

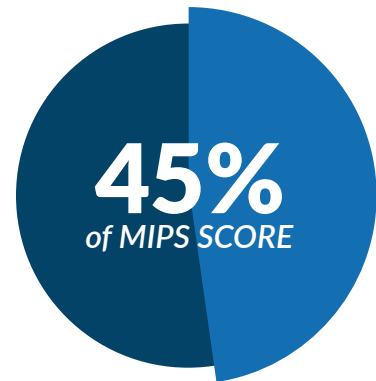
MIPS **PRO**™

2019
**ROADMAP TO
REPORTING
MIPS**

A product of  Healthmonix



Quality



The purpose of the Quality performance category is to assess healthcare processes, outcomes, and patient experiences of care. In 2019, the quality measure reporting period is for the full calendar year.

1 Determine Collection Type(s)

Participants may select measures from different collection types to meet the six measure requirement, with the exception of submitters using the CMS Web Interface. MIPSPRO is able to submit MIPS CQMs, eCQMs, and some QCDR measures.

Collection Type	Valid Participants	Data Completeness Threshold
eCQMs MIPS CQMs QCDR measures	Individuals, Groups	60% of individual MIPS eligible clinician's, or group's patients across all payers.
Claims	Small Practices only (15 or fewer clinicians)	60% of individual MIPS eligible clinician's, or group's Medicare Part B patients.
CMS Web Interface	Registered groups of 25+	248 consecutive Medicare beneficiary sampling for each measure.
CAHPS for MIPS survey measure	Groups	Sampling requirements for the group's Medicare Part B patients.
Administrative Claims measure	Groups of 16 or more	100% of individual MIPS eligible clinician's Medicare Part B patients (automatically captured).

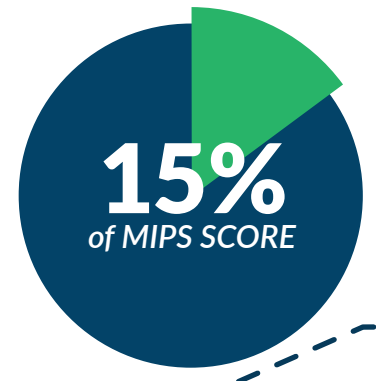
2 Select Measures

- In 2019, the reporting period for quality is the full calendar year (January 1, 2019 - December 31, 2019) during which one of the following criteria must be met:
 - Report six measures including one outcome measure; or
 - Report a measure set including one outcome measure; or
 - Report all CMS Web Interface measures.
- Bonus points will be awarded for selecting additional outcome or high-priority measures and for end-to-end electronic reporting of measures.

3 Record Quality Measure Data

- Performance for measures that do not meet the data completeness threshold will be capped at 1 point out of the possible 10 (3 points for small practices).

Cost



Cost measures are automatically captured through administrative claims for the performance period of the full calendar year. The Cost category score is averaged from the score of all applicable measures.

4 Cost Measures

Cost measures are automatically captured through claims data. No additional submission is required.

Measure Topic	Measure Type	Min. Case Volume
Medicare Spending Per Beneficiary (MSPB)	n/a	35
Total per Capita Cost	n/a	20
Elective Outpatient Percutaneous Coronary Intervention (PCI)	Procedural	10
Knee Arthroplasty	Procedural	10
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	Procedural	10
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	Procedural	10
Screening/Surveillance Colonoscopy	Procedural	10
Intracranial Hemorrhage or Cerebral Infarction	Acute Inpatient Medical Condition	20
Simple Pneumonia with Hospitalization	Acute Inpatient Medical Condition	20
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	Acute Inpatient Medical Condition	20

5 Achievement Points

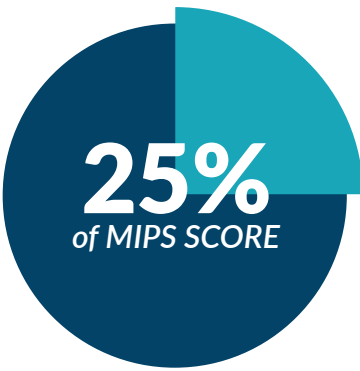
For a Cost measure to be scored, an individual MIPS eligible clinician or group must have enough attributed cases to meet or exceed the case minimum for that Cost measure.

- If only one measure can be scored, it will serve as the total Cost Performance Category Score.
- If none of the measures can be scored, Cost will be re-weighted to 0% and Quality re-weighted to 60% of the final 2019 MIPS score.

6 Review Data

- Per CMS, all MIPS-eligible clinicians will have a chance to preview their 2018 performance in July of 2019, and their 2019 performance in Summer of 2020. MIPSPRO Enterprise members are able to receive this information quarterly.

Promoting Interoperability



Beginning in 2019, clinicians will submit a single set of PI Measures to align with 2015 edition CEHRT and measures are no longer classified as base score or performance score measures. The performance period for PI is still 90 days.

7 Determine PI Eligibility

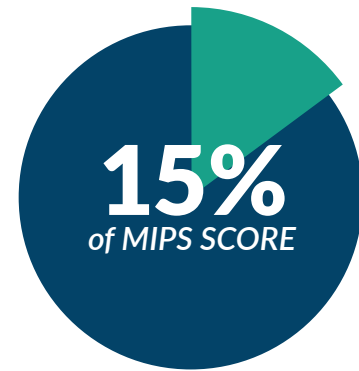
- If exempt from PI, Quality will be re-weighted to include the 25%
- Automatic exemptions: Non-physician clinician types, non-patient facing clinicians, hospital-based clinicians, ASC-based clinicians, certain wide-spread extreme and uncontrollable circumstances to be declared by CMS
- Exemptions through application: Small practices (≤ 15 clinicians), decertified CEHRT, significant hardship (lack of internet, extreme and uncontrollable circumstances).

8 Select Measures

MIPSPRO allows you to organize your required and optional PI measures, so you can maximize your score.

Objective	Measures
Protect Patient Health Information	<ul style="list-style-type: none"> • Security Risk Analysis (required but no points)
e-Prescribing	<ul style="list-style-type: none"> • e-Prescribing (10 points) • Optional measures (submit data for either or both): <ul style="list-style-type: none"> • Query of Prescription Drug Monitoring Program (PDMP) (5 bonus points) • Verify Opioid Treatment Agreement (5 bonus points)
Health Information Exchange	<ul style="list-style-type: none"> • Support Electronic Referral Loops By Sending Health Information (20 points) • Support Electronic Referral Loops By Receiving and Incorporating Health Information (20 points)
Provider to Patient Exchange	<ul style="list-style-type: none"> • Provide Patients Electronic Access to Their Health Information (40 points)
Public Health and Clinical Data Exchange	<ul style="list-style-type: none"> • Choose 2 for a total of 10 points: <ul style="list-style-type: none"> • Immunization Registry Reporting • Syndromic Surveillance Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting

Improvement Activities



The Improvement Activities performance category rewards eligible clinicians for participating in predetermined activities aimed at improving quality of care. The performance period for executing an Improvement Activity is 90 days.

9 Determine How Many Points You Need

Determine the number of points you will need to successfully report:

40
POINTS

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

20
POINTS

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

0
POINTS

Attest to being a Patient Centered Medical Home to CMS for full category credit.

10 Select Activities

MIPSPRO will guide you through selecting activities that will maximize your CMS incentive and show the impact to your MIPS final score in real-time.

HIGH-WEIGHTED ACTIVITIES **+20**
POINTS

MEDIUM-WEIGHTED ACTIVITIES **+10**
POINTS

ALTERNATIVE PAYMENT MODELS **+20-40**
POINTS

11 SUBMIT!

For simplified submission of Quality and PI Measures, Improvement Activities, and tracking of Cost measures, use a submission type like the MIPSPRO registry.

Visit MIPSPRO.com to get started today!