

Practice Management Center

WEBSITE: aad.org/practicecenter

2019 MIPS Readiness Checklist

The checklist – for practices with fewer than 15 providers – will help you begin to prepare your for MIPS reporting.

1 Determine if you are eligible

You are required to participate if:

- ☐ You have at least \$90,000 in Medicare Part B allowed charges per year.
- ☐ You provide covered professional services to 200 or fewer Part B enrolled individuals.
- ☐ You provide 200 or fewer covered professional services to Part B-enrolled individual.
- ☐ This is not your first year as a Medicare participating provider.

2 Determine how you will report

You are required to participate if:

- ☐ MIPS reporting can be completed via a registry like DataDerm, EHR, or claims. Evaluate the best approach for your practice.
- ☐ Choose one of the following reporting options for MIPS for 2019 (for practices of 15 providers or less):

AVOID PENALTY To only avoid the penalty (7%) you must score at least 30 points.	SMALL INCENTIVE To get a small incentive (typically less than 0.5%), you must score between 31 and 74 points.	MAXIMUM INCENTIVE To get the maximum incentive (7%) , you must score 75 or more points.
REPORTING OPTIONS WITHOUT AN EHR		
Report ALL of the following: <ul style="list-style-type: none"> • 5 quality measures one time each* (between Jan 1 – Dec 31, 2019) PLUS 6 bonus points automatically added for <i>small practice to numerator</i> • 1 high-weighted improvement activity (for 90 consecutive days; last day to begin participation Oct 2, 2019) <i>*The AAD strongly recommends practices report more than one time as an insurance policy in the event of submission issues or inaccuracies. Failure to correctly report in 2019 will result in a 7% penalty in 2021.</i>	Report ALL of the following: <ul style="list-style-type: none"> • 2 quality measures that are not topped out for all eligible patients for the full year (Jan 1 – Dec 31, 2019) PLUS 6 bonus points automatically added to <i>numerator for small practice</i> • 1 high-weighted improvement activity (for 90 consecutive days; last day to begin participation Oct 2, 2019) 	Report ALL of the following: <ul style="list-style-type: none"> • Apply for and be approved for EHR hardship to have this category re-weighted to the quality category • 5 quality measures that are not topped out for all eligible patients for the full year (Jan 1 – Dec 31, 2019) PLUS 6 bonus points automatically added for <i>small practice to numerator</i> • 1 high-weighted improvement activity (for 90 consecutive days; last day to begin participation Oct 2, 2019)
REPORTING OPTIONS WITH AN EHR		
Report ALL of the following: <ul style="list-style-type: none"> • 1 high-weighted improvement activity (for 90 consecutive days; last day to begin participation Oct 2, 2019) • 3 promoting interoperability measures (for 90 consecutive days; last day to begin participation Oct 2, 2019) (Measures: PI_EP_1; PI_HIE_1 or PI_HIE_4; AND PI_PEA_1) 	Report ALL of the following: <ul style="list-style-type: none"> • 2 quality measures one time each* (for all eligible cases between Jan 1 – Dec 31, 2019) PLUS 6 bonus points automatically added to <i>numerator for small practice</i> • 4 promoting interoperability measures for all eligible patients (for 90 consecutive days; last day to begin participation Oct 2, 2019) (Measures: PI_EP_1; PI_HIE_1; PI_HIE_4; AND PI_PEA_1) <i>*The AAD strongly recommends practices report more than one time as an insurance policy in the event of submission issues or inaccuracies. Failure to correctly report in 2019 will result in a 7% penalty in 2021.</i>	Report ALL of the following: <ul style="list-style-type: none"> • 5 quality measures that are not topped out (for all eligible cases between Jan 1 – Dec 31, 2019) PLUS 6 bonus points automatically added to <i>numerator for small practice</i> • 1 high-weighted improvement activity (for 90 consecutive days; last day to begin participation Oct 2, 2019) • 4 promoting interoperability measures for all eligible patients (Measures: PI_EP_1; PI_HIE_1; PI_HIE_4; AND PI_PEA_1)

3 Decide individual versus group reporting

- ☐ If you are in a group, decide whether you will report as a group or as individuals. To qualify as a group, you must have two or more providers with one Tax Identification Number (TIN).

4 Sign up for AAD's DataDerm

- ☐ Participation in a Qualified Clinical Data Registry such as DataDerm helps satisfy the quality reporting requirement and Clinical Practice Improvement Activity component of MIPS. Data registry participation also qualifies you for a bonus in the PI category.

5 Review your QRUR report at portal.cms.gov.

- ☐ This will help you estimate what your cost score will be. No data needs to be submitted for this. CMS will assess and automatically apply a score.

6 Review the list of quality measures at aad.org/macra/quality

- ☐ Determine which measures are applicable to your practice.

7 Review the Promoting Interoperability (PI) measures at aad.org/macra/aci

- ☐ Determine which measures are applicable to your practice.
- ☐ Ask your EHR vendor if they are ready to comply with MIPS and if they will connect to DataDerm to receive a bonus in the PI score.

8 Verify if your EHR is certified according 2015 standards

- ☐ Make sure your vendor will be able to accommodate your reporting needs if you choose to report required measures via your EHR.

9 Review the list of dermatology-specific practice improvement activities at aad.org/macra/ia

- ☐ Identify activities that are most relevant to your practice.

For more information, contact the Academy's Practice Management Center:
 EMAIL: MACRA@aad.org • WEBSITE: aad.org/practicecenter

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