Agenda

- 2017 MIPS Eligibility
- Participation and Reporting Options for 2017
- Data Submission Highlights
- QPP Portal Access
- Overview of QPP Portal Entry
  - Quality Category
  - Advancing Care Information Category
  - Improvement Activities Category
- APM Special Considerations
- Upcoming Webinars
- Q&A
2017 MIPS Eligibility
How is Eligibility Determined?

- 2017 MIPS eligibility is based on claims from two look-back periods:
  - 9/1/15 to 8/31/16 and 9/1/16 to 8/31/17
- A clinician who is currently deemed ‘eligible’ may become ineligible if the low volume thresholds are not met during the second look-back period
- A clinician who was deemed ineligible during the first period will remain ineligible for 2017
How to Confirm 2017 MIPS Eligibility

• Use the **MIPS Participation Lookup Tool** to determine if you need to participate in 2017
• The tool will be updated *soon* to reflect final 2017 MIPS participation status

Source: MIPS Participation Lookup Tool on the [CMS Quality Payment Program website](https://www.cms.gov/Medicare/Quality-Programs/QPP/).
Checking APM Eligibility Status

• Use the **Qualifying APM Participant Look-Up Tool** if you are in an APM or MIPS APM

• CMS is working to improve this tool to include eligibility information for Advanced APM and MIPS APM participants in the following models:
  – Shared Savings Program Tracks 1, 2, and 3
  – Comprehensive Primary Care Plus (CPC+)
  – Next Generation ACO Model
  – Oncology Care Model
  – Comprehensive Care for Joint Replacement (Track 1 Certified EHR Technology (CEHRT))
  – Comprehensive ESRD Care
## Participation Options for 2017

### Pick Your Pace for the Transition Year

<table>
<thead>
<tr>
<th>Submission Option</th>
<th>Required Reporting</th>
<th>Payment Adjustment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>• At least one Quality or Improvement Activity measure, or&lt;br&gt;• 4 or 5 Advancing Care Information (ACI) measures (depending on CEHRT certification)</td>
<td>Neutral payment adjustment</td>
</tr>
<tr>
<td>Partial Year</td>
<td>• At least 90 days of data</td>
<td>Negative or positive payment adjustment</td>
</tr>
<tr>
<td>Full Year</td>
<td>• Complete year of data</td>
<td>Positive payment adjustment</td>
</tr>
</tbody>
</table>
## Reporting Options for 2017

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
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<tr>
<td>QCDR</td>
<td></td>
<td>QCDR</td>
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<tr>
<td>Qualified Registry</td>
<td></td>
<td>Qualified Registry</td>
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<tr>
<td>EHR</td>
<td></td>
<td>EHR</td>
</tr>
<tr>
<td>Claims</td>
<td></td>
<td>Administrative Claims (readmission measure only)</td>
</tr>
<tr>
<td>CMS Web Interface*</td>
<td></td>
<td>CMS Web Interface*</td>
</tr>
<tr>
<td>CAHPS for MIPS Survey</td>
<td></td>
<td>CAHPS for MIPS Survey</td>
</tr>
<tr>
<td><strong>Improvement Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QCDR</td>
<td></td>
<td>QCDR</td>
</tr>
<tr>
<td>Qualified Registry</td>
<td></td>
<td>Qualified Registry</td>
</tr>
<tr>
<td>EHR</td>
<td></td>
<td>EHR</td>
</tr>
<tr>
<td>Attestation</td>
<td></td>
<td>Attestation</td>
</tr>
<tr>
<td>CMS Web Interface*</td>
<td></td>
<td>CMS Web Interface*</td>
</tr>
<tr>
<td><strong>Advancing Care Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QCDR</td>
<td></td>
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</tr>
<tr>
<td>Attestation</td>
<td></td>
<td>Attestation</td>
</tr>
<tr>
<td>CMS Web Interface*</td>
<td></td>
<td>CMS Web Interface*</td>
</tr>
</tbody>
</table>
Individual vs. Group Reporting

• You can choose one method and switch to the other.
• CMS retains all data entered in the portal and will calculate a MIPS score using data that results in the highest possible score.
• Individual Reporting
  – A single clinician, identified by a single National Provider Identifier (NPI) number, tied to a single Tax Identification Number (TIN).
  – Payment adjustment is based on individual’s performance.
Group Reporting

- Group Reporting
  - A single TIN with at least two clinicians (including at least one MIPS eligible clinician) who have reassigned their Medicare billing rights to the TIN
  - Each eligible clinician participating in MIPS via the group will receive a payment adjustment based on the group’s performance
  - For clinicians who are reporting as a group, there is only one submission for the entire group
# MIPS Data Submission Methods

In 2017 you can submit data for one, two, or all three performance categories.

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Submission Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals</strong></td>
<td><strong>Groups</strong></td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td>• Claims</td>
<td>• EHR (via Health IT Vendor)</td>
</tr>
<tr>
<td>• Electronic Health Record (EHR) (via Health IT Vendor)</td>
<td>• QCDR</td>
</tr>
<tr>
<td>• Qualified Clinical Data Registry (QCDR)</td>
<td>• Qualified Registry</td>
</tr>
<tr>
<td>• Qualified Registry</td>
<td>• CMS-Approved Survey Vendor (for the <a href="#">CAHPS for MIPS Survey</a>)</td>
</tr>
<tr>
<td></td>
<td>• CMS Web Interface (groups with 25 or more eligible clinicians, including APM Entities (i.e., Accountable Care Organizations (ACOs)))</td>
</tr>
<tr>
<td><strong>Improvement Activities</strong></td>
<td></td>
</tr>
<tr>
<td>• Attestation</td>
<td>• Attestation</td>
</tr>
<tr>
<td>• EHR (via Health IT Vendor)</td>
<td>• EHR (via Health IT Vendor)</td>
</tr>
<tr>
<td>• QCDR</td>
<td>• QCDR</td>
</tr>
<tr>
<td>• Qualified Registry</td>
<td>• Qualified Registry</td>
</tr>
<tr>
<td></td>
<td>• CMS Web Interface (groups with 25 or more eligible clinicians)</td>
</tr>
<tr>
<td><strong>Advancing Care Information</strong></td>
<td></td>
</tr>
<tr>
<td>• Attestation</td>
<td>• Attestation</td>
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</tr>
<tr>
<td></td>
<td>• CMS Web Interface (groups with 25 or more eligible clinicians, excluding APM Entities)</td>
</tr>
</tbody>
</table>
Data Submission Via Attestation

- **Attestation**: For Improvement Activities and Advancing Care Information (ACI) performance categories
- Manually enter data and “attest” that you participated in the activities and/or measures
- Accomplished via the QPP portal
Data Submission Via Claims

• Only available for **Individual** reporting and for the **Quality** category - groups may not report using the claims method
• 74 quality measures available
• Use the same claim form you currently send to CMS for Medicare Part B patients
• Add Quality Data Codes (QDC) to denominator eligible claims as defined by the measure specification
Data Submission Via Claims (cont.)

• Claims processed by the MAC must get to the National Medicare Claims System Data Warehouse by March 31, 2018 to be analyzed. Be sure to file your 2017 claims in time!

• See [Claims Submission Fact Sheet](#) in resources on [QPP.CMS.gov](#)
Data Submission Via EHR Vendor

• Certified EHRs can extract data from your EHR

• Two options:
  1. EHR vendor submits data to CMS in a CMS specified format called Quality Reporting Document Architecture (QRDA) format
  2. Generate a non-certified report in either the new QPP file format or QRDA III and manually upload the file into the QPP portal
Data Submission Via Qualified Registry

- A qualified registry is a CMS approved entity that collects clinical data from you or your group and submits it to CMS on your behalf
- List of 2017 Approved Registries is available on the CMS.gov resource library
- Can report data for all three performance categories.
- The registry will provide specific instructions to you
Data Submission Via QCDR

• Qualified Clinical Data Registry (QCDR) extracts data from EHR and submits MIPS measures on your behalf
• Differs from a Qualified Registry because they are not limited to reporting QPP measures
• Can develop and submit other measures approved by CMS
Data Submission Highlights
No Actual “SUBMISSION”

• There is no ‘SUBMIT’ or ‘SAVE’ button in the QPP Portal - the system automatically updates your record and saves it for you
• Data can be entered or updated any time through the March 31, 2018 deadline
• CMS will not review any data until the ‘submission’ period closes on March 31
• The submission period for the CMS Web Interface is January 22, 2018 through March 16, 2018
Automatic Feedback and Scoring

- As you enter data, you’ll see your MIPS score.
- It is advantageous to enter data now instead of waiting until the end of March so potential data issues can be resolved.
- Your final MIPS score may change from what is displayed if you participate in an APM, report new data, or report quality measures that have not yet been benchmarked.
- MIPS scores and payment adjustments will be based on your last entry/update.
More Features in the QPP Portal

• Question mark “?” hover bubbles located throughout to help you understand what you need to do
• Ability to upload files in QPP format or QRDA format for all categories
• Ability to delete files and change data to achieve the highest possible score
The QPP Portal
Where Do You Submit Data?

- [https://qpp.cms.gov](https://qpp.cms.gov)
- There is a sign in button in the top right corner
Sign in with EIDM Credentials

Sign in to QPP

To sign in to QPP, 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).

ENTER EIDM USER ID

User ID

ENTER EIDM PASSWORD

Password
EIDM Account Basics

• An EIDM account AND an appropriate user role are required to access and submit data
• Visit CMS Enterprise Portal to set up EIDM account, obtain account information, or reset password
• Contact the Quality Payment Program Service Center at 1.866.288.8292 with questions
• EIDM User Guide
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, the submitted information is true, accurate, and complete.

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.
Log in Verification

Verify Code

Enter the code sent via phone call to ***-***-4237.

ONE-TIME CODE

12345

Submit Code
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]

000183746
TIN: 000183746

000205111
TIN: 000205111
Individual Reporting Dashboard

Braun LLC

Report data for clinicians as individuals
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.

1 CONNECTED CLINICIANS

ROBERT K BROGADIR at Braun LLC
(351)963944 – Doctor of Podiatric Medicine
Group Reporting Dashboard

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.

- Quality Measures
  - START REPORTING
- Advancing Care Information
  - START REPORTING
- Improvement Activities
  - START REPORTING
Quality Category
Quality Category

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.

OR

OPTION 2
Contact your corresponding agency
If you are using a Registry or eHR to submit your data, please contact them for support.
Features for Quality Measures

- QPP file, QRDA file from EHR, Web Interface, Registry
- Can load more than one submission method and delete it later
- Top six measures are used to calculate quality score
Features for Quality Measures (cont.)

• Drop down arrow on each measure allows you to see details of the measure performance and bonus points
• If 37 measures are uploaded (for example), all are scored so you are able to monitor measures for other quality improvement tasks but only the top six will count towards score
Uploading Quality Data

This upload tool accepts properly formatted GPP 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

<table>
<thead>
<tr>
<th>FILENAME</th>
<th>SIZE</th>
<th>STATUS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No files selected</td>
<td></td>
</tr>
</tbody>
</table>

EXPORT FILE MESSAGES
UPLOAD ALL
REMOVE ALL

CLOSE

Quality Insights
Locating XML File to Upload
Selecting File to Upload

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

<table>
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<th>FILENAME</th>
<th>SIZE</th>
<th>STATUS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>qrda3_Demo.xml</td>
<td>1.50 MB</td>
<td>Pending Upload</td>
<td></td>
</tr>
</tbody>
</table>

- EXPORT FILE MESSAGES
- UPLOAD ALL
- REMOVE ALL

CLOSE
QRDA-3 File Uploaded
Quality Category Score Displayed

Scores By Submission Method

Your highest score is:

EHR

MAXIMUM 60 QUALITY POINTS ACHIEVED!
This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points.

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

EHR Submission Summary

MAXIMUM 60 QUALITY POINTS ACHIEVED!
This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points.

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

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Performance Rate</th>
<th>Measure Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Depressant Medication Management</td>
<td>93.66%</td>
<td>11.0</td>
</tr>
<tr>
<td><a href="#">Measure ID: 039</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>95.47%</td>
<td>11.0</td>
</tr>
<tr>
<td><a href="#">Measure ID: 019</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td>84.21%</td>
<td>10.0</td>
</tr>
<tr>
<td><a href="#">Measure ID: 110</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Quality Insights](#)
### Measures that count toward Quality Performance Score (6)

Your Measure Score includes both performance points and bonus points.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Performance Rate</th>
<th>Measure Score</th>
<th>Download Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Depressant Medication Management</td>
<td>93.66%</td>
<td>11.0</td>
<td></td>
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<tr>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>95.47%</td>
<td>11.0</td>
<td></td>
</tr>
</tbody>
</table>

#### BENCHMARK DATA

- **Lowest Benchmark:** 20% 29.77% 38.36% 45.71% 52.54% 60.8% 68.81% 79.31%
- **Highest Benchmark:**

#### PERFORMANCE POINTS

- Points from Benchmark Decile:
  - 10.0
- Partial Points:
  - 0.0

#### BONUS POINTS

- High Priority Outcome or Patient Experience:
  - 0.0
- Other High Priority:
  - 1.0
- End-to-End Reporting:
  - 0.0

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*Bonus Points Displayed*
More Than Six Quality Measures Submitted

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Percentage</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</td>
<td>84.21%</td>
<td>1.0</td>
</tr>
<tr>
<td>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>91.02%</td>
<td>1.0</td>
</tr>
<tr>
<td>Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt;40%)</td>
<td>81.63%</td>
<td>1.0</td>
</tr>
<tr>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
<td>84.21%</td>
<td>1.0</td>
</tr>
<tr>
<td>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
<td>89.32%</td>
<td>1.0</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>84.21%</td>
<td>2.0</td>
</tr>
<tr>
<td>Functional Status Assessment for Total Knee Replacement</td>
<td>84.6%</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Submitting Quality Measures Via More Than One Method

Quality
The Quality score is based on the highest score among all submission method scores.

Scores By Submission Method
Your highest score is:
- **EHR**
  - 60 OUT OF 60

Other scores by submission methods:
- **Registry**
  - 52.3 OUT OF 60

View Details
Quality Points

- Displays quality points based on submission method
Advancing Care Information Category
Advancing Care Information (ACI) Entry

Start by selecting your performance period:

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...
ACI Navigation Instructions

Basic Navigation

On this page, the user can attest to Advancing Care Information Measures. Depending on the measure, these can be attested either using Yes and No selections, or specific Numerator and Denominator values. The Advancing Care Information category contains 3 available Measure Set choices:

- Advancing Care Information Measures
- 2017 Advancing Care Information Transition Measures
- A combination of Advancing Care Information Measures and 2017 Advancing Care Information Transition Measures

You must attest to information in a specific stepwise manner in order to earn a Category Score for Advancing Care Information. First, you must select a performance period of at least 1 day for partial scoring potential, or at least 90 days for full scoring potential. Second, you must select the Advancing Care Information Measurement Set that applies your Electronic Health Record Technology edition. Third, you must select Yes for the first two required Attestation Statements. Fourth, you must successfully attest valid values for the available Base Measures in order to begin earning a Category Score. This includes 5 measures for the Advancing Care Information Measures set, or 4 available measures for the 2017 Advancing Care Information Transition Measures set. Finally, you will have the option of attesting to Optional Performance Measures and / or available Bonus Measures. These measure categories are explained in further detail below.
ACI: Getting Started

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

Attestation

EHR

Start by selecting your performance period:

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...
Minimum 90-Day Performance Period

You are entering a date range less than 90 days. By proceeding, you will remove any Optional Performance Measures and Bonus Measures selected, and will cap the Category Score for Advancing Care Information to 50 possible points. Are you sure you wish to continue?

Choose 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
Enter Certified EHR Version

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

**Need help identifying your electronic health record technology version?**

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.
Help to Identify EHR Version
Selecting ACI Measure Set

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

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 reporting:

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.

In 2017, MIPS eligible clinicians can alternatively report the 2017 Advancing Care Information Transition Measures if
2017 ACI 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

Select Measure Set:

- 2017 ADVANCING CARE INFORMATION TRANSITION MEASURES
- ADVANCING CARE INFORMATION MEASURES
- COMBINATION OF BOTH MEASURE SETS
Attestation Statements for ACI

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of Information Blocking Attestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONC Direct Review Attestation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ONC-ACB Surveillance Attestation (Optional)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**ATTESTATION STATEMENTS FOR THE ADVANCING CARE INFORMATION PERFORMANCE CATEGORY**

**COMBINATION OF BOTH MEASURE SETS**

**ADVANCING CARE INFORMATION SCORE:** 0 / 100
#1: Prevention of Information Blocking

ATTESTATION STATEMENTS FOR THE ADVANCE CARE INFORMATION PERFORMANCE CATEGORY

Prevention of Information Blocking Attestation

I have not knowingly and willfully take action to limit or restrict the interoperability of certified EHR technology. I have responded to requests to retrieve or exchange information—including requests from patients and other health care providers regardless of the requestor’s affiliation or technology. I have implemented appropriate standards and processes to ensure that its certified EHR technology was connected in accordance with applicable law and standards, allowed patients timely access to their electronic health information; and supported exchange of electronic health information with other health care providers.
#2: ONC Direct Review

ONC Direct Review Attestation

I have (1) acknowledged the requirement to cooperate in good faith with ONC direct review 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.
#3: ONC-ACB Surveillance (Optional)

I have (1) Acknowledged the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and (2) If requested, cooperated in good faith with ONC-ACB surveillance 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
Base Measure Data Entry

**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.

**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)(ii)(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.
Exclusions for Applicable Measures

- If you select an exclusion, the numerator and denominators are greyed out.
ACI Measure Specifications Available

**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 CFR164.312(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.

**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 Measure Specifications

Merit-Based Incentive Payment System (MIPS)
2017 Advancing Care Information Performance Category
E-Prescribing Transition Measure

**Objective:**
Electronic Prescribing

**Measure:**
E-Prescribing
At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

**Definition of Terms**

*Prescription* – The authorization by a MIPS eligible clinician to dispense a drug that would not be dispensed without such authorization.

*Permissible Prescriptions* – All drugs meeting the definition of a prescription and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowed by law in the jurisdiction where the clinician provides care.
Concurrent ACI Scoring

2017 Advancing Care Information Transition Measures

**REQUIRED FOR BASE SCORE**
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**

**Health Information Exchange**
The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.

ACI_TRANS_HIE_1

**PERFORMANCE SCORE: 20 / 20**
Preventing Invalid Data

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.

The proportion value is not yet valid, so it will not be saved.

Health Information Exchange
Trophy Displayed When All Points Earned
ACI Registry Bonus Points

- You can only earn one 5% bonus even if you meet both registry measures; CMS encourages clinicians to enter all data even if they do not receive a score or a bonus on a given measure.

![ACI Registry Bonus Points Diagram](image-url)
ACI Improvement Activities Bonus Points

- CEHRT Used: This allows the clinician to receive bonus points for Improvement Activities; say “Yes” and then select appropriate Improvement Activities (18 total) from IA screen
Upload QRDA-3 File for ACI

This upload tool accepts properly formatted OPP 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

<table>
<thead>
<tr>
<th>FILENAME</th>
<th>SIZE</th>
<th>STATUS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No files selected</td>
<td></td>
</tr>
</tbody>
</table>

- EXPORT FILE MESSAGES
- UPLOAD ALL
- REMOVE ALL

CLOSE
Improvement Activities
Category
Improvement Activities (IA)

Review and select activities that best fit your practice. Read full instructions.

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.
IA Instructions

Basic Navigation

On this page, the user will be able to navigate and attest for any of the 92 Improvement Activities. The user is only required to select "Yes" for activities that they have performed. There are filtering capabilities built into the page allowing the user to quickly navigate all activities. Within the drop-down, the user can select measures by following information. Next to each filter listed is the total number of activities associated with each filter criteria.

- Category
- Weight
- Bonus

The user can select any or all of these filters. Additionally, there is a text search option which will allow the user to search for activities by text. By entering text, the page will filter the activities by entered information and highlight the entered information within the activities.

By selecting "Yes" for an activity, the activity will be populated in the file cabinet located on the right side of the page. This will allow the user to easily see all activities selected. Additionally, a user can quickly remove an activity by clicking the X within
Selecting Performance Period

Improvement Activities

Review and select activities that best fit your practice. Read full instructions

Attestation    EHR

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

Improvement Activities Score: 0 / 40

Showing 92 Activities

Filters

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

IMPROVEMENT ACTIVITIES SCORE: 0 / 40

Showing 92 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
PCMH: Full Credit for IA Category

**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
Selecting IA(s)

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

Engagement of new Medicaid patients and follow-up

Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.

IA_AHE_1  HIGH +20
Attesting That IA(s) Completed

**Achieving Health Equity**

- Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment.

- **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 PHQ-2 or PHQ-9 and PROMIS instruments).

- **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.
Logging Out

You are logged out

The submission window for Performance Year 2017 runs from January 2, 2018 through March 31, 2018. The CMS Web Interface submission window for Performance Year 2017 runs from January 22, 2018 through March 16, 2018. You can sign in at any time during these windows to submit or update your data.

Once the submission window is closed, CMS will begin calculating payment adjustments. By July 1, 2018, CMS will provide you with feedback based on the data you reported for Performance Year 2017.

Sign back into your QPP account dashboard

Recording...
APM Special Considerations
MIPS APMs Special Considerations

Special Note: MIPS APMs

We believe that it is important to recognize the data submission requirements for MIPS eligible clinicians participating in MIPS APMs as of the 3rd snapshot date, especially Track 1 of the Medicare Shared Savings Program.

- **Quality Performance Category**: For most MIPS APMs, your APM entity is required to report quality measures; you do not need to submit anything additional for MIPS. For **Track 1**, your ACO is required by the Shared Savings Program to report quality measures through the CMS Web Interface (as are ACOs under Tracks 2 and 3 of the Medicare Shared Savings Program).

- **Improvement Activities Performance Category**: You will not need to report any data for this category because you will automatically receive full points for participating in your APM.

- **Advancing Care Information Performance Category**: All MIPS eligible clinicians in MIPS APMs must report data on this performance category similar to regular MIPS Participant TINs in a Medicare Shared Savings Program ACO (including ACO Participant TINs that are in a Track 2 or 3 ACO) are responsible for submitting data for this performance category as a group or solo practitioner.
MIPS APM Data Submission

- If you are participating in a MIPS APM or an Advanced APM, work with your APM Entity to discuss any special considerations regarding your submission and performance feedback.
Upcoming National Webinars

• **MIPS Data Submission** *(offered on two days – same session)*
  – January 23, 2018 at 11:00 a.m. ET: [Register Here](#)
  – January 25, 2018 at 3:30 p.m. ET: [Register Here](#)

• **MIPS Reporting for the 2017 Performance Year**
  – January 23, 2018 at 1:00 p.m. ET
  – [Register Here](#)

• **Year 2 of the Quality Payment Program**
  – February 6, 2018 at 1:00 p.m. ET
  – [Register Here](#)
Instructional Videos

- Review these data submission instructional videos released by CMS:
  - 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
Help and Support

- **Quality Insights** provides **FREE** MIPS and QPP assistance to all practices in Delaware, New Jersey, Pennsylvania, and West Virginia, and to practices that have more than 15 clinicians in Louisiana.

- **Practices with 15 or fewer eligible clinicians (ECs):** Email us at [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org) or call **1.877.497.5065**

- **Practices with more than 15 ECs:** Visit the [Get Local](https://www.qualityinsights.org/) page on the Quality Insights website to find a Practice Transformation Specialist in your state.
Thank You