



MAY 10, 2017

CMS sending MIPS participation status letter to clinicians



Clinicians can expect to hear from The Centers for Medicare & Medicaid Services (CMS) soon regarding the new Quality Payment Program. CMS is reviewing claims and will be sending out a letter to practices beginning in late April through May to let them know which clinicians need to take part in MIPS, the Merit-based Incentive Payment System.

The letter from the Medicare Administrative Contractor that processes Medicare Part B claims will tell the participation status of each MIPS clinician associated with the Taxpayer Identification Number (TIN) in a practice. In addition, CMS has recently updated the Quality Payment Program site with a look-up tool to allow providers the ability to see if they should report to MIPS.

If you believe you fall under the Advanced Alternative Payment Model (APM), CMS will be releasing another communication in the fall with more information and more detail around how the Advanced APM metrics will be filed.



Want to learn more about MACRA?



Educate yourself on MACRA through the following resources:

Centers for Medicare and Medicaid Services (CMS)

[Quality Payment Program](#)

Banner Health employed

[MACRA Resource Center](#)

Questions can be submitted to MACRAquestions@BannerHealth.com

Neighborhood Physician Alliance

[Banner Health Network](#) website or call your NPA representative

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