



## Guide to Reporting MIPS

### 9



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

*If you are not a Qualifying Participant (QP) in an Advanced Alternative Payment Model (APM) and do not meet the low volume threshold, you are required to report MIPS in the Quality Payment Program for performance year 2017. The following is a nine-step guide to help prepare for the upcoming 2017 performance year.*

1

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

**Yes:** Continue to step 2

**No:** Visit [bit.ly/newEIDMacct](http://bit.ly/newEIDMacct)

2

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

Develop a quality improvement plan for measures below the national benchmark, high cost (spending) per beneficiary, hospital admissions for chronic conditions, and review attributed patients [bit.ly/QRURaccess](http://bit.ly/QRURaccess)

3

**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. Payment adjustment is based on individual performance

A group is a set of clinicians sharing a common tax ID number whose Medicare payment is based on the group's performance - groups are required to register with CMS by certain dates [bit.ly/2nHVuJK](http://bit.ly/2nHVuJK)

4

**Determine if your EHR software is at least 2014 ONC certified.**

[chpl.healthit.gov/#/search](http://chpl.healthit.gov/#/search)

5

**Consider your reporting period.**

- Submit no data: earn a negative 4-percent payment adjustment
- Submit test data: Avoid a negative payment penalty
- Submit 90 days to a full calendar year: Avoid a negative payment adjustment and potentially earn a positive payment adjustment
- Submit a full calendar year: Avoid a negative payment adjustment and be more likely to earn a positive payment adjustment

Positive adjustments are based on the performance data submitted, not the amount of information or length of time submitted.

6

**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:** Administrative claims (no submission required)

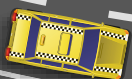
**For Group Submission:**

**Quality:** Qualified registry, QCDR, EHR, CMS Web interface (groups of 25 or more), 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 (groups of 25 or more) and attestation

**Improvement Activities:** Qualified registry, QCDR, EHR, attestation, CMS Web interface (groups of 25 or more)

**Cost:** Administrative claims (no submission required)



# 7

## Choose which measures you will report on for each category.

**Quality:** Select six measures (one cross-cutting and one outcome measure) (60% of the final score)  
[qpp.cms.gov/measures/quality](http://qpp.cms.gov/measures/quality)

- Compare your measures to the current national benchmark data  
[qpp.cms.gov/resources/education](http://qpp.cms.gov/resources/education)
- Select measures where the participant can exceed a benchmark that is not topped out

**Advancing Care Information:** Identify your EHR edition (reporting varies based on edition). The more measures you select, the more credit you will receive. (25% of the score)  
[qpp.cms.gov/measures/aci](http://qpp.cms.gov/measures/aci)

- There are five base score objectives (required)

Consider bonus options (e.g., reporting to a public health registry or using your EHR to report certain Improvement Activities)

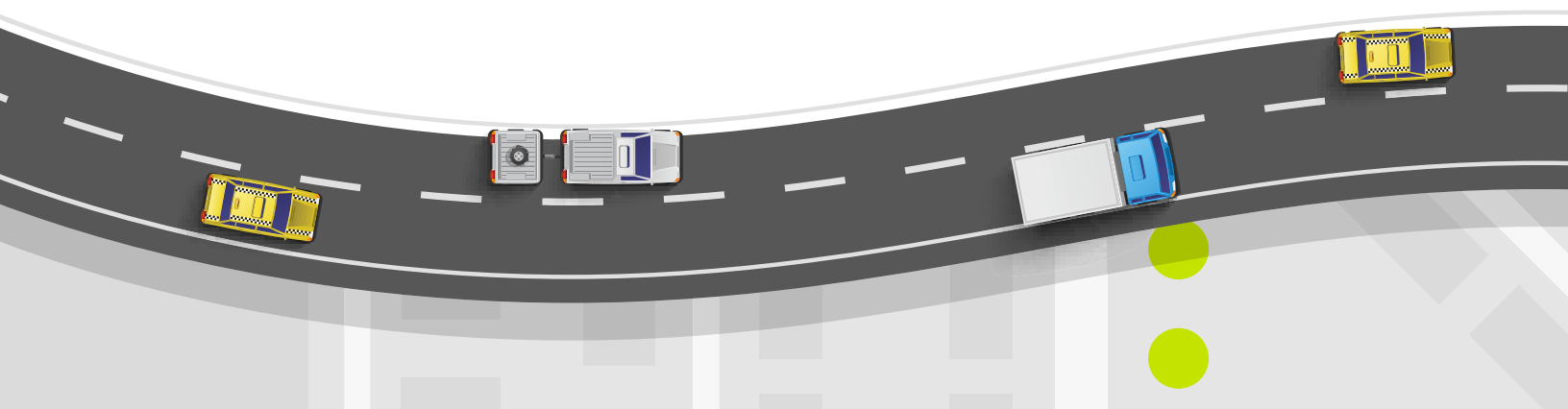
**Improvement Activities:** Determine how many points you need in this category and identify appropriate activities with documentation that supports those activities.  
[qpp.cms.gov/measures/ia](http://qpp.cms.gov/measures/ia) (15% of the final score)

Eligible clinicians must achieve a total of 40 points from improvement activities during a 90-day reporting period. High weighted activities are credited 20 points, while medium weighted activities are 10 points. Thus, 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

### Exceptions:

- **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 certified patient centered medical homes, comparable specialty practices, or an APM designated as a medical home model** will earn full credit.
- Participants in other APMs will automatically earn half credit with the opportunity to selection additional activities for full credit.
- **Consult the final rule for Improvement Activity credit given to APM participants**

**Cost:** No reporting required in 2017 (Review QRUR)



8

Prepare audit documentation and retain for at least six years.

9

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

For more assistance in preparing for the Quality Payment Program, please contact HealthInsight:  
[qpp@healthinsight.org](mailto:qpp@healthinsight.org)

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