

Quality Payment PROGRAM

SUBMITTING 2017 PERFORMANCE DATA TO THE QUALITY PAYMENT PROGRAM



Quality Payment Program

MIPS and Advanced APMs



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides for two participation tracks:

MIPS

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced APMs

Advanced Alternative Payment Models (Advanced APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

SIGNING INTO THE DATA SUBMISSION SYSTEM



Navigate to the Quality Payment Program



- Visit qpp.cms.gov and look for the login icon at the top of the screen.

Quality Payment
PROGRAM

Modernizing Medicare to provide better care and smarter spending for a healthier America.

MIPS
Merit-Based Incentive
Payment System

APMs
Alternative Payment
Models

About
The Quality
Payment Program

Sign In
Submit and
Manage Data

Check your participation status

Enter your National Provider Identifier (NPI) number

NPI Number

Check NPI >

To Sign-in and Submit...



- You need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.
- You may have used these credentials in the past to login to the [CMS Enterprise Portal](#) and/or to submit data to the Physician Quality Reporting System (PQRS).

To Sign-in and Submit...



- If you've been submitting data under the some of the previous legacy programs (for example, PQRS), your user accounts will be the same in the Quality Payment Program.
- If you need to set up an EIDM account, get EIDM account information, or reset your password on an existing EIDM account contact the Quality Payment Program at 1-866-288-8292. You can also use our [EIDM Guide](#) to get started.
- To sign into qpp.cms.gov to submit data, you need to use your EIDM credentials, and you must have an appropriate user role associated with your organization.

Sign-in Process



- Enter Your EIDM User ID.
- Attest to the Statement of Truth.
- Click the “Sign In” Button.

ENTER EIDM USER ID

User ID

ENTER EIDM PASSWORD

Password

☐ Show password

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

☐ Yes, I agree.

Sign in >

Forgot your credentials? Go to the [CMS Enterprise Portal](#) to reset your [user ID](#) or [password](#).

Don't have a user account yet? Visit the [CMS Enterprise Portal](#) to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

Sign-in Process



- First time users that sign into the submission system on qpp.cms.gov will be prompted to set up a **multi-factor authentication**.
- This is a two-step verification process that enhances security within the account. Users will choose a delivery method, either text message (SMS) or phone call, to receive a one-time security code every time they sign-in.

Verify Code

Enter the code sent via text message to ***-***-3165.

ONE-TIME CODE

Submit Code >

NAVIGATING THROUGH THE DATA SUBMISSION SYSTEM



Account Dashboard



Quality Payment PROGRAM

Adrien Abrams

Account Dashboard

Help and Support

MIPS Merit-based Incentive Payment System

APMs Alternative Payment Models

About The Quality Payment Program

Adrien My Account

Account Dashboard

The submission window is now open

You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.


APM ENTITIES (0)

PRACTICES (3)

Reporting as an Individual or Group



- To locate your practice, scroll to the “Practices” section on the Account Dashboard.
- Select “Report as a Group” or “Report as an Individual.”

PRACTICES (3)	
000183746 TIN: 000183746	<div><div> Report as a group ></div><div> Report as individual's ></div></div>

Reporting as an Individual



- Identify the connected clinician for the practice.
- Choose a MIPS performance category on which to report.

The screenshot shows the 'Individual Reporting Dashboard' for 'Braun LLC'. At the top, the company name and TIN# 000205111 are displayed. Below this, there are two tabs: 'Connected Clinicians' (active) and 'Group Reporting'. The main content area is titled 'Individual Reporting Dashboard' and includes a sub-header 'Report data for clinicians as individuals'. A message states: 'You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.' Below this, it shows '1 CONNECTED CLINICIANS' and lists 'ROBERT K BROGADIR at Braun LLC' with ID 0351963B44 – Doctor of Podiatric Medicine. At the bottom, a section titled 'Choose a category' contains three options: 'Quality Measures >', 'Advancing Care Information >', and 'Improvement Activities >'. The 'Improvement Activities >' option is highlighted with a red rectangle.

Reporting as a Group



- Select the MIPS performance category for the TIN by clicking on “Start Reporting.”

The screenshot displays the 'Account Dashboard' interface. At the top, there is a navigation bar with a back arrow, the text 'Account Dashboard', and a TIN# 000183746. Below this, there are links for 'Connected Clinicians' and 'Group Reporting'. The main content area is titled 'Group Reporting Dashboard' and includes a breadcrumb trail: 'Account Dashboard > Practices >'. A prominent message states: 'Report data for the group. You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.' Below this message, there are three categories for reporting: 'Quality Measures', 'Advancing Care Information', and 'Improvement Activities'. Each category has a corresponding 'START REPORTING' button.

Reporting Data for the Quality Performance Category



- Choose a submission option to get started.

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard

- Quality Measures

Advancing Care Information

Improvement Activities

COLLAPSE

Quality

The Quality score is based on the highest score among all submission method scores. [Read full instructions](#)

No Quality measures have been submitted for this profile.

Please choose a submission option below to get started.

OPTION 1

Import QPP Quality data via file upload

This submission method is based on the highest 6 submitted measures, requiring at least one High Priority measure.

[FILE UPLOAD](#)

OPTION 2

Contact your corresponding agency

If you are using a Registry or eHR to submit your data, please contact them for support.

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Reporting Data for the Quality Performance Category



- To import data, an upload modal will appear after you select “File Upload.”

Quality Payme
PROGR

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard

Quality Measures

Advancing Care Inform

Improvement Activities

COLLAPSE

Upload Submission Data

This upload tool accepts properly formatted QPP Format and QRDA-3 files. Any files submitted are received and calculated immediately. **The most recent file uploaded has the potential of clearing out previously submitted data.**

Drag & Drop

Your xml or json file here or [browse](#)

FILENAME	SIZE	STATUS	ACTION
No files selected			

EXPORT FILE MESSAGES

UPLOAD ALL

REMOVE ALL

CLOSE

Adrien

My Account

About

Quality

ment Program

nding agency

or eHR to submit your

for support.

Reporting Data for the Quality Performance Category

- Your data has been successfully uploaded when you receive a green check mark.
- *Please note:* There is no “submit” or “save” button in the system. When you enter data, the system automatically updates your record.

Upload Submission Data

⚠️ This upload tool accepts properly formatted QPP Format and QRDA-3 files. Any files submitted are received and calculated immediately. **The most recent file uploaded has the potential of clearing out previously submitted data.**

Drag & Drop

Your xml or json file here or [browse](#)

FILENAME	SIZE	STATUS	ACTION
qrda3_Demo.xml	1.50 MB	Complete	

EXPORT FILE MESSAGES

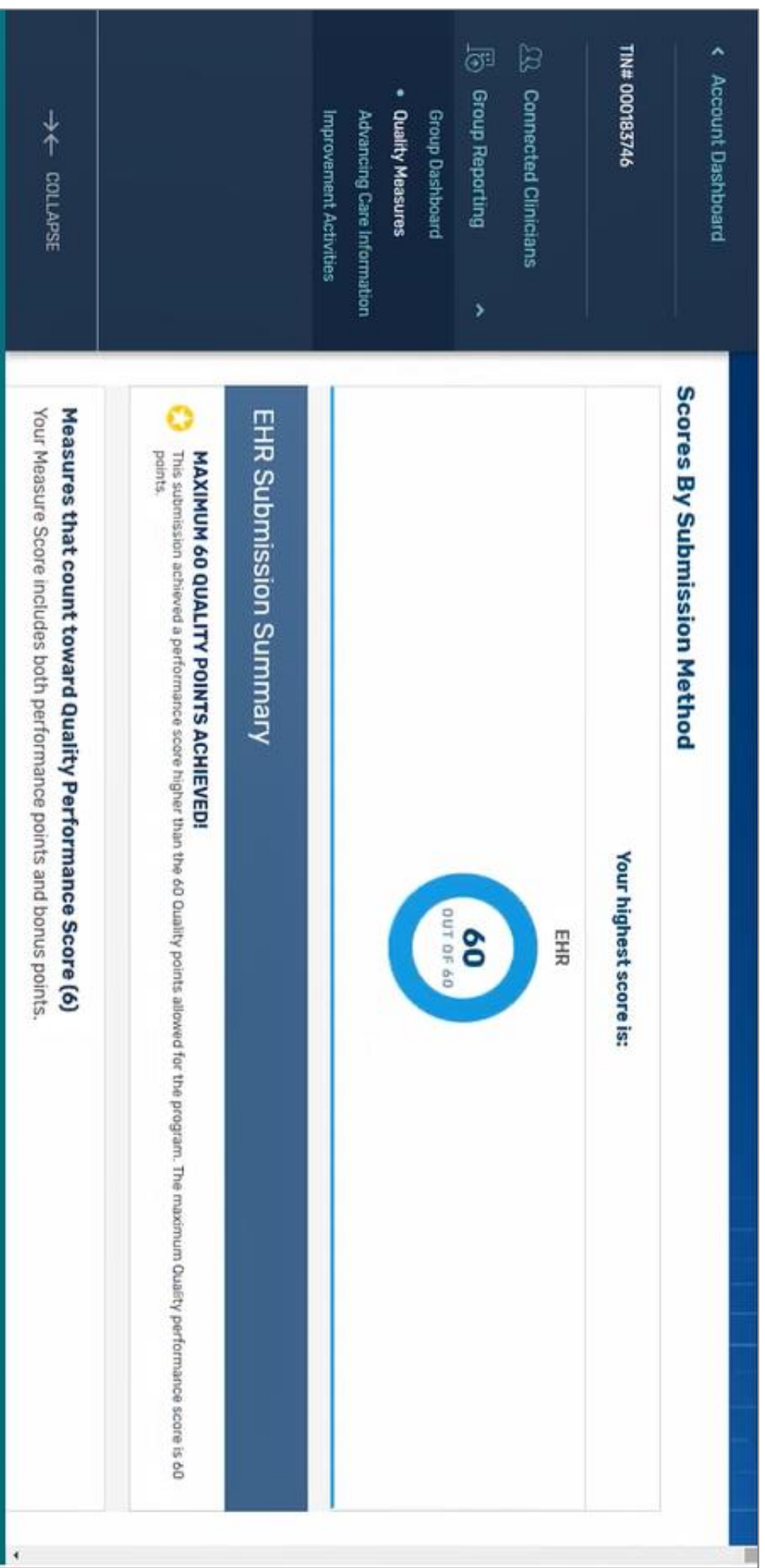
UPLOAD ALL

REMOVE ALL

CLOSE

Reporting Data for the Quality Performance Category

- After your submission, you will see a real-time performance category score.



Reporting Data for the Quality Performance Category



- You will also see a breakdown of the measures you've submitted.

Account Dashboard
TIN# 000183746
Connected Clinicians
Group Reporting
Group Dashboard
Quality Measures
Advancing Care Information
Improvement Activities

Measures that count toward Quality Performance Score (6)
Your Measure Score includes both performance points and bonus points.

Measure Name EXPAND ALL	Performance Rate	Measure Score	Download Specifications
<div> Anti-Depressant Medication Management Measure ID: 009 </div>	93.66%	11.0	⬇
<div> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Measure ID: 019 </div>	95.47%	11.0	⬇
<div> Preventive Care and Screening: Influenza Immunization Measure ID: 100 </div>	84.21%	10.0	⬇
<div> Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery Measure ID: 191 </div>	99.15%	8.9	⬇
<div> Depression Utilization of the PHQ-9 Tool Measure ID: 373 </div>	92.97%	10.0	⬇

COLLAPSE

Reporting Data for the Quality Performance Category



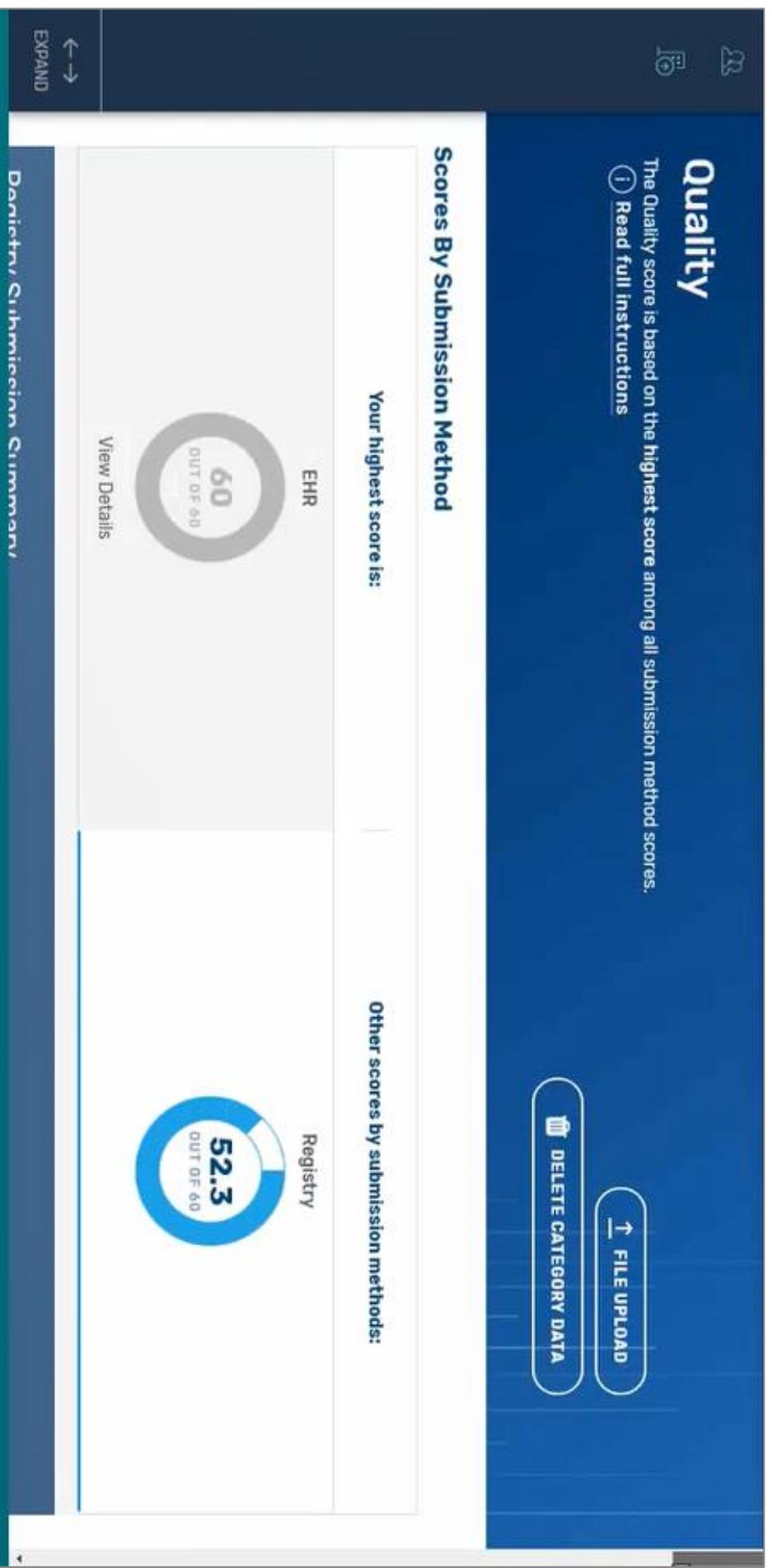
- You may click the dropdown arrow next to the measure for additional information.



Reporting Data for the Quality Performance Category



- You may also create a new submission via an alternative submission type.
- The system will show you the highest score.



Reporting Data for the Advancing Care Information Performance Category



- Choose a submission method to get started. (File Upload, Attestation, or EHR.)

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard
Quality Measures

Advancing Care Information
Improvement Activities

Advancing Care Information

Review the advancing care information measures available. Remember, in order to get credit for advancing care information, you must submit information for the required measures.
[Read full instructions](#)

FILE UPLOAD

Attestation

EHR

Start by selecting your performance period:
MM/DD/YYYY To MM/DD/YYYY

CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET

In 2017, there are two measure set options for reportings:
1. 2017 Advancing Care Information Transition Measures
2. Advancing Care Information Measures
The option you will use to send in data is based on your Certified EHR Technology edition.
1. In 2017, MIPS eligible clinicians can alternatively report the **2017 Advancing Care Information Transition Measures** if they have.

Reporting Data for the Advancing Care Information Performance Category



- Select your performance period and choose your Advancing Care Information measure set.

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard

Quality Measures

Advancing Care Information Improvement Activities

COLLAPSE

Start by selecting your performance period:

MM/DD/YYYY To MM/DD/YYYY

CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET

In 2017, there are two measure set options for reportings:

1. 2017 Advancing Care Information Transition Measures
2. Advancing Care Information Measures

The option you will use to send in data is based on your Certified EHR Technology edition.

1. In 2017, MIPS eligible clinicians can alternatively report the **2017 Advancing Care Information Transition Measures** if they have:
 - Technology certified to the 2015 edition; or
 - Technology certified to the 2014 edition; or
 - A combination of technologies certified to the 2014 and 2015 Editions
2. MIPS Eligible clinicians can report the **Advancing Care Information Measures** if they have:
 - Technology certified to the 2015 edition; or
 - A combination of technologies certified to the 2014 and 2015 editions that support these measures

Reporting Data for the Advancing Care Information Performance Category



- If you're not sure which Advancing Care Information measures apply to you, use the EHR search functionality to find your edition of CEHRT.

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard
Quality Measures

Advancing Care Information
Improvement Activities

→← COLLAPSE

Need help identifying your electronic health record technology version?

CHARM EHR

SEARCH

EDITION YEAR: 2014

Based on the results of your search, the edition of your product will allow you to submit measures from:

- 2017 Advancing Care Information Transition Measure Set

When choosing the combination of technologies path, you may not submit a measure from the ACI measure set that correlates to a 2017 ACI transition measure. For example, if you submit the Provide Patient Access 2017 ACI transition measure (worth up to 20%), you may not submit the correlating ACI measures Provide Patient Access (worth up to 10%) or Patient-Generated Health Data (worth up to 10%).

NOTE: The 2015 Edition has the reporting capability to support either the 2017 Advancing Care Information Transition Measures or the Advancing Care Information Measures. We encourage clinicians and vendors that collect and combine data from the 2014 and 2015 Editions during a performance period to aggregate their numerators and denominators for the 2017 Advancing Care Information Transition Measures.

For additional information or questions, contact the QPP Service Center

Reporting Data for the Advancing Care Information Performance Category

- You must attest to the first two statements in order to continue submitting data for the Advancing Care Information performance category.

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard
Quality Measures
• Advancing Care Information
Improvement Activities

2017 ADVANCING CARE INFORMATION TRANSITION MEASURES

ADVANCING CARE INFORMATION MEASURES

COMBINATION OF BOTH MEASURE SETS

Select Measure Set:

2017 ADVANCING CARE INFORMATION TRANSITION MEASURES

ADVANCING CARE INFORMATION MEASURES

COMBINATION OF BOTH MEASURE SETS

ATTestation Statements for the Advancing Care Information Performance Category

> Prevention of Information Blocking Attestation	Yes	No
> ONC Direct Review Attestation	Yes	No
> ONC-ACB Surveillance Attestation (Optional)	Yes	No

ADVANCING CARE INFORMATION SCORE: 0 / 100

24

Reporting Data for the Advancing Care Information Performance Category

- You will now be able to submit data for the required Base score measures.

ADVANCING CARE INFORMATION SCORE: 0 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

e-Prescribing ?

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACI_TRANS_EP_1

PERFORMANCE SCORE: N/A

Numerator

0

Denominator

0

☐ E-PRESCRIBING EXCLUSION ?

Security Risk Analysis ?

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

ACI_TRANS_BDRI_1

PERFORMANCE SCORE: N/A

Yes

No

Reporting Data for the Advancing Care Information Performance Category



- You will receive a real-time performance category score as you complete the Base, Performance, and Bonus score components of Advancing Care Information.

ADVANCING CARE INFORMATION SCORE: 100 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

Security Risk Analysis

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(v) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

ACI_TRANS_PPHI_1

PERFORMANCE SCORE: N/A

✓

No

Provide Patient Access

At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

ACI_TRANS_PEA_1

PERFORMANCE SCORE: 2 / 20

Numerator

100

Denominator

1000

Category Success!

EXPAND

Reporting Data for the Improvement Activities Performance Category



- Choose a submission method to get started. (File Upload, Attestation, or EHR.)

Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard

Quality Measures

Advancing Care Information

Improvement Activities

Improvement Activities

Review and select activities that best fit your practice.

Read full instructions

FILE UPLOAD

Attestation

EHR

Start by selecting your performance period:

MM/DD/YYYY To MM/DD/YYYY

IMPROVEMENT ACTIVITIES SCORE: 0 / 40

Showing 92 Activities

FILTERS

All

Search Activities

You will be unable to attest to the Improvement Activities until a performance period date range is entered above.

- ←→
EXPAND

Showing 92 Activities

FILTERS ▾

All ▾

Search Activities

SUB CATEGORIES

☐ Achieving Health Equity (4)

☐ Behavioral And Mental Health (8)

☐ Beneficiary Engagement (23)

☐ Care Coordination (14)

☐ Emergency Response And Preparedness (2)

☐ Expanded Practice Access (4)

☐ Patient Safety And Practice Assessment (21)

☐ Population Management (16)

WEIGHT

☐ Medium (78)

☐ High (14)

CEHRT ELIGIBLE

☐ Yes (18)

Patient Centered Medical Home Attestation ?

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

IA_PCMH

Yes

Reporting Data for the Improvement Activities Performance Category

- If you are in a practice that is a Patient Centered Medical Home, you may attest “Yes” to receive the maximum points for the category.

Start by selecting your performance period:

12/01/2017

To

12/01/2017

IMPROVEMENT ACTIVITIES SCORE: 40 / 40

Category Success!

Showing 92 Activities

FILTERS

All

Search Activities

Patient Centered Medical Home Attestation

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

IA_PCMH

ACHIEVING HEALTH EQUITY

0 / 4

Engagement of new Medicaid patients and follow-up

Max score for this category has been achieved!

←→

EXPAND

Reporting Data for the Improvement Activities Performance Category



- You may also attest to individual Improvement Activities and you will see real-time performance category scoring.

←→
EXPAND

Showing 92 Activities

FILTERS ▾

All ▾

Search Activities

IMPROVEMENT ACTIVITIES SCORE: 20 / 40

ACHIEVING HEALTH EQUITY 2 / 4

Leveraging a QCDR to promote use of patient-reported outcome tools

Participation in a QCDR, demonstrating performance of activities for promoting use of patient-reported outcome (PRO) tools and corresponding collection of PRO data (e.g., use of PQH-2 or PHQ-9 and PROMIS instruments).

IA_AHE_3 MEDIUM +10

✓

Leveraging a QCDR to standardize processes for screening

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.

IA_AHE_2 MEDIUM +10

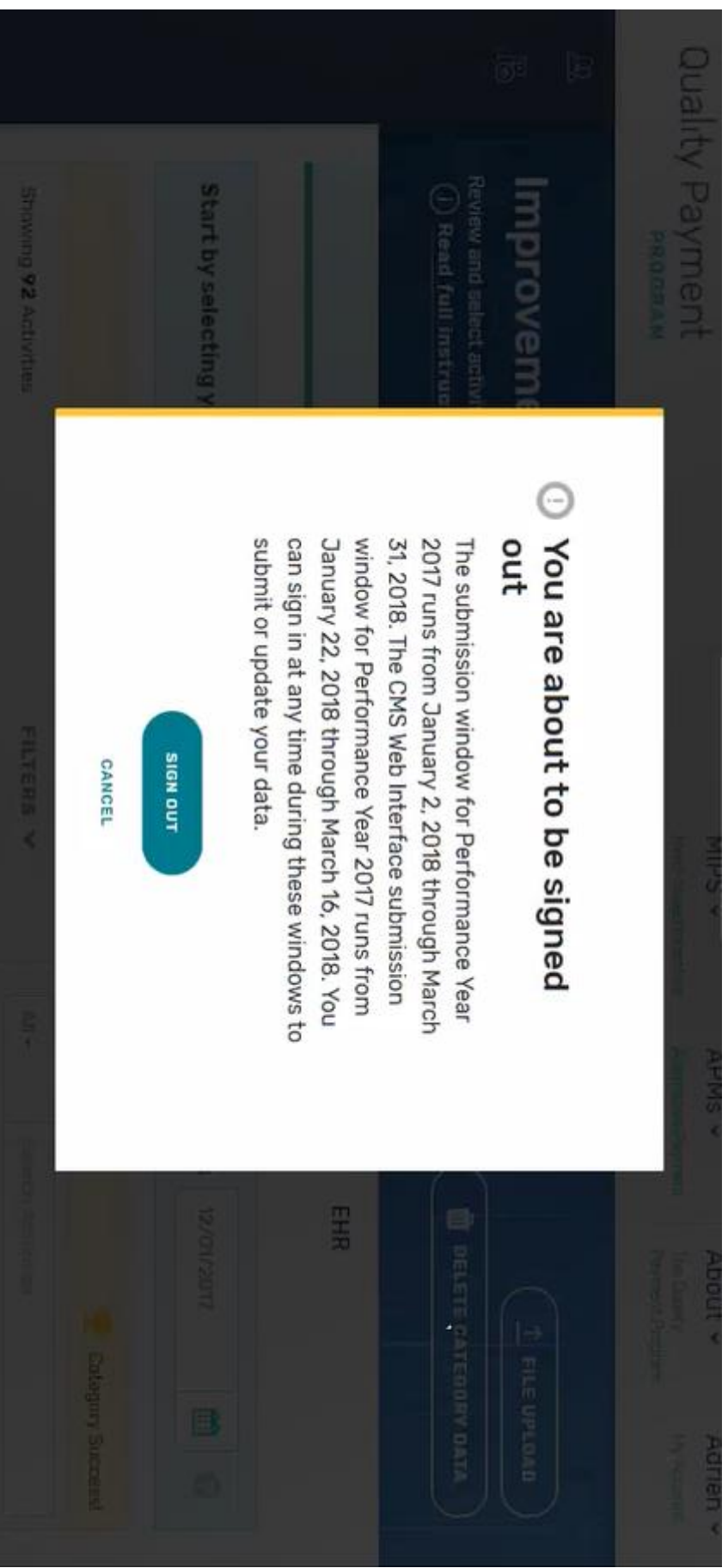
CEHRT Eligible ?

✓

Logging Out of the System



- To log-out of the system, access the “My Account” tab and select “Sign Out.”
- Alternatively, the system will log you out after 30 minutes of inactivity.



WHEN IS THE SUBMISSION DEADLINE?

Data Submission Deadline



- You have until **March 31, 2018** to submit data for the 2017 transition year, except for CMS Web Interface users whose submission window is January 22, 2018 to March 16, 2018.
- We encourage you to log-in early and often to familiarize yourself with the system and to help you prepare your data for submission.
- You can also submit your data as often as you like, which is another benefit to log-in early. The system is designed to help you identify underperforming measures or highlight issues with your data. This will help to ensure that your data is complete and accurate in order to receive the best final score and payment adjustment.

HELP AND SUPPORT



Technical Assistance for Clinicians



CMS has free resources and organizations to provide help to clinicians who are included in the Quality Payment Program:

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs)** and **Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPN15CMail@us.ibm.com for extra assistance.



[Locate the PTN\(s\) and SAN\(s\) in your state](#)

LARGE PRACTICES

Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



[Locate the QIN-QIO that serves your state](#)

Quality Innovation Network
(QIN) Directory

SMALL & SOLO PRACTICES

Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer)**, particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or for assistance getting connected, contact OPPSURS@IMPACT.COM.

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:



Quality Payment Program Website: qpp.cms.gov
Serves as a starting point for information on the Quality Payment Program.



Quality Payment Program Service Center
Assists with all Quality Payment Program questions.
1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov



Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

To learn more, view the Technical Assistance Resource Guide: <https://qpp.cms.gov/resources/education>

Technical Assistance for Clinicians



- CMS also has several self-paced training videos available to help you get started:
- [Merit-based Incentive Payment System \(MIPS\) Data Submission](#)
- [Advancing Care Information \(ACI\) Data Submission for Alternative Payment Models \(APMs\)](#)
- [Data Submission via a Qualified Clinical Data Registry and Qualified Registry](#)

