Year 3 of the Quality Payment Program & MIPS Data Submission for Year 2 (2018)

Barbara J. Connors, DO, MPH & Patrick M. Hamilton, MPA
Centers for Medicare & Medicaid Services
January 8, 2019

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the health care provider. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
MIPS Eligible Clinician Types:

Year 2 (2018) Final

MIPS eligible clinicians include:

• Physicians
• Physician Assistants
• Nurse Practitioners
• Clinical Nurse Specialists
• Certified Register Nurse Anesthetists
• Groups of such clinicians

Year 3 (2019) Final

MIPS eligible clinicians include:

• Same five clinician types from Year 2 (2018)

AND:

• Clinical Psychologists
• Physical Therapists
• Occupational Therapists
• Speech-Language Pathologists
• Audiologists
• Registered Dieticians or Nutrition Professionals
Low-Volume Threshold Determinations:

• Added a third element – Number of Services – to the low-volume threshold determination criteria

• The finalized criteria include:
  o Dollar amount - $90,000 in covered professional services under the Physician Fee Schedule (PFS)
  o Number of beneficiaries – 200 Medicare Part B beneficiaries
  o Number of services (New) – 200 covered professional services under the PFS

• Added an opt-in option for Year 3:
  o If you are a MIPS eligible clinician and meet or exceed at least one, but not all, of the low-volume threshold criteria, you may opt-in to MIPS
  o If you opt-in, you’ll be subject to the MIPS performance requirements, MIPS payment adjustment, etc.
MIPS Opt-In Scenarios

<table>
<thead>
<tr>
<th>Dollars</th>
<th>Beneficiaries</th>
<th>Professional Services (New)</th>
<th>Eligible for Opt-in?</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 90K</td>
<td>≤ 200</td>
<td>≤ 200</td>
<td>No – excluded</td>
</tr>
<tr>
<td>≤ 90K</td>
<td>≤ 200</td>
<td>&gt; 200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>&gt; 90K</td>
<td>≤ 200</td>
<td>≤ 200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>&gt; 90K</td>
<td>≤ 200</td>
<td>&gt;200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>≤ 90K</td>
<td>&gt; 200</td>
<td>&gt; 200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>&gt; 90K</td>
<td>&gt; 200</td>
<td>&gt; 200</td>
<td>No – required to participate</td>
</tr>
</tbody>
</table>

- MIPS eligible clinicians who meet or exceed at least one, but not all, of the low-volume threshold criteria may choose to participate in MIPS
Medicare Reimbursement/Adjustments

Fee Schedule
- +0.5% each year
- No change
- +0.25% or 0.75%

MIPS
- Max Adjustment (+/-)
- +5% bonus (excluded from MIPS)

Participation in Qualifying APM
- BBA of 2018 reduced the update for 2019 to +0.25%
### Performance Category Weights:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>60%</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Performance Categories – Additional High-Level Changes:

- **Quality**: Removed certain measures as a part of the Meaningful Measures Initiative and shifted the small practice bonus (worth 6 points) from the final score calculation into this performance category.

- **Cost**: Added 8 new episode measures.

- **Facility-based quality and cost measures**: Clinicians who are hospital-based can use their hospital’s performance under the Hospital Value-Based Purchasing (VBP) Program for the MIPS quality and cost performance categories.

- **Improvement Activities**: Refinements made to the Improvement Activities inventory.

- **Promoting Interoperability**: Overhauled the category to simplify, focus on interoperability, align clinician policies with hospital policies, reduce measures, and change scoring to be focused on performance.
QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

**Basics:**
- **25% of Final Score in 2019**
- **Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019**
- New performance-based scoring
- 100 total category points

### Reporting Requirements

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comprised of a base, performance, and bonus score</td>
<td>• Eliminated the base, performance, and bonus scores</td>
</tr>
<tr>
<td>• Must fulfill the base score requirements to earn a Promoting Interoperability score</td>
<td>• <strong>New performance-based scoring</strong> at the individual measure level</td>
</tr>
<tr>
<td></td>
<td>• Must report the required measures under each Objective, or claim the exclusions if applicable</td>
</tr>
</tbody>
</table>
QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

Objectives and Measures

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Two measure set options for reporting based on the MIPS eligible clinician’s edition of CEHRT (either 2014 or 2015)</td>
<td>• One set of Objectives and Measures based on 2015 Edition CEHRT</td>
</tr>
<tr>
<td>• Four Objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange</td>
<td>• Four Objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange</td>
</tr>
<tr>
<td>• Added two new measures to the e-Prescribing Objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement</td>
<td>• Added two new measures to the e-Prescribing Objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement</td>
</tr>
</tbody>
</table>

Basics:
• 25% of Final Score in 2019
• Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019
• New performance-based scoring
• 100 total category points
QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Prescribing</td>
<td>• e-Prescribing</td>
<td>10 points</td>
</tr>
<tr>
<td></td>
<td>• Query of Prescription Drug Monitoring Program (PDMP) (new)</td>
<td>5 bonus points</td>
</tr>
<tr>
<td></td>
<td>• Verify Opioid Treatment Agreement (new)</td>
<td>5 bonus points</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>• Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care)</td>
<td>20 points</td>
</tr>
<tr>
<td></td>
<td>• Support Electronic Referral Loops by Receiving and Incorporating Health Information (new)</td>
<td>20 points</td>
</tr>
<tr>
<td>Provider to Patient Exchange</td>
<td>• Provide Patients Electronic Access to their Health Information (formerly Provide Patient Access)</td>
<td>40 points</td>
</tr>
</tbody>
</table>
| Public Health and Clinical Data Exchange | • Immunization Registry Reporting  
• Electronic Case Reporting  
• Public Health Registry Reporting  
• Clinical Data Registry Reporting  
• Syndromic Surveillance Reporting | 10 points      |
QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

**Scoring**

To earn a score for the Promoting Interoperability Performance Category, a MIPS eligible clinician must:

1. User CEHRT for the performance period (90-days or greater)

2. Submit a “yes” to the Prevention of Information Blocking Attestation

3. Submit a “yes” to the ONC Direct Review Attestation

4. Submit a “yes” for the security risk analysis measure

5. Report the required measures under each Objective, or claim the exclusions if applicable

**Basics:**

- **25% of Final Score in 2019**
- **Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019**
- New performance-based scoring
- 100 total category points
QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

Scoring

<table>
<thead>
<tr>
<th>Basics:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 25% of Final Score in 2019</td>
<td></td>
</tr>
<tr>
<td>• Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019</td>
<td></td>
</tr>
<tr>
<td>• New performance-based scoring</td>
<td></td>
</tr>
<tr>
<td>• 100 total category points</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fulfill the base score (worth 50%) by submitting at least a 1 in the numerator of certain measures AND submit “yes” for the Security Risk Analysis measure</td>
<td>• Performance-based scoring at the individual measure level</td>
</tr>
</tbody>
</table>
| • Performance score (worth 90%) is determined by a performance rate for each submitted measure | • Each measure will be scored on performance for that measure based on the submission of a numerator and denominator, or a “yes or no”  
  – Must submit a numerator of at least one or a “yes” to fulfill the required measures |
| • Bonus score (worth 25%) is available |  |
| • Maximum score is 165%, but is capped at 100% | • The scores for each of the individual measures will be added together to calculate a final score |
|  | • If exclusions are claimed, the points will be allocated to other measures |
## QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Maximum Points</th>
<th>Numerator/Denominator</th>
<th>Performance Rate</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Prescribing</td>
<td>• e-Prescribing</td>
<td>10 points</td>
<td>200/250</td>
<td>80%</td>
<td>10 x 0.8 = 8 points</td>
</tr>
<tr>
<td><strong>Health Information Exchange</strong></td>
<td>• Support Electronic Referral Loops by Sending Health Information</td>
<td>20 points</td>
<td>135/185</td>
<td>73%</td>
<td>20 x 0.73 = 15 points</td>
</tr>
<tr>
<td></td>
<td>• Support Electronic Referral Loops by Receiving and Incorporating Health Information</td>
<td>20 points</td>
<td>145/175</td>
<td>83%</td>
<td>20 x 0.83 = 17 points</td>
</tr>
<tr>
<td>Provider to Patient Exchange</td>
<td>• Provide Patients Electronic Access to their Health Information</td>
<td>40 points</td>
<td>350/500</td>
<td>70%</td>
<td>40 x 0.70 = 28 points</td>
</tr>
</tbody>
</table>
| Public Health and Clinical Data Exchange | • Immunization Registry Reporting  
  • Public Health Registry Reporting | 10 points      | • Yes  
  • Yes | N/A              | 10 points |

<table>
<thead>
<tr>
<th><strong>Total</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total 78 Points</td>
</tr>
</tbody>
</table>
Total Score (from previous slide) 78 points

Calculate the contribution to MIPS Final Score 78 x .25 (the category value) = 19.5 performance category points

**Final Performance Category Score** 19.5 points out of the 25 performance category points
QPP: MIPS Year 3 (2019) Final: Promoting Interoperability

**Reweighting**

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic reweighting for the following MIPS eligible clinicians: Non-Patient Facing, Hospital-based, Ambulatory Surgical Center-based, PAs, NPs, Clinical Nurse Specialists, and CRNAs</td>
<td><strong>Same requirements</strong> as Year 2, with the following additions:</td>
</tr>
<tr>
<td>Application based reweighting also available for certain circumstances</td>
<td>• Extended the <strong>automatic reweighting</strong> for:</td>
</tr>
<tr>
<td>• Example: clinicians who are in small practices</td>
<td>• Physical Therapists</td>
</tr>
<tr>
<td></td>
<td>• Occupational Therapists</td>
</tr>
<tr>
<td></td>
<td>• Clinical Psychologists</td>
</tr>
<tr>
<td></td>
<td>• Speech-Language Pathologists</td>
</tr>
<tr>
<td></td>
<td>• Audiologists</td>
</tr>
<tr>
<td></td>
<td>• Registered Dieticians or Nutrition Professionals</td>
</tr>
</tbody>
</table>

**Basics:**

- 25% of Final Score in 2019
- **Must use 2015 Edition Certified EHR Technology (CEHRT) in 2019**
- New performance-based scoring
- 100 total category points
### Performance Threshold and Payment Adjustment:

<table>
<thead>
<tr>
<th>Performance Period</th>
<th>Performance Threshold</th>
<th>Exceptional Performance Bonus</th>
<th>Payment Adjustment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 (2017)</td>
<td>3 points</td>
<td>70 points</td>
<td>Up to +4%</td>
</tr>
<tr>
<td>Year 2 (2018)</td>
<td>15 points</td>
<td>70 points</td>
<td>Up to +5%</td>
</tr>
<tr>
<td>Year 3 (2019) - Final</td>
<td>30 points</td>
<td>75 points</td>
<td>Up to +7%</td>
</tr>
</tbody>
</table>

*Payment adjustment (and exceptional performer bonus) is based on comparing final score to performance threshold and additional performance threshold for exceptional performance. To ensure budget neutrality, positive MIPS payment adjustment factors are likely to be increased or decreased by an amount called a “scaling factor.” The amount of the scaling factor depends on the distribution of final scores across all MIPS eligible clinicians.*
Key Dates

- **January 2 – April 2, 2019**: The data submission period for MIPS-eligible clinicians submitting data through the QPP website or through Qualified Clinical Data Registries (QCDRs) and Qualified Registries.

- **January 22 – March 22, 2019**: Clinicians choosing to submit their 2018 data via the CMS Web Interface must do so within this time period.
MIPS Year 2 (2018) Data Submission Period

Submitting 2018 through the QPP website:

• Sign into the QPP website using your HARP credentials: https://qpp.cms.gov/login

• Submit your 2018 data for/attest to the Quality, Promoting Interoperability, and Improvement Activities performance categories

TIP:
• You can submit and update your data throughout the submission period. Your data is automatically saved and clinician records are updated in real-time. This allows you to come back at a later time without losing any of the data.
MIPS Year 2 (2018) Data Submission Period

• On **December 19, 2018**, CMS transitioned from the Enterprise Identity Management System (EIDM) to the HCQIS Authorization Roles and Profile (HARP) system to streamline the process for eligible clinicians to view, submit, and manage their data.

• **Previous EIDM Accounts**
  • All eligible clinicians who previously had an EIDM account were automatically transitioned to HARP and should use their existing EIDM user ID and password to sign in to the QPP website.

• **New Clinicians**
  • For all clinicians who did not previously have an EIDM account, they will need to enroll with HARP.
  • A step-by-step guide is available for users on QPP website.

• The system will connect each user with their practice Taxpayer Identification number (TIN). Once connected, clinicians will be able to report data for the practice as a group, or for individual clinicians within the practice.
Eligible clinicians can review the **QPP Access User Guide**. This zip file can be found on the QPP Resource Library:
Practice Details & Clinicians

MIPS EXEMPT Small practice
+ View complete eligibility details

Clinicians

The following is a list of all clinicians who submitted claims data to CMS for Performance Year 2018 for this practice. Here you can view their MIPS Participation, APM Participation, and Special Status details.

Search

17 Clinicians | Download
Eligibility & Reporting
PY 2018

Elig Org 4
TIN: #000182736 | 427 Griffith Parkways Suite 1919, North Joshuaview, PA 206288541980751

VIRTUAL GROUP
This practice is participating in a virtual group. The virtual group is required to aggregate and report data at the virtual group level. All clinicians will receive a MIPS final score based on the virtual group's performance, but only MIPS eligible clinicians will be subject to a MIPS payment adjustment.
Read more about virtual group participation
Garcia, Barrera and Johnson
TIN: #000444646 | 5140 Andrew Springs, Gonzalezberg, MS 413497234613174

- **MIPS Eligible Practice**
  - Exceeds Low Volume Threshold: Yes
  - Total Medicare Patients at This Practice: 162,834
  - Total Allowed Charges at This Practice: $843,885
  - Special Statuses & Exceptions: none

---

Elig Org 15
TIN: #000498394 | 8981 Michael Mountain, Michaelview, WV 623620123405063

- **MIPS Eligible Practice**
  - Exceeds Low Volume Threshold: Yes
  - Total Medicare Patients at This Practice: 869,902
  - Total Allowed Charges at This Practice: $345,982
  - Special Statuses & Exceptions: Small practice, IA study credit

---

Elig WI Org 6
TIN: #000644007 | 1237 Kevin Court, Lake Amy, UT 246078124320941

- **MIPS Exempt Practice**
  - Exceeds Low Volume Threshold: No
  - Total Medicare Patients at This Practice: 917,836
  - Total Allowed Charges at This Practice: $455,367
Reporting Overview

Garcia, Barrera and Johnson
TIN: 000444646
5140 Andrew Springs, Gonzalezberg, MS 413497234613174

Start reporting

You can start reporting by uploading properly formatted QPP JSON, QPP XML and QRDA-3 files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information. Your information will be automatically saved in our system.
产品质量 (Quality)

- 质量计分占您总分的75%。

促进互操作性 (Promoting Interoperability)

- PI计分占您总分的0%。
You can upload another properly formatted QPP JSON, QPP XML and QRDA-3 files that can contain Quality measures, and/or Promoting interoperability measures, and/or Improvement Activities. Any information below will be replaced with what you upload if it is the same submission method and measures.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information. Your information will be automatically saved in our system.

Quality

Reporting Methods (1)

EHR

Max Points: 100  Preliminary Score
100 out of 100

Performance Score 100

Highest Score

Details

Quality counts for 50% of your score. Your highest scored submission method is EHR. It will be used to calculate your Final Score.
Cost

Details
Cost will be scored after the submission window closes and all Claims data is processed. Remember, Cost may count for 10% of your score.

Additional Awarded Bonus Points

Details
There are two additional bonus points that can be awarded. They are as follows:

**Complex Patient Bonus:** The Complex Patient Bonus is based on the level of complexity and risk of a clinician's or practice's patient population seen during the 2018 calendar year. A score of 0-5 may be available for your practice.

**Quality Improvement Bonus:** If you were eligible for Year 1 and made an eligible Quality submission, you may be eligible for an additional bonus. Once Feedback is available, this will be included as part of your Quality Score.

Learn more about additional bonus points.
There are two additional bonus points that can be awarded. They are as follows:

- **Complex Patient Bonus**: The Complex Patient Bonus is based on the level of complexity and risk of a clinician’s or practice’s patient population seen during the 2018 calendar year. A score of 0-5 may be available for your practice.

- **Quality Improvement Bonus**: If you were eligible for Year 1 and made an eligible Quality submission, you may be eligible for an additional bonus. Once Feedback is available, this will be included as part of your Quality Score.

Learn more about additional bonus points.

---

**Preliminary Total Score:**

Your Final Score won’t be available until Summer 2018

---

**How your Final Score is created**

Your Final Score, available in Summer 2018, is created by taking the highest score submission method in each category and adding them up. Your Final Score will be out of 100.

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>75%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>0%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
</tr>
<tr>
<td>Cost</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: Your Quality Score weight could increase by 10% if Cost measures are not available.

**Final Score**: 100%
Garcia, Barrera and Johnson
TIN# 000444646

<table>
<thead>
<tr>
<th>Quality</th>
<th>Promoting Interoperability</th>
<th>Improvement Activities</th>
<th>Cost</th>
<th>Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>+</td>
<td>0%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: Your Quality Score weight could increase by 10% if Cost measures are not available.

Get Help from CMS

CMS offers a range of support to help your practice actively participate in QPP.

SERVICE CENTER
1-866-288-8292

TTY
1-877-715-6222

EMAIL
QPP@cms.hhs.gov

Request Direct Technical Assistance

This support is available through local, experienced organizations that are ready to help at no-cost to you.

REQUEST ASSISTANCE
You are viewing activities for a submission method that is read only, and cannot be directly edited. Only the original submitter has the ability to delete these selections. To adjust further, you may choose to upload an additional file with the same submission method, or to perform a manual submission within the Attestation tab.

Review the Improvement Activities available. Remember, in order to get credit for Improvement Activities, you must submit information for the required activities.
Learn more about Improvement Activities

**EHR**

10 out of 40

Manually Enter

0 out of 40
EHR
10 out of 40

Manually Enter
0 out of 40

Step 1 - Start by selecting your performance period:
01/01/2018 TO 05/01/2018

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

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

**Leveraging a QCDR to standardize processes for screening**

Activity ID: IA_AHE_2

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

This activity is Eligible for Certified Electronic Health Record Technology (CEHRT) bonus in the Promoting Interoperability category. For more Information regarding CEHRT, please visit the [CMS CEHRT Guideline Page](#).

**SCORE**

+10 Medium Priority

---

**ACTIVITY**

**MIPS Eligible Clinician Leadership in Clinical Trials or CBPR**

Activity ID: IA_AHE_5

MIPS eligible clinician leadership in clinical trials, research alliances or community-based participatory research (CBPR) that identify tools, research or processes that can focuses on minimizing disparities in healthcare access, care quality, affordability, or outcomes.

**SCORE**

+10 Medium Priority
Improvement Activities Score

Step 2 - Search for your activities:

ACTIVITIES SHOWN

112

Filter by

Search Activities

ACTIVITY

Electronic submission of Patient Centered Medical Home accreditation

Activity ID: IA_PCMH

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

Achieving Health Equity

ACTIVITY

Engagement of New Medicaid Patients and Follow-up

Activity ID: IA_AHE_1

Max score for this category has been achieved
Details
Quality counts for 50% of your score. Your highest scored submission method is EHR. It will be used to calculate your Final Score.

Promoting Interoperability

Reporting Methods (2)

EHR
Max Points: 100
Preliminary Score 100 out of 100
Highest Score
Performance Score 100

Manually Enter
Max Points: 100
Preliminary Score 0 out of 100
Performance Score 0

Details
PI counts for 25% of your score. Your highest scored submission method is EHR. It will be used to calculate your Final Score.
Manually Enter Your Measures

To manually enter your PI measures, start by selecting the performance period then which measure set. If you need help choosing a measure set, click on the "Need help choosing the correct measure set?" link.

Step 1 - Start by selecting your performance period:

- From: 01/03/2018
- To: 12/03/2018

Step 2 - Select A Promoting Interoperability Measure Set:

- 2016 Promoting Interoperability Transition Measures
- Promoting Interoperability Measures
- Combination of Both Measure Sets

A Performance Period of 90 days or greater is required for the Promoting Interoperability category. If a date range less than 90 days is selected, then you will receive a score of 0.
### Attestation Statements

<table>
<thead>
<tr>
<th>Statement</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></td>
<td></td>
</tr>
<tr>
<td>ONC-ACB Surveillance Attestation (Optional)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Required Measures for Base Score

You will earn the 50 percentage points available for the base score component of this performance category upon successful completion of the requirements. You can earn additional percentage points in this category by submitting additional performance and/or bonus measures. Failure to meet requirements will result in a score of 0 for the Promoting Interoperability category.

You will be unable to attest to these measures until you have completed the Attestation Statements above.

### Optional Performance Measures
### Combination of Both Measure Sets

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

#### Measure Specifications

**e-Prescribing**
- **Measure ID:** PL_EP_1
- **Numerator:** 0
- **Denominator:** 0

**e-Prescribing**
- **Measure ID:** PL_TRANS_EP_1
- **Numerator:** 0
- **Denominator:** 0

**Proposed Measure Exclusion**
Check the box to be excluded from the required E-Prescribing Exclusion measure. A MIPS eligible clinician (EC) who writes fewer than 100 permissible prescriptions during the performance period is eligible for exclusion from the required e-prescribing measure.
Combination of Both Measure Sets

Optional Performance Measures

The following measures are not required but will contribute additional performance points towards your category score.

<table>
<thead>
<tr>
<th>MEASURE NAME</th>
<th>NUMERATOR</th>
<th>DENOMINATOR</th>
<th>PERFORMANCE SCORE</th>
<th>MEASURE NAME</th>
<th>NUMERATOR</th>
<th>DENOMINATOR</th>
<th>PERFORMANCE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Specific Education</td>
<td>1</td>
<td>1</td>
<td>10 out of 10</td>
<td>Patient-Specific Education</td>
<td>0</td>
<td>0</td>
<td>0 out of 10</td>
</tr>
<tr>
<td>Secure Messaging</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Secure Messaging</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Eligibility & Reporting*

*Practice Details & Clinicians*

*Group Reporting Overview*

*Quality* 

- Promoting Interoperability 

*Improvement Activities*

*Performance Feedback*
Quality

Garcia, Barrera and Johnson
TIN: 000444646
5140 Andrew Springs, Gonzalezberg, MS 413497234613174

The Quality score is based on the highest score among all your submission method scores. Select a submission method below to view its details.

Learn more about Quality

Your highest score is:
Other scores by submission methods:

EHR
Start reporting

You can start reporting by uploading properly formatted OPP JSON, OPP XML and ORDA-3 files that can contain Quality measures, and/or Promoting Interoperability measures, and/or Improvement Activities. You can also scroll down and report for each category separately.

Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information. Your information will be automatically saved in our system.

Quality

Details

Quality counts for 75% of your score.
Upload Data

DRAG & DROP

Upload Data

Your JSON or XML file here, or browse.

Uploading this file will overwrite the submission data you've submitted. Measure data that you've left blank will not be updated.

CANCEL

Accepted files to upload
This upload tool accepts properly formatted OPP JSON, OPP XML, and QRDA-3 files. Any files submitted are received and calculated immediately. Learn more.

How can I overwrite data to save a blank field?
If you'd like to update the data with an intentionally empty field, make sure to select the "N/A" value in the Excel file for that field.
Upload Data

Your JSON or XML file here, or browse.

FILE(S) TO UPLOAD (1)

1AllCategory_EHR.json

upload this file will overwrite the submission data you've submitted. Measure data that you've left blank will not be updated.
Upload Data

FILE(S) UPLOADED (1)

1AllCategory_EHR.json

Upload successful

Your files were successfully uploaded. You can now review your submitted data on the Overview and Category Details pages.

Uploading this file will overwrite the submission data you've submitted. Measure data that you've left blank will not be updated.

UPLOAD MORE  VIEW SUBMISSION
### Reporting Period:
Jan. 1 - Jun. 1st, 2018

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

<table>
<thead>
<tr>
<th>Measures Submitted</th>
<th>Sub-Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>58.83</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Measures Submitted</th>
<th>Sub-Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Measures Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
Measure ID: 001 | End-to-End Reporting

Performance Rate: 33.33%
Measure Score: 8.1

Benchmark Data:
Lowest Benchmark: 83.1
Denominator: 99
Data Completeness: 99%
Eligible Population: 100

Performance Points:
Points from Benchmark Decile: 711

Measure Info:
This measure is inverse; a lower performance rate on this measure indicates better performance than a higher performance rate.
Measure Type: Intermediate Outcome

Bonus Points:
High Priority Outcome or Patient Experience: --
Other High Priority: --
End-to-End Reporting: 1.0
Measure Score: 8.1

Download Specifications
Your Total Quality Score

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

<table>
<thead>
<tr>
<th>Category Score</th>
<th>Total Contribution to Final Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.63 Points from Quality measures that count towards Quality score.</td>
<td>50 Total out of 50</td>
</tr>
<tr>
<td>8.2 Additional Bonus points.</td>
<td></td>
</tr>
<tr>
<td>× 50</td>
<td>= 50</td>
</tr>
<tr>
<td></td>
<td>Maximum number of points (# of required measures x 10).</td>
</tr>
</tbody>
</table>
2018 Registry Submission Details

Start by uploading a JSON or XML file(s) that contain all or single category data. View Registry Instructions

This information is not considered final and may be updated until the submission deadline of 2018. When it will be automatically submitted to QPP for review.

Displaying 0 of 0

No submissions!
Upload Data

DRAG & DROP

Upload Data

Your JSON or XML file here, or browse.

Uploading this file will overwrite the submission data you've submitted. Measure data that you’ve left blank will not be updated.

UPLOAD

CANCEL

Accepted files to upload

This upload tool accepts properly formatted QPP JSON, QPP XML, and QRDA-3 files. Any files submitted are received and calculated immediately. Learn more.

How can I overwrite data to save a blank field?

If you’d like to update the data with an intentionally empty field, make sure to select the “N/A” value in the Excel file for that field.
### Upload Data

Your JSON or XML file here, or browse.

**FILE(S) TO UPLOAD (14)**

<table>
<thead>
<tr>
<th>File Name</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI_EHR_Ind.json</td>
<td></td>
</tr>
<tr>
<td>PI_Registry.json</td>
<td></td>
</tr>
<tr>
<td>PI_Registry_Ind.json</td>
<td></td>
</tr>
<tr>
<td>Quality EHR.json</td>
<td></td>
</tr>
<tr>
<td>Quality EHR_Ind.json</td>
<td></td>
</tr>
</tbody>
</table>

Uploading this file will **overwrite the submission data you've submitted**. Measure data that you've left blank will not be updated.

**Upload**

**Cancel**
Score Breakdown

Each TIN's Score is achieved by adding up the points earned in each Performance Category.

Performance Category Score

Quality Measures
Submission Type: Registry
Measures Submitted: 10
Performance Score 50

Promoting
Interoperability
Submission Type: Registry
Measures Submitted: 19
Performance Score 25

Improvement Activities
Submission Type: Registry
Activities Submitted: 1
Performance Score 15

Additional Awarded Bonus Points
Small Practice Bonus
Performance Score 5
Available Resources

- **QPP Access User Guide**
  - Before You Begin
  - Register for a HARP Account
  - Connect to an Organization
  - Security Officials: Manage Access

- **MIPS 2018 Data Submission Resources**
  - MIPS Data Submission for Year 2 (2018) Fact Sheet
  - User Demonstration Videos
    - Individual Clinician Submission
    - Group and Virtual Group Submission
    - Individual and Group/Virtual Group Submission
    - MIPS APM Participant Submission
  - Upcoming Office Hours Sessions in February
Technical Assistance

CMS has no cost resources and organizations on the ground to provide help to clinicians who are participating in the Quality Payment Program:

Learn more about technical assistance: https://qpp.cms.gov/about/help-and-support#technical-assistance
Contact Info

Barbara J. Connors, DO, MPH  
Chief Medical Officer  
Centers for Medicare & Medicaid Services  
Regions 1, 2, 3, 4  
(215) 861-4218  
Barbara.Connors@cms.hhs.gov

Patrick M. Hamilton, MPA  
Health Insurance Specialist  
Centers for Medicare & Medicaid Services  
Philadelphia Regional Office  
(215) 861-4097  
Patrick.Hamilton@cms.hhs.gov