**OEIS National Registry   
2017 MIPS Quality Reporting Information**

**Quality Measures Selection Information**Please note that there are two different categories of quality measures: MIPS measures and QCDR measures. Both can be used for MIPS reporting.

1. **MIPS Measure** are measures that are approved by CMS to be included in the QPP. Any eligible clinician is able to select these measures for use in MIPS. MIPS Measures offered by OEIS NR Include:
   * **QM110**: Preventive Care and Screening for Influenza Immunization
   * **QM111**: Pneumococcal Vaccination Status for Older Adults
   * **QM226**: Tobacco Use: Screening and Cessation
2. **QCDR Measures** are measures that a medical specialty society creates and are approved by CMS for reporting in MIPS. QCDR measures can only be reported on if you report through the QCDR that owns/licenses those measures. QCDR measures offered by OEIS NR for 2017 include:
   * **OEIS1**: Optimal Vascular Care Composite Measure
   * \***OEIS2**: Emergent transfer from an Outpatient, ASC, or Office Setting to an Acute Care Facility as result of Peripheral Vascular Intervention (\*Outcomes measure)
   * **OEIS3**: Antiplatelet Medications for Patients with PAD
   * **OEIS4**: Lipid Lowering Medications for Patients with PAD
   * **OEIS5**: Appropriate Noninvasive Testing for Patients with CLI undergoing a LE Peripheral Vascular Intervention
   * **OEIS6**: Appropriate Noninvasive Testing for Patients with Intermittent Claudication for Patients who are undergoing a LE Peripheral Vascular Intervention

**\*Please note these QCDR are new measures for 2017, and do not have established benchmarks**. If enough data is submitted to meet the minimum threshold (see “Quality Scoring” below for details), CMS can create benchmarks for 2017, and final performance scores will reflect these benchmarks. If the minimum threshold is not met for a given measure, a maximum of 3 points are available.

**Quality Scoring  
Based on your performance, you will receive anywhere from 3 to 10 measure points for each Quality Measure you submit if the measure can be**reliably scored against a benchmark**.**

### \*Reliably scored means that:

### A national benchmark exists

### Case volume threshold is met (>20 cases for most measures)

### At least 50% of eligible data are submitted (Data Completeness Requirement met)

\*Not all measures have a benchmark, and may be benchmarked by CMS after the submission period based upon the number of clinicians reporting that allow the above criteria to be met from within the same performance year. **If the threshold is not met, and no benchmark is created, then you’ll get 3 points for the measure during year 1. Everyone who reports are combined in the calculation to derive each benchmark.   
\*\*Because of this, we will encourage our QCDR participants to submit all Quality Measures they can above the general requirements for 2017 to maximize value and data collection.**

### Bonus points are available for:

### End-to-end reporting: Clinicians receive one bonus point if they report their quality data directly from their EHR to a qualified registry, QCDR, or via the CMS Web Interface.

### Submitting additional measures: Clinicians can get ****one bonus point****for****each high priority measure**** and ****two bonus points**** for each additional outcome and patient experience measure.

### You can find measure specifications on the OEIS NR website at <http://oeisociety.com/oeis-registry.html> .

### Pick Your Pace Clinicians can choose from three participation levels for the transition year:

### Test allows clinicians to receive neutral or small payment adjustment by submitting just one measure from any category – e.g. just one quality measure or improvement activity.

### Partial Year participants can report for a 90-day period to qualify for a small positive payment adjustment.

### Full Year participants can qualify for a moderate positive payment adjustment by submitting data for the January – December 2017 performance year.

### To meet Full Year requirements, clinicians must

### Report at least 6 measures for at least 50% of the eligible provider’s applicable patients (****all patients, not just Medicare****) seen from January 1, 2017 thru December 31, 2017.

### Report on at least one outcome measure. If one outcome measure is not available, then report on a high priority measure.

**DISCLAIMER:** Participation in the OEIS National Registry QCDR does not guarantee satisfactory participation in CMS MIPS program. Successful submission to CMS is contingent upon each individual eligible clinician and/or group meeting the MIPS program requirements and the timeliness, quality, and accuracy of the data they provide for reporting. The information provided is not to be construed as practice management or legal advice. Every reasonable effort has been made to ensure the accuracy of the information presented at the time of posting, but in the unlikely event of certain errors or omissions, OEIS National Registry will not be liable for any loss or damage incurred by third parties arising from the use of the information. Please consult your legal advisor or other qualified professional for guidance and information specific to your situation.