



Merit-based Incentive Payment System Measures

for Emergency Medicine Clinicians

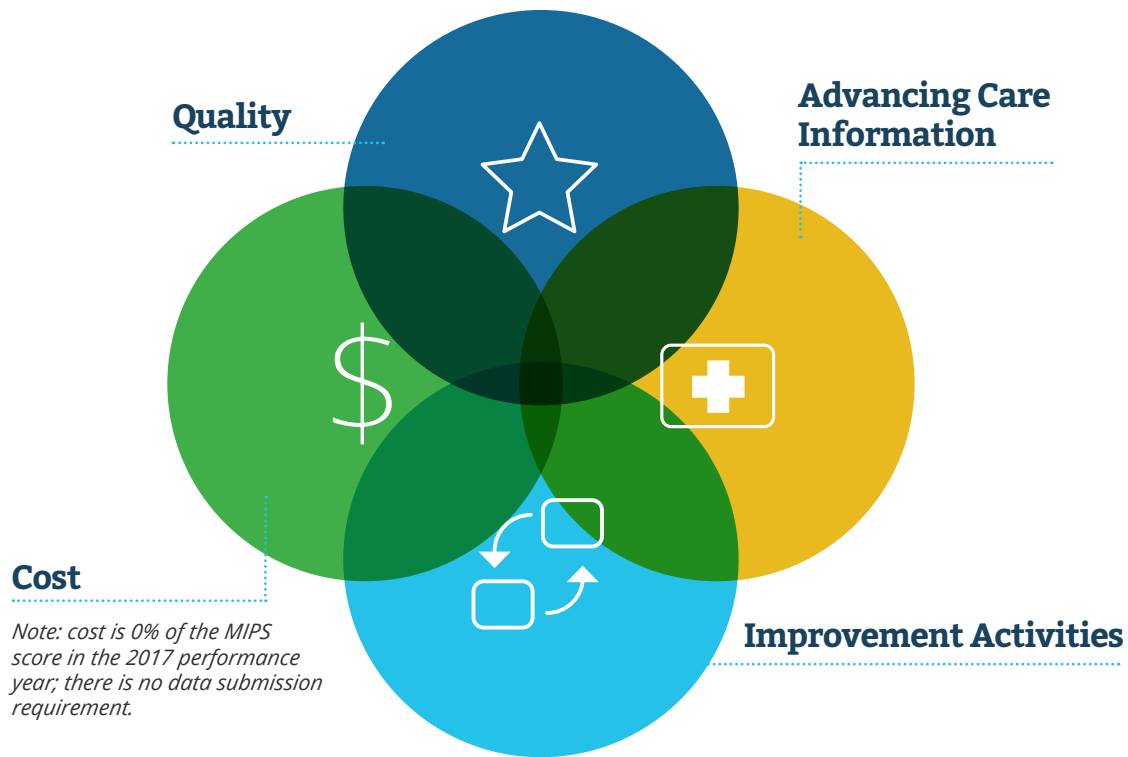
What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one of the two tracks of the Quality Payment Program, which implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Visit QPP.CMS.GOV to understand program basics, including submission timelines and how to participate.

What are the Measures That I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, you will be able to pick your pace the first year through three participation options—test, partial, and full. Your Medicare payment adjustment will be based on submitting data and your performance for the following MIPS categories:



What Measures Do I Submit for Each Category in 2017?

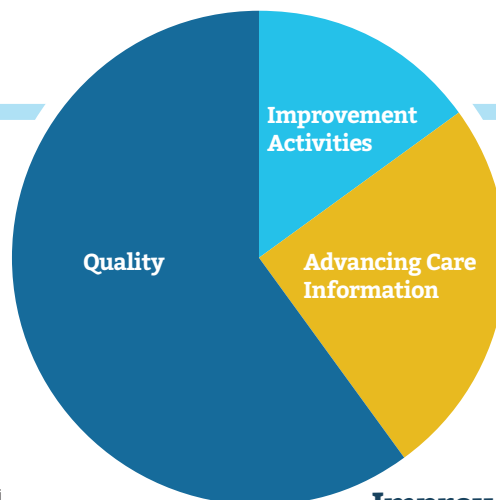
This resource provides a non-exhaustive sample of measures that may apply to emergency medicine. Make sure to consider your reporting method, patient mix, and performance period to choose the measures that best suit you. See a full list of measures at QPP.CMS.GOV.



60%
of score

Quality Performance Categoryⁱ

Assess the value of care to ensure patients get the right care at the right time



15%
of score

Improvement Activities Performance Categoryⁱⁱ

Support care coordination, patient engagement, patient safety, population management, and health equity

- Avoid prescribing systemic antimicrobial therapy for patients with Acute Otitis Externa (AOE)
- Prescribe topical preparations for patients with AOE
- Avoid prescribing antibiotics for adult patients with acute bronchitis
- Avoid unnecessary head CT scan for minor blunt head trauma for patients aged 18 years and older who are classified as low-risk
- Avoid unnecessary head CT scan for minor blunt head trauma for patients aged 2 through 17 years who are classified as low-risk
- Screen for unhealthy alcohol use and provide brief counseling
- Provide Rh-negative pregnant women at risk of fetal blood exposure with Rh-Immunoglobulin
- Determine pregnancy location with ultrasound for pregnant patients with abdominal pain

Clinicians choose activities they may participate in from among a [list](#). Some activities include:

- Participate in a CMS Partnership for Patients Hospital Improvement Innovation Network
- Collect and use patient experience and satisfaction data to improve care
- Consult a Prescription Drug Monitoring program before prescribing opiates
- Establish standard operations to manage transitions of care
- Implement an antibiotic stewardship program
- Participate in a Qualified Clinical Data Registry (QCDR)
- Participate in an AHRQ-listed patient safety organization
- Use telehealth services that expand access to care

ⁱ 60% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM

ⁱⁱ 15% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM





25%
of score

Advancing Care Information Performance Category ⁱⁱⁱ

Support the secure exchange of health information and the use of certified electronic health record technology (CEHRT)

The Advancing Care Information performance category score includes a base score, performance score and bonus score. Additionally, in 2017, there are two measure set options for reporting:

- Advancing Care Information Objectives and Measures
- 2017 Advancing Care Information Transition Objectives and Measures

MIPS eligible clinicians can report the Advancing Care Information objectives and measures if they have:

- Technology certified to the 2015 Edition; or
- A combination of technologies from the 2014 and 2015 Editions that support these measures

In 2017, MIPS eligible clinicians can alternatively report the 2017 Advancing Care Information transition objectives and measures if they have:

- Technology certified to the 2015 Edition; or
- Technology certified to the 2014 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions

MIPS eligible clinicians need to fulfill the requirements of all the base score measures in order to receive an Advancing Care Information performance category score. If the base score requirements are not met, they will get a 0 in the overall Advancing Care Information performance category score. Emergency medicine clinicians who are not designated as hospital-based or non-patient facing or who choose to submit as part of a group report on the following base measures:

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or for one measure (Immunization Registry Reporting measure), by the yes answer submitted.

ⁱⁱⁱ 25% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM



25%
of score

Advancing Care Information Performance Category *(continued)*

MIPS eligible clinicians can earn bonus percentage points by doing the following:

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

Reweighting the Advancing Care Information Performance Category

- Hospital-based emergency medicine clinicians will have their Advancing Care Information performance category score reweighted to 0% of the final score
- A hospital-based eligible clinician is defined as furnishing 75% or more of their covered professional services in either the inpatient hospital (Place of Service 21), outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting
- In the case of reweighting to 0%, CMS will assign the 25% from the Advancing Care Information performance category to the Quality performance category so that 85% of the total MIPS final score will be based on Quality
- You can still choose to submit your data and CMS will score your Advancing Care Information performance

For more information on Advancing Care Information measures, requirements, and reweighting for hospital-based and non-patient facing clinicians, see the Advancing Care Information fact sheet.



0%
of score

Cost Performance Category Helps create efficiencies in Medicare spending

- No reporting requirement in 2017 (measures are calculated based on Medicare claims data but will not be used to determine your payment adjustment in the first payment year 2019 of the program)



For more information and a list of Advanced APMs that may be right for you, visit: **QPP.CMS.GOV**

