

# MIPS 2019 (Year 3) Checklist

## Merit-Based Incentive Payment System (MIPS)

Use this checklist along with companion document “**MIPS 2019 (Year 3) Key Changes & Highlights**” (<https://www.sneptn.org/optometry/2019-quality-payment-program-qpp-mips-and-advanced-apms/2019-overview-and-eligibility>) 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 since 06/29/2018 on the CMS QPP Portal (<https://qpp.cms.gov/login>) using your HARP (formerly EIDM) credentials.
  - Notify your billing company/staff regarding the Medicare fee adjustment that took affect for services provided on or after 01/01/2019
  - Review the Cost category feedback. Even though this category did not contribute to your score in 2017, it can give you an idea about if/how Cost might factor into your 2019 score

### **2018 Performance Final Score & Feedback**

- Check 2018 Performance Feedback** – Providers who submitted for MIPS 2018 should review their 2018 MIPS Final Score and Feedback anticipated to be published in July 2019 on the CMS QPP Portal (<https://qpp.cms.gov/login>) using your HARP (formerly EIDM) credentials.
  - Questions regarding scoring should be directed 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 that will be published on the CMS QPP Portal when the MIPS Final Score and Feedback are published. Be aware of the deadline for submitting a ‘Targeted Review’ request that will be published
  - Notify your billing company/staff regarding the Medicare fee adjustment for that will take affect for services provided on or after 01/01/2020
  - Review the Cost category feedback. It can give you an idea about if/how Cost might factor into your 2019 score

### **2019 Eligibility**

- 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>).
  - Eligibility lookup should be completed at the beginning of 2019 (first eligibility determination period 10/01/2017 to 09/30/2018)
  - Eligibility lookup should be completed again around November 2019 (second eligibility determination period 10/01/2018 to 09/30/2019)
  - Eligibility lookup will show reporting options available at the Individual and Group level
  - Ineligible providers are encouraged to participate in MIPS to gather performance feedback to prepare for future performance years

### **2019 HARP (formerly EIDM) Credentials**

- Confirm HARP (formerly EIDM) Credentials** – Confirm credentials (or register) to the CMS Enterprise Identification Management System (<https://qpp.cms.gov/login>). HARP Credentials are used to access the QPP site (<https://qpp.cms.gov/>) to:
  - Check eligibility based on Tax Identification Number (TIN)
  - Submit MIPS 2019 data (January 2, 2020 thru March 31, 2020)

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### 2019 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 (Eligibility Lookup) and confirm how you would like to participate. This includes reviewing:
    - Individual or Group submission
    - Required, Voluntary, and Opt-In reporting
    - 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
  
  - Review Exception Applications** – Review your practice’s eligibility for available Exception Applications (<https://qpp.cms.gov/mips/exception-applications>) and submit any required requests. If an Exception Application is granted, be sure to adhere to any reporting related requirements.
  
  - Learn more about MIPS** – Review resources on the SNE-PTN web site (<https://www.sneptn.org>), as well as the CMS QPP Resource Library (<https://qpp.cms.gov/about/resource-library>)
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### Quality – 45% of overall MIPS score – data for full 2019 calendar year

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

### Improvement Activities (IA) – 15% of overall MIPS score – minimum of 90 day period

- Review the “Improvement Activities” (<https://qpp.cms.gov/mips/explore-measures/improvement-activities?py=2019#measures>) on the QPP website to explore activities and validation criteria for attesting
- As a medium weighted activity for MIPS 2019, participation in [SNEPTN](#) (“TCPi Participation (IA\_CC\_4)”) achieves half of the Improvement Activities requirement for practices with 15 or fewer providers

### Promoting Interoperability (PI) –25% of overall MIPS score – minimum of 90 day period

- Confirm that your current EHR vendor is certified under 2015 CEHRT standards (<https://chpl.healthit.gov/#/search>)
- Review the PI measures (<https://qpp.cms.gov/mips/explore-measures/promoting-interoperability?py=2019#measures>), including:
  - Security Risk Analysis (required, reported by attestation)
  - e-Prescribing
  - Health Information Exchange (HIE)
  - Provider to Patient Exchange
  - Public Health and Clinical Data Exchange
- Review MIPS 2019 Hardship Exceptions for PI (<https://qpp.cms.gov/mips/exception-applications>). If your practice is granted a Hardship Exception for the Promoting Interoperability category, the weight will be shifted to the Quality Measures score

### Cost –15% 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 2019 Cost Requirements (<https://qpp.cms.gov/mips/explore-measures/cost?py=2019#measures>)
- Review the 2018 Cost category feedback
- Review the 2017 Cost category feedback