



MACRA: MIPS Track

REPORTING QUALITY MEASURES FOR INDIVIDUAL PROVIDERS THROUGH CLAIMS



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Reporting Quality Measures within CareCloud can be achieved using one of two methods. For this example, we will report Measure 130 (Documentation of Current Medications in the Medical Record). Please note, Quality Reporting is done for Medicare Claims and must be entered in the initial claim submitted to Medicare.

For more details please visit: <https://qpp.cms.gov/measures/quality>.

01

02

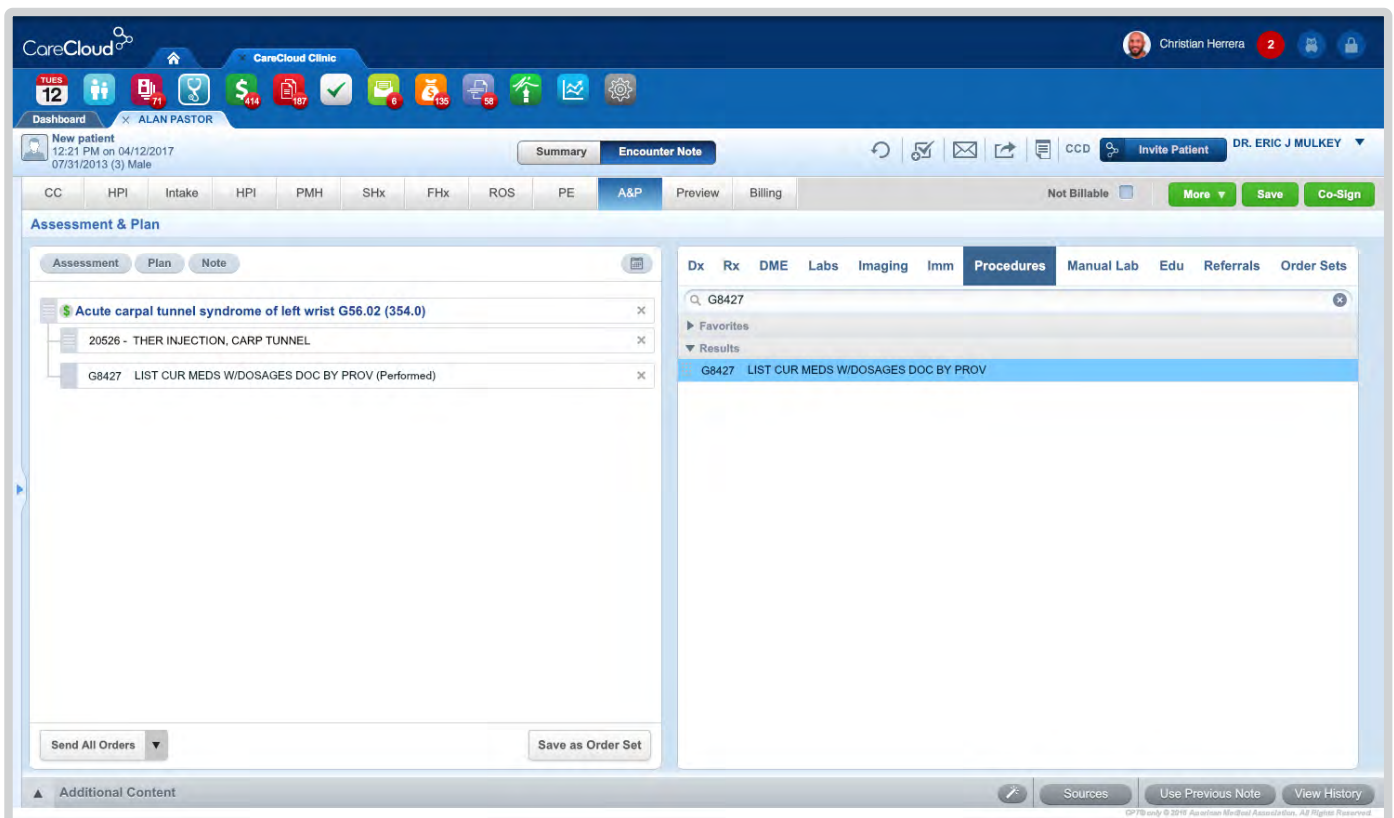


01

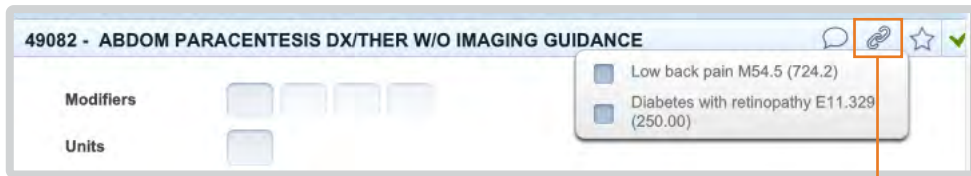
METHOD 01

ENTERING A QUALITY REPORTING CODE AS AN ORDER

Quality Reporting codes can be searched for under **Procedures** in the **A&P** section of the **Encounter**.

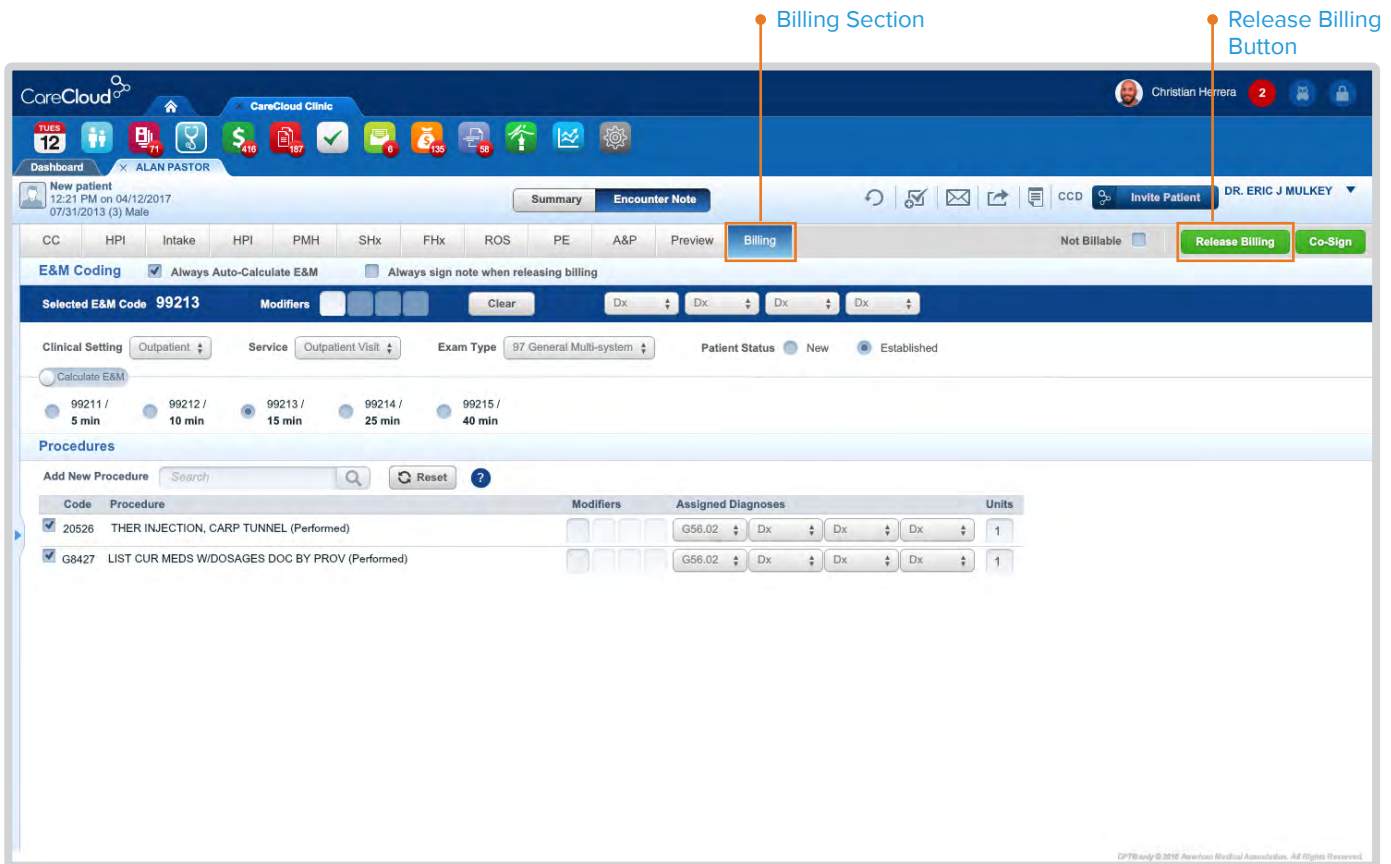


Once the Quality Reporting code is identified, it can be associated to a diagnosis (please follow the Quality Measure documentation regarding associated diagnosis) by dragging and dropping it below the diagnosis.



If multiple diagnoses need to be associated to the Quality Reporting code, do so by clicking the link icon.

With the Reporting code entered in the order, click the **Billing** section of the **Encounter**.



Once the Reporting code and other procedures have been reviewed for accuracy, click on the **Release Billing** button. Taking this action will push the Quality Reporting code into the Billing Encounter.



Best practice

Quality Reporting codes can be added to an order set for future use and expediency of selecting codes. View [Creating a New Order Set](#) section of Charts S1 Guide on how to make order sets: <https://goo.gl/KGanAO>.



02

METHOD 02

MANUALLY ADDING A QUALITY REPORTING CODE IN A BILLING ENCOUNTER

Quality Reporting codes can be manually entered in a Billing Encounter.

The screenshot shows the CareCloud Billing Encounter interface for KENNY ANDERSON (Chart Number: AND563). The interface includes a navigation bar with various icons and a main content area with several sections:

- Encounter Form:** Fields for Provider (DR. LAUREN R DEROSA), Attending Provider (DR. LAUREN R DEROSA), Location (MAIN MEDICAL CENTER), Referring Physician (CAMILO E. LOPEZ PA), Insurance Profile (Auto Insurance), and Case (Select...).
- ICD-10 Diagnoses:** A list of diagnoses with checkboxes and pointer icons. The first three are checked: Z00.00 (ENC GEN ADULT EXAM W/O ABNORM FIND), E08.10 (DM D/T UNDERLY KETOACIDOSIS NO COMA), and C11.0 (MAL NEOPLASM SUP WALL NASOPHARYNX).
- Charges Table:** A table with columns for Service Date, Procedure, Modifiers, ICD-10 Diagnoses, Units, Amount, Provider, Location, Ins Profile, Auth, Cap, and Value. It shows two charges for 04/17/2017: one for procedure 99211 with amount 64.29, and another for procedure G8427 with amount 0.00.
- Summary:** Total Amount: 64.29, Total RVU: 0.60, Total Value: 0.00.
- Buttons:** Skip Charge Routing Validation, Save for Later, Post Charges, and Cancel.

The Quality Reporting code is entered in the Procedure field and the diagnosis is linked by entering the pointer or code on the same line as the charge in the encounter.

In both scenarios, charges in the encounter must be **posted** and the claim must be assembled in the **Claims** App and submitted in order to qualify reporting the Measure.

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