



Merit-based Incentive Payment System Measures

for Primary Care Clinicians

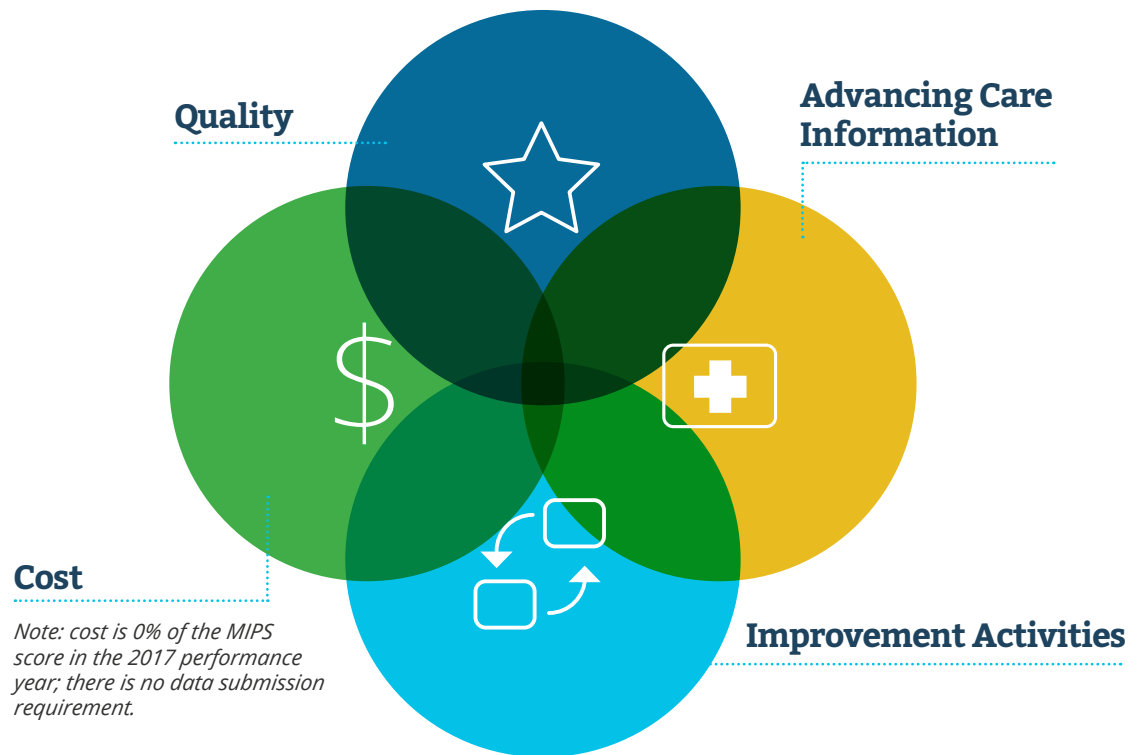
What is MIPS?

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](https://www.cms.gov/qpp) 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. 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 clinicians. 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](https://qpp.cms.gov).

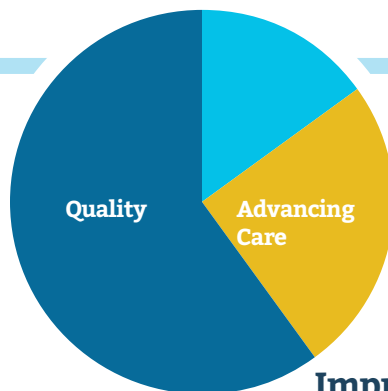


60%
of score

Quality Performance Categoryⁱ

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



15%
of score

Improvement Activities Performance Categoryⁱⁱ

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

Clinicians choose activities they may participate in from among a [list](#). Some activities include:

- 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

ⁱ 60% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM

ⁱⁱ 15% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM





25%
of score

Advancing Care Information Performance Categoryⁱⁱⁱ

Support the secure exchange of health information and the use of certified electronic health record technology (CEHRT)

The Advancing Care Information performance category score includes a base score, performance score and bonus score. Additionally, in 2017, there are two measure set options for reporting:

- Advancing Care Information Objectives and Measures
- 2017 Advancing Care Information Transition Objectives and Measures

MIPS eligible clinicians can report the Advancing Care Information objectives and measures if they have:

- Technology certified to the 2015 Edition; or
- A combination of technologies from the 2014 and 2015 Editions that support these measures

In 2017, MIPS eligible clinicians can alternatively report the 2017 Advancing Care Information transition objectives and measures if they have:

- Technology certified to the 2015 Edition; or
- Technology certified to the 2014 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions

MIPS eligible clinicians need to fulfill the requirements of all the base score measures in order to receive an Advancing Care Information performance category score. If the base score requirements are not met, they will get a 0 in the overall Advancing Care Information performance category score.

Primary care clinicians who are not designated as hospital-based or non-patient facing or who choose to submit as part of a group report on the following base measures:

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

ⁱⁱⁱ 25% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM





25%
of score

Advancing Care Information Performance Category (continued)

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or for one measure (Immunization Registry Reporting measure), by the yes answer submitted.

MIPS eligible clinicians can earn bonus percentage points by doing the following:

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

For more information on Advancing Care Information measures and requirements, see the Advancing Care Information fact sheet.



0%
of score

Cost Performance Category 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)



For more information and a list of Advanced APMs that may be right for you, visit: **QPP.CMS.GOV**

