

VertexDr

MIPS – UNDERSTANDING MIPS AND TRACKING MEASURES

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a MERIDIAN MEDICAL MANAGEMENT company



Please silence or turn off all
electronic devices at this time.

THANK YOU

Agenda

- What is MIPS
- Who is/is not Eligible
- A Closer Look at the Four MIPS Categories
 - Quality – *With System Review*
 - Advancing Care Information (ACI) - *With System Review*
 - Improvement Activities
 - Resource Use Cost
- Performance Weights and Scoring
- 2017 Reporting Options

MIPS Eligibility

Provider types eligible to report

- Physicians as defined by Medicare
- PAs, NPs, Clinical Nurse Specialists
- CRNAs

Providers types not required to report:

- Newly-enrolled Medicare clinicians
- Clinicians below the low-volume threshold
- Those clinicians significantly participating in Advanced APMs

MIPS

- What is the Merit-Based Incentive Payment Program (MIPS)
 - 2 paths to the Quality Payment Program
 - 1)MIPS
 - 2)Advanced Alternative Payment Models (APMs)

MIPS Categories

There are four categories under the MIPS program

- Quality
- Advancing Care Information
- Improvement Activities
- Resource Use/Cost

A Closer Look

Quality

- There are 271 quality measures
 - Individual measures list
 - Specialty measure set
- Report on 6 or more measures
 - 1 outcome measure must be included in the 6 measures reported

Search All by Keyword:

All

Filter By:

High Priority Measure Data Submission Method Specialty Measure Set

Showing 271 Measures

Add All Measures

- > Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use
- > Acute Otitis Externa (AOE): Topical Therapy
- > ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Selected Measures

0 Measures Added

Once you select measures they will appear here

Clear All Filters

Claims ✕

Diagnostic Radiology ✕

Interventional Radiology ✕

Showing 8 Measures

Add All Measures

> Appropriate Follow-up Imaging for Incidental Abdominal Lesions

ADD

> Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients

ADD

> Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy

ADD

> Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

ADD

> Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy

ADD

Search All by keyword

All

Filter by:

High Priority Measure

- Yes
- No

Showing 271 Measures

[Acute Otitis Externa \(AOE\), Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use](#)

Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy

Measure Number ← <ul style="list-style-type: none">• eMeasure ID: N/A• eMeasure NQF: N/A• NQF: 0654• Quality ID: 093	NQS Domain ← Efficiency and Cost Reduction	Measure Type ← Process
High Priority Measure ← Yes	Data Submission Method ← <ul style="list-style-type: none">• Claims• Registry	Specialty Measure Set ← <ul style="list-style-type: none">• Emergency Medicine• Otolaryngology• General Practice/Family Medicine• Pediatrics
Primary Measure Steward ← American Academy of Otolaryngology-Head and Neck		

MIPS Quality

Defining Quality Measures

- Definition and Setup screens

Reporting

File Edit View Definition Operations Reports Window Help

Back New Patient Search

Activities

- Messages
- Authorizations
- Review
- Tasks
- Encounters
- Orders
- Routing
- Refill Requests
- Results In Suspense
- Review Transcriptions

- Appointments
- Billing**
- Collector
- Office
- Order Facilities
- Prescriptions
- Radiology
- Mammography
- Injections
- Workflow
- Parameters
- Security

You have 0 pres

Prescription Auth
You have 0 penc

Appointments
You have 0 rema

Active Encounter
You have 0 activ

Documents
You have 0 docu

Today's Notes
No notes for tod

Orders Awaiting
You have 0 orde

Pharmacy Refills
You have 0 phar

Results in Susper
You have 0 susp

Batch Total
You have 2 batc

Transcription
You have 0 tran

- CPT Codes...
- Diagnosis Codes
- Providers...
- Departments...
- Divisions...
- CPT Code Modifiers...
- Signature Addendums...
- Permanent/Temporary Alerts...
- Problem Conditions...
- Denials...
- DME Codes...
- Transaction Codes...
- Fee Override Tables...
- Insurance Allowables...
- ATB Action Codes...
- ATB Status Types...
- Insurance Carriers...
- Insurance Billing Groups...
- Adjustment Reason Codes
- Financial Classes...
- HCFA Claim Groups...
- Printer Groups...
- Continuous Superbill...
- Electronic Superbill...
- MIPS Measures...**
- Medcin Quick Code Groups...
- Provider Location Schedule...



MIPS Quality Measure Table

This table contains all of the MIPS Measures.

Display active measures only

Active	Number	Description	Gender	From Age	To Age
<input checked="" type="checkbox"/>	195	Radiology: Stenosis Measurement in Carotid Imaging R...	Both	0	120
<input checked="" type="checkbox"/>	76	Prevention of Catheter-Related Bloodstream Infections...	Both	0	120
<input checked="" type="checkbox"/>	147	Nuclear Medicine: Correlation with Existing Imaging Stu...	Both	0	120
<input checked="" type="checkbox"/>	145	Radiology: Exposure Time Reported for Procedures Usi...	Both	0	120
<input checked="" type="checkbox"/>	436	Radiation Consideration for Adult CT: Utilization of Dos...	Both	18	120
<input checked="" type="checkbox"/>	1462017	Radiology: Inappropriate Use of "Probably Benign" Asse...	Both	1	120
<input checked="" type="checkbox"/>	2252017	Radiology: Reminder System for Mammograms	Both	40	120
<input checked="" type="checkbox"/>	4362017	Radiation Consideration for Adult CT: Utilization of Dos...	Both	18	120
<input checked="" type="checkbox"/>	1452017	Radiology: Exposure Time Reported for Procedures Usi...	Both	0	120
<input checked="" type="checkbox"/>	1952017	Radiology: Stenosis Measurement in Carotid Imaging R...	Both	0	120

Denominator Details...

Diagnosis Details...

QDC Codes...

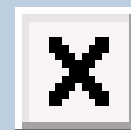
Insert

Change

Delete

Exit

12 MIPS Measures located



MIPS Measure Definition

Define the MIPS Measure.

MIPS Measure Information

Measure Number:

1952017

Active

Measure Description:

Radiology: Stenosis Measurement in Carotid Imaging Reports

From Age:

0

To Age:

120

Gender:

Both

From Service Date:

01/01/2017

To Service Date:

Do not require MIPS ICD Detail to validate rule

Insurances...

Provider Exclusions...

OK

Cancel

MIPS Denominator Detail Table

This table contains all of the MIPS Denominator Details for measure number: 1462017

Denominator Detail Id	From CPT Code	To CPT Code
2773	77067	
3411	G0202	

Insert

Change

Delete

Exit

2 PQRS Denominator Details located

MIPS ICD Detail Table

This table contains all of the MIPS ICD Details for measure number: 1462017

MIPS ICD Detail Id	From Diagnosis	To Diagnosis
75	Z12.31	Z12.31

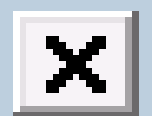
Insert

Change

Delete

Exit

1 PQRS ICD Detail located



MIPS QDC Code Table

This table contains all of the MIPS QDC Codes for measure number: 1462017

MIPS QDC Code Id	MIPS Transaction Code	Medcin Id
37	3341F	0
38	3340F	0
39	3341F	0
40	3342F	0
41	3344F	0
42	3345F	0
43	3350F	0

7 PQR5 QDC Codes located

Batch Balance Verification

Defined Batch Transaction Totals

Batch Identifier: 26 - TEST

[View Batch](#)

Show errors only

User Name:

VertexDr MIPS Patient Worklist

Transaction Group

Total Charges

Patient Payment

Patient Adjustments

Insurance Payments

Insurance Adjustments

Refunds

Reversals - Charges

Reversals - Payments

MIPS Patient Worklist

This table contains all of the patients with MIPS transactions.

Account	Patient	Insurance	Gender	Age	
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

MIPS Report

Select

Exit

No items located

www.codecorrect.com

Total Adjustments:

0.00



MIPS Work List...

Posting...

Rules Engine...

Print Edits...

View Chart

Reports

Exit

8 items located

Activities



Messages



Authorizations



Review



Origin Meridia

227 open items

My Desktop

Patient Related

You have 0 new

Messages

You have 0 new

Overdue Tasks

You have 0 over

Tasks

- System
- Auditing
- MIPS
- NCQA
- Patient
- Financial
- Practice Reporter...
- DDAP
- Quality Reporting**
- Client Center

MIPS

Report Parameters

From Date: To Date:

Select Provider Codes

Locate by Provider

Code	Description

Display active measures only

Active	Number	Description	Gender	From Age	To Age
<input checked="" type="checkbox"/>	195	Radiology: Stenosis Measurement in Carotid Imaging Re...	Both	0	120
<input checked="" type="checkbox"/>	1952017	Radiology: Stenosis Measurement in Carotid Imaging Re...	Both	0	120
<input checked="" type="checkbox"/>	225	Radiology: Reminder System for Mammograms	Both	40	120
<input checked="" type="checkbox"/>	2252017	Radiology: Reminder System for Mammograms	Both	40	120
<input checked="" type="checkbox"/>	146	Radiology: Inappropriate Use of "Probably Benign" Asse...	Both	1	120
<input checked="" type="checkbox"/>	1462017	Radiology: Inappropriate Use of "Probably Benign" Asse...	Both	1	120
<input checked="" type="checkbox"/>	145	Radiology: Exposure Time Reported for Procedures Usin...	Both	0	120
<input checked="" type="checkbox"/>	1452017	Radiology: Exposure Time Reported for Procedures Usin...	Both	0	120
<input checked="" type="checkbox"/>	436	Radiation Consideration for Adult CT: Utilization of Dose...	Both	18	120
<input checked="" type="checkbox"/>	4362017	Radiation Consideration for Adult CT: Utilization of Dose...	Both	18	120

A Closer Look

Advancing Care Information (ACI)

- Individual or Groups can participate in this category
- Clinician types who were excluded under the EHR program, will continue to be excluded in this category.

Advancing Care Information

Advancing Care Information scoring

- Base Score – 50% (must report on all base measures failing to report any of the base measures results in a total ACI score of 0)
- Performance Score – 50%
- Bonus points can be earned

Measures for Base Score

Base score for VertexDr consists of:

- 1) Provide Patient Access
- 2) e-Prescribing
- 3) Health Information exchange
- 4) Security risk analysis

Measures for Performance

Performance and Bonus point measures

- Patient – specific education
- View, download, or transmit
- Secure Messaging
- Medication reconciliation
- Immunization registry reporting
- Syndromic surveillance reporting
- Specialized registry reporting
- Reporting certain Improvement Activities using EHR

Select Measures

Advancing Care Information Objectives and Measures

2017 Advancing Care Information Transition Objectives and Measures

Showing 11 Measures

Add All Measures

> Security Risk Analysis

ADD

> e-Prescribing

ADD

> Provide Patient Access

ADD

> Health Information Exchange

ADD

> View, Download, or Transmit (VDT)

ADD

> Patient-Specific Education

ADD

Selected Measures

0 Measures Added

Once you select measures, they will appear here.

Measure Name	Measure Description	Measure ID	Objective Name	Req. for Base Score	Perform. Score Rate
E-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.	ACI_TRANS_E_P_1	Electronic Prescribing	Yes	0
Health Information Exchange	The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.	ACI_TRANS_HI_E_1	Health Information Exchange	Yes	Up to 20%
Immunization Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.	ACI_TRANS_P_HCDRR_1	Public Health Reporting	No	0 or 10%
Provide Patient Access	At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.	ACI_TRANS_P_EA_1		Yes	Up to 20%



Select Measures

Advancing Care Information Objectives and Measures

2017 Advancing Care Infor

Showing 11 Measures

Add All Measures

Security Risk Analysis

REMOVE

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

Measure ID ACI_TRANS_PPHI_1	Objective Name Protect Patient Health Information	Required for Base Score Yes
Performance Score Weight 0		

> e-Prescribing

REMOVE

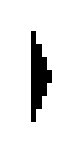
ACI Objectives and Measures

VertexDr is EHR Certified for the following measures:

- Immunization Registry Reporting
- Medication Reconciliation
- Patient-Specific Education
- Secure Messaging
- Syndromic Surveillance Reporting
- View, Download, or Transmit (VDT)

<https://qpp.cms.gov/measures/aci>

System



Search



Auditing



MIPS/MU



Stage I



NCQA

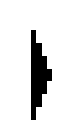


MIPS/MU II



Clinical Quality Measures by Provider (Stage II)...

Patient



Insurance Percentage Group Report...

MIPS/MU Measures(Stage II)

Financial



Encounter and Patient Counts Report...

Practice Reporter...



Meaningful Use Measure Advanced Care Information Report

Use this form to set the parameters for the Meaningful Use Measure Advanced Care Information Report.

Report Info

Provider:

Period Start:

Period End:

Details:

- Show IDs
- Show Non-Numerated MRNs

New Objectives

- Objective 1: Protect Patient Health Information Yes No
- Objective 2-1: Clinical Decision Support Yes No
- Objective 2-2: Drug - Drug/Allergy Interaction Yes No
- Objective 10-1: Immunization Registry Reporting Yes No
- Objective 10-2: Syndromic Surveillance Reporting Yes No
- Objective 10-3: Specialized Registry Reporting Yes No

OK

Cancel

Security Risk Analysis

The screenshot shows the HealthIT.gov website. At the top, there is a navigation bar with links for Blog, Federal Advisory Committees (FACAs), Contact, and Get Email Updates, along with social media icons. The HealthIT.gov logo is on the left, and the National Learning Consortium logo is on the right. Below the navigation bar, there are tabs for Providers & Professionals, Patients & Families, and Policy Researchers & Implementers. Under the Providers & Professionals tab, there are sub-tabs for Benefits of EHRs, How to Implement EHRs, Privacy & Security (which is selected), EHR Incentives & Certification, Success Stories & Case Studies, and Resource Center. The main content area has a yellow header with the title "Security Risk Assessment" and a breadcrumb trail: HealthIT.gov > For Providers & Professionals > Privacy & Security > Security Risk Assessment > Security Risk Assessment Tool. There are also Print and Share icons. The main content is titled "Security Risk Assessment Tool" and includes a sub-heading "What is the Security Risk Assessment Tool (SRA Tool)?". The text explains that the Office of the National Coordinator for Health Information Technology (ONC) recognizes that conducting a risk assessment can be a challenging task. To the right of the text is an image of three healthcare professionals (two men and one woman) looking at a tablet. Further right is a video player titled "SRA Tutorial Video" with a thumbnail for "SRA Tool Tutorial".

<https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>

A Closer Look

Improvement Activities (IA)

- 1) Population Management
- 2) Expanded Practice Access
- 3) Behavioral and Mental Health
- 4) Beneficiary Engagement
- 5) Achieving Health Equity
- 6) Care Coordination
- 7) Emergency Response and Preparedness
- 8) Patient Safety and Practice Assessment

Select Improvement Activities

Search All by keyword

Filtered Search for...

Filter by:

Subcategory Name Activity Weighting

Showing **92** Activities

Add All Activities

- > Additional improvements in access as a result of QIN/QIO TA
- > Administration of the AHRQ Survey of Patient Safety Culture
- > Annual registration in the Prescription Drug Monitoring Program
- > Anticoagulant management improvements

Selected Activities

0 Activities Added

Once you select activities, they will appear here.

A Closer Look

Resource Use

Similar to the Value-Based Modifier Program

No reporting requirements from the clinician

- CMS will calculate your score based on claim submission

This category will not be used to calculate your score in 2017 but CMS has stated they will start using it in 2018

Performance Weights

2017

Quality = 60%

Advancing Care Information = 25%

Clinical Practice Improvement = 15%

Resource Use/Cost category will be added in 2018

Composite Performance Score

2017

Quality – 60 points max possible

ACI – 100 points max possible

Improvement Activities – 40 points max possible

Options for Participation for 2017

First reporting period for MIPS will be 2017

- CMS has proposed options for participation allowing clinicians to pick their pace for the first reporting period of MIPS
- Choosing and reporting one of these options will ensure clinicians do not receive a negative payment adjustment in 2019

MIPS Payment Adjustment

Will you receive a positive, neutral or negative fee schedule adjustment in 2019?

- If a clinician's CPS falls below the threshold = negative payment adjustment. -
- If the CPS is at or above the threshold = neutral or positive payment adjustment

Options

Option 1 - Testing option

(Avoid a 4% negative payment adjustment in 2019)

- Submit limited amount of data to the Quality Payment Program for 90 consecutive days and avoid payment adjustment. This first option is designed to ensure that systems are working and that eligible clinicians are prepared for broader participation in 2018 and 2019 as more is learned

Options

Option 2 - Partial reporting option

(Avoid the 4% negative payment adjustment and potentially earn a small incentive)

Report on 90 consecutive days:

- 2 or more Measures: ≥ 2 Quality **OR** > 2 Improvement Activities **OR** the 4 base measures for ACI plus ≥ 1 performance measure.

OR

- A combination of the 3 categories

For example:

- Report ≥ 1 quality measure(s) with ≥ 1 Improvement Activity
- Report ≥ 1 quality measure(s) with the 4 ACI Base measures

Options

Option 3 – Full reporting option

(Avoid the 4% negative payment adjustment; this option if reported successfully will yield the highest incentive

- For practices that are ready to go on January 1, 2017, may choose to submit Quality Payment Program information for a full calendar year. This means the first performance period would begin on January 1, 2017. Report all 6 quality measures, the 4 base measures for ACI and improvement activities..

Educational Resources

Welcome to the Quality Payment Program Educational resource library where you'll find links to official information to help you prepare for success in the Quality Payment Program.

Read the Official Rule

Learn more about the Quality Payment Program through the final rule with comment period.

Read the Final Rule at the Federal Register
UPDATED OCTOBER 14TH, 2016



Read the Executive Summary of the Rule
UPDATED OCTOBER 14TH, 2016



MACRA Legislation

Read the official Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Read the Legislation



Documents & Downloads

Jump to Document Type ▾

FOR REGISTRIES, QUALIFIED CLINICAL DATA REGISTRIES (QCDRS) & EHR VENDORS		
Quality Measure Specifications (249.3MB)	ZIP	December 29th, 2017
Quality Measure Specifications Supporting Documents (8.3MB)	ZIP	February 13th, 2017
2017 Quality Benchmarks (193KB)	ZIP	December 29th, 2017
Quality Measure Encounter Codes (131KB)	ZIP	December 29th, 2017
Advancing Care Information Measure Specifications (3.9MB)	ZIP	March 13th, 2017
Advancing Care Information Measure Specifications Fact Sheet (148KB)	PDF	December 29th, 2017



<https://qpp.cms.gov>

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Presentation Available Post Forum



VertexDr

VERTEXDR TRAINING PORTAL



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THANK YOU!

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