



Merit-based Incentive Payment System Measures

for Primary Care Clinicians

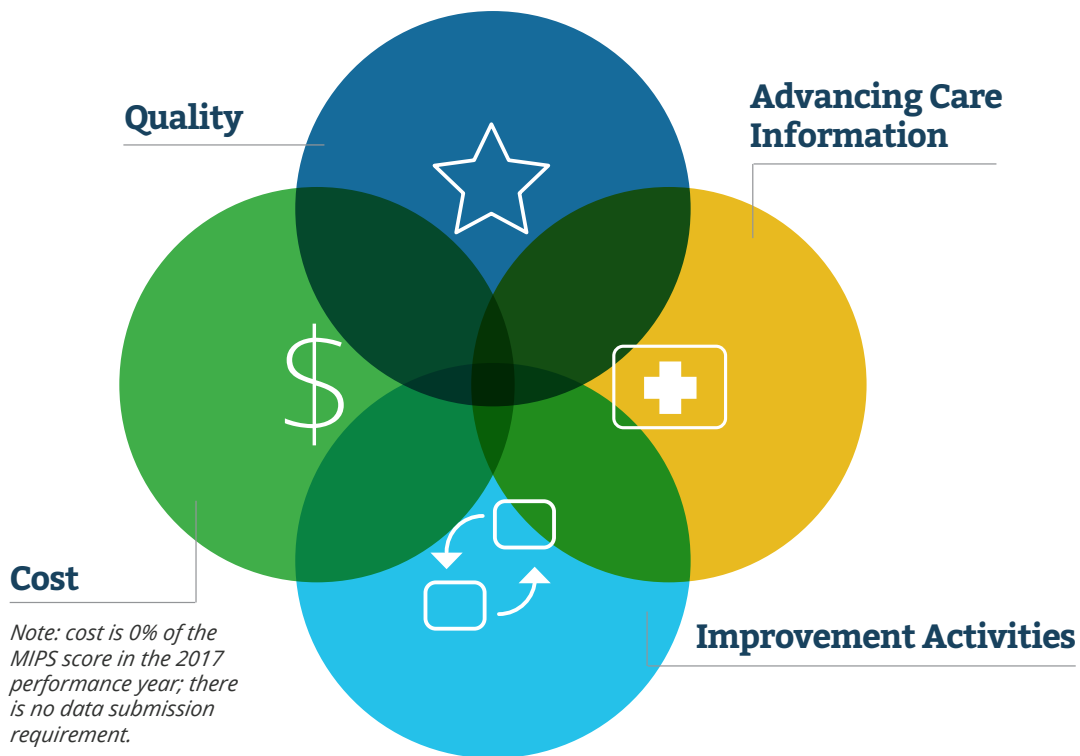
What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one of the two tracks of the Quality Payment Program, which implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Visit QPP.CMS.GOV to understand program basics, including submission timelines and how to participate.

What are the Measures that I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, you will be able to pick your pace the first year through three participation options – test, partial, and full participation. Your Medicare payment adjustment will be based on submitting data and your performance for the following MIPS categories:



What Measures Do I Submit for Each Category in 2017?

This resource provides a non-exhaustive sample of measures that may apply to primary care. Make sure to consider your reporting method, practice size, patient mix, and performance period to choose the measures that best suit you. See a full list of measures at QPP.CMS.GOV.



60%
of score

Quality

Assess the value of care to ensure patients get the right care at the right time

- Effectively treat Hemoglobin A1c in diabetic patients
- Discuss and provide a care plan
- Provide Influenza immunization
- Conduct breast cancer screening
- Provide BMI screening and follow up
- Document current medications
- Screen for tobacco use and provide cessation intervention
- Control high blood pressure
- Screen for alcohol use and provide counseling



25%
of score

Advancing Care Informationⁱⁱ

Support the secure exchange of health information and the use of certified electronic health record technology (measures listed are for the base score only)

- Security risk analysis
- e-Prescribing
- Provide patient access
- Health information exchange



15%
of score

Improvement Activitiesⁱⁱⁱ

Support care coordination, patient engagement, patient safety, population management, and health equity

- Provide 24/7 access to clinicians/groups who have real-time access to patient's medical record
- Participate in systematic anticoagulation program
- Implement anticoagulant management improvements
- Use glycemic management services
- Use Qualified Clinical Data Registry (QCDR) for feedback reports that incorporate population health
- Participate in the Transforming Clinical Practice Initiative (TCPI)
- Collect and follow up on patient experience and satisfaction data
- Consult the Prescription Drug Monitoring Program
- Engage new Medicaid patients and follow-up
- Implement co-location primary care and mental health services
- Implement integrated Primary Care Behavioral Health (PCBH) model



0%
of score

Cost

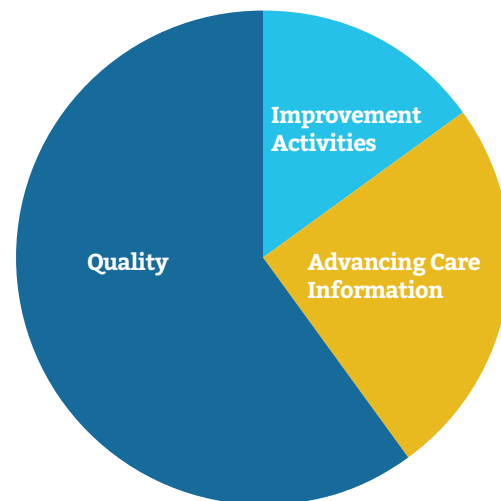
Helps create efficiencies in Medicare spending

- No reporting requirement in 2017 (measures are calculated based on Medicare claims data but will not be used to determine your payment adjustment in the first payment year (2019) of the program)

ⁱ60% of score for most eligible clinicians, unless they are in a MIPS APM

ⁱⁱ25% of score for most eligible clinicians

ⁱⁱⁱ15% of score for most eligible clinicians



For more information and a list of Advanced APMs that may be right for you visit:

QPP.CMS.GOV

