**2018 MIPS Reporting Checklist**

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| **🞎 Confirm Eligibility** | |
| **Description** | **Comments/Action** |
| * Physicians (including doctors of medicine, doctors of osteopathy, osteopathic practitioners, doctors of dental surgery, doctors of dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors) * Physician assistants * Nurse practitioners * Clinical nurse specialists * Certified registered nurse anesthetists * Groups or virtual groups that include one or more of the clinician types above * Verify your clinicians participation status in the QPP Portal (you will need your EIDM Account credentials) * [MIPS Participation Status Lookup Tool](https://qpp.cms.gov/participation-lookup)   **Clinicians Exempt from MIPS**   * Clinicians who are not one of the clinician types above * Clinicians who enroll in Medicare for the first time in 2018 * Clinicians who participate in an Advanced APM and are either a Qualifying APM Participant (QP) or Partial QP * Clinicians who are not in a MIPS eligible specialty * Updated clinicians or groups that have billed $90,000 or less in Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare secondary Payer) * Updated clinicians or groups that have 200 or fewer Medicare Part B FFS beneficiaries   **Special Status**   * Small practice - A clinician associated with a practice that has 15 or fewer clinicians [National Provider Identifiers (NPIs)] billing under the practice’s Taxpayer Identification Number (TIN) during the small practice size determination period (September 1, 2016-August 31, 2017 with a 30-day claims run out) * Non-patient facing - A clinician with 100 or fewer Medicare Part B patient-facing encounters (including Medicare telehealth services) during the non-patient-facing determination period, during one of the segments of the 24-month non-patient-facing determination period (September 1, 2016-August 31, 2017 or September 1, 2017-August 31, 2018). * HPSA – A clinician associated with a practice that is in an area designated under section 332(a)(1)(A) of the Public Health Service Act. * Rural - A clinician associated with a practice that is in a zip code designated as rural using the most recent Health Resources and Services Administration (HRSA) Area Health Resource File data * Hospital-based - A clinician who furnishes 75% or more of his or her covered professional services identified by the Place of Service (POS) codes used in the HIPAA standard transaction as an off-campus outpatient hospital (POS 19), inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or emergency room settings (POS 23), based on an analysis of claims data during a 12-month determination period (September 1, 2016-August 31, 2017) * ASC-based - A clinician who furnishes 75% or more of his or her covered professional services in sites of service identified by Place of Service (POS) code 24, used in the HIPAA standard transaction based on claims filed during a 12-month determination period (September 1, 2016-August 31, 2017) |  |

| **🞎 Select Participation Type** | |
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| **Description** | **Comments/Action** |
| * Individual * Group (review the list of connected clinicians at your TIN to make sure no one is excluded) * Virtual Group |  |

| **🞎 Determine QPP Track** | |
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| **Description** | **Comments/Action** |
| * MIPS * APM * MIPS APM |  |

| **🞎 Confirm Method of Reporting** | |
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| **Description** | **Comments/Action** |
| * EHR * QCDR * CAHPS Survey * Registry * Claims * CMS web interface (groups of 25 or more who have pre-registered) | Confirm with your EHR vendor which methods they support.  If you are reporting via registry, confirm reporting fees, deadlines and the file types they accept. |

| **🞎 Establish/Confirm EIDM Account** | |
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| **Description** | **Comments/Action** |
| * Make sure you have established an EIDM account * EIDM User Guide: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf> |  |

| **🞎 Verify EHR Readiness and Implementation** | |
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| **Description** | **Comments/Action** |
| * Have contracts or license agreements available * Verify your EHR certification here: <https://chpl.healthit.gov/#/search> |  |

| **🞎 Submit Quality Measures Reporting and Documentation** | |
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| **Description** | **Comments/Action** |
| * Submit collected data for at least 6 measures for the 12-month performance period (January 1, 2018-December 31, 2018) * One of these measures should be an outcome measure; if you have no applicable outcome measure, you can submit a high priority measure instead * Groups and Virtual Groups with 25 or more clinicians participating in MIPS, who are registered and choose to submit data using the CMS Web Interface, must report all 15 required quality measures for the full year (January 1-December 31, 2018) * If you report via EHR, get a screenshot or printout of your submission on the QPP website: <https://qpp.cms.gov/login> * If you report via registry, document the registry confirmation you receive stating your data was submitted; request a performance scorecard from the registry to keep with the documentation * If you report via CAHPS, maintain a copy of the data you submitted to your vendor; make sure your CAHPS vendor is CMS-approved here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/CAHPS-for-MIPS-Survey-CMS-Approved-Survey-Vendors.pdf>   **Bonus Points**  Quality measure bonus points can be earned in the following ways:   * Submission of 2 or more outcome or high priority quality measures (bonus will not be awarded for the first outcome or high priority quality measure) * Submission using End-to-End Electronic Reporting with quality data directly reported from an EHR to a qualified registry, QCDR, or via CMS Web Interface |  |

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| **🞎 Submit Promoting Interoperability Reporting and Documentation** | |
| **Description** | **Comments/Action** |
| * Promoting Interoperability Objectives and Measures (2015 CEHRT) * Promoting Interoperability Transition Objectives and Measures (2014 CEHRT) * Combination * Security Risk Analysis is mandatory (most audited activity by CMS) * Keep a printed report from your EHR (including vendor logo) of the PI measures with calculations for each clinician – if your vendor logo is not on the report, take a screenshot of the workflows for each measure reported * Keep documentation of public health measures from state agencies (if submitted) * Keep documentation from specialized registries (if applicable) |  |

| **🞎 Submit Improvement Activities Reporting and Documentation** | |
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| **Description** | **Comments/Action** |
| * Submit the following combinations of activities for a reporting period of at least 90 days   + 2 high-weighted activities   + 1 high-weighted and 2 medium- weighted activities   + At least 4 medium-weighted activities * Keep evidence/screenshots that your clinicians completed the activities reported * If you report activities that require CEHRT, maintain documentation that the activity was completed in your CEHRT during the corresponding time period   **Special Status**   * You will receive double points for each high- or medium-weighted activities you submit if you are an Individual Clinician, Group, or Virtual Group who holds any of these special statuses:   + Small practice   + Non-patient facing   + Rural   + Health Professional Shortage Area (HPSA) * If you are a PCMH, you will receive full points for this category * Some Improvement Activities are marked as “CEHRT-Eligible,” meaning the activity is eligible for a 10% bonus points award in the promoting interoperability performance category |  |

| **🞎 Review Cost Measures Reporting and Documentation** | |
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| **Description** | **Comments/Action** |
| * There is no data submission requirement for the cost performance category; cost measures are evaluated automatically through administrative claims data |  |

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| **🞎 Maintain Book of Evidence** | |
| **Description** | **Comments/Action** |
| * Documentation maintenance is crucial should you be selected for an audit * Designate an individual to be responsible for this * Keep documentation for 6 years * See the data validation criteria in the QPP Resource Library here: [https://qpp.cms.gov/about/resource-library-](https://qpp.cms.gov/about/resource-library-%20) * Search in full library using these parameters: * Performance Year: 2018 * QPP Reporting Track: MIPS * Performance Category: Overview * Resource Type: Technical Guides and User Guides |  |

| **🞎 Utilize MIPS Calculator** | |
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| **Description** | **Comments/Action** |
| * Great Plains QIN has a MIPS Calculator Tool – find it here: * [MIPS Reporting Year 2018 Reimbursement Calculator](https://greatplainsqin.org/wp-content/uploads/2018/09/MIPS-Calculator-vR18-04.xlsx) (for non-Advanced APM entity, non-CMS Web Interface Reporters-R18-04) |  |



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