve the largest possible MIPS incentive payment. Users ran a total of 2,435 scenarios, covering both group and individual reporting.

**“Stratis Health’s estimator helped us understand our best approach for participating in MIPS. We were relieved to see how well our clinic scored.”**

*- Amy Ninham, lead clinical analyst, Mille Lacs Health System, Mille Lacs, MN*

The 432 accounts included 633 group scenarios and 1,802 individual scenarios. For those running multiple scenarios, 49 percent of users ran two or more scenarios and 15 percent ran four or more (Figure 4). One rural primary care setting with 10 Part B clinicians conducted extensive scenario testing, exploring 22 scenarios. Leveraging the tools provided by the Estimator allowed clinicians to identify the best options to ensure receiving positive payment.

The overall average MIPS score was 58.2 points for all scenarios, with groups averaging 62.1 points and individuals averaging 56.8 points—placing the majority of scores well within the range for a positive payment adjustment. Users who entered scores as individuals automatically received a group score if more than one clinician’s data was entered. Group scenarios generally had higher overall, Quality, and ACI estimated scores, but not Improvement Activities scores (Table 1). The difference in scores might be attributable to groups being more interested in tracking their ACI or Quality category performance and not entering all of their Improvement Activities.

Figure 4. Number of Group Scenarios per Account

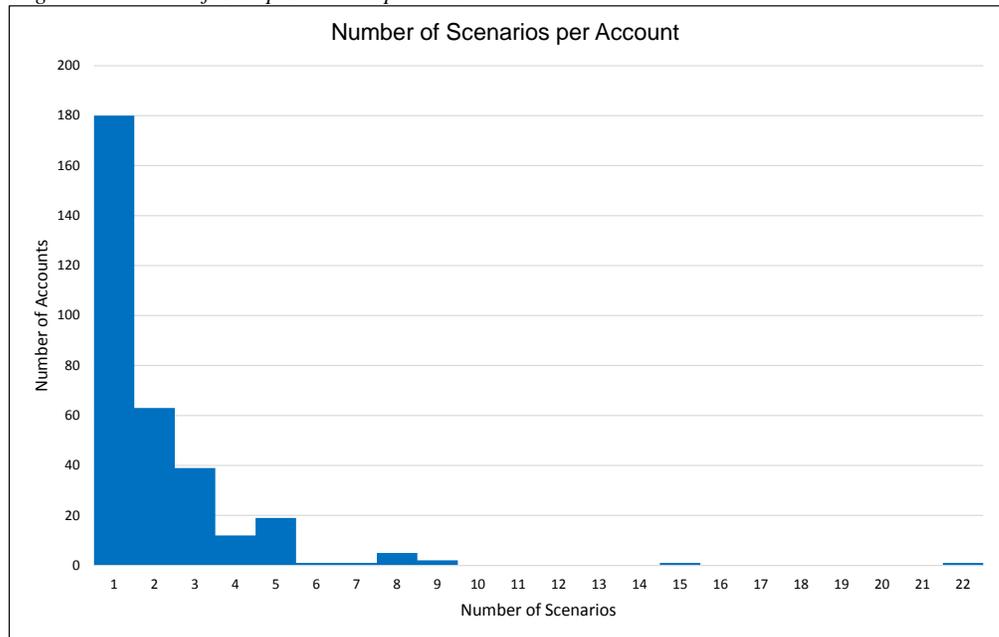


Table 1. Summary of Scores in MIPS Estimator Scenarios

MIPS Category and Percentage of 2017 MIPS Performance	Maximum Points	Scenario Average Points		
		Individual	Group	All
Advancing Care Information (25%)	100	69.9	77.0	71.7
Improvement Activities (15%)	40	29.7	25.9	28.7
Quality (60%)	60	30.3	35.6	31.7
Overall Score	100	56.8	62.1	58.2

## Quality Measures

The Quality performance category—which replaced the Physician Quality Reporting System (PQRS)—covered the quality of the care delivered, based on 271 performance measures created by CMS, as well as medical professional and stakeholder groups. The Quality category accounted for 60 percent of 2017 MIPS performance. For claims, EHR, and registry reporting, providers picked quality performance measures that best fit their practice from the 74, 53, and 243 respective measure options. The MIPS Estimator calculated all performance scores and used the six measures with best results for their category score. Quality scores in the scenarios averaged 32 out of the 60 maximum points available (Table 7).

**“We are encouraging practices to use the Stratis Health MIPS Estimator. It’s a great tool for clinics to get a glimpse of how their MIPS score might look.”**

- QIN-QIO, QPP Subject Matter Expert

Table 2. Quality Scores Achievement across Scenarios

Scenario Achievement (60 pts. Maximum)		
Individual	Group	All
30.3	35.6	31.7

Of the Stratis Health 2017 MIPS Estimator users, 50 percent chose EHR as their method for Quality Measure reporting, with group reporters being 10 percent more likely to use this method than individual reporters. CMS encourages the meaningful use of CEHRT by offering MIPS bonus points for end-to-end electronic reporting of quality measures using CEHRT—which requires electronic capture and reporting of quality measures throughout the entire process without manual intervention—and in using CEHRT for related Improvement Activities. CMS increased the number of Improvement Activities eligible for CEHRT bonus from 19 to 28 between 2017 and 2018 in MIPS, furthering its incremental push for EHR and HIE utilization. The Estimator scenarios indicate a shift to using EHRs for reporting.

Registry was the second most common quality reporting method at 27 percent. A much smaller number chose Claims (11.8%), CMS Web Interface (7.0%), or Qualified Clinical Data Registry (QCDR) (5.1%) (Table 8).

Table 3. Frequency of Reporting Methods Used in Scenarios

Reporting Methods	Individual Reporters (Percent)	Group Reporters (Percent)	All Reporters (Percent)	Overall MIPS Score
CMS Web Interface	N/A	16.6%	6.9%	72.1
Claims	20.2%	N/A	11.8	31.2
EHR	51.4%	47.5%	49.8%	60.1
QCDR	3.6%	7.2%	5.1%	32.4
Registry	24.9%	28.7%	26.5%	63.3
Total Number of Scenarios	1,802	633	2,435	2,435

Clinicians needed to choose measures that could be reliably extracted from their data management systems and were supported by clinical workflow and documentation. The MIPS Estimator was used to verify which measures clinicians could confidently select to receive their highest score.

The two most frequently selected quality measures were Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (ID # 226) and Documentation of Current Medications in the Medical Record (ID # 130) (Table 9). For scenarios covered by EHR and registry submission, they were selected in 34 and 31 percent of scenarios. Because these measures were required in the former EHR Incentive Payment Program (aka Meaningful Use) and are a focus of other quality reporting initiatives or third-party payers, clinicians were familiar with them and had existing supporting EHR reports.

**Family Practice Success:** Using the Estimator, a family practice determined its MIPS score was close to achieving an exceptional care bonus payment. After reviewing its Estimator data with a Stratis Health subject matter expert, the practice determined where it could focus on achieving quality measures that also improved its MIPS performance. The practice set a goal to increase the number of colorectal screenings for the performance year.

Now that clinicians better understand MIPS from the 2017 transition year, work on improvement strategies to support these quality measures will naturally follow. EHR and registry vendors will need to provide the underlying technical supports to minimize clinician burden and support the evolution of quality care.

*Table 4. Crossover Quality Measures from Top 10 Most Frequent in EHR and Registry Scenarios*

Quality ID	Activity Description	Type	High Priority	Percentage Selecting			
				Indiv EHR	Group EHR	Indiv Reg	Group Reg
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	No	6.3	5.6	3.5	1.8
130	Documentation of Current Medications in the Medical Record	Process	Yes	5.7	5.8	3.6	2.4
111	Pneumococcal Vaccination Status for Older Adults	Process	No	4.3	3.7	2.5	1.1
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Process	No	3.1	3.7	1.2	1.5

## Advancing Care Information

The ACI performance category accounted for 25 percent of 2017 MIPS performance. It replaced the Medicare EHR Incentive Program, commonly known as Meaningful Use. The ACI category included measures to advance the productive use and exchange of health care information through documentation and sharing of pertinent health information (i.e., medications, allergies, problems, test results, and visit summaries) with patients and other clinicians across settings to facilitate care coordination.

**“This tool has been extremely helpful. We were unaware that we had to participate in a security risk analysis to score in the ACI category. I’m glad the Estimator laid everything out for us.”**

*- Kayla Rosati, population health coordinator, Raiter Clinic, Cloquet, MN*

To receive points in ACI, MIPS required the use of technology certified to either 2014 or 2015 standards, known as Certified Electronic Health Record Technology (CEHRT). Substantially more MIPS Estimator users (2,193) chose 2014 CEHRT for their scenarios versus 2015 CEHRT (348). Many vendors did not have 2015 CEHRT available for the 2017 performance year.

To receive any score in the ACI category, all base measures or exceptions must be met. Meeting these provided the 50 points for a base score. Scenarios using 2014 CEHRT were more effective in achieving the ACI base score than those with 2015 CEHRT, at 73 and 38 percent achievement, respectively.

Most practices who implemented 2015 CEHRT did so in the second half of 2017. These practices often found that the new EHR functionality did not fit their existing clinic workflows. This impeded documentation and measurement tracking required to meet the 2015 submission method requirements for ACI. The lower ACI scores for 2015 CEHRT scenarios reflect these challenges (Table 2). Many practices with 2015 CEHRT opted to use the 2014 submission method of attestation for ACI. The MIPS Estimator was used to check scores for 2015 CEHRT submission, and several users completed scenarios for both CEHRT versions.

*Table 5. Comparison of 2014 and 2015 CEHRT for Achieving ACI Base Score*

	Individual Clinician Scores		Group Scores		All Scores
	Scenarios	Met Base Score	Scenarios	Met Base Score	Met Base Score
<b>2014 CEHRT</b>	1,656	71.4%	537	78.8%	73%
<b>2015 CEHRT</b>	214	24.3%	134	59.0%	38%

Among all of the required measures to meet the base score, the Summary of Care measures had the lowest level of attainment looking at both 2014 and 2015 CEHRT, with 4.4 and 15 percent lower rates of achievement respectively than the most frequently achieved Security Risk Analysis measure. All of the ACI measures that provided bonus points were the least frequently achieved, indicating that CMS accurately interpreted these as stretch goal measures (Tables 3 and 4).

Table 6. 2014 CEHRT 2017 Care Information Transition Objectives and Measures Completed

11 ACI Measures	Percentage of Scenarios	Required for Base Score	Provides Bonus Points
Security Risk Analysis	82.2%	Yes	
Provide Patient Access	78.1%	Yes	
e-Prescribing	77.8%	Yes	
Send Summary of Care	77.8%	Yes	
Patient-Specific Education	76.7%	No	
View, Download, or Transmit (VDT)	75.0%	No	
Secure Messaging	73.7%	No	
Medication Reconciliation	72.5%	No	
Immunization Registry Reporting	45.8%	No	
Specialized Registry Reporting	42.5%	No	Yes
Syndromic Surveillance Reporting	5.2%	No	Yes

Total Scenarios 2,229

Table 7. 2015 CEHRT Advancing Care Information Objectives and Measures Completed

15 ACI Measures	Percentage of Scenarios	Required for Base Score	Provides Bonus Points
Security Risk Analysis	60.1%	Yes	
e-Prescribing	56.0%	Yes	
Send Summary of Care	56.0%	Yes	
Provide Patient Access	55.5%	Yes	
Request/Accept Summary of Care	45.1%	Yes	
Secure Messaging	51.7%	No	
Patient-Specific Education	51.4%	No	
View, Download, or Transmit (VDT)	50.6%	No	
Clinical Information Reconciliation	37.1%	No	
Patient-Generated Health Data	20.4%	No	
Immunization Registry Reporting	19.8%	No	
Syndromic Surveillance Reporting	15.5%	No	Yes
Clinical Data Registry Reporting	14.7%	No	Yes
Public Health Registry Reporting	8.0%	No	Yes
Electronic Case Reporting	5.7%	No	Yes

Total Scenarios 551

### Improvement Activities

The new performance category of Improvement Activities (IA) included an inventory of 93 clinical activities that assessed how to improve care coordination, enhance patient engagement in care, and increase access to care. The IA category accounted for 15 percent of 2017 MIPS performance. Practices could select activities appropriate to them from categories such as enhancing care coordination, patient and clinician shared decision-making, and expansion of practice access.

MIPS scoring for Improvement Activities varied with practice setting. Some practices qualified for special scoring, making this category relatively easy to score well in. Patient Centered Medical Home (PCMH) clinicians and those

in MIPS APMs received full credit in this category. Only 14 percent of scenarios indicated their clinicians were part of a PCMH or Medical Home Model. Clinicians with special status received double points. IA scores in the scenarios averaged 29 out of the 40 maximum points available (Table 5).

Table 8. Improvement Activities Scores Averages

	Scenario Achievement Averages (40 points maximum)		
	Individual	Group	All
All scenarios	29.7	25.9	28.7
PCMH excluded	28.7	23.7	27.4

MIPS Estimator users entered as many improvement activities as they wished from the 93 available options. The Estimator totaled their points until they reached the maximum of 40. Some received the maximum IA points by implementing one activity that required use of CEHRT.

Of the 10 most frequently chosen improvement activities in all scenarios, only four were selected across both group and individual reporting options (Table 6). The most frequently selected improvement activity across all scenarios—at only 8 percent—was “Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record” (IA\_EPA\_1). The low degree of overlap could indicate that scenarios were testing different implications for IA activities or that flexibility within MIPS allowed for tailoring activities to best suit how care is delivered.

Table 9. Improvement Activities in Top 10 List for Both Group and Individual Reporters

IA ID	Activity Description	Percent Selected		
		Individual	Group	Overall
IA_EPA_1	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record	7.4%	9.7%	8.0%
IA_CC_1	Implementation of use of specialist reports back to referring clinician or group to close referral loop	6.8%	4.5%	6.2%
IA_PM_13	Chronic care and preventative care management for empaneled patients	3.1%	3.6%	3.3%
IA_PSPA_5	Annual registration in the Prescription Drug Monitoring Program	4.3%	6.5%	4.8%

2,073 total scenarios (excluding PCMH): 523 group and 1,550 individual provider

## Discussion

America’s health care system continues to shift toward value-based payment. Quality measurement and financial structures—like MIPS—that reward value are needed to encourage and quantify progress toward the goals of improved quality, safety, and patient experience, that is efficient and equitable. As Stratis Health supports health care organizations to build their capacity to improve quality, we address their struggles with strategizing how to successfully participate in ever-changing payment models and best serve the needs of their patients.

Understanding the new, complex MIPS program has not been easy for clinicians. Since the program's rollout, many clinicians or practice staff participated in educational offerings about MIPS from CMS, professional associations, health system affiliates, and other assistance providers, yet MIPS remained abstract and daunting. The MIPS Estimator answered that challenge by providing a step-wise guide that walks people through the vast options within MIPS to select those most appropriate to them. This one-stop-shop links users to CMS and other resources for more details to provide them with the right information when they need it. Many practices reported that they'd wished they used the Stratis Health MIPS Estimator sooner to further reduce the time they spent understanding MIPS and to minimize their uncertainty about participating.

**“The Stratis Health MIPS Estimator is going to help us follow the program, to determine the processes we need to put in place to get the best MIPS score we can. It puts everything into usable data which has been very helpful as the program gets more specialized to our practice.”**

*- Michelle Miller, EMR support specialist, Minneapolis Radiology Oncology, Minneapolis, MN*

The extensive options available through MIPS that allow for flexibility also cause confusion on how to match the program to an individual clinician or group of clinicians' circumstances. The instant scoring feedback through the Stratis Health MIPS Estimator helps practices and clinicians focus on the most relevant and meaningful measures that support their value journey.

Small practices are more resource-strapped than others. They have limited time to meet the needs of the various quality reporting programs and have proportionally fewer clinicians who benefit from developing the requisite expertise, making it more difficult to justify the staff time needed. The large percentage of Estimator users who indicated they have special status under QPP (68%) indicates the need for tools like the Stratis Health MIPS Estimator to minimize administrative burden. CMS and other payers would be well served to continue to consider the unique needs of small practices when making program or requirements changes.

While CMS established support through its four technical assistance programs, like QPP SURS, funding for direct one-on-one technical assistance is limited. When technical assistance providers refer clients to use the Stratis Health MIPS Estimator, client questions become more sophisticated after using the Estimator. Clients progress from needing general knowledge about MIPS to asking about how specific MIPS options apply to their care delivery, and how to use their data to advance quality achievement. This saves time for both the health care organization and the assistance provider, as clinicians work on succeeding in the QPP

Ultimately, MIPS and other APM programs aim to drive value in health care. The large number of organizations that tested scenarios in the Stratis Health MIPS Estimator shows a desire among health care organizations to plan strategically for their future in the QPP. Organizations can conveniently and efficiently track their value-based performance throughout the year using the Estimator and identify best options for strategies that will enhance their performance. Its dashboards provide an easy method to compare quality across clinicians and to communicate internally about progress in value-based care. Practices that used the Stratis Health MIPS Estimator reported that they

plan to use it again for continued support with MIPS participation and as part of their ongoing quality improvement efforts.

## Conclusion

The stakes are high for clinicians to succeed in MIPS and future incentive programs aimed at increasing care quality and reducing costs. There is an ongoing need to grow comprehensive, streamlined tools that support progress to alternative payment models and reduce administrative and clinician burden.

Tools like the Stratis Health MIPS Estimator provide a straight-forward means to help clinicians meet the complex requirements of MIPS and strategically use their current performance data to leverage quality, use of EHR, and clinical activities to pursue the advanced models of care that will work best for their organization.

## Future Success with 2018 MIPS Estimator

With the first year of MIPS participation under their belts, clinicians continue to need tools and assistance to reduce the burden of understanding and meeting MIPS requirements and preparing for value-based care. Stratis Health has clinicians covered. The 2018 Stratis Health MIPS Estimator ([www.mipsestimator.org](http://www.mipsestimator.org)) aligns with MIPS 2018 new measures and rule changes, and incorporates enhancements based on feedback from people who used the 2017 Estimator to offer even more benefits to users. Estimator enhancements in 2018 make it easy for users to see changes in the MIPS program and identify whether activities qualify for bonus points or performance improvement points.

Additional services using the 2018 Stratis Health MIPS Estimator are available for a fee, such as customized dashboards for strategic planning, uploading performance files from EHR or registry vendors, calculating QCDR and other MIPS APM scoring, technical assistance packages, and producing files for MIPS attestation.

Clinicians and health care organizations who use the Stratis Health MIPS Estimator will gain the ability to further improve patient outcomes and make the right decisions for how to succeed in the Quality Payment Program.

**“I found this tool to be very user friendly and really helped in determining whether we would report as individual or group. Thank you for proving this tool to us. Looking forward to 2018 model.”**

*- Bobbi Jo Dondorfer, C.O.A, project coordinator, Cornerstone Eye Associates, Rochester, NY*