

AVOID THE 2019 PENALTY

The Test Path in 2017

amazingcharts

In 2017, under the test path, you have to do the bare minimum. You won't earn a positive adjustment on your Medicare Part B payments in 2019, but it will allow you avoid any penalty on those payments.

QUALITY MEASURES

or

IMPROVEMENT ACTIVITY

or

ADVANCING CARE INFORMATION

1 QUALITY MEASURE **for any time period**

1 ACTIVITY **for 90 days**

4 BASE MEASURES **for any time period**

IMPROVEMENT ACTIVITIES

WHICH ACTIVITY

Review all the activities: qpp.cms.gov/measures/ia. One that may be easy to do is: "Implementation of improvements that contribute to more timely communication of test results"

How to do it: Assign someone the task of communicating with the patient within a certain number of hours/days of abnormal result. After notifying the patient, add an Addendum to the patient's chart or to the lab result, keeping track of when the patient was notified.

Note: If you're a certified/accredited Patient Centered Medical Home, you get full credit for this category.

Note: You do not need to use a specific version of Amazing Charts to complete an improvement activity.

FOR HOW LONG

Complete the activity for 90 days.

SUBMISSION

Attestation. CMS will be creating an attestation website, like the one they created for Meaningful Use attestation in the past. You can use this website when it is released to attest to completing the improvement activity.

Note: Some QCDRs will allow you to attest to activities, but most require you pay them a yearly fee.

QUALITY MEASURES

WHICH MEASURE

Review all the measures: qpp.cms.gov/measures/quality. The "Controlling High Blood Pressure" is a popular one to report on.

MEASURE DESCRIPTION: Percentage of patients 18-85 years of age who had an active diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Note: You don't have to meet numerator/denominator requirements.

Note: You should not use the Meaningful Use Wizard for quality calculations.

FOR HOW LONG

You can submit for any length of time, even as short as one day or one visit.

SUBMISSION

You have **three options** when using Amazing Charts:

- **Registry:** Connect with a registry/QCDR now, add data manually or have it extracted from AC automatically, and submit that data via the registry/QCDR by 3/31/18. **Registry enrollment and submission come at an extra cost.**
- **Version 10 + Registry:** In late 2017, upgrade to Amazing Charts Version 10, with which you can run quality calculations. Submit data to CMS via the registry/QCDR by 3/31/18. **Version 10 and registry submission both come at an extra cost.**
- **Claims:** [Use Medicare Part B claims to submit](#). The codes included in the claim will mark the patient as in the denominator and numerator. Once you choose your measure, review that measure's specifications to determine which code is required for the numerator. You only need to put the numerator code on one claim, one time. Download the [QPP's Individual Claims Measure Guide](#), as well as the [specifications](#) (which tell you specifically what codes need to go in your claim for each measure).

Easiest Option

Note: Not sure which registry/QCDR to use? Ask Amazing Charts, your professional organization, or watch the Quality Category webinar.)

WHICH 4 MEASURES

1

Provide Patient Access

Only need numerator of "1"

One patient seen during the performance period by the eligible clinician must be provided timely access to view online, download, and transmit to a third party their health information.

Where to find it in MU Wizard:

Stage 2: Core 7, Measure 1 | Modified Stage 2: Objective 8, Measure 1

What to do:

1. [Make sure you've created a patient portal](#) in *Admin > Patient Portal and Direct Messaging*.
2. In *Demographics*, enter the patient's email, check the **Activate Portal** checkbox and click **Update Info/Save** for one patient.
3. Within 4 days of the date of service, go to the *Summary Sheet*, click **Clinical Summary**.
4. Select the "Full Patient Record" from the *Select Encounter Date* drop-down list. Then **Send to Portal**.
5. Make sure it sent in the *Demographics' Record Releases* area.

2

ePrescribing

Only need numerator of "1"

One permissible prescription written by an eligible clinician must be queried for a drug formulary and transmitted electronically.

Where to find it in MU Wizard:

Stage 2: Core 2 | Modified Stage 2: Objective 4

What to do:

1. Make sure electronic prescribing is on (included in Support).
2. When ePrescribing, click **Formulary** after selecting a medication.
3. Transmit the prescription to an electronic pharmacy. If the prescription is delivered, the numerator will increment.

3

Health Information Exchange

Only need numerator of "1"

For at least one transition of care, the MIPS eligible clinician that transitions/refers a patient must create a Transition of Care (TOC) and electronically transmit it to that setting/clinician.

Where to find it in MU Wizard:

Stage 2: Core 15, Measure 2 | Modified Stage 2: Objective 5

What to do:

1. In the *Admin Patient Portal and Direct Messaging*, click **Activate Users** to [create direct messaging accounts](#).
2. For a patient you're referring to another provider, create a **Referral** in the *Demographics*.
3. In the *Summary Sheet* by clicking the **Transfer of Care** button.
4. In the *Transfer of Care* screen that opens, select the **referral** the TOC is for and click **Send Direct**.
5. In the **Send Direct** screen that opens, enter the physician's Direct email address, add a subject and message, and click **Send**. (Best Practice: Do **not** enter a "regular" email address, like one from gmail. You need to use a Direct email address.)
6. Track if the TOC is sent successfully in the *Record Releases* tab in the *Demographics* screen. If you forget to link the referral to the TOC, make sure to do this in *Demographics Referrals & Consultants*.

4

Security Risk Analysis

Attest "yes"

Must attest "yes." Not sure what to do? We can direct you to [companies](#) that can help. Fill out [this form](#) and we'll contact you with more information.

Note: For 2017, you should use version 9.0+ for Advancing Care Information.

FOR HOW LONG

No required time frame. You only need to meet the numerator requirement of one, or the attestation of "yes" for the applicable measures.

SUBMISSION

Attestation. CMS will be creating an attestation website, like the one for Meaningful Use attestation in the past. You can use this website when it is released to attest to completing the measures.

Note: Some QCDRs will also allow you to attest to advancing care information, but most require you pay them a yearly fee.