

*Today's symposium*

## **Getting to the Gut of the Matter: Closing the Gaps in Diagnosis, Effective Treatment, and Comprehensive Care in IBS and CIC**

*meets the criteria and requirements as an Improvement Activity under the Quality Payment Program and Merit-Based Incentive Program (MIPS).*

### **Who is in the Quality Payment Program?**

You will be in the Quality Payment Program if you bill Medicare more than \$30,000 a year and provide care for more than 100 Medicare patients a year, and are a:

- Physician
- Physician assistant
- Nurse practitioner

### **Merit-Based Incentive Program (MIPS)**

This program replaces three Medicare reporting programs: Meaningful Use (MU), the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VM). Physicians and practices that participated in the old reporting programs will find that much of MIPS will be familiar. **MIPS has 4 performance categories:**

- Quality – Replaces PQRS



- **Improvement Activity – CME can count towards your MIPS Improvement Activity requirements under QPP.**

- Advancing Care Information – Replaces MU
- Cost – Replaces VM; counted for the first time in the 2018 performance year

### **What do I need to do for this CME activity to apply it toward my QPP requirements?**

- 1. Meaningful Participation:** Actively participate in this activity by answering the pre- and posttest questions, audience response questions, and/or asking questions of our faculty.
- 2. Collection and Analysis of Performance Data:** We will follow-up with you via survey in approximately 3 months to assess the impact of the interventions discussed in this activity as part of the improvement activity requirements.
- 3. CME Provider has a Mechanism for Documentation:** CME Outfitters will then provide documentation of your completion of the requirements for submission for MIPS.
- 4. Get Started!** To use this activity for your requirements, please return this form to the CME Outfitters staff with your evaluation and credit request form before leaving. We will send you an email in approximately 3 months to answer questions about your implementation in practice.

**Yes! I want to use this CME activity as part of my QPP MIPS requirements. Please follow-up with me in 3 months.**

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Email address: \_\_\_\_\_