

This checklist provides actions you can take today to help prepare your practice for the Merit-Based Payment System (MIPS). MIPS is one of two payment tracks created under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. MIPS consolidates three existing Medicare quality programs into one new program. MIPS will incorporate elements from meaningful use (MU), the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VBPM). MACRA begins in 2019, and the American Academy of Family Physicians (AAFP) anticipates that 2017 will be the initial performance year for MIPS. You can begin preparing for MIPS by assessing your performance under CMS' current quality programs. Use this checklist to help you and your practice become "MACRA Ready."

CURRENT CMS QUALITY PROGRAMS

Attest to Meaningful Use

(<http://www.aafp.org/practice-management/regulatory/mu.html>)

I attested to Meaningful Use for 2015.

- Next Steps
 - Review Modified Stage 2 requirements for 2016.
 - Incorporate data collection into workflows.
 - Consider preparing for Stage 3 in 2017.
 - Resource: The Evolution of Meaningful Use: Today, Stage 3, and Beyond (<http://www.aafp.org/fpm/2016/0100/p17.html>)

I did not attest to Meaningful Use for 2015.

- Next Steps
 - Adopt Certified Electronic Health Record Technology (CEHRT).
 - Review Modified Stage 2 requirements for 2016.
 - Incorporate data collection into workflows.
 - Consider preparing for Stage 3 in 2017.
 - Resource: The Evolution of Meaningful Use: Today, Stage 3, and Beyond (<http://www.aafp.org/fpm/2016/0100/p17.html>)

Report to the Physician Quality Reporting System (PQRS)

(<http://www.aafp.org/practice-management/regulatory/pqrs.html>)

My practice successfully reported as a group for 2015.

I successfully reported as an individual for 2015.

- I reported individual measures.
- I reported a measures group.

I have reviewed the PCMH/ACO Primary Care Core Measure Set. (<http://www.aafp.org/practice-management/improvement/measures.html>) The PCMH/ACO Primary Care Core Measure Set was created by the Core Quality Measures Collaborative Workgroup in an effort to create a consistent set of measures to be used across public and private payers. With a harmonized set of measures, family physicians will see a reduction in administrative burden and measurement complexity and frustration. Clinical topics in the core set include: cardiovascular, diabetes, care coordination, prevention and wellness, behavioral health, overuse and utilization, and patient experience.

- Of the measures I reported, ____ are included in the PCMH/ACO Primary Care Core Measure Set. (<http://www.aafp.org/practice-management/improvement/measures.html>)

- Next Steps

- Select reporting option for 2016
 - If reporting as a group, register for the PQRS Group Practice Reporting Option (GPRO) before the June 30, 2016, deadline.
- Consider using measures from the PCMH/ACO Primary Care Core Measure Set in 2016.
- Monitor measure performance throughout the performance year as part of your quality improvement (QI) plan. (<http://www.aafp.org/practice-management/improvement/basics.html>)
- Resource: AAFP PQRSwizard (<https://aafp.pqrswizard.com/selector.aspx>)
- Resource: Quality Improvement Basics (<http://www.aafp.org/cme/cme-topic/all/qi-basics.html>)

I did not report to PQRS for 2015.

- Next Steps

- Select reporting option for 2016.
- If reporting as a group, register for the PQRS Group Practice Reporting Option (GPRO) before the June 30, 2016, deadline.
- Resource: AAFP PQRSwizard (<https://aafp.pqrswizard.com/selector.aspx>)
- Review measure specifications and select measures to report.
 - Consider using measures from the PCMH/ACO Primary Care Core Measure Set.
 - Consider clinical conditions usually treated, types of care typically provided, setting where care is provided, QI goals for 2016, and other quality reporting programs already in use (ex. MU).
- Incorporate data collection into workflows.
- Monitor measure performance throughout the year as part of your QI plan.

continued

Review and Quality Resource Use Reports (QRURs)

- I reviewed my 2014 mid-year and 2014 annual QRUR and am aware of how my practice fared under the Value-Based Payment Modifier (VBPM). (<http://www.aafp.org/practice-management/regulatory/vbpm.html>)
- I have reviewed my Supplemental QRUR.
- I have developed a QI plan and incorporated the information provided from my QRUR and Supplemental QRUR into my QI plan.
 - Next Steps
 - Review 2015 mid-year and 2015 annual QRUR and Supplemental QRUR.
 - If necessary, file an informal review.
 - Incorporate information provided into your QI plan.
- I have obtained my QRUR and/or Supplemental QRUR, but do not currently utilize the information provided.
 - Next steps
 - Obtain Supplemental QRUR if not previously downloaded.
 - Review QRUR reports for accuracy.
 - If necessary, file an informal review.
 - Develop QI plan.
 - Use QRUR and Supplemental QRUR to identify opportunities for improvement and incorporate into QI plan.
- I have not obtained my QRUR and Supplemental QRUR and/or am unaware of how my practice fared under the VBPM.
 - Next steps
 - Obtain Enterprise Identity Management (EIDM) system account.
 - Download QRUR and Supplemental QRUR and review data for accuracy.
 - If necessary, file an informal review.
 - Identify opportunities for improvement.
 - Develop QI plan and incorporate data from QRUR and Supplemental QRUR into QI plan.
 - Resource: [What You Need to Know About Medicare's New "Quality and Resource Use Report"](http://www.aafp.org/fpm/2015/1100/p19.html) (<http://www.aafp.org/fpm/2015/1100/p19.html>)

Understand implications of non-participation in CMS' Quality Programs.

- Resource: Medicare Incentives and You: Payment Adjustments (http://www.aafp.org/content/dam/AAFP/documents/practice_management/regulatory_compliance/MedicareInitiatives.pdf)

OPTIMIZE YOUR PRACTICE REVENUE

Consider billing for these services as a means to get reimbursed for work you are already performing.

- Bill Medicare's Chronic Care Management code. (<http://www.aafp.org/practice-management/payment/coding/chronic-care.html>)
 - Resource: AAFP Chronic Care Management Toolkit (<https://nf.aafp.org/Shop/practice-management-tools/aafp-ccm-toolkit>)
- Bill Medicare's Advanced Care Planning code.
- Bill Medicare's Transitional Care Management code.
 - Resource: Transitional Care Management FAQ (http://www.aafp.org/dam/AAFP/documents/practice_management/payment/TCMFAQ.pdf)
 - Resource: Transitional Care Management 30-Day Worksheet (http://www.aafp.org/dam/AAFP/documents/practice_management/payment/TCM30day.pdf)
- Conduct and bill Medicare's Annual Wellness Visit.

