



MIPS Readiness Assessment

This document will help CHS gauge your readiness to meet the 2020 MIPS Program, including how well you understand the requirements/changes to measures and objectives as well as possible workflow or data entry changes necessary to meet the measures. Based on your responses to the questions below, CHS will tailor its configuration and training towards the areas you need the most assistance. **Additional ancillary products may be required.**

Please answer the following questions. Once complete, return the assessment to CHS. If you believe an item is not applicable to your provider(s) or practice, please indicate, make note on the line and discuss with your consultant.

Purchased consulting services will not begin until the completed assessment is returned.

Practice Details

Practice Name: _____

Number of Provider: _____

Have you previously submitted MIPS Data: _____

Year of last MIPS Data Submission: _____

Cost Measures – 15% of Final Score

For the 2020 Performance Year, CMS will use the cost measures that assess the total cost of care during the year. There are 20 cost measures available for the 2020 Performance Year. CMS uses Medicare Part A and Part B Claims data to calculate cost measure performance which means you **DO NOT HAVE TO SUBMIT ANY DATA FOR THIS PERFORMANCE CATEGORY.**

Improvement Activities – 15% of Final Score

This performance category has a continuous 90-day performance period unless otherwise mentioned in the activity description for calendar year 2020.

To earn the maximum points allowed, you must select from one of the following combinations of activity groups:

- 2 high-weighted activities
- 1 high-weighted activity and 2 medium-weighted activities
- 4 medium-weighted activities

Please indicate the Improvement Activities you wish to report for 2020

1. _____

2. _____

3. _____

4. _____



Quality Measures – 45 % of Final Score (unless reweighting occurs)

You must collect data for the 12-month performance period (January 1st – December 31st, 2020)

- You MUST submit a minimum of 6 quality measures. One of these measures needs to be an outcome measure or a high-priority measure
- Bonus Points can be earned if 2 or more outcome or high-priority measures are submitted

Choose up to six quality measures from the Quality Measures List based on your desired reporting method. Selecting more than 6 measure will ensure the office will be able to obtain the highest Quality Score Possible.

The list of measures can be found at <https://qpp.cms.gov/mips/quality-measures?py=2020>

Please indicate the Quality Measures you wish to report for 2020

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Promoting Interoperability – 25% of Final Score

You must collect data for a continuous 90-day performance period in the year 2020

- For 2020 reporting, you will submit a single set of Promoting Interoperability objectives and measures
- Bonus Measures are available

Required Measures

- a. Security Risk Analysis
- b. E-Prescribing
- c. Provider to Patient Exchange (Updox)
- d. Health Information Exchange (Direct Messaging)
 - a. Support Electronic Referral Loops by Sending Health Information
 - b. Support Electronic Referral Loops by Receiving and Incorporating Health Information

