MIPS 2019 (Year 3) Checklist
Merit-Based Incentive Payment System (MIPS)


2017 Performance Final Score & Feedback


- 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


- 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 10/01/2019 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)
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)

---

**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 2018 Cost category feedback
- Review the 2017 Cost category feedback

The content provided in this document is advisory in nature and makes no assurances of any kind with respect to opinions or assessments that have been or might be determined by CMS and does not constitute an endorsement by CMS. Every reasonable effort has been made to present current and accurate information; however, the Southern New England Practice Transformation Network makes no guarantees of any kind. Additional guidance can be found at qpp.cms.gov. Last updated 05/24/2019