Making $ense of MACRA
Improving Your Quality Reporting Under MIPS

ACG Member Checklist:

- ✓ **Decide how you will report (you can only choose one method)**

Individual Reporting Options	Group Reporting Options
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 and specifications can be found on CMS' website.

  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.

- ✓ **Reporting timeframe is the entire CY 2018**

  Make sure that you include all relevant Medicare fee for service patients in the measures you select. The reporting timeframe is the entire calendar year 2018.

- ✓ **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. In CY 2018, you must report:

- Claims: at least 60% of applicable Medicare fee for service patients over the entire 12 months.
- QCDR, registry, and EHR: at least 60% of all applicable patients over the entire 12 months.
- CMS Web Interface: at least 248 of Medicare patients (CMS will randomly select these patients)

Quality measure are constructed by a numerator and denominator

First: The specifications for each measure is posted on CMS' website. This will 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 CPT and ICD-10 codes (particularly of the claims-based reporting option) are included in each measure's specifications

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.

✓ Check out ACG's Making $ense of MACRA series to learn more about scoring and benchmarks.

CMS also offers a detailed fact sheet for more information on quality reporting, scoring, and benchmarks.