

MIPS Reporting Checklist

Practice Name: _____ Staff Member: _____

Email: _____ Signature: _____ Date: _____

Select Your Level of Participation:

- Don't Participate: Negative fee schedule adjustment and receive a -4% penalty in 2019.
- Minimal Participation: Submit one metric for 90 or more days to ensure a neutral fee schedule adjustment and avoid any penalty in 2019.
- Partial Participation: Submit data on additional metrics for 90 or more days to ensure a positive fee schedule adjustment and avoid any penalty in 2019.
- Full Participation: Submit data across all categories for the full year to ensure a positive fee schedule adjustment and qualify for the full positive adjustment and avoid negative payment adjustment.

Select Your Data Submission Method (How You Will Report):

Report on at least 50% of the patients who meet the measure denominator criteria.

- Using a Qualified Clinical Data Registry, qualified registries, or EHR.

List Specific Option: _____

Select Quality Measures:

Report 6 measures including 1 High Priority Measure (Outcome). Bonus points for additional high priority measures:

-
-
-
-
-
-

OR

Report 1 Specialty Measure Set:

-

Select Advancing Care Information Measures:

Exemptions:

- Hospital Based Clinician
- Non-Patient Facing Clinician

OR

Fulfill the 5 required measures for a minimum of 90 days:

- Security Risk Analysis: Conduct a security risk analysis, including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR, and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

MIPS Reporting Checklist

- E-Prescribing: At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.
- Provide Patient Access: For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified EHR technology.
- Send Summary of Care: For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider-(1) creates a summary of care record using certified EHR technology; and (2) electronically exchanges the summary of care record.
- Request / Accept Summary of Care: For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.

Submit up to 9 additional measures for additional credit:

- Clinical Data Registry Reporting
- Clinical Information Reconciliation
- Electronic Case Reporting
- Immunization Registry Reporting
- Patient Generated Health Data
- Patient Specific Education
- Public Health Registry Reporting
- Secure Messaging
- Syndromic Surveillance Reporting
- View, Download and Transmit (VDT)

Select Clinical Practice Improvement Activities:

- PCMH or Comparable Specialty Practice Designation (Full Credit)

If not PCMH Designated, choose 2 high-weighted or 4-medium weighted improvement activities, or some combination of high and medium-weighted activities:

-
-
-
-

OR

Non-Patient Facing Clinicians, report 1 high-weighted or 2 medium-weighted activities:

-
-