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MACRA MIPS Where Does SETMA Stand

Merit Based Incentive Payment System (MIPS)

As SETMA continues to examine our practice in regard to the Medicare Access and CHIP Reauthorization Act of 2015 which created the MIPS program, we are examining all four categories of the MIPS Scoring System.

The Advancing Care Information category which is replacing the Meaning Use Program includes the following functions, each of and all of which SETMA performs at greater than a 90% rate consists of:

MIPS: Scoring System		
Summary of MIPS Performance Categories		
Performance Category	Maximum Possible Points per Performance Category	Percentage of Overall MIPS Score (Performance Year 1 - 2017)
 Quality: Clinicians choose six measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or a high-value measure and one must be a crosscutting measure. Clinicians also can choose to report a specialty measure set.	80 to 90 points depending on group size	50 percent
 Advancing Care Information: Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	100 points	25 percent
 Clinical Practice Improvement Activities: Clinicians can choose the activities best suited for their practice; the rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn "full credit" in this category, and those participating in Advanced APMs will earn at least half credit.	60 points	15 percent
 Cost: CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Average score of all cost measures that can be attributed	10 percent

1. Protect Patient Health Information
 - a. Security Audits done by IT/Management
2. Clinical Decision Support
 - a. Implement 5 clinical decision support interventions related to quality metrics
 - b. Implement drug-drug and drug-allergy interaction checking
3. Computerized Order Entry
 - a. More than 60 percent of medication orders created using computerized order entry
 - b. More than 30 percent of laboratory orders created using computerized order entry
 - c. More than 30 percent of radiology orders created using computerized order entry
4. Electronic Prescribing
 - a. More than 50 percent of permissible prescriptions created and transmitted using computerized order entry
5. Health Information Exchange (not HIE)
 - a. More than 10 percent of care transitions and referrals have summary of care record created and transmitted using certified EHR technology
6. Patient-Specific Education
 - a. More than 10 percent of all unique patients are provided patient-specific education using certified EHR technology
7. Medication Reconciliation
 - a. Medication reconciliation performed for more than 50 percent of patients transitioned into the care of the practice
8. Patient Electronic Access
 - a. More than 50 percent of all patients have timely access to view download or transmit their health information
 - b. The capability exists and is enabled for patients to transmit their health information to a third-party
9. Secure Messaging

- a. The capability exists and is enabled for patients to send and receive secure electronic messages with the provider

10. Public Health Reporting

- a. Immunization Registry Reporting
- b. Active Engagement with Specialized Registry Reporting