PQRS vs MIPS Reporting Requirements – Comparing the Major Program Differences

2016 reporting under PQRS, Value Modifier (VM) and Meaningful Use (MU)		2017 under MIPS and the Quality Payment Program	
Program	**Requirements**	**Category**	**Requirements**
PQRS	9 measures, 3 domains and 1 cross-cutting measure. Reporting period is a full year of data or a Measure Group. Includes Medicare Part B only. CAHPS was required for groups of 100 or more.	**Quality**	6 Measures and 1 outcome measure. No Measure Groups. Domains no longer count. No cross-cutting measure. CAHPS not required. Bonus points for additional high-priority measures. Reporting period is 90 days for all payers. 1 CMS-calculated Quality Measure: All-Cause Hospital Readmission
Value Modifier (VM)	Report PQRS for 50% of providers or receive a penalty.		
Quality Tiering	PQRS data and CMS-calculated Quality and Cost measures used for incentive and penalties. 3 CMS-calculated quality measures and 6 CMS-calculated cost measures.	**Cost (Resource Use)**	Does not count for 2017.
Medicare EHR Incentive Program (Meaningful Use/MU)	10 objectives including core measures, menu measures and eCQMs.	**Advancing Care Information**	Includes base score measures and performance measures. Bonus points for Improvement activities using CEHRT. No separate requirement for eCQMs.
NEW		**Improvement Activities**	Providers receive credit for activities they are already doing to improve their practice. Those who have qualified for Patient-Centered Medical Homes receive full credit immediately.

PQRS vs MIPS Reporting Deadlines – Know When You Need to Report

	PQRS, VM and MU	2017 MIPS Reporting Year
Reporting Deadline	Multiple reporting deadlines.	March 31, 2018
Payment Adjustments Applied	Multiple adjustments based on which program.	A single adjustment for all performance categories. January 1, 2019 – December 31, 2019

PQRS vs MIPS Scoring – Basics About MIPS "Transition Year" Scoring

PQRS, VM and MU		2017 MIPS Reporting Year	
Program	**Scoring**	**Category**	**Scoring**
PQRS	First level scoring was pass/fail.	**Quality**	Scoring is measured on a scale of 3-10 points per measure.
Value Modifier	Under VM, providers and practices were scored on cost, based on Medicare claims data and quality, based on PQRS measures.	**Cost (Resource Use)**	This category will not count for the 2017 reporting year.
Meaningful Use	MU scoring was pass/fail.	**Advancing Care Information**	There are 4-5 questions for the base score you must pass. You receive points for each performance measure above the base score.
NEW		**Improvement Activities**	In the 2017 "transition year" you need just 40 points to receive full credit.