

# 2018 MIPS Quality Domain Cheat Sheet

The quality domain is worth 50% of your final MIPS score

## CMS Task:

- **Select 6 individual measures, 1 of which is an outcome measure OR high-priority measure**

Program participants must report on data collected from January 1 – December 31, 2018.

## Strategy:

MIPS provides clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance. You can select measures that work best for you or your group, depending on how you will participate (group or individual reporting), or how you will submit your data to CMS (claims, E.H.R. registry, QCDR).

You may want to consider reporting on the following measures, as they are part of the ICP Quality incentive measures:

- Breast Cancer Screening (Quality ID: 112)
- Colorectal Cancer Screening (Quality ID: 113)
- Tobacco Use (Quality ID: 226)
- BMI (Quality ID: 128)
- Preventive Care and Screening: Blood Pressure (Quality ID: 317)
- Medication Reconciliation Post-Discharge (Quality ID: 046)
- Influenza Immunization (Quality ID: 110)

However, you may want to choose to report on specialty specific measures. For instance, a cardiologist may want to choose, "Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID: 438)".

Measures you have been collecting data on since January 1, 2018 are more likely to meet data completeness requirements (data completeness is met by submitting at least 60% of possible data that is applicable to the measure), making it more likely to earn a higher positive payment adjustment.

## Resources:

[Download the full list of measures including specialty and submission method specifics](#)

[CMS's 2018 MIPS Quality Fact Sheet](#)

[CMS's full MIPS resource library](#)