

Merit-Based Incentive Payment System (MIPS) 2018 Checklist

Use this checklist to help prepare and track your practice's preparation for MIPS. Contact your practice's assigned Quality Improvement Advisor (QIA) for consultation and guidance.

2017 Performance Final Score & Feedback

- Check 2017 Performance Feedback** – Providers who submitted for MIPS 2017 should review their 2017 MIPS Final Score and Feedback available (as of 06/29/18) on the CMS QPP Portal (<https://qpp.cms.gov/login>) using your EIDM credentials.
 - Questions regarding scoring should be asked to the CMS QPP Help Desk **1-866-288-8292**
 - Take a screen shot (and/or print a copy) of the score and feedback for your records
 - To dispute the score/feedback, follow the 'Targeted Review' process on the CMS QPP Portal. The deadline for submitted a 'Targeted Review' request is 9/30/18
 - Notify your billing company/staff regarding the Medicare fee adjustment for 2019
 - Review the Cost category feedback. Even though this category did not contribute to your score in 2017, it can give you an idea about how Cost might factor into your 2018 score

2018 Eligibility and EIDM Credentials

- Check Eligibility** – Providers who bill Medicare Part B should confirm eligibility and determine how MIPS will impact their practice (<https://qpp.cms.gov/participation-lookup>). Ineligible providers are encouraged to participate in MIPS to gather performance feedback to prepare for future performance years.
- Confirm EIDM Credentials** – Confirm credentials (or register) to the CMS Enterprise Identification Management System (<https://qpp.cms.gov/login>). The CMS EIDM Guide (<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-EIDM-User-Guide.pdf>). EIDM Credentials are used to access the QPP site (<https://qpp.cms.gov/>) to:
 - Check eligibility based on Tax Identification Number (TIN)
 - Submit MIPS 2018 data (January 2, 2019 thru March 31, 2019)

2018 Preparation for MIPS Reporting

- Review Data** – Run and review your practice's reports from your EHR (and/or QCDR) for accuracy and that the scores properly reflect the care you provide.
 - Follow-up with EHR (QCDR) vendor to understand report outliers
 - Engage in a Quality Improvement (PDSA) activity to increase the accuracy of reporting
- Determine Reporting** – Review your practice's options for reporting and confirm how you would like to participate. This includes reviewing:
 - Individual or Group submission
 - Capabilities of your EHR (including specific measures supported for tracking and reporting)
 - Capabilities of your Qualified Clinical Data Registry (QCDR) if one is used
 - Method of submitting data for each MIPS category
- Learn more about MIPS** – Review resources on the SNE-PTN web site (<https://www.sneptn.org>), as well as the CMS.gov Resources Library (<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>).

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CMS has published a guide for Doctors of Optometry (<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/MIPS-Measures-for-Optometrists.pdf>)

Quality – 50% of overall MIPS score – data for full 2018 calendar year

- Review the “Quality Measures” (<https://qpp.cms.gov/mips/quality-measures>) on the QPP website
- Determine what six measures your practice will track and report (that EHR or QCDR supports)

Improvement Activities – 15% of overall MIPS score – minimum of 90 day period

- Review the “Improvement Activities” (<https://qpp.cms.gov/mips/improvement-activities>) on the QPP website to explore activities and validation criteria for attesting
- As a medium weighted activity for MIPS 2018, participation in [SNEPTN](#) (“TCPi Participation (IA_CC_4)”) achieves half of the Improvement Activities requirement for practices with 15 or fewer providers

Promoting Interoperability –25% of overall MIPS score – minimum of 90 day period

- Confirm that your current EHR vendor is certified under either the 2014 or 2015 standards (<https://chpl.healthit.gov/#/search>)
- Review the Base Measures associated with your edition (<https://qpp.cms.gov/mips/promoting-interoperability>), including:
 - Security Risk Analysis
 - e-Prescribing
 - Patient Access (portal)
 - Health Information Exchange (HIE) (send a Summary of Care, request/accept Summary of Care)
- Review MIPS 2018 Hardship Exceptions for PI (<https://qpp.cms.gov/mips/promoting-interoperability/hardship-exception?py=2018>). If your practice is granted a Hardship Exception for the Promoting Interoperability category, the weight will be shifted to the Quality Measures score

Cost –10% of overall MIPS score – If your practice does not meet the minimum cases for the Cost category, the weight will be shifted to the Quality Measures score

- Review the 2018 Cost Requirements (<https://qpp.cms.gov/mips/cost>) and access your CMS Quality and Resource Use Report (QRUR) report using your EIDM Credentials (<https://portal.cms.gov>)
- Review the 2017 Cost category feedback. Even though this category did not contribute to your score in 2017, it can give you an idea about how Cost might factor into your 2018 score

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