

Preparing for MIPS 2019

SMALL PRACTICES (1-15 PROVIDERS)

AVOIDING A NEGATIVE PAYMENT (30 POINTS NEEDED) by doing 2 Steps

#1. Choose 1 High-Weighted Activity and receive the 15 points toward final score.

Improvement Activity*	Notes
<input type="checkbox"/> 24/7 Access	24/7 access to clinicians who have real-time access to the medical record. Provide access to the care team for advice about urgent care, such as during evenings or on weekends.
<input type="checkbox"/> Consultation of the Prescription Drug Monitoring program	Clinicians would attest that, 60 percent for the transition year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.
<input type="checkbox"/> Seeing new and follow-up Medicaid patients in a timely manner including patients dually eligible	1) Timely Appointments for Medicaid and Dually Eligible Medicaid/Medicare Patients - Statistics from certified EHR or scheduling system (may be manual) on time from request for appointment to first appointment offered or appointment made by type of visit for Medicaid and dual eligible patients; and 2) Appointment Improvement Activities - Assessment of new and follow-up visit appointment statistics to identify and implement improvement activities.

*See more Improvement Activities examples: <https://qpp.cms.gov/mips/improvement-activities>

#2. The additional 15+ Points needed, choose 6 Quality measures to work on via claims or EHR.

Quality Measures*	Notes	Submission Method
<input type="checkbox"/> DM Poor Control (A1c>9%) (#1)	Patients 18-75 years of age with diabetes whose most recent A1c is >9.0% during the measurement period, if NO A1c during measurement period numerator will still be counted.	Claims EHR
<input type="checkbox"/> BMI (#128)	Patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.	Claims EHR
<input type="checkbox"/> Fall Risk (#155)	Patients 65 years and older who were screened for a future fall risk during the measurement period.	Claims
<input type="checkbox"/> Pneumonia Vaccination (#111)	Patients 65 years and older who have ever received a pneumococcal vaccine.	Claims EHR
<input type="checkbox"/> #130 Documentation of Current Medications in the Medical Record	Patients 18 years and older for which eligible professional attests to documenting a list of current meds using all resources available on the date of encounter. Includes ALL known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary supplements. Every visit during the measurement period must be done.	Claims EHR
<input type="checkbox"/> #47 Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Claims* QCDR Registry

*See more Quality Measure examples: <https://qpp.cms.gov/mips/quality-measures>

Do you need help with your participation in the QPP?

Call us at 877.273.0129 to receive no-cost technical assistance from one of our QPP experts.

