

Merit-based Incentive Payment System

Pre-Submission Checklist for Participation Year 2017

Eligible clinicians participating in the Merit-based Incentive Payment System (MIPS) in the 2017 transition year should review the following list of action items prior to submitting data:

- Confirm eligibility:
 - Eligible clinicians must first confirm that they are eligible to participate by using the Eligibility Tool at QPP.CMS.GOV.
 - Once eligibility is confirmed, eligible clinicians must use the same tool to decide if they will participate as an individual or as part of a group.
- Understand the MIPS program structure for 2017:
 - For the 2017 participation year, MIPS has specific categories, measures, and data submission methods. Eligible clinicians should understand these components and how each component will impact their overall performance.
 - For more details on the MIPS program structure, visit the [NYC REACH Resource Library](#) and view the “Quality Payment Program Overview: Program Structure in 2017” recorded webinar.
- Review past performance in similar quality improvement programs:
 - Understanding an eligible clinician’s past performance can help predict how they will perform in MIPS.
 - The Quality category replaces the Physician Quality Reporting System (PQRS). If a clinician has previously attested to PQRS they should review the PQRS Feedback Report from 2016. If the clinician has never reported to PQRS, they can review their eQMs year-to-date report in their EHR.
 - The Advancing Care Information category replaces the Medicare Meaningful Use program. If an eligible clinician has previously attested to Medicare or Medicaid Meaningful Use, the eligible clinician should review previous Meaningful Use reports.
 - The Improvement Activities category is a new category. Eligible clinicians should review a list of improvement activities at QPP.CMS.GOV.
- Select a participation pace for the 2017 transition year:
 - Eligible clinicians are able to select a reporting period that will support a smooth transition into the program. Eligible clinicians can submit data from one day up to 365 days.
 - Failure to submit any data will result in an automatic negative 4% Medicare Part B payment adjustment in 2019. For more details on the levels of participation, visit the [NYC REACH Resource Library](#) and view the “Quality Payment Program Overview: Determining Participation in 2017 ” recorded webinar.
- Prepare audit documentation:
 - Keep track of reporting documentation in case of audit.
 - To view published guidance on data validation visit the [QPP Resource Library](#).
- Stay up-to-date with news about MIPS:
 - Sign up for NYC REACH [digests](#) and QPP [newsletters](#) to receive regular updates.