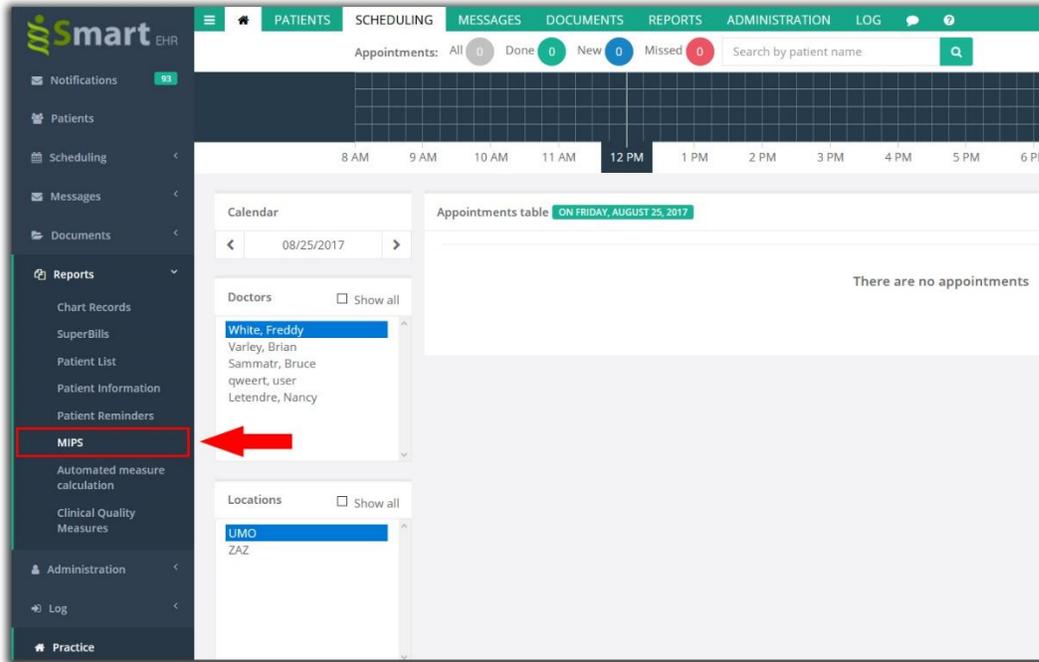
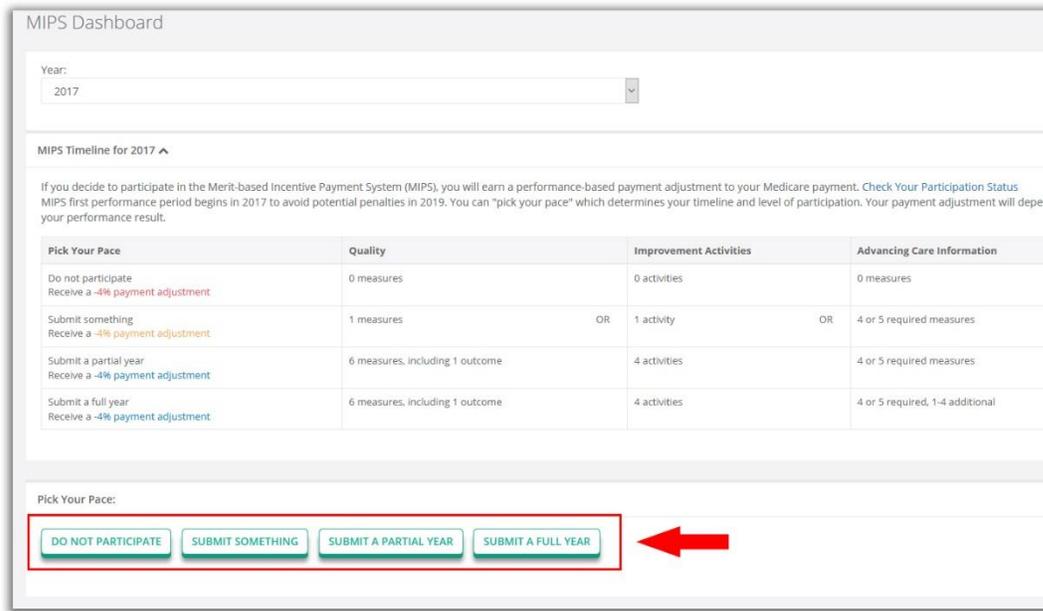


MIPS dashboard

1. On the homepage click **MIPS** menu from Reports section:



2. Click one of the four buttons to pick your **pace** (e.g. Submit a Partial Year) on the MIPS dashboard page:



3. Set 90-days period for each category by filling 'date from' field:

Pick Your Pace:

[DO NOT PARTICIPATE](#) [SUBMIT SOMETHING](#) [SUBMIT A PARTIAL YEAR](#) [SUBMIT A FULL YEAR](#)

- Submit 90 days of 2017 data to Medicare.
- May earn a positive payment adjustment.
If you are not ready on January 1, you can start anytime between January 1 and October 2, 2017. You need to send performance data by March 31, 2017

Select 90-days period:

Date range for **Quality**:
____/____/____ to ____/____/____

Date range for **Improvement Activities**:
____/____/____ to ____/____/____

Date range for **Advancing Care Information**:
____/____/____ to ____/____/____

Warning!!! Reporting period must be indicated for each of the categories.

[Generate report](#)



4. Click on **Quality** block:

Select 90-days period:

Date range for **Quality**:
07/13/2017 to 10/11/2017

Date range for **Improvement Activities**:
07/13/2017 to 10/11/2017

Date range for **Advancing Care Information**:
07/13/2017 to 10/11/2017

[Generate report](#)

Submit a Partial Year Insufficient	Quality not completed	Improvement Activities not completed	Advancing Care Information not completed	Cost No data submission required
--	---------------------------------	--	--	--



5. Mark **Quality measures** (e.g. selected measures on the screen) you are going to report and click **'Generate'** button:

ATTENTION: MIPS 2017 Performance Category: QUALITY Clinicians choose 6 measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or another high priority measure. [More Info](#)

High Priority Measure | High Priority, Outcome Measure | High Priority, Intermediate outcome measure

Date From: 07/13/2017 | Date To: 10/11/2017

Measures:

Select All

Effective Clinical Care

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (CMS 161v5, NQF 0104)

Anti-depressant Medication Management (CMS 128v5, NQF 0105)

Breast Cancer Screening (CMS 125v5, NQF 0031)

Colorectal Cancer Screening (CMS 130v5, NQF 0034)

Controlling High Blood Pressure (CMS 165v5, NQF 0018)*

Dementia: Cognitive Assessment (CMS 149v5)

Depression Remission at Twelve Months (CMS 159v5, NQF 0710)

Diabetes: Foot Exam (CMS 123v5, NQF 0056)

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) (CMS 122v5, NQF 0059)*

Diabetes: Medical Attention for Nephropathy (CMS 134v5, NQF 0062)

Hypertension: Improvement in Blood Pressure (CMS 65v6)

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic (CMS 164v5, NQF 0068)

Patient Safety

Documentation of Current Medications in the Medical Record (CMS 68v6, NQF 0419)*

Falls: Screening for Future Fall Risk (CMS 139v5, NQF 0101)*

Use of High-Risk Medications in the Elderly (CMS 156v5, NQF 0022)

Community/Population Health

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (CMS 69v5, NQF 0421)*

Preventive Care and Screening: Influenza Immunization (CMS 147v6, NQF 0041)*

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (CMS 22v5)*

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (CMS 138v5, NQF 0028)*

Efficiency and Cost Reduction

Use of Imaging Studies for Low Back Pain (CMS 166v6, NQF 0052)

* - Cross-cutting measure.

QRDA_I Import | **Generate** ←

6. Results will appear for the marked measures:

QRDA_I Import | Generate | Choose more

Measure #	Measure name	IPP	Num/Denom	NumEx	DenExcl	DenExcep	Performance Rate	MP	MO
CQM 134v5	Diabetes: Medical Attention for Nephropathy	0	0 / 0		N/A	N/A	N/A	N/A	N/A
CQM 68v6	Documentation of Current Medications in the Medical Record	0	0 / 0		N/A	0	N/A	N/A	N/A
CQM 139v5	Falls: Screening for Future Fall Risk	0	0 / 0		N/A	0	N/A	N/A	N/A
CQM 65v6	Hypertension: Improvement in Blood Pressure	0	0 / 0		0	N/A	N/A	N/A	N/A
CQM 164v5	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0	0 / 0		0	N/A	N/A	N/A	N/A
CQM 69v5	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	0	0 / 0		0	0	N/A	N/A	N/A
CQM 147v6	Preventive Care and Screening: Influenza Immunization	2	1 / 2		N/A	0	50% (1/2)	N/A	N/A

7. Return to MIPS dashboard page and click **Improvement Activities** block:

Select 90-days period:

Date range for **Quality**: 07/13/2017 to 10/11/2017

Date range for **Improvement Activities**: 07/13/2017 to 10/11/2017

Date range for **Advancing Care Information**: 07/13/2017 to 10/11/2017

Generate report

Submit a Partial Year

⊘

insufficient

Quality

⊘

not completed

Improvement Activities

⊘

not completed

Advancing Care Information

⊘

not completed

Cost

No data submission required

8. Mark checkboxes if any of them apply to your practice. And read the information alert:

Improvement Activities

Reporting period

Date From: 07/13/2017 Date To: 10/11/2017

Mark checkboxes if any of them apply to your practice:

- I am an eligible clinician participating in MIPS via a group with fewer than 15 participants.
- My practice is located in a rural area.
- My practice is located in a health professional shortage area.
- I am a non-patient facing MIPS participant.

Attest that you completed up to 4 improvement activities for a minimum of 90 consecutive days. More information

Each activity is weighted either medium or high. To get the maximum score of 40 points for the Improvement Activity score, you may select any of these combinations:

- 2 high-weighted activities
- 1 high-weighted activity and 2 medium-weighted activities
- Up to 4 medium-weighted activities.

Each medium-weighted activity is worth 10 points of the total Improvement Activity performance category score, and each high-weighted activity is worth 20 points of the total category score.

9. Scroll down to the list of improvement activities. If you performed any improvement activity for the reporting period then mark 'Complete' checkbox for the activity in the 'Actions' column (e.g. Care transition documentation practice improvements):

List of improvement activities:

Activity name: Filter by name Category: Weight:

Activity name	Category	Weight	Actions
Additional improvements in access as a result of QIN/QIO TA	Expanded Practice Access	Medium	<input type="checkbox"/>
Administration of the AHRQ Survey of Patient Safety Culture	Patient Safety & Practice Assessment	Medium	<input type="checkbox"/>
Annual registration in the Prescription Drug Monitoring Program	Patient Safety & Practice Assessment	Medium	<input type="checkbox"/>
Anticoagulant management improvements	Population Management	Medium	<input type="checkbox"/>
Care coordination agreements that promote improvements in patient tracking across settings	Care Coordination	Medium	<input type="checkbox"/>
Care transition documentation practice improvements	Care Coordination	Medium	<input type="checkbox"/>
Care transition standard operational improvements	Care Coordination	Medium	<input type="checkbox"/>
Chronic care and preventative care management for empanelled patients	Population Management	Medium	<input type="checkbox"/>
CMS partner in Patients Hospital Improvement Innovation Networks	Care Coordination	Medium	<input type="checkbox"/>
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	Beneficiary Engagement	High	<input type="checkbox"/>
Collection and use of patient experience and satisfaction data on access	Expanded Practice Access	Medium	<input type="checkbox"/>
Completion of the AMA STEPS Forward program	Patient Safety & Practice Assessment	Medium	<input type="checkbox"/>
Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments	Patient Safety & Practice Assessment	Medium	<input type="checkbox"/>

10. You may enter details of how you performed improvement activity. Once finished, click 'Save':

DETAILS

As a best practice you should explain activities performed to complete the selected improvement activity.

Note:

Cancel Save

11. You will see the saved improvement activity in the list of completed activities. Click **'Save Changes'** button:

Completed activities:

Activity name	Category	Weight	Actions
Care transition documentation practice improvements	Care Coordination	Medium	<input checked="" type="checkbox"/>

 Save changes Print

12. Return to MIPS dashboard page and click **Advancing Care Information** block:

Select 90-days period:

Date range for **Quality**: to

Date range for **Improvement Activities**: to

Date range for **Advancing Care Information**: to

Generate report

Submit a Partial Year



Insufficient

Quality



not completed

Improvement Activities



not completed

Advancing Care Information



not completed

Cost

No data submission required

13. Click **'Generate'** button on the Automated measure calculation page:

Automated measure calculation

Doctor:

Reporting Period: Date From: Date To:

Modified Stage 2 Stage 3 ACI Transition ACI

 Generate Exclusion settings

Required for Base Score	MU Measure	Numerator	Denominator	Threshold
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14. Results will appear for ACI measures:

Required for Base Score	MU Measure	Numerator	Denominator	Threshold	Result (%)
	Protect Patient Health Information				
yes	<input type="radio"/> Security Risk Analysis				<input type="radio"/> Yes <input checked="" type="radio"/> No
	Electronic Prescribing				
yes	<input checked="" type="radio"/> e-Prescribing	4	4	50 %	100
yes	<input type="radio"/> Health Information Exchange	0	0	At least one transition of care or referral	0
	Patient Electronic Access				
yes	<input type="radio"/> Provide Patient Access	0	36	50 %	0
no	<input checked="" type="radio"/> View, Download or Transmit	2	36	At least one patient	6
no	<input type="radio"/> Patient Specific Education	0	36	At least one patient	0
no	<input type="radio"/> Secure Electronic Messaging	0	36	At least one patient	0
no	<input type="radio"/> Medication Reconciliation	0	0	At least one patient	0
	Public Health Reporting				
no	<input type="radio"/> Immunization Registry Reporting				<input type="radio"/> Yes <input checked="" type="radio"/> No
no	<input type="radio"/> Syndromic Surveillance Reporting				<input type="radio"/> Yes <input checked="" type="radio"/> No
no	<input type="radio"/> Specialized Registry Reporting				<input type="radio"/> Yes <input checked="" type="radio"/> No

15. Return to MIPS dashboard page and click ‘**Generate report**’ button. In case data entered to iSmart is not sufficient to meet the minimum requirements of the pace, then ‘Submit a Partial Year’ block will be colored red. In addition, you will see completed Quality, Improvement Activity and ACI measures and **warnings** indicating missing data.

➔ Generate report

Submit a Partial Year ⊘ Insufficient	Quality ⊘ not completed	Improvement Activities ⊘ not completed	Advancing Care Information ⊘ not completed	Cost No data submission required
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Completed Quality Measures:
147v6

Warning! 5 more quality measures must be completed to meet minimum requirements.

Completed Improvement Activities:
Care transition documentation practice improvements

To achieve the maximum 40 points you should complete either three more medium-weighted activities or one more high-weighted activity and one more medium-weighted activity.

Completed ACI Measures:
e-Prescribing

Warning! Security Risk Analysis, Health Information Exchange, Provide Patient Access measures must be completed to meet minimum requirements.

16. In case data entered to iSmart is sufficient to meet the minimum requirements of the pace, then (e.g. 'Submit Something') block will be colored green:

[Generate report](#)

Submit Something	Quality	Improvement Activities	Advancing Care Information	Cost
 Sufficient	 not completed	 completed	 not completed	No data submission required

Completed Quality Measures:
Completed Improvement Activities:
Care transition standard operational Improvements
Completed ACI Measures:
Security Risk Analysis, e-Prescribing