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## MIPS

# APPLICATION MANUAL

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## What is MIPS?

MIPS, or the Merit Based Performance System, refers to the Centers for Medicare and Medicaid Services (CMS) program that allows physician practices to earn a payment adjustment through capture and reporting of evidence-based and practice-specific quality data.

There are four MIPS categories:

Quality – Replaces PQRS

Advancing Care Information – Replaces Meaningful Use

Improvement Activities – New Category in which clinicians are rewarded for care focused on coordination of care, beneficiary engagement, and patient safety.

Cost – Replaces the Value-Based Modifier. The cost category will calculate in 2017, but will not be factored into payment adjustments until reporting period 2018.

## Review and Select Measures

**Quality:** Utilize the CMS website to review the [Quality Measures](#) available and program guidelines to select measures. Six quality measures including one outcome measure should be chosen. It is recommended to download a copy of the selected Quality measures to a CSV file for your records and reference.

**Advancing Care Information:** Refer to the CMS website to review the [Advancing Care Information](#) options and associated measures. There are two Advancing Care Information options based on the EHR certification level. If the practice uses the VertexDr EHR, follow measures and guidelines for “2017 Advancing Care Information Transition Objectives and Measures”.

For Option 1, Advancing Care Information Measures and Objectives, there are five required base measures. Additional optional measures can be chosen.

For Option 2, 2017 Advancing Care Information Transition Objectives and Measures, there are four required base measures. Additional optional measures can be chosen.

It is recommended to download a copy of the selected Advancing Care Information measures to a CSV file for your records and reference.

**Improvement Activities:** Refer to CMS site to review [Improvement Activities](#) options and make selections appropriate based on type of practice and specialty. It is recommended to download a copy of the selected Improvement Activities to a CSV file for your records and reference.

## Determine Reporting Method

CMS offers three reporting options for MIPS: Reporting via claims, EHR, or registry. Review the measure specific documentation closely, as reporting options vary by measure, to ensure the reporting option you select is available for the measures selected. Meridian offers capture of Quality Measures for claims, VertexDr EHR, and registry reporting. For registry reporting, note that a third party vendor must be

utilized by the practice for reporting. If the registry option has been selected, please contact Meridian Support for information on extracts and associated fees for this method. Extracts and fees may vary depending on registry option selected by practice. Refer to CMS for guidelines on reporting periods.

## Quality Measures

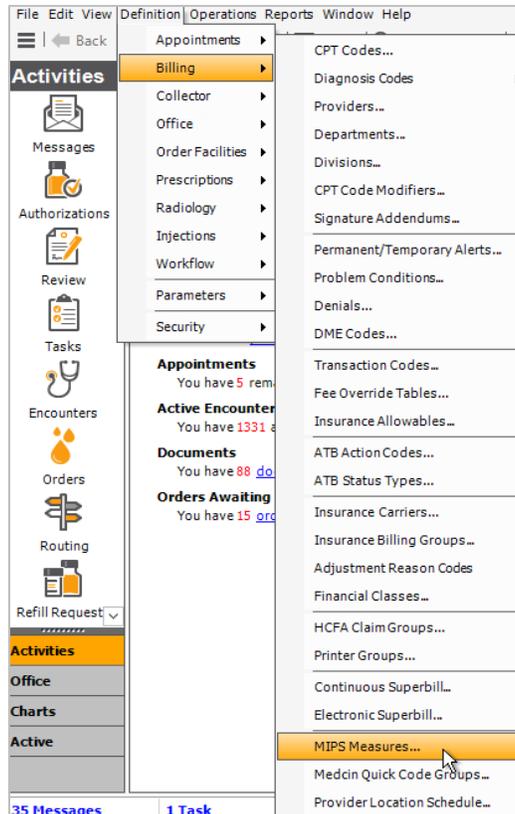
If reporting via claims through the VertexDr system, EHR through the VertexDr system, or via registry (third party system required), Quality Measures must first be set up within the VertexDr system. Note: If using the VertexDr EHR and Medcin forms, the measures must also be added in Medcin. Contact Meridian Support or enter an Mtrak ticket to request that additional measures be added in Medcin. The selected measures and associated codes must be provided at the time of request.

Before beginning set up of Quality measures in VertexDr, measures should first be determined and details obtained from the CMS website. Have the measure information readily available to use for set up.

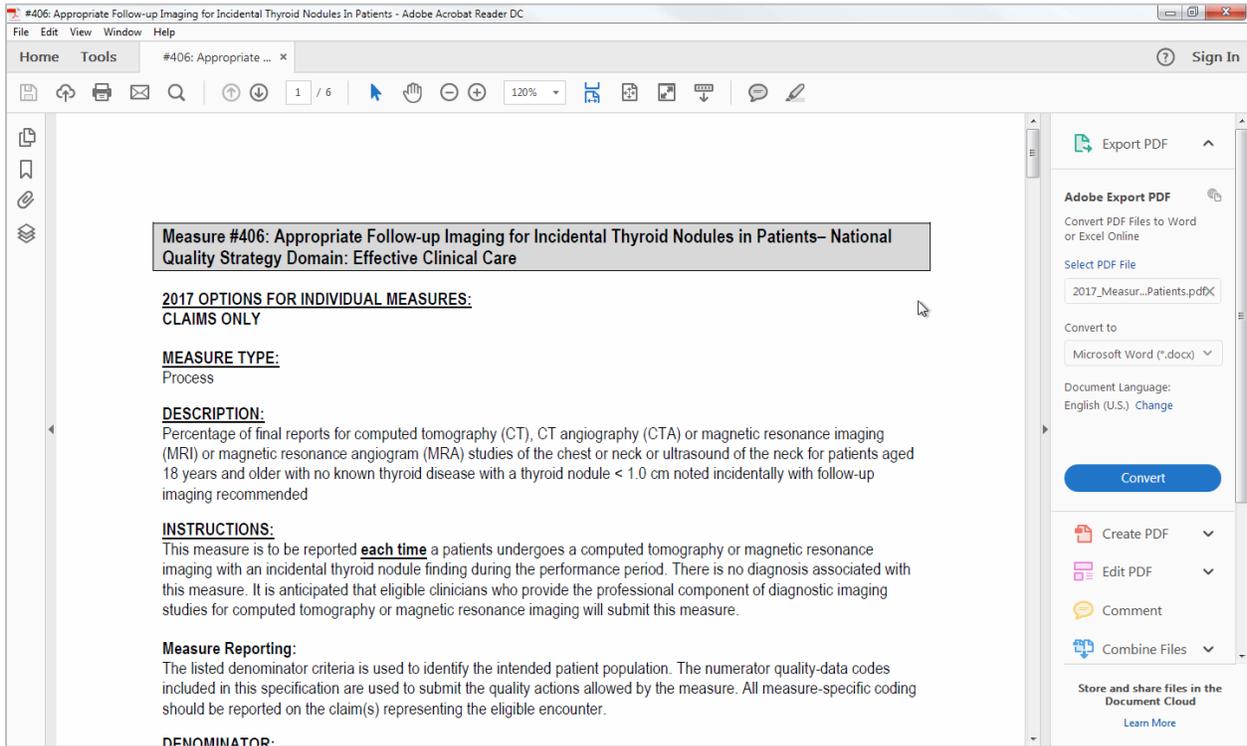
## Defining Quality Measures

Measures can carry over from year to year with possible changes and review of measures entered is recommended on an annual basis. For new measures or measures not yet entered, conduct the following steps.

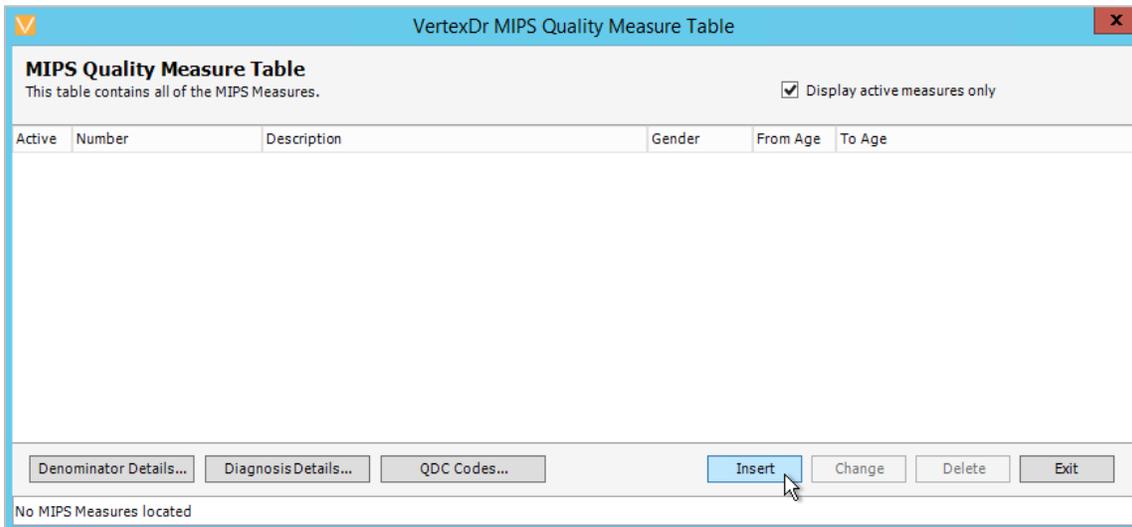
1. In VertexDr, select Definition/Billing/PQRS Measure. Once table is open review to see if the measures are already entered.



2. Open the Measure documentation retrieved from the CMS website. Example:



3. In VertexDr, click the Insert button in the table:



## 4. Populate the fields below as indicated.

- a. Measure Number: Fill in the measure number as indicated on the measure document, entering only the number portion.

Measure #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients– National Quality Strategy Domain: Effective Clinical Care

- b. Measure Description:

Measure #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients– National Quality Strategy Domain: Effective Clinical Care

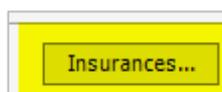
- c. From and To Age: This information should be in the “Description” of the measure: \*\*\* If the “From Age” is filled in the system will require a “To Age”. If not in the document use 120.

**DESCRIPTION:**

Percentage of final reports for computed tomography (CT), CT angiography (CTA) or magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended

- d. Gender: If not specified in the measure, leave as “Both”.
- e. From Service Date: If this is a new measure you are adding use the first day of the current year. Example: 1/1/2017
- f. “Do not require PQRS ICD Detail to validate rule”: If there are NO Diagnosis associated with the measure, this box must be checked.

## 5. Once all the information is added click on the “Insurances” button.



- This will pop open an alert box to make sure you want to save the measure, click "Yes".
- The **Measure Insurance Definition Table** will open and is where the insurance carrier will be linked. Reporting is only to Medicare therefore, link to the local Medicare carrier.

Specify the PQRS measure insurance.

**Insurance**

Insurance:

- Click "Ok" to save and exit to the measure table.

### Defining Denominators

- Highlight the measure added and click on the "Denominator Details" button. The Denominator Detail Table will populate. Click the "Insert" button.

**MIPS Quality Measure Table**  
This table contains all of the MIPS Measures.

Active	Number	Description
<input checked="" type="checkbox"/>	91	Acute Otitis
<input checked="" type="checkbox"/>	226	Preventativ
<input checked="" type="checkbox"/>	93	Acute Otitis
<input checked="" type="checkbox"/>	462017	Medication
<input checked="" type="checkbox"/>	472017	Care Plan
<input checked="" type="checkbox"/>	912017	Acute Otitis
<input checked="" type="checkbox"/>	932017	Acute Otitis
<input checked="" type="checkbox"/>	1302017	Documenta
<input checked="" type="checkbox"/>	2262017	Preventativ
<input checked="" type="checkbox"/>	331	Adult Sinus
<input checked="" type="checkbox"/>	334	Adult Sinus

16 MIPS Measures located

**VertexDr MIPS Denominator Detail Table**  
This table contains all of the MIPS Denominator Details for measure number: 91

Denominator Detail Id	From CPT Code	To CPT Code
5	99201	99205
6	99212	99215
7	99281	99285
183	99304	99310
184	99324	99328
185	99334	99336
186	99341	99350

7 PQRS Denominator Details located

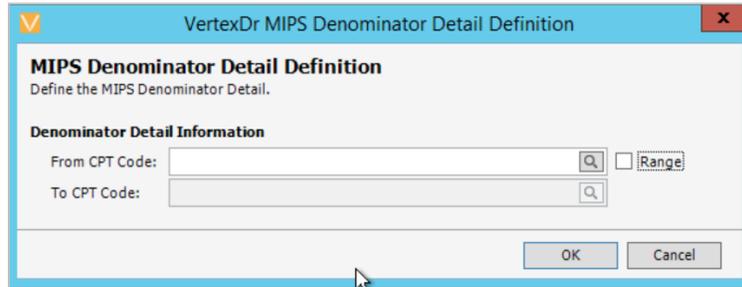
- Using the CMS measure report, locate the Denominator information.

**DENOMINATOR:**  
All final reports for CT, CTA, MRI or MRA studies of the chest or neck or ultrasound of the neck for patients aged 18 and older with a thyroid nodule < 1.0 cm noted

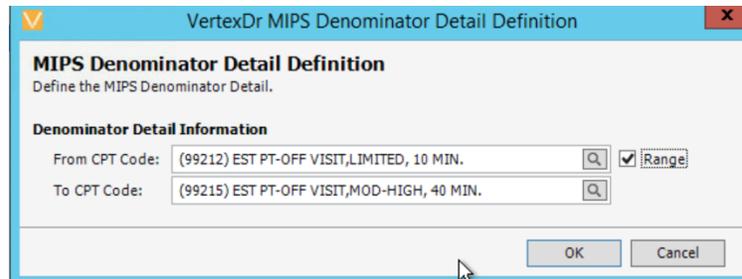
**Denominator Criteria (Eligible Cases):**  
Patients aged ≥ 18 years on date of encounter

**AND**  
Patient encounter during the performance period (CPT): 70490, 70491, 70492, 70498, 70540, 70542, 70543, 71250, 71260, 71270, 71275, 71555, 72125, 72126, 72127, 71550, 71551, 71552, 93886, 93888

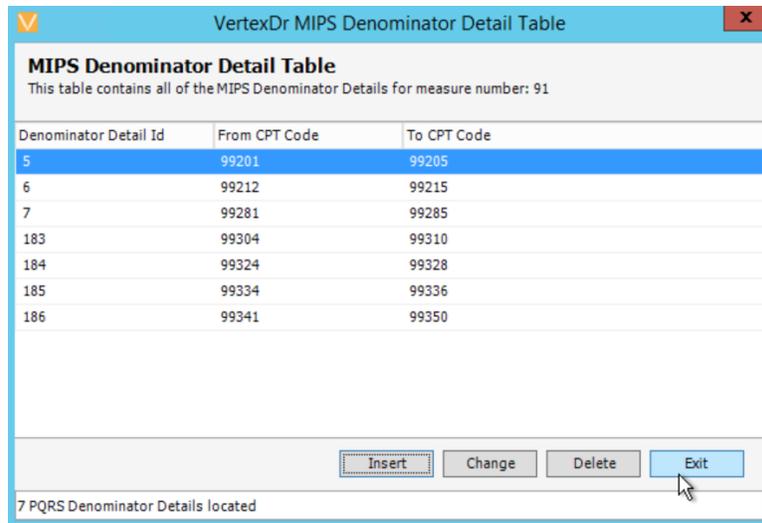
- In VertexDr enter the CPT code in the "From CPT Code" field. A CPT code search can be conducted by selecting the microscope.



- If there is a sequential CPT range (example 99212, 99213, 99214 and 99215), enter the first code in the "From CPT code", click the "Range" box and enter the last code of the range in the "To CPT code" field. Click "OK" button when complete.



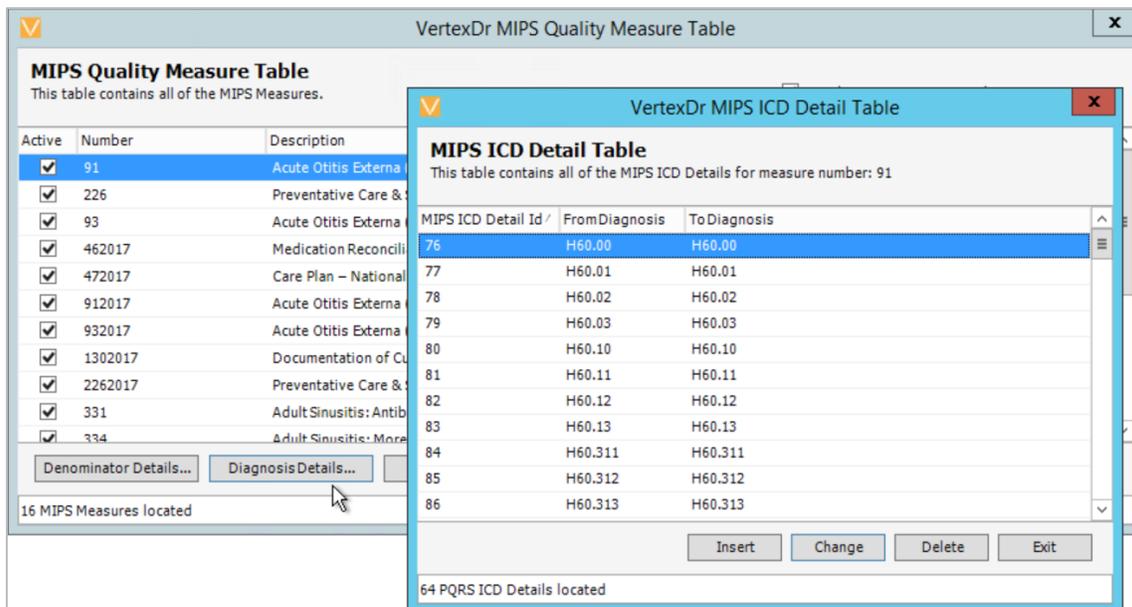
- Repeat sequence until all CPTs have been added, exit the table.



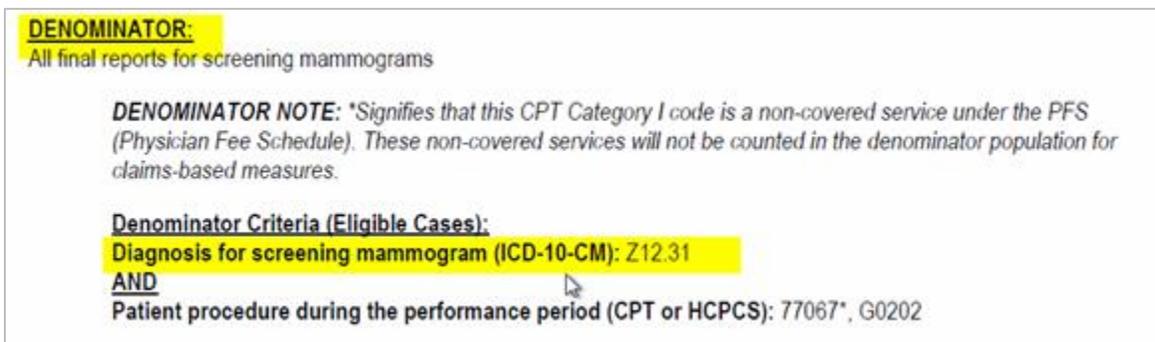
## Diagnosis Details

This section reviews how to add corresponding "Diagnosis Details" or ICD-10 codes.

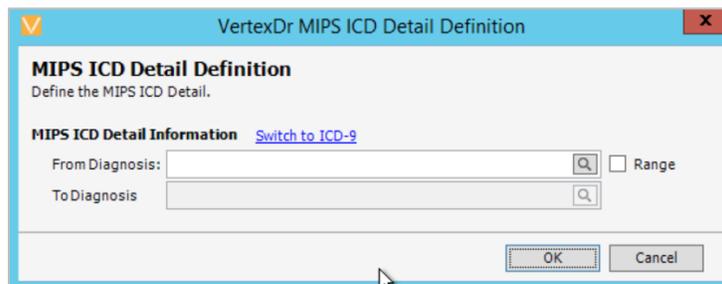
1. From the **Measure Table**, select the measure and click on “Diagnosis Details” button, then click on “Insert” button to populate the PQRS ICD Detail Table.



2. Refer back to the Measure documentation and review for ICD-10 codes located under the “Denominator” header.  
 \*\*\*It is possible to not have any ICD-10 codes in some of the measures.



3. Once the ICD-10 codes have been located, enter the ICD-10 code in the “From Diagnosis” field. Click on the microscope to search for a code.



- A range can be entered for a consecutive group of codes.

The screenshot shows a dialog box titled "VertexDr MIPS ICD Detail Definition". It contains the following elements:

- MIPS ICD Detail Definition**: Define the MIPS ICD Detail.
- MIPS ICD Detail Information**: Includes a link "Switch to ICD-9".
- From Diagnosis**: A text input field containing "(H40.1111) PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EY..." with a search icon.
- To Diagnosis**: A text input field containing "(H40.1113) PRIMARY OPEN-ANGLE GLAUCOMA, RIGHT EY..." with a search icon.
- Range**: A checked checkbox.
- Buttons**: "OK" and "Cancel" buttons.

- Once all corresponding ICD-10's have been entered, exit the table.

The screenshot shows a dialog box titled "VertexDr MIPS ICD Detail Table". It contains the following elements:

- MIPS ICD Detail Table**: This table contains all of the MIPS ICD Details for measure number: 91.
- Table**: A table with three columns: "MIPS ICD Detail Id /", "FromDiagnosis", and "ToDiagnosis".
- Buttons**: "Insert", "Change", "Delete", and "Exit" buttons.
- Status**: "64 PQRS ICD Details located" at the bottom.

MIPS ICD Detail Id /	FromDiagnosis	ToDiagnosis
76	H60.00	H60.00
77	H60.01	H60.01
78	H60.02	H60.02
79	H60.03	H60.03
80	H60.10	H60.10
81	H60.11	H60.11
82	H60.12	H60.12
83	H60.13	H60.13
84	H60.311	H60.311
85	H60.312	H60.312
86	H60.313	H60.313

## Adding QDC Codes

This section provides instruction on entering the corresponding “QDC” codes.

1. From the **Measure Table**, highlight the measure and click on the “QDC Codes” button, then select the “Insert” button to populate the QDC Code Definition table.

The screenshot shows two overlapping windows from the VertexDr MIPS application. The background window is titled "VertexDr MIPS Quality Measure Table" and contains a table of 16 MIPS measures. The foreground window is titled "VertexDr MIPS QDC Code Table" and shows the QDC codes for measure number 91.

**VertexDr MIPS Quality Measure Table**  
This table contains all of the MIPS Measures.

Active	Number	Description
<input checked="" type="checkbox"/>	91	Acute Otitis Externa (AOE): Topical Therapy
<input checked="" type="checkbox"/>	226	Preventative Care & Screening: Tobacco Use
<input checked="" type="checkbox"/>	93	Acute Otitis Externa (AOE): Systemic Antim
<input checked="" type="checkbox"/>	462017	Medication Reconciliation Post-Discharge –
<input checked="" type="checkbox"/>	472017	Care Plan – National Quality Strategy Dom
<input checked="" type="checkbox"/>	912017	Acute Otitis Externa (AOE): Topical Therapy
<input checked="" type="checkbox"/>	932017	Acute Otitis Externa (AOE): Systemic Antim
<input checked="" type="checkbox"/>	1302017	Documentation of Current Medications in th
<input checked="" type="checkbox"/>	2262017	Preventative Care & Screening: Tobacco Us
<input checked="" type="checkbox"/>	331	Adult Sinusitis: Antibiotic Prescribed for Acu
<input checked="" type="checkbox"/>	334	Adult Sinusitis: More than one Computerize

Buttons: Denominator Details..., Diagnosis Details..., QDC Codes...  
16 MIPS Measures located

**VertexDr MIPS QDC Code Table**  
This table contains all of the MIPS QDC Codes for measure number: 91

MIPS QDC Code Id	MIPS Transaction Code	Medcin Id
6	4130F	0

Buttons: Insert, Change, Delete, Exit  
1 PQRS QDC Code located

2. Referring back to the Measure documentation, review for QDC codes which will be located under the “Numerator” Header.

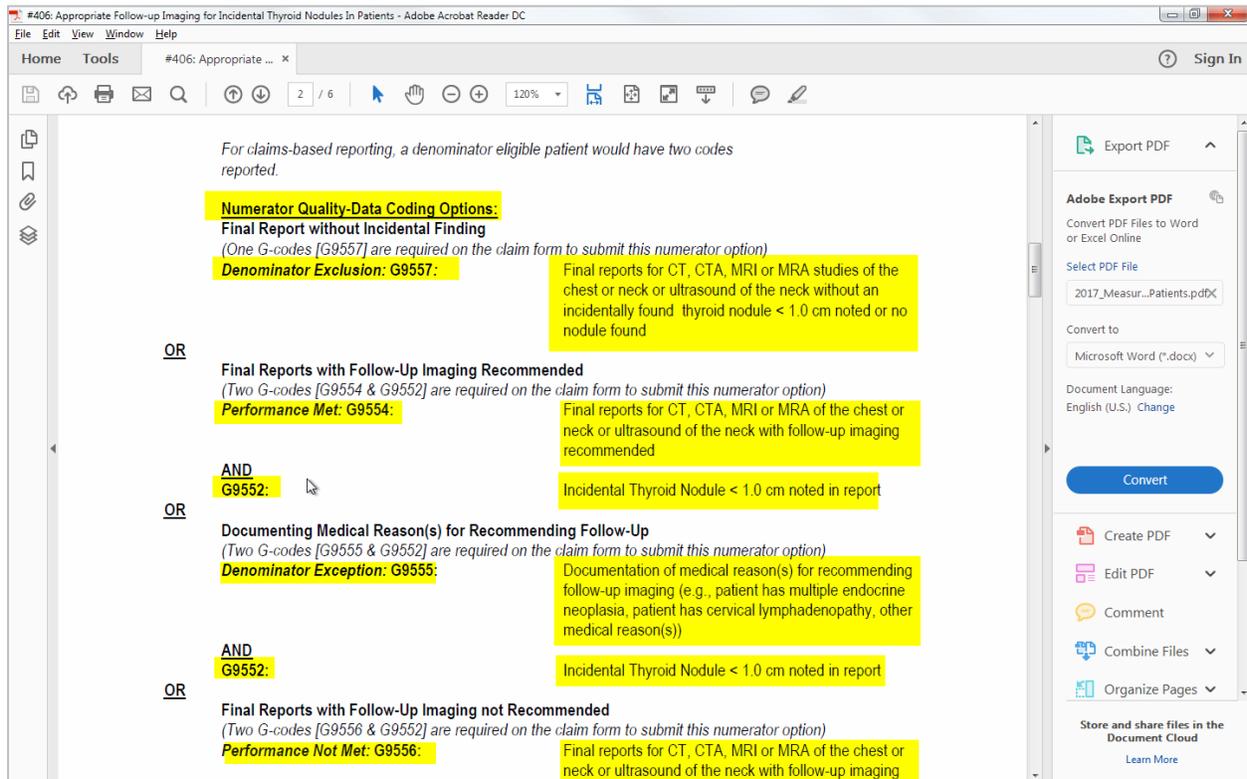
**NUMERATOR:**

Final reports for CT, MRA or MRI of the chest or neck or ultrasound of the neck with follow-up imaging recommended for reports with a thyroid nodule < 1.0 cm noted

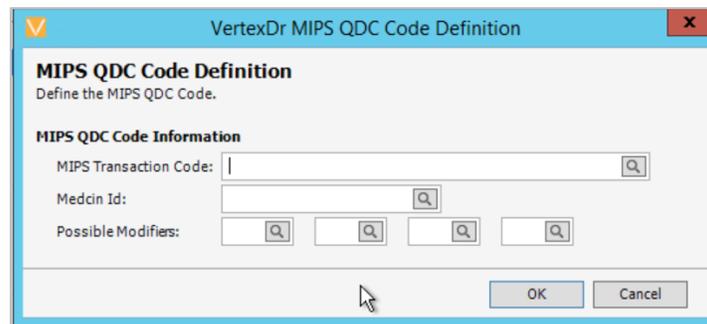
**Numerator Instructions:**

**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the Denominator eligible patients did not receive the appropriate care or were not in proper control.

**NUMERATOR NOTE:** *The intent of this measure is to ensure patients with incidental findings that are highly likely to be benign do not receive follow up imaging routinely. Patients that do not have incidental findings within the imaging study final reports would report G9557. Denominator eligible patients would be those for whom an incidental thyroid nodule of < 1.0 is noted in the final report.*



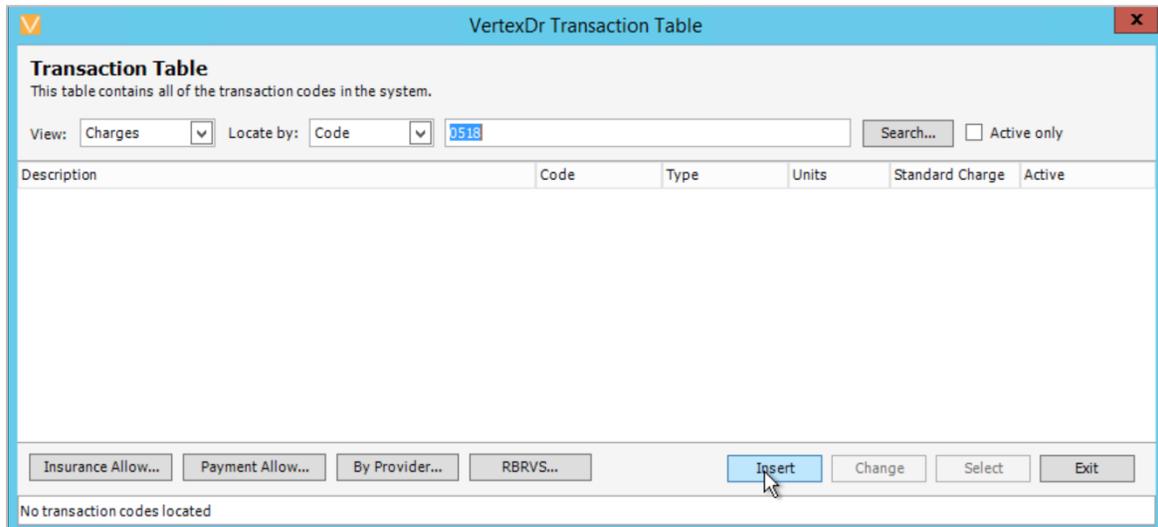
3. Add the corresponding QDC Codes and any possible modifiers (these will be with the QDC information on the document). Do not enter the "Medcin ID" portion of the set-up.



The screenshot shows a dialog box titled "VertexDr MIPS QDC Code Definition". It contains the following fields and controls:

- MIPS QDC Code Information**
- MIPS Transaction Code: [Text Input]
- Medcin Id: [Text Input]
- Possible Modifiers: [Four small input boxes with search icons]
- Buttons: OK, Cancel

4. If the QDC code is not yet set up in the Transaction table, the transaction table will populate. Click "Insert".



The screenshot shows a dialog box titled "VertexDr Transaction Table". It contains the following elements:

- Transaction Table**
- This table contains all of the transaction codes in the system.
- View: Charges [Dropdown]
- Locate by: Code [Dropdown]
- Search: [Text Input]
- Active only: [Checkbox]
- Table with columns: Description, Code, Type, Units, Standard Charge, Active
- Buttons: Insurance Allow..., Payment Allow..., By Provider..., RBRVS..., **Insert**, Change, Select, Exit
- Status: No transaction codes located

- Enter the CPT Code and copy the description from the Measurement documentation. The Number of units should always be "1". Select the PQRI or PQRI department, which can be searched by description using the Magnified glass to the right. The amount should always be "0.01" and the Type of Service should be "1".

**VertexDr Transaction Definition**

General Grouping Management Posting Global RBRVS

**Transaction Definition**  
Define a transaction code for use in the system.

**Transaction Information**

Code: G9557  Active

Description: Final reports for CT, CTA, MRI or M...

Type: CHARGE

Units: 1  Only allow for billing of 1 unit

Department: PQRI (020)

CPT Code: (G9557) FINAL REPORTS FOR CT OR MRI S...

ICPT Code:

CPT Modifiers:

Amount: 0.01 Type of Service: 1

GL Number:

NDC Code:

UB-92 Revenue:

Dental Flag:

Collection Bypass:

Payment Type: Other

Card Type: Unknown

Auditory Flag:  This is an auditory transaction

OK Cancel

- Select the "Global" tab and check on the "Transaction should be excluded from the global rules" box.

**VertexDr Transaction Definition**

General Grouping Management Posting Global RBRVS

**Transaction Definition**  
Define a transaction code for use in the system.

**Global Billing**

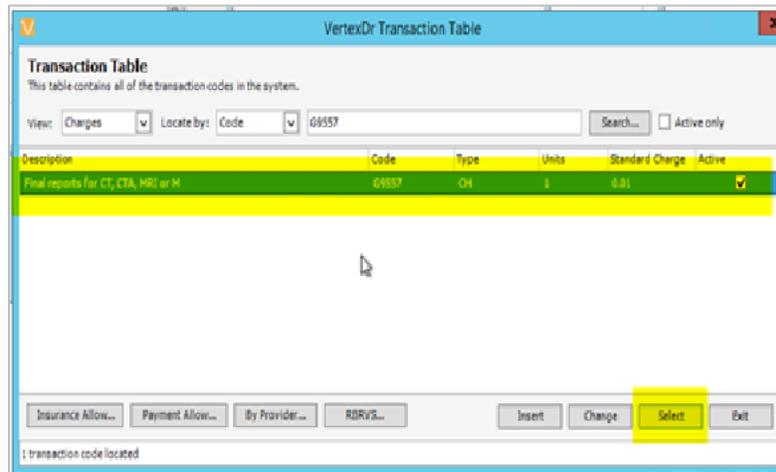
Days:

Flags:  Transaction is global

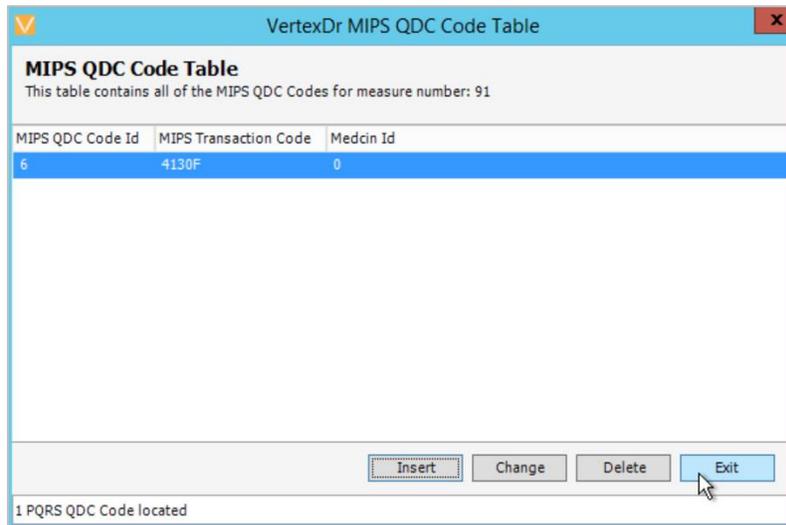
Transaction should be excluded from global rules

- Click "OK".

8. This will bring you back to the main screen where you can now select that QDC code and insert it into the QDC definition table.



9. Click "OK". Repeat until all the QDC codes have been entered.



## Advancing Care Information Measures

If using the VertexDr EHR, follow Option 2 for the 2017 Advancing Care Information Transition Objectives and Measures. There are four required base measures:

**e-Prescribing** – Satisfied through use of VertexDr e-Prescribing. Please refer to the VertexDr EHR Manual for instructions on using e-Prescribe features.

**Requirement:** "At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology."\*

**Health Information Exchange** – Satisfied through use of Direct Messaging. Please contact Meridian Support to confirm that your practice has subscribed and is using Direct Messaging prior to your selected reporting period. Refer to the

VertexDr Direct Messaging Manual for instructions on using Direct Messaging features.

**Requirement:** "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."\*

**Provide Patient Access** – Satisfied through use of the Patient Portal. *Please contact Meridian Support to confirm that your practice has subscribed to and is using the Patient Portal prior to your selected reporting period. Refer to the VertexDr Patient Portal Manual for instructions on using Patient Portal features related to CCD Extract.*

**Requirement:** "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."\*

**Security Risk Analysis** – The Security Risk Analysis can be performed by an IT Company or third party vendor. Should assistance be required from your IT Company or selected vendor, please contact Meridian support.

**Requirement:** "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 a ePHI data created or maintained by certified technology in accordance with requirements in 45 CFR 164.312(1)(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."\*

Additional optional measures can be selected. Note that the VertexDr system is certified for these additional optional measures:

**Patient-Specific Education** – Requires the use of VertexDr EHR. Please refer to the VertexDr EMR Manual for instruction on Patient-Specific Education.

**Requirement:** "The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific education resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician."\*

**Medication Reconciliation** – Requires the use of VertexDr e-Prescribing.

**Requirement:** "The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician."\*

**Secure Messaging** – Requires the use of the Patient Portal as described above. *Please contact Meridian Support to confirm that your practice has subscribed to and is using the Patient Portal features required prior to your selected reporting period. Refer to the VertexDr Patient Portal Manual for instructions on using Patient Portal features related to Patient Messaging/ Ask a Staff.*

**Requirement:** "For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the performance period."\*

**View, Download, or Transmit (VDT) - Satisfied** through use of the Patient Portal. *Please contact Meridian Support to confirm that your practice has subscribed to and is using the Patient Portal prior to your selected reporting period. Refer to the [VertexDr Patient Portal Manual for instructions on using Patient Portal features related to CCD Extract.](#)*

**Requirement:** "At least one patient seen by the MIPS eligible clinician during the performance period (or patient authorized representative) views, downloads, or transmits their health information to a third party during the performance period."\*

## Improvement Activities

Improvement Activities is a new category in which clinicians are rewarded for care focused on coordination of care, beneficiary engagement, and patient safety.

Most participants will be required to attest to completing up to four improvement activities for a minimum of 90 days. There are 92 Improvement Activities options with varying weighted scores. Refer to CMS site regarding [Improvement Activities](#) for guidelines to determine requirements based on practice size and other factors. Special consideration should be given to weighted scores to ensure the practice selects activities to meet minimum score requirements.

The practice should ensure for each Improvement Activity selected, to create and establish policies and procedures to support attestation. Some Improvement Activities are not able to be tracked or reported via Claims or EHR and will need to be reported via attestation or registry.

## Cost

Cost Replaces the Value-Based Modifier. The cost category will calculate in 2017, but will not be factored into payment adjustments until reporting period 2018.

## MIPS Reporting

Note: Please contact Support regarding reporting options.

### Query Report

The Query report helps with reporting based on Medcin codes. This report can be used in registry reporting.

To access the Query Report click **Reports, MIPS/MU, MIPS/MU**, and then **MIPS/MU Measures (Stage II)**.

## Quality Reporting

To access Quality Reporting, click **Reports, Quality Reporting**, and then **MIPS**. This report is for claims-based reporting.

## Sources

\*Centers for Medicare and Medicaid Services (CMS)