

Submitting 2017 Transition Year Data to the Quality Payment Program

Quality Payment Program Background

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program for clinicians. This program, referred to as the Quality Payment Program, provides two participation pathways for clinicians:

- The Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (Advanced APMs)

Submission Basics

Beginning January 2, 2018, doctors and other eligible clinicians who are included in the Quality Payment Program have the ability to submit their 2017 performance data using one system. We've heard your concerns that too many quality programs, technology requirements, and measures get between you and your patients. That's why we've looked at the ways that you submit data, and used your feedback to help streamline the submission processes to reduce your burden and provide a platform that incorporates your feedback and preferences. We will continue to add new features and encourage your input on how we can make the submission experience better.

While under the various legacy programs (for example, the Physician Quality Reporting System (PQRS) and the Medicare EHR Incentive Program for Eligible Professionals), you had to submit performance data using multiple systems. However, under the Quality Payment Program, we streamlined the data submission process and created one system for data submission.

- Starting on January 2, 2018 you can go to the Quality Payment Program website (qpp.cms.gov) and log into the system, submit data, and satisfy all MIPS reporting requirements. Please note that groups using the CMS Web Interface do not begin quality reporting and submission until January 22, 2018.
- Look for the new log-in button at the top of the page on qpp.cms.gov and submit your data. You have until March 31, 2018 to submit your 2017 data. CMS Web Interface users (groups with 25 or more clinicians, including APM entities) have a shorter timeframe to submit quality data, as the submission window for this method opens January 22, 2018 and closes March 16, 2018 at 8 p.m. Eastern Time.

Please note that if you're 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.

Getting Started with an EIDM Account

You must have an Enterprise Identity Management (EIDM) account and an appropriate user role associated with your organization to sign-in and submit data to the Quality Payment Program. An EIDM account gives CMS customers a single identification to use across the many CMS systems.

- 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, visit the [CMS Enterprise Portal](#). For questions, contact the Quality Payment Program at 1-866-288-8292. You can also use our [EIDM Guide](#) to get started.
- You will need the necessary EIDM accounts and roles to be able to access the data submission system and submit data.
- 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.

How Does the Submission System Work?

The data submission system on qpp.cms.gov is designed to recognize and connect you to the Taxpayer Identification Numbers (TIN) associated with your National Provider Identifier (NPI), in which such recognition occurs with an approved EIDM account. Once you're connected to your practice TIN and have the appropriate permissions, you'll be able to report as an individual or group. For clinicians who are part of a practice that is reporting as a group, there is only one submission for the entire group.

There are two eligibility look-up tools available to confirm your status, or your group's eligibility status, under the Quality Payment Program. Clinicians who may be included in MIPS should check their NPI in the [MIPS Participation Status Tool](#), which will be updated with the most recent eligibility data, to confirm whether they are required to submit data under MIPS for 2017.

For clinicians who know they are in an MIPS APM or Advanced APM, we are working to improve the [Qualifying APM Participant \(QP\) Look-up 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
- Next Generation ACO Model
- Oncology Care Model
- Comprehensive Care for Joint Replacement (Track 1 Certified EHR Technology (CEHRT))
- Comprehensive ESRD Care



We are working to update the QP Look-up Tool, and anticipate sharing this updated tool in January 2018. Remember, if you are a MIPS eligible clinician in a MIPS APM and the APM is required to submit data under MIPS for 2017, you will be scored using a special APM scoring standard. The APM scoring standard is designed to account for activities already required by the APM and provides a low burden way for MIPS APM clinicians to participate in MIPS.

If you are unsure of how you need to report, you will be able to check both look-up tools. However, please note that the extent there is an inconsistency between the MIPS Participation Status Tool and the QP Look-up Tool, the results of the QP Look-up Tool takes precedence over the results of the MIPS tool. You can also contact the Service Center to confirm your status as an APM participant.

Individual and Group Data Submission

You can submit data for your practice as a group or for each individual eligible clinician within your practice. Even if you choose one method to start, you can always switch to the other. We'll retain all submitted data in our system and calculate an eligible clinician's score (and MIPS payment adjustment) using the data that results in the higher score.

Continuous Submission

There is no "submit" or "save" button in the data submission system. When you enter data, the system automatically updates your record. You can update your data any time during the submission window (January 2, 2018 – March 31, 2018). Once the submission period closes on March 31, 2018 (with the exception of the CMS Web Interface, which ends on March 16, 2018), we will calculate your payment adjustment based on your last submission or submission update.

Automatic Feedback and Scoring

As you enter data, you'll see initial MIPS performance category scoring based on your submissions. This scoring may change if you participate in an APM, report new data, or use quality measures in the Quality performance category that have not yet been benchmarked.

Multiple Ways to Report Data to CMS

The submission mechanisms available to you depend on:

- Whether you belong to a group;
- The size of your group;
- The type of health information technology you use;
- The performance category on which you're reporting; and
- Whether you participate in an MIPS APM or Advanced APM.

When is the 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.

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- 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 logging-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

We offer no-cost help to support you along the way. Connect with any of our free resources below for immediate assistance.

- Contact the Quality Payment Program | gpp@cms.hhs.gov or Toll Free at 1-866-288-8292
- Visit the Quality Payment Program website | gpp.cms.gov
- Find your local support organization using our [Technical Assistance Resource Guide](#)

Appendix

Options to Submit Data for MIPS

The following are the ways you can submit your MIPS data in 2017. It is important to note that while QCDRs, Qualified Registries, and Health IT Vendors are permitted to submit all data types, individual organizations may not have the capability to submit information on specific categories. Eligible clinicians should check with the vendor prior to submission. You can use a different method for each performance category, but you may only use one method per performance category. Note, some options differ if you're submitting data as an individual versus as a group.

Performance Category	Submission Method	
	Individuals	Groups
Quality	<ul style="list-style-type: none"> • Claims • Electronic Health Record (EHR) (via Health IT Vendor) • Qualified Clinical Data Registry (QCDR) • Qualified Registry 	<ul style="list-style-type: none"> • EHR (via Health IT Vendor) • QCDR • Qualified Registry • CMS-Approved Survey Vendor (for the CAHPS for MIPS Survey) • CMS Web Interface (groups with 25 or more eligible clinicians, including APM Entities (i.e., Accountable Care Organizations (ACOs)))
Improvement Activities	<ul style="list-style-type: none"> • Attestation • EHR (via Health IT Vendor) • QCDR • Qualified Registry 	<ul style="list-style-type: none"> • Attestation • EHR (via Health IT Vendor) • QCDR • Qualified Registry • CMS Web Interface (groups with 25 or more eligible clinicians)
Advancing Care Information	<ul style="list-style-type: none"> • Attestation • EHR (via Health IT Vendor) • QCDR • Qualified Registry 	<ul style="list-style-type: none"> • Attestation • EHR (via Health IT Vendor) • QCDR • Qualified Registry • CMS Web Interface (groups with 25 or more clinicians, excluding APM Entities)

Descriptions of Data Submission Options

The following are brief descriptions of the data submission options available for MIPS. You should consider what option(s) works best for you or your group.

- **Attestation** (for Improvement Activities and Advancing Care Information performance categories) – You manually attest that you have participated in the activities or measures for which you are claiming credit in the Improvement Activities and Advancing Care Information performance categories.
- **Claims** – If you're submitting MIPS data as an individual eligible clinician, you can submit data for the Quality performance category through claims. You'll use the same claims forms that you've traditionally submitted to CMS for payment for the services you've performed, but you'll also add Quality Data Codes (QDCs) to denominator eligible claims as defined by the measure specification. Under this option, you would be using these codes on claim forms that you have been submitting for services furnished during your performance period in 2017. Data submission to the Quality Payment Program website during the data submission period is not needed for the Quality performance category if you are an individual using the claims data submission option. However, you would still need to submit data to the website for the Improvement Activities and Advancing Care Information performance categories, unless you have a special status that would change your requirements.
- **CMS-approved survey vendors (for the Consumer Assessment of Healthcare Providers and System (CAHPS) for MIPS survey)** – If you're reporting as a group (with two or more eligible clinicians), you have the option to select the [CAHPS for MIPS survey](#) as one of your quality measures to report for the Quality performance category. A [CMS-approved survey vendor](#) will collect and submit data about the experience of care at your practice on behalf of your group.
- **CMS Web Interface** – If you're in a group of 25 or more eligible clinicians, including MIPS APM entities, you can use this secure internet-based data submission option, uploaded using the new user-friendly excel templates, to report your MIPS data to CMS. You must have registered to report as a group via the CMS Web Interface by June 30, 2017 in order to use this submission mechanism, unless you are in the Medicare Shared Savings Program or the Next Generation ACO Model. These ACOs were not required to register to use the CMS Web Interface.
- **Electronic Health Record (EHR – via Health IT Vendor)** – You can submit data using a Health IT Vendor (which extracts data from your certified EHR technology (CEHRT)), such as an EHR developer, population health management vendor, or health information exchange. The Health IT Vendor can then submit the measure and activity data to us in a CMS-specified form and manner on the MIPS eligible clinician's behalf for the respective performance period. However, to promote flexibility, you may also generate a non-certified report in either the new Quality Payment Program file format or QRDA III and manually upload the file into the submission system.
- **Qualified Clinical Data Registry (QCDR)** – You can work with a QCDR to submit MIPS data to CMS on your behalf. A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of



care provided to patients. QCDRs can also develop, submit for CMS review and approval, and report up to 30 QCDR measures, in addition to reporting the MIPS measure set. Your QCDR will usually provide you with tailored instructions about your MIPS data submission.

- **Qualified Registry** – You can work with a qualified registry to submit your MIPS data; qualified registries are able to report the MIPS measure set. 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. Your qualified registry will usually provide you with tailored instructions about your MIPS data submission.

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.