

Making \$ense of MACRA Improving Your Quality Reporting Under MIPS

ACG Member Checklist:

✓ **Decide how you will report**

Individual Reporting Options	Group Reporting Options
Claims	Administrative Claims
Electronic Health Record (EHR)	Electronic Health Record (EHR)
Qualified Registry	Qualified Registry
Qualified Clinical Data Registry (QCDR)	Qualified Clinical Data Registry (QCDR)
	CMS Web Interface (for groups of 25 or more)

✓ **Select the best 6 measures for you and your practice**

Make sure that you select measures that are appropriate to your patient population.

The full list of available measures can be found at www.gpp.cms.gov.

Each physician or group must report at least 6 measures with one that is an outcome measure or high-priority measure (outcome, appropriate use, patient experience, patient safety, efficiency, or care coordination).

You can select measures on CMS' suggested "gastroenterology specialty measure set." THIS LIST IS OPTIONAL— YOU DO NOT HAVE TO SELECT MEASURES ON THIS LIST.

✓ **Select the best reporting timeframe for you**

The minimum timeframe during which you can report and get partial credit for participating is for 90 consecutive days.

OR

You can choose to test the program or report for the full year.

OR (For 2017 Only)

If you submit a "minimum amount of 2017 data" to Medicare, you can avoid a

payment cut. For example, submitting one quality measure for one patient will suffice.

✓ **Know the specifications for each measure you report— this directly impacts MIPS points and reimbursement**

Make sure that you are able to report on enough patients to satisfy “data completeness” during the timeframe of reporting.

“Data completeness” looks at whether you submitted on a sufficient number of patients during the timeframe. For Part B claims, at least 50% of your Medicare Part B patients.

For EHR, Qualified Registry and QCDR, it is at least 50% of all of your patients seen regardless of payer.

Quality measure are constructed by a numerator and denominator

First: The specifications for each measure is posted at www.gpp.cms.gov. This tell you:

- What outcomes or processes of care are included in the numerator of the measures
- What are the allowable instances where a patient may not meet the numerator but you will still get ‘credit’
- What codes (particularly of the claims-based reporting option) that should be submitted for each action

Second: Make sure that you know the denominator and what codes are required for each measure selected.

Third: Make sure that you provide all of the information needed for the numerator and exclusions with the right quality code(s)

You may not meet the data completeness requirement if you do not follow the measure specifications closely.

If you chose the QCDR option, the registry will help do this for you. Check out the latest news and options from [GIQuIC](#).

✓ **Monitor your submission process and make sure you know who is in charge of actually submitting the data.**

Identify ways to track how successfully you are reporting. For example, Qualified

Registries and QCDRs enable you to access feedback reports periodically. You may need to create internal processes for the claims reporting option.

TIP: Know the measure's specifications! It is important to stress that ACG members should study the denominator for each measure and understand what exactly needs to be performed in order to meet the measure's requirements. For example, measure #113 does not require you to actually perform the screening, but instead, to confirm that the patient has been screened for colorectal cancer. Since 60% of your total MIPS comes from the Quality category, you need to understand how to maximize your points. ACG is here to help."