Quality Payment PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Quality Payment Program (QPP)
2019 Data Submission User Guide

Updated 5/12/2020

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*

How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.
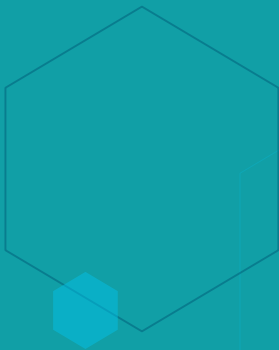
You can also click on the icon on the bottom left to go back to the table of contents.

Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

Getting Started

Getting Started

Accessing the System

In order to [sign in to qpp.cms.gov](#) and submit Performance Year 2019 data and/or view data submitted on your behalf, you need

- An account (user ID and password)

- Access to an organization (a role)

Make sure you sign in during the submission period to review data submitted on your behalf.

You cannot submit new or corrected data after the submission period closes.

If you don't already have an account or access, review the following documentation in the [QPP Access User Guide](#) so you can sign in to submit, or view, data:

- QPP Access at a Glance

- Register for a HARP Account

- Connect to an Organization

Once you [sign in](#), you can select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-hand navigation bar.
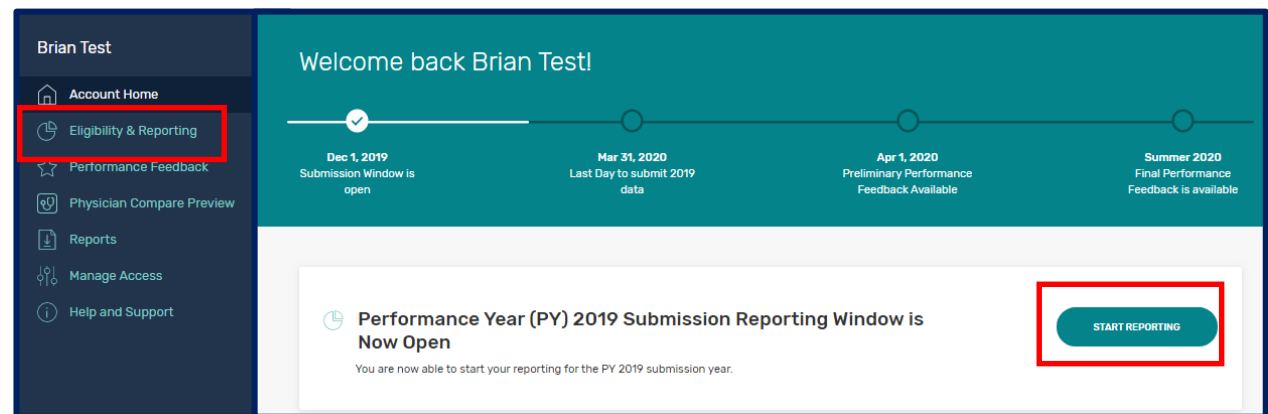
Disclaimer: The screenshots included in this user guide were current at the time of publication. Because we are always working to incorporate feedback and improve experience, you may notice some differences between these screenshots and what you see when you're signed in to qpp.cms.gov.

Before You Begin
Make sure you are using the most recent version of your browser:
- *Chrome: 71.0*
- *Firefox: 64.0*
- *Safari: 11.0*
- *Edge: 44.0*
Note: Internet Explorer is not fully supported by QPP.

Getting Started

Organization Type

From here, you'll see the organizations you have permission to access. Most users will only have access to one organization type:

- Registry (includes Qualified Registries and QCDRs),
- Virtual Group,
- Practice, or
- Alternative Payment Model (APM) Entity

Helpful Hint
Appendix A reviews what users associated with each organization type can and cannot do and view during the submission period.
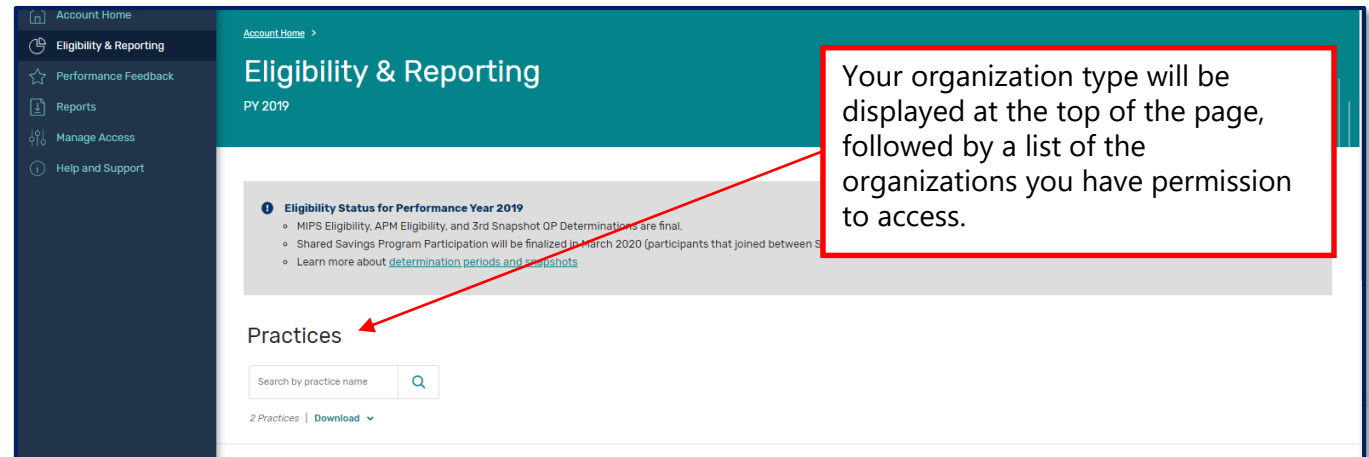
Your organization type will be displayed at the top of the page, followed by a list of the organizations you have permission to access.
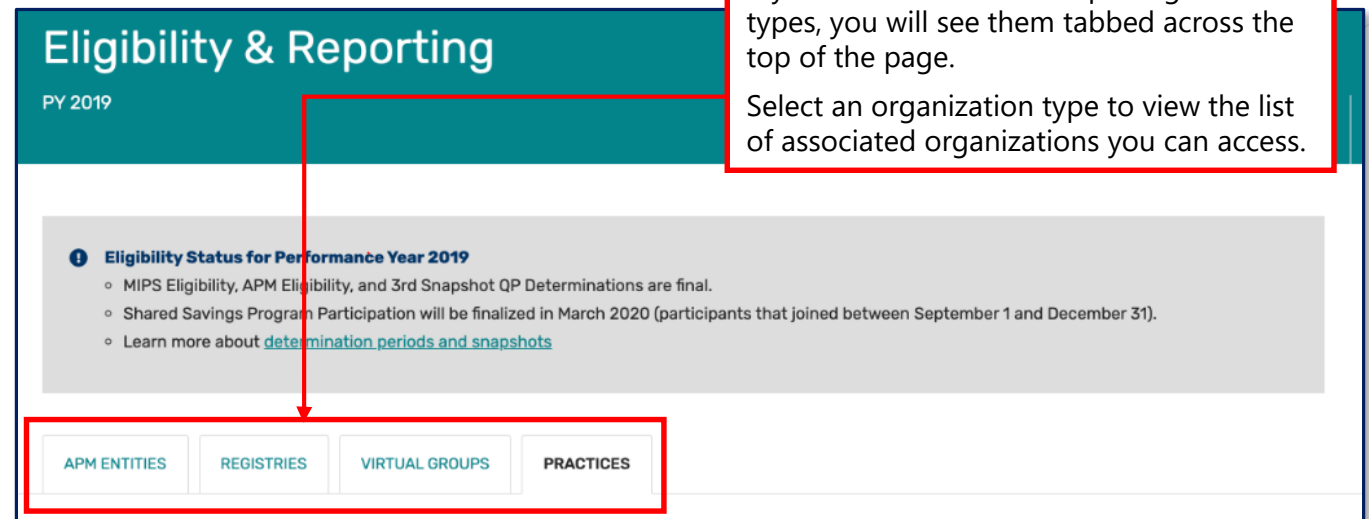
If you have access to multiple organization types, you will see them tabbed across the top of the page.

Select an organization type to view the list of associated organizations you can access.

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Viewing Clinician and Eligibility Information

Viewing Clinician and Eligibility Information

APM Entities | Virtual Groups | Practices

APM Entities

Users with access to their APM Entity (ACO or CPC+ Practice Site) can access a list of the clinicians participating in the Entity from the Eligibility & Reporting page by selecting **View Participant Eligibility**.

From the **APM Entity Details & Participants** page, you will be able to **download** a list of all your participants or **view** participants by Practice.

When **Viewing Clinician Eligibility** by practice, you will only be able to view clinicians in the practice who are also participating in the APM Entity.

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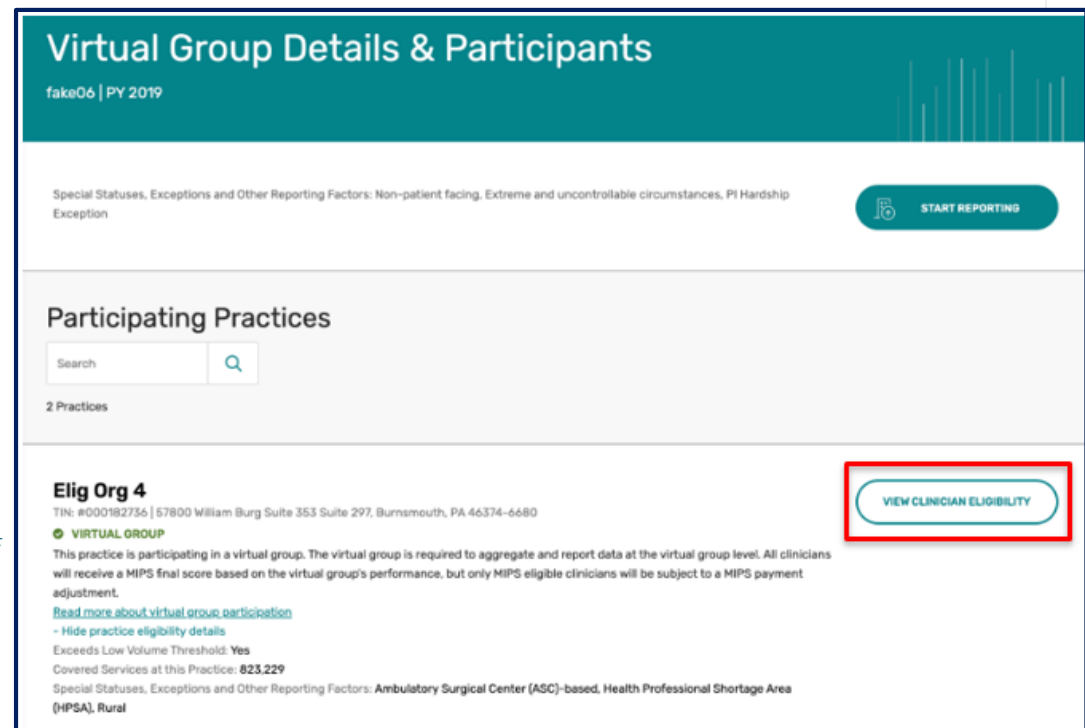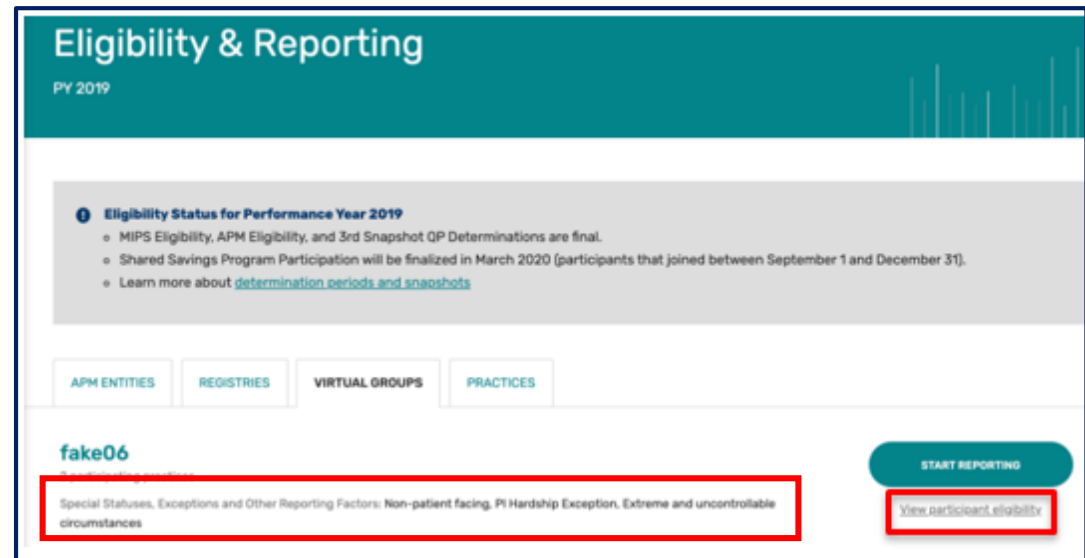# Viewing Clinician and Eligibility Information

Virtual Groups

From the Eligibility & Reporting page, users with access to their virtual group can review any **special statuses and other reporting factors** attributed to the virtual group.

They can also access a list of the practices and clinicians participating in the virtual group by selecting **View participant eligibility**.

From the Participating Practices page, you can access a list of clinicians in each participating practice but cannot download a list of all clinicians participating in the virtual group.

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Eligibility & Reporting
PY 2019

ⓘ **Eligibility Status for Performance Year 2019**
- MIPS Eligibility, APM Eligibility, and 3rd Snapshot QP Determinations are final.
- Shared Savings Program Participation will be finalized in March 2020 (participants that joined between September 1 and December 31).
- Learn more about determination periods and snapshots

APM ENTITIES | REGISTRIES | **VIRTUAL GROUPS** | PRACTICES

fake06

START REPORTING

Special Statuses, Exceptions and Other Reporting Factors: **Non-patient facing, PI Hardship Exception, Extreme and uncontrollable circumstances**

View participant eligibility

Virtual Group Details & Participants
fake06 | PY 2019

Special Statuses, Exceptions and Other Reporting Factors: **Non-patient facing, Extreme and uncontrollable circumstances, PI Hardship Exception**

START REPORTING

Participating Practices

Search 🔍

2 Practices

Elig Org 4
TIN: #000182736 | 57800 William Burg Suite 353 Suite 297, Burnsmouth, PA 46374-6680

VIEW CLINICIAN ELIGIBILITY

✓ **VIRTUAL GROUP**
This practice is participating in a virtual group. The virtual group is required to aggregate and report data at the virtual group level. All clinicians will receive a MIPS final score based on the virtual group's performance, but only MIPS eligible clinicians will be subject to a MIPS payment adjustment.
Read more about virtual group participation
- Hide practice eligibility details
Exceeds Low Volume Threshold: **Yes**
Covered Services at this Practice: **823,229**
Special Statuses, Exceptions and Other Reporting Factors: **Ambulatory Surgical Center (ASC)-based, Health Professional Shortage Area (HPSA), Rural**

Viewing Clinician and Eligibility Information

Practices

Reporting as a Group

Users with access to their practice can view eligibility and special statuses at the practice level, which are applicable to group reporting.

Practice-level **eligibility** (applies to group reporting only)

Practice-level **special statuses** (applies to group reporting only)

Practices

Search by practice name 🔍

2 Practices | Download ⌄

Better Business Health
TIN: #000765630 | 293 Miller Union Apt. 436, East Annettebury, NC 91655-7273

✓ MIPS ELIGIBLE

Exceeds Low Volume Threshold: **Yes**
Medicare Patients at this practice: **420,030**
Allowed Charges at this practice: **93,954**
Covered Services at this practice: **266,713**
Special Statuses, Exceptions and Other Reporting Factors: **None**

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Did you know?

You may not see your Approved Exception Application for Promoting Interoperability Hardships or Extreme & Uncontrollable Circumstances in your eligibility profile when the submission period opens.

*These are being added at some point **during the submission period**.*

Viewing Clinician and Eligibility Information

Practices *(continued)*

Reporting as a Group *(continued)*

Eligibility Refresher (Group Reporting)

You See	This Means
PRACTICE LEVEL (Applies to Group Reporting)	
✅ MIPS ELIGIBLE	If you choose to report as a group, all of your MIPS eligible clinicians (including those who are individually below the low-volume threshold) will receive a payment adjustment based on your group submission.
⊘ MIPS EXEMPT	You can choose to voluntarily report as a group, but none of your clinicians will receive a payment adjustment.
Opt-in Option: Opt-in eligible as group	Your practice is exempt from MIPS and your clinicians will not receive a MIPS payment adjustment from group reporting unless you make an election to Opt-In as a group. No action is needed if you don't want to submit data. If you want to submit group-level data: • You will be prompted to make an election before you can submit data. • Opt-In to MIPS and your clinicians will receive a MIPS payment adjustment (even if no data is submitted). • Voluntarily Report and your clinicians will NOT receive a MIPS payment adjustment based on any data submitted.
✅ MIPS ELIGIBLE VIA OPT-IN *Note: We are currently updating our systems to reflect a change in eligibility status for opt-in eligible clinicians and groups that have elected to opt-in to MIPS. We expect this status to be reflected on qpp.cms.gov by the end of February.*	A practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to opt-in to MIPS. Your MIPS eligible clinicians will receive a payment adjustment.

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Viewing Clinician and Eligibility Information
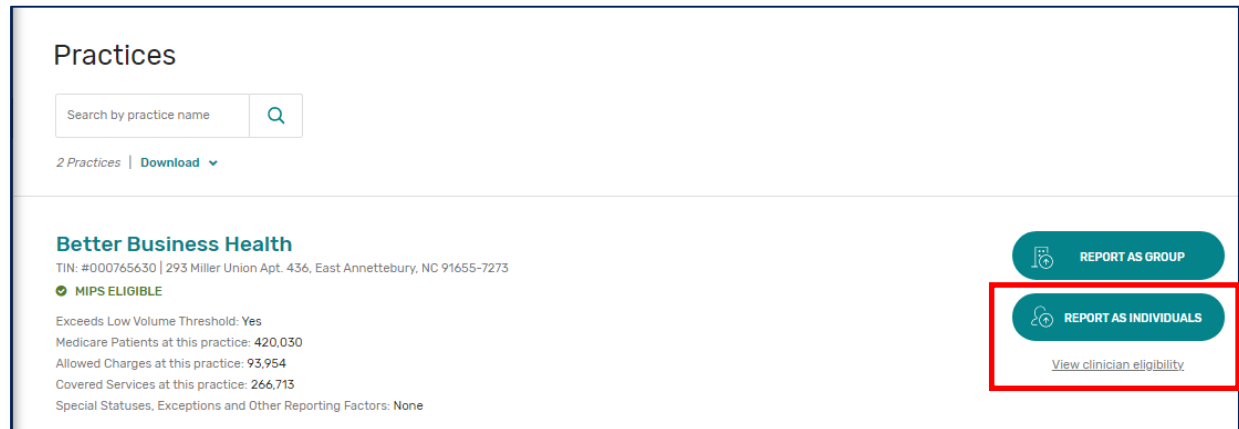
Practices *(continued)*

Reporting as Individuals

Users with access to their practice can view eligibility and special statuses at the individual level, which are applicable to the specific clinician for individual reporting.

Click **Report as Individuals** or **View Clinician Eligibility** (under the option to Report as Individuals) to access Practice Details and Clinicians.

This page displays the clinicians who (identified by NPI) billed services under your practice's TIN with **dates of service between October 1, 2018 and September 30, 2019** (allowing for a 30-day run out period).

- This includes clinicians who left your practice and/or have terminated the reassignment of their billing rights to your practice's TIN in PECOS during this timeframe.

Practices

Search by practice name

2 Practices | Download ⌄

Better Business Health
TIN: #000765630 | 293 Miller Union Apt. 436, East Annettebury, NC 91655-7273
✔ MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 420,030
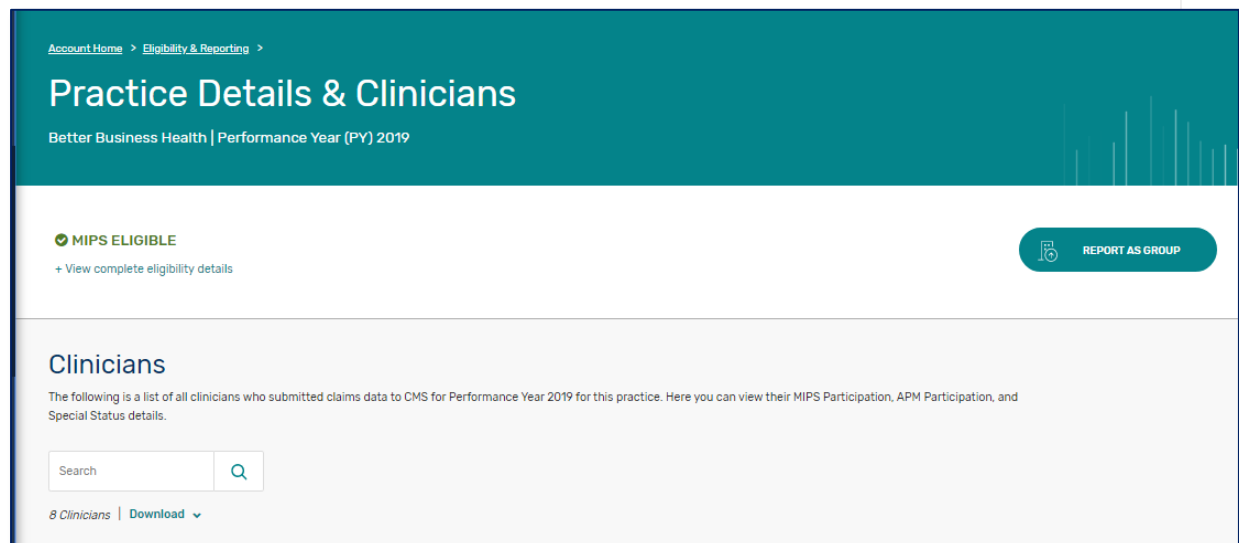Allowed Charges at this practice: 93,954
Covered Services at this practice: 266,713
Special Statuses, Exceptions and Other Reporting Factors: None

REPORT AS GROUP
REPORT AS INDIVIDUALS
View clinician eligibility

Account Home > Eligibility & Reporting >

Practice Details & Clinicians

Better Business Health | Performance Year (PY) 2019

✔ MIPS ELIGIBLE
+ View complete eligibility details

REPORT AS GROUP

Clinicians

The following is a list of all clinicians who submitted claims data to CMS for Performance Year 2019 for this practice. Here you can view their MIPS Participation, APM Participation, and Special Status details.

Search

8 Clinicians | Download ⌄

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Practices *(continued)*

Reporting as Individuals *(continued)*

Each clinician will have an eligibility indicator at the individual and group level. If your practice is reporting as individuals, click **View complete eligibility details** to better understand the clinician's reporting requirements, reporting options, and payment adjustment information.

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Did you know?
*The following clinicians will **not** appear on qpp.cms.gov during the submission period:*
Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2019.
These clinicians will be added to your connected clinicians list in time for performance feedback:
- *They will receive a neutral MIPS payment adjustment if your practice reported as individuals; or*
- *They will receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS).*

Submitting Data at the Right Level

Submitting Data at the Right Level

Advanced APMs and MIPS APMs | [Virtual Groups](#) | [Practices](#)

Advanced APMs and MIPS APMs

You will submit your Quality data at the Entity level and your Promoting Interoperability data at the Practice level.

Medicare Shared Savings Program ACOs

The ACO (**APM Entity)** is responsible for submitting **Quality data** through the CMS Web Interface on behalf of the entire entity.

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate APM Entity organization.

Each participating TIN (**Practice**) within the ACO is responsible for submitting **Promoting Interoperability data**, even if none of the clinicians will be scored in MIPS under the APM Scoring Standard.

From the Eligibility & Reporting page, select **Report as a Group** or **Report as Individuals** next to the appropriate Practice organization.

> *Did you know?*
> - *Beginning with the 2019 performance period, Shared Savings Program Participant TINs can submit Promoting Interoperability data as individuals or as a group.*
> - *The [2019 CMS Web Interface User Guide](#) provides step-by-step instructions with screenshots for submitting through the Web Interface.*
> - *Users with access to the APM Entity can't view data submitted by the Practice, and vice versa. [Appendix A](#) offers helpful information about the differences between APM Entity and Practice access.*

Make sure you see **APM Entities** as your organization type (or click APM Entities if you have access to another organization type, such as Practices) before reporting Quality data.

Make sure you see **Practices** as your organization type (or click Practices if you have access to another organization type, such as an APM Entity) before reporting Promoting Interoperability data.

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Submitting Data at the Right Level

Advanced APMs and MIPS APMs *(continued)*

Next Generation ACOs and Comprehensive Primary Care Plus (CPC+)

The **APM Entity** is responsible for submitting **Quality data** on behalf of the entire entity.

- ACOs submit quality measures through the CMS Web Interface
- CPC+ Practice Sites upload their eCQMs (QRDA III format)

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate APM Entity organization.

If there are clinicians associated with the ACO who will be scored under the APM Scoring Standard, they will need to submit Promoting Interoperability data at the group or individual level as appropriate.

- From the Eligibility & Reporting page, select **Report as a Group** or **Report as Individuals** next to the appropriate Practice organization.

Make sure you see **APM Entities** as your organization type (or click APM Entities if you have access to another organization type, such as Practices) before reporting Quality data.

Make sure you see **Practices** as your organization type (or click Practices if you have access to another organization type, such as an APM Entity) before reporting Promoting Interoperability data.

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Did you know?

- *The 2019 MIPS APM User Guide provides helpful information about MIPS APM participation, and the APM Scoring Standard.*
- *The 2019 CMS Web Interface User Guide provides step-by-step instructions with screenshots for submitting through the Web Interface.*
- *Users with access to the APM Entity can't view data submitted by the Practice, and vice versa. Appendix A offers helpful information about the differences between APM Entity and Practice access.*

Advanced APMs and MIPS APMs
(continued)

Other MIPS APMs

The APM Entity is responsible for submitting Quality data on behalf of the entire entity, but ACOs and CPC+ practice sites are the only models that submit their quality data through qpp.cms.gov. Users with access to the APM Entity in other models will not see Start Reporting but will be able to view participant eligibility.

Clinicians in other models who will be scored under the APM Scoring Standard will need to submit **Promoting Interoperability** data at the group or individual level as appropriate.

- From the Eligibility & Reporting page, select **Report as a Group** or **Report as Individuals** next to the appropriate Practice organization.

Clinicians in other models who will be scored under the APM scoring standard will need to submit **Promoting Interoperability** data at the group or individual level as appropriate.
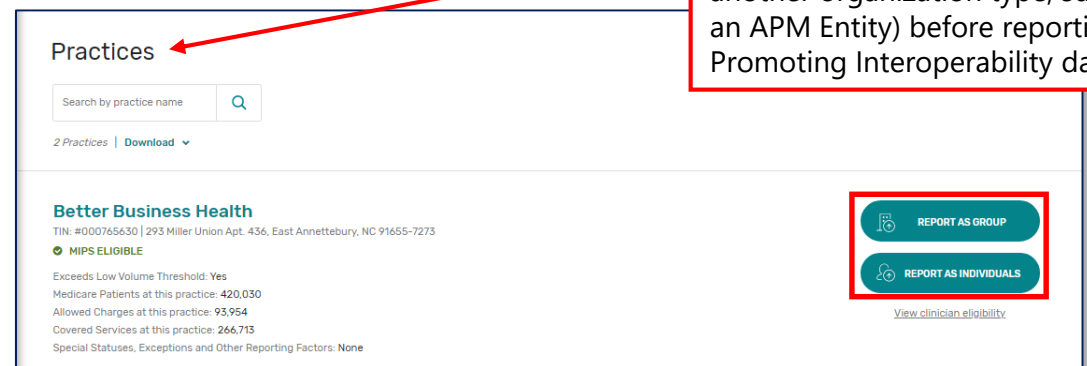
- From the Eligibility & Reporting page, select **Report as a Group** or **Report as Individuals** next to the appropriate Practice organization.

> *Did you know?*
> - *The 2019 MIPS APM User Guide provides helpful information about MIPS APM participation and the APM Scoring Standard.*
> - *Appendix A offers helpful information about Practice access.*
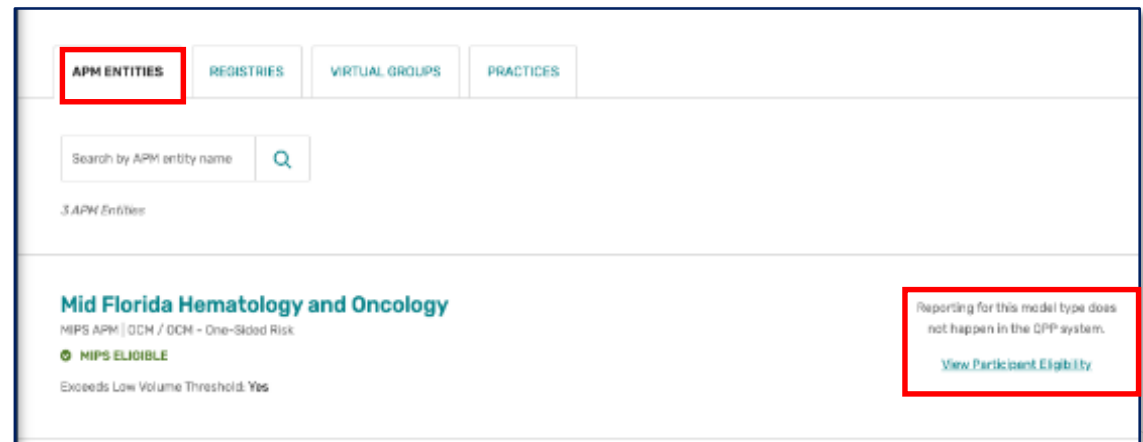
Make sure you see **Practices** as your organization type (or click Practices if you have access to another organization type, such as an APM Entity) before reporting Promoting Interoperability data.

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Submitting Data at the Right Level

Virtual Groups

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate Virtual Group organization.
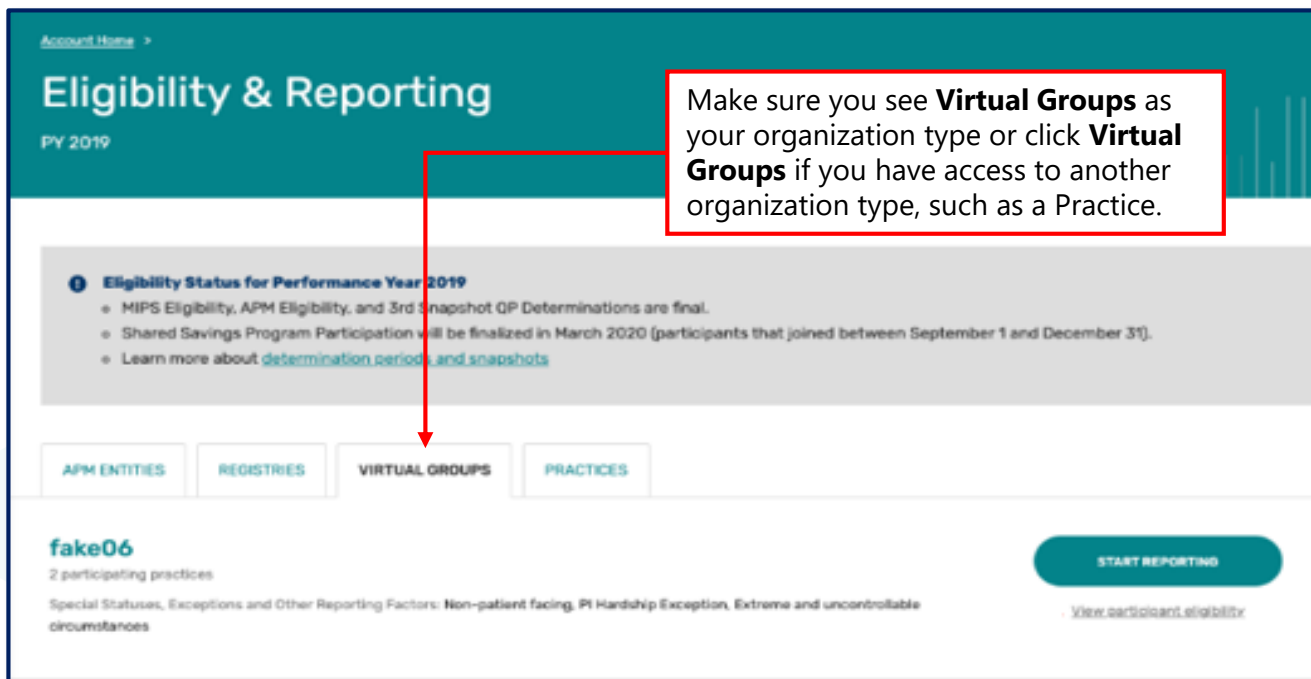
Make sure you see **Virtual Groups** as your organization type or click **Virtual Groups** if you have access to another organization type, such as a Practice.

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Did you know?

Data submitted on behalf of a virtual group (aggregated across TINs) does not satisfy reporting requirements for clinicians scored under the APM Scoring Standard.

Data submitted by Practices participating in the virtual group will be considered voluntary reporting (both individual and group submissions).

Appendix A offers helpful information about virtual group access.

Submitting Data at the Right Level

Practices

From Eligibility and Reporting, select how you plan to report on behalf of your clinicians:

Practices

Search by practice name 🔍

2 Practices | Download ⌄

Better Business Health
TIN: #000765630 | 293 Miller Union Apt. 436, East Annettebury, NC 91655-7273
✓ MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 420,030
Allowed Charges at this practice: 93,954
Covered Services at this practice: 266,713
Special Statuses, Exceptions and Other Reporting Factors: None

[REPORT AS GROUP]
[REPORT AS INDIVIDUALS]
View clinician eligibility

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As a group. You're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

As individuals. You're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

> *Did you know?*
>
> *The level at which you participate in MIPS (individual or group) applies to all performance categories. We will not combine data submitted at the individual and group level into a single final score.*
>
> *For example:*
>
> • *If you submit any data as an individual, you will be evaluated for all performance categories as an individual.*
>
> • *If your practice submits any data as a group, you will be evaluated for all performance categories as a group.*
>
> • *If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.*

Submitting Data at the Right Level

Practices *(continued)*

Report as a Group

If your practice is MIPS eligible or MIPS exempt as a group, clicking Report as a Group will take you the Reporting Overview page, where you can submit data or view data submitted on your behalf.

If your practice is "**opt-in eligible as a group**," you will be prompted to complete an election before you can submit any data.

Once made, this election cannot be changed.

- Select **Opt-In** if you're electing for the practice to receive a MIPS Final Score based on a group submission and for all MIPS eligible clinicians to receive a payment adjustment; OR

- Select **Report Voluntarily** if you're electing for the practice to receive a MIPS Final Score based on a group submission, but no payment adjustment for the MIPS eligible clinicians based on the group's reporting.

Don't want to submit group-level data? Select **Cancel and go back**.

Review the 2019 Opt-In and Voluntary Reporting Election Process Guide for more information.
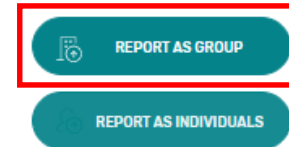
Group Reporting Options

To participate in MIPS, you must decide whether you will opt-in or report voluntarily before any data can be submitted.

Greenville Podiatry
TIN: 1234567890
⊘ MIPS EXEMPT

Elect to Opt-In

By electing to Opt-In, you become MIPS eligible. You will receive a MIPS final score and a payment adjustment in 2021.

OPT-IN

Choose to Report Voluntarily

By voluntarily reporting MIPS data, you will receive performance feedback for informational purposes only. You will not receive a payment adjustment in 2021.

REPORT VOLUNTARILY

Cancel and go back

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Submitting Data at the Right Level

Practices

Report as Individuals

Clicking **Report as Individuals** will take you to **Practice & Clinician Details**, where you can select "Report as Individual" next to each clinician's name.

If the clinician is MIPS eligible or MIPS exempt as an individual, clicking Report as Individuals will take you the Reporting Overview page, where you can submit data or view data submitted on your behalf.
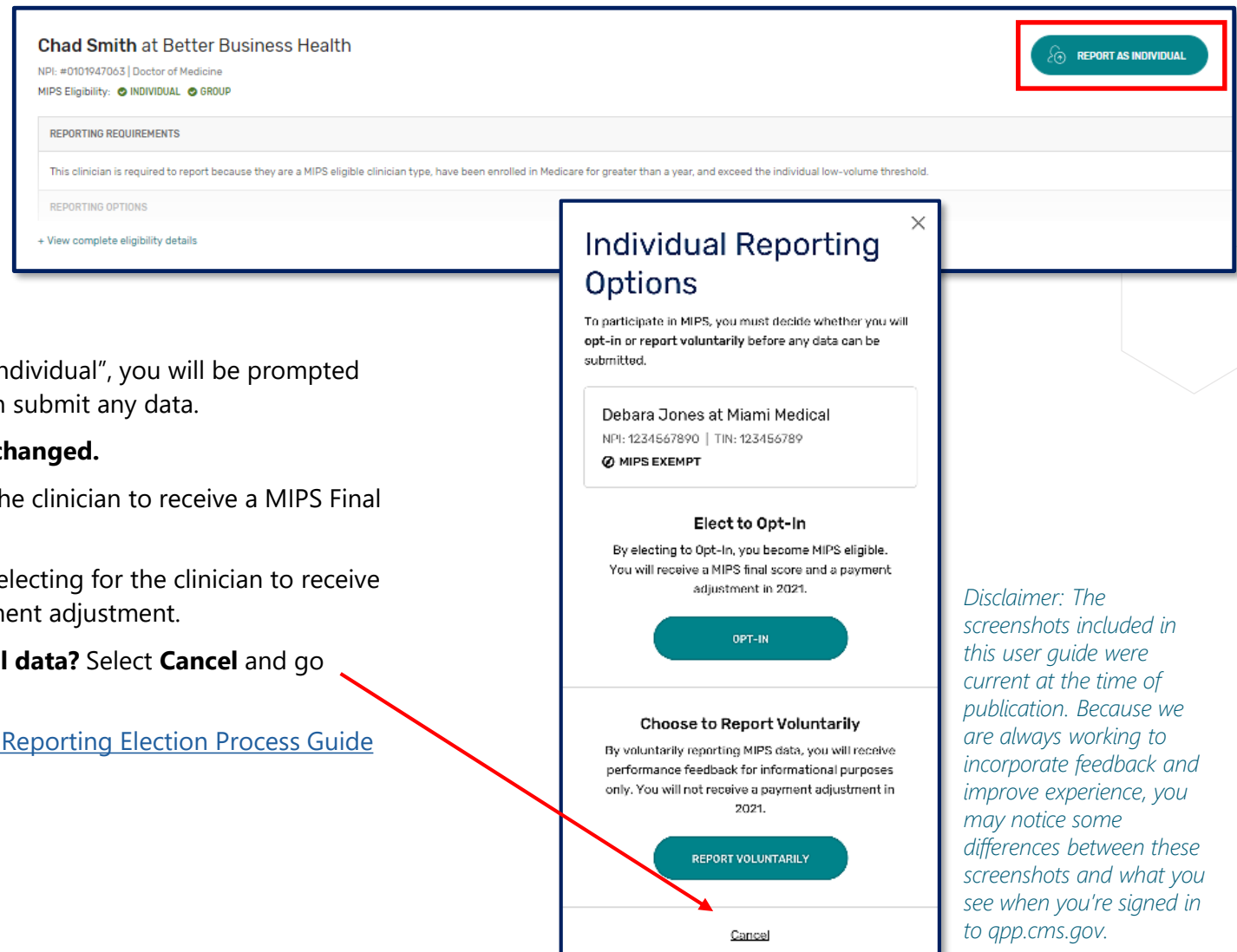
If the clinician is "opt-in eligible as an individual", you will be prompted to complete an election before you can submit any data.

Once made, this election cannot be changed.

- Select **Opt-In** if you're electing for the clinician to receive a MIPS Final Score and payment adjustment; OR

- Select **Report Voluntarily** if you're electing for the clinician to receive performance feedback, but no payment adjustment.

Don't want to submit individual level data? Select **Cancel** and go back.

Review the 2019 Opt-In and Voluntary Reporting Election Process Guide for more information.

REPORT AS GROUP

REPORT AS INDIVIDUALS
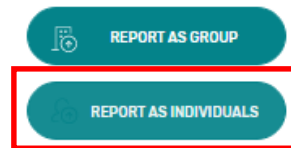
Chad Smith at Better Business Health
NPI: #0101947063 | Doctor of Medicine
MIPS Eligibility: ✓ INDIVIDUAL ✓ GROUP

REPORT AS INDIVIDUAL

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

+ View complete eligibility details

Individual Reporting Options

To participate in MIPS, you must decide whether you will opt-in or report voluntarily before any data can be submitted.

Debara Jones at Miami Medical
NPI: 1234567890 | TIN: 123456789
⊘ MIPS EXEMPT

Elect to Opt-In

By electing to Opt-In, you become MIPS eligible. You will receive a MIPS final score and a payment adjustment in 2021.

OPT-IN

Choose to Report Voluntarily

By voluntarily reporting MIPS data, you will receive performance feedback for informational purposes only. You will not receive a payment adjustment in 2021.

REPORT VOLUNTARILY

Cancel

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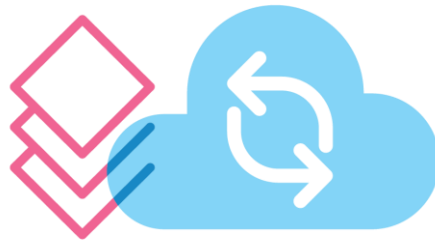
Reporting Overview Page

Reporting Overview Page

Users with access to Practice or Virtual Group organizations will arrive the Reporting Overview after they click start reporting (virtual groups) or Report as Group/Individuals (practices). From here you will be able to:

- Upload a File
- View the Preliminary Total Score
- View Preliminary Performance Category Scores and Weights
- Access Previously Submitted Data (by you or a third party)

Upload a File

You can upload a QRDA III or QPP JSON file (any or all performance categories) by selecting Upload a File.

Once you've uploaded your file, you will see an indicator of success or error.

Download your error report to review the specific errors in your file.

File Name	Size	Timestamp	Status	Message					
MM3.json	2.5 KB	2020-01-1(	Upload Fa	invalid submission object					
MM3.json	2.5 KB	2020-01-1(	Upload Fa	performanceEnd must be after or the same as the performanceStart date					
MM3.json	2.5 KB	2020-01-1(	Upload Fa	performanceEnd must match the submission's performanceYear					

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Reporting Overview Page

Preliminary Total Score

You will see a Preliminary Total Score based on data submitted to date (by you and/or a third party). This preliminary score will update as new data is submitted.
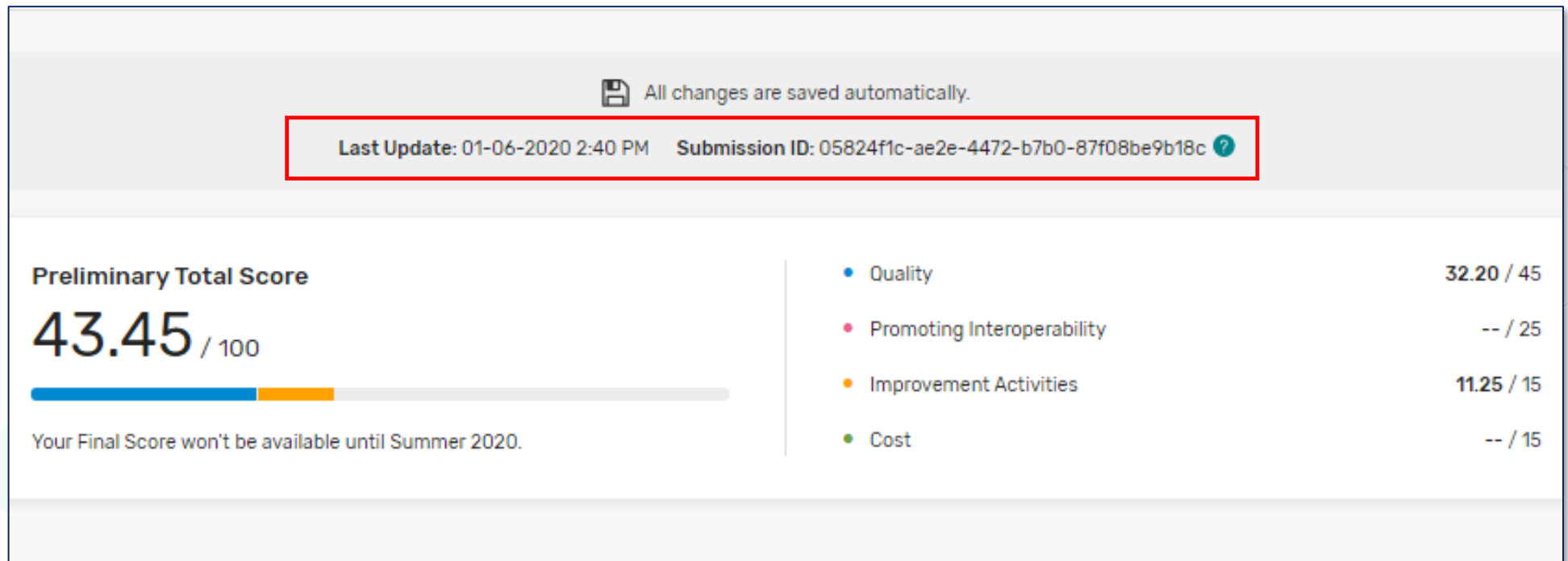
💾 All changes are saved automatically.

Last Update: 01-06-2020 2:40 PM   Submission ID: 05824f1c-ae2e-4472-b7b0-87f08be9b18c ❓

Preliminary Total Score

43.45 / 100

Your Final Score won't be available until Summer 2020.

• Quality	32.20 / 45
• Promoting Interoperability	-- / 25
• Improvement Activities	11.25 / 15
• Cost	-- / 15

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On each page, you'll see the most recent date that data was updated for the individual, group, or virtual group (by you and a third party).

You will also see a **Submission ID**. This unique identifier is associated with all data submitted by and/or on behalf of each clinician, group, and virtual group.

## Preliminary Performance Category Scores and Weights

You will see your preliminary scores and the current weight for each performance category, any special statuses that impact your reporting requirements, along with an indicator of whether data has been submitted.

> *Preliminary Quality Scores will not reflect CMS Web Interface submissions.*
>
> *Preliminary CMS Web Interface Quality scores will be available after the submission period.*
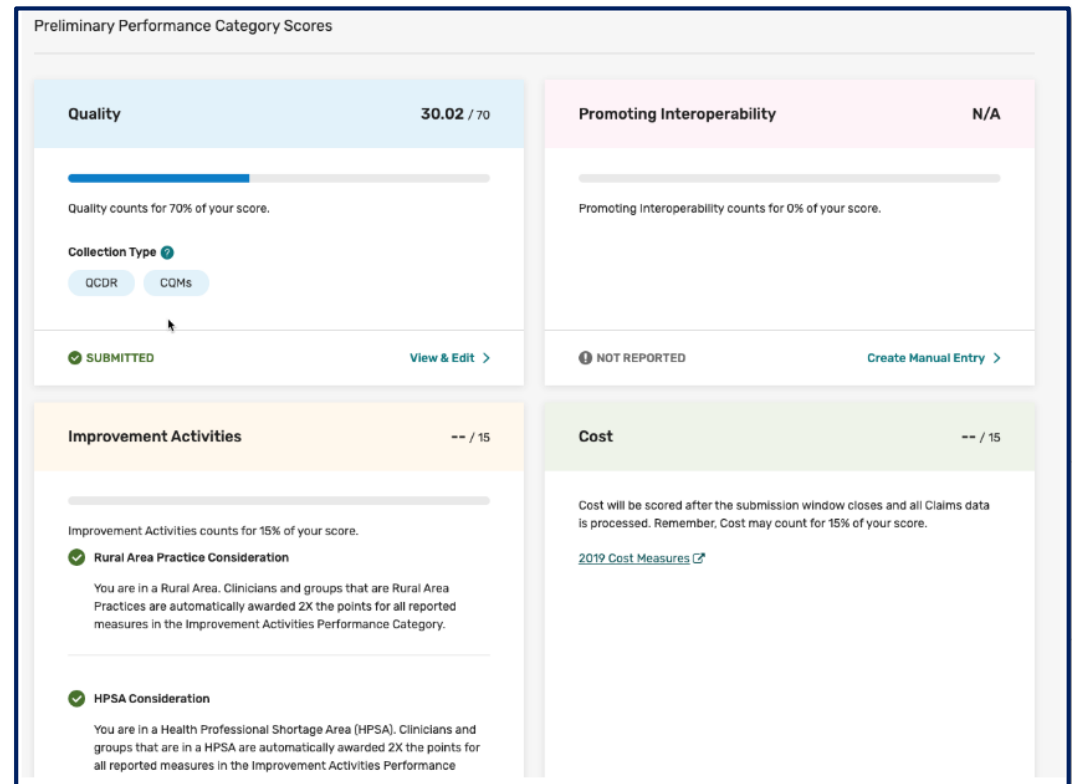
Further down the page, you will also see a breakdown of the current weights of each performance category.
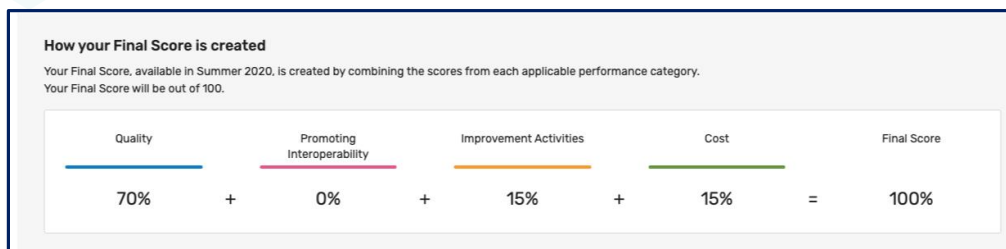
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> *Did you know?*
>
> *We are still working to reweight performance categories based on approved exception requests:*
> - *Extreme & Uncontrollable Circumstances Exceptions, and*
> - *Promoting Interoperability Performance Category Hardship Exceptions*
>
> *We anticipate clinicians, groups and virtual groups with an approved exception request will see updated performance category weights by March.*
>
> *If you see a weight of 0% for any performance category, you can still submit data, but you will be asked to confirm that you wish to continue as this will override your reweighting.*

Access Previously Submitted Data

Click **View & Edit** to access details about the data that's already been submitted for a performance category.
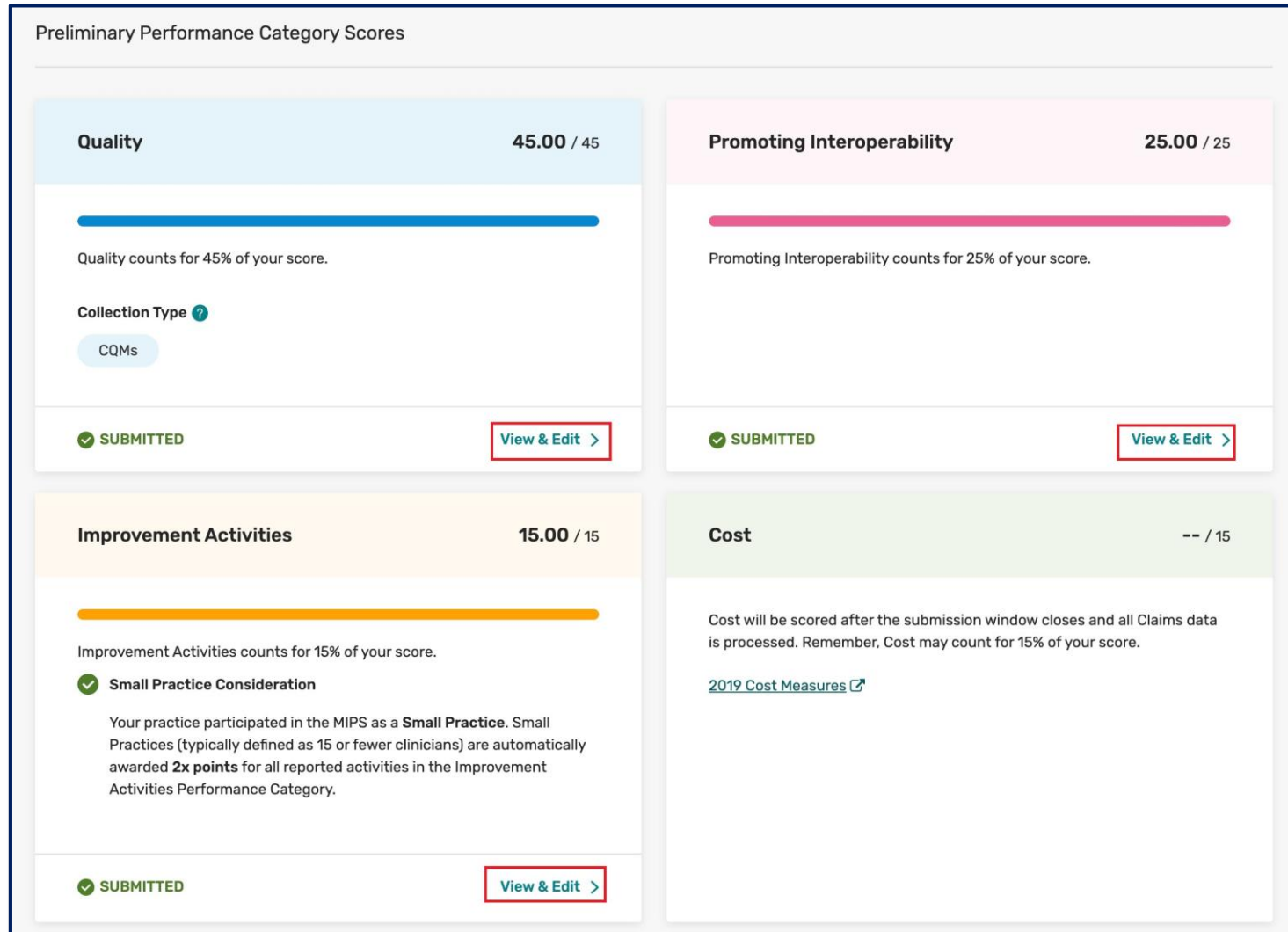
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Submitting and Reviewing Data

Submitting and Reviewing Data

Quality Performance Category

Upload Your Quality Measures | [Review Previously Submitted Data](#) | [Measure Information](#) | [Measures Without a Historical Benchmark](#) | [Submitting Fewer than Six Measures](#) | [Preliminary Quality Score Calculation](#)

Quality Payment
PROGRAM

Upload Your Quality Measures

You can upload files for any or all performance categories from the [Reporting Overview](#) page. Alternately, if no quality data has been reported, you can upload your own QRDA III or QPP JSON file with your eCQMs or MIPS CQMs by clicking **View & Edit** in the Quality section of the Reporting Overview and then **Upload File(s)**:

Quality	-- / 45
Quality counts for 45% of your score.	
ⓘ NOT REPORTED	View & Edit >

Once quality measures have been submitted, you will need to upload new files from the [Reporting Overview](#) page.

Having trouble uploading your file?

Skip ahead to the [troubleshooting](#) section of this guide.

OPTION 1

Manually Upload Data

Submit QPP Quality Data via file upload. This method allows the upload of EHR export data in either QPP (JSON) format and QRDA III files. There are six required measures, including one High priority measure.

UPLOAD FILE(S)

OPTION 2

Using a Third Party Agency

Contact your Third Party of Third Party Intermediaries to submit data.

If using a Registry or EHR to submit data, please contact them for support.

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Submitting and Reviewing Data
Quality Performance Category

Review Previously Submitted Data

From the Reporting Overview, click **View & Edit** in the Quality section to access the Quality details page.

Quality

Chad Smith, Doctor of Medicine at Better Business Health
NPI: 0101947063 | TIN: 000765630
293 Miller Union, Apt. 436, East Annettebury, NC 916557273

QPP Quality Score
For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

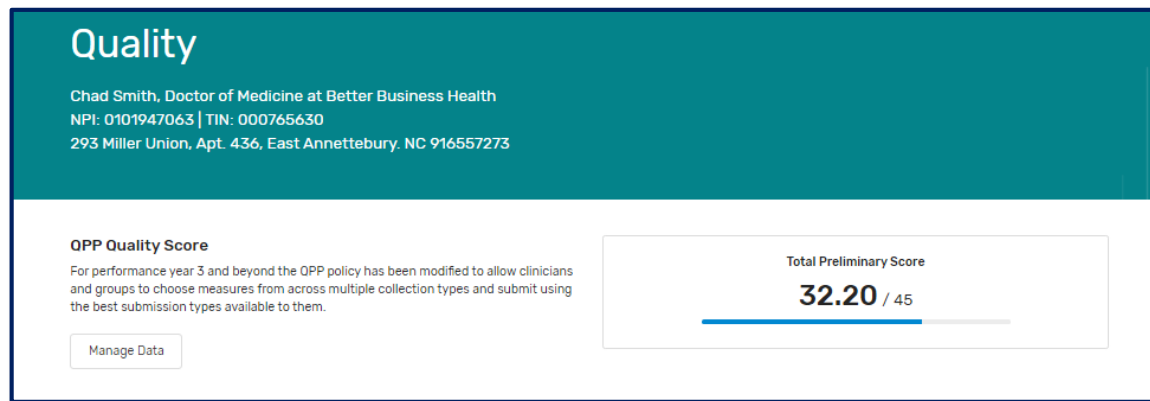Manage Data

Total Preliminary Score
32.20 / 45

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During the submission period, this page will reflect:

- Medicare Part B Claims Measures reported by clinicians in a small practice throughout the performance period, and

- eCQMs or MIPS CQMs that you have uploaded directly or were submitted by a third party (such as a Qualified Registry or QCDR), and

- QCDR measures submitted by a QCDR

Medicare Part B Claims Measures

Beginning with PY 2019, only clinicians in small practices (fewer than 16 clinicians) can report Medicare Part B Claims measures. If you don't see your preliminary scores for Part B claims measures, check the QPP Participation Status Tool to see if you have the small practice special status

We are still working to display preliminary claims measure results for clinicians and groups who opted in. We anticipate preliminary claims measure results will be available in early February.

We will automatically calculate a group level Quality score based on Part B claims measures submitted by clinicians in a small practice.

We intend to update preliminary Part B claims measure scores on a monthly basis during the submission period (to account for the 60-day run out period for claims measure processing).

Review Previously Submitted Data *(continued)*

During the submission period, this page will NOT reflect:

- Scoring for the CAHPS for MIPS survey measure

- Scoring for the All Cause Hospital Readmission measure

- Any measures reported through the CMS Web Interface

  - Preliminary Quality scores for CMS Web Interface submissions will not be available during the submission period until all measures are completed, though measure level scoring can be accessed through the CMS Web Interface.

Groups and virtual groups that are registered for CMS Web Interface will see a message explaining this.

Quality Payment
PROGRAM

Measure Information

Measures may be divided into 3 groups:

1. Measures whose performance points and bonus counts count toward your Quality performance category score. The measure score will display the sum of your performance and bonus points.

Measures that count toward Quality Performance Score

Your Measure Score includes both performance points and bonus points.

Measure Name Expand All	Performance Rate	Measure Score	
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Measure ID: 012 | End-to-End Reporting	100.00%	11.00	⌄

2. Measures whose bonus points contribute to your Quality performance category score. You will see "0.00" in the measure score but if you click the carat, you can see the bonus points earned by these measures.

Measures that earned bonus points only

These measure(s) fall outside of your top scoring measures but received bonus points. Your Measure Score will only include those bonus points.

Measure Name Expand All	Performance Rate	Measure Score	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Measure ID: 001 | End-to-End Reporting	100.00%	0.00	⌄

3. Measures that contribute no points to your Quality performance category score. You will also see a "0.00" in the measure score.

Measures submitted but do not count towards Quality

These measures either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission. The "Points from Benchmark Decile" is the measure score that measure received.

Measure Name Expand All	Performance Rate	Measure Score	
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Measure ID: 012 | Topped Out Measure	90.00%	0.00	⌄

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32

Measure Information *(continued)*

In addition to the required outcome measure (or high priority measure if no outcome measure is available), we will use your five highest scoring measures across collection types to determine your Quality performance category score.

- For example, a small practice may report three measures by claims and upload a QRDA III file with three eCQMs to meet the requirement of submitting six measures.

If you submit the same measure through multiple collection types, we will use the collection type that earned the most performance points.

Exception: We will only combine CMS Web Interface measures with the CAHPS for MIPS survey measure. If you report through the CMS Web Interface and report measures from other collection types (such as eCQMs or QCDR measures), we will use whichever results in a higher quality score – either your CMS Web Interface measures OR those submitted through other collection types.

What's a collection type?

A collection type refers to a set of quality measures with comparable specifications and data completeness requirements. The same measure may be reported through multiple collection types, where each collection type has a distinct measure specification for collecting the data and calculating the measure.

For example, Measure 130 (Documentation of Current Medication in the Medical Record) may be reported as:

- *A Medicare Part B Claims Measure*

- *A MIPS Clinical Quality Measure (MIPS CQM)*

- *An Electronic Clinical Quality Measure (eCQM)*

Measure Information *(continued)*

To view measure details, click the carat on the right side of the measure information:

From here, you will see performance points (those earned by comparing your performance to a historical benchmark), bonus points, and other scoring details about the measure:

Did you know?

Not all topped out measures are capped at 7 points. To be capped at 7 points, the measure must be in its second (or third or fourth) consecutive year of being topped out through the same collection type. (Refer to the "Seven point cap" column in the 2019 Quality Benchmarks file.)

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Submitting and Reviewing Data
Quality Performance Category

Measures Without a Historical Benchmark

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*If you report a measure without a historical benchmark, you will see **3 performance points** provided the measure met data completeness and case minimum requirements.*

If we can calculate a performance period benchmark, we will update the measure's performance points in your final performance feedback (available July 2020).

You can still earn bonus points for measures without a historical benchmark.

Submitting Fewer than Six Measures

Clinicians who don't have six available quality measures and who report Medicare Part B Claims measures or MIPS CQMs may qualify for the Eligible Measure Applicability, or EMA, process. This process checks for unreported, clinically related measures and can result in a denominator reduction in the Quality performance category.

If you submit fewer than six MIPS CQMs, the Quality Details page will display a message indicating whether the submission qualified for EMA. Denominator reductions for MIPS CQM submissions will be immediately reflected in the Total Quality Score calculation section.

Did you know?

*If you reported Medicare Part B Claims measures, the EMA process will be applied **after the submission period** to account for the 60-day claims run out period.*

For more information on EMA, review the 2019 Eligible Measure Applicability Resources on the QPP Resource Library.

Submitting and Reviewing Data

Quality Performance Category

Submitting Fewer than Six Measures *(continued)*

Submission (MIPS CQMs) <u>does not</u> qualify for denominator reduction

> ❌ **Submission Less than 6 Measures**
>
> This submission has less than six measures and has not qualified for Eligibility Measure Application. The submission was scored on the measures submitted and received a zero for required measures not reported.

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

	Category Score		Category Weight		Total Contribution to Final Score
	20.00 + 1.00				
	Points from Quality measures that count towards Quality score / Bonus points	×	45 ❔	=	**15.75** out of 45
	60 Maximum number of points (# of required measures x 10)				

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Submission (MIPS CQMs) <u>does</u> qualify for denominator reduction

> ✅ **Submission meets requirements for Eligible Measures Applicability (EMA)**
>
> Your submission has met the requirements for a clinical cluster resulting in a denominator reduction.

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

	Category Score		Category Weight		Total Contribution to Final Score
	20.00 + 1.00				
	Points from Quality measures that count towards Quality score / Bonus points	×	45 ❔	=	**31.50** out of 45
	30 Maximum number of points (# of required measures x 10)				

> The maximum number of points is decreased by 10 points for each unavailable measure.

Preliminary Quality Score Calculation

At the bottom of the Quality page, you can see how we arrived at the points contributing to your final score. We divide the sum of your achievement and bonus points by the maximum number of points available in the Quality performance category, then we multiply that number by the category weight.
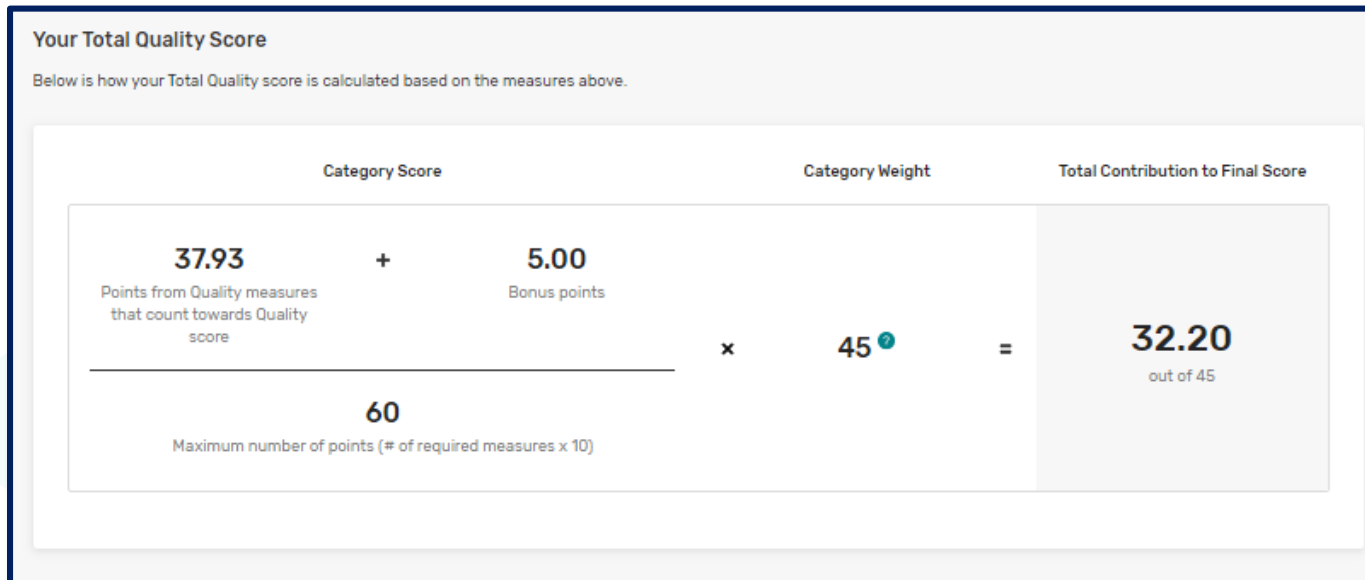
Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

Category Score		Category Weight		Total Contribution to Final Score
37.93 Points from Quality measures that count towards Quality score + 5.00 Bonus points / 60 Maximum number of points (# of required measures x 10)	×	45 ❓	=	32.20 out of 45

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Did you know?

The maximum number of points may change after the submission period if:

- *Your group or virtual group can be scored on the All-Cause Hospital Readmission measure*
  - *This will cause the maximum points to increase by 10 points*

- *The Eligible Measure Applicability process, applied in some instances after the submission period, determines you did not have six available measures to report*
  - *This will cause the maximum points to decrease by 10 points for each unavailable measure*

You may also be eligible for additional points in the Quality performance category based on your rate of improvement from PY 2018.

- *Quality improvement points will be available with performance feedback in July 2021.*

Submitting and Reviewing Data

Promoting Interoperability Performance Category

File Upload | Manual Entry (Attestation) | [Access Previously Submitted Data](#)
[Preliminary Promoting Interoperability Score Calculations](#)

File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

Manual Entry (Attestation)

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.
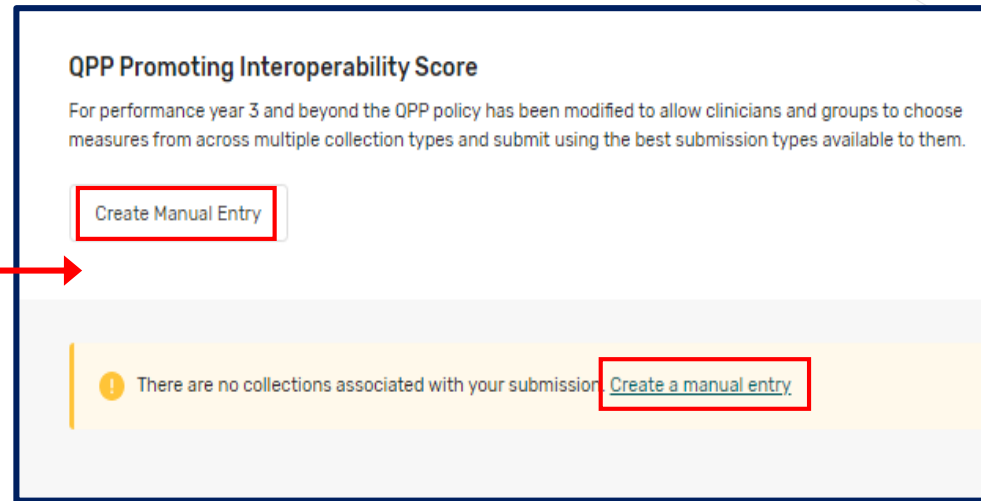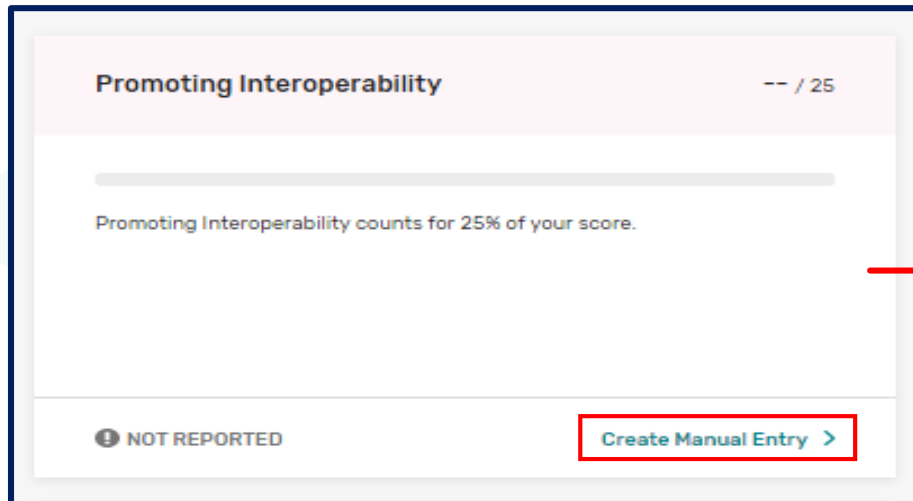
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Submitting and Reviewing Data

Promoting Interoperability Performance Category

Manual Entry (Attestation) *(continued)*

If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **Yes I, Agree** then **Continue**).

- **If you click Continue and enter any data, including performance period dates, you will receive a score in this performance category.**

As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

Enter Your Performance Period

> This includes the 2 required* attestation statements and the unscored but required Security Risk Analysis measure.
>
> *The ONC-ACB Surveillance Attestation is optional.*

Your current category weights

The information below is subject to change based on availability of contributing factors. For clinicians that have a reweight associated, the Promoting Interoperability weight will be transferred to the Quality category.

Quality		Promoting Interoperability		Improvement Activities		Cost
70%	+	0%	+	15%	+	15%

You are not required to report this category and any data entered will result in a discard of the current reweight. By entering data, this will discard any reweighting currently being applied for this category. This will change your current weight of 0% for this category back to 25%. You will be scored on data submitted. **This action cannot be undone.** Are you sure you wish to proceed?

☐ YES, I AGREE.

CANCEL   CONTINUE

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Manual Entry

Better Business Health
TIN: 000765630
293 Miller Union, Apt. 436, East Annettebury. NC 916557273

‹ Back to Promoting Interoperability   **0 / 9**   **Manual Entry Measures Completed**
All 9 required measures must be completed in order to receive a score   Delete

⚠ You will receive a score for your manual entry once **all 9 required Promoting Interoperability measures** have been completed.

Manually Enter Your Measures

To begin manually entering your measures, select a performance period. All measures must be completed before your manual entry can be applied towards your total QPP Promoting Interoperability Score.

Performance Period

Start Date		End Date	
MM/DD/YYYY	📅	to	MM/DD/YYYY	📅

> **Reminder:**
>
> *During the submission period, we will update the system to reweight the Promoting Interoperability performance category to 0% for clinicians, groups, and virtual groups with an approved Promoting Interoperability Hardship Exception request.*
>
> *If your request was approved but you still see a weight of 25%, do not enter any information (including performance period) on this page. This will override your reweighting, and you will be scored in this performance category.*

Promoting Interoperability Performance Category

Manual Entry (Attestation) *(continued)*

Enter your CMS EHR Certification ID ("CEHRT ID")

Performance Period

Start Date
10/03/2019

to

End Date
12/31/2019

CEHRT ID
Enter CEHRT ID

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23-25 of the CHPL Public User Guide.

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT will include "**15E.**"

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H**" and **will be rejected**.

Complete Required Attestation Statements and Measures

You must select **Yes** for the 2 required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**, but you will not see a preliminary score until all requirements are complete.

Attestation Statements

ONC Direct Review Attestation

Measure ID: PI_ONCDIR_1

I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

Yes   No

✓ Completed

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Manual Entry (Attestation) *(continued)*

Complete Required Attestation Statements and Measures *(continued)*

To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.

Manual Entry (Attestation) *(continued)*

Report Measure Again

This option allows you to manually report that you are engaged with two distinct organizations for the same measure within the Public Health and Clinical Data Exchange objective.

Public Health and Clinical Data Exchange

Immunization Registry Reporting
Measure ID: PI_PHCDRR_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

[ ] **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Yes   No
[ ] Report measure again
✓ Completed

Start by answering Yes to the Measure.

Immunization Registry Reporting
Measure ID: PI_PHCDRR_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

[ ] **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Yes   No
✓ Report measure again
✓ Completed

Immunization Registry Reporting for Multiple Registry Engagement
Measure ID: PI_PHCDRR_1_MULTI

Report as true if active engagement with more than one immunization registry in accordance with PI_PHCDRR_1.

Yes   No
✓ Completed

*Then check the box to **Report Measure Again** and answer **Yes** to the Multiple Registry Engagement measure that appears.*

Once all required data have been reported, the system will notify you and allow you to view your preliminary scores.

Manual Entry Submitted   ✕

You have completed all Promoting Interoperability measures in your manual entry submission. **You may continue to make changes on this manual entry submission until the deadline on March 31, 2020.**

VIEW PRELIMINARY SCORES

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Submitting and Reviewing Data

Promoting Interoperability Performance Category

Access Previously Submitted Data

Click **View & Edit** from the [Reporting Overview](#). You will land on a read-only page, letting you review the preliminary scoring details of your submission.

*If you need to update your manually entered data, click **View Manual Entry**.*

Reminders

We recommend using a single submission type (file upload, API, or attestation) for reporting your Promoting Interoperability data.

- **Why?** *Any conflicting data for a measure or required attestation submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.*

This means you cannot create a manual entry to correct inaccurate data reported on your behalf.

- *If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.*

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Submitting and Reviewing Data

Promoting Interoperability Performance Category

Access Previously Submitted Data *(continued)*

If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is any conflicting data, you will receive a score of 0 out of 25 for the performance category.

QPP Promoting Interoperability Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Total Preliminary Score

0.00 / 25

Manage Data   View Manual Entry

⚠ Submissions contain mismatching data resulting in a score of 0 for Promoting Interoperability. Please check performance date range, CEHRT ID and duplicate measure answers are consistent across submissions.

Click the carat on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.

Measure Name Expand All		Measure Score
e-Prescribing Measure ID: PI_EP_1		9 / 10

Measure Name Expand All		Measure Score
e-Prescribing Measure ID: PI_EP_1		9 / 10
At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.		Numerator 187
Collection Type ❓ Manually Enter		Denominator 199

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Preliminary Promoting Interoperability Score Calculation

At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divide the points earned by 100 (the maximum number of points available), then we multiply that number by the category weight.

Sum of points earned for all required measures

Your Total Promoting Interoperability Score

Below is how your Total Promoting Interoperability score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score
78.00 + **5.00**	×	**25** =	**20.75**
Base Score Additional Performance and Bonus points			out of 25
100			
Maximum number of points			

Points earned for reporting optional measures

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Submitting and Reviewing Data

Improvement Activities Performance Category

File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

Manual Entry (Attestation)

You can also attest to your Improvement Activities data by manually entering yes values to indicate you've completed the activity.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Improvement Activities** page.

If you have a special status, such as
- *Small practice,*
- *HPSA,*
- *Rural, or*
- *Non-patient facing*

You will see a message on these pages indicating you earn 2xs the points per reported improvement activity such as this:

✓ **Small Practice Consideration**

Your practice participated in the MIPS as a **Small Practice**. Small Practices (typically defined as 15 or fewer clinicians) are automatically awarded **2x points** for all reported activities in the Improvement Activities Performance Category.

Improvement Activities   -- / 15

Improvement Activities counts for 15% of your score.

🛈 NOT REPORTED   **Create Manual Entry ›**

QPP Improvement Activities Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Create Manual Entry

⚠ There are no activities associated with your submission. [Create a manual entry](#)

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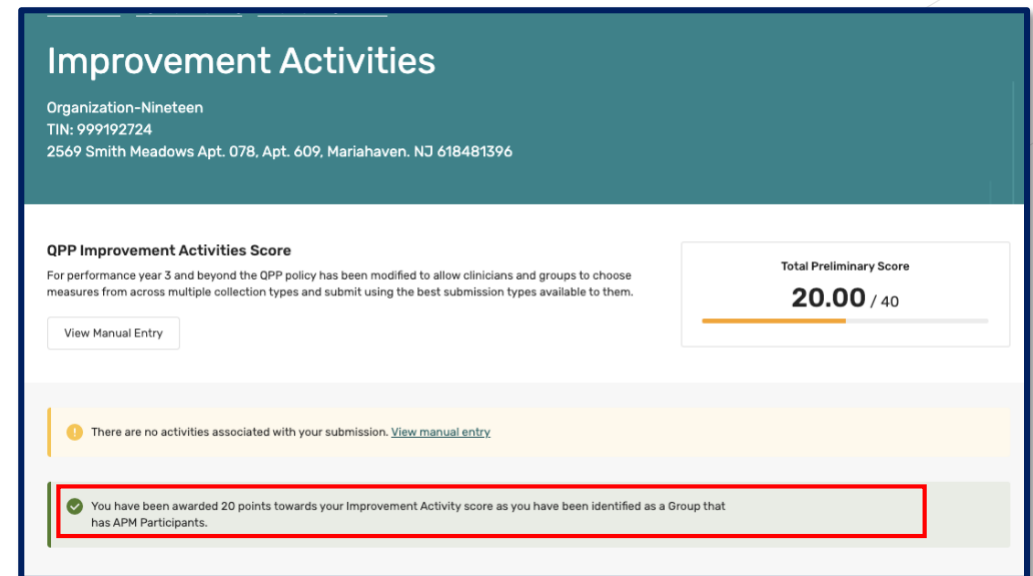
46

Manual Entry (Attestation) *(continued)*

Clinicians in an APM who are not scored under the APM Scoring Standard automatically receive 50% credit in the Improvement Activities performance category as long as some MIPS data is submitted.

On the Reporting Overview page, you will see 7.50 points out of 15 awarded, even if no Improvement Activities have been reported yet.

Once you select Create Manual Entry, you will see a message that 20 points have been awarded based on your APM participation (or for Group reporting, based on having at least one clinician who participates in an APM).

Improvement Activities   7.50 / 15

Improvement Activities counts for 15% of your score.

🛈 NOT REPORTED   Create Manual Entry ›

Improvement Activities

Organization-Nineteen
TIN: 999192724
2569 Smith Meadows Apt. 078, Apt. 609, Mariahaven. NJ 618481396

QPP Improvement Activities Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Total Preliminary Score

20.00 / 40

View Manual Entry

🛈 There are no activities associated with your submission. View manual entry

✓ You have been awarded 20 points towards your Improvement Activity score as you have been identified as a Group that has APM Participants.

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Manual Entry (Attestation) *(continued)*

Once you enter your performance period, you can **search** for your activities by key term or **filter** by weight or subcategory. Check the box next to **Completed** to attest that the activity was performed.

Each activity has a continuous 90-day performance period (or as specified in the activity description).

Your performance period at the category level:
- ***Starts*** *on the first day in the year that any improvement activity was performed; and*
- ***Ends*** *on the last day in the year that any improvement activity was performed.*

Did you know?
The activities in this screenshot (IA_AHE_2 and IA_AHE_4) were removed for the 2020 performance period.

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Submitting and Reviewing Data

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Manual Entry (Attestation)
(continued)

Once you mark your first activity as **completed**, you will see your in-progress **score** at the top of the page.

Reminder: You cannot earn more than 40 points in this category, even if you submit additional activities.

< Back to Improvement Activities   Manual Entry Score   10 / 40   Delete

Achieving Health Equity

Leveraging a QCDR for use of standard questionnaires   Activity Score   10 / 10
Activity ID: IA_AHE_4

Participation in a QCDR, demonstrating performance of activities for use of standard questionnaires for assessing improvements in health disparities related to functional health status (e.g., use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment).

☑ Completed
✔ Completed

Leveraging a QCDR to standardize processes for screening   Activity Score   0 / 10
Activity ID: IA_AHE_2

Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.

☐ Completed

< Back to Improvement Activities   Manual Entry Score   40 / 40   Delete

Search For Activities

Filter By
Select Filters ⌄

Search
🔍 Search Activities

Activities   Activities Shown

Electronic submission of Patient Centered Medical Home accreditation   ☑ Completed
Activity ID: IA_PCMH

By attesting to this activity, you will receive 100% (40 points) for the Improvement Activities category. You cannot obtain above 40 points for the Improvement Activities category but you can submit additional activities.

✔ Completed

Helpful hint:

The PCMH attestation is the first activity listed.

Once you select completed, you will see the maximum score in the performance category.

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Submitting and Reviewing Data

Improvement Activities Performance Category

Review Previously Submitted Data

Click **View & Edit** from the Reporting Overview.

You will land on a read-only page, letting you review the preliminary scoring details of your submission.

> *If you need to update your manually entered data, click **View Manual Entry**.*
>
> *If a third party reported some but not all of the activities performed, you can manually enter any missing activities.*
>
> *If you have not created a manual entry, you will see Create Manual Entry (instead of View Manual Entry).*

Preliminary Improvement Activities Score Calculation

At the bottom of the Improvement Activities page, you can see how we arrived at the points contributing to your final score. We divide the sum of the points earned for your medium and high weighted activities by 40 (the maximum number of points available), then we multiply that number by the category weight.

Improvement Activities

Lori Sutton, Doctor of Medicine at Pfeffer Group
NPI: 0622059323 | TIN: 000839403
22847 Joshua Curve Apt. 314, Suite 736, South Lisaburgh. AZ 912064163

QPP Improvement Activities Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

[Manage Data] [View Manual Entry]

Total Preliminary Score
40.00 / 40

Submitted Activities

Achieving Health Equity

Measure Name Expand All	Weight	Activity Score	
Engagement of New Medicaid Patients and Follow-up Measure ID: IA_AHE_1	High	+20	⌄
Leveraging a QCDR for use of standard questionnaires Measure ID: IA_AHE_4	Medium	+10	⌄
Comprehensive Eye Exams Measure ID: IA_AHE_7	Medium	+10	⌄

Your Total Improvement Activities Score

Below is how your Total Improvement Activities score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score
20.00 High Activity Points + **20.00** Medium Activity Points ――――――――― **40** Maximum number of points	×	**15**	= **15.00** out of 15

File Upload Troubleshooting

File Upload Troubleshooting

Don't See Successfully Uploaded Data

Scenario: I successfully uploaded a QRDA III file with eCQMs and Promoting Interoperability data. Why can't I see the clinician's data after I hit "View Submission"?

Most Likely: You uploaded a file for a different NPI.

Action: Double check that NPI and TIN in your file match the information on the clinician profile you are in. Once you determine which NPI was included in that file, find that clinician in Practice Details & Clinicians and select Report as Individuals. You should see the successfully uploaded data results in the clinician's Reporting Overview.

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File Upload Troubleshooting

Common Error Message

"The measure GUID supplied ############# is invalid"

Example: {"errors":[{"sourceIdentifier":"MIPS_GROUP TIN 454599323.xml","type":null,"message":null,"details":[{"errorCode":6,"message":"CT - The measure GUID supplied 40280382-6258-7581-0162-92f8faf516db is invalid. Please see the 2019 IG https://ecqi.healthit.gov/system/files/2019_CMS_QRDA_III_Eligible_Clinicians_and_EP_IG-508.pdf#page=31 for valid measure GUIDs.","value":null,"type":null,"location":{"location":"Quality Measure 40280382-6258-7581-0162-92f8faf516db","path":"/*[local-name() = 'ClinicalDocument' and namespace-uri() = 'urn:hl7-org:v3']/*[local-name() = 'component' and namespace-uri() = 'urn:hl7-org:v3']/*[local-name() = 'structuredBody' and namespace-uri() = 'urn:hl7-org:v3']/*[local-name() = 'component' and namespace-uri() = 'urn:hl7-org:v3'][1]/*[local-name() = 'section' and namespace-uri() = 'urn:hl7-org:v3']/*[local-name() = 'entry' and namespace-uri() = 'urn:hl7-org:v3'][1]/*[local-name() = 'organizer' and namespace-uri() = 'urn:hl7-org:v3']","line":1,"column":162942}

Action: Search the 2019 QRDA III Implementation Guide (IG) (beginning on p. 42) for the GUID (also referred to as a UUID) listed in your error message.

- If you can't find it, it is not a valid measure for PY 2019

- If you can find it, the eCQM was probably removed through rulemaking after the IG was published.

- Search the 2019 Explore Measures & Activities Tool (filter by the eCQM collection type) for the associated eCQM ID to confirm it isn't valid for PY 2019

You can also search the eCQI Resource Center. (2019 Performance Period Eligible Professional/Clinician eCQMs)

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| N/A/ 373 | CMS65 v8 | 40280382-6258-7581-0162-92f8faf516db | IPOP: DENOM: DENEX: NUMER: | EDC27A6E-F2EF-4B75-8CA3-57586AB78FAE 6270E4EF-5AA6-4A26-846F-44C4FDB1E76F 0B4E6D89-5D86-4723-89EF-6D053139F2C9 DBB13EAD-A093-4D33-A9D1-126DB7D8CA08 |

CMS65 🔍 - Hide filters

Measure Type	Specialty Measure Set	Collection Type
All ▼	All ▼	Electronic clinical quality me ▼

☐ In "Your List" of Quality Measures   Clear all filters

Note: This tool does not include these QCDR Measures (XLSX)

0 Quality Measures

File Upload Troubleshooting

Individual vs Group Reporting

Are you submitting individually?

Make sure your file is coded as an ***individual*** submission and your individual NPI is in your file correctly.

Example:

```
<intendedRecipient>
<id root="2.16.840.1.113883.3.249.7" extension="MIPS_INDIV" />
</intendedRecipient>
```

> *Helpful Hint:*
>
> *Search "<assignedEntity>" in the file and then look for the next occurrence of "extension=". The value immediately after "extension=" should be the 10-digit NPI.*
>
> *Example:*
>
> *<assignedEntity>*
>
> *<id root="2.16.840.1.113883.4.6" extension="1234567890" />*
>
> *</assignedEntity>*

Are you submitting as a group?

Make sure your file is coded as a ***group*** submission and your group's TIN is in your file correctly without any NPIs.

Example:

```
<intendedRecipient>
<id root="2.16.840.1.113883.3.249.7" extension="MIPS_GROUP" />
</intendedRecipient>
```

> *Helpful Hint:*
>
> *Search for "<representedOrganization>" in the file and then look for the next occurrence of "extension=". The value immediately after "extension=" should be the 9-digit TIN.*
>
> *Example:*
>
> *<representedOrganization>*
>
> *<id root="2.16.840.1.113883.4.2" extension="123456789" />*
>
> *<name>CT</name>*

Help, Resources, and Version History

Where You Can Go for Help

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov.

  - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

- Connect with your local technical assistance organization. We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.

- Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the QPP Resource Library.

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Additional Resources

Resource Name	Description
2019 Data Submission FAQs	Answers to frequently asked submission questions relevant for PY 2019.
2019 MIPS Data Submission Videos	Video series about reporting PY 2019 data and making opt-in elections.
2019 CMS Web Interface User Guide	Step-by-step instructions with screenshots for PY 2019 reporting through the CMS Web Interface.
2019 CMS Web Interface Videos	Video series about reporting PY 2019 data through the CMS Web Interface.
2019 MIPS Scoring Guide	Comprehensive information about scoring measures and calculating performance category scores and final scores.
2019 EMA Resources	An overview of the Eligible Measures Applicability (EMA) process and identifies the MIPS CQMs and Medicare Part B Claims measures that are clinically related.

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Version History

Date	Change Description
5/12/2020	Corrected timing about the release of final feedback
4/27/2020	Added disclaimer language on page 2 regarding changes to 2019 MIPS in response to COVID-19.
3/11/2020	Updated page 31 to note that if you only submit CMS Web Interface measures, you will see a Total Preliminary Score of 0.00/45 during the submission period **until all measures are completed**.
2/13/2020	Original posting
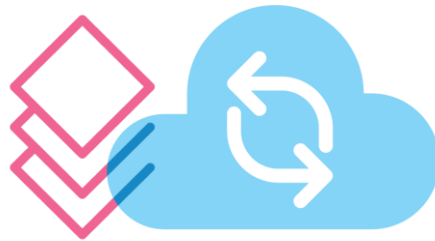
Appendix

Submission Period: QPP Access and Permissions by Organization Type

This table provides a snapshot of what you can and can't do/view based on your access and organization type during the submission period (January 2 – April 30, 2020).

With this Access	You CAN	You CANNOT

Staff User or Security Official for a **Practice** (includes solo practitioners)	✓ Submit data on behalf of your practice (as a group and/or individuals)
	
	    o Includes Promoting Interoperability data for MIPS APM participants
	
	✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals)
	
	✓ View data submitted on behalf of your practice (group and/or individual)
	
	✓ View preliminary scoring for claims measures reported throughout the submission period (this data will be updated to account for the 60-day run out)
	
	✓ View preliminary performance feedback for the group and individual clinicians
		X View your cost feedback
		
		    o Cost data won't be available during the submission period
		
		X View facility-based scoring for Quality and Cost (this won't be available until final feedback, July 2020)
		
		X View data submitted by your APM Entity
		
		    o ***Example.*** If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface
		
		X View data submitted by your virtual group

Clinician Role	• *You can't do anything related to PY 2019 submissions with this role* • *This is a view-only role to access final performance feedback in July 2020*	

Submission Period: QPP Access and Permissions by Organization Type *(continued)*

With this Access	You CAN	You CANNOT
Staff User or Security Official for a **Virtual Group**	✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View performance feedback for the virtual group	X View your Cost feedback o Cost data won't be available during the submission period X View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission)

Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ Download your API token (security officials only)
	
	✓ Upload a submission file on behalf of your clients (groups and/or individuals)
	
	✓ Submit opt-in elections on behalf of your clients
	
	✓ View preliminary scoring for your clients based on the data you submitted for them
		X View data submitted by your clients directly
		
		X View data submitted by another third party on behalf of your clients
		
		X View data collected and calculated by CMS on behalf of your clients
		   o Cost measures
		   o All-Cause Hospital Readmission measure

Staff User or Security Official for an **APM Entity**	✓ Submit quality data through the CMS Web Interface (Shared Savings Program ACOs and Next Generation ACOs) ✓ Upload a QRDA III file with your eCQM data (Comprehensive Primary Care Plus practice sites)	X View the Promoting Interoperability data reporting by clinicians and groups in your APM Entity