

Roadmap to Reporting MIPS

START
HERE

Quality

Performance Category

Advancing Care Information

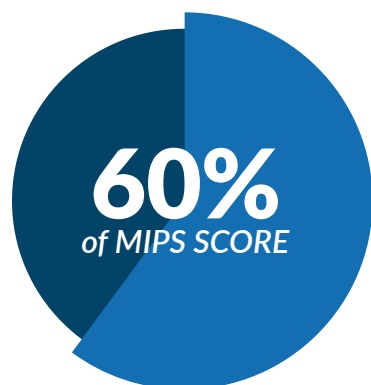
Performance Category

Improvement Activities

Performance Category



Quality Measures



The MIPS Quality Performance Category is closely related to its predecessor, the Physician Quality Reporting System (PQRS). Much Like PQRS, the Quality Performance Category can be reported individually or as a group, and requires submission of quality measure information to CMS. It is the most valuable performance category in 2017, worth 60% of the MIPS composite score.

PQRS	MIPS Quality Performance Category
Report 9 Individual Measures	Report 6 Individual Measures
Measures cover 3 NQS domains	No NQS Domain Requirement
Measure groups are reportable	No measure groups available, specialty measure sets
Report 50% of eligible instances for Medicare Part B patient visits	Report 50% of eligible instances across all payers
One cross-cutting measure	One outcome or "high priority" measure

1 Select Measures

- Determine level of participation
 - Report 1 Quality Measure to avoid the MIPS penalty, or report up to 6 Quality Measures to get an incentive payment.
- Select at least 1 outcome measure
 - If no outcome measure is applicable, report at least 1 high-priority measure
- Select the rest of the measures you plan to report
 - Bonus points will be awarded for selecting outcome or high-priority measures
 - Selecting more than 6 measures can be a good idea. At the end of the year, CMS will accept the highest performing measures and disregard the rest!

2 Record Quality Measure Data

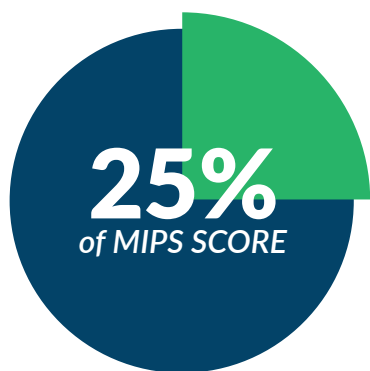
- Determine reporting period
 - Your reporting period in 2017 must be at least 90 consecutive days between January 1, 2017 and December 31, 2017.
 - 50% the eligible instances across all payers must be reported for the allotted time period.
 - For the best chance at an incentive, the entire year must be reported.

3 Review Data

Your MIPS Quality Performance Category score will be determined based on benchmarks obtained from a prior year. MIPS PRO features a dashboard integrated with these benchmarks. Start early to monitor and achieve a maximized score!



Advancing Care Information



The Advancing Care Information (ACI) Performance Category is Meaningful Use updated to be more flexible, customizable, and focused on patient engagement and interoperability. ACI is worth 25% of your MIPS Composite Performance Score.

Determine ACI Eligibility

Exempt clinicians and groups will have ACI reweighted to 0% and Quality reweighted to 85% of their MIPS score. Valid exemptions include:

- Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists
 - Hospital-based clinicians
 - Non-patient facing clinicians
 - Clinicians who qualify for a hardship exemption

Select Measures

Determine if your EHR is certified to the 2014 or 2015 edition.

This will determine the set of measures you are eligible to use.

Performance Score Measures

In addition to the required measures, you can report other ACI measures to receive full credit for the ACI performance category. In order to receive credit towards your performance score, you must report numerator and denominator information for measures, compared to than simply attesting.

The total ACI Performance Category score will be capped at 100 points, so you only need 50 performance score points to have a perfect score for the Advancing Care Information Performance Category.

Base Score Measures

Attesting at least to the base measures is required to receive any credit for ACI.

The required measures for ACI are as follows:

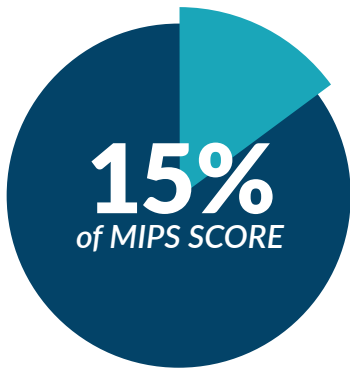
2015 Edition CEHRT Measures	2014 Edition CEHRT Measures
e-Prescribing	e-Prescribing
Security Risk Analysis	Security Risk Analysis
Provide Patient Access	Provide Patient Access
Send a Summary of Care Record	Health Information Exchange
Request / Accept a Summary of Care	

Reporting the required base measures will award you 50 points out of the possible 100 points in the Advancing Care Information Performance Category. To avoid the negative MIPS payment adjustment, this is all that is required. To receive a positive payment adjustment, you will need to also report performance score measures.

Review Data

- Participation in an additional public health & clinical data registry is worth 5 extra ACI Performance Category points
- Reporting certain Improvement Activities through CEHRT is worth 10 extra ACI Performance Category points

Improvement Activities



The Improvement Activities Performance Category is a new concept introduced by MIPS reporting that rewards eligible clinicians for participating in activities related to their patient population. Eligible clinicians can select from 92 different activities to earn credit, all designed to improve quality of care. The Improvement Activities Performance Category is worth 15% of the MIPS Composite Performance Score in 2017.

9 Determine how many points are needed for successful reporting

40
POINTS

The standard number of required points and the maximum score for this Performance Category.

10
POINTS

The minimum point requirement, which result in no penalty or incentive.

20
POINTS

For small or rural practices, HPSAs, or non-patient facing clinicians/groups.

0
POINTS

Certified Patient Centered Medical Homes receive full credit automatically.

10 Select from 92 activities to achieve the desired level of credit

HIGH-WEIGHTED
ACTIVITIES

+20
POINTS

MEDIUM-WEIGHTED
ACTIVITIES

+10
POINTS

ALTERNATIVE
PAYMENT
MODELS

+20
POINTS
AUTOMATICALLY

11 SUBMIT!