

Preparing for MIPS 2018

SMALL PRACTICES – 1-15 PROVIDERS



AVOIDING A NEGATIVE PAYMENT

Choose 1 High-Weighted Activity to avoid the penalty in 2018 and receive the full 15 points (select one from below).

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.
<input type="checkbox"/> Patient-Centered Medical Home (PCMH)	Practice who are PCMH recognized gets full credit, no need to do anything else (15% is good).

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



SMALL TO MODERATE PAYMENT ADJUSTMENT

To get to the 40+ points to see a small to moderate payment adjustment, choose one High-Weighted Activity (see above), and Choose 6 Quality measures to work on via claims or EMR.

Quality Measure*	Definition
<input type="checkbox"/> Tobacco Use (226)	Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling if identified as a tobacco user.
<input type="checkbox"/> DM Poor Control (A1c>9%) (1)	Percent of 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.
<input type="checkbox"/> BMI (128)	Percentage of 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.
<input type="checkbox"/> Fall Risk (154)	Percent of patients 65 years and older who were screened for a future fall risk during the measurement period.
<input type="checkbox"/> Pneumonia Vaccination (111)	Percent of patients 65 years and older who have ever received a pneumococcal vaccine.
<input type="checkbox"/> Influenza Immunization (110)	Percent of patients aged 6 months and older seen for a visit between October 1, 2017 and March 31, 2018 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

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



MODERATE PAYMENT ADJUSTMENT

To get to the 70+ points to see a moderate payment adjustment plus hit the bonus mark, choose one High-Weighted Activity, Choose 6 Quality measures to work on via claims or EMR, and submit your Promoting Interoperability (formerly Advance Care Information) Measures.

You must have these Base Measures completed for Promoting Interoperability in order to participate!

Promoting Interoperability	Definition
<input type="checkbox"/> e-Prescribing	At least 100 permissible prescription written by the eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT (Certified Electronic Health Record Technology).
<input type="checkbox"/> Security Risk Analysis	Conduct or review a security risk addressing the security of PHI data created or maintained by CEHRT.
<input type="checkbox"/> Provider Patient Access	The patient is provided timely access to view online, download, and transmit to health information to view online, download, and transmit to a 3rd party and to access using an application of their choice that is configured to meet specs of the API (Application Programming Interface).
<input type="checkbox"/> Send Summary of Care (HIE)	For at least one transition of care or referral, the eligible clinician that transitions or refers their patient to another setting care of care or health care clinician -- (1) creates a summary of care record using CEHRT, and (2) electronically exchanges the summary of care record.
<input type="checkbox"/> Request/Accept Summary of Care (2015 CEHRT)	For at least one transition of care or patient encounter in which the eligible clinician has never before encountered the patient, the clinician receives or retrieves and incorporates into the patients records an electronic summary of care document.

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.

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