

Pain Management Coding Alert

Reader Question: Report MIPS Measures Per This Advice

Question: I know that the four quality reporting measures for the Merit-Based Incentive Payment System (MIPS) are quality, cost, advancing care information (ACI), and improvement activities. Could you tell me a bit more about each of these measures, so we can make our MIPS reporting as accurate as possible?

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Answer: The reporting requirements are as follows:

1. Quality: Eligible clinicians need to report six quality measures (compared to nine under the Physician Quality Reporting System [PQRS]) or a specialty measure set. One of those must be an outcome measure (if available) or a high-priority measure if no outcome measure is available. To meet the measure, clinicians should report on 50 percent of patients in 2017, growing to 60 percent in 2018 and possibly more in later years.

More info: Consider this explanation of how to report MIPS quality measures from **Katherine Becker, JD, LLM, CHC, CHPC, CPC**, of Acevedo Consulting Incorporated in Delray Beach, Florida:

"If the patient is eligible for any of the quality measures the provider has selected for the year, the provider will want to perform those quality actions. Examples of quality measures that might apply are documentation of current medications, following up as necessary, etc.," explains Becker

2. Cost: This category is based on claims, and carries no weight for eligible clinicians in 2017. However, the cost category will increase to 10 percent in 2018 and 30 percent in 2019 and beyond.

3. Advancing Care Information (ACI): Eligible clinicians need to report on all base-score measures (four in 2017, five in 2018) and up to nine optional measures for a higher score. The reporting period is 90days for 2017 and 2018, but will increase to the full year.

More info: "The provider will want to perform any relevant measures through the EMR [electronic medical records], which may include: e-prescribing any necessary medications, using CPOE [computerized provider order entry] to order labs, providing patients specific education, etc.," says Becker.

You can read about the ACI measures at <https://qpp.cms.gov/measures/aci>.

4. Improvement Activities: Eligible clinicians should report a total of 40 points-worth of improvement activities (such as two-high weighted or four-medium weighted activities).

More info: "The provider will want to perform any improvement activities they have chosen that may be relevant to the patient," explains Becker. An example of an improvement activity that might be triggered by the office visit is Collection and Follow-up on Patient Experience and Satisfaction Data on Beneficiary Engagement.

"An example might include sending the patient home with a survey to evaluate their experience in the office," according to Becker. "Providers who choose this improvement activity will need to review patient surveys and development improvement plans for areas that are not satisfactory."

You can find a list of activities at <https://qpp.cms.gov/measures/ia>.