Reporting Year 2024 MIPS Promoting Interoperability (PI) Reporting Period

Complete for each Group or Individual Provider (if applicable)

Provider/Group Name	PI Reporting Period
	Minimum 180 days *NEW* increased from Previous years! Start____/_____/_____ End____/_____/_____

Certified EHR Technology (CEHRT)	Production Version
Participating eligible clinicians must be on 2015 Edition CURES CEHRT for the full 180-day Promoting Interoperability measurement period	NextGen® Enterprise EHR version _____ NOTE: Version 6.2021 Cures is the minimum certified version. Clients on a lower version must update their software before the start of their chosen 180-day performance period. Install date: _____/_____/_____ Certification ID: _____ CHPL ID: _____ (See https://chpl.healthit.gov/#/search to look up certification and CHPL ID)

Administrative Tasks	Completion
Audit binder created	☐
Screenshot ONC Certification ID saved to Audit binder	☐
Install and Upgrade dates for NextGen® Enterprise EHR application placed in Audit binder	☐
Copy of staff credentials in Audit binder for users marked as credentialed staff	☐
HIPAA compliant Business Associate Agreement for MIPS reporting with its participating MIPS eligible clinicians saved to binder	☐
Download PI Workflow Measure Specification Guides, review, and train staff on workflows	☐
Rosetta updated to most recent version	☐
For Audit Readiness see 2024 MIPS Validation Criteria	☐

	Completion
On the 2015 Edition Cures Update (NextGen Enterprise EHR version 6.2021.1 Cures or higher) or applied the required regulatory patches *If you are unsure whether you have installed the required regulatory patches, contact your Account Manager*	☐

Additional Steps for Reporting MIPS PI per Measure e-Prescribing - _Up to 20 Points_	**Completion**

e-Prescribing – Required
 	
    ☐ Provider is enrolled in Electronic Prescribing
    ☐ Provider is enrolled in Eligibility Checking
    ☐ Formularies are Installed – Surescripts / Infoscan
    ☐ Universal Preferences: Eligibility Checking is enabled on Encounter Creation or Medication Module Opening *(recommended, not required)*
    ☐ User Preferences: Use Formulary Search by Default *(recommended, not required)*
    ☐ If claiming exclusion, supporting documentation (including NextGen® HQM report) saved to Audit Binder
    ☐ Printed HQM Report saved to Audit Binder
 	
Denominator _____ %
Numerator   _____ %
Performance _____ %
	☐

Query of PDMP – Required
 	
    ☐ Registration with Bamboo Health (if applicable)
       Complete
 	
*Bamboo Health charges a modest per provider licensing fee
**State Funded Clients will need to register with their state
***If not using Bamboo Health reference 2023 MIPS Data Validation Criteria
_____ Yes
_____No
	☐

Health Information Exchange – _Up to 30 Points_ (3 options)	**Completion**

Support Electronic Referral Loops by Sending Health Information (option 1)
    ☐ Configure Medical Summary Utility (MSU) for NextGen Share
    ☐ Activate NextGen Share© Messaging Service
    ☐ If not using NextGen Share, Incorporate PHI Log Template workflow
    ☐ Configure HQM Portal to Include/Exclude PT or Surgery Orders
    ☐ If claiming exclusion, supporting documentation (including NextGen® HQM report) saved to Audit Binder
    ☐ Printed HQM Report saved to Audit Binder
 	
Denominator _____ %
Numerator _____ %
Performance _____ %
	☐

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Provider to Patient Exchange – *Up to 25 points*	Completion
Provide Patients Electronic Access to their Health Information ☐ Patient Portal is Enabled, and processors enabled on NextGen Communication Servers ☐ PHR Download is enabled in File Maintenance/NextGen Communication Servers ☐ Patient Access API (Application Programing Interface) Installed & Enabled by first day of reporting period ☐ Instructions for API access available to patients ☐ HQM Business Schedule is configured ☐ Rosetta updated to most recent version ☐ If claiming exclusion, supporting documentation (including NextGen® HQM report) saved to Audit Binder ☐ Printed HQM Report saved to Audit Binder Denominator _____ % Numerator _____ % Performance _____ %	☐

Public Health and Clinical Data Exchange – *25 points*	Completion
Self-Attestation ☐ Immunization Registry Reporting **(REQUIRED)** ☐ Electronic Case Reporting **(REQUIRED)** ☐ Optional Measures (5 bonus points for one or all – NOT EACH) ☐ Public Health Registry Reporting ☐ Clinical Data Registry Reporting (optional) ☐ Syndromic Surveillance Reporting (optional) ☐ Save proof of active engagement to audit binder (typically a letter from the registry to which you report) ☐ If claiming exclusion for any of these, supporting documentation saved to Audit Binder	☐

Security Risk Analysis	Completion

Required but not Scored
 	
☐ Completed during the reporting year
☐ NEW SAFER GUIDES (attesting YES* REQUIRED) New for 2024!
☐ Resources:
    o Review *CMS Privacy and Security of Electronic Health Information*
    o Optional services from HIPAA One®
 	
For information regarding HIPAA One® contact your NextGen Representative
	☐

MIPS Clinical Quality Measures

For successful Quality Reporting, download the eCQM and MIPS CQM measure workflow white papers from the [Quality Payment Program Resources](#) page on the Success Community.

CQMs Selected (select a minimum of 6 Quality Measures)	Selected
eCQM ID _____ **MIPS CQM ID** _____ ☐**High Priority** ☐**Outcome** Performance _____ %	☐
eCQM ID _____ **MIPS CQM ID** _____ ☐**High Priority** ☐**Outcome** Performance _____ %	☐
eCQM ID _____ **MIPS CQM ID** _____ ☐**High Priority** ☐**Outcome** Performance _____ %	☐
eCQM ID _____ **MIPS CQM ID** _____ ☐**High Priority** ☐**Outcome** Performance _____ %	☐
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eCQM ID _____ **MIPS CQM ID** _____ ☐**High Priority** ☐**Outcome** Performance _____ %	☐
eCQM ID _____ **MIPS CQM ID** _____ ☐**High Priority** ☐**Outcome** Performance _____ %	☐

MIPS Improvement Activities

To earn full credit in this performance category, participants must submit one of the following combinations of activities (each activity must be performed for 90 continuous days or more during 2020):

2 high-weighted activities

1 high-weighted activity and 2 medium-weighted activities

4 medium-weighted activities

Note: In the table below, completed = Supporting Documentation Saved to Audit Binder

Improvement Activities Selected	Selected
Activity Name _____ **Activity ID** _____ **Weight** ☐**Medium** ☐**High**	☐
Activity Name _____ **Activity ID** _____ **Weight** ☐**Medium** ☐**High**	☐
Activity Name _____ **Activity ID** _____ **Weight** ☐**Medium** ☐**High**	☐
Activity Name _____ **Activity ID** _____ **Weight** ☐**Medium** ☐**High**	☐

This checklist acts as a guide to assist you through the process. Be sure to review the MIPS Validation Criteria posted on the CMS Website to ensure you have all the required supporting documentation.

For more information, contact the QPP Information Desk 1-866-288-8292 or QPP@cms.hhs.gov or go to the QPP Resource Library for documents, specifications, and guidance.