



Guide to Reporting MIPS

9



Nine-Step Guide to Reporting in the Merit-based Incentive Payment System (MIPS)

1

Am I Included in MIPS?

You are required to report MIPS in the Quality Payment Program for performance year 2017 unless you fall below the low volume threshold or are a Qualifying Participant in an Advanced Alternative Payment Model (APM).

Check to see if you need to participate using your NPI number: <https://qpp.cms.gov/learn/eligibility>

2

Decide if clinicians in your practice will participate as a group or individually.

An individual is a single NPI tied to a single tax ID number. Medicare payment adjustment is based on individual performance.

A group is a set of clinicians sharing a common tax ID number whose Medicare payment adjustment is based on the group's performance.

3

Adopt or upgrade your EHR.

EHRs are integral to delivering high quality patient care, improving patient safety and reducing cost. In 2017 it is possible to avoid downward payment adjustments without an EHR but in the future that won't be the case.

Don't wait, begin to plan adopting or upgrading your EHR today.

Here is a helpful resource to get you started:

<https://www.healthit.gov/providers-professionals/ehr-implementation-steps/step-3-select-or-upgrade-certified-ehr>

4

Consider your reporting period.

- Submit no data: earn a negative 4-percent payment adjustment
- Submit test data in at least one category: Avoid a negative payment penalty
- Submit at least 90 days of data from three categories: Avoid a negative payment adjustment and potentially earn a positive payment adjustment
- Submit a full calendar year of data from three categories: Avoid a negative payment adjustment and be more likely to earn a positive payment adjustment

5

Select how your practice will report MIPS.

For Individual Submission:

Quality: Qualified registry, qualified clinical data registry (QCDR), EHR and administrative claims (no submission required)

Advancing Care Information: Qualified registry, QCDR, EHR and attestation

Improvement Activities: Qualified registry, QCDR, EHR, attestation and administrative claims (if technically feasible; no submission required) but maintain documentation

Cost: Will begin to influence payment in 2018. Administrative claims (no submission required)

For Group Submission:

Quality: Qualified registry, QCDR, EHR, CMS Web interface*, CAHPS for MIPS survey (must be reported in conjunction with another data submission mechanism), and administrative claims (no submission required)

Advancing Care Information: Qualified registry, QCDR, EHR, CMS Web interface* and attestation

Improvement Activities: Qualified registry, QCDR, EHR, attestation, CMS Web interface*

Cost: Will begin to influence payment in 2018. Administrative claims (no submission required)

*Groups of 25 or more, required to register through the CMS web interface by June 30, 2017



6

Choose which measures you will report on for each category.

Quality: Select six measures (at least one outcome measure) (60% of the final score)

<https://qpp.cms.gov/measures/quality>

- Compare your measures to the current national benchmark data—qpp.cms.gov/resources/education
- Select quality measures that provide the opportunity to score well against established benchmarks. Avoid measures that are topped out – meaning performance is high across all providers so there is little difference between those performing well and those performing poorly
- Strongly consider reporting additional high priority and outcome quality measures in order to maximize potential bonus points and ensure that you have at least six if any are disqualified

Advancing Care Information: Identify your EHR certification edition. The more measures you select, the more credit you will receive. (25% of the score)

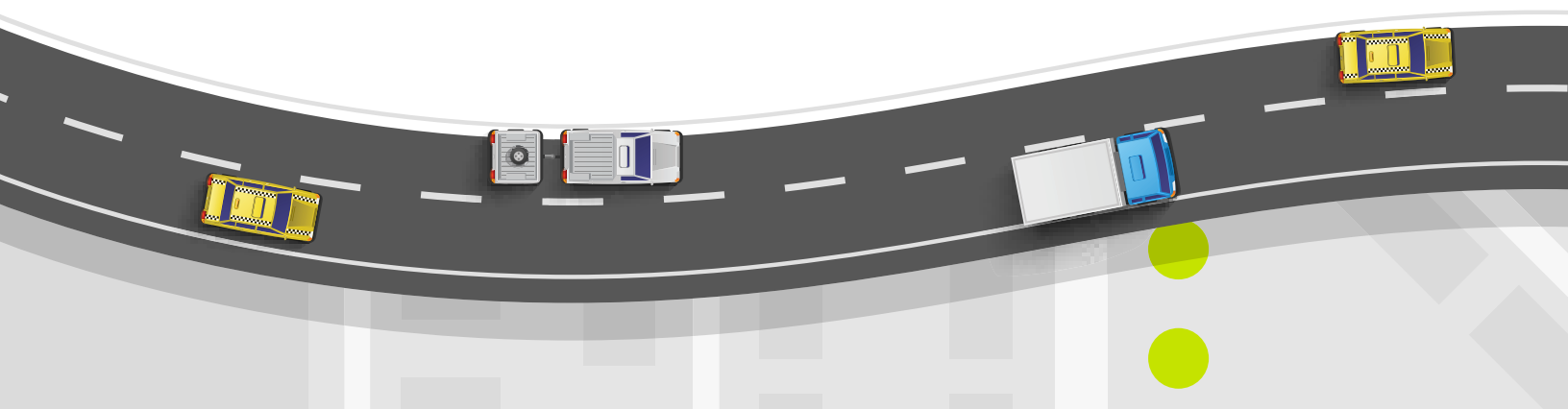
qpp.cms.gov/measures/aci

- Requirements are different depending on whether your EHR software is 2014 or 2015 certified. Determine if your EHR software is at least 2014 ONC certified here: chpl.healthit.gov/#/search. If your EHR is not at least 2014 certified you will need to upgrade to meet Advancing Care Information (ACI) requirements (see step 3 above)
- There are five base score objectives (required)
- Review the ACI Fact Sheet: https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf
- Strongly consider bonus options (e.g., reporting to a public health registry or using your EHR to report certain Improvement Activities)

Improvement Activities: Determine how many points you need in this category and identify appropriate activities with documentation that supports those activities. (15% of the final score)

qpp.cms.gov/measures/ia

- Most eligible clinicians must achieve a total of 40 points from improvement activities (IA) during a 90-day reporting period. High weighted activities are credited 20 points, while medium weighted activities are 10 points. Thus, most eligible clinicians are required to complete either four medium weighted activities, or two high weighted activities, or any combination of high and medium weighted activities for 2017
- Small practices, rural areas, practices located in geographic health professional shortage areas and non-patient facing MIPS eligible clinicians are only required to report one high weighted or two medium weighted activities.
- Participants in APMs will automatically receive points based on the requirements of participating in the APM. Find out if you are part of an APM: <https://qpp.cms.gov/learn/apms>
- Review the IA Fact Sheet: https://qpp.cms.gov/docs/QPP_2017_Improvement_Activities_Fact_Sheet.pdf
- HealthInsight can provide more technical assistance through our Quality Improvement Organization work with CMS. Find IAs we can help you with here: <http://healthinsight.org/files/Quality%20Payment%20Program/Improvement%20Activities%20Resources/QPP-11SOW%20Improvement%20Activities%20V1.pdf>



7

Understanding Costs

Although the Cost component of MIPS will not initially affect your payment adjustment it will begin to influence your score after the transition period (in 2018 and beyond). It is critical to learn as much as you can about your patients' health care expenses and begin to consider how your practice can help eliminate unnecessary services and procedures. The best way to start is to acquire and study your quality and resource use report (QRUR).

- **Do you have an Enterprise Identity Data Management (EIDM) account?**

- **If not:** Visit bit.ly/newEIDMacct

- **Access your 2015 QRUR to gain an understanding of your quality and cost score.**

- Review attributed patients and develop a quality improvement plan for measures below the national benchmark, high cost (spending) per beneficiary and hospital admissions for chronic conditions.

bit.ly/QRURaccess

8

Prepare audit documentation and retain for at least six years.

- Download the "MIPS Data Validation Criteria" zip file that contains important information on documenting Improvement Activities and other aspect of MIPS.

https://qpp.cms.gov/docs/QPP_MIPS_Data_Validation_Criteria.zip

9

Submit data through the selected reporting options beginning 1/1/2018 through 3/31/2018.

For more information from CMS about QPP and MIPS visit: <https://qpp.cms.gov>

For assistance, resources and upcoming learning events visit our website:

<http://healthinsight.org/qpp> or contact us at qpp@healthinsight.org or by calling 866-797-6512

This material provided by HealthInsight, the Quality Innovation Network- Quality Improvement Organization, was adapted from Health Quality Innovators (HQI), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-D1-17-17

Nevada • New Mexico • Oregon • Utah
healthinsight.org

