



Service. Technology. Innovation.

**STI Quality Reporting Registry
(STI MIPSPRO)
User Guide**



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Introduction


The STI Quality Reporting Registry (STI MIPS^{PRO}) will allow MIPS Eligible Clinicians (ECs) to report their MIPS quality measures with ease. ECs can track their progress throughout their MIPS performance period and make any necessary corrections before submitting their data.

With the STI MIPS^{PRO} you can select the various quality measures your office wants to report (at least 6, but you can select as many as 50 measures). Then, as your data is transferred from Clinical to STI MIPS^{PRO}, you have access to CMS Performance and Quality Score reports that present an overview of your progress, and STI MIPS^{PRO} will also determine the best 6 measures to determine your MIPS Quality Score.

In addition to performance and quality reports you have access to detailed raw patient and visit data to view how measures are determined at the visit level and how those measures are either met or not. Throughout the reporting period you can make modifications to patient chart notes in the Clinical system when needed, and that information gets updated within STI MIPS^{PRO} daily, just as any new data gets updated daily.

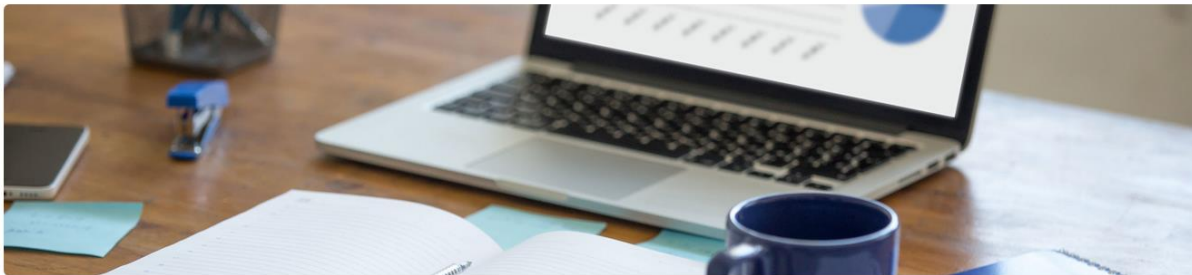
And once your reporting period is over, STI MIPS^{PRO} will provide data validation, then finalize your data for review before submitting your quality measures to CMS.

The following sections will give you detailed information on how to access, view and use the various areas within STI MIPS^{PRO}.



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MIPS - Merit-based Incentive Payment System



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Contact Us

 STI Computer Services

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training@sticomputer.com

About Us

Our purpose is to improve the quality of today's healthcare through learner-centric, effective technology.

We believe that technology should be rewarding, not frustrating, and we're committed to creating an outstanding customer experience for healthcare providers, administrators, and patients.

Solutions by Healthmonix

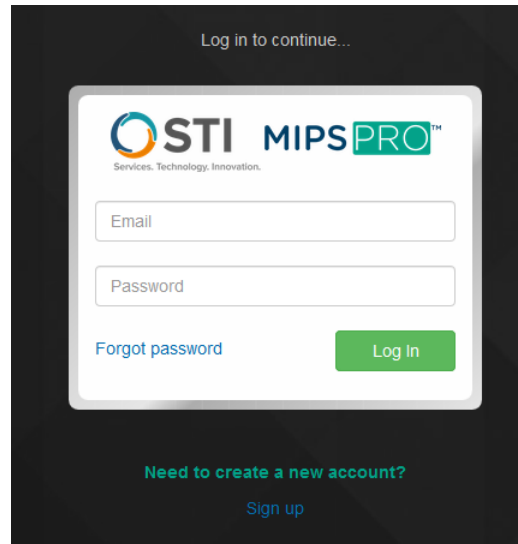
For Health Systems
For Specialties Societies
For Medical Practices
For Accountable Care
For EHR Vendors

Privacy Policy
Copyright 2016 by Healthmonix

Create a New Account

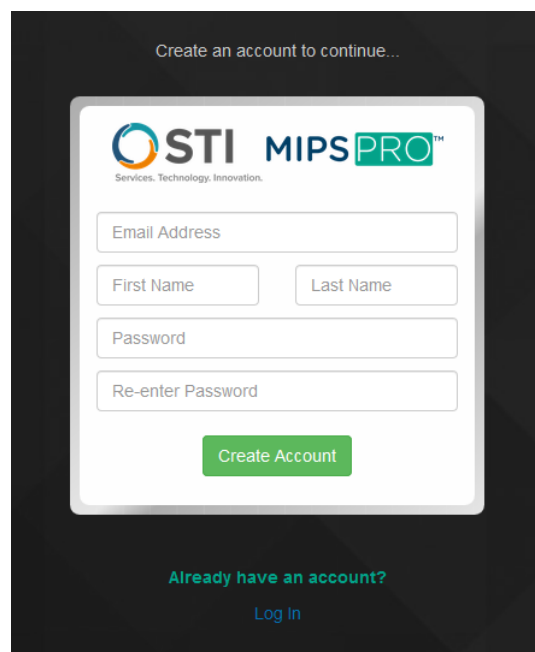
Prior to logging into STI MIPS PRO each clinician will need to create an account. When creating an account, be sure to use the name and email address that you provided to your MIPS Coach or STI Software Support. Use the following steps to create an account.

1. Open your web browser and access: <https://sti.mips.healthmonix.com>.
2. At the login prompt click the **Sign Up** link below the **Need to Create a New Account?** heading.



The image shows the login page for STI MIPS PRO. At the top, it says "Log in to continue...". Below this is the STI MIPS PRO logo with the tagline "Services. Technology. Innovation.". There are two input fields: "Email" and "Password". Below the "Email" field is a link for "Forgot password". To the right of the "Password" field is a green "Log In" button. At the bottom, there is a heading "Need to create a new account?" with a blue "Sign up" link below it.

3. Enter your **Email Address**, **First Name**, **Last Name**, and **Password** in the corresponding fields. Be sure to use the email address, as well as first and last name you provided to your MIPS Coach or STI Software Support for the STI Quality Reporting Registry.



The image shows the "Create an account to continue..." page for STI MIPS PRO. It features the STI MIPS PRO logo and tagline. There are four input fields: "Email Address", "First Name", "Last Name", and "Password". Below the "Password" field is a "Re-enter Password" field. A green "Create Account" button is positioned below the "Re-enter Password" field. At the bottom, there is a heading "Already have an account?" with a blue "Log In" link below it.

4. When finished entering the applicable account information, click the **Create Account** button. You will then be taken to MIPS Dashboard for your account.

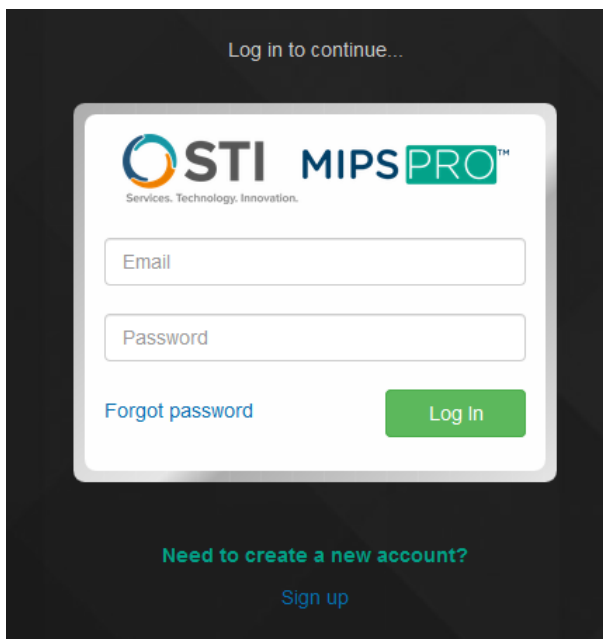
Log into STI MIPSPRO

After you have created an account, you will need to log into STI MIPSPRO each time you access the site. Use the following steps to log in.

1. Open your web browser and access: <https://sti.mips.healthmonix.com>.
2. Enter your **Email Address** and **Password** in the corresponding fields, and then click the **Log In** button. You will then be taken to MIPS Dashboard for your account.

*****NOTE*****

If you forgot your password, click the Forgot Password link to reset your password.

The image shows a login form for STI MIPSPRO. At the top, it says "Log in to continue...". Below this is the STI MIPSPRO logo with the tagline "Services. Technology. Innovation.". The form contains two input fields: "Email" and "Password". Below the "Email" field is a link that says "Forgot password". To the right of the "Password" field is a green button that says "Log In". At the bottom of the form, there is a link that says "Need to create a new account?" and below that, a link that says "Sign up".

MIPS Dashboard

Once you log into your STI MIPS PRO account, the MIPS Dashboard will appear. If you have not yet completed the provider profile you will need to do so before you can access the individual MIPS areas.

After the provider profile has completed successfully, the MIPS Dashboard will allow access to the Quality Checklist, the Revenue Impact Estimator, and the Patients area, as well as giving you an overview of your Total MIPS Score, your MIPS Quality score, and the dollar value of the revenue impact. The MIPS Quality score reflects the total (performance plus any bonus) points you have accrued to date out of the 60 total points available, giving you an overview of your performance.


To access the Provider Profile area to review and configure provider profile information, click the **Provider Profile** link.

To access the Patients screen to review patient information, click the **Patients** link.

To access the Quality Checklist area, click the **Continue** button, if you have already begun the measure selection and import process; or click the **Begin** button, if you have not yet started the measure selection process.

To access the Revenue Impact Estimator area, click the **View** button, if you have already accessed and configured estimation information; or click the **Begin** button, if you have not yet started the estimation process.

Do note, the Advancing Care Information and Improvement Activities sections will be grayed out and will not be accessible. Only the Quality (which allows access to the Quality Checklist) and the Revenue Impact (which allows access to the Revenue Impact Estimator) sections will be accessible.







HelpDashboardAdminHometraining@sticomputer.com

Mips Dashboard for John Doe

Provider ProfilePatients

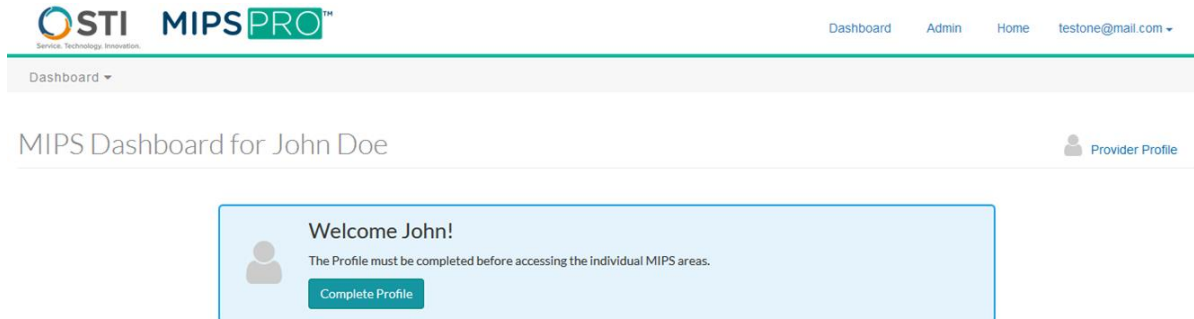
Total MIPS Score88 / 100

 <div>Quality MIPS Quality is the successor of Physician Quality Reporting System (PQRS).</div> <div>Continue</div> <div>48 / 60</div>
 <div>Advancing Care Information ACI is an updated approach to Meaningful Use that is more focused on patient engagement and interoperability.</div> <div>Purchase</div> <div>25 / 25</div>
 <div>Improvement Activities IA is a new reporting concept introduced by MIPS regarding activities related to patient population.</div> <div>Purchase</div> <div>15 / 15</div>
 <div>Revenue Impact View estimated impact of revenue for this account based on MIPS score</div> <div>View</div> <div>\$4,965</div>

Complete the Provider Profile

Upon logging into your STI MIPS PRO account and accessing your MIPS Dashboard, if you have not completed your provider profile, you will need to do so to access your Quality Checklist, as well as the other individual MIPS areas. Use the following steps to configure and complete your provider profile.

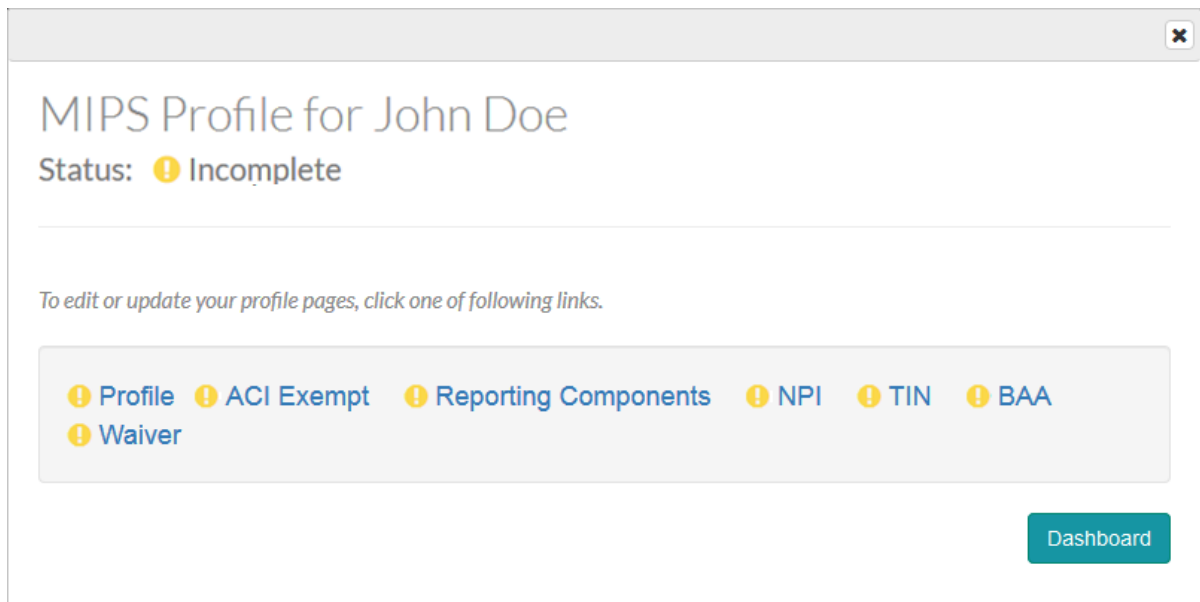
1. In the MIPS Dashboard, click the **Complete Profile** button, or you can click the **Provider Profile** link to the right.



2. In the MIPS Profile for... window, click the **Provider Profile** link.

NOTE

When completing your profile, you can access and complete the Provider Profile, ACI Exempt, NPI, TIN, and BAA area in any order, as well as at any time, and then once those areas are completed you can then complete the Waiver. However, for simplicity, these instructions will follow the left to right order when completing the provider profile in a continuous process.



3. The Provider Profile screen will then appear, allowing you to enter your **Name, Address, Phone Number, and Email Preference** (1 – 11); and then questions about the provider's use of billing/coding services, EHR/EMR systems, profession, the community served, and whether you want to anonymously share information (12-17). When finished entering and configuring this information, click the **Save and Continue** button.

Provider Profile

1.) Email Address	hdolla4@sticomputer.com	
2.) Name of Provider	<input type="text" value="John"/>	<input type="text" value="Doe"/>
3.) Address Line 1	<input type="text" value="4312 W Genesee Street"/>	
4.) Address Line 2	<input type="text"/>	
5.) Country	<input type="text" value="United States"/>	
6.) State	<input type="text" value="New York"/>	
7.) City	<input type="text" value="Syracuse"/>	
8.) Select Specialty	<input type="text" value="General Medicine"/>	
9.) Select Email Preference	<input type="radio"/> Account Manager <input checked="" type="radio"/> Provider <input type="radio"/> Both	
10.) Phone Number	<input type="text" value="(315) 488-1518"/>	Ext: <input type="text"/>
11.) Postal Code	<input type="text" value="13219"/>	
12.) Does this provider use a billing and coding service?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
13.) Do you use an EHR / EMR system for your patient records?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
13a.) Which one?	<input type="text" value="STI"/>	
14.) What is this provider's profession?	<input type="text" value="Physician"/>	
15.) What community does this provider primarily serve?	<input type="text" value="Solo/Independent Practice"/>	
16.) How did you hear about us?	<input type="text" value="EHR Company"/>	
17.) Is this provider willing to share this account's patient data anonymously with the PRO Registry and its sponsoring organization (Healthmonix) for purposes of research and education?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

[Cancel](#)

[Save and Return](#)

[Save and Continue](#)

4. The ACI Exemption page will then appear, allowing you to determine whether you are exempt from reporting ACI. Most reporting providers are not exempt, and you can click the **No, Continue Without Survey** button. If you select this option you can skip to step 7.

However, if you wish to take the survey to see if you are exempt, click the **Yes, Take The Survey** button.

ACI Exemption

Most reporting providers are not exempt from reporting ACI. However, if you are exempt, it will greatly affect how your MIPS total score is calculated (ACI will be re-weighted to zero).

Do you wish to take our survey that will help you determine if you are exempt from reporting ACI?

Yes, Take The Survey

No, Continue Without Survey

5. If you opted to take the survey, an ACI Exemption Survey section will appear with three Yes/No questions: Is this provider a Hospital-based Eligible Clinician?, Is this provider a Non-Patient Facing Eligible Clinicians?, and Is this provider a Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetists? Click the **Yes** or **No** radio button as applicable for each question, and then click the **Save** button.

ACI Exemption

Most reporting providers are not exempt from reporting ACI. However, if you are exempt, it will greatly affect how your MIPS total score is calculated (ACI will be re-weighted to zero). Do you wish to take our survey that will help you determine if you are exempt from reporting ACI?

ACI Exemption Survey

☐ Yes ☒ No 1. Is this provider a Hospital-based Eligible Clinician?

Definition: Those who provide at least 75% of their services to Medicare patients using Place of Service Code 21 (Inpatient Hospital), 22 (Outpatient Hospital), or 23 (Emergency Department).

☐ Yes ☒ No 2. Is this provider a Non-Patient Facing Eligible Clinicians?

Definition: Those who lack face-to-face patient interaction. Note: Hospital-based and non-patient facing EC designations will automatically be determined by CMS based on claims data.

☐ Yes ☒ No 3. Is this provider a Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetists?

Reset

Save

6. Based on your answers to the question, the system will calculate whether you are exempt. Click the **Continue** button.

ACI Exemption

Most reporting providers are not exempt from reporting ACI. However, if you are exempt, it will greatly affect how your MIPS total score is calculated (ACI will be re-weighted to zero). Do you wish to take our survey that will help you determine if you are exempt from reporting ACI?

ACI Exemption Survey

☐ Yes ☒ No 1. Is this provider a Hospital-based Eligible Clinician?

Definition: Those who provide at least 75% of their services to Medicare patients using Place of Service Code 21 (Inpatient Hospital), 22 (Outpatient Hospital), or 23 (Emergency Department).

☐ Yes ☒ No 2. Is this provider a Non-Patient Facing Eligible Clinicians?

Definition: Those who lack face-to-face patient interaction. Note: Hospital-based and non-patient facing EC designations will automatically be determined by CMS based on claims data.

☐ Yes ☒ No 3. Is this provider a Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist, or Certified Registered Nurse Anesthetists?

It appears you do not qualify for the ACI exemption. Note that after the reporting year, the clinicians may apply for ACI to be re-weighted to zero for the following circumstances:

1. EC's with insufficient internet connectivity available
2. EC's who lack of control over the availability of CEHRT
3. EC's with other extreme and uncontrollable circumstances

Reset

Continue

7. The Reporting Components page will then appear, allowing you to configure whether you are reporting any other MIPS components (Advancing Care Information and Improvement Activities) through another method.

Check the **only using MIPSRO** option, if you are not using another method to report Advancing Care Information and Improvement Activities.

Check the **using my EHR or other mechanism to report Advancing Care Information (ACI)** option, if you are using your EHR or another method to report ACI information. Then you can specify the method and expected score in the corresponding fields below.

Likewise, check the **using my EHR or other mechanism to report Improvement Activities (IA)** option, if you are using your EHR or another method to report ACI information. Then you can specify the method and expected score in the corresponding fields below.

When finished configuring the Reporting Components, click the **Continue** button.

Reporting Components

CMS requires two or more MIPS components must be reported to receive a score higher than 3.

To better predict your MIPS score, we need to know if you are planning to report any of the other MIPS Components (Advancing Care Information or Improvement Activities) via another submission mechanism other than this one.

Are you:

☐ only using MIPSRO?

☒ using my EHR or other mechanism to report Advancing Care Information (ACI)?

Please specify:

Expected ACI score:

☒ using my EHR or other mechanism to report Improvement Activities (IA)?

Please specify:

Expected IA score:

[Dashboard](#)

[Continue](#)

8. The NPI Entry page will then appear, allowing you to enter and submit your NPI, confirm the results, and then continue. This is a three-part process. First, enter your **NPI** in the NPI Lookup section, and then click the **Submit** button. Next, in the Review Results section your information will appear. Confirm that this information is correct by clicking the **Yes, That's Correct** button. And lastly, in the NPI Confirmed section, click the **Continue** button.

NPI Entry

Your individual NPI number is required for identification purposes when we report to CMS on your behalf.

1

NPI Lookup

Enter your Individual Medicare Provider NPI

[Submit](#)

2

Review Results

XXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXX

[No, Not Correct](#) [Yes, That's Correct](#)

3

NPI Confirmed

Your individual medicare provider NPI number has been confirmed as 1316021975.

[Dashboard](#) [Continue](#)

[Reset](#)

9. The TIN Entry page will then appear, allowing you to enter and submit your TIN/EIN, re-enter and submit it, and then continue. This is a three-part process. First, enter your **TIN/EIN** in the TIN/EIN section, and then click the **Submit** button. Next, in the Re-enter TIN/EIN section, enter your **TIN/EIN**, and then click the **Submit** button. And lastly, in the TIN/EIN Confirmed section, click the **Continue** button.

TIN Entry

Your TIN / EIN is required for identification purposes when we report to CMS on your behalf.

1

TIN / EIN

Please enter the 9-digit Tax ID Number (TIN) or Employer ID Number (EIN) from field 25 of the CMS-1500 Medicare Part B claim form.

See Example

111111111

Submit

2

Re-enter TIN / EIN

Please re-enter the 9-digit Tax ID Number (TIN) or Employer ID Number (EIN) from field 25 of the CMS-1500 Medicare Part B claim form.

See Example

111111111

Submit

3

TIN / EIN Confirmed

Your TIN / EIN has been successfully confirmed as 111111111.

Dashboard

Continue

Reset

10. The Business Associate Agreement page will then appear. Here you can enter your (provider) **Name** in the corresponding field of the first sentence, and then read through the agreement. Click the **View PDF** link to view the agreement in PDF format.
11. After viewing the agreement, in the Signature field, enter your (provider) **Name**, and then enter the applicable **Title** in the corresponding field. You can then check the **I attest that the name typed in the above signature text box is to serve as my digital signature** option, and then click the **Save and Continue** button.

Business Associate Agreement

This BAA ("Business Associate Agreement") is entered into by and between ("Covered Entity"), and Healthmonix ("Business Associate") and is effective as of **6/22/2017** ("Effective Date").

[View PDF](#)

Without limiting the foregoing, Business Associate shall ensure that any agent or subcontractor of Business Associate that creates, receives, maintains, or transmits PHI on behalf of Business Associate ("Subcontractor") agrees in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information ("Sub-BA Agreement"); each Sub-BA Agreement shall require the applicable Subcontractor to enter into a similar written agreement with each of its subcontractors and agents who receive, create, transmit or maintain PHI or otherwise have access to the PHI. If Covered Entity is itself a business associate (or subcontractor of a business associate) with respect to the PHI, Business Associate agrees that it shall comply with all provisions of the business associate agreement between Covered Entity and the applicable covered entity or business associate with respect to the PHI.

4. Safeguards for Protection and Security of PHI; Report of Unauthorized Use or Disclosure. Business Associate agrees that it will implement reasonable and appropriate safeguards to prevent any use or disclosure of PHI in violation of the Agreements or the Regulations. Business Associate agrees that it will report to Covered Entity any unauthorized use or disclosure of PHI promptly (but in event more than five (5) business days) after Business Associate becomes aware of any such violation. Business Associate's notification to Covered Entity shall be in the content and form required by HITECH. In addition and without limiting the foregoing, Business Associate shall: (a) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Protected Health Information that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity as required by the Regulations; (b) ensure that any agent, including a Subcontractor, to whom Business Associate provides PHI agrees in writing to implement reasonable and appropriate safeguards to protect such information; (c) promptly report any security incident that Business Associate becomes aware of to Covered Entity in accordance with the Regulations but in no event more than ten (10) days after Business Associate becomes aware of such security incident.

IN WITNESS WHEREOF the parties have caused this Business Associate Agreement to be executed in by their duly authorized representatives.

On behalf of Healthmonix,

Signature: Eduardo Chavero

Title: Healthmonix HIPAA Security and Privacy Officer

On behalf of John Doe,

Signature:

Title:

☒ I attest that the name typed in the above signature text box is to serve as my digital signature.

[Dashboard](#)

[Save and Continue](#)

12. The MIPS Waiver page will then appear. Here in the corresponding Initial Here field, enter your **Initials** for each statement in the waiver, then at the bottom of the waiver, enter your First Name and Last Name, check the **I attest that the name typed in the above signature text box is to serve as my digital signature** option, and then click the **Save and Continue** button.

You will then return to the MIPS Dashboard and will be able to access your Quality Checklist. Click the **Begin** button to start the measure selection process.

MIPS Waiver

Agreement of responsibilities and permissions granting MIPSRO registry authority to send the data entered in this account to CMS.

[View PDF](#)

TO: HEALTHMONIX (DBA MIPSRO)

I, **JOHN DOE**,

Initial Here

1. I give the MIPSRO registry permission to submit data to the Centers for Medicare & Medicaid Services (CMS) on my behalf.

JD

2. I also agree to submit my claims related to the relevant patient visit data entered by the date specified by Healthmonix in order to allow me to qualify for the Medicare MIPS program to avoid payment reduction.

JD

3. I understand that Healthmonix is not responsible for the content of my data and whether it meets the requirements for the MIPS program.

JD

4. If applicable, I authorize Healthmonix to work with my designated EHR vendor to pull claims-related data directly from my EHR data fields for purposes of submitting such data to CMS to avoid a MIPS payment adjustment in 2017 and beyond.

JD

5. I further waive, release, and hold Healthmonix harmless from, any claims I may have against them arising out of their failure to submit my information to CMS, except to the extent that such failure is the result of their gross negligence or willful misconduct.

JD

6. In any event, I understand that Healthmonix's liability for any such claims will be limited to the amount of MIPS payment reductions assessed against me and that Healthmonix shall not be liable for any incidental or consequential damages as a result of their failure to submit my data to CMS. I provide this waiver and release knowingly and voluntarily.

JD

7. I verify that 1316021975 is my individual NPI number and 111111111 is the TIN under which I bill CMS.

JD

Sincerely,

First Name:

John

Last Name:

Doe

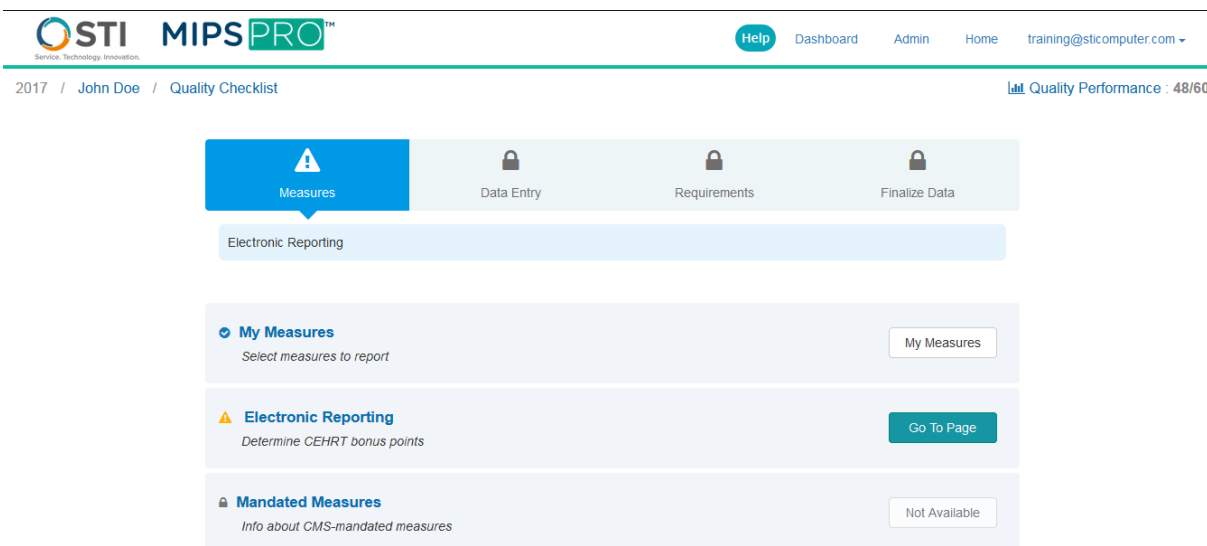
☒ I attest to my first and last names in the above boxes as my digital signature.

[Dashboard](#)

[Save and Continue](#)

Quality Checklist

The Quality Checklist offers access to **My Measures** where you can select and review the quality measures you are going to report, as well as allowing access to the **Quality Performance** reports. The following sections will walk you through accessing and using each of these areas.



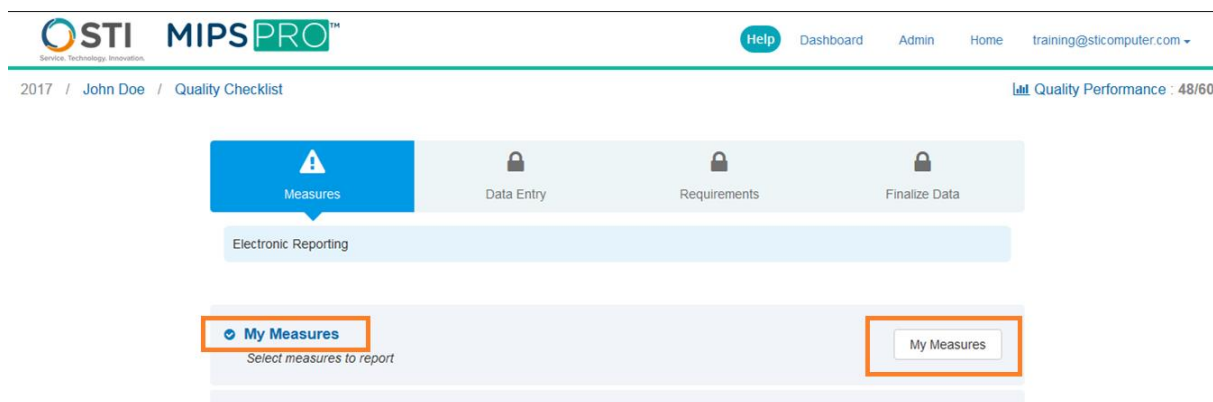
MY MEASURES

The My Measures section allows you to select and review the quality measures that you are going to report. A status indicator will appear next to the My Measures link to show whether this area needs attention. Use the following steps to select and/or review the quality measures you want to report.

NOTE

The My Measures section must be completed before data can be imported from the Clinical system.

1. In the Quality Checklist, click the **My Measures** link, or the **My Measures** button.




2. The My Measures page will be displayed, allowing you to select, review, and change the measures you will be reporting.

If you have not selected any measures a message will appear stating you need to select measures before you can enter patient data, along with a **Select Measures** button.

If you have selected measures, the My Measures page will have a **Notifications** section that will display any pertinent information regarding the selected measures, a **Selection Requirements** section that will display the percentage at which the selection requirements have been met, and a **Selected Measures** section that displays any measures you have already selected.

For any of the selected measures, you can click the **View Details** link, and a pop-up window will appear outlining the measure including instructions for the measure, a description of the measure, any benchmarks for the measure, as well as the denominator and nominator information.

To select (or remove) measures, click the **Select Measures** button.

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[Help](#) [Dashboard](#) [Admin](#) [Home](#) [testone@mail.com](#)

2017 / [John Doe](#) / [Quality Checklist](#) Quality Performance : 48/60

My Measures



Select, review, and change the measures you will be reporting.

Notifications

- ☒ You have met the measure selection requirements
- ☒ You may now proceed with entering patient visits

[Checklist](#) [Select Measures](#)

Selected Measures

#1	Diabetes: Hemoglobin A1c Poor Control Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period View details	
#5	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge View details	

Selection Requirements

100%

Measures Selected: 19 of 6
You must select at least 6 measures

100%

Outcome measure: 6 of 1
You must select a least 1 outcome measure or a substitute high-priority measure

Bonus Points: 6

3. The Measures section of Measure Selection page will display all the measures you can select for reporting.

The **Filters** section allows you options to locate and narrow the measures. To use the filter options, click the **+** button next to the applicable filter items, enter or select the appropriate filter information, and then when the filter options have been configured as desired, click the **Filter** button.

You can click the **View Details** link to the right of each measure, and a pop-up window will appear outlining the measure including instructions for the measure, a description of the measure, any benchmarks for the measure, as well as the denominator and nominator information.

Likewise, you can click the **Measure Benchmarks** link to go to the Measure Selection – Benchmarks page that provides information about what Quality Measure Benchmarks are, how they are displayed, and the various benchmarks for the measures.

To select a measure, click the **Select** button to the right of the applicable quality measure.

*****NOTE*****

You need to select at least **six (6)** quality measures, and at least **one (1)** must be an outcome measure. If an outcome measure is not available, a high-priority measure can be substituted. You can select up to **fifty (50)** measures. We recommend selecting more than 6 measures, as STI MIPS PRO will then select your best 6 out of the total number selected.

A Remove button will appear to the right of any selected measures. Click the **Remove** button to deselect a selected measure, if needed.

The screenshot displays the STI MIPS PRO Measure Selection interface. At the top, the header includes the STI MIPS PRO logo, navigation links (Help, Dashboard, Admin, Home), and a user profile (testone@mail.com). Below the header, a breadcrumb trail shows '2017 / John Doe / Quality Checklist' and a 'Quality Performance : 48/60' indicator. The main section is titled 'Measure Selection'. On the left, a 'Filters' sidebar lists various filter categories with expandable arrows. The main content area shows 'Showing 240 of 240' measures. A table lists three measures: 1. Diabetes: Hemoglobin A1c Poor Control, 5. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD), and 7. Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%). Each measure entry includes a description, priority, outcome, reporting frequency, and benchmark status. Action buttons like 'Remove', 'View Details', and 'Select' are present for each measure.

When selecting measures, you can click the **View Selected Measures** link, and a pop-up window will display all the quality measures you have selected.

Likewise, the **Selection Requirements** section, located on the left, below Filters section, will display the percentage complete for the selection process, as well as the number of measures selected.

If you are not able to select an outcome measure and need to substitute a high-priority measure, click the **Exempt Outcome Measure** option in the Selection Options section.

The screenshot shows two stacked light gray boxes. The top box is titled "Selection Options" and contains the text "Exempt Outcome Measure:" followed by an unchecked checkbox. The bottom box is titled "Selection Requirements" and contains two items. The first item has a blue circular progress indicator with "100%" inside, followed by the text "Measures Selected: 20 of 6" and "You must select at least 6 measures". The second item has a similar blue circular progress indicator with "100%", followed by the text "Outcome measure: 6 of 1" and "You must select a least 1 outcome measure or a substitute high-priority measure". Below these boxes is a teal button with the text "Back To My Measures".

4. When finished selecting measures, to return to the My Measures page, click the **Back to My Measures** button.
5. In the My Measures page, you can review the selected measures. To return to the Quality Checklist page, click the **Checklist** button, or click the **Quality Checklist** link at the top of the page.

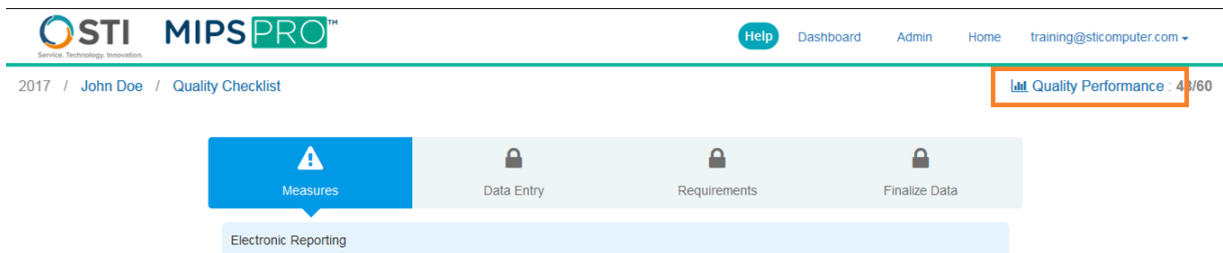
QUALITY REPORTS

The Quality Performance link, in the Quality Checklist, allows you access to the Quality Reports page to view the CMS Performance report and the Quality Points report. The following section will walk you through accessing these reports and viewing the information for each report.

VIEW THE CMS PERFORMANCE REPORT

Use the following steps to view your CMS Performance report.

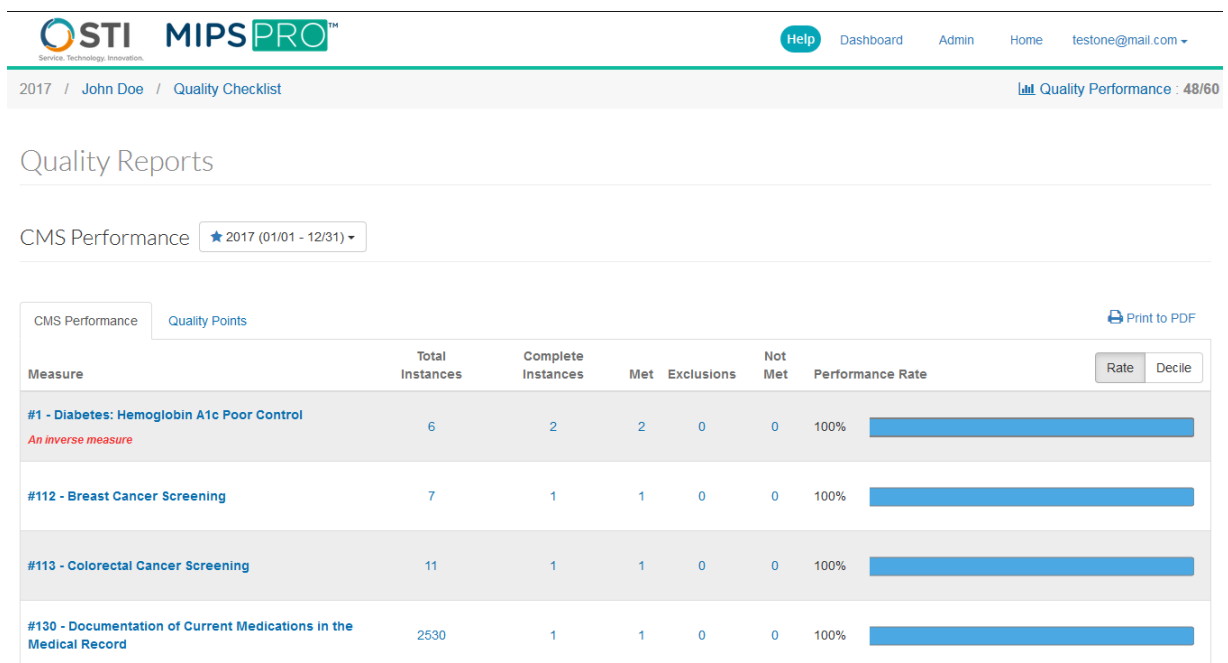
1. In the Quality Checklist, click the **Quality Performance** link.



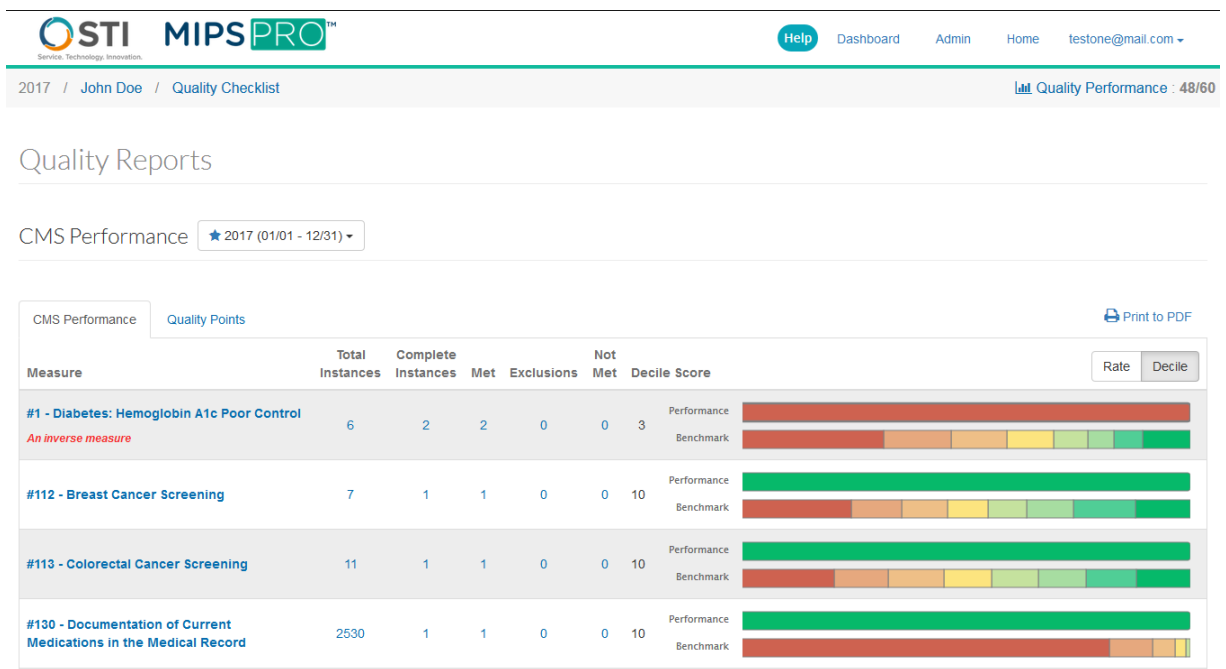
2. The Quality Reports page will appear and will default to the CMS Performance tab and display the Measure, Total Instances, Complete Instances, Met, Exclusions, Not Met, and Performance Rate for each of your selected quality measures for the selected CMS Performance range. You can modify the performance range for the entire year, or for an individual quarter (**Q1**, **Q2**, **Q3**, or **Q4**) of the performance year, by clicking the **CMS Performance** drop-down, and selecting the range you want to view the report for.

NOTE

When viewing the CMS Performance report, you can click an individual measure to view the specific details of that measure, including any instructions, benchmarks, as well as denominator and numerator information. Likewise, you can click on any of the numerals for Total Instances, Complete Instances, Met, Exclusions, and Not Met to view the specific visit information used when calculating the performance rate or decile score.



- Click the **Decile** button on the right side of the screen to display the Benchmark from CMS that allows you to visually compare how your performance stands against the benchmark data, as well as your Decile Score.



- When finished viewing the CMS Performance report, you can click the **Quality Points** tab to view your Quality Points report; click the **Quality Checklist** link at the top of the page, or the **Checklist** button at the bottom of the page, to go back to the Quality Checklist; or click the **Visits** button at the bottom of the page to view your visit data.


VIEW THE QUALITY POINTS REPORT

Use the following steps to view your Quality Points report.

1. In the Quality Reports page, click the **Quality Point** tab.
2. In the Quality Points tab your MIPS Quality Points will be displayed for the Selected Reporting Range, along with your six best measures in the Your Best Measures section for the selected performance range. Each item in the Your Best Measures section will detail the measure itself, as well as a breakdown of the Quality Points in determining the Measure Total.

To change your reporting date, click the **change reporting date range** link to access the MIPS Quality Reporting Date Range that allows you to pick a quarter of the performance year (**Q1**, **Q2**, **Q3**, or **Q4**) to report, as well as creating custom date ranges that you can then select to report for the performance year.

Likewise, you can modify the date range for the Your Best Measure section, to view your best measures for an individual quarter (**Q1**, **Q2**, **Q3**, or **Q4**) of the performance year, by clicking the **Your Best Measures** drop-down, and selecting the range you want to view the best measures for.

 **MIPS PRO**[™]

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Quality Reports

[CMS Performance](#) [Quality Points](#) [Print to PDF](#)

MIPS Quality Points: 47.5 / 60

Selected Reporting Range: 2017 (01/01 - 12/31)
[change reporting date range](#)

Your Best Measures [★ 2017 \(01/01 - 12/31\) ▼](#)

Based on reporting requirements, performance, and bonus points, these are the measures CMS will most likely choose to determine your MIPS Quality Score if you submitted today.

#130

Documentation of Current Medications in the Medical Record

Quality Points

Points Based on Performance	10
High Priority / Outcome Bonus	1
CEHRT Bonus	N/A
Measure Total	11

#226

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Quality Points

Points Based on Performance	10
High Priority / Outcome Bonus	N/A
CEHRT Bonus	N/A
Measure Total	10

#111

Pneumonia Vaccination Status for Older Adults

Quality Points

Points Based on Performance	7.9
High Priority / Outcome Bonus	N/A
CEHRT Bonus	N/A
Measure Total	7.9

#110

Preventive Care and Screening: Influenza Immunization

Quality Points

Points Based on Performance	7.6
High Priority / Outcome Bonus	N/A
CEHRT Bonus	N/A
Measure Total	7.6

#260

Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)

Quality Points

Points Based on Performance	3
High Priority / Outcome Bonus	2
CEHRT Bonus	N/A
Measure Total	5

#259

Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)

Quality Points

Points Based on Performance	3
High Priority / Outcome Bonus	N/A
CEHRT Bonus	N/A
Measure Total	3

If you scroll down, the **All Selected Measures** section will display all your selected quality measures and show the Eligible Instances, Performance, Points Based on Performance, Total Possible Points, High Priority/Outcome Bonus, CEHRT Bonus, and Total score for each measure.

All Selected Measures

The following contains MIPS score information for all selected measures (including the best from above)

Measure	Eligible Instances	Performance	Points Based on Performance	Total Possible Points	High Priority / Outcome Bonus	CEHRT Bonus	Total
#21 - Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	66	80.6%	3	10	1	N/A	4
#76 - Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections	10	100%	3	10	1	N/A	4
#110 - Preventive Care and Screening: Influenza Immunization	60	60%	7.8	10	N/A	N/A	7.8
#111 - Pneumonia Vaccination Status for Older Adults	258	68.2%	8	10	N/A	N/A	8
#130 - Documentation of Current Medications in the Medical Record	402	100%	10	10	1	N/A	11
#226 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	91	100%	10	10	N/A	N/A	10
#259 - Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)	5	60%	3	3	N/A	N/A	3
#260 - Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	2	50%	3	3	2	N/A	5
#346 - Rate of Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy (CEA)	2	0%	3	3	2	N/A	5
#347 - Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate NonRuptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital	5	0%	3	3	2	N/A	5

Checklist

Visits

- When finished viewing the Quality Points report, you can click the **CMS Performance** tab to view your CMS Performance report; click the **Quality Checklist** link at the top of the page, or the **Checklist** button at the bottom of the page, to go back to the Quality Checklist; or click the **Visits** button at the bottom of the page to view your visit data.

View Patient Information

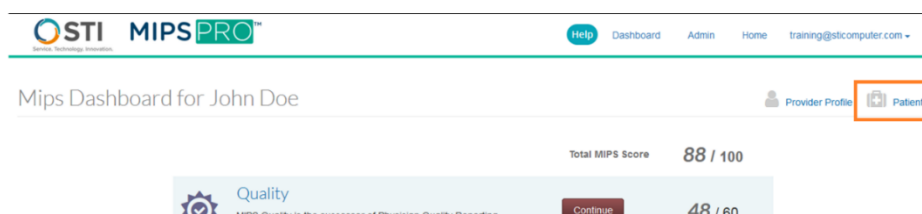
The Patients page allows you to add, edit, and view patient information and how that information is reflected via individual visits and against your selected quality measures.

NOTE

Although you can add and edit patient information in STI MIPS PRO, we highly recommend that you **DO NOT** add or edit information in STI MIPS PRO. The pertinent patient information used to satisfy measure requirements should already be contained within the patient's chart in your Clinical system and that information will be imported into STI MIPS PRO. Additionally, patient data is continually being imported from your Clinical system and updated in STI MIPS PRO during the reporting period, and that imported data could possibly overwrite any manually entered information. Likewise, it is important that the data in your Clinical chart notes reflect the information that is submitted via STI MIPS PRO in case of an audit, as any manually information is not transferred to your Clinical system. Therefore, we recommend that any changes that are needed for a patient's information is done in your Clinical system. That updated information will then be imported into STI MIPS PRO and replace the old information in the registry.

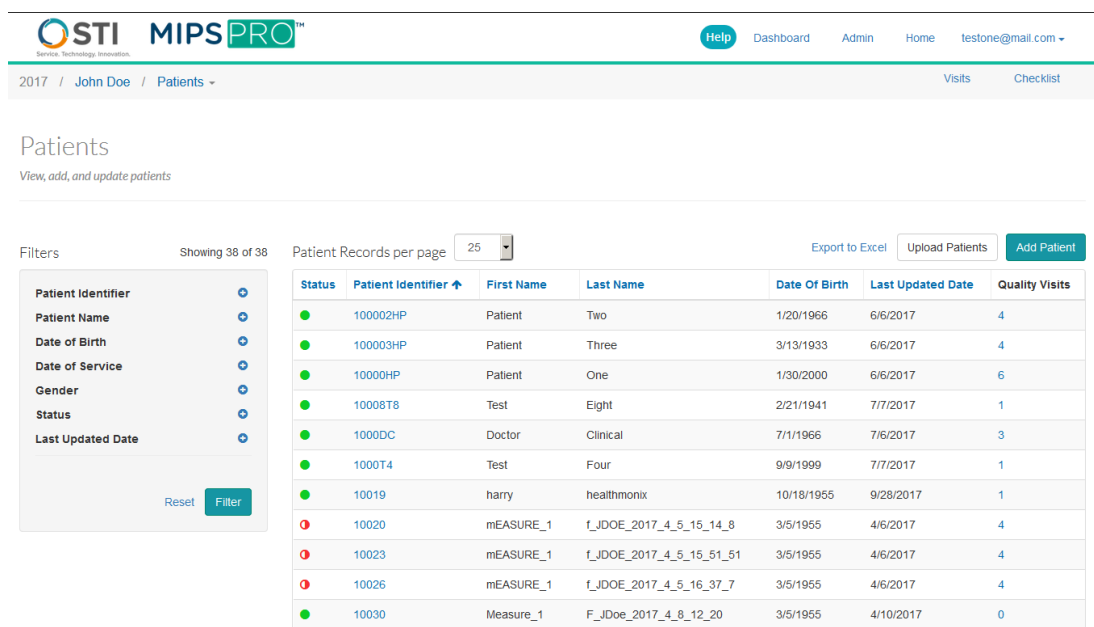
Use the following steps to view visit data.

1. In the MIPS Dashboard, click the **Patients** link.



2. The Patients page will display the Patient Identifier (Account #), First Name, Last Name, Last Updated Date, and Quality Visits. In the Patient Records Per Page field, select number of patients you want to view per page (**25, 50, 100, or All**). The **Filters** section allows you options to locate and narrow the patient displayed. To use the filter options, click the **+** button next to the applicable filter items, enter or select the appropriate filter information, and then when the filter options have been configured as desired, click the **Filter** button. You can click the **Reset** link to remove any configured filter items. At the bottom of the page you can go to additional pages of visits, as needed.

To view the visit details for a patient for a date of service, click the corresponding **Patient Identifier** link.



3. A new window will appear allowing you to view and modify patient information, as well as view Visit Summary and Measure Summary information for the patient. As outlined before, we highly recommend that you **DO NOT** add or edit information in STI MIPSRO, but instead add and edit all pertinent information in ChartMaker® Clinical.

The **Patient Record** section displays the basic patient demographic information for the selected patient.

Patient Record

* Patient Identifier

Name

Diagnosis


* Gender

☒ Male
 ☐ Female

Race

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other

* Date Of Birth



Ethnicity

☐ Non-Hispanic
☐ Hispanic

Primary Language

☐ English
 ☐ Spanish
☐ Other

Medicare

☐ Yes
 ☒ No

Medicaid

☐ Yes
 ☒ No

* Field is needed to complete patient record

Cancel

Update

The **Visit Summary** section displays the number of visits for the year, the number of Medicare visits, the number of Primary NPI visits, the date of the Most Recent Visit, as well as any associated codes for the corresponding visit date.

Visit Summary

Visit in 2017: 1
 Medicare Visits: 0
 Primary NPI Visits: 0
 Most Recent Visit: 9/5/2017


Visit Date(s)	Associated Codes
9/5/2017	1036F, 1111F, 4040F, 45379, 90732, 99214, G8427, G8482, I70.219, I83.90, Z87.891

The **Measure Summary** section displays the Status, Measure, Included Instances, and Performance information for each of your selected measures, and allows you to see what aspects of the measure the patient's visit met or did not meet.

Measure Summary

Status	Measure	Included Instance(s)	Performance
⊘	#21 Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin Every visit	Overall	N/A
⊘	#76 Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections Every visit	Overall	N/A
⊘	#110 Preventive Care and Screening: Influenza Immunization Once per patient per year		N/A
★	#111 Pneumonia Vaccination Status for Older Adults Once per patient per year	✓ 9/5/2017	100%
★	#130 Documentation of Current Medications in the Medical Record Every visit	Overall ✓ 9/5/2017	100%

- When you are finished viewing the detailed patient information, click the **Cancel** link to return to the Patients page.
- Repeat steps 2 through 4 to view detailed patient data for another patient, as needed.
- If you want to export the patient data to an excel file, click the **Export to Excel** link. An Opening Patients dialog will appear allowing you to open or save the exported patient data.
- When finished viewing patient data, click the **Visits** link to view visit information, or click the **Checklist** link to view the Quality Checklist for the provider, or click the **Providers Name** link to return to the MIPS Dashboard.



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Checklist

Patients
View, add, and update patients

The Visits page allows you to add edit, and view visit information and how that information is reflected against your selected quality measures.

Use the following steps to view visit data.

- OSTI

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Visits

Add, edit, and review visits.

Notifications

This page lists the raw data entered for each measure and organizes that data by visit. Reporting frequency and specific CMS reporting rules for certain measures are not reflected on this page. To see reporting frequency and reporting rules applied to your raw data, see the performance rate report.

You have incomplete measures. This can affect your reporting rate. [CLICK HERE](#) to filter for incomplete measures.

Filters

Showing 2588 of 2588

Visits Per Page

25 ▾

Add Visit

Patient ID

Date of Service

Last Updated Date

NPI

Primary Insurer

Secondary Insurer

Measure Status

Date Range

Reset

Filter

Measure Status Legend

Incomplete

Ineligible

Excluded

Not Met

Met

Patient ID	Date of Service	Last Updated	#1	#112	#113	#130	#259	#260	#317	#355	#356	#357	#412	#431
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												
99034	4/13/2017	11/2/2017												

- At the bottom of the page you can go to additional pages of visits, as needed. To view the visit details for a patient for a date of service, click the corresponding **Patient ID** link.

99034	4/13/2017	11/2/2017	✓	1	1	1	1
99034	4/13/2017	11/2/2017	✓	1	1	1	1
99034	4/13/2017	11/2/2017	✓	1	1	1	1
99034	4/13/2017	11/2/2017	✓	1	1	1	1

< 1 2 3 4 5 6 7 8 9 10 11 12 13 >

Export to Excel View Patients Performance Checklist

- In the Edit Visit page, you can view and edit visit data for the patient's visit. As outlined before, we highly recommend that you **DO NOT** add or edit information in STI MIPSRO, but instead add and edit all pertinent information in the patient's chart note in ChartMaker® Clinical.

The **Patient Information** section displays the Patient Date of Birth, and Gender. The **Chart Options** section allows you to print the chart, print a blank chart, view all hints, and delete a visit.

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2017 / John Doe / Quality Checklist

Quality Performance: 48/60

Edit Visit

Enter visit data for a patient

Begin by entering a Patient Identifier.

Patient Identifier [Edit Patient](#)

Patient Information

Patient Date Of Birth 3/5/1955

Gender Female

Chart Options

[Print Chart](#)
[Print Blank Chart](#)
[View All Hints](#)
[Delete Visit](#)

Visit Information

The **Visit Information** section displays the Date of Service, Time of Service, Visit Date Modifier, Primary Visit Insurance, Secondary Visit Insurance, and the Codes For Visit. In the Simple and Advanced sections, you can click the code options to choose whether to display that information, as needed.

Visit Information

Date of Service

(Optional) Time of Service

(Optional) Visit Date Modifier

Optional Fields

Primary Visit Insurance

Secondary Visit Insurance

Codes For Visit

Simple: [CMS Standard Codes \(CPT, ICD10, HCPCS, PRO\)](#)

Advanced: [CPT Codes](#) [ICD10 Codes](#) [HCPCS Codes](#) [PRO Codes](#)

CMS Standard Codes (CPT, ICD10, HCPCS, PRO)

3046F
99215
E10.10

[Run Codes](#)

The **Measure Data Entry** section displays quality measure information pertaining to each of your selected measures, and allows you to see how what aspects of the measure the visit met or did not meet.

#112 Breast Cancer Screening

1. G9709: Were hospice services provided to the patient at any time during the measurement period? (Denominator Criteria)

☐ Yes
☒ No

Any of the following codes: %

2. G9708: Did the patient have a bilateral mastectomy or have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy? (Denominator Criteria)

☐ Yes
☒ No

Any of the following codes: %

3. Did the patient have one of the noted encounter codes? (Denominator Criteria)

☒ Yes
☐ No

Any of the following codes: 99215

Tip: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

4. Select one: (NOTE: The documentation may be during the measurement period or the 15 months prior to the measurement period)

☒ 3014F: Screening mammography results documented and reviewed
☐ 3014F with 8P: Screening mammography results were not documented and reviewed, reason not otherwise specified

Tip: The intent of the measure is that starting at age 50 women should have one or more mammograms every 24 months with a 3-month grace period.

Complete

- 6. When you are finished viewing the detailed visit information for the patient, click the **Cancel** link at the top of the page to return to the Visits page.
- 7. Repeat steps 4 through 6 to view detailed visit data for another date of service and patient, as needed.
- 8. If you want to export the visit date to an excel file, click the **Export to Excel** link at the bottom of the page. An Opening Quality dialog will appear allowing you to open or save the exported visit data.
- 9. When finished viewing visit data, click the **View Patients** button to view the Patients page, click the **Performance** button to view the Quality Reports page, or click the **Checklist** button to return to the Quality Checklist page.

99034	4/13/2017	11/2/2017					
99034	4/13/2017	11/2/2017					
99034	4/13/2017	11/2/2017					
99034	4/13/2017	11/2/2017					

< 1 2 3 4 5 6 7 8 9 10 11 12 13 >


Export to Excel View Patients Performance Checklist

Revenue Impact Estimator

The Revenue Impact Estimator is a tool that assists you in understanding the MIPS Score on the 2019 revenue adjustments. You can view the estimated impact of revenue for your account based on your MIPS Score, and adjust the scaling factors for the assumed overall scoring, as well as additional scoring based on the estimated Part B revenue.

Use the following steps to access and configure the Revenue Impact Estimator.

1. In the MIPS Dashboard, click the **View** button, if you have already accessed and configured revenue estimation information; or click the **Begin** button, if you have not yet started the estimation process.
2. In the Revenue Impact Estimator page, click into the **Assumed CMS Overall Scoring Scale Factor** field and modify the value, as applicable. You can click the corresponding **more info** link to view further information about this scaling factor.
3. In the **Assumed CMS Additional Scoring Scale Factor** field, modify the value, as applicable. You can click the corresponding **more info** link to view further information about this scaling factor.
4. In the bottom of the screen your MIPS scores for the current year will be displayed, click into the **2019 Estimated Part B Revenue** field, and enter the estimated revenue amount for your practice, and then click the **Update** button.
5. The system will then calculate the estimated **Revenue Impact**. Click the **Advanced View** link to see further details on the adjustment scales and percentages in the calculation.
6. You can modify the fields outlined in steps 2 – 4 above, as applicable, and then click the **Update** button.
7. When finished, click the Provider Name link at the top of the page to return to the MIPS Dashboard.



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2017 / John Doe

MIPS Score: 88/100

Revenue Impact Estimator

This tool assists in understanding the impact of the MIPS Score on 2019 revenue adjustments. While the base and exceptional performance adjustment percents have been determined, these may be scaled by CMS after all MIPS submissions are received. The scaling factors are limited in range, but unknown. This tool allows simulating projected values.

2017 Base Adjustment (for 2019 reimbursements): up to 4.0%
Additional Adjustment for MIPS score ≥ 70 points: up to 10.0%

Assumed CMS Overall Scoring Scale Factor:
[more info](#)

This is the multiplier factor that CMS will apply to the 4% MIPS incentive applied to all reimbursements in 2019. The final value of this factor will be determined by CMS after all submissions of 2017 data are completed. MACRA requires this value to be between 0.1 and 3.0. In this tool, you may simulate various values.

Assumed CMS Additional Scoring Scale Factor:
[more info](#)

This is the multiplier factor that CMS will apply to the 10% MIPS exceptional performance incentive in 2019. (This incentive applies to all ECs with a MIPS score of 70 or greater). The final value of this factor will be determined by CMS after all submissions of 2017 data are completed. MACRA requires this value to be 1.0 or less. In this tool, you may simulate various values.

Totals

\$114,965.13

Name	Quality	ACI	IA	Total MIPS Score	2019 Estimated Part B Revenue	Revenue Impact	Grand Total
Practice HP	48	25	15	88	\$ 110000	\$4,965	\$114,965

[Advanced View](#)
[Update](#)

Name	Score	Adjustment Factor	CMS Scoring Scale	Base Adjustment Percent	Additional Adjustment Factor	CMS Additional Scoring Scale	Additional Adjustment Percent	Total Adjustment Percent	2019 Estimated Revenue	Projected Adjustment for 2019
Practice HP	88	87.63	0.8560	3.55	63.52	0.1523	0.97	4.51	\$110,000	\$4,965