

Get On-Track with MIPS 2018: 6 Important To-Do's

The second year of the Medicare Incentive Payment System (MIPS) began on January 1, 2018. Unlike the 2017 transition year, some of the requirements encompass a full year of reporting - meaning that providers must be ready to participate on Day 1. Here's your to-do list of what you need to do to get on-track with MIPS for 2018.

■ Determine if you are eligible for the 2018 MIPS Program.

The 2018 Low-Volume Threshold changed! Confirm you are a 2018 MIPS eligible clinician (EC) by accessing the CMS [Quality Payment Program Website](#) and enter your NPI number. You are automatically excluded if you are:

- a newly-enrolled Medicare provider for the first time during the 2018 MIPS performance year.
- below the 2018 Low-Volume Threshold for of < \$90,000 in Medicare Part B allowed charges or see fewer than 200 Medicare Part B beneficiaries a year core per quality measure.
- significantly participate in an Advanced APM.

■ Review Your 2017 Performance, Data Collection Tools and Processes

Make sure your data collection method(s) and processes are reflected in your reports and you are on-track for where you want to be.

- Analyze your Advancing Care Information (ACI) and Quality Compliance 2017 Reports.
- Adjust your documentation protocols to improve your scores.

■ Select Your 2018 Quality Measures

Review the Quality measures available for your specialty on the [CMS Website](#). New tools and guides are now available for many specialties.

- Choose at least six Quality measures or a full Specialty Data Set to collect data.
- Read and understand the numerator, denominator and data completion rules for each Quality measure.
- Most of the 2017 measures still apply. Be sure to check with your Registry vendor for any 2018 measure changes, if you plan to attest via Registry in 2018.
- Remember, you must achieve a minimum of **15 points** for MIPS 2018.

Transition Year 1 (2017) Final

Performance Category	Minimum Performance Period
Quality	90-days minimum; full year (12 months) was an option
Cost	Not included. 12-months for feedback only.
Improvement Activities	90-days
Advancing Care Information	90-days

Year 2 (2018) Final

Performance Category	Minimum Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Advancing Care Information	90-days

■ What About a Possible Audit?

Whether you store your data digitally or on paper, create a 2018 Quality Reporting Audit File to store all information related to the Quality Payment program.

- Divide your data into sections for ACI, Quality, Cost and Improvement Activities.
- Remember, CMS requires you to store 6 years historical data and recommends retaining data up to 10 yrs.

■ Update Your Security Risk Analysis

You must conduct or review a security risk analysis in accordance with ACI Security Risk Measure objectives.

- Be sure to address the security encryption of ePHI data created or maintained by CEHRT.
- Implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

■ Ensure Your EHR is 2015 Edition ONC Certified

Utilizing a 2015 ONC Certified EHR allows you to earn a 10% ACI bonus. Check with your EHR vendor to ensure your EHR is 2015 CHERT. Compulink's specialty-specific EHR Advantage Software is 2015 ONC Certified to earn you the MAXIMUM bonus.