Quality Payment
PROGRAM

2018 Quality Payment Program Data Submission User Guide for Clinicians, Practice Staff and Representatives of Virtual Groups and APM Entities

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Getting Started

This section will review:

- How to access the system and resources for getting access
- General navigation into Eligibility & Reporting
- Expectations for how organizations should be reflected on the Eligibility & Reporting page
- Troubleshooting for organization connection issues

Accessing the system

In order to sign in to qpp.cms.gov and submit data (or view data submitted on your behalf), you need

- An account (user ID and password)
- Access to an organization

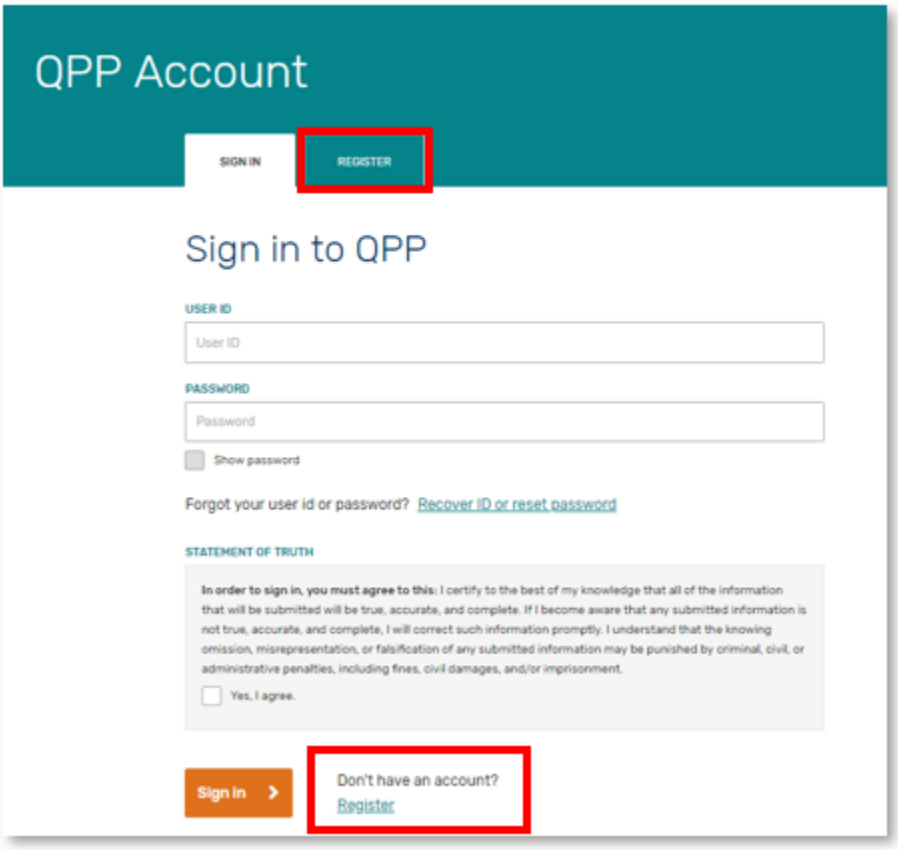
> **Helpful Hint**
>
> Use the most recent version of your browser and note that Internet Explorer isn't fully supported by qpp.cms.gov

If you've signed in to qpp.cms.gov before, or have an account with one of the PV/PQRS roles that lets you submit QPP data, you can use those credentials (**user ID** and **password**) to sign in at https://qpp.cms.gov/login.

If you've never signed in to qpp.cms.gov before, or don't have an account with one of the PV/PQRS roles that lets you submit QPP data, you'll need to create an account before you can sign in.

Review the following documentation in the QPP Access User Guide and click **Register** on the sign in page so you can sign in to submit, or view, data:

- Before You Begin
- Register for a HARP Account
- Connect to an Organization



Who can access your organization's information on qpp.cms.gov?

Anyone who's request for access has been approved by your organization's Security Official.

This can include:

- individual clinicians
- support and administrative staff, and
- certain third-party intermediaries

Once connected to your organization (i.e. is approved for the Staff User or Security Official role), the user can sign in to qpp.cms.gov and

- Access all of the information on your organization's dashboard
- Submit data on your organization's behalf

Representatives of Qualified Registries and QCDRs connect to their own organization.

When these users sign in to qpp.cms.gov, they can:

- submit data on your behalf
- view the data they submit on your behalf (and its preliminary scoring)

However, they cannot see any other information about your organization such as eligibility details or data that you self-report. Data submitted by a Registry or QCDR organization will not overwrite data submitted by a Practice, Virtual Group or APM Entity organization (and vice versa).

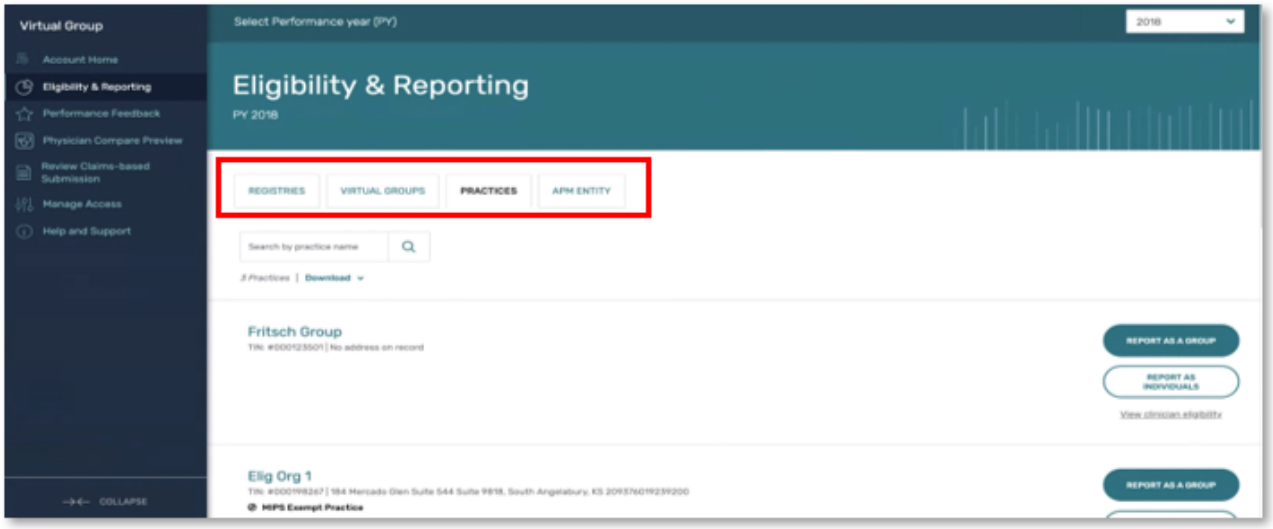
General navigation

When you sign in, you'll land on the home page.

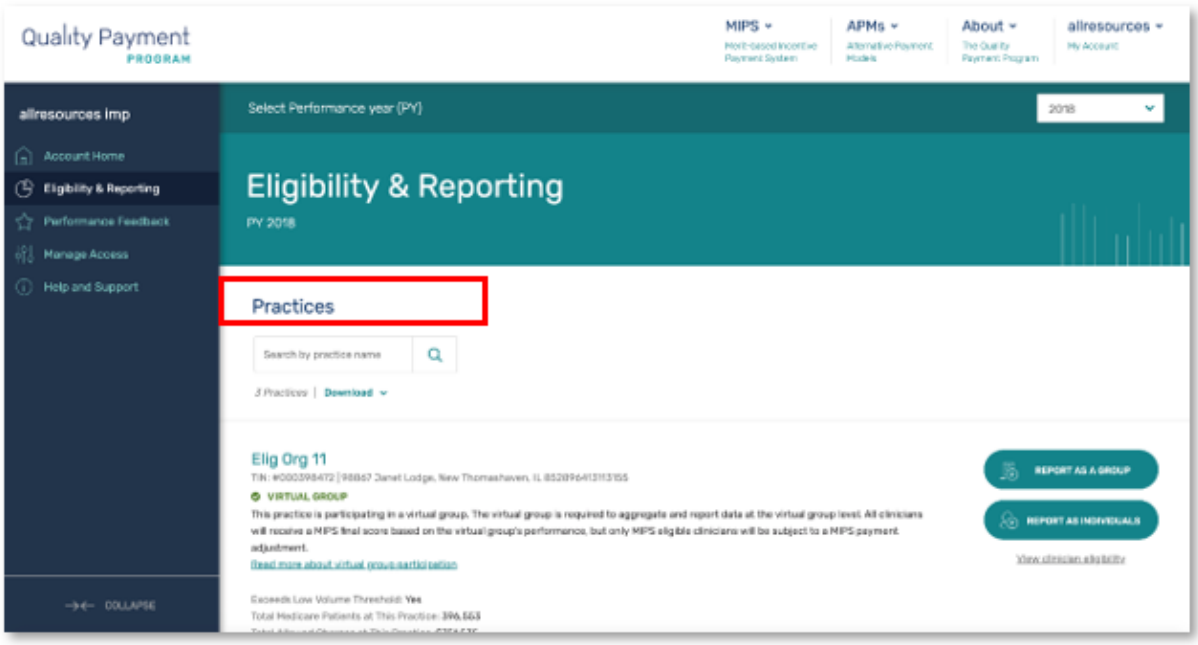
From here, select **Start Reporting** or the **Eligibility & Reporting** link from left-hand navigation

From the ***Eligibility & Reporting*** page, you will see your connected organization(s). If you're connected to multiple organization types (for example an APM Entity and a Practice), you'll see tabs differentiating the organization types at the top of the page.

Click the tab for the organization type you need to access.



If you're only connected to one type of organization (ex. Practice), you will see a list of your Practices but no other organization types.

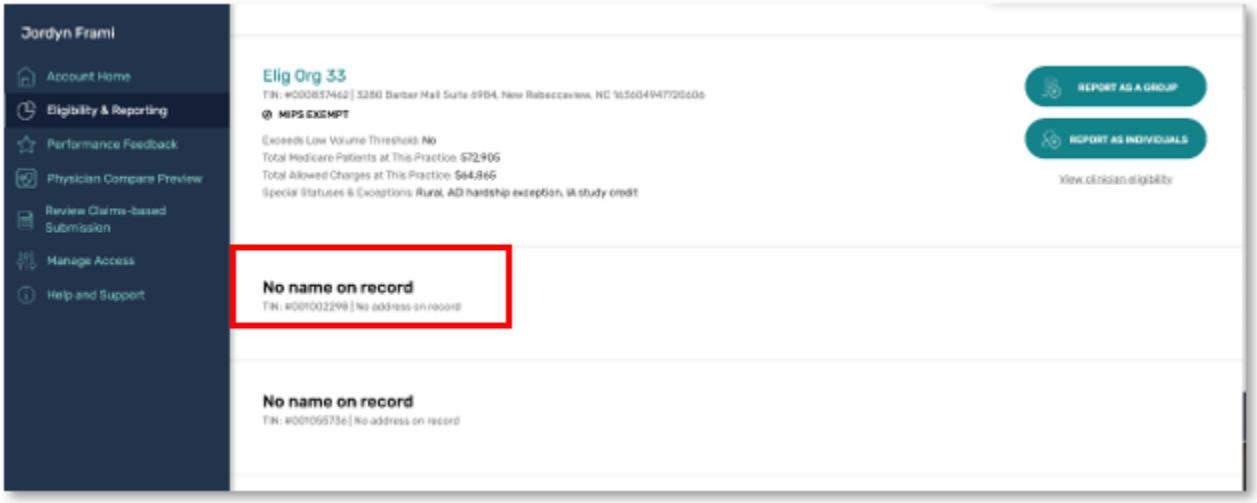


No Name on Record

When you sign in and navigate to the ***Eligibility & Reporting*** page, you should see the practice or organization name(s) as reflected in the QPP Participation Status lookup tool and be able to report as a group or as individuals.

If you see an entry that displays **No name on record** or, for Practices, don't see the option to Report as Individuals, most likely this means you have an EIDM role – obtained for 2017 data submission – for a Taxpayer Identification Number (TIN) that is not found in QPP eligibility data.

Refer to the **Connect to an Organization** document in the QPP Access User Guide for more information or contact the Quality Payment Program for assistance.



Practice Representatives

From the Eligibility & Reporting page, practice representatives will select:

- **Report as a Group** if you want to:
  - Submit aggregated data on behalf of all the MIPS eligible clinicians in your practice, or
  - View aggregated data submitted on behalf of your practice

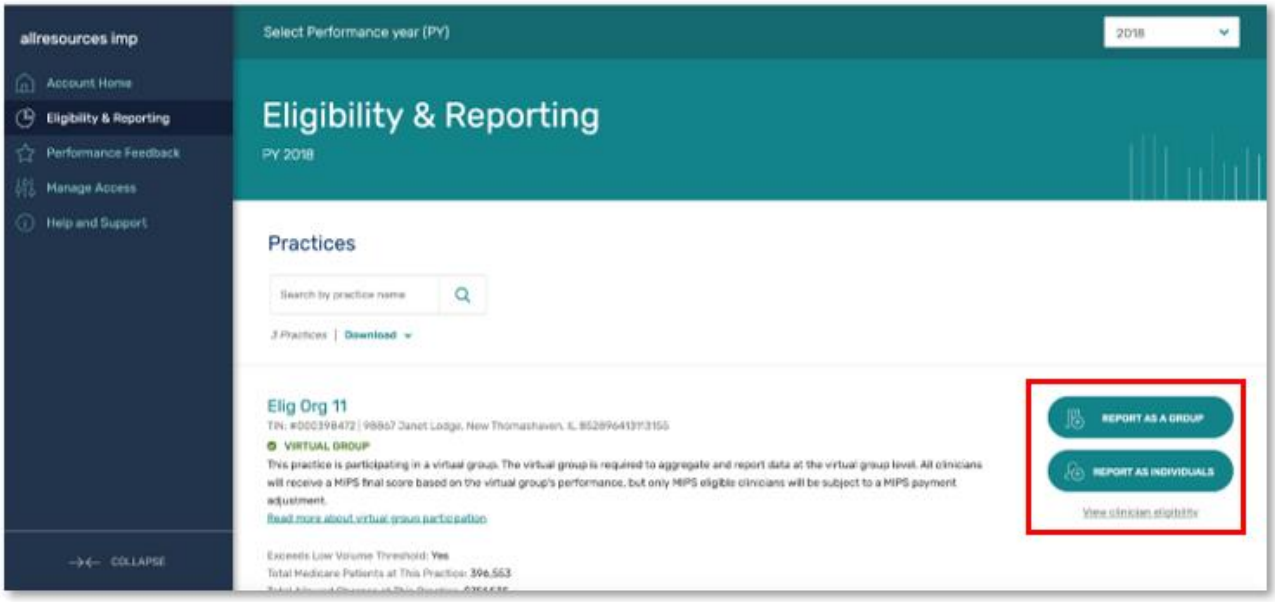
Selecting **Report as a Group** will take you to the ***Reporting Overview*** page for the group.

- **Report as Individuals** if you want to:
  - Submit data on behalf of an individual clinician

- View data submitted on behalf of an individual clinician

- **View Clinician Eligibility** if you want to:
  - Review details about the eligibility and reporting requirements for each clinician associated with your practice

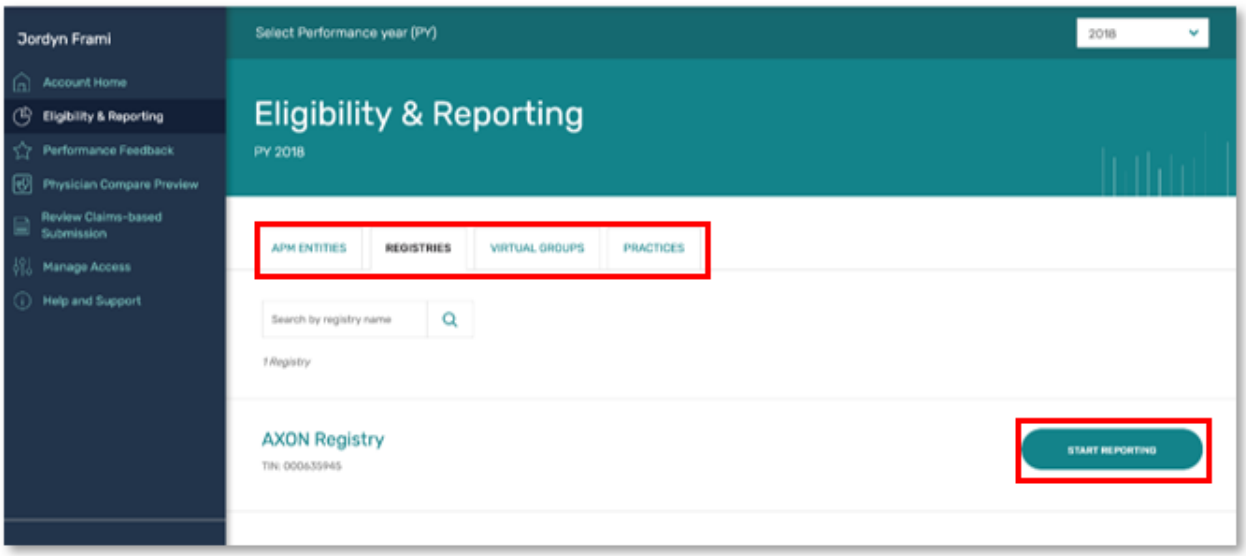
- Selecting **Report as Individuals** (or **View Clinician Eligibility**) will take you the ***Practice Details & Clinicians*** page. From there, selecting **Report as an Individual** next to the clinician will take you to the ***Reporting Overview*** for that clinician.



APM Entity, Registry, and Virtual Group Representatives

Practices are the only organization type who will see the option to **Report as a Group** or **Report as Individuals**.

Representatives of APM Entities (e.g. ACOs), Registries, or virtual groups will select **Start Reporting** next to the organization's name.



Practice Details & Clinicians

Practice representatives can access this page from the ***Eligibility & Reporting*** page by selecting **Report as Individuals** or **View Clinician Eligibility**. At this time, this page is only available for the Practice organization type.

This section will review:

- Clinicians who appear on this page
- Clinician eligibility as displayed on the page
- Changes that may occur during submission

Which Clinicians (non-APM Participants) Appear on this Page?

The clinicians displayed for Performance Year 2018 are those clinicians, identified by National Provider Identifier (NPI), who were found in your practice's claims data during the eligibility determination periods for the` 2018 performance period.

Please note that the following clinicians will **not** appear:

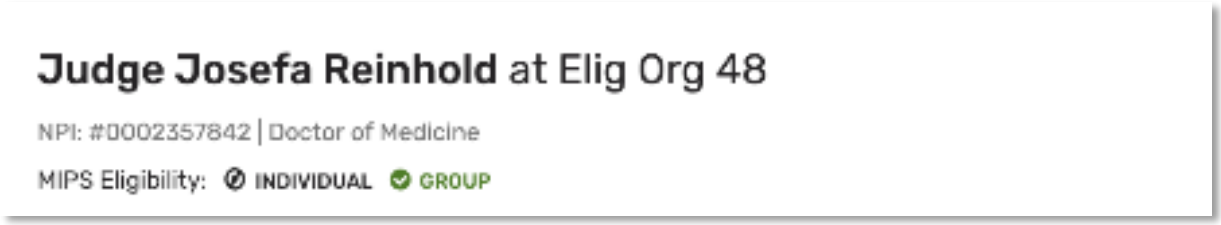
- Clinicians who started billing for services under your Taxpayer Identification Number (TIN) on or after September 1, 2018

We are in the process of updating our eligibility data to remove clinicians who were only found in claims from your practice during the first determination period, September 1, 2016 through August 31, 2017. (i.e. They did not bill for services under your or TIN, on or after September 1, 2017.)

Clinicians found in claims with dates of service between September 1, 2017 and August 31, 2018 (allowing for a 30-day run out period) will appear in your list of clinicians.

This includes clinicians who are no longer with your practice and/or have terminated the reassignment of their billing rights to your practice's TIN in PECOS.

Until these clinicians are removed, they will show as ineligible for MIPS as an individual under your practice.



Which Clinicians (APM Participants) Appear on this Page?

The clinicians displayed for Performance Year 2018 are those clinicians, identified by National Provider Identifier (NPI), who were found in your practice's claims data during the eligibility determination periods for the 2018 performance period OR identified (by TIN/NPI combination) on an APM Participation list.

Please note that the following clinicians will **not** appear:

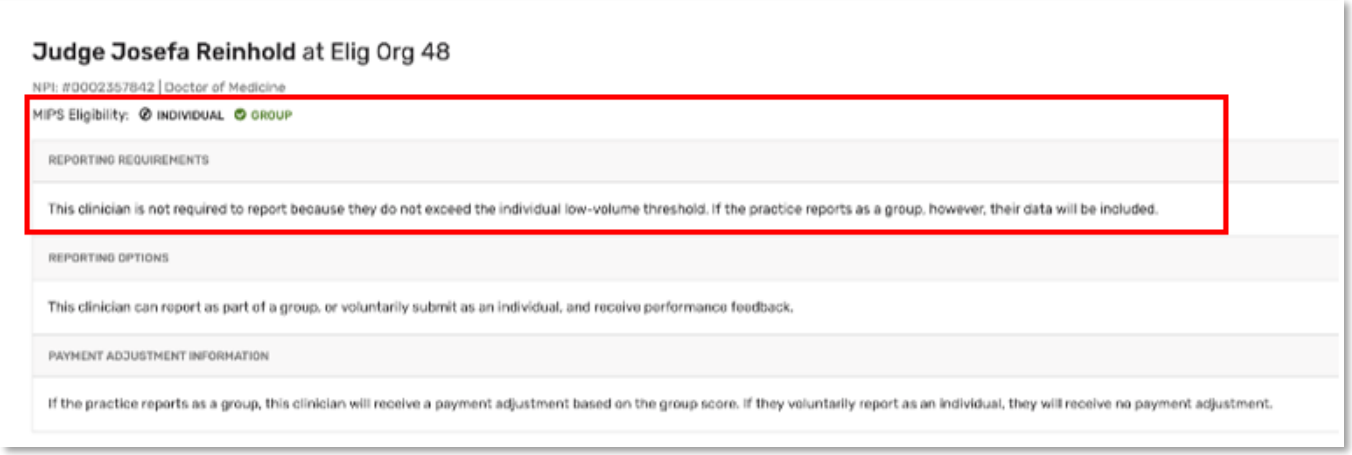
- Clinicians who started billing for services under your Taxpayer Identification Number (TIN) on or after September 1, 2018

Exception: Shared Savings Program participants identified in the 4th APM snapshot may appear in this list.

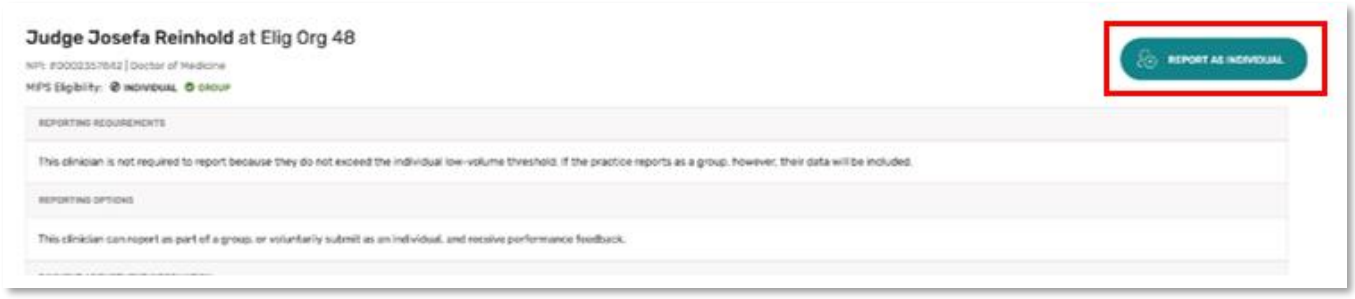
How Do I Know if a Clinician is Eligible?

Under each clinician's name is an indicator of MIPS eligibility, and a summary of reporting requirements and options, as well as payment adjustment information.

If a clinician is not eligible (not required to report for MIPS) as an individual, the **Reporting Requirements** section will identify the reason why, such as not exceeding the low-volume threshold or being newly enrolled in Medicare.



A clinician who is not individually eligible can still **Report as an Individual**, but the individual data reported will be considered a voluntary submission and will not result in a payment adjustment.



Reminder

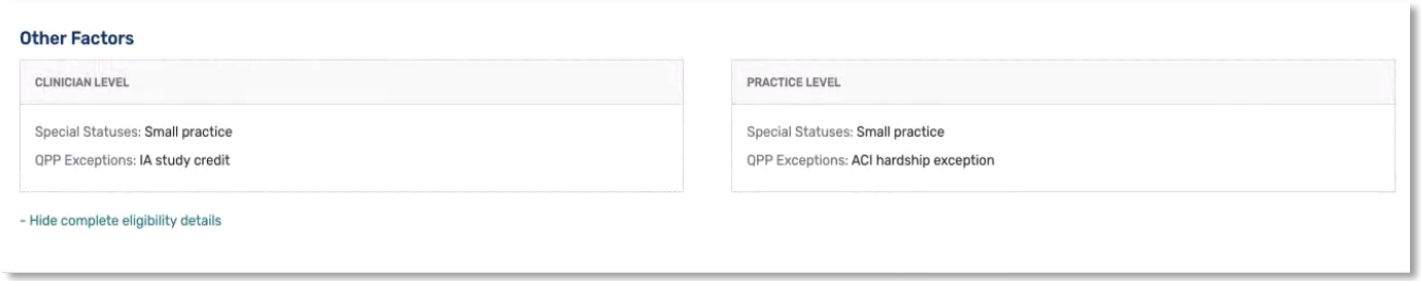
Clinicians who are not individually eligible may be included in MIPS at the group or APM entity level and will receive a payment adjustment based on data submitted by or on behalf the group or APM entity.

Will anything change about these clinicians during the submission period?

Possibly. If you have clinicians who did not bill any services under your TIN on or after September 1, 2017, you may see those clinicians removed from your clinician list at some point during the submission period unless they appear on an APM participation list under that TIN/NPI combination.

Skip ahead for more information on the special scoring scenarios that will be reflected at the start of, during, or after the submission period.

You may also see additional information added to the **Other Factors** section at the clinician or practice level, such as an indication of a “hardship exception”.



Submitting Data at the Right Level

This section will review navigation to ensure data is submitted at the correct level for:

- Individual Reporting
- Group Reporting
- Virtual Group Reporting
- Shared Saving Program ACOs
- Next Generation ACOs
- Comprehensive Primary Care Plus (CPC+)
- Other MIPS APMs

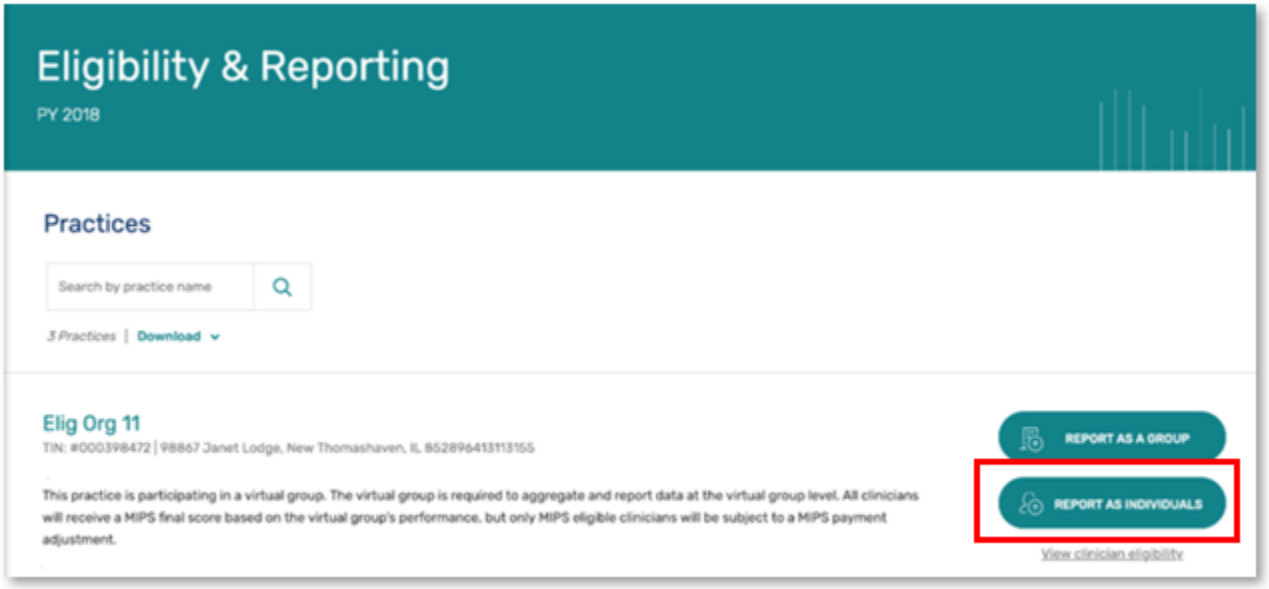
Whether reporting as individuals or as a group or virtual group, you need to make sure you submit data for all performance categories at the same level.

CMS will **NOT** combine a group submission for one performance category with individual submissions for other performance categories into a single final score for the clinicians in the practice.

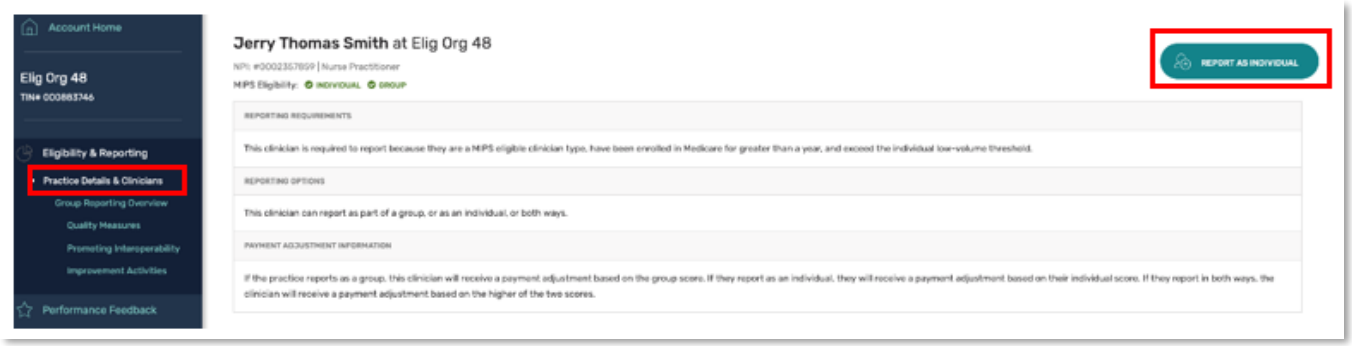
Exception: For clinicians scored under the APM scoring standard, Quality data is submitted at the APM Entity level and Promoting Interoperability data at the group or individual level.
Note: Participant TINs (including solo practitioners) in a Shared Savings Program ACO must submit their Promoting Interoperability data at the **group** level.

Individual Reporting Navigation

- From the Eligibility & Reporting page, select **Report as Individuals** next to the appropriate organization

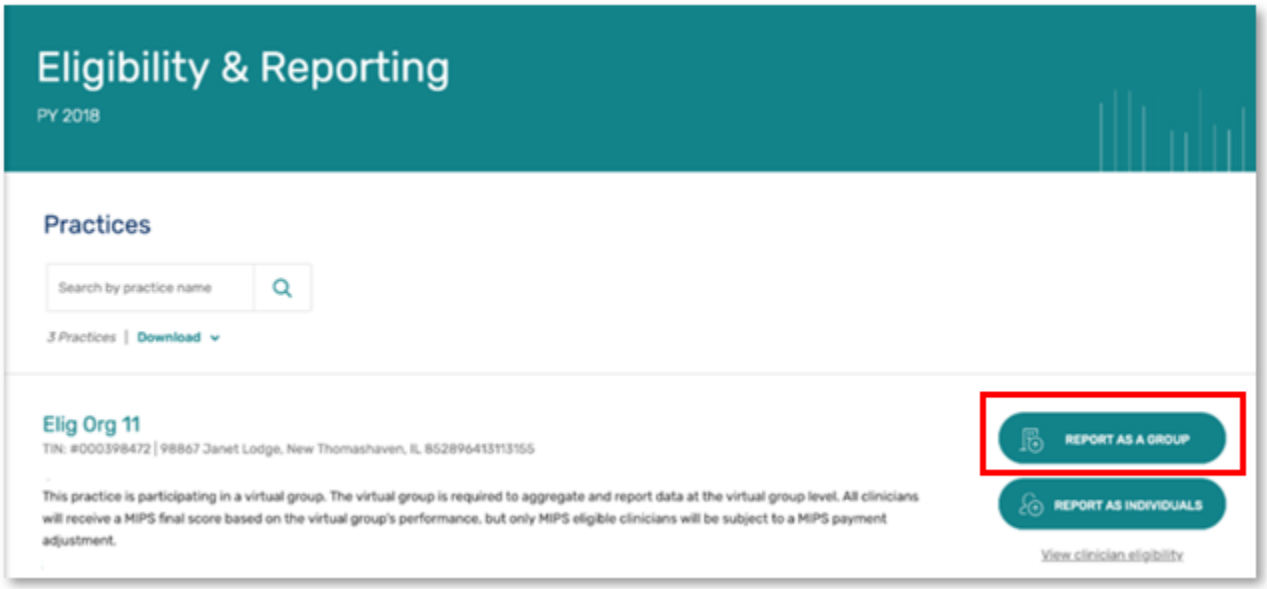


- From the ***Practice Details & Clinicians*** page, search for the clinician
- Select **Report as an Individual** next to the specific clinician's name



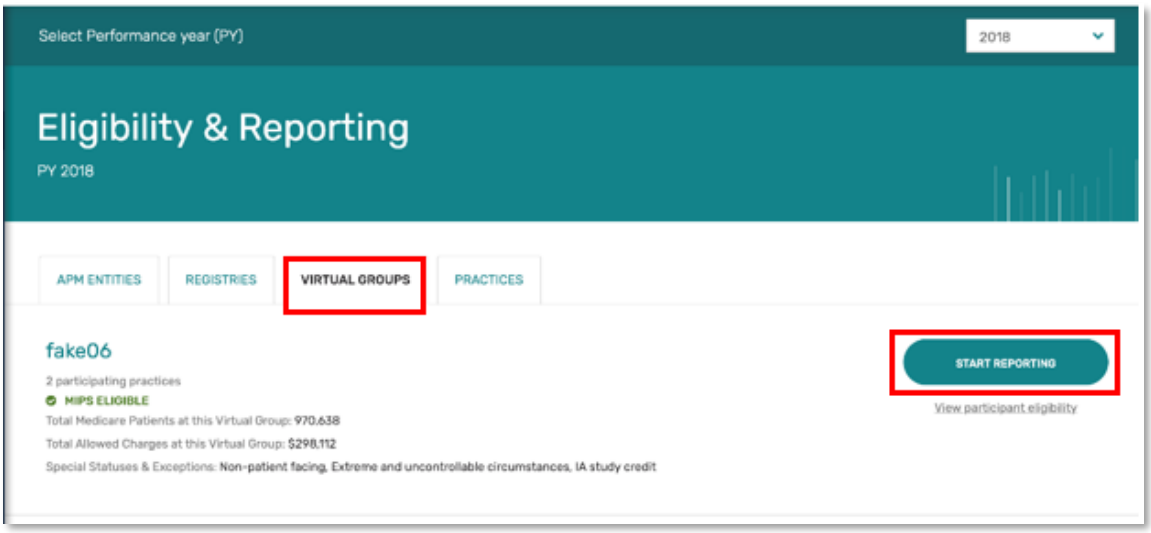
Group Reporting Navigation

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



Virtual Group Reporting Navigation

- From the Eligibility & Reporting page, select the **Virtual Groups** tab and then select **Start Reporting** next to the appropriate organization

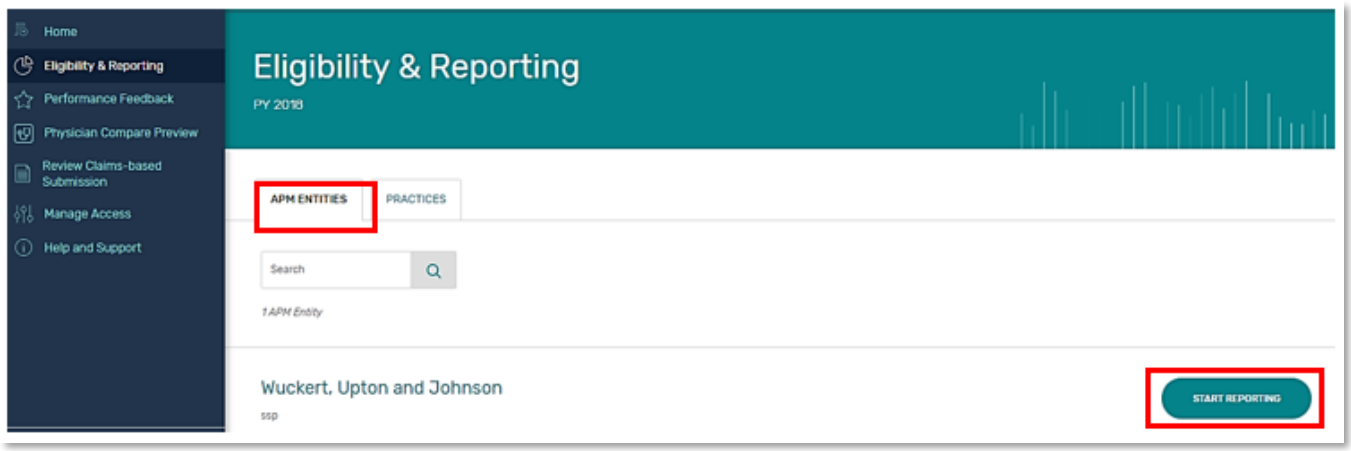


Reminder
Data submitted on behalf of a Virtual Group (aggregated across TINs) does not satisfy reporting requirements for clinicians scored under the APM scoring standard

Advanced APMs and MIPS APMs navigation: Medicare Shared Savings Program (Shared Savings Program) ACOs

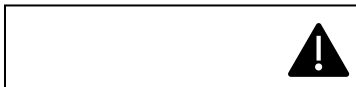
The ACO (i.e. the APM Entity) is responsible for submitting **Quality data** through the CMS Web Interface on behalf of the entire entity.

- From the Eligibility & Reporting page, make sure you've selected the **APM Entities** tab, and then select **Start Reporting** next to the appropriate organization.

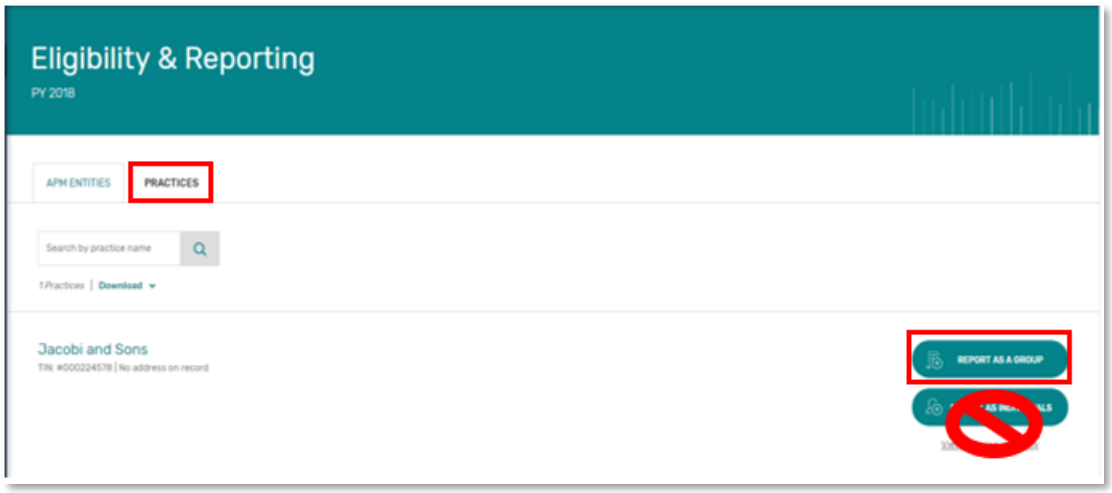


Each participating TIN within the ACO (i.e. Practice) is responsible for submitting **Promoting Interoperability data at the group level** on behalf of the practice/TIN.

- From the Eligibility & Reporting page, make sure you've selected the **Practices** tab
- Then select **Report as a Group** next to the appropriate organization



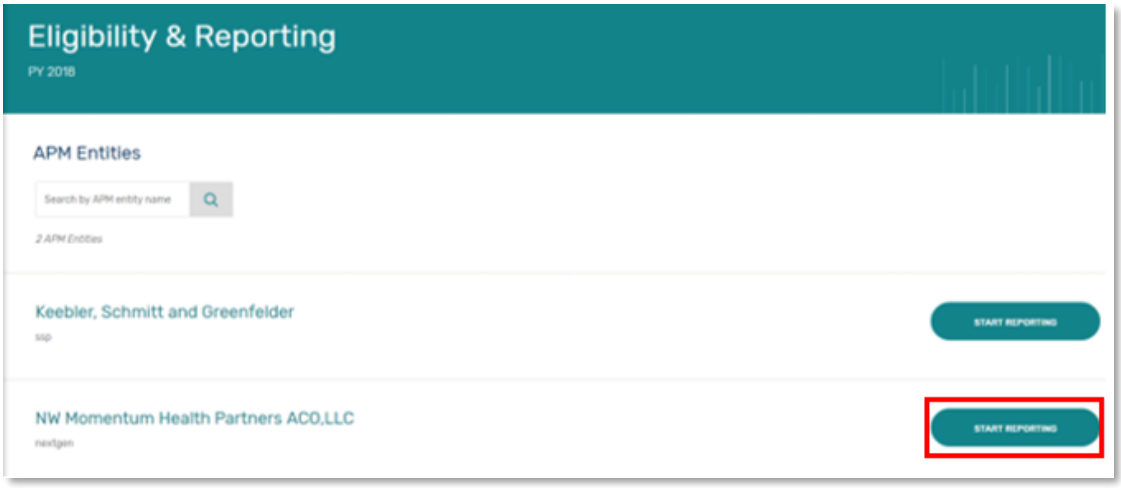
If you select **Report as Individuals**, your data will NOT count for MIPS reporting. The requirement to **Report as a Group** includes solo practitioner participant TINs and ACOs with a single participating TIN.



Advanced APMs and MIPS APMs navigation: Next Generation ACOs

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

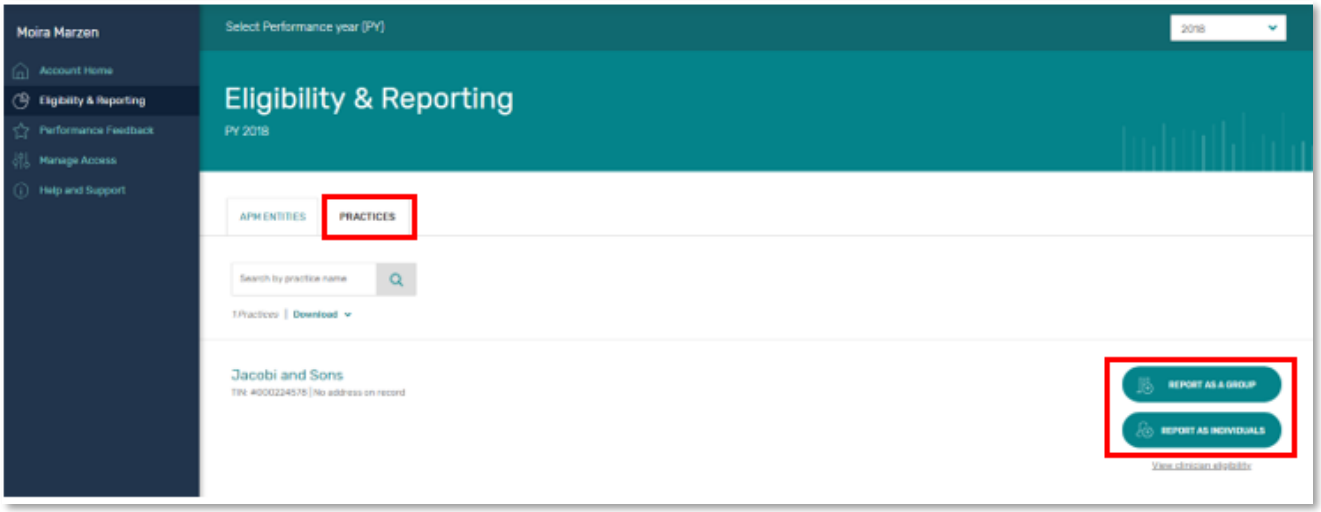
- From the Eligibility & Reporting page, make sure you've selected the **APM Entities** tab, and then select **Start Reporting** next to the appropriate organization.



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, make sure you've selected the **Practices** tab, then select **Report as a Group** or **Report as Individuals** as appropriate

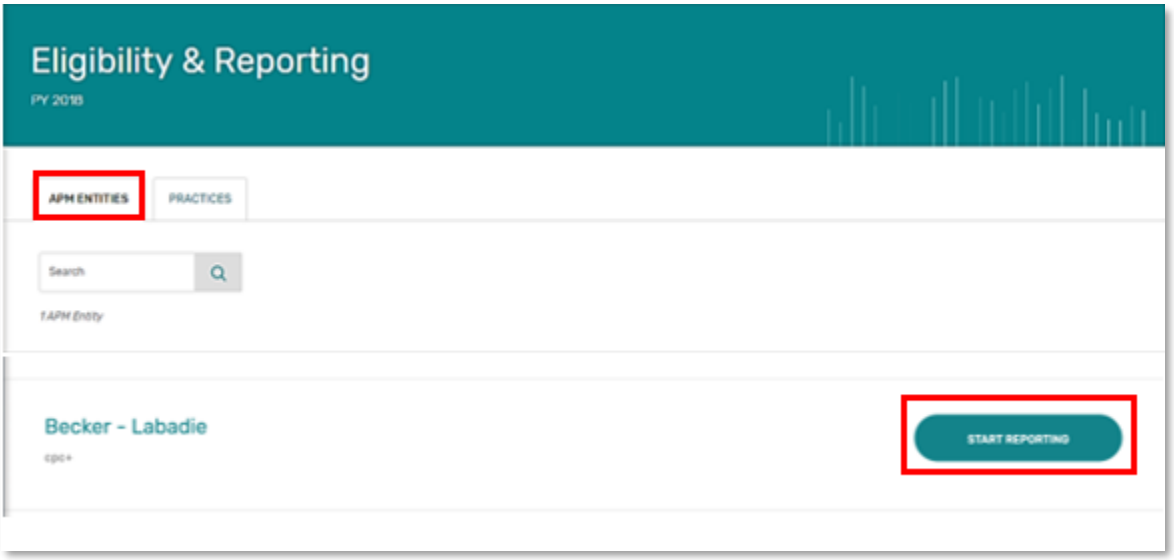
Contact the Quality Payment Program or a representative of your model if you're not sure at what level your Promoting Interoperability data should be submitted.



Advanced APMs and MIPS APMs navigation: Comprehensive Primary Care Plus (CPC+)

The CPC+ practice (i.e., the APM Entity) is responsible for submitting **Quality data** (uploading eCQMs) on behalf of the entire entity.

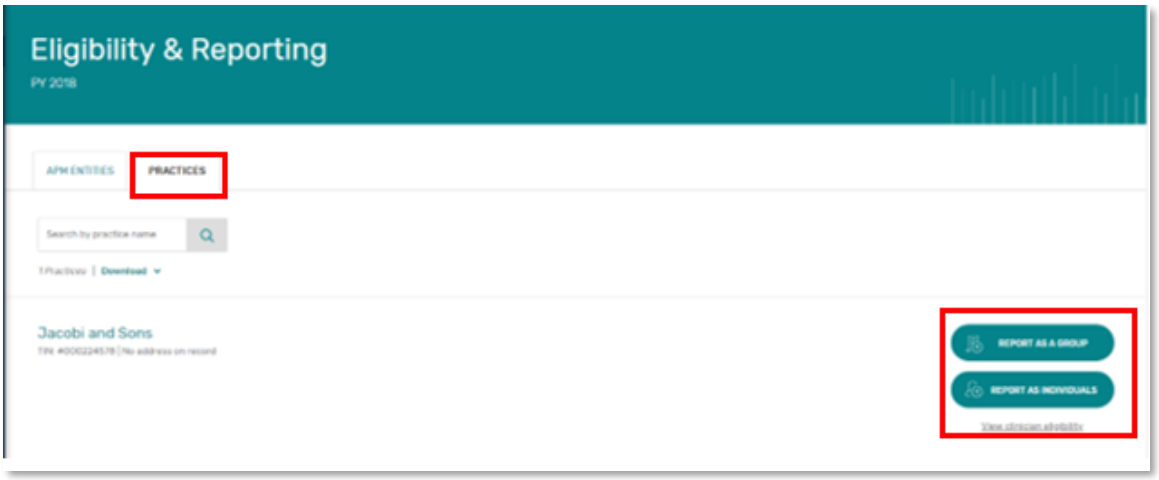
- From the Eligibility & Reporting page, make sure you've selected the **APM Entities** tab, and then select **Start Reporting** next to the appropriate organization.



If there are clinicians associated with the CPC+ practice 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, make sure you've selected the **Practices** tab, then select **Report as a Group** or **Report as Individuals** as appropriate

Contact the Quality Payment Program or a representative of your model if you're not sure at what level your Promoting Interoperability data should be submitted.



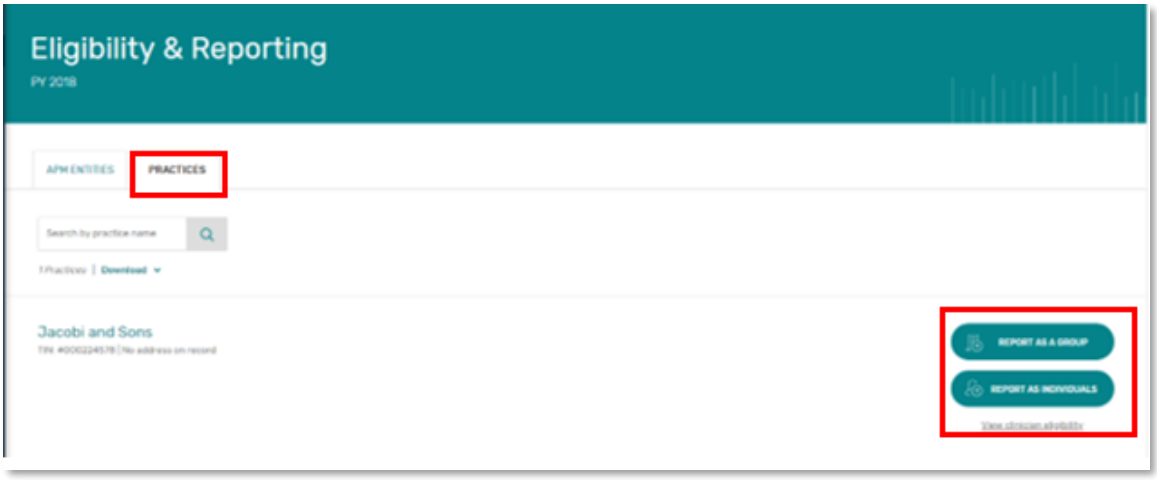
MIPS APMs navigation: All Other Models

The APM Entity is responsible for submitting **Quality data** on behalf of the entire entity, but ACOs and CPC+ practices are the only models that submit their quality data through qpp.cms.gov.

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, make sure you've selected the **Practices** tab, then select **Report as a Group** or **Report as Individuals** as appropriate

Contact the Quality Payment Program or a representative of your model if you're not sure at what level your Promoting Interoperability data should be submitted.



Submitting Data

This section will review:

- Navigation for submitting data
- Multiple file uploads and file upload constraints (i.e., file size limits, min. and max.)

Skip ahead to the File Upload Troubleshooting of this guide if you've encountered issues or errors uploading a file for **individual** or **group** participation.

For information about CMS Web Interface navigation and data submission, please review the 2018 CMS Web Interface User Guide and videos on the QPP Resource Library.

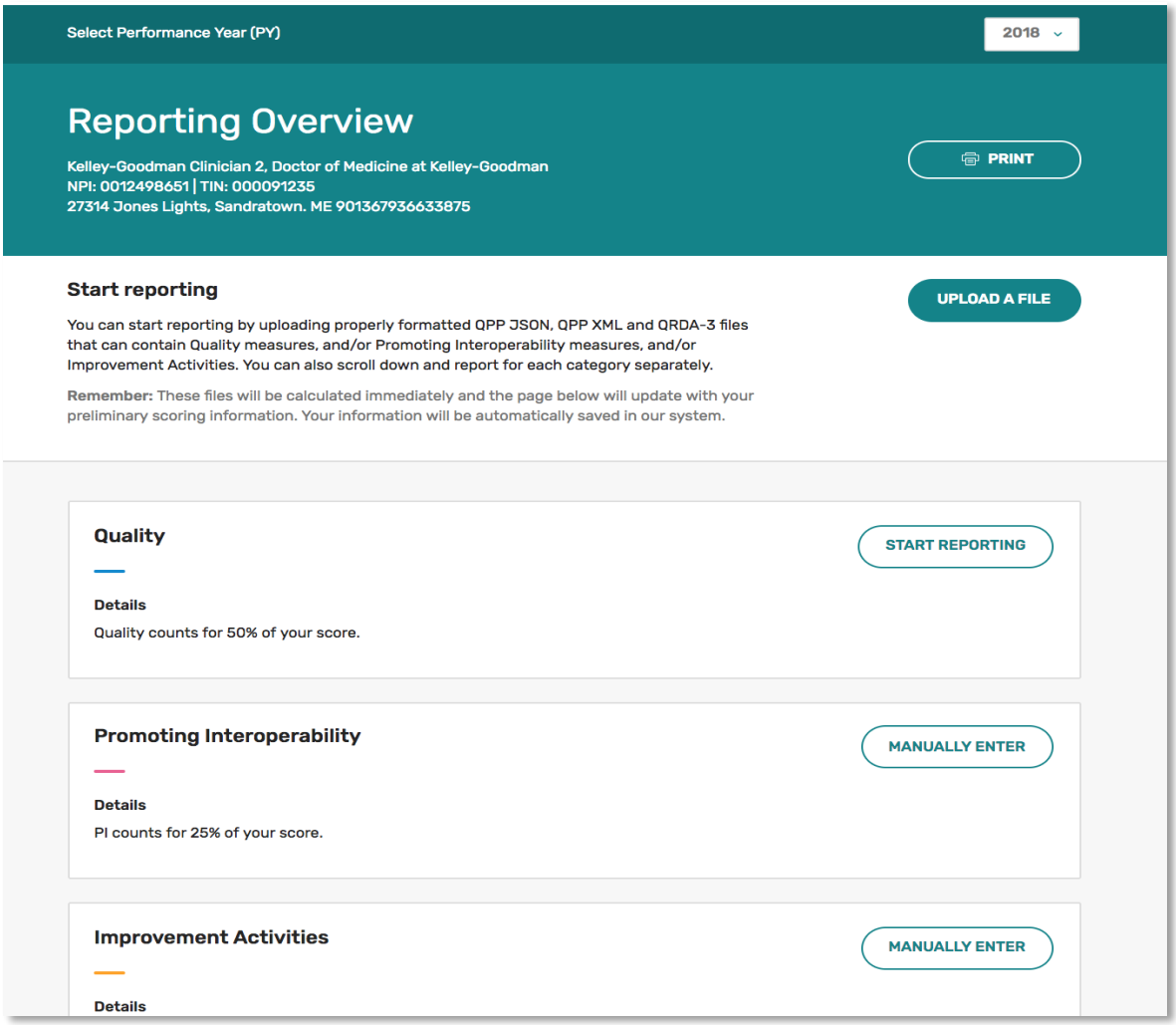
Reporting Overview Page

Once you've selected Start Reporting or Report as a Group from the *Eligibility & Reporting* page, or Report as an Individual from the *Practice Details & Clinician* page, you'll arrive on the *Reporting Overview* page.

From this page, you can:

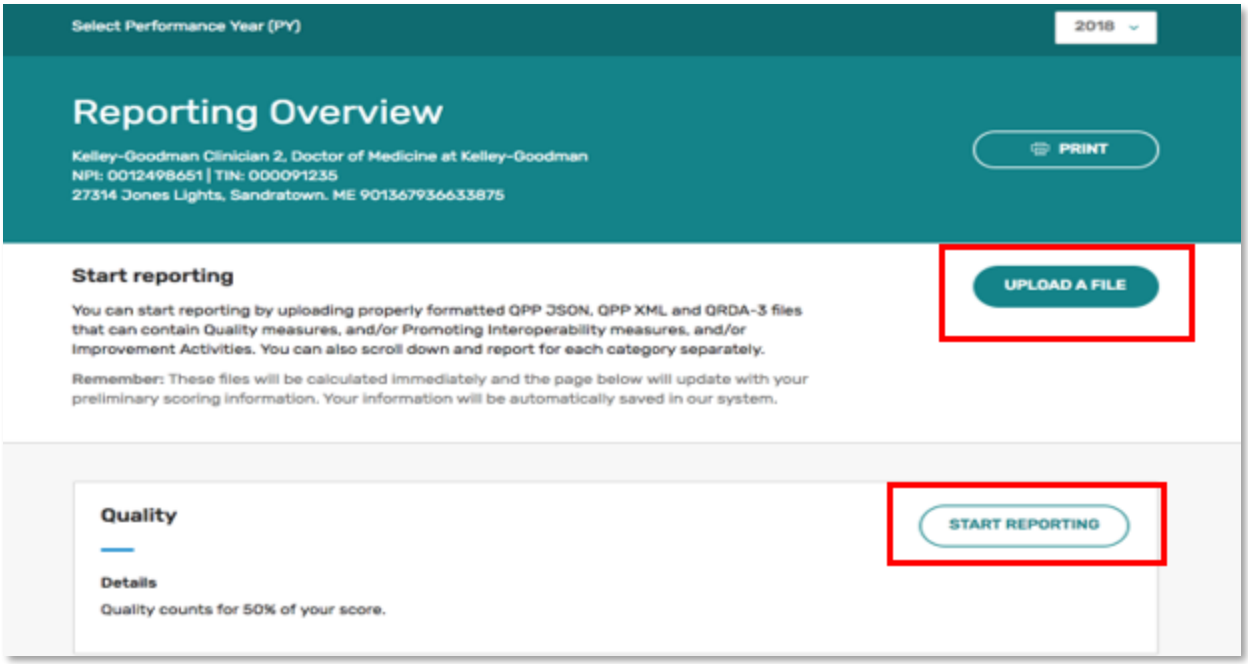
- Review specific reporting guidance and performance category weights
- Upload a file
- Initiate Manual Entry (attestation) of Promoting Interoperability or Improvement Activities measure data
- View a category-level overview of the data submitted to date

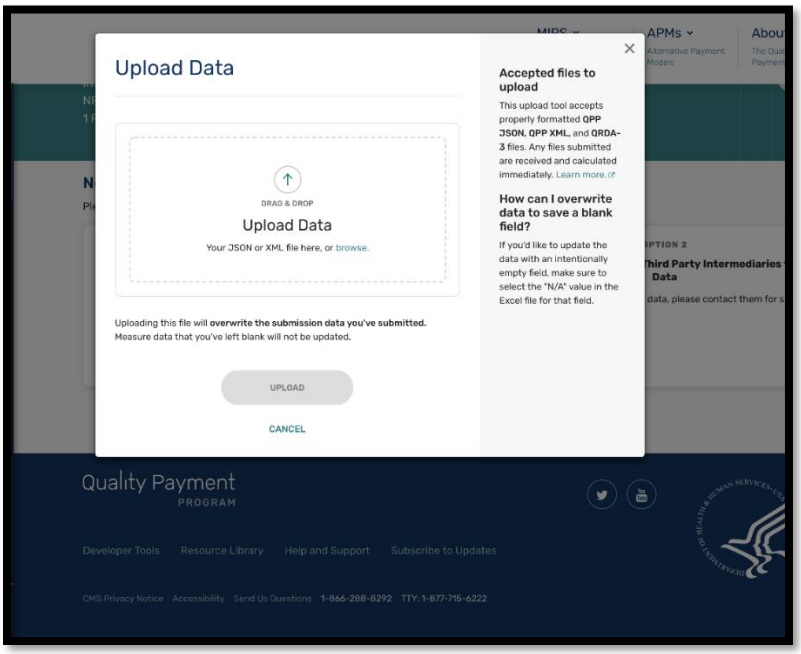
Reminder: There is no "Submit" button.
Data is saved and transmitted to CMS as it is uploaded or manually entered.
You can **Print** this (or any) page to document the data you've submitted to CMS as of the print date.



File Upload

You can upload a file with data for any or all performance categories by selecting **Upload a File** or **Start Reporting**.

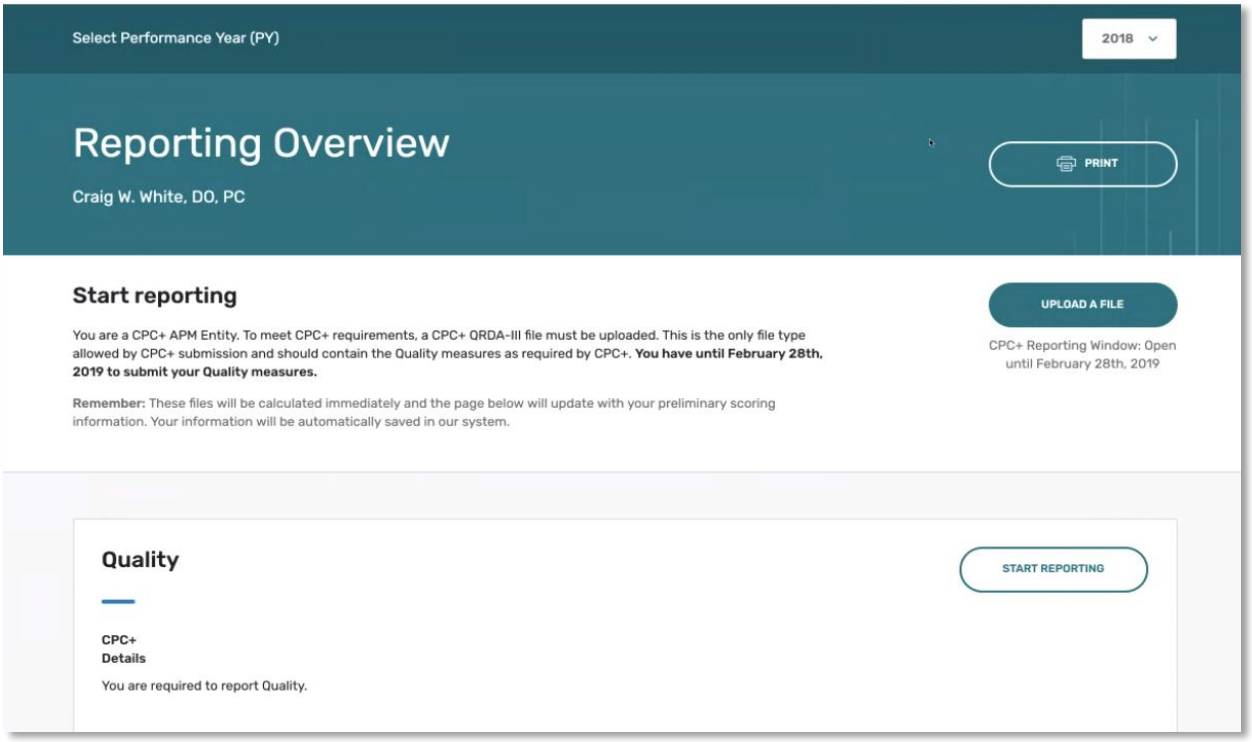




File Upload Details

- Accepted File Types
  - QRDA III
  - QPP JSON/XML
- Minimum Acceptable File Size
  - 10 bytes
- Maximum Acceptable File Size
  - 10 megabytes (MB)
- Maximum Acceptable Queue Size (when submitting multiple files at once)

Exception: To meet CPC+ requirements, the CPC+ practice must upload their eCQMs in the QRDA III file format, within the CPC+ reporting period. Users connected to a CPC+ practice will see this information displayed on the CPC+ ***Reporting Overview*** page.



Uploading Multiple Files

Users connected to your organization can upload multiple files for the same clinician, group, virtual group or CPC+ practice, but the system will only keep and score the most recent file for a given performance category. **The system will not combine measures or activities submitted by an organization through multiple file uploads.**

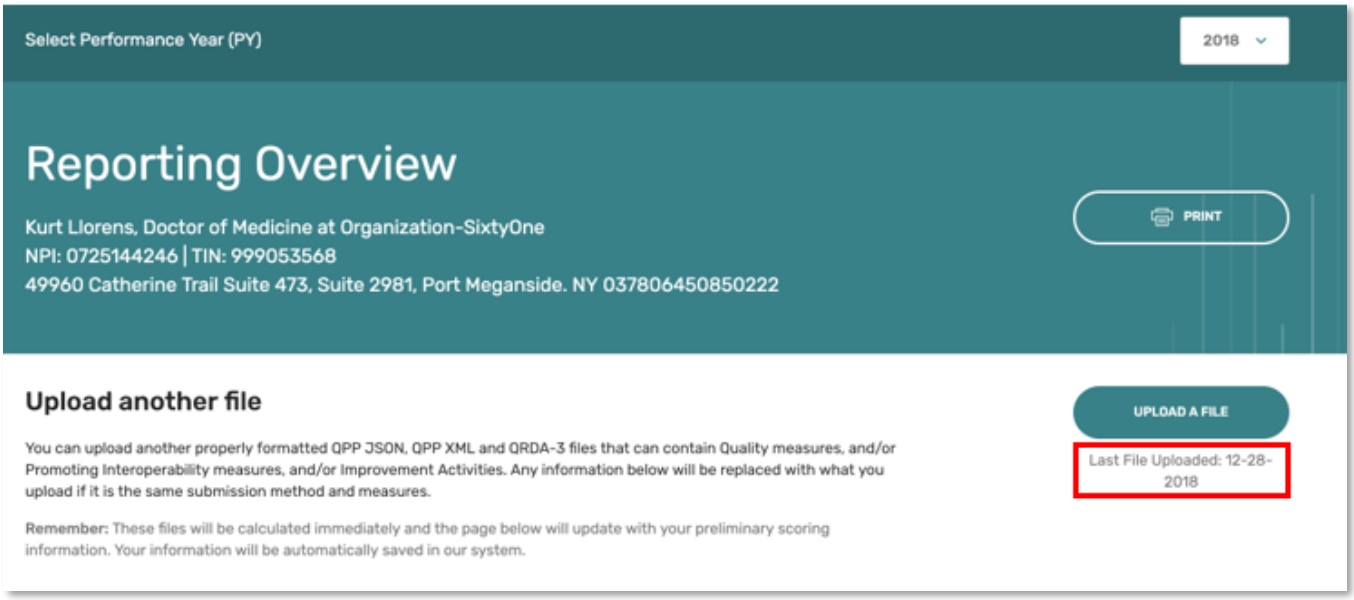
Example:

- You upload a QRDA file of Quality measures (eCQMs) on Monday
- You upload a QRDA file of Quality measures (eCQMs) and Promoting Interoperability measures on Tuesday

The eCQMs you submit on Tuesday will replace the eCQMs you submitted on Monday.

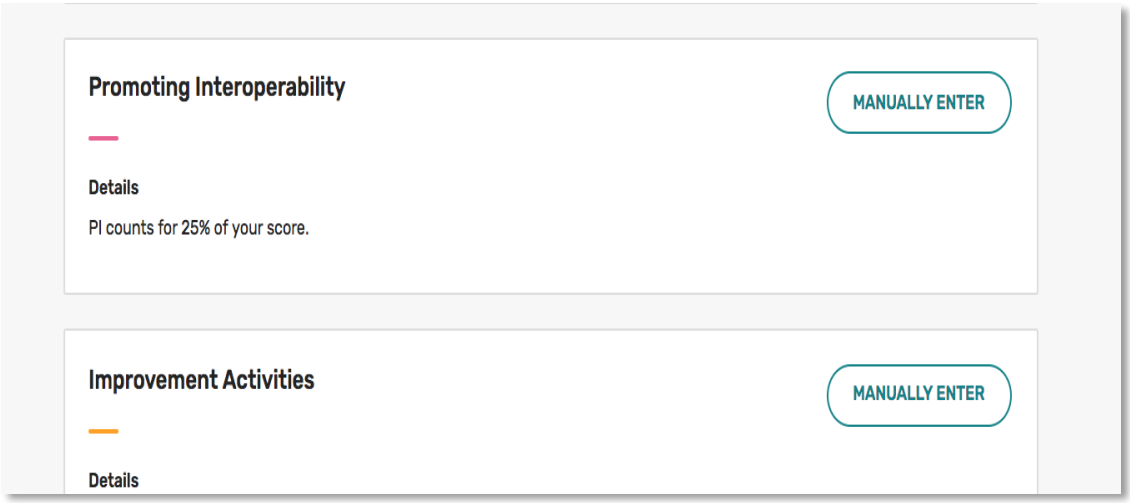
Data submitted by another organization, such as a Qualified Registry or QCDR reporting on your behalf, will **not** be overwritten by data submitted by your practice organization. Learn more.

You can view the last file upload date beneath the **Upload a File** button.



Attest /Manually Enter (Promoting Interoperability and/or Improvement Activities)

From the Reporting Overview page, select **Manually Ente**r next to the Promoting Interoperability or Improvement Activities performance category as appropriate.

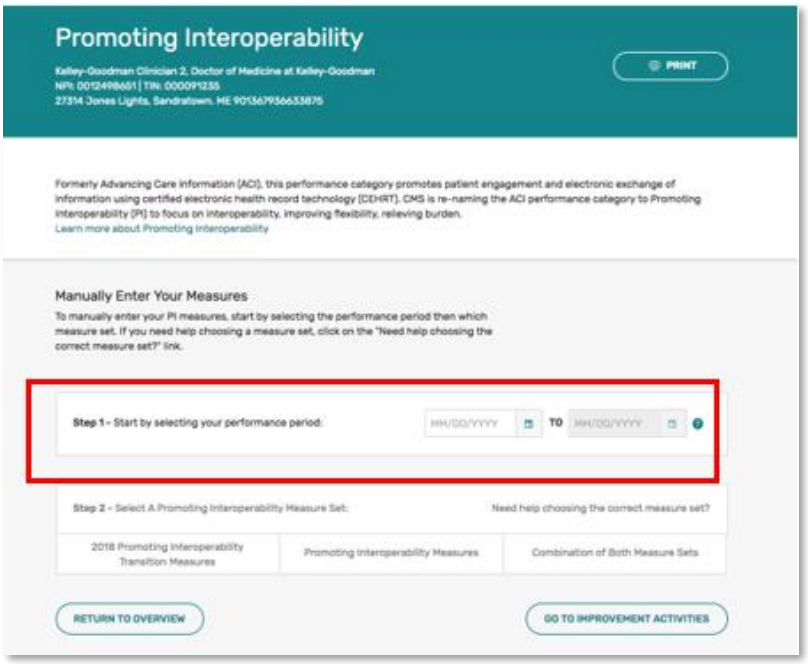


Once you've selected Manually Enter, you will be taken to that performance category's Details page.

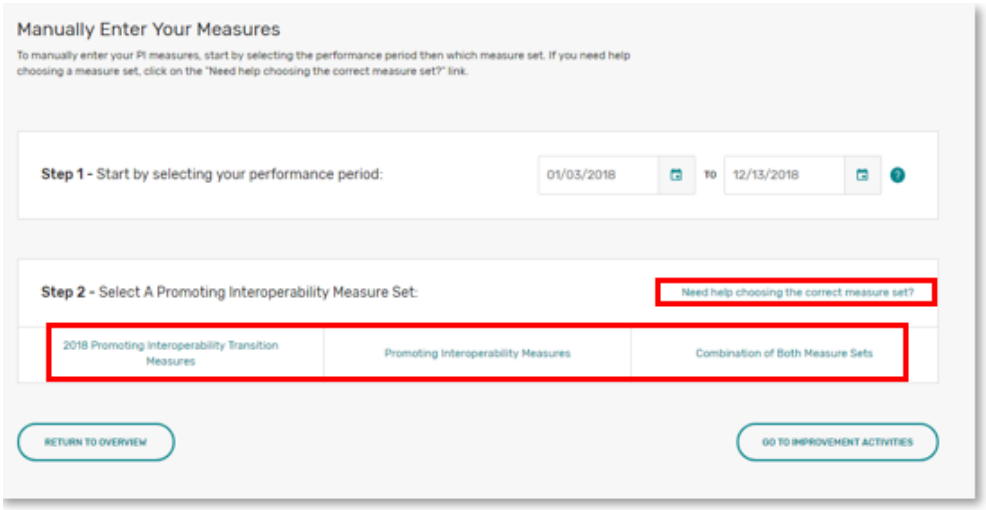
Exception: Clinicians who qualify for reweighting of the Promoting Interoperability performance category will first be asked to confirm that they want to enter data. More information on viewing special scoring considerations is available here.

Promoting Interoperability

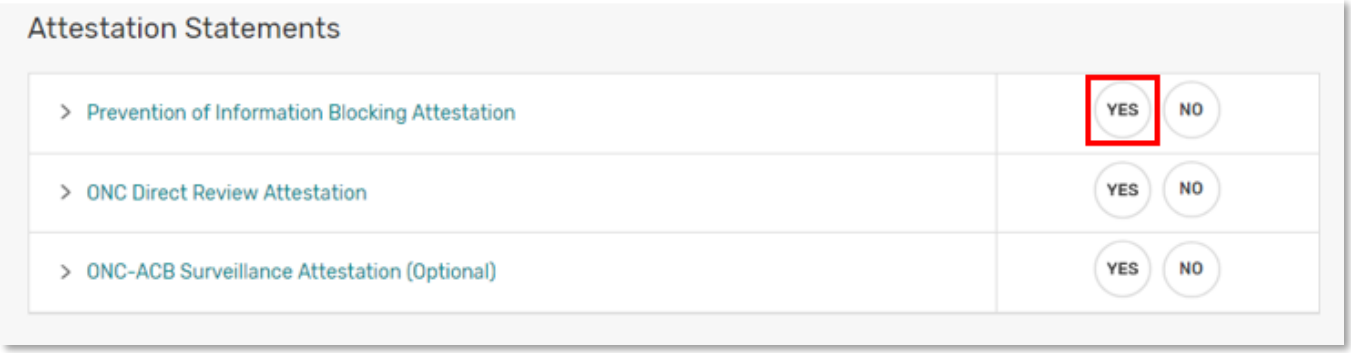
Start by entering your **performance period** (which must be a minimum of 90 continuous days during 2018).



Then you'll select your measure set which is determined by your CEHRT edition – you can also select **Need Help Choosing the Correct Measure Set** if you're not sure what edition of CEHRT you have.

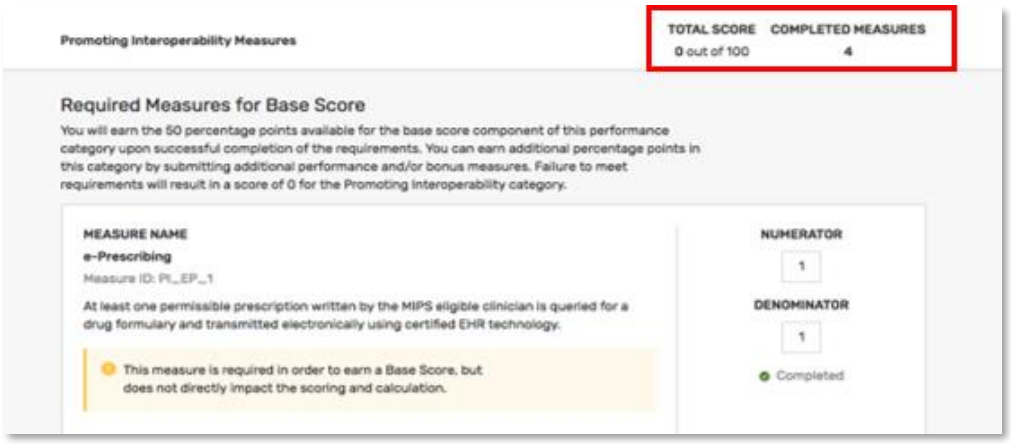


Once you've selected your measure set, you'll click **Yes** next to the required attestation statements before you can move on to the Base Score Measures. If you cannot attest Yes to the Prevention of Information Blocking or ONC Direct Review statements, you will receive a score of 0 for the Promoting Interoperability performance category.

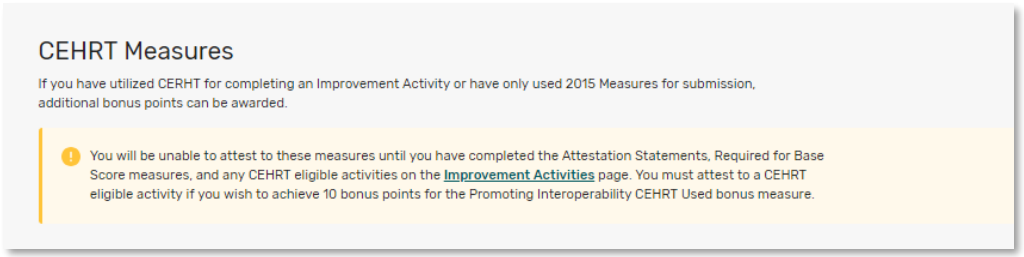


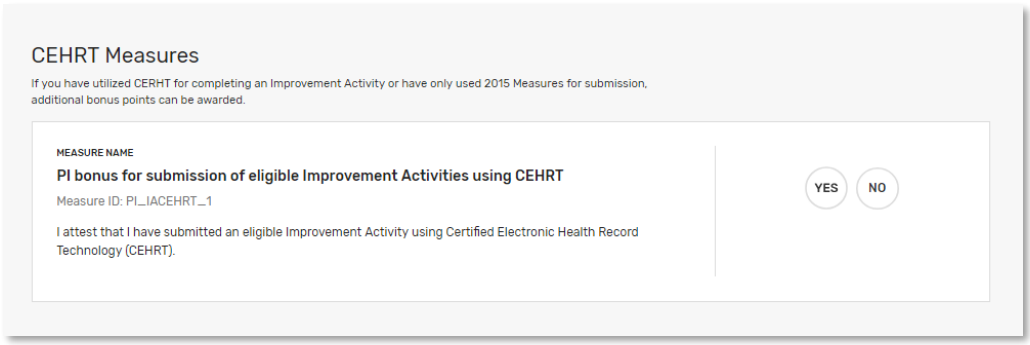
The **Completed Measures** count at the top of the page (and on the Reporting Overview page) is a sum of:

- Attestation statements,
- Base score measures (or exclusions),
- Optional performance measures, and
- Attestation that you have completed an eligible Improvement Activity using CEHRT



You'll see a **Total Score** of 0 out of 100 until you've completed all required attestations and Base Score Measures

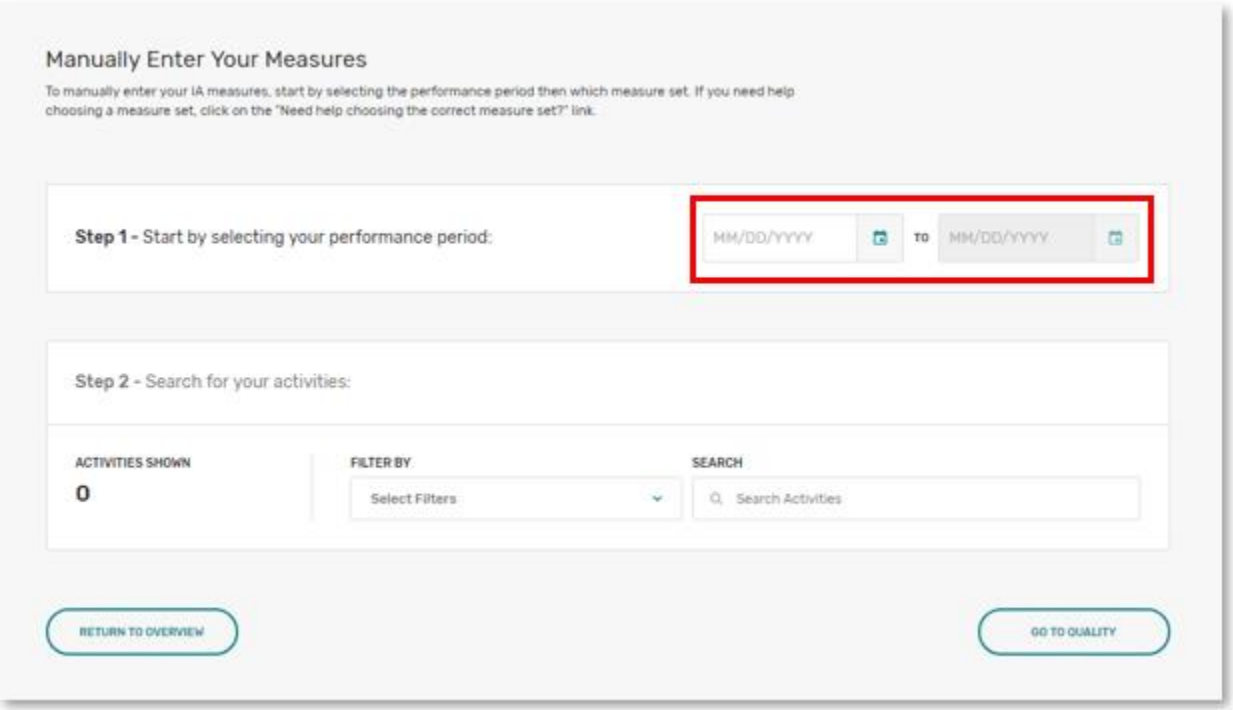




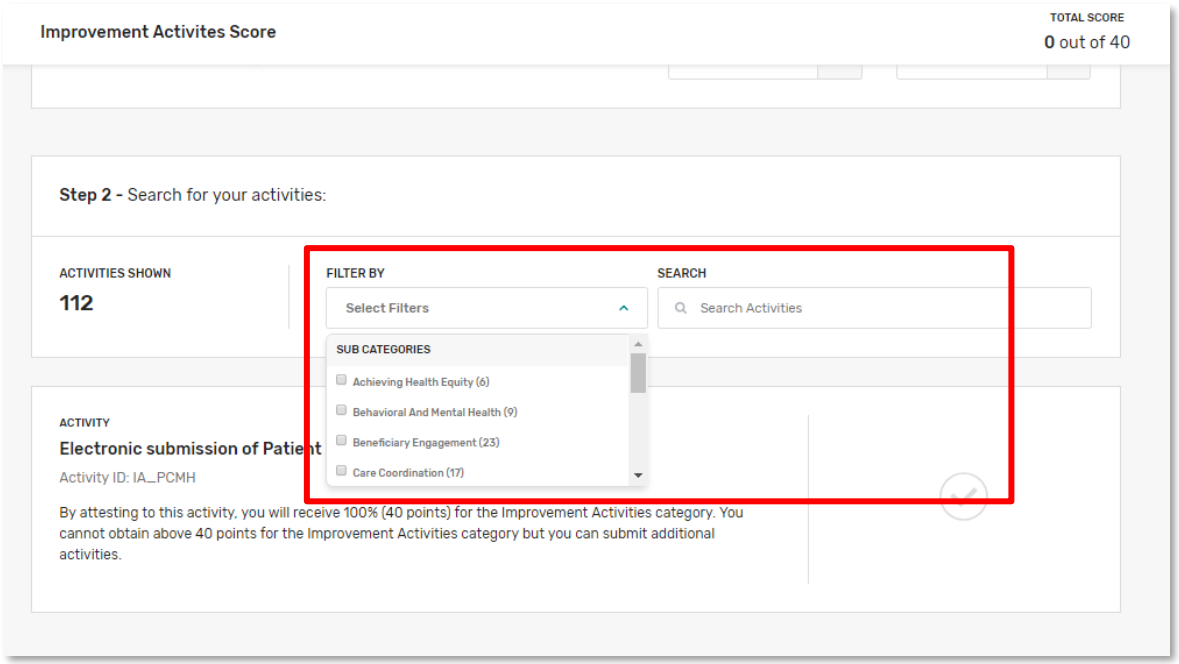
You can't attest YES to having completed an eligible Improvement Activity using CEHRT until you've reported the eligible activity in the Improvement Activities section

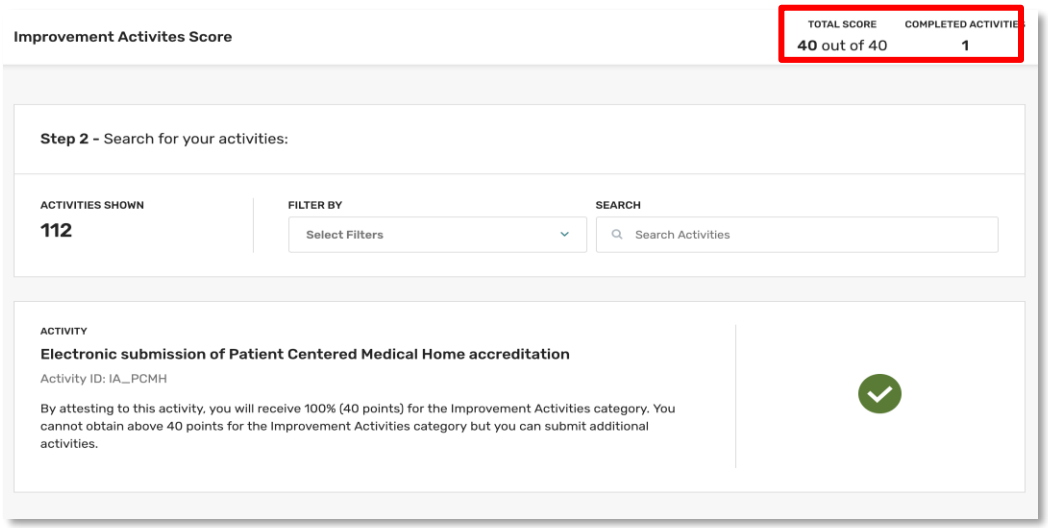
Improvement Activities

Start by entering your **performance period** (which must be a minimum of 90 continuous days during 2018).



Once you've entered your performance period, you can attest to the improvement activities you completed during the performance period. You can scroll through the activities; **filter by** subcategory, weight or CEHRT-eligibility; or **search** by key word.





Helpful Hint:
The Patient Centered Medical Home (PCMH) accreditation is the first activity in the inventory.

Viewing Special Scoring Considerations for MIPS Clinicians and Groups During Submission

This section will review:

- Which special scoring considerations will be reflected at the start of the submission period
- Which special scoring considerations will be reflected during the submission period
- Which special scoring considerations won't be reflected at all during the submission period
- How special scoring considerations (including Eligible Measure Applicability) are reflected

When will special scoring considerations be reflected on qpp.cms.gov?

When the submission period opened on January 2, 2019, the system reflected:

- Clinicians and groups that qualify for a 0% weighting of the Promoting Interoperability performance category based on clinician type or special status.
- Clinicians and groups that qualify for more points in the Improvement Activities performance category based on special status.
- Clinicians who will automatically receive 50% credit in the Improvement Activities performance category (after submitting data for another performance category) based on participation in an APM from the 1st and 2nd APM snapshot dates.
- Clinicians who will be scored under the APM scoring standard based on participation in a MIPS APM from the 1st and 2nd APM snapshot dates.
- Clinicians and groups who are excluded from MIPS because they have Qualifying (or Partial Qualifying) APM Participant status based on the 1st and 2nd APM snapshot dates.

As soon as the data is submitted, the system will reflect:

- Clinicians and groups that qualify for a denominator reduction in the Quality performance category because of the Eligible Measure Applicability (EMA) process

There are additional special scoring considerations we anticipate being able to reflect at some point **during the submission period**, based on data availability:

- Clinicians and groups that qualify for a 0% weighting of the Promoting Interoperability performance category based on approved Promoting Interoperability hardship exception applications.
- Clinicians and groups that qualify for a 0% weighting of any performance category(ies) based on an approved Extreme & Uncontrollable Circumstance exception request.
- Clinicians who qualify for the automatic Extreme & Uncontrollable Circumstances policy.
- Clinicians who will automatically receive 50% credit in the Improvement Activities performance category (after submitting data for another performance category) based on participation in an APM from the 3rd APM snapshot date.

- Clinicians who will be scored under the APM scoring standard based on participation in a MIPS APM from the 3rd APM snapshot date.
- Clinicians and groups who are excluded from MIPS because they have Qualifying (or Partial Qualifying) APM Participant status based on the 3rd APM snapshot date.

Finally, there are some special scoring considerations that will only become available **after the submission period has closed**, based on data availability:

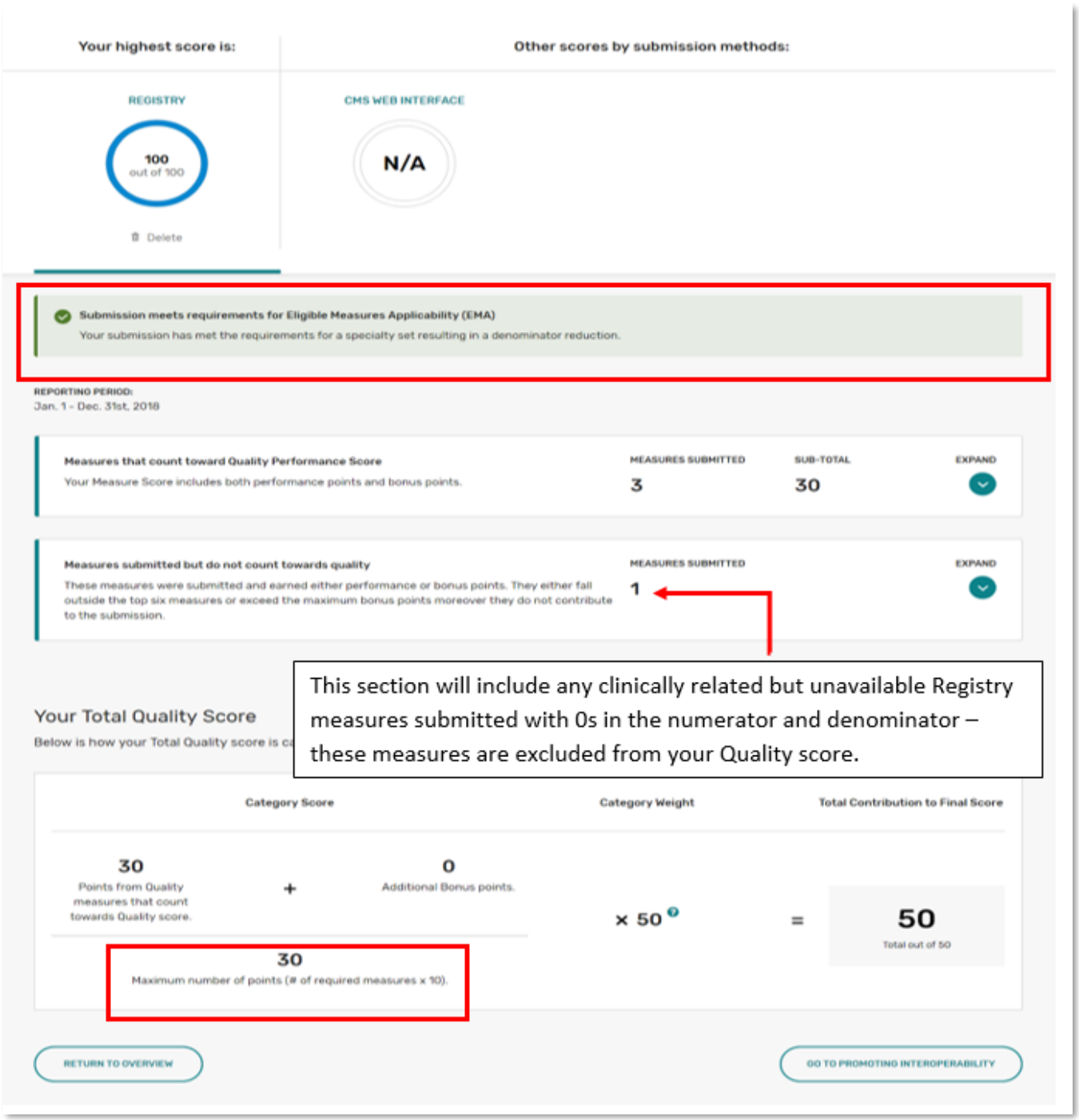
- Clinicians and groups that receive full credit in the Improvement Activities performance category based on their successful participation in the CMS Study on Burdens Associated with Reporting Quality Measures.
- Clinicians in a Shared Savings Program ACO who qualify for scoring under the APM scoring standard based on participation in a MIPS APM from the 4th APM snapshot date.
- Clinicians who qualify for 50% credit in the Improvement Activities performance category based on participation in an APM following the 3rd APM snapshot date.

How will special scoring considerations be reflected?

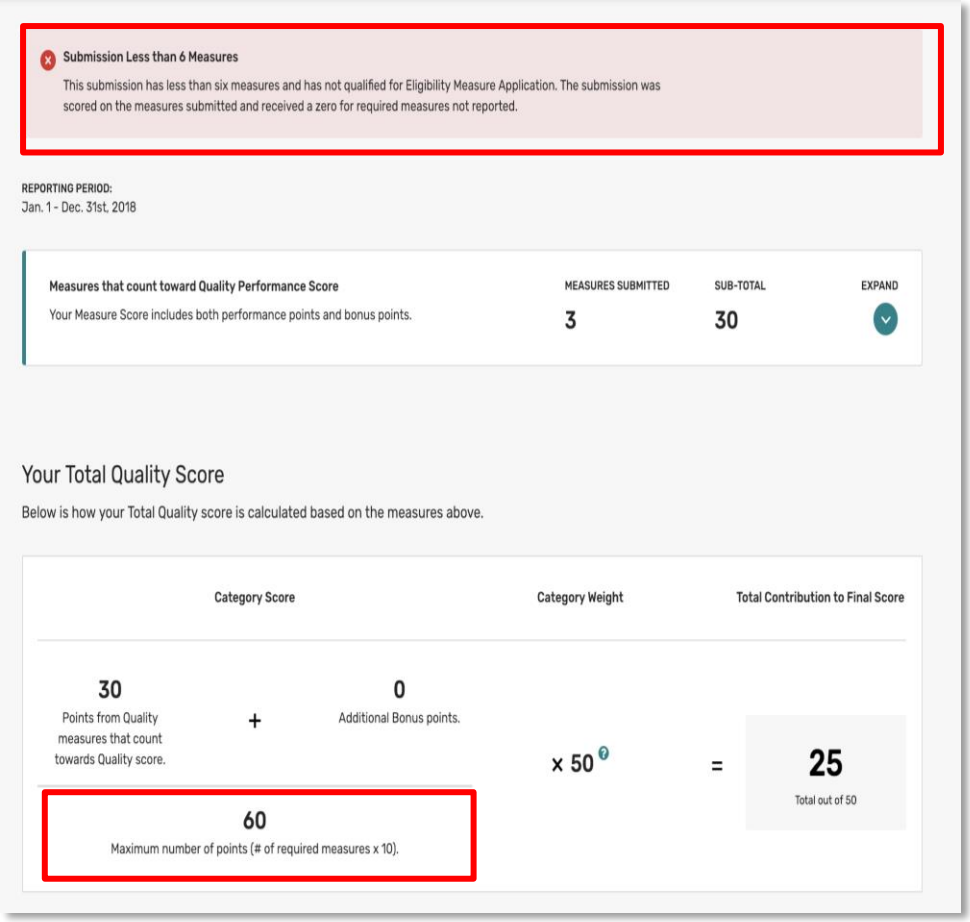
Quality: Application of Eligible Measure Applicability (EMA) process

Clinicians who don't have six available quality measures and who report their quality measures via claims or Registry 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 your submission contains less than 6 quality measures, the Quality Details page will display a message indicating whether the submission qualified for EMA. Any denominator reductions will be immediately reflected in the Total Quality Score calculation section. *(Screenshot on next page.)*


Your highest score is:
Other scores by submission methods:
REGISTRY
100
out of 100
Delete
CMS WEB INTERFACE
N/A
Submission meets requirements for Eligible Measures Applicability (EMA)
Your submission has met the requirements for a specialty set resulting in a denominator reduction.
REPORTING PERIOD:
Jan. 1 - Dec. 31st, 2018
Measures that count toward Quality Performance Score
Your Measure Score includes both performance points and bonus points.
MEASURES SUBMITTED
3
SUB-TOTAL
30
EXPAND
Measures submitted but do not count towards quality
These measures were submitted and earned either performance or bonus points. They either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission.
MEASURES SUBMITTED
1
EXPAND
This section will include any clinically related but unavailable Registry measures submitted with 0s in the numerator and denominator – these measures are excluded from your Quality score.
Your Total Quality Score
Below is how your Total Quality score is c
Category Score
Category Weight
Total Contribution to Final Score
30
Points from Quality measures that count towards Quality score.
+
0
Additional Bonus points.
× 50
=
50
Total out of 50
30
Maximum number of points (# of required measures x 10).
RETURN TO OVERVIEW
GO TO PROMOTING INTEROPERABILITY

If your submission includes less than 6 quality measures and does *not* qualify for EMA, you will see a message indicating this and your Total Quality Score **denominator will remain 60 points**.



Note: There may be some circumstances where EMA scoring will need to be applied after the submission period. If you believe you qualify for a denominator reduction, but don't see it reflected during the submission period or when performance feedback is available in July, you can request a Targeted Review.

Did you know?
Groups who can be scored on the All Cause Hospital Readmission (ACR) measure will *not* see their Total Quality Score denominator increased to 70 points during the submission period.
ACR measure information will be available in performance feedback.

Promoting Interoperability: Performance Category Reweighting

- Reweighting based on Special Status or Clinician Type
- Reweighting based on approved Hardship Exception Application

Clinicians and groups who qualify for reweighting in the Promoting Interoperability performance category will see the following revised weights on the ***Reporting Overview*** page:

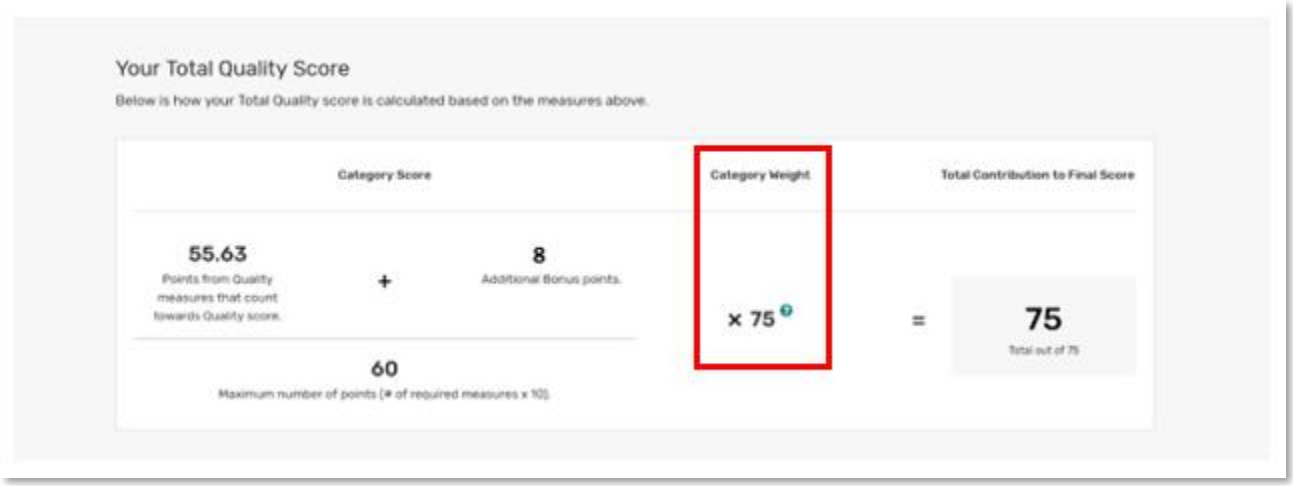
- Quality performance category weighted at 75%
- Promoting Interoperability performance category weighted at 0%

Reminder: Reweighting due to an approved hardship exception will be reflected at some point during the submission period.
If you're reporting in the first half of the submission period, you may not see this reweighting reflected yet.

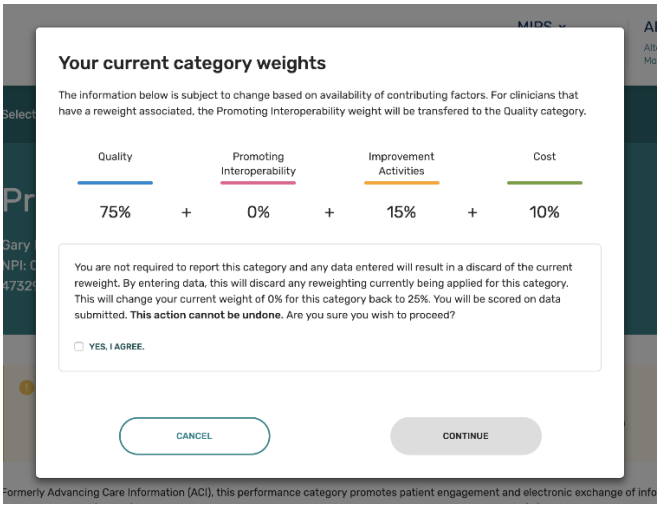
EXCEPTION: For clinicians scored under the APM scoring standard, there is a single Promoting Interoperability score attributed to all clinicians in the APM Entity, including those that qualify for reweighting at the individual or group level.

In the event that an APM Entity (as a whole) qualifies for reweighting of the Promoting Interoperability performance category, the Quality performance category will be weighted at 80%, and Improvement Activities will remain weighted at 20%.

In addition to the Reporting Overview page, you will see the revised weight reflected in the Total Quality Score calculation on the Quality Details page.



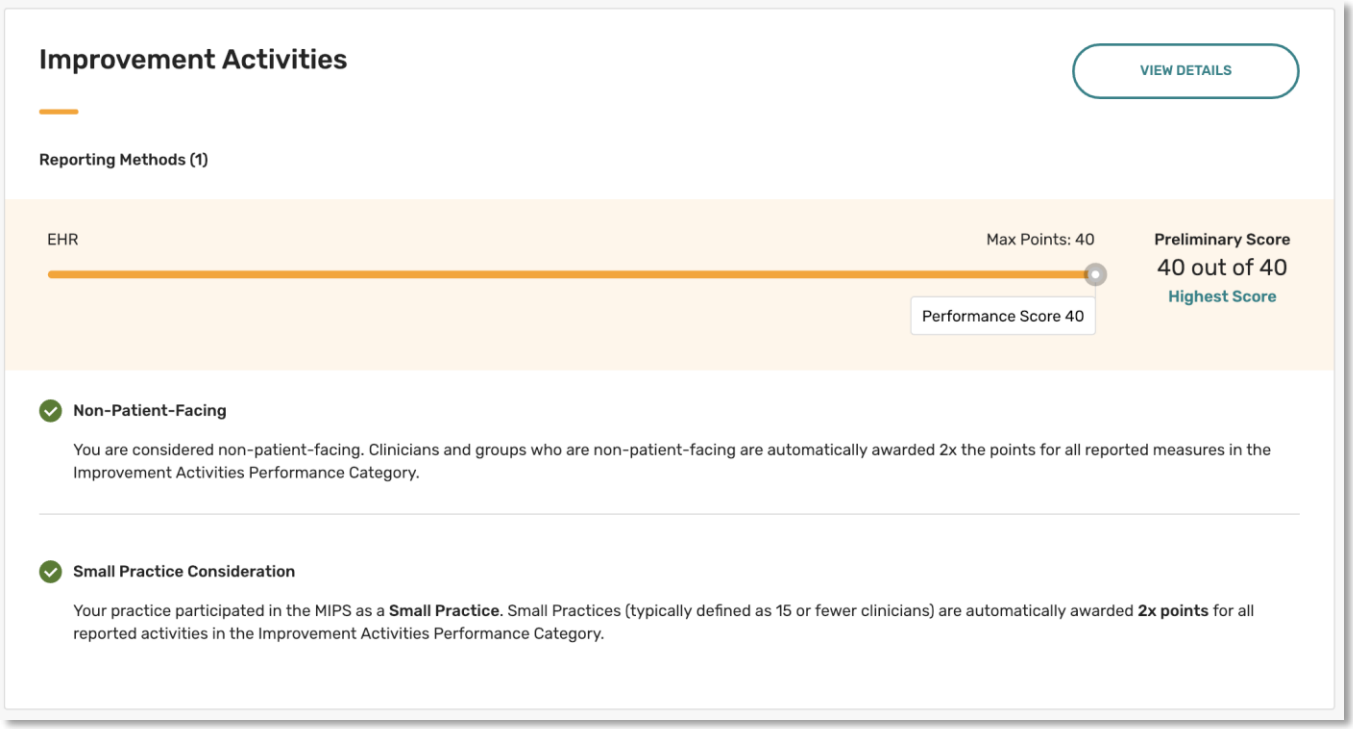
If you qualify for reweighting, you can still report Promoting Interoperability measures. When you select "**Manually enter**", a modal will pop up alerting you that if you continue, you will override your reweighting and you will be scored on the Promoting Interoperability performance category.



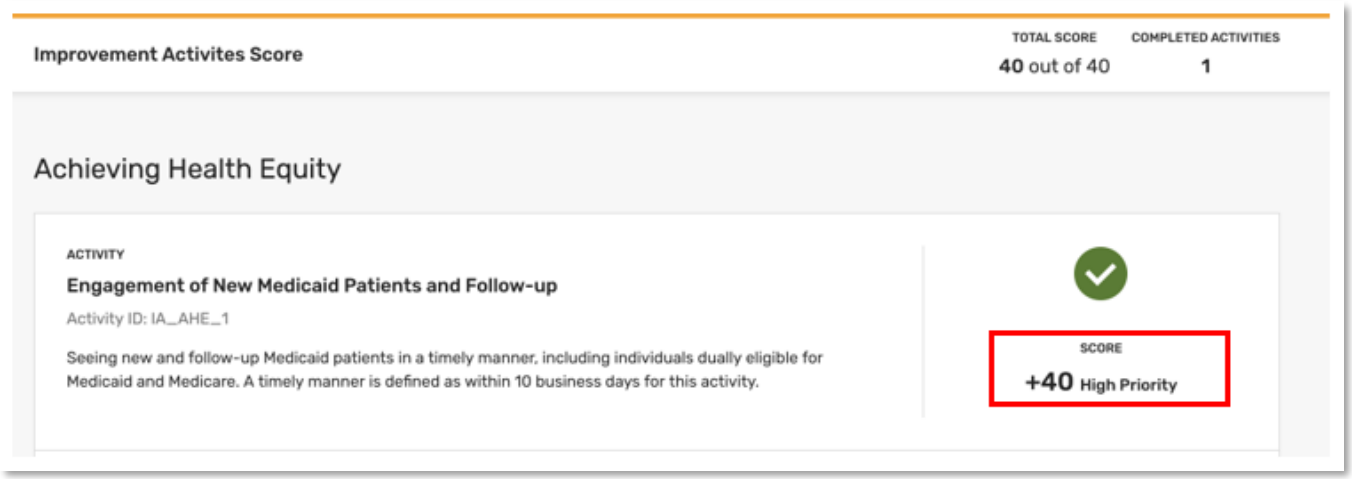
This modal only appears for the clinicians and groups who see their Promoting Interoperability 0% weighting reflected on the Reporting Overview page

Improvement Activities: Reduced Reporting Requirements (2x points) based on Special Status

Clinicians and groups with a special status that qualifies them for reduced reporting requirements will see an indicator of the special status on the ***Reporting Overview*** page, and a message that they will earn 2x the points for each reported improvement activity.



When attesting to the improvement activities or viewing their reported activities on the Detail page, these clinicians and groups will see also the double point scoring reflected at the activity level.



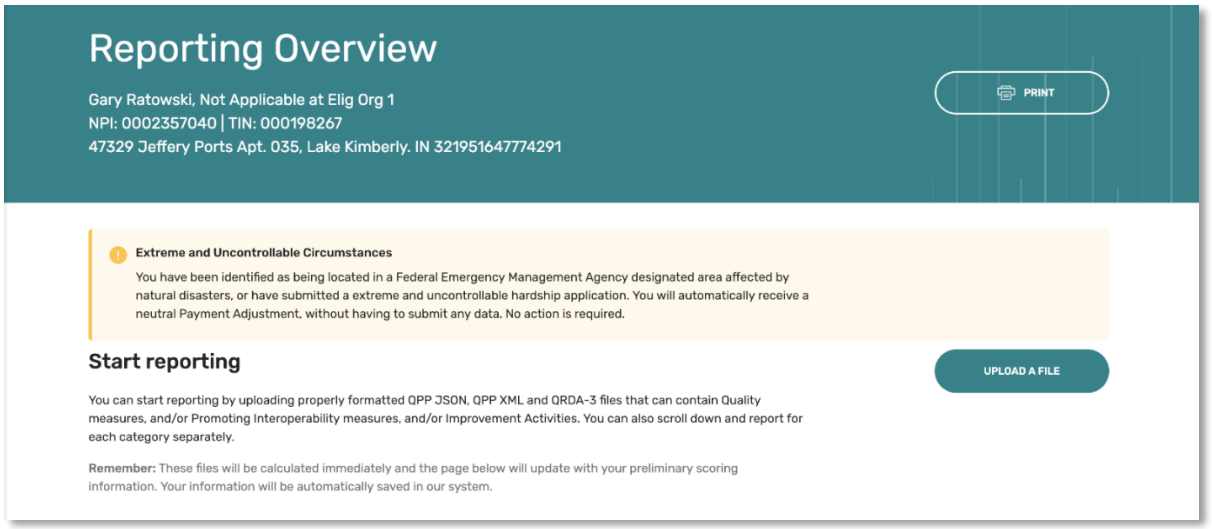
Any Performance Category: Reweighting based on Extreme and Uncontrollable Circumstances

Clinicians who qualify for the automatic Extreme and Uncontrollable Circumstances policy, and clinicians and groups with an approved exception request will see the following message on the Reporting Overview page once this information is available.

Exception: Shared Savings Program ACOs who qualify for the Extreme & Uncontrollable Circumstances policy will not see this reflected on qpp.cms.gov.

Reminder: We anticipate this information will be reflected at some point during the submission period.

If you're accessing the system in the first half of the submission period, your reweighting may not be reflected yet.



Viewing Your Data

- Data Submitted on Your Behalf
  - Checking that data was submitted at the right level (group or individual)
  - Reviewing for accuracy
- Reporting Overview
- Quality Performance Category Detail
- Data that is not available during submission
- CPC+ Data

Reviewing Data Submitted on Your Behalf

If you're working with a third-party intermediary to submit data on your behalf, it's still important for you to sign in to qpp.cms.gov during the submission period to verify that accurate data was submitted at the right level.

For example, if your practice reported as a group, you'll want to sign in and select **Start Reporting** which will take you to the ***Eligibility & Reporting*** page.

Identifying errors during the submission period allows you to work with your vendor to make corrections.

Once the submission period is closed, data cannot be resubmitted.

From the ***Eligibility & Reporting*** page, select **Report as a Group** next to your practice to access the ***Reporting Overview*** page.

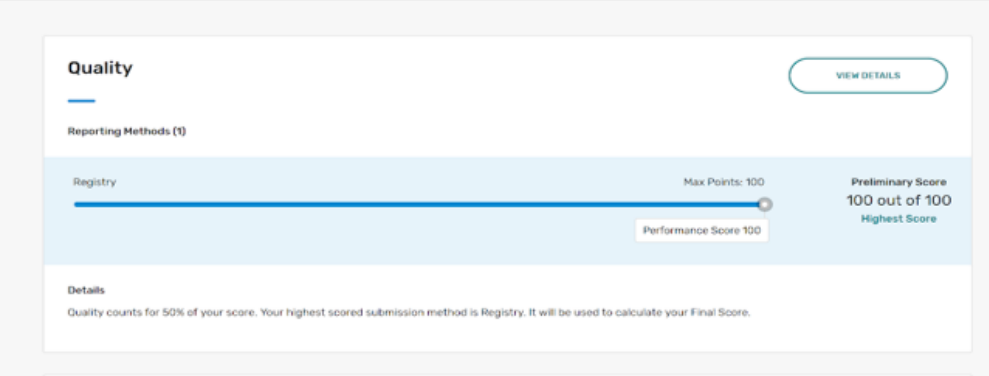
If the third party submitted group-level data on your behalf, you can see the category-level information in the Overview or click into the category detail pages.

Reporting Overview: Quality Performance Category

Once MIPS data has been submitted, you will see your preliminary score which will be out of 100 points. This will help you understand your Quality performance category percent score. (Multiply this score by the category weight to arrive at the preliminary points contributing to your preliminary final score.)

Did you submit eCQMs for CPC+? Skip ahead.

If you reported through multiple submission methods (for example, claims and EHR), all submission methods would display with an indicator of your highest scoring method.



Reporting Overview: Promoting Interoperability Performance Category

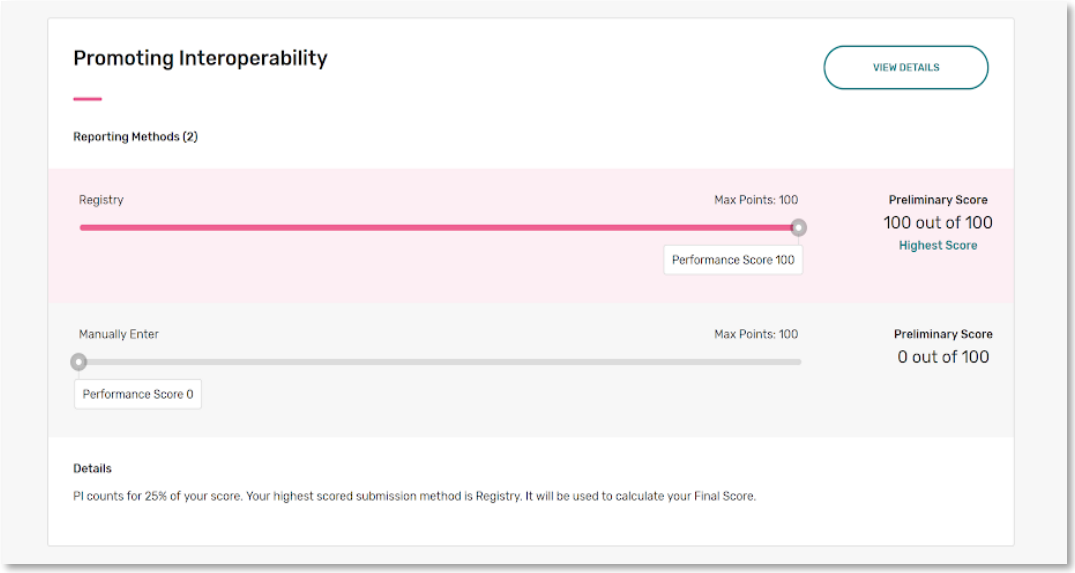
Once data has been submitted, you will see your preliminary score which will be out of 100 points. This will help you understand your Promoting Interoperability performance category percent score. (Multiply this score by the category weight to arrive at the preliminary points contributing to your preliminary final score.)

Reminder

Clinicians scored under the APM scoring standard receive the APM entity's score for the Promoting Interoperability, which is a weighted average of all scores for their participants. The Promoting Interoperability score displayed during submission represents the individual or group's score that will contribute to the APM entity score – but does NOT represent the APM entity performance category score that will contribute to the clinicians' final score.

If you reported through multiple submission methods – for example, manually enter (attestation) and EHR – all submission methods would display, with an indicator of your highest scoring method.

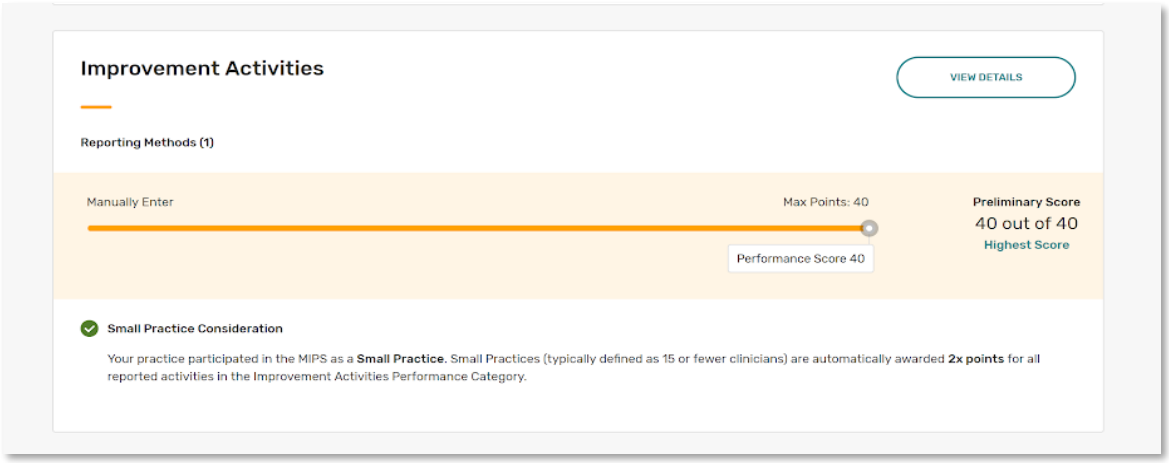
Note: If you click “Manually Enter”, **any action you take (such as entering performance period dates) will register as a submission**, even if no measure data is reported.
This will result in a score of 0 out of 100 for the **Manually Enter** method as shown in the screenshot below.



Reporting Overview: Improvement Activities Performance Category

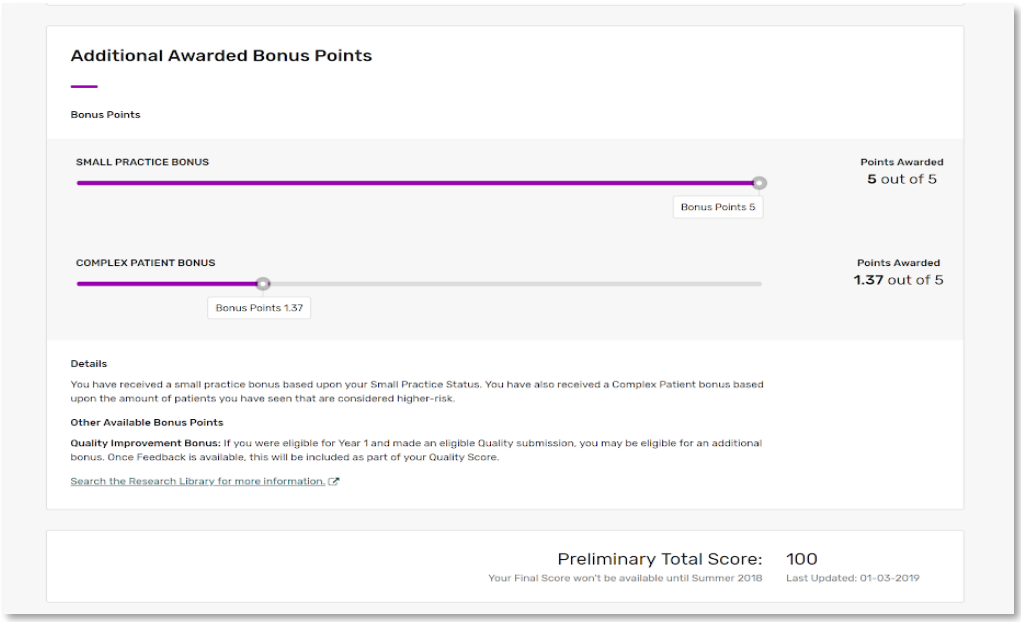
Once data has been submitted, you will see your preliminary score which will be out of 40 points. This will help you understand your Improvement Activities performance category percent score. (Multiply this score by the category weight to arrive at the preliminary points contributing to your preliminary final score.)

If you reported through multiple submission methods – for example, manually enter (attestation) and Registry – all submission methods would display, with an indicator of your highest scoring method.



Reporting Overview: Bonus Points and Preliminary Total Score

When data has been submitted for at least one performance category, you will see some of the bonus points that will be added to your score such as bonus points awarded to small practices that submit data for at least one category.



We anticipate that the Complex Patient bonus points will be available during the submission period. Quality improvement scoring will be included in performance feedback, available in July.

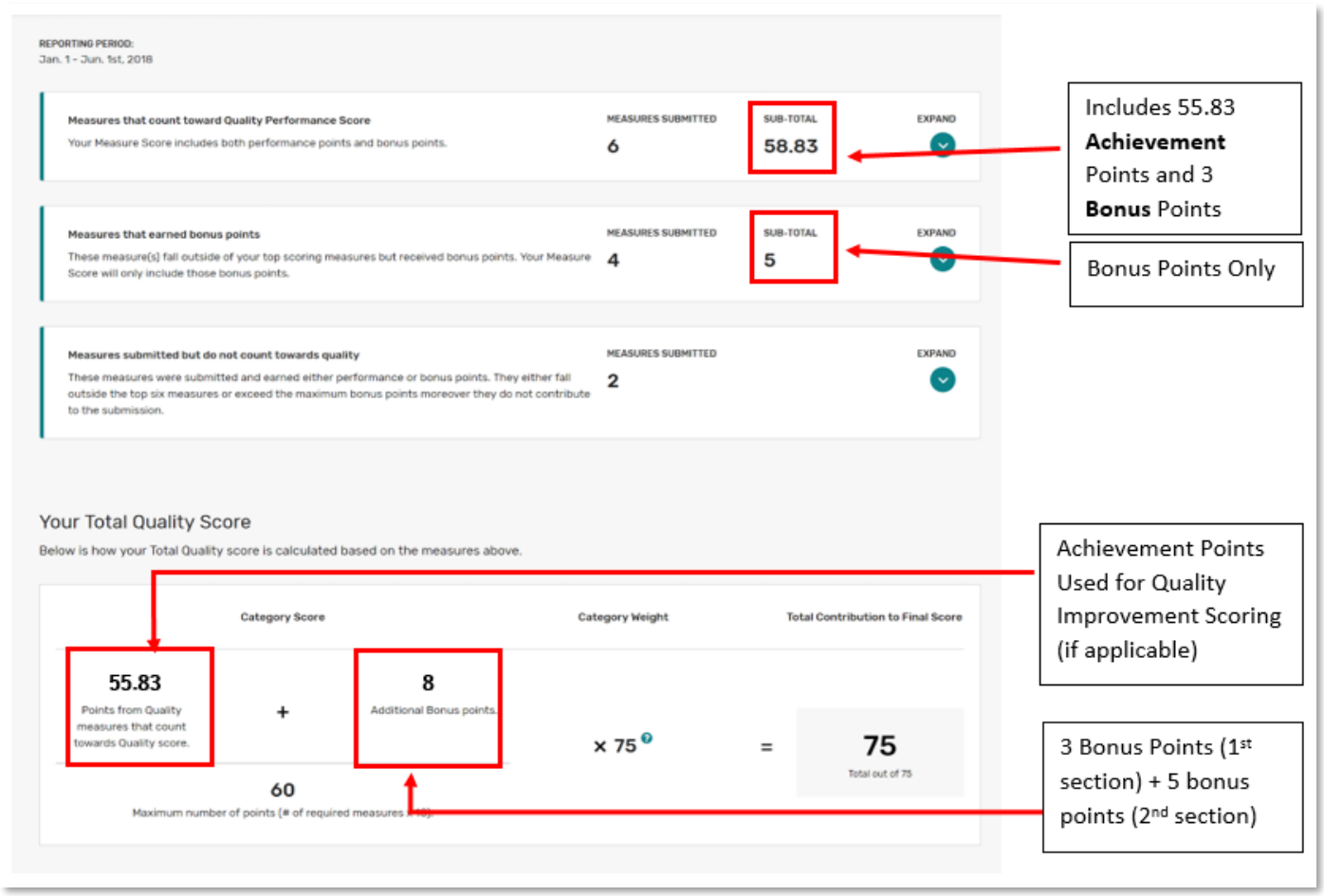
For more information on Bonus Points, please refer to the 2018 MIPS Bonus Overview Fact Sheet

Quality Details Page

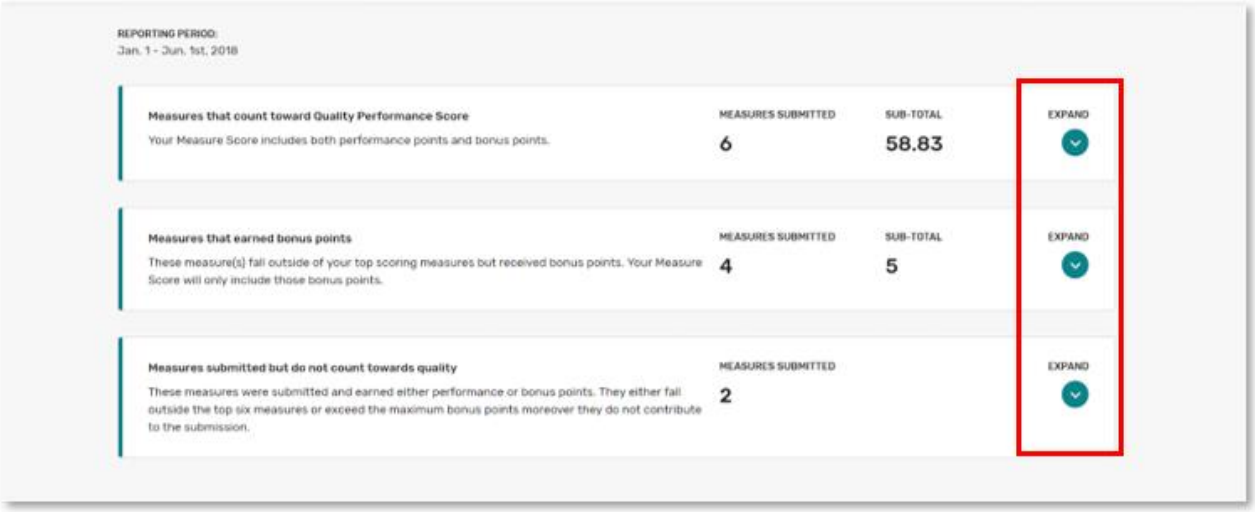
Select View Details from the Overview page, to access detailed information about the data submitted for the Quality performance category.

The page opens to a scoring summary, grouping quality measures by:

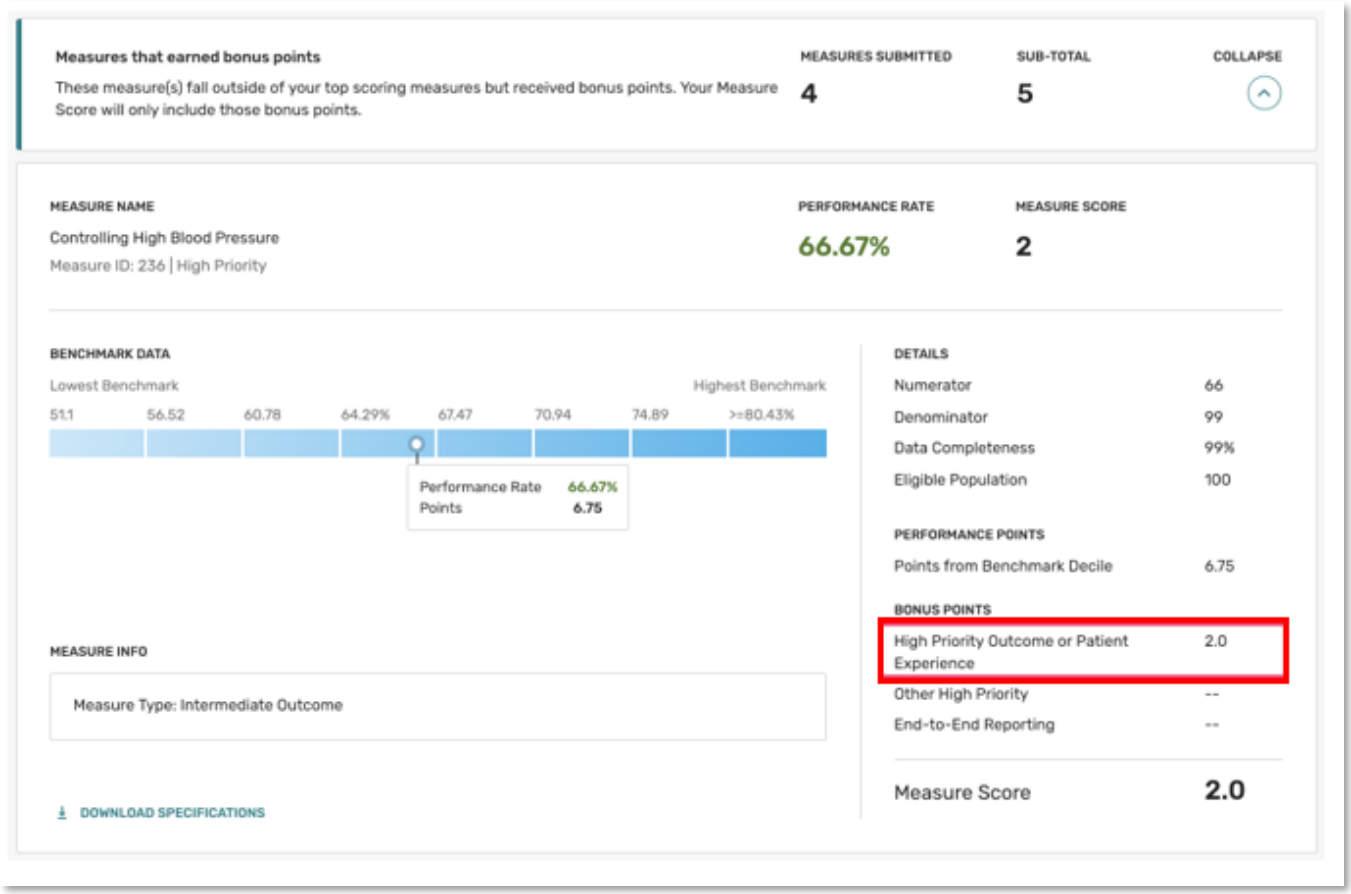
- Measures whose achievement (and bonus) points contribute to the Quality category score
- Measures that only earned bonus points
- Measures that contributed no points to the Quality category score

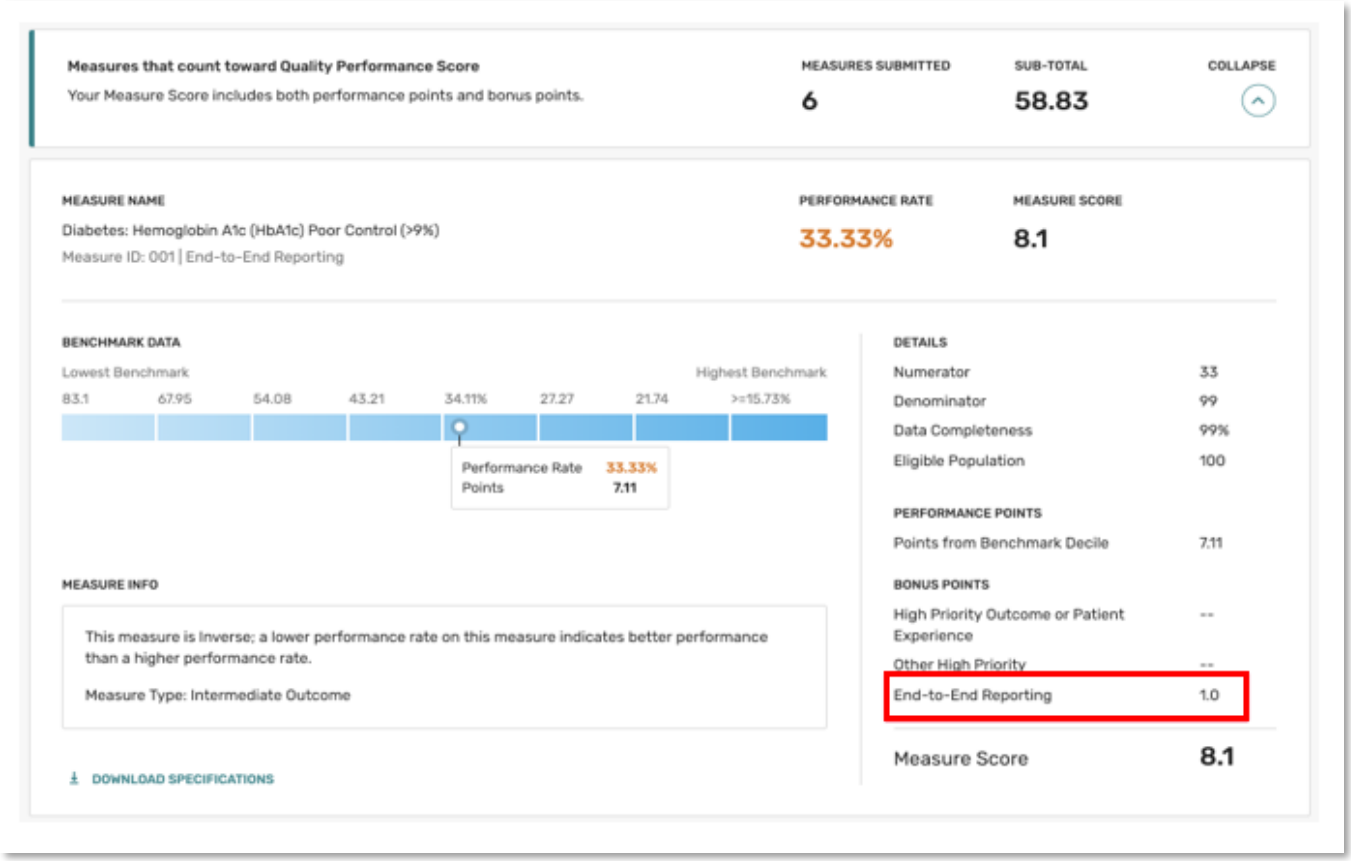

REPORTING PERIOD:
Jan. 1 - Jun. 1st, 2018
Measures that count toward Quality Performance Score
Your Measure Score includes both performance points and bonus points.
MEASURES SUBMITTED
6
SUB-TOTAL
58.83
EXPAND
Measures that earned bonus points
These measure(s) fall outside of your top scoring measures but received bonus points. Your Measure Score will only include those bonus points.
MEASURES SUBMITTED
4
SUB-TOTAL
5
EXPAND
Measures submitted but do not count towards quality
These measures were submitted and earned either performance or bonus points. They either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission.
MEASURES SUBMITTED
2
EXPAND
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
55.83
Points from Quality measures that count towards Quality score.
+
8
Additional Bonus points
× 75
=
75
Total out of 75
60
Maximum number of points (# of required measures * 10)
Includes 55.83 **Achievement** Points and 3 **Bonus** Points
Bonus Points Only
Achievement Points Used for Quality Improvement Scoring (if applicable)
3 Bonus Points (1st section) + 5 bonus points (2nd section)

From here you can **expand** each section (click the caret) to see more information about the quality measures that were submitted.



Once expanded, you can see measure details including benchmarks, performance rates, and performance or bonus points earned.


Measures that earned bonus points
These measure(s) fall outside of your top scoring measures but received bonus points. Your Measure Score will only include those bonus points.
MEASURES SUBMITTED
4
SUB-TOTAL
5
COLLAPSE
MEASURE NAME
Controlling High Blood Pressure
Measure ID: 236 | High Priority
PERFORMANCE RATE
66.67%
MEASURE SCORE
2
BENCHMARK DATA
Lowest Benchmark
Highest Benchmark
51.1
56.52
60.78
64.29%
67.47
70.94
74.89
>=80.43%
Performance Rate 66.67%
Points 6.75
DETAILS
Numerator 66
Denominator 99
Data Completeness 99%
Eligible Population 100
PERFORMANCE POINTS
Points from Benchmark Decile 6.75
BONUS POINTS
High Priority Outcome or Patient Experience 2.0
Other High Priority --
End-to-End Reporting --
MEASURE INFO
Measure Type: Intermediate Outcome
Measure Score 2.0
DOWNLOAD SPECIFICATIONS



What Information Does Not Appear During the Submission Period?

You will not see the following data during the submission period, either because it has not been received or has not been determined:

- The CAHPS for MIPS/CAHPS for ACOs survey measure (Quality performance category)
- The All-Cause Hospital Readmission measure (Quality performance category)
- Improvement Scoring (Quality performance category)
- Performance period benchmarks for measures without historical benchmarks (Quality performance category)
- Cost Measures (Cost performance category)

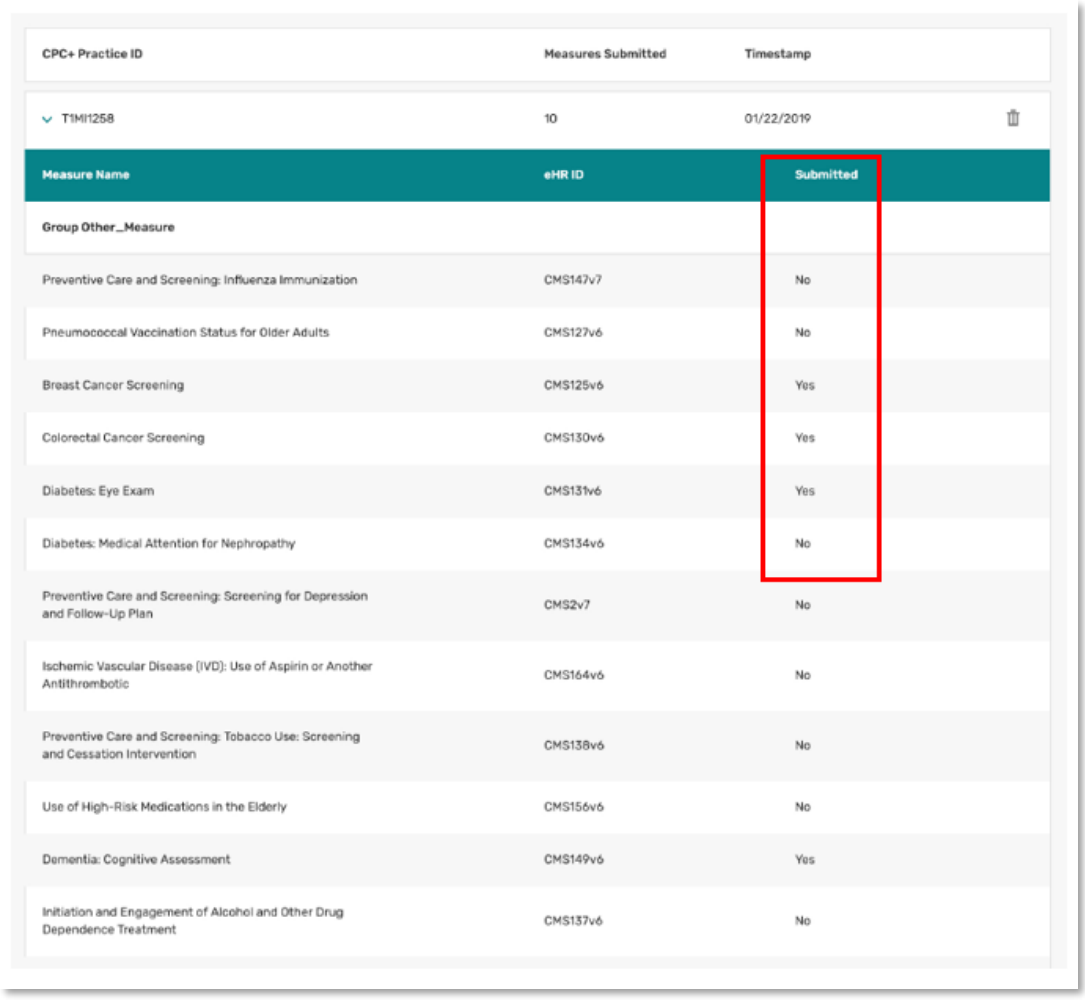
Preliminary claims measure results are available but will be updated throughout the submission period to account for the 60-day run out period.

CPC+ Data (eCQMs submitted for the Comprehensive Prlumn imary Care Plus model)

When viewing eCQM data submitted by or on behalf of your CPC+ entity, you will not see any MIPS scoring information.

On the Quality details page, you will see a list of all the eCQMs that can be reported for the CPC+ program and a Yes/No value in the Submitted column indicating whether the eCQM was included in the submission.

CPC+ files that include fewer than 9 eCQMs will be rejected.

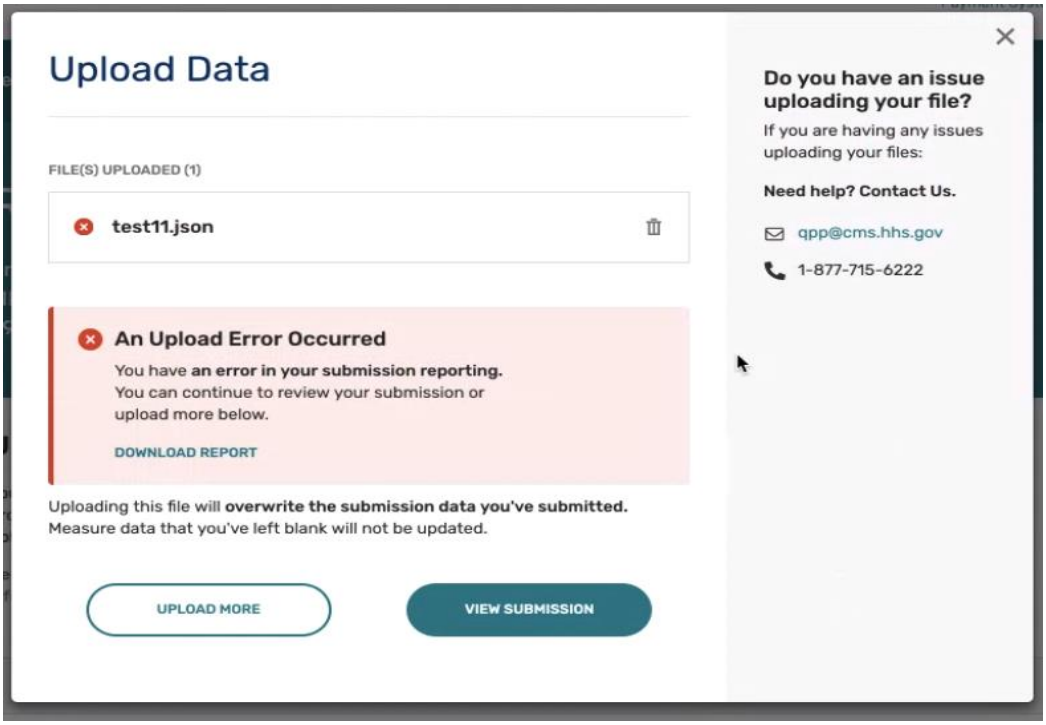


CPC+ Practice ID	Measures Submitted	Timestamp
T1MI1258	10	01/22/2019

Measure Name	eHR ID	Submitted
Group Other_Measure		
Preventive Care and Screening: Influenza Immunization	CMS147v7	No
Pneumococcal Vaccination Status for Older Adults	CMS127v6	No
Breast Cancer Screening	CMS125v6	Yes
Colorectal Cancer Screening	CMS130v6	Yes
Diabetes: Eye Exam	CMS131v6	Yes
Diabetes: Medical Attention for Nephropathy	CMS134v6	No
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v7	No
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v6	No
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v6	No
Use of High-Risk Medications in the Elderly	CMS156v6	No
Dementia: Cognitive Assessment	CMS149v6	Yes
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	CMS137v6	No

File Upload Troubleshooting

When you encounter an error with a file upload, click **Download Report** to access the error messages associated with the error.



Common Error Messages:

Error: “CT - The measure GUID supplied 40280381-528a-60ff-0152-94967c8a0860 is invalid. Please see the 2018 IG https://ecqi.healthit.gov/system/files/2018_CMS_QRDA_III_Eligible_Clinicians_and_EP_IG_v2_508.pdf#page=94 for valid measure GUIDs. - /*[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']/*[local-name() = 'section' and namespace-uri() = 'urn:hl7-org:v3']/*[local-name() = 'entry' and namespace-uri() = 'urn:hl7-org:v3'][2]/*[local-name() = 'organizer' and namespace-uri() = 'urn:hl7-org:v3'] “

Action: Search the GUID listed in your error message (we used 40280381-528a-60ff-0152-94967c8a0860 from the above example) in the **2018 QRDA III Implementation Guide (IG)** to see if it is a valid measure for 2018 MIPS. This particular GUID shows up in the **2017 QRDA III**

Implementation Guide but not the 2018 IG, meaning it is no longer valid for 2018 and is the reason for the failed upload.

Helpful Hints:

- Quality ID 312 (CMS166v6) was **REMOVED** for the 2018 performance period. This measure is no longer active and will trigger a failed submission if it is present in your file. You will need to remove it from your file prior to a submission attempt.

- 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>

  - **Hint**: search "<assignedEntity>" in the XML 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 NPI's.
  - **Example**:
    <intendedRecipient>
    <id root="2.16.840.1.113883.3.249.7" extension="MIPS_GROUP" />
    </intendedRecipient>

  - **Hint**: Search for "<representedOrganization>" in the XML 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>

Additional Resources

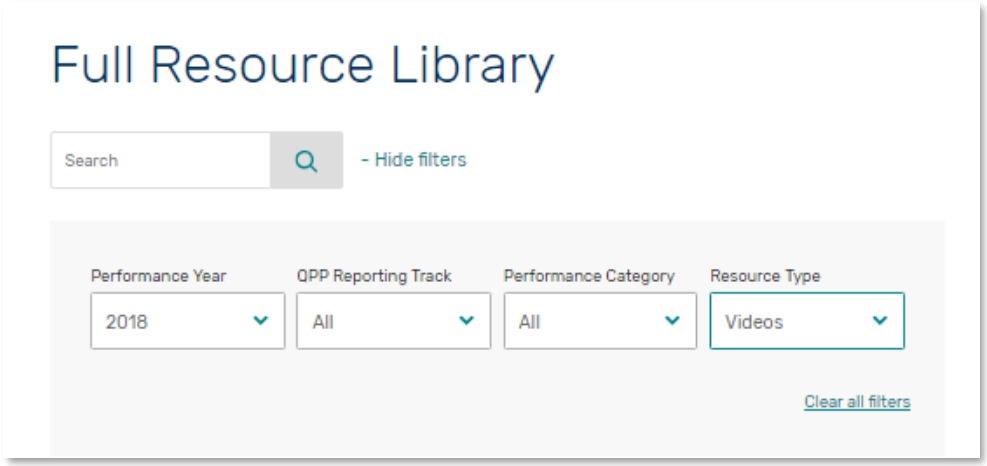
Technical Assistance

We provide no cost technical assistance based on your practice size and location to help you successfully participate in the Quality Payment Program. To learn more about this support, or to connect with your local technical assistance organization, we encourage you to visit our Help and Support page on the Quality Payment Program website.

Resource Library Materials

- QPP Access User Guide
- 2018 CMS Web Interface User Guide
- 2018 CMS Web Interface FAQs
- 2018 MIPS Scoring 101 Guide
- 2018 Eligible Measure Applicability Resources
- 2018 MIPS Bonus Overview Fact Sheet
- 2018 MIPS Participation and Overview Fact Sheet
- 2018 Data Submission FAQs

We have also added videos about the data submission process to the QPP Resource Library. You can find them by filtering on the Performance Year ("2018") and Resource Type ("Videos").



Questions?

For questions, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday 8:00 AM-8:00 PM Eastern Time, or via e-mail at QPP@cms.hhs.gov.