

Navigate MIPS with OncoEMR[®]

Quality Measures

The Quality performance category replaces the Physician Quality Reporting System (PQRS) for the 2017 MIPS performance year.

OncoEMR supports the following quality measures* for MIPS data capture and reporting:

- Care Plan
- Documentation of Current Medications in the Medical Record
- Oncology: Medical and Radiation - Pain Intensity Quantified
- Oncology: Medical and Radiation - Plan of Care for Pain
- Preventive Care and Screening: Tobacco Use - Screening and Cessation Intervention
- Proportion Admitted to Hospice for less than three days
- Pneumococcal Vaccination Status for Older Adults
- Preventive Care and Screening: Influenza Immunization
- Colorectal Cancer Screening

Please note that a practice can select to report performance for any quality measure from CMS's list of 271 MIPS quality measures, however, they will be responsible for their own data capture and reporting for any beyond the 9 listed above.

*Per CMS: "Groups in APMs qualifying for special scoring under MIPS (such as Shared Savings Track 1 APM or the Oncology Care Model one-sided risk APM): report quality measures through your APM."

Progress Tracking

A key to MIPS success is the ability to track eligible clinician performance across measures and activities.

With OncoEMR, you can track performance across:

- All of Flatiron's supported quality measures
- 2017 Advancing Care Information Transition Objectives and Measures

What is MIPS?

The Merit-based Incentive Payment System (MIPS) falls under the Quality Payment Program, a Medicare program that introduces payment adjustments based on performance.

If you are an eligible clinician, you will be in MIPS *unless you are participating in one or more of these Advanced Alternative Payment Models (APMs)*:

- Oncology Care Model (OCM): for practices that elected to take on dual-sided risk (none in the Flatiron network to date)
- Next Generation ACO
- Shared Savings Program
- Medical Homes

How much data should I report?

CMS states that positive adjustments are based on the performance data of the performance information submitted, not the amount of information or length of time submitted.

Ensure that your practice is prepared for MIPS

Check who is eligible to participate

MIPS-eligible clinicians include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and groups that include such clinicians who bill under Medicare Part B. For additional details, please see our recommended resources listed below.

Understand the penalty

MIPS-eligible clinicians who do not participate will incur a negative 4% payment adjustment.

Educate yourself on each scoring section

Payment adjustments delivered in 2019 are based on 2017 performance, either over a consecutive 90-day or full-year period, and using a scoring model that considers 3 sections: Quality, Advancing Care Information, and Improvement Activities.

Determine your goals

Although 2017 is a transition year, it's not hard to avoid a negative payment adjustment for 2019. For more ambitious participants, positive payment adjustments can still be earned by reporting for a continuous 90-day period in 2017.

MIPS COMPONENTS



Quality



Improvement Activities



Advancing Care Information



Cost (in 2018)

RECOMMENDED RESOURCES

qpp.cms.gov

pages.flatiron.com/MIPS