

Understanding the Fundamentals of MIPS and APM

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MACRA has made three significant changes to the way physicians are being paid by CMS. The changes have created a quality payment program. With the recent changes in physician reimbursement model, physicians are allowed to choose one of the two paths in which payment is linked with quality. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has suggested two types of payment models for health care providers. The focus is transition from the volume-based payment model to a value-based model. Eligible clinicians (ECs) will either participate in the MIPS or an APM model. These two are collectively known as the quality payment program for which the initial performance period starts from the year 2017. The Two Paths of Payment The two paths, namely, merit-based incentive payment system (MIPS) and advanced alternative models (APMs) are the new payment models. The general assumption of CMS happens to be that a large number of health care providers will be choosing MIPS during the current year. APM Model This is one of the new approaches of payment for medical care provided that incentivizes quality and value. APMs provide high-quality care in economical manner. MIPS This program combines the value modifier (VM), physician quality reporting system (PQRS), and the electronic health record (EHR) incentive program into one. Eligible professionals (EPs) will be measured using this metric. Numinatrans has been providing efficient and reliable medical billing services to physicians and medical practices across the world. Our revenue cycle management services include medical coding and billing, patient eligibility verification, AR follow-up, Provider credentialing, payment posting, and charge entry. Numinatrans is the market leader in medical billing services. You are welcome to approach us; our endeavor is providing accurate medical billing and coding solutions. Visit our website www.numinatrans.com for further details.

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