

Your MIPS/MACRA Preparation Checklist

Eligibility and Reporting:

- Determine whether you have \$30,000 or less in Medicare charges or 100 or fewer Medicare patients annually. If so, you are exempt.
- If you practice with other clinicians, decide whether to report as a group or individually. If considering group: all measures must be reported as a group, so determine if reporting together will improve your score.

Quality Measurements & your past performance:

- Check your Medicare Physician Quality Reporting System (PQRS) feedback reports to see how you are doing today.
- If you are not already using a clinical data registry, contact your medical society about participating. Registries can help with reporting and assist with MIPS performance scoring.
- Determine which quality measures you plan to report on; there are individual measures and specialty-specific measure sets.

Improvement Activities:

- Review the Clinical Practice Improvement Activities (CPIAs) to determine the ones you may already be doing. Consider implementing 'high weight' activities to boost your potential score.
- The reporting period required to get full points in this category is 90 days. Consider the timing that would be best for your practice to conduct the activities and monitor results.
- If you participate in an accredited PCMH, a Medicaid medical home model, a medical home model, or are recognized by the National Committee for Quality Assurance as a patient-centered specialty model, ensure that your certifications and accreditations are current. Physicians participating in these medical homes can earn full CPIA credit.

Advancing Care Information:

- If you are using Amazing Charts Version 7.1.3 and up, you are qualified to report using the "2017 Advancing Care Information Transition Objectives and Measures"
- You need to report at least one unique patient (or answer "yes," as applicable) for each measure of the base score's 4 objectives.
- Have a patient portal and Direct Messaging set up if you don't already.
- Schedule a security risk analysis in early 2017. Failure to properly do so will result in a score of zero for this category.
- Confirm that you have e-prescribing.
- Determine whether there is an additional public health registry to which you can report to receive an additional point towards your total Advancing Care Information score.

Resource Use & Cost:

In 2017, this category will be analyzed but not used in calculations for price adjustments.

- This is an area where you will not report the data yourself. Check on how you have been doing using the Medicare Quality and Resource Use Reports (QRURs). Learn how to obtain one at CMS.gov (search for "How to Obtain a QRUR").
- Identify your most costly patient population conditions and diagnoses. Identify targeted care delivery plans for these conditions.
- Identify referral partners outside of your practice with whom you could develop a coordinated care plan.