

The **Medicare Access and CHIP Reauthorization Act (MACRA)** of 2015 established the Quality Payment Program, which includes the **Merit-based Incentive Payment System (MIPS)**. Eligible clinicians (ECs) who are not part of an alternative payment model (APM) and do not have an electronic health record (EHR) or have a non-certified EHR, can report MIPS Quality data to CMS via claims. Reporting the minimum required data of 15 points will enable that EC to avoid a negative payment adjustment on Medicare Part B revenue in 2020.

1

Determine Claims-based Measure(s) to Report

Your Quality Plan

Minimum: Choose at least six quality measures from the 2018 Measures List on the CMS Resource Library on this link below. to report via claims in 2018. <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

- Under Quality, click on [Quality measure Specifications supporting documents](#) and open the folders until you see the [2018-Measures_List](#)
- First sort the list by **claims** and then by your **specialty**
- **Choose measures you wish to report and record the measure number**

2

Find the Measure Specification Sheets for Your Measures

Quality Measure Specifications

Once a quality measure(s) have been selected, open the claims-registry specifications zip file to locate the **Quality Measure Specification** sheets by Quality ID# for the measures you've chosen being sure to select the sheet(s) specific to [claims](#).

Important: Thoroughly read the [Quality Measure specification sheet\(s\)](#) and [Measures Guide](#) which is also in the 2018 supporting documents folder.

- Identify the patient populations to include (for claims, this is **Medicare Part B** patients only)
- Abstract all the codes and descriptors assigned to each measure you will report
- Create a **Quality Coding Summary** using all of the codes listed (see sample next page). Review your summary carefully and check for accuracy, any errors will result in a lack of data submission and may affect your payment adjustment.
- Identify what documentation is required in the medical record to support each measure

3

Enlist Your Billing Company and Staff Into Your Quality Plan

Staff/Billing Readiness and Documentation

If you code manually: Create a **quality coding sheet** or add the codes and descriptors to your **encounter form/superbill**. Share the code list with your billing vendor so they can activate the codes.

If you code in your EHR: Work with your vendor to activate and/or map these codes into your EHR

- CMS strongly suggests a **\$.01 fee amount** to enable quality codes to populate claims.
- Run some test claims to make sure the codes are dropping to the **electronic** CMS 1500 claim form & check your EOMB for quality code processing.
- Educate all providers and staff to engage them in capturing and recording quality data, which includes documenting in the medical record to support the *met* and *excluded* codes reported.

2018 Claims-based Quality Measure Coding Summary – SAMPLE

| | |
|---|--|
| <p>Breast Cancer Screening #112 Mammogram at least once in 27 months for Women 51-74</p> | <ul style="list-style-type: none"> <input type="checkbox"/> G9708 – bilateral mastectomy (excluded) <input type="checkbox"/> G9709 – Hospice services during measure period (excluded) <input type="checkbox"/> G9898 - Patients age 65 or older in Institutional (Special Needs Plans) SNP or residing in long term care with POS code 32, 33, 34, 35 or 56 any time during the measurement period (excluded) <input type="checkbox"/> G9899 - Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed (met) <input type="checkbox"/> G9900 - Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified (unmet) |
| <p>Colon Cancer screening #113 Patients 50-75 with colon ca screening once per performance period</p> | <ul style="list-style-type: none"> <input type="checkbox"/> G9710 - Hospice services during measure period (excluded) <input type="checkbox"/> G9711 –Past history of colorectal cancer or total colectomy (excluded) <input type="checkbox"/> G9901 - Patients age 65 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 during the measurement period (excluded) <input type="checkbox"/> 3017F – Colon cancer screening results documented & reviewed (met) <input type="checkbox"/> 3017F 8P – Colon ca screening not documented without reason (unmet) |
| <p>Diabetes Eye Exam #117 Patients 18 - 75 years with diabetes who had a retinal or dilated eye exam or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 2022F - Dilated retinal eye exam with interpretation performed (met) <input type="checkbox"/> 2024F - Seven standard field stereoscopic photos with interpretation performed (met) <input type="checkbox"/> 2026F - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos (met) <input type="checkbox"/> 3072F - Low risk for retinopathy (no evidence of retinopathy in the prior year)* <input type="checkbox"/> 2022F, 2024F, 2026F with modifier 8P - Dilated eye exam was not performed, reason not otherwise specified (unmet) <input type="checkbox"/> G9714 - Patient is using hospice services any time during the measurement period (exempt) <p>Include the diabetes diagnosis (ICD-10) on the claim along with any other diagnoses.</p> |
| <p>BMI #128 Patients 18+ with a BMI outside normal parameters (+/-) with a f/u plan (minimum of once per performance period)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> G8422 – BMI not documented; patient excluded (pregnant/ Hospice, etc) <input type="checkbox"/> G8938 – abnormal BMI documented; patient excluded <input type="checkbox"/> G8420 – BMI normal (met) <input type="checkbox"/> G8417 –BMI above normal; f/u plan documented (met) <input type="checkbox"/> G8418 – BMI below normal; f/u plan documented (met) <input type="checkbox"/> G9716 – abnormal BMI; f/u plan not done for specified reason (met) <input type="checkbox"/> G8421 – BMI not documented; no reason given (unmet) <input type="checkbox"/> G8419 – abnormal BMI documented; no plan; no reason given (unmet) |
| <p>Documentation of current medications in the medical record #130 Document all known prescriptions, OTC, herbals, vitamins with dosage & route for patients 18+</p> | <ul style="list-style-type: none"> <input type="checkbox"/> G8427 – Current medications with name, dosage, frequency and route documented; or patient on no medications (met) <input type="checkbox"/> G8430 – Current medications not documented; patient excluded i.e., emergent medical issue (excluded) <input type="checkbox"/> G8428 – Current medications with name, dosage, frequency and route not documented; reason not given (unmet) |
| <p>Pain Assessment & Follow-Up #131 Patients aged 18+ years with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present</p> | <ul style="list-style-type: none"> <input type="checkbox"/> G8730 - Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented (met) <input type="checkbox"/> G8731 - Pain assessment using a standardized tool is documented as negative, no follow-up plan required (met) <input type="checkbox"/> G8442 - Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool (exempt) <input type="checkbox"/> G8939 - Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible (exempt) <input type="checkbox"/> G8732 - No documentation of pain assessment, reason not given (unmet) <input type="checkbox"/> G8509 - Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given (unmet) |

Unsure of how you should prepare to report or what you need to do now?

Contact the NE QIN-QIO for personalized support at: <http://neqpp.org/ask-question/support-team/>