



# Merit-based Incentive Payment System Measures

for Radiologists

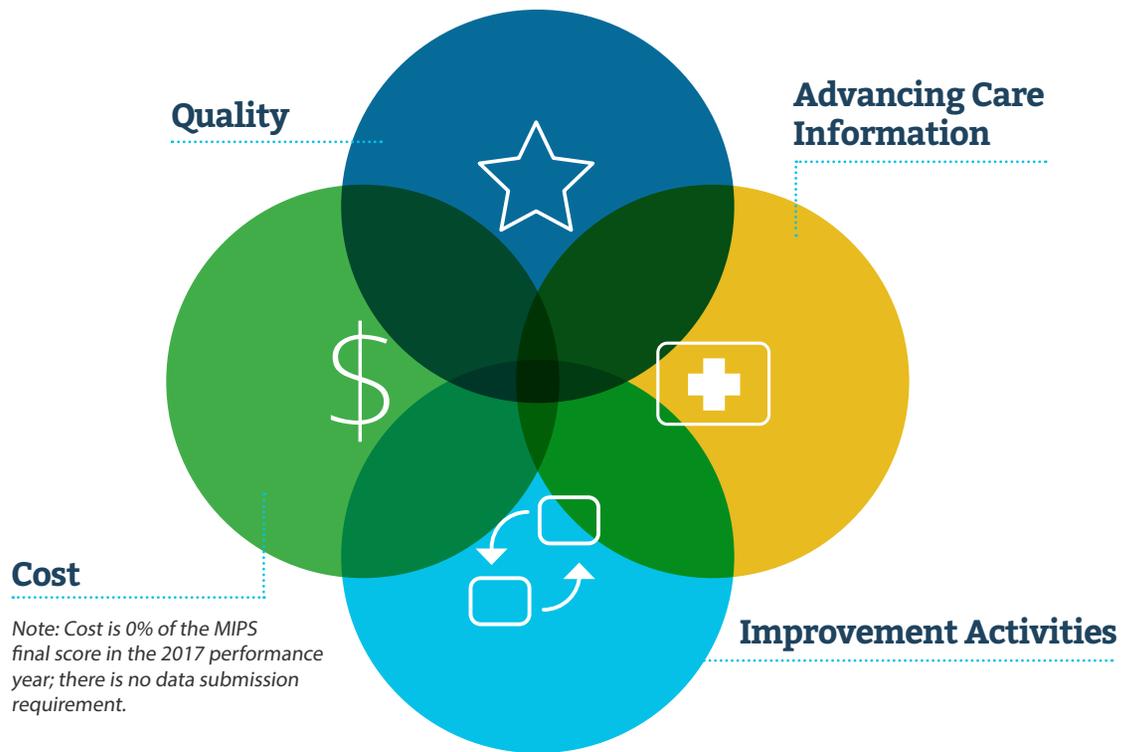
## What is MIPS?

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](http://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 in the first performance year, through three participation options – test, partial, and full. Your Medicare payment adjustment in 2019 will be based on submitting data and your performance for the following MIPS categories in 2017:



# What Measures Do I Submit for Each Category in 2017?

This resource provides a non-exhaustive sample of measures that may apply to radiologists. Make sure to consider your reporting method, patient mix, and performance period to choose the measures that best suit you. See a full list of measures at [QPP.CMS.GOV](http://QPP.CMS.GOV). Please note that performance category weights differ for clinicians in MIPS APMs.



60%  
of score

## Quality Performance Category<sup>i</sup>

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



15%  
of score

## Improvement Activities Performance Category<sup>ii</sup>

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

### Diagnostic Radiology

- Recommend follow up imaging for incidental abdominal lesions
- Use dose lowering techniques for adult CT scans
- Report exposure dose or time for procedures using fluoroscopy
- Avoid inappropriate use of “probably benign” assessment category in screening mammograms
- Use a reminder system for patients for mammogram screenings
- Include stenosis measurement in carotid imaging reports
- Report to a Radiation Dose Index Registry

### Interventional Radiology

- Follow up with primary care physician and patient about patient biopsy results
- Rate of asymptomatic patients undergoing CAS who are discharged no later than two days post-surgery

### Radiation Oncology

- Provide a plan of care for pain
- Limit radiation dose to normal tissues
- Avoid overuse of bone scan for staging low risk prostate cancer patients

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

- Provide specialist reports back to the referring MIPS eligible clinician or group
- Participate in a Qualifying Clinical Data Registry (QCDR)
- Participate in an AHRQ-listed patient safety organization
- Identify and communicate test results in a timely manner
- Participate in the CMS Transforming Clinical Practice Initiative
- Participate in other quality improvement activities, such as Bridges to Excellence
- Use decision support and standard treatment protocols to manage workflow and meet patient needs
- Implement formal quality improvement methods, practice changes, or other practice improvement processes
- Use evidence-based decision aids to support shared decision-making
- Collect and follow-up on patient experience and satisfaction data
- Provide 24/7 access to eligible clinicians or groups who have real-time access to a patient’s medical record

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

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





**25%**  
of score

## **Advancing Care Information Performance Category** <sup>iii</sup>

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 certified to 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 these requirements are not met, they will get a 0 in the overall Advancing Care Information performance category score.

Radiologists may choose to report on the following base score measures:

- Security risk analysis
- e-Prescribing
- Provide patient access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

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

*Reweighting the Advancing Care Information Performance Category*

- Qualifying hospital-based or non-patient facing radiologists will automatically have their Advancing Care Information performance category score reweighted to 0% of the final score

<sup>iii</sup> 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)*

- A hospital-based MIPS eligible clinician is defined as furnishing 75% or more of their covered professional services in either the inpatient hospital (Place of Service 21), outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting
- In the case of reweighting to 0%, CMS will assign the 25% from the Advancing Care Information performance category to the Quality performance category so that 85% of the final score will be based on Quality
- Eligible clinicians that qualify for reweighting of the Advancing Care Information performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their Advancing Care Information performance accordingly

For more information on Advancing Care Information measures, requirements, and reweighting for hospital-based and non-patient facing clinicians, 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**

