# ArcBITS Newsletter

## ArcSys Hot Tip

Next Egg Hunt comes up October 23-31. So far, 8 client sites have the following 15 users in the running for the $100 gift card: JEF, JJB, CDK, SUSAN, SO, CS, NGILES, ASJ, TJB, LDB, VGG, PL, DEB, ALISON and CINDY.

You ask, "What Egg Hunt?" See last February's newsletter for details. Simply, when you see the "football" or "leaf" that appear in September, click on it to see some "fun" sayings.

Who knows, you might even get entered into the drawing.

## Yes, You Can Meet MIPS!!

Under MIPS, there are three areas in which a clinic needs to demonstrate their performance in order to qualify for a Medicare payment adjustment. {Just going through the motions will keep you from losing any money from Medicare!} These areas are Quality Measures (QM) 60% of your score, Improvement Activities (IA) 15% and Advancing Care Information (ACI) 25%. See qpp.cms.gov for more information and spend time becoming familiarized with its content.

Your first step is to enter your NPI in the "check your participation status" box on the right side of the screen.

Second, click on the pull down arrow by MIPS at the top of the screen. On the right side of the box under Explore Measures you will see the three categories. Choose Quality Measures (QM), and another screen appears. Scroll down until you see:

### Select Measures

| SEARCH BY KEYWORD | | | FILTER BY: | | |
|---|---|---|---|---|---|
| All ⌄ | Search for... | SEARCH | High Priority Measure ⌄ | Data Submission Method ⌄ | Specialty Measure Set ⌄ |

QM is closely related to its predecessor PQRS and requires the submission of quality measure information to CMS. The most important change is that once your data is reviewed, the reimbursement incentive / penalty is based not just on successful reporting, but how the scores compare to other providers. Each measure is worth up to ten points. The points are determined by assessing how the score stacks up compared to all other providers.

Click on the down arrow by MIPS at the top of the screen and choose Advancing Care Information (ACI). Providers can achieve half of the category score by reporting at least one use case for each available measure. Additional points are available for high performance scores on the reported measures and public health reporting. This is a major simplification to the convoluted Meaningful Use.

Click on the down arrow by MIPS at the top of the screen and choose Improvement Activities (IA). Clinicians will only have to report one high-weight improvement activity or two medium-weight activities.

Next month we will introduce you to the concept of a registry. These are the folks to whom you submit your data (we'll show you how) and in turn they report to CMS in 2018.

# Fun and Games with MIPS (A week in the life of ArcSys)

The question was simple.  Patient 78913 had a hysterectomy but was still showing up on the Clinical Quality Measure (CQM) report under CMS124.  This measure records the number of patients who were screened for cervical cancer.  The Red Planet reports looks at female patients aged 23 to 64 that were seen in the past two years and had a screening.  If there is a coded entry in the EMR for hysterectomy, then this patient will be excluded from being counted.

Most of those reading this would respond with, "What??"  For those who have the slightest inkling of curiosity, read on.

When it was reported that 78913 was not showing as an exclusion, the sleuthing began.

The first step was to see if there was a coded entry in the problem list.  Yes, there was.  In fact it was listed as Snomed code 355048014, HYSTERECTOMY.

The second step was to analyze an underlying table to see if the code was listed as an exclusion.  It wasn't.  But we cannot add the code to the table because these codes are controlled by the Value Set Authority Center (VSAC) of the U.S. National Library of Medicine.

In digging into this web site we learned that there have been numerous updates to this "table".  This in turn necessitated a new download of the table.  Upon examination of the codes in the new table, we learned that there were new Snomed codes, too.

Now it was off to the Unified Medical Language System (UMLS) web site to look for the links to the Snomed data.  The last time we did this was three years ago and so as you would expect there were numerous changes to that data base, too.  Because of the massive size of this file, it took about 9 hours of download time to retrieve the data and convert into files suitable for processing by Red Planet.

Now we had a current VSAC table and a current Snomed table.  On running the CQM report, 78913 still wasn't showing up as an exclusion.

Arggh.  So it's back to examining the table.  Turns out that you have to use the code 184450010 for TOTAL HYSTERECTOMY instead (per VSAC).  Now we did a mass data base update on the problem list for each patient to change all the 355048014s to 184450010s.  Whew.

We re-run the report and now have success!

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CLINICAL QUALITY MEASURE 06/01/17 - 08/31/17
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GROUP... MEASURE.................................... DENOMI-  NUME- EXCLUDE PERCENT
                                                     NATOR    RATOR

All Cervical Cancer Screen CMS124 NQF0032             121      49      32      55

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                                                      121      49      32      55
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