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What is MIPS: The Merit-based Incentive Payment System (MIPS) is one of two tracks available under the Quality Payment Program managed by CMS to reward value and outcome through a performance-based payment system.

Performance is measured through the data that clinicians report to CMS in four areas: Quality, Promoting Interoperability (PI-formerly Advancing Care Information), Improvement Activities, and Cost. These four performance categories make up your final score. Your final score determines what your payment adjustment will be.

Who is Eligible: Clinicians are included if you are a physician, physician assistant, nurse practitioner, clinical nurse specialist or certified registered nurse anesthetist who bills Medicare Part B more than \$30,000 as an individual clinician and provides care for more than 100 Medicare Part B patients during the determination period. You are *not* eligible to participate if you are in your first year of enrollment as a Medicare provider.

When Can I Report Data: The MIPS Performance Year begins on January 1 and ends on December 31 each year. In order to participate, you must report data collected during one calendar year by March 31 of the following calendar year. For 2018 data, attestation must occur by March 31, 2019.

How Can I Participate: Clinicians may participate as individuals, as a member of a group or (new for 2018) as part of a virtual group. You can view your participation status using your NPI at <https://qpp.cms.gov/participation-lookup>.



	Quality	Promoting Interoperability	Improvement Activities	Cost
% of Final Score	50*	25 [√]	15 [√]	10 ^φ
Data to Submit	Data for at least 6 measures One of these measures should be an outcome measure; if you have no applicable outcome measure, you can submit a high priority measure instead.	Data for 4 or 5 Base Score measures for 90 days or more during 2018. Attest to two statements when submitting: “Prevention of Information Blocking Attestation,” and “ONC Direct Review Attestation.”	One of the following combinations of activities (each activity must be performed for 90 days or more during 2018): – 2 high-weighted activities – 1 high-weighted activity and 2 med-weighted activities – At least 4 med-weighted activities	Data for both of the following measures: Medicare Spending Per Beneficiary (MSPB) Total Per Capita Costs (TPCC)
Bonus Points	Submission of 2 or more outcome or high priority quality measures (bonus will not be awarded for the first outcome or high priority quality measure). Submission using End-to-End Electronic Reporting, with quality data directly reported from an EHR to a qualified registry, QCDR, or via CMS Web Interface	Submitting “yes” for 1 or more additional public health agencies or clinical data registries beyond the one identified for the performance score measure. Submitting 1 or more “CEHRT-Eligible” improvement activities and submit “yes” to the completion of at least 1 of the specified improvement activities Submitting only from the PI Objectives and Measures set (and only using 2015 edition CEHRT).	Some Improvement Activities are marked as “CEHRT-Eligible,” meaning the activity is eligible for a 10% bonus points award in the promoting interoperability performance category.	N/A
Falcon Data Submission Options	Qualified Registry	Attestation in the QPP data submission system	Not supported	None required. Cost measures are evaluated automatically through administrative claims data.

* This percentage can change due to Special Statuses, Exception Applications, not being scored on any cost measures, or APM participation.

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^φ This percentage can change due to APM participation and the volume of attributed patients. In the event that there are not enough attributed beneficiaries for the Medicare Spending Per Beneficiary (MSPB) and Total per Capita Cost (TPC) measures, the Cost performance category weight will be added to the Quality performance category.



Certified Technology: Falcon Physician is certified to the 2015 edition of Certified Electronic Health Record Technology (CEHRT). The Quality Payment Program Year 2 Final Rule provides bonus points to physicians who:

- 1) use 2015 CEHRT exclusively and
- 2) report on the Promoting Interoperability (PI) measures associated with 2015 CEHRT.

As such, the documentation provided below describes the Falcon Physician functionality that supports the PI measures associated with 2015 CEHRT. Should you wish to forgo using the updated PI measures for 2015 CEHRT and use the Transitional PI measures instead, please contact the Helpdesk to obtain the necessary documentation.

Disclaimers of Use: All workflows are to be done using a master template in the web application, unless specified that they can be completed using Falcon Rounding. By checking any boxes within a medical record in Falcon Physician, you are attesting that you have completed the measure steps as described.

Supported Quality Measures			
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)		
047	Care Plan		
110	Preventive Care and Screening: Influenza Immunization		
111	Pneumococcal Vaccination Status for Older Adults		
119	Diabetes: Medical Attention for Nephropathy		
122	Adult Kidney Disease: Blood Pressure Management		
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan		
130	Documentation of Current Medications in the Medical Record		
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Submission Criteria 1		
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Submission Criteria 2		
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Submission Criteria 3		
236	Controlling High Blood Pressure		
238	Use of High-Risk Medications in the Elderly: At least one high-risk medication		
238	Use of High-Risk Medications in the Elderly: At least two same high-risk medications		
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented		
Supported PI Measures			
Base Measures		Bonus Measures	
1	Security Risk Analysis (Documented outside of Falcon)	1	Clinical Data Registry Reporting
2	E-Prescribing	*These measures are part of both the base score and the performance score. Note: The PI score is the combined total of the required Base Score (50%), the Performance Score (up to 90%), and the Bonus Score (up to 15%). If the Base Score is not completed then the eligible clinician will automatically receive a zero (0) for the entire PI performance category score. The Performance Score can be met from a combination of all the performance measures.	
3	Patient Electronic Access*		
4	Send Summary of Care*		
5	Request/Accept Summary of Care*		
Performance Measures			
1	Immunization Registry Reporting		
2	Clinical Information Reconciliation		
3	Patient-Specific Education		
4	Secure Messaging		
5	View, Download or Transmit (VDT)		
6	Patient Generated Health Data		

Applicable template types for data entry include: Dialysis – Comprehensive Visit, Dialysis – Home Hemo Visit, Dialysis Peritoneal Dialysis Visit and Office Visit.