

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

2021 Data Submission User Guide



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COVID-19 and 2021 Participation

NEW: 2021 MIPS Extreme and Uncontrollable Circumstances Application Reopened March 1 - March 31, 2022

As announced through the QPP listserv on 03/01/2022, the Centers for Medicare & Medicaid Services (CMS) has reopened the 2021 extreme and uncontrollable circumstances (EUC) exception application to allow groups, virtual groups and APM Entities to submit an application requesting MIPS performance category reweighting due to the ongoing 2019 Coronavirus (COVID-19) public health emergency (PHE).

Individual clinicians don't need to submit an EUC application because of the automatic EUC policy.

MIPS EUC applications citing COVID-19 as the triggering event can be submitted until Thursday, March 31, 2022 at 8 p.m. ET.

You need a HCQIS Access Roles and Profile (HARP) account to complete and submit an exception application. For more information on HARP accounts, refer to the Register for a HARP Account document in the [QPP Access User Guide \(PDF\)](#).

For more information, review the [COVID-19 Response](#) webpage and the [QPP Exceptions Applications](#) webpage.

Automatic Extreme and Uncontrollable Circumstances Applied to All Individually MIPS Eligible Clinicians

As announced through the QPP Listserv on 11/10/2021, CMS continues to provide relief where possible to clinicians responding to the COVID-19-PHE. We're applying the Merit-based Incentive Payment System (MIPS) [automatic extreme and uncontrollable circumstances \(EUC\) policy](#) to all individually MIPS eligible clinicians for the 2021 performance year (PY).

The automatic EUC policy only applies to MIPS eligible clinicians who are eligible to participate in MIPS as individuals. The automatic EUC policy **doesn't** apply to groups, virtual groups, or Alternative Payment Model (APM) Entities.

Under the automatic EUC policy, individually eligible clinicians qualify for automatic reweighting of all performance categories; data submitted by or on behalf of the individual clinician will override reweighting on a category-by-category basis.



NEW: Can we submit an EUC application if we've already submitted data for the 2021 performance period?

Groups and Virtual Groups

Groups and virtual groups can't submit an application to override data that has already been submitted but can request reweighting of performance categories for which data hasn't been submitted.

Any data submitted for a group or virtual group (before or after an application has been approved) will be scored.

- If only 1 performance category can be scored (meaning the other 3 performance categories are weighted at 0%), the group or virtual group will receive a final score equal to the performance threshold.
- The MIPS eligible clinicians in the group will receive a neutral payment adjustment unless they have a higher score from individual or APM Entity participation. MIPS eligible clinicians participating as a virtual group always receive the virtual group's score.

Example: A small practice reported Medicare Part B claims measures throughout the performance year and automatically received a group-level quality score based on these measures. The practice submits a group-level EUC application citing COVID-19 and the group is approved for reweighting of the remaining performance categories.

- If no additional data is submitted at the group level (or available for scoring, such as the automatic improvement activities credit awarded to groups with clinicians participating in an APM), the improvement activities, Promoting Interoperability and cost performance categories will be weighted at 0%.
- We'll still score the group on their reported Medicare Part B claims measures, but the quality performance category will be weighted at 100% of the group's MIPS final score.
- As a result, the group will receive a final score equal to the performance threshold and all MIPS eligible clinicians in the group will receive a neutral payment adjustment unless they have a higher score from individual or APM Entity participation.

For more information on this application, please refer to the [2021 MIPS Extreme and Uncontrollable Circumstances Application Guide \(PDF\)](#).

NEW: Can we submit an EUC application if we've already submitted data for the 2021 performance period? (Continued)

APM Entities

Official representatives of APM Entities participating in MIPS, including Shared Savings Program ACOs, can submit a MIPS EUC application on behalf of all MIPS eligible clinicians in the APM Entity for the 2021 performance year. If approved, all of the MIPS eligible clinicians in the APM Entity will receive a neutral MIPS payment adjustment in the 2023 MIPS payment year. (Applications must be submitted by an official representative of the APM Entity, not by a participant in the APM Entity.)

There are some differences from our existing policy for individuals, groups, and virtual groups.

- APM Entities are required to request reweighting for all performance categories (they wouldn't be able to select some, but not all, performance categories)
- At least 75% of the MIPS eligible clinicians in the Entity need to qualify for reweighting in the Promoting Interoperability performance category
- Data submission by an APM Entity doesn't override performance category reweighting. (APM Entities with an approved application will receive a final score equal to the performance threshold and the MIPS eligible clinicians in the APM Entity will receive a neutral payment adjustment even if data are submitted.)



UPDATED: What happens if I am a MIPS eligible clinician covered by the automatic EUC policy but still submit data?

It depends on how many performance categories you submit data for **as an individual**.

- If you submit data for **1 performance category** (or no data at all), you will receive a final score equal to the performance threshold and receive a neutral payment adjustment.
 - **Note:** Participants in APMs are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score for the improvement activities performance category which will override reweighting of this performance category.
- If you submit data for **2 or 3 performance categories** (quality, improvement activities, and/or Promoting Interoperability), you will be scored on the performance categories for which you submitted data. Your payment adjustment will be determined by your final score.
- You won't be scored in any performance category for which data isn't submitted.
- You won't be scored on the cost performance category under the automatic EUC policy even if data are submitted in other performance categories.

See [Appendix A](#) for more information about data submission and the automatic EUC policy. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response](#) webpage or our [Quality Payment Program COVID-19 Response Fact Sheet](#).



Getting Started

Accessing the System

In order to sign in to qpp.cms.gov and submit PY 2021 data and/or view data submitted on your behalf, you need:

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

Make sure you sign in during the submission period to review data submitted on your behalf.

You can't submit new or corrected data after the submission period closes.

If you don't already have an account or access, review the following documentation in the [QPP Access User Guide](#) so you can sign in to submit, or view, data:

Once you [sign in](#), you can select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-hand navigation bar.

Before You Begin

Make sure you are using the most recent version of your browser:

- Chrome: 96.0.4664.110
- Safari: 15.0
- Edge: 96.0.1054.53

Note: Internet Explorer is not fully supported by QPP.

Moira H

- Account Home
- Eligibility & Reporting**
- Performance Feedback
- Doctors & Clinicians Preview
- Exceptions Application
- Targeted Review
- Reports
- Manage Access
- Help and Support

Welcome back Moira H!

| Date | Event |
|--------------|--|
| Mar 17, 2021 | Last Day to submit 2020 data |
| Mar 18, 2021 | Preliminary Performance Feedback Available |
| Jul 16, 2021 | Final Performance Feedback is available |
| Jul 16, 2021 | Submission Window is open |

Performance Year (PY) 2021 Submission Reporting Window is Now Open

You are now able to start your reporting for the PY 2021 submission year.

[Start Reporting](#)

Organization Type

From here, you'll see the organizations you have permission to access. Most users will only have access to one organization type:

- **Registry** (includes Qualified Registries and QCDRs) or
- **Practice** (individual and/or group reporting, all performance categories) or
- **APM Entity** (APM Entity-level quality and improvement activities performance categories data submission) or
- **Virtual Group** (virtual group reporting, all performance categories)

Helpful Hint

Click the links, or jump to [Appendix B](#), to review what users associated with each organization type can and can't do and view during the submission period.

UserAcceptance Tester11

Performance Year 2021 ▼

The QPP Participation Status Tool currently includes the following Performance Year (PY) 2021 eligibility data:

- November 2021: Updated PY 2021 MIPS eligibility and special statuses based on a review of claims and PECOS data from Segment 2 of the MIPS Determination Period, covering October 1, 2020 - September 30, 2021, following as a result of the 3rd snapshot data generally available July 2021, October 2021, December 2021) [Learn more](#)
- October 20, 2021: Updated MIPS eligibility based on the 2nd snapshot data generally available July 2021, October 2021, December 2021) [Learn more](#)

Your Performance Year (PY) 2021 eligibility data is based on:

- MIPS eligibility status update (snapshot data generally available December November 2021) [Learn more](#)
- QP Determinations (snapshot data generally available July 2021, October 2021, December 2021) [Learn more](#)
- Eligibility to report for MIPS via the APM Performance Pathway (APP) (snapshot data generally available July 2021, October 2021, December 2021) [Learn more](#)

Your organization type will be displayed at the top of the page, followed by a list of the organizations you have permission to access.

APM Entities Practices



Understanding What Information is Available by Organization Type

Understanding What Information is Available by Organization Type

Overview

This section reviews the information that can be accessed and viewed by users with the staff user or security official roles for different organization types – registries, practices, APM Entities, and virtual groups.

This section also reviews which performance data can be submitted for APM Entities versus the practices that include clinicians in the Entity.

Skip ahead to:

- [Practice Representatives](#)
- [APM Entity Representatives](#)
- [Virtual Group Representatives](#)

Understanding What Information is Available by Organization Type

Registry Representatives

This section includes information for users with a Staff User or Security Official role for a **Registry organization** – Qualified Registry or QCDR – identified by Taxpayer Identification Number (TIN).

| With this Access | You CAN do this during and after the submission period | You CAN'T do this during or after the submission period |
|--|---|--|
| Staff User or Security Official for a Registry (QCDR or Qualified Registry) | <ul style="list-style-type: none">✓ Download your API token (security officials only)✓ Upload a submission file on behalf of your clients (groups and/or individuals)✓ Submit opt-in elections on behalf of your clients✓ View preliminary scoring for your clients based on the data your organization submitted for them | <ul style="list-style-type: none">✗ View data submitted directly by your clients✗ View data submitted by another third party on behalf of your clients✗ View data collected and calculated by CMS on behalf of your clients<ul style="list-style-type: none">• Cost and administrative claims quality measures (if applicable) |

Understanding What Information is Available by Organization Type

Registry Representatives (Continued)

From the Eligibility & Reporting page, make sure you click the Registries tab if you access to multiple organization types and select Start Reporting next to your registry's name to open your dashboard and start uploading files.

The screenshot displays the 'Eligibility & Reporting' page with a sidebar on the left containing various navigation options. The main content area shows the 'Registries' tab selected, with a search bar and a list of two registries. The first registry, 'Decision Population Health - QR', has a TIN of 000616120 and a 'START REPORTING' button. The second registry, 'Diabetes QCDR - QCDR', has a TIN of 000970164 and a 'START REPORTING' button. Both 'START REPORTING' buttons are highlighted with red boxes.

| Registry Name | TIN | Action |
|---------------------------------|-----------|-----------------|
| Decision Population Health - QR | 000616120 | START REPORTING |
| Diabetes QCDR - QCDR | 000970164 | START REPORTING |

Understanding What Information is Available by Organization Type

Registry Representatives (Continued)

You won't see any information until you've submitted data.

Performance Year 2021 ▾

Print

Start Reporting

Start by uploading a JSON that contains all or single category data. If you submit data using the submission API you will see the submissions on this page.
[View Registry Instructions](#)

Remember: These files/API submissions will be calculated immediately and the page below will update with your preliminary scoring information.

All changes are saved automatically.

Displaying: 0 - 0 of 0

| | | | | |
|-------------------------------------|----------|--------|--|--------|
| <input type="checkbox"/> SELECT ALL | DOWNLOAD | DELETE | | SEARCH |
|-------------------------------------|----------|--------|--|--------|

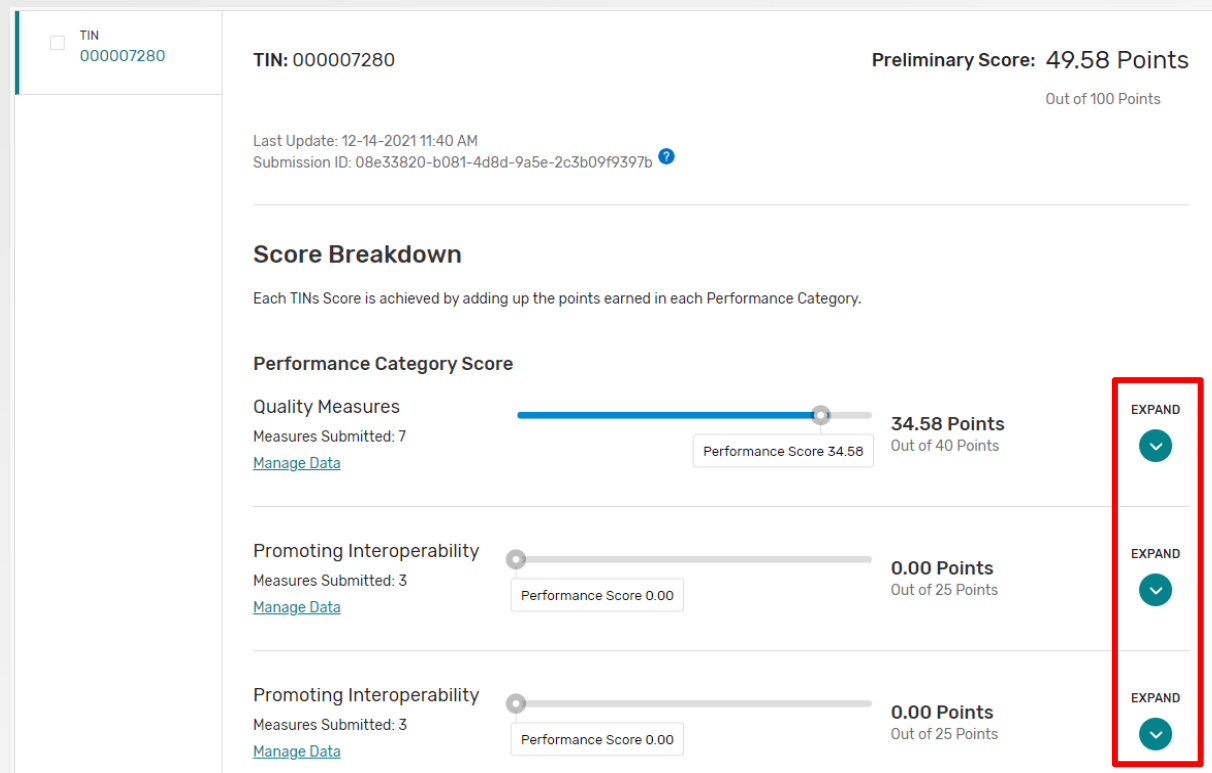
No submissions!

Understanding What Information is Available by Organization Type

Registry Representatives (Continued)

Once you've started submitting data, you will see a list of Taxpayer Identification Numbers (TINs) – for group submissions – and TIN/National Provider Identifiers (TIN/NPIs) – for individual submissions – along with their preliminary scoring based on data submitted by your registry.

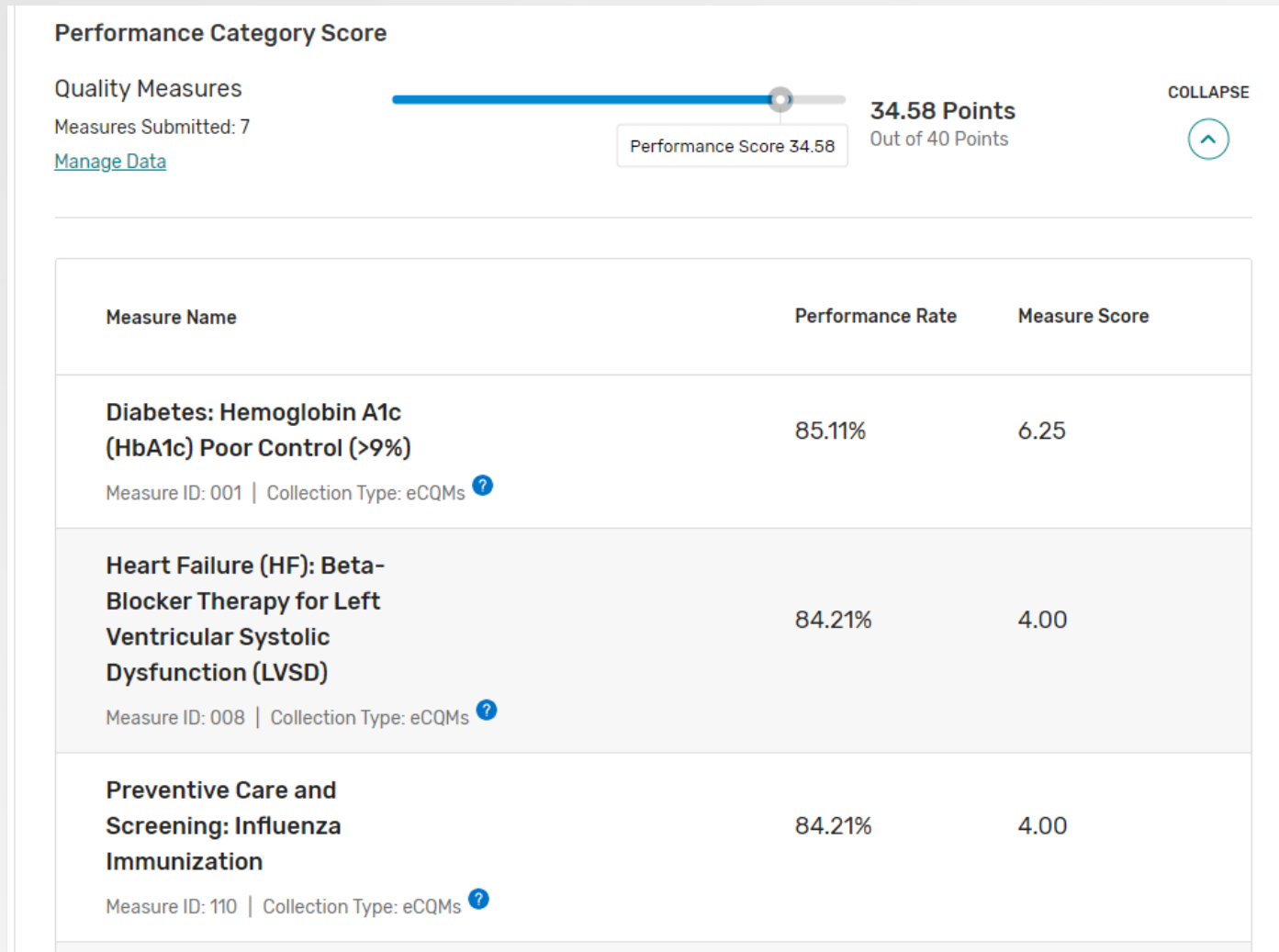
You can click "Expand" next to each performance category score to see a breakdown by measure or activity reported.



(All data included in screenshots is fictitious, for illustrative purposes.)

Understanding What Information is Available by Organization Type

Registry Representatives (Continued)



(All data included in screenshots is fictitious, for illustrative purposes.)

Understanding What Information is Available by Organization Type

Practice Representatives

This section includes information for users with a Staff User or Security Official role for a **Practice organization**, identified by Taxpayer Identification Number (TIN).

| With this Access | You CAN do this during the submission period | You CAN'T do this during the submission period |
|--|---|--|
| Staff User or Security Official for a Practice (includes solo practitioners) | <ul style="list-style-type: none"> ✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group and/or individuals) <ul style="list-style-type: none"> • Includes Promoting Interoperability data for MIPS APM participants ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group and/or individual) ✓ View preliminary scoring for Part B claims measures (automatically calculated at the individual AND group level) reported throughout the performance period <ul style="list-style-type: none"> • This data will be updated during the submission period to account for claims received by CMS until March 1, 2022 ✓ View preliminary performance feedback for the group and individual clinicians | <ul style="list-style-type: none"> ✗ View cost measures feedback (if applicable) <ul style="list-style-type: none"> • Cost data won't be available during the submission period ✗ View facility-based scoring for quality / cost (if applicable) <ul style="list-style-type: none"> • REMINDER: Facility-based scoring isn't available for PY 2021. ✗ View data submitted by your APM Entity <ul style="list-style-type: none"> • Example. If you're a Participant TIN in a Shared Savings Program ACO, you won't be able to view the quality data reported by the ACO through the CMS Web Interface ✗ View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group) |

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Group vs Individual Reporting

NEW: Reporting Options (Practices with Clinicians in a MIPS APM)

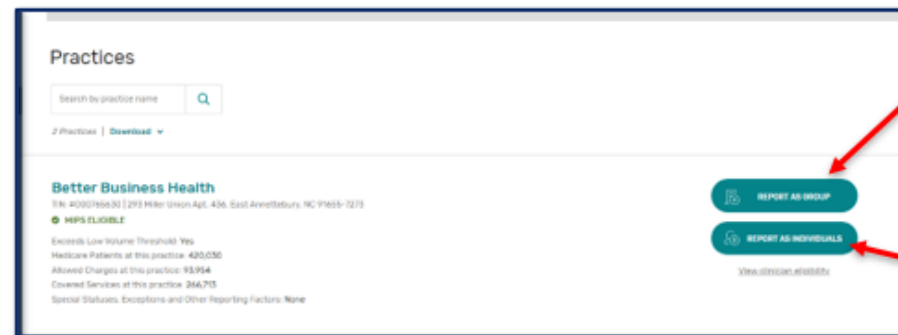
MIPS eligible clinicians participating in a MIPS APM, and groups that include these clinicians, have 2 options for reporting their MIPS data.

[Traditional MIPS](#), established in the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS. Under traditional MIPS, participants select from over 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

- If you're reporting as a group and select **Traditional MIPS**, the final score and associated payment adjustment will apply to all of the MIPS eligible clinicians in your group.

The [APM Performance Pathway \(APP\)](#) is a streamlined reporting framework (with specified measures) beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

- If you're reporting as a group and select **APM Performance Pathway (APP)**, the final score and associated payment adjustment will only apply to the MIPS eligible clinicians who also participate in a MIPS APM.
- Please note that there is a separate [APP Submission Guide](#).



As a group. You're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

As individuals. You're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Group vs Individual Reporting (Continued)

Once you click Report as Group/Report as Individuals, you'll be directed to a new Reporting Options page, where you'll need to indicate whether you're reporting via the APP or traditional MIPS.

The screenshot shows a web interface for the 'Reporting Options' page. At the top, there is a blue header bar with the title 'Reporting Options' and practice details: 'Bogan - Luellwitz | TIN: 549003603' and '837 Elmore Mount, Apt. 645, Botsfordmouth. KS 099014313'. Below the header, the page is divided into two main sections. The first section is titled 'For All MIPS Eligible Clinicians in a MIPS APM' and contains a box for 'APM Performance Pathway (APP)'. This box explains that this option is for MIPS eligible clinicians in a MIPS APM and includes a 'Start Reporting' button. The second section is titled 'For All MIPS Eligible Clinicians' and contains a box for 'Traditional MIPS'. This box explains that this option is for all MIPS eligible clinicians who must report to MIPS and also includes a 'Start Reporting' button. Both boxes have a link to 'Learn more about the APP' or 'Traditional MIPS'.

[Eligibility & Reporting](#) / [Practice Details & Clinicians](#) /

Reporting Options

Bogan - Luellwitz | TIN: 549003603
837 Elmore Mount, Apt. 645, Botsfordmouth. KS 099014313

For All MIPS Eligible Clinicians in a MIPS APM

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.

[Learn more about the APP](#) [↗](#)

[Start Reporting](#)

For All MIPS Eligible Clinicians

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#) [↗](#)

[Start Reporting](#)

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Did you know?

The level at which you participate in MIPS (individual or group) applies to all performance categories. We will not combine data submitted at the individual and group level into a single final score.

For example:

- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

EXCEPTION: Small practices reporting Medicare Part B claims measures for their MIPS eligible clinicians automatically receive a quality score at the individual AND group level.

- **Note:** Performance year 2021 is the last year that we'll automatically calculate a group score from claims measures reported for individual clinicians.

Small practices that reported quality measures through Medicare Part B claims during performance year 2021 should report improvement activities and Promoting Interoperability data at the group level to avoid receiving a group score of 0 in these performance categories.

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Reporting as a Group

When you report as a group, you're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

From the Eligibility & Reporting page, you can view eligibility and special statuses at the practice level, which are applicable to group reporting.

Practice-level **eligibility**
(applies to group
reporting only)

Better Business Health

TIN: #000765630 | 9888 Nguyen Fields Suite 6592, Port Madisonstad, MP 742583214446924

✓ **MIPS ELIGIBLE**

Exceeds Low Volume Threshold: Yes

Medicare Patients at this practice: 575,029

Allowed Charges at this practice: \$529,861.00

Covered Services at this practice: 272,603




Special Statuses, Exceptions and Other Reporting Factors: None

Practice-level **special
statuses and exception
applications** (applies to
group reporting only)

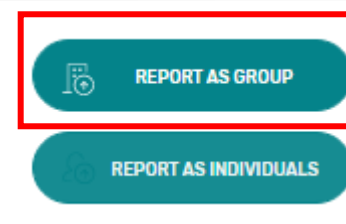
Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Eligibility Refresher (Group Reporting)

| You See | This Means |
|---|---|
| PRACTICE LEVEL (Applies to Group Reporting) | |
|  MIPS ELIGIBLE | If you choose to report as a group, all of your MIPS eligible clinicians (including those who are individually below the low-volume threshold) will receive a payment adjustment based on your group submission |
|  MIPS EXEMPT | <p>You can choose to voluntarily report as a group, but none of your clinicians will receive a payment adjustment</p> <p>You will also see this status when your group was “opt-in eligible” and a practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to voluntarily report.</p> |
| Opt-in Option: <u>Opt-in eligible as group</u> | <p>Your practice isn’t eligible for MIPS and your clinicians will not receive a MIPS payment adjustment from group reporting unless you make an election to Opt-In as a group.</p> <p>No action is needed if you don’t want to submit data.</p> <p>If you want to submit group-level data, you will be prompted to make an election before you can submit data.</p> <ul style="list-style-type: none"> • Opt-In to MIPS and your clinicians will receive a MIPS payment adjustment (even if no data is submitted) • Voluntarily Report and your clinicians will NOT receive a MIPS payment adjustment based on any data submitted |
|  MIPS ELIGIBLE VIA OPT-IN | <p>A practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to opt-in to MIPS.</p> <p>Your MIPS eligible clinicians will receive a payment adjustment.</p> |

If your practice is “**MIPS eligible**” or “**MIPS exempt**” as a group, clicking Report as a Group will take you the [Reporting Overview](#) page, where you can submit data or view data submitted on your behalf.



Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Opt-in Eligible

If your practice is opt-in eligible, you'll be prompted to make an election before you can submit data. Once made, this election can't be changed.

Select either **Opt-In** or **Report Voluntarily** to proceed with the election process.

- Select **Opt-In** if you're electing for the practice to receive a MIPS final score based on a group submission and for all MIPS eligible clinicians to receive a payment adjustment.
- Select **Report Voluntarily** if you're electing for the practice to receive a MIPS final score based on a group submission, but no payment adjustment for your clinicians.
 - **NOTE:** You can't voluntarily report the APM Performance Pathway.

Review the [2021 MIPS Opt-In and Voluntary Reporting Election Guide](#) for more information.

Group Reporting Options

To participate in MIPS, you must decide whether you will opt-in or report voluntarily before any data can be submitted.

Dittrich, Krajíček and Urbanová

TIN: 100000093

☒ MIPS EXEMPT

Elect to Opt-In

By electing to Opt-In, you become MIPS eligible. You will receive a MIPS final score and a payment adjustment in 2023.

Opt-In

Choose to Report Voluntarily

By voluntarily reporting MIPS data, you will receive performance feedback for informational purposes only. You will not receive a payment adjustment in 2023. Voluntary reporting through the APM Performance Pathway (APP) isn't permitted.

Report Voluntarily

Cancel and Go Back

Registered for the CMS Web Interface

Change Your Mind? If you change your mind, you also can **cancel and go back** to the main Eligibility & Reporting page

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Reporting as Individuals

When you're reporting as individuals, you're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

Users with access to their practice can view eligibility and special statuses at the individual level, which are applicable to the specific clinician for individual reporting.

Click **Report as Individuals** or **View Clinician Eligibility** (under the option to Report as Individuals) to access Practice Details and Clinicians.



This page displays the clinicians who (identified by National Provider Identifier, or NPI) billed services under your practice's TIN **with dates of service between October 1, 2020, and September 30, 2021**, and received by CMS by October 30, 2021.

- This includes clinicians who left your practice and/or have terminated the reassignment of their billing rights to your practice's TIN in PECOS during this timeframe.

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Practice Details & Clinicians

Better Business Health | Performance Year (PY) 2020

Performance Year 2020

MIPS ELIGIBLE

Clinicians (Final Eligibility)

Facility-based (Martinez-Johnson, CCN: zVKE0d)

+ View complete eligibility details

REPORT AS GROUP

Clinicians

The following is a list of all clinicians who submitted claims data to CMS for Performance Year 2020 for this practice. Here you can view their MIPS Participation, APM Participation, and Special Status details.

Search by last name

7 Clinicians | Download

OPPASO SecOffOne at Better Business Health

NPI: #0448243410 | Doctor of Medicine

MIPS Eligibility: INDIVIDUAL GROUP

Clinicians (Final Eligibility)

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

REPORT AS INDIVIDUAL

Did you know?

Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2021 **won't** appear on qpp.cms.gov during the submission period.

- These clinicians will be added to your practice's downloadable Payment Adjustment CSV with final performance feedback in July 2022:
 - They will receive a neutral MIPS payment adjustment if your practice reported as individuals; or
 - They will receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS) if your practice reported as a group.



Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Each clinician will have an eligibility indicator at the individual and group level. If your practice is reporting as individuals, click **View complete eligibility** details to better understand the clinician's reporting requirements, reporting options and payment adjustment information

Chad Smith at Better Business Health
NPI: #0101947063 | Doctor of Medicine

MIPS Eligibility: ☒ INDIVIDUAL ☐ GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

[+ View complete eligibility details](#)

[REPORT AS INDIVIDUAL](#)

Chad Smith at Better Business Health
NPI: #0101947063 | Doctor of Medicine

MIPS Eligibility: ☒ INDIVIDUAL ☐ GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

[+ View complete eligibility details](#)

[REPORT AS INDIVIDUAL](#)

If the clinician is **"MIPS eligible"** or **"MIPS exempt"** as an individual, clicking Report as Individuals will take you the [Reporting Overview](#) page, where you can submit data or view data submitted on your behalf.

Understanding What Information is Available by Organization Type

Practice Representatives (Continued)

Opt-in Eligible

If the clinician is opt-in eligible, you'll be prompted to make an election before you can submit data. Once made, this election **can't** be changed.

Select either **Opt-In** or **Report Voluntarily** to proceed with the election process.

- Select **Opt-In** if you're electing for the clinician to receive a MIPS payment adjustment.
- Select **Report Voluntarily** if you're electing for the clinician to receive a MIPS final score but no payment adjustment.
 - **NOTE:** You can't voluntarily report the APM Performance Pathway.

Change Your Mind?

If you change your mind, you also can **cancel and go back** to the main Eligibility & Reporting page.

Review the [2021 MIPS Opt-In and Voluntary Reporting Election Guide](#) for more information.

To participate in MIPS, you must decide whether you will **opt-in** or **report voluntarily** before any data can be submitted.

Dittrich, Krajíček and Urbanová
TIN: 100000093
MIPS EXEMPT

Elect to Opt-In
By electing to Opt-In, you become MIPS eligible. You will receive a MIPS final score and a payment adjustment in 2023.

Opt-In

Choose to Report Voluntarily
By voluntarily reporting MIPS data, you will receive performance feedback for informational purposes only. You will not receive a payment adjustment in 2023. Voluntary reporting through the APM Performance Pathway (APP) isn't permitted.

Report Voluntarily

Cancel and Go Back

Registered for the CMS Web Interface

Understanding What Information is Available by Organization Type

APM Entity Representatives

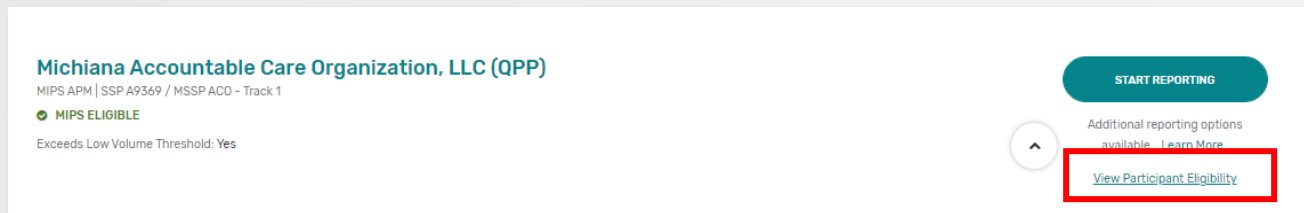
This section includes information for users with a Staff User or Security Official role for an **APM Entity organization**, identified by an APM Entity ID.

| With this Access | You CAN do this during the submission period | You CAN'T do this during the submission period |
|--|--|---|
| Staff User or Security Official for an APM Entity | <ul style="list-style-type: none">✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity✓ View information about performance category reweighting (including from approved exception applications)✓ Submit quality data through the CMS Web Interface (Shared Savings Program ACOs, or other registered APM Entities)✓ Upload a QRDAIII file with your eCQM data to meet your model-specific requirements (Comprehensive Primary Care Plus and Primary Care First practice sites)✓ Upload a file of APM Entity-level quality measure data (all APM Entities in MIPS APMs)✓ View preliminary performance feedback on quality data submitted by or on behalf of the APM Entity | <ul style="list-style-type: none">✗ View the Promoting Interoperability data reported by clinicians and groups in your APM Entity |

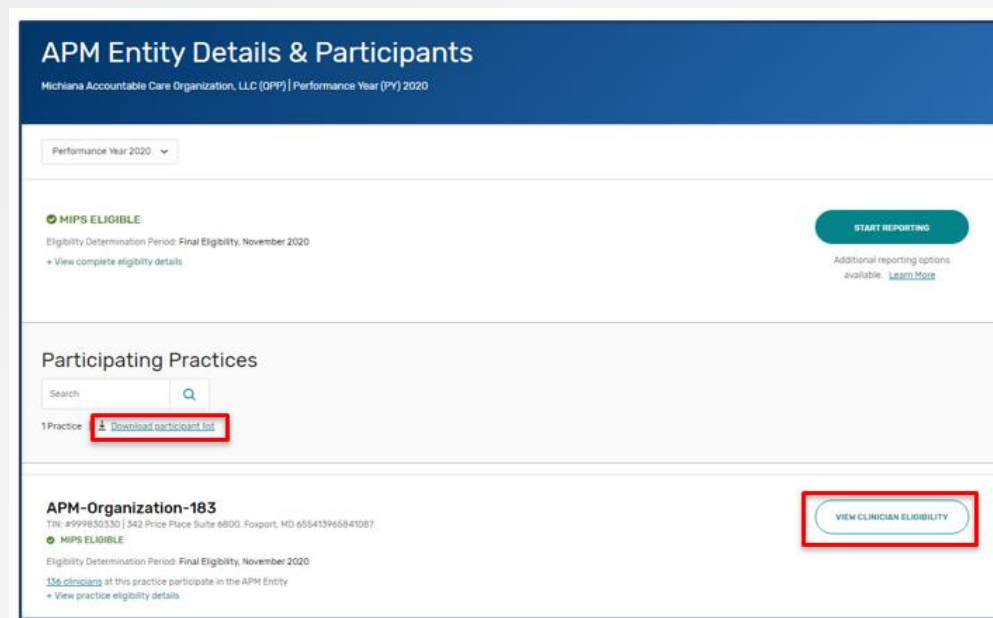
Understanding What Information is Available by Organization Type

APM Entity Representatives (Continued)

After signing in and clicking **Eligibility & Reporting** from the left-hand navigating, users with access to their APM Entity can access a list of the clinicians participating in the Entity by clicking **View Participant Eligibility** beneath Start Reporting.



From the **APM Entity Details & Participants** page, you will be able to **download** a list of all your participants or **view** participants by Practice. This is a list of the clinicians identified as participating in your APM Entity on the 1st, 2nd or 3rd APM Snapshot dates (March 31, June 30, and August 31, 2021).



Understanding What Information is Available by Organization Type

APM Entity Representatives (Continued)

[Back to Participating Practices](#)

Clinicians at APM-Organization-183

The following is a list of all clinicians in this practice who participate in Michiana Accountable Care Organization, LLC (QPP).

Search by last name

136 Clinicians | [Download 136 clinicians](#)

Chardonnay Sevenhundredeightsix at APM-Organization-183

NPI: #8883806346 | Doctor of Medicine
MIPS Eligibility: INDIVIDUAL GROUP
Eligibility Determination Period: Final Eligibility, November 2020

| REPORTING REQUIREMENTS |
|------------------------|
| Not available. |

| REPORTING OPTIONS |
|-------------------|
| |

[+ View complete eligibility details](#)

When you select **View Clinician Eligibility** by practice, only clinicians in the practice who are also participating in the APM Entity will be listed.

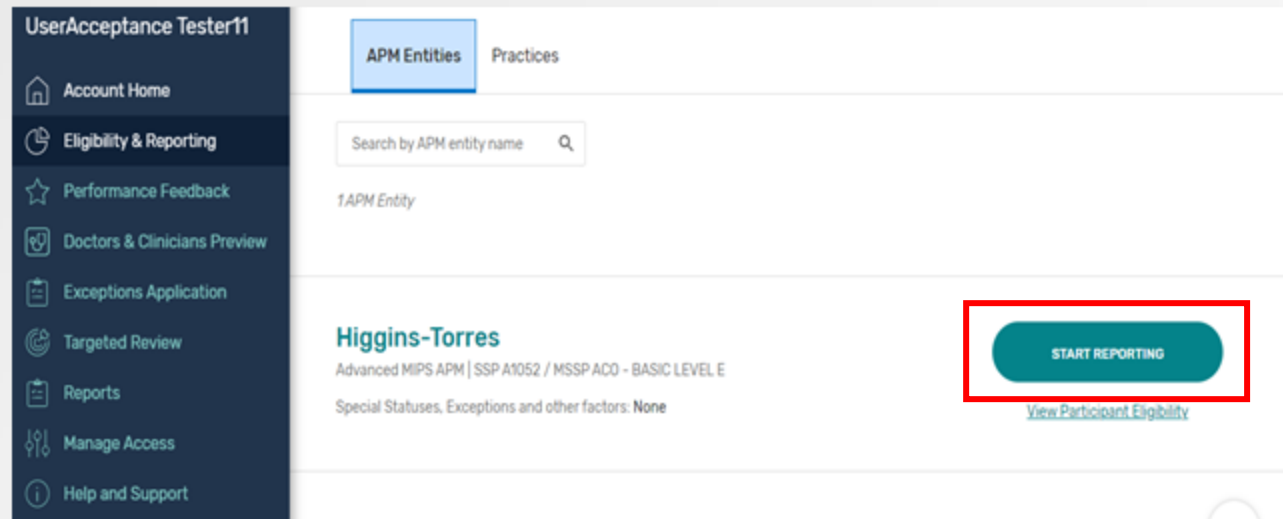
Understanding What Information is Available by Organization Type

APM Entity Representatives (Continued)

Reporting Options

Once logged in, you will see the Account Dashboard, which will list all the APM Entities for which you can report data. This is based on the permissions/roles associated with your account.

From the Eligibility & Reporting page, select Start Reporting next to the APM Entity for which you'd like to report data.



From here, you'll be directed to a new Reporting Options page which outlines any required or optional reporting.

Understanding What Information is Available by Organization Type

APM Entity Representatives (Continued)

Shared Savings Program ACOs

Shared Savings Program ACOs are required to report the APP quality measure set as part of their participation in the Shared Savings Program. From the Reporting Options page, you'll select **Start Reporting** underneath the **APM Performance Pathway (APP)** option, and then you'll click **Report APP** on the subsequent pop-up modal. Please refer to the [2021 APP Submission Guide](#) for more information.

Eligibility & Reporting / APM Entity Details & Participants /

Reporting Options

Carey PLC | APM Entity ID: A3859

Required Reporting

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.

[Learn more about the APP](#)

Start Reporting

Optional Reporting

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#)

Start Reporting

Understanding What Information is Available by Organization Type

APM Entity Representatives (Continued)

Comprehensive Primary Care Plus and Primary Care First Practice Sites

You'll see your model-specific reporting identified as Required Reporting, with the APM Performance Pathway (if your organization qualifies as a MIPS APM) and traditional MIPS listed as optional. In the screenshot below, the practice site isn't a MIPS APM, and therefore doesn't have the option to report the APM Performance Pathway.

The screenshot displays the reporting options for a practice site. It is divided into two main sections: 'Required Reporting' and 'Optional Reporting'. In the 'Required Reporting' section, 'Comprehensive Primary Care Plus (CPC+)' is listed with a description and a link to learn more. A blue 'Start Reporting' button is highlighted with a red rectangle. In the 'Optional Reporting' section, 'Traditional MIPS' is listed with a description and a link to learn more. A grey 'Start Reporting' button is visible at the bottom right of this section. At the very bottom of the interface, there is a footer link to sign up for a user feedback session.

Required Reporting

Comprehensive Primary Care Plus (CPC+)

CPC+ participants are required to submit clinical measures to fulfill their model requirement.

[Learn more about CPC+](#)

Start Reporting

Optional Reporting

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#)

Start Reporting

Help shape the future of QPP. Participate in a user feedback session. [Sign up now](#)

Understanding What Information is Available by Organization Type

APM Entity Representatives (Continued)

APM Entities in All Other Models

If your organization qualifies as a MIPS APM, you'll see both traditional MIPS and the APM Performance Pathway listed as optional.

Reporting Options

New England Cancer Specialists (QPP) | APM Entity ID: OCM-978

Optional Reporting

APM Performance Pathway (APP)

This reporting option is available to all MIPS eligible clinicians participating in a MIPS APM who must report to MIPS.

[Learn more about the APP](#)

Edit Submission

Traditional MIPS

This reporting option is available to all MIPS eligible clinicians who must report to MIPS.

[Learn more about Traditional MIPS](#)

Start Reporting

Understanding What Information is Available by Organization Type

Virtual Group Representatives

This section includes information for users with a Staff User or Security Official role for a **Virtual Group organization**, identified by Virtual Group ID.

| With this Access | You CAN do this during the submission period | You CAN'T do this during the submission period |
|--|--|---|
| Staff User or Security Official for a Virtual Group | <ul style="list-style-type: none">✓ Access information about the practices (TINs) and clinicians participating in the virtual group✓ View information about performance category reweighting (including from approved exception applications)✓ Submit data on behalf of your virtual group✓ View data submitted on behalf of your virtual group✓ View performance feedback for the virtual group | <ul style="list-style-type: none">✗ View your cost feedback (if applicable)<ul style="list-style-type: none">• Cost data won't be available during the submission period✗ View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission) |

Understanding What Information is Available by Organization Type

Virtual Group Representatives (Continued)

From the Eligibility & Reporting page, users with access to their virtual group can review any **special statuses and other reporting factors** attributed to the virtual group.

They can also access a list of the practices and clinicians participating in the virtual group by selecting **View participant eligibility**.

Eligibility & Reporting

PY 2020

Performance Year 2020 ▾

Eligibility Status for Performance Year 2020

- MIPS Eligibility, APM Eligibility and Qualifying APM Participant (QP) Status is final.
- SSP participation will be finalized in March 2021 for participants that joined Between September 1 and December 31.

VIRTUAL GROUPS PRACTICES

fake91
2 participating practices

START REPORTING

[View participant eligibility](#)

Understanding What Information is Available by Organization Type

Virtual Group Representatives (Continued)

From the Participating Practices page, you can access a list of clinicians in each participating practice but can't download a list of all clinicians participating in the virtual group.

Virtual Group Details & Participants

fake91 | PY 2020

Performance Year 2020

Special Statuses, Exceptions and Other Reporting Factors:

START REPORTING

Participating Practices

Search

2 Practices

SFUI Automation Org Three

TIN: #000198271 | 19168 Harris Landing Suite 466B, West Cheryl, AR 604350896285840

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](#)

[View practice eligibility details](#)

[View APM entity details](#)

VIEW CLINICIAN ELIGIBILITY

Scoring Org 34

TIN: #000893732 | 9454 Michael Summit Suite B124, Scottport, GA 318056618439198

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](#)

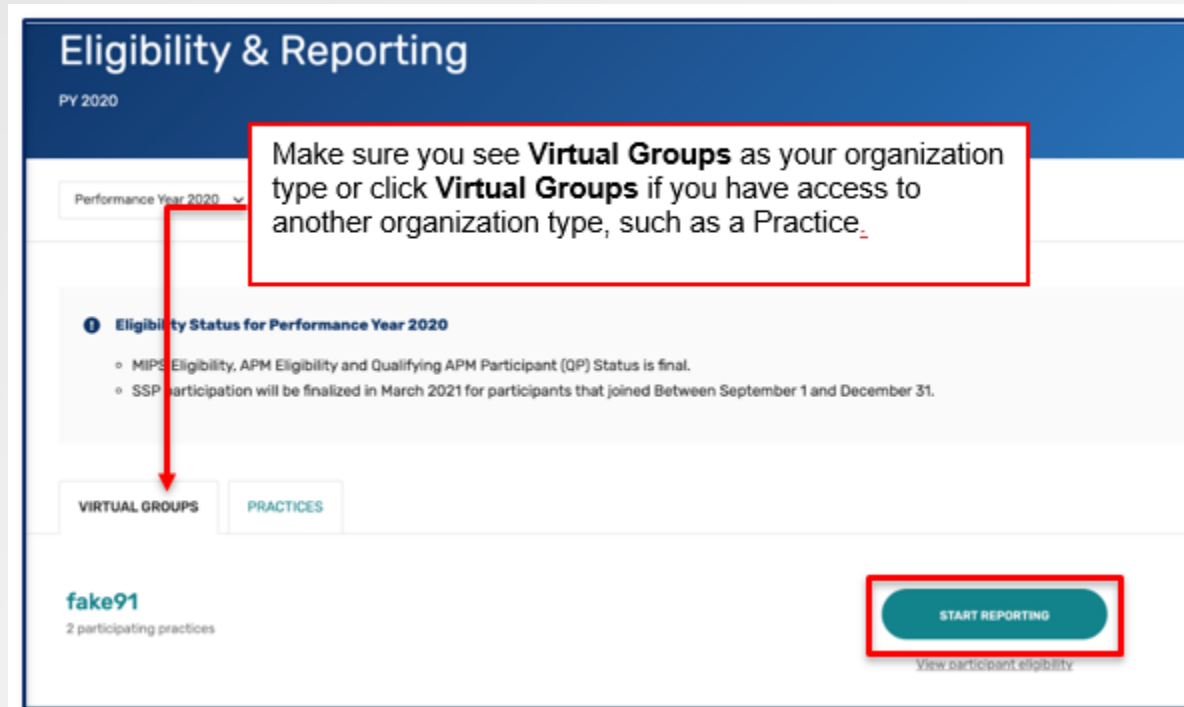
[View practice eligibility details](#)

VIEW CLINICIAN ELIGIBILITY

Understanding What Information is Available by Organization Type

Virtual Group Representatives (Continued)

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate Virtual Group organization.



Did you know?

Data submitted by Practices participating in the Virtual Group will be considered voluntary reporting (both individual and group submissions).

[Appendix B](#) offers helpful information about Virtual Group access.



Submitting and Reviewing Data

Reporting Overview Page

From the Reporting Overview page, you'll be able to:

- Upload a file
- [View the Preliminary Total Score](#)
- [View preliminary performance category scores and weights](#)
- [Access previously submitted data](#) (by you or a third party)

Upload a File

You can upload a Quality Reporting Data Architecture Category III (QRDA III) or QPP JavaScript Object Notation (JSON) file with data for any or all performance categories by selecting Upload a File.

The screenshot displays the 'Reporting Overview' page. At the top, there is a navigation bar with links: 'Account Home', 'Eligibility & Reporting', and 'Practice Details & Clinicians'. Below this, the main heading 'Reporting Overview' is followed by practice information: 'Four Scoring-53, Doctor of Medicine at ITScoring-53', 'NPI: 0962700361 | TIN: 000043663', and '842 Marissa Terrace, Suite 7960, Ricardochester, PA 296324809665845'. A dropdown menu for 'Performance Year 2020' and a 'Print' button are visible. The 'Start reporting' section contains instructions on uploading QRDA III or QPP JSON files. A red rectangular box highlights the 'UPLOAD A FILE' button in the bottom right corner of the page.

Reporting Overview Page (Continued)

Once you've uploaded your file, you will see an indicator of success or error.

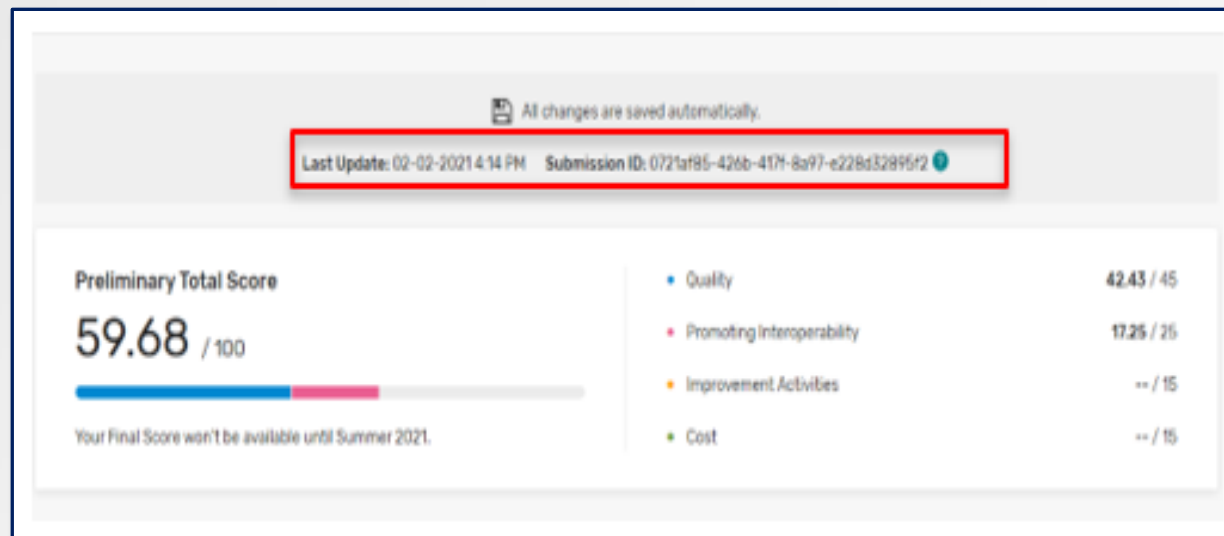
The screenshot displays two notification boxes at the top. The left box, titled 'Upload successful' with a green checkmark, states: 'Your files were successfully uploaded. You can now review your submitted data on the Overview and Category Details pages.' The right box, titled 'An Upload Error Occurred' with a red 'x' icon, states: 'You have an error in your submission reporting. You can continue to review your submission or [upload a new file](#).' A red box highlights the 'DOWNLOAD REPORT' link in the error box, with a red arrow pointing down to a table below.

Download your error report to review the specific errors in your file.

| A | B | C | D | E |
|------|----------|--------------------|---------------|---|
| File | Size | Timestamp | Status | Message |
| MIPS | 469.8 KB | 2021-02-08T19:56:5 | Upload Failed | SV - performanceEnd must be after or the same as the performanceStart date - null |
| MIPS | 469.8 KB | 2021-02-08T19:56:5 | Upload Failed | SV - performanceEnd must match the submission's performanceYear - null |
| MIPS | 469.8 KB | 2021-02-08T19:56:5 | Upload Failed | SV - performanceStart must match the submission's performanceYear - null |

Preliminary Total Score

You will see a Preliminary Total Score based on data submitted to date (by you and/or a third party). This preliminary score will update as new data is submitted.

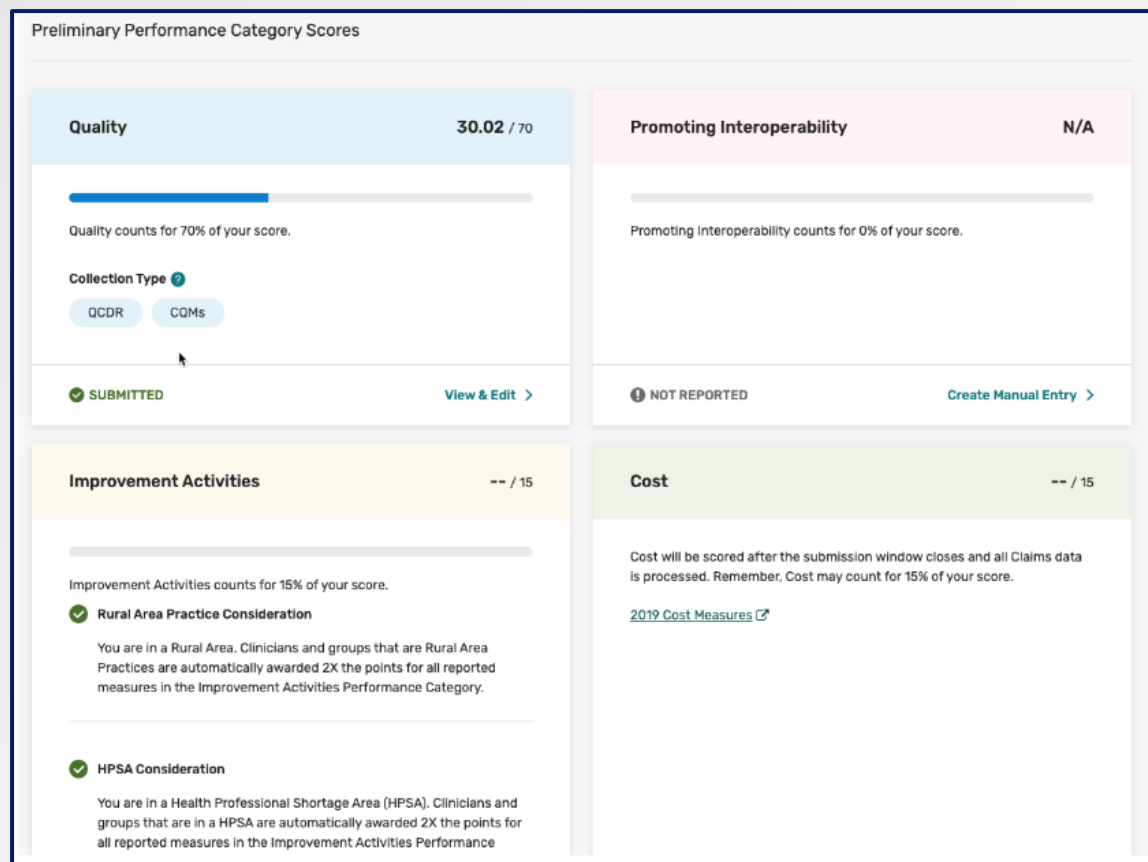


On each page, you'll see the most recent date that submission data was updated.

You will also see a **Submission ID**. This unique identifier is associated with all data submitted by and/or on behalf of each clinician, group virtual group, or APM Entity.

Preliminary Performance Category Scores and Weights

You will see your preliminary scores and the current weight for each performance category, any special statuses that impact your reporting requirements, along with an indicator of whether data has been submitted.



Did you know?

Preliminary Quality Scores won't reflect CMS Web Interface submissions until all measures have met data completeness requirements.

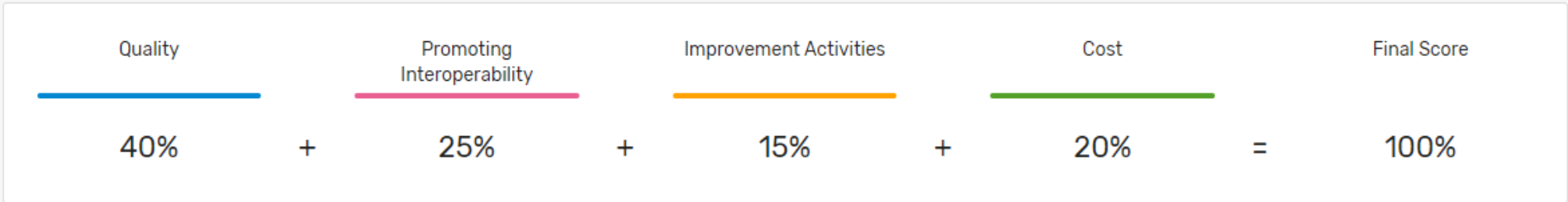
If you see a weight of 0% for any performance category (displayed as "N/A"), you can still submit data, but you will be asked to confirm that you wish to continue as this will override your reweighting.

Preliminary Performance Category Scores and Weights (Continued)

Further down the page, you will also see a breakdown of the current weights of each performance category.

How your Final Score is created

Your Final Score, available in Summer 2022, is created by combining the scores from each applicable performance category. Your Final Score will be out of 100.



Extreme and Uncontrollable Circumstances Applications

If you have an approved application due to extreme and uncontrollable circumstances (EUC), such as the COVID-19 public health emergency, you will see a banner on the Reporting Overview page indicating this. (You'll see the same banner on the Reporting Overview page for all individual clinicians due to the automatic EUC policy.)





Extreme and Uncontrollable Circumstances

You have an approved application, you are not required to submit any data for Quality, Improvement Activities, Promoting Interoperability and Cost. By submitting data, this will offset your application and you will be scored on submitted data

Groups and Virtual Groups

As you scroll down the page, you'll see "N/A" as the weight for any category included in the approved application for which you **haven't** submitted data.

If data has been submitted for a performance category included in an approved application (or a performance category wasn't included in the application, you will see the performance category's weight and preliminary scoring information).

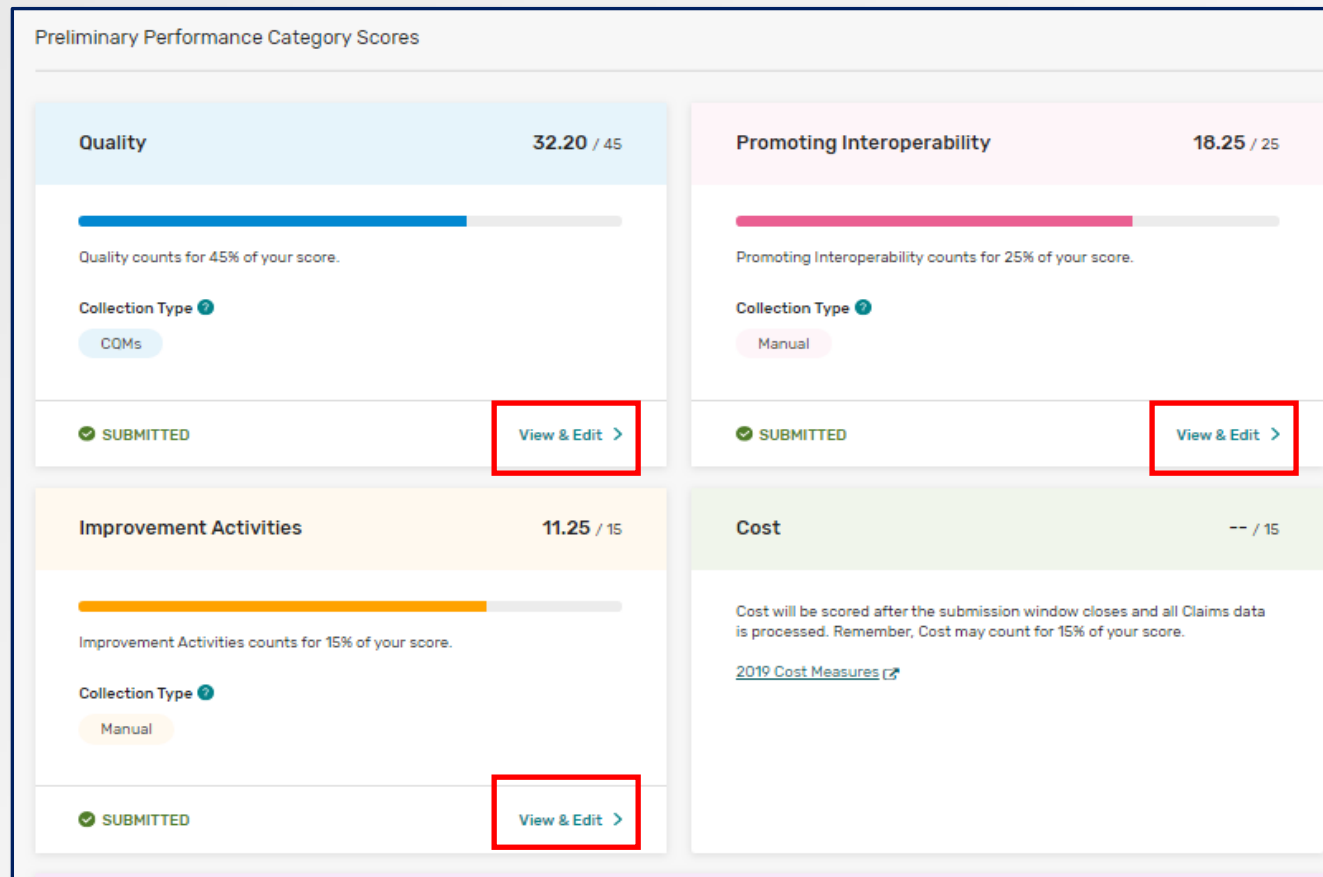
| | |
|--|---------|
|  Quality | N/A |
|  Promoting Interoperability | N/A |
|  Improvement Activities | -- / 50 |
|  Cost | -- / 50 |

APM Entities

As you scroll down the page, you'll see "N/A" as the weight for all performance categories, even if data has been submitted.

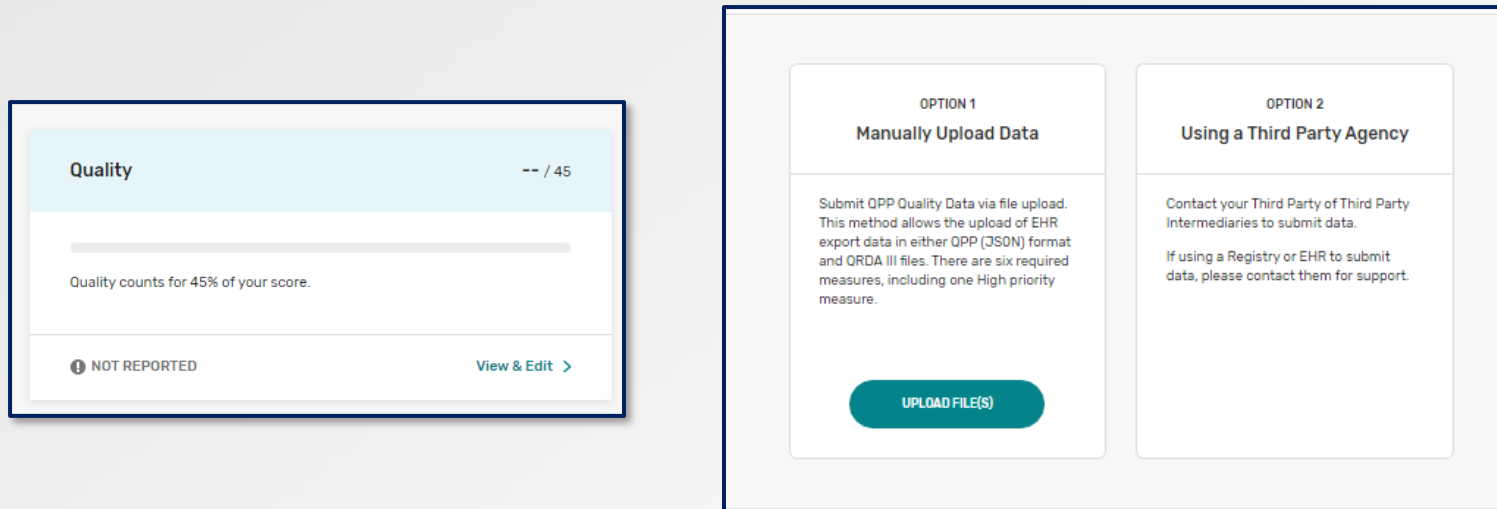
Access Previously Submitted Data

Click **View & Edit** to access details about the data that's already been submitted for a performance category.



Upload Your Quality Measures

You can upload files for any or all performance categories from the Reporting Overview page. Alternately, if no quality data has been reported, you can upload your own QRDA III or QPP JSON file with your eCQMs or MIPS CQMs by clicking **View & Edit** in the Quality section of the Reporting Overview and then **Upload File(s)**:



Once quality measures have been submitted, you will need to upload new files from the [Reporting Overview](#) page.

Having trouble uploading your QRDAIII file?

Skip ahead to the [troubleshooting](#) section of this guide.

Review Previously Submitted Data

From the Reporting Overview, click **View & Edit** in the Quality section to access the Quality details page.

Quality

Pfeffer Group
TIN: 000839403
01712 Amy Well Apt. 337, Suite 5150, Douglasburgh, NM 693839346567033

Performance Year 2020 ▾

Print

QPP Quality Score

Beginning in PY 2019, clinicians and groups can report measures from multiple collection types for a single Quality score, with the exception of CMS Web Interface measures.

The Total Preliminary Score does not reflect CMS Web Interface submission data. If you only submit CMS Web Interface measures, you will see a Total Preliminary Score of 0.00/45 during the submission period until all measures are completed.

Upload File

Manage Data

Total Preliminary Score

35.52 / 45

Review Previously Submitted Data (Continued)

During the submission period, this page will reflect:

- Medicare Part B claims measures reported by clinicians in a small practice throughout the performance period (available mid-January 2022), and
- eCQMs or MIPS CQMs that you have uploaded directly or were submitted by a third party (such as a Qualified Registry or QCDR), and
- QCDR measures submitted on your behalf by a QCDR

Medicare Part B Claims Measures

Only clinicians in small practices (fewer than 16 clinicians) can report Medicare Part B claims measures. If you don't see your preliminary scores for Part B claims measures, check the QPP Participation Status lookup tool to see if you have the small practice special status.

We automatically calculate a quality score at the individual and group level based on Part B claims measures submitted by clinicians in a small practice.

We intend to update preliminary Part B claims measure scores on a monthly basis during the submission period (to account for the 60-day run out period for claims measure processing).

Review Previously Submitted Data (Continued)

During the submission period, this page **WON'T** reflect:

- Scoring for the CAHPS for MIPS survey measure.
- Scoring on any administrative claims quality measures.
- Measures reported through the CMS Web Interface **until all measures meet data completeness requirements.**
 - **Groups and virtual groups that are registered for CMS Web Interface will see a message explaining this**

QPP Quality Score

Beginning in PY 2019, clinicians and groups can report measures from multiple collection types for a single Quality score, with the exception of CMS Web Interface measures.

The Total Preliminary Score does not reflect CMS Web Interface submission data. If you only submit CMS Web Interface measures, you will see a Total Preliminary Score of 0.00/45 during the submission period.

Total Preliminary Score
7.50 / 45

1 You are registered for the CMS Web Interface. Quality scores based on CMS Web Interface submissions are not available during the submission period. To view your submission details and measure level scores, go to the [CMS Web Interface](#).

Measure Information

Measures may be divided into 3 groups:

1. Measures whose performance points and bonus counts count toward your quality performance category score. The measure score will display the sum of your performance and bonus points.

| Measures that count toward Quality Performance Score | | | |
|---|------------------|---------------|---|
| Your Measure Score includes both performance points and bonus points. | | | |
| Measure Name Expand All | Performance Rate | Measure Score | |
| Pneumococcal Vaccination Status for Older Adults Measure ID: 111 End-to-End Reporting | 43.60% | 6.69 | ▼ |
| Breast Cancer Screening Measure ID: 112 End-to-End Reporting | 12.59% | 5.26 | ▼ |

Measure Information (Continued)

- Measures whose bonus points contribute to your quality performance category score. You will see the bonus points earned by these measures.

| Measures that earned bonus points only | | | |
|--|------------------|---------------|---|
| These measure(s) fall outside of your top scoring measures but received bonus points. Your Measure Score will only include those bonus points. | | | |
| Measure Name Expand All | Performance Rate | Measure Score | |
| Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Measure ID: 001 High Priority | 90.00% | 2.00 | ▼ |
| Sub-Total: | | 2.00 | |

- Measures that contribute no points to your quality performance category score. You will see an "N/A" in the measure score.

| Measures submitted but do not count towards Quality | | | |
|--|------------------|---------------|---|
| These measures either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission. The "Points from Benchmark Decile" is the measure score that measure received. | | | |
| Measure Name Expand All | Performance Rate | Measure Score | |
| Preventive Care and Screening: Influenza Immunization Measure ID: 110 | 2.06% | N/A | ▼ |
| Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128 | 17.79% | N/A | ▼ |

Measure Information (Continued)

In addition to the required outcome measure (or high priority measure if no outcome measure is available), we will use your 5 highest scoring measures across collection types to determine your Quality performance category score.

- For example, a small practice may report 3 measures by claims and upload a QRDA III file with 3 eCQMs to meet the requirement of submitting 6 measures.

If you submit the same measure through multiple collection types, we will use the collection type that earned the most performance points.

Exception: We will only combine CMS Web Interface measures with the CAHPS for MIPS survey measure. If you report through the CMS Web Interface and report measures from other collection types (such as eCQMs or QCDR measures), we will use whichever results in a higher quality score – either your CMS Web Interface measures OR those submitted through other collection types.

What's a collection type?

A collection type refers to a set of quality measures with comparable specifications and data completeness requirements. The same measure may be reported through multiple collection types, where each collection type has a distinct measure specification for collecting the data and calculating the measure.

For example, Measure 130 (Documentation of Current Medication in the Medical Record) may be reported as:

- A Medicare Part B Claims Measure
- A MIPS Clinical Quality Measure (MIPS CQM)
- An Electronic Clinical Quality Measure (eCQM)

Measure Information (Continued)

To view measure details, click the down arrow on the right side of the measure information:

Controlling High Blood Pressure
Measure ID: 236 | End-to-End Reporting

88.89%

11.00

▼

Controlling High Blood Pressure
Measure ID: 236 | End-to-End Reporting

88.89%

11.00

▲

Lowest Benchmark

51.69 57.08 61.33 64.80 68.45 72.04 76.36 >=82.38

Highest Benchmark

Performance Rate **88.89%**

High Priority Bonus Ignored

This measure meets the requirement to receive the high priority bonus but has been selected as the first measure and is not eligible for the high priority bonus.

Measure Type

Intermediate Outcome

Details

| | |
|---------------------|------|
| Numerator | 800 |
| Denominator | 900 |
| Data Completeness | 100% |
| Eligible Population | 1000 |

Performance Points

| | |
|------------------------------|-------|
| Points from Benchmark Decile | 10.00 |
|------------------------------|-------|

Bonus Points

| | |
|---|------|
| High Priority Outcome or Patient Experience | 0.00 |
| Other High Priority | 0.00 |
| End-to-End Reporting | 1.00 |

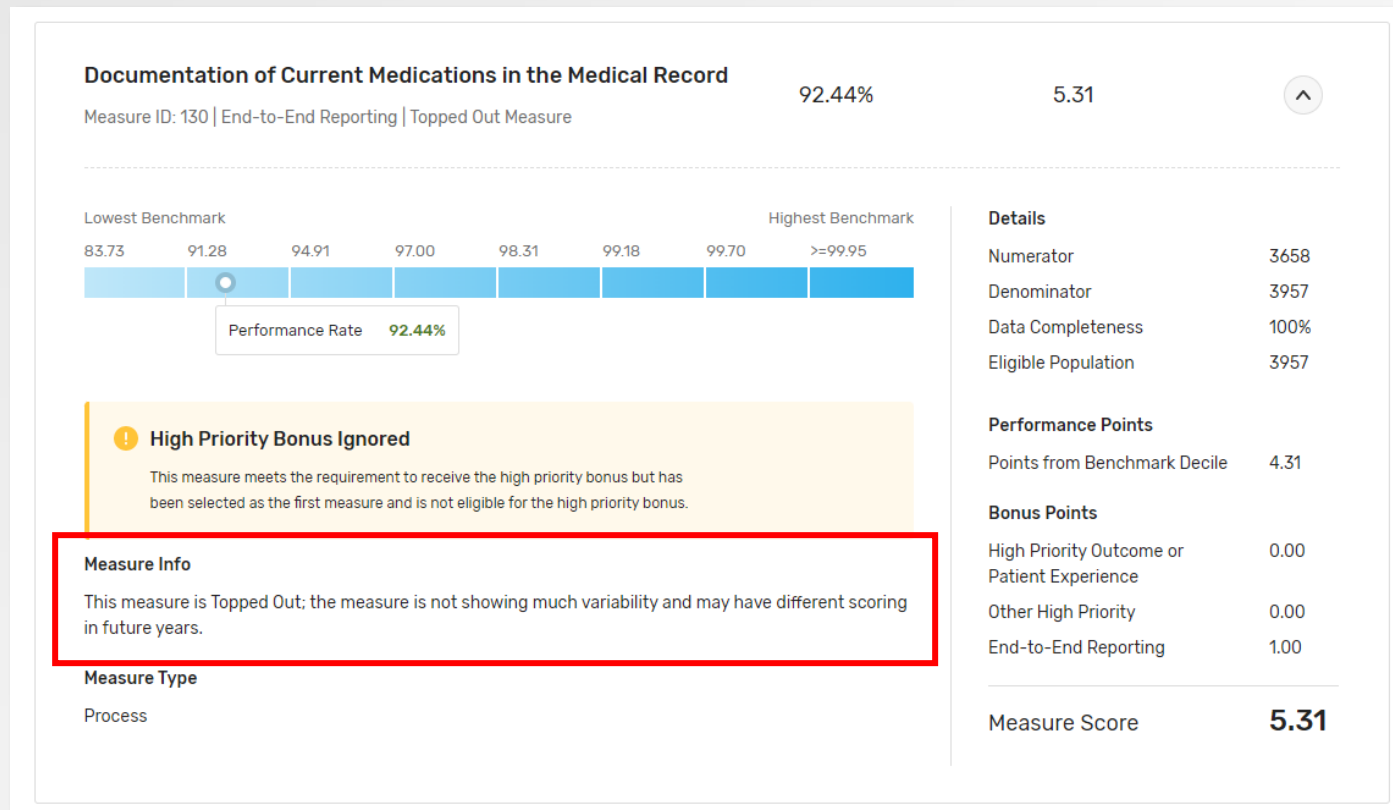
Measure Score **11.00**

From here, you will see performance points (those earned by comparing your performance to a historical benchmark), bonus points, and other scoring details about the measure.



Topped-Out Measures

A topped-out measure is one where performance is high with little variation among those reporting the measure – a topped out **process** measure is defined as a measure with a median performance rate of 95% or greater (or 5% or less, for inverse measures).



Did you know?

Not all topped out measures are capped at 7 points. To be capped at 7 points, a measure must in its 2nd (or 3rd or 4th) consecutive year of being topped out through the same collection type. Refer to "Seven Point Cap" column in the [2021 Quality Benchmarks](#) file.

Measures Without a Historical Benchmark

| | | | | |
|---|--|---|------|---|
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | | 96.37% | 3.00 | ^ |
| Measure ID: 226 | | | | |
| | | | | |
| Measure Info | | Details | | |
| There are no Quality Benchmarks associated with this measure | | Numerator | | |
| Measures that do not have a Quality benchmark will receive a score of three points. If sufficient data is submitted for non-benchmarked measures, CMS may establish a benchmark and allow for a score higher than three (3) points. | | 823 | | |
| Measure Type | | Denominator | | |
| Process | | 854 | | |
| | | Data Completeness | | |
| | | 100% | | |
| | | Performance Points | | |
| | | Points from Benchmark Decile | | |
| | | 3.00 | | |
| | | Bonus Points | | |
| | | High Priority Outcome or Patient Experience | | |
| | | 0.00 | | |
| | | Other High Priority | | |
| | | 0.00 | | |
| | | End-to-End Reporting | | |
| | | 0.00 | | |
| | | Measure Score | | |
| | | 3.00 | | |

If you report a measure without a historical benchmark, you will see **3 performance points** provided the measure met data completeness and case minimum requirements.

If we can calculate a performance period benchmark, we will update the measure's performance points in your final performance feedback (available summer 2022).

You can still earn bonus points for measures without a historical benchmark.

Submitting Fewer than 6 Measures

Clinicians who don't have 6 available quality measures and who report Medicare Part B Claims measures or MIPS CQMs may qualify for the Eligible Measure Applicability, or EMA, process. We check for unreported, clinically related measures – or whether you reported all measures in a specialty measure set with fewer than 6 measures – which can result in a denominator reduction in the Quality performance category.

If you submit fewer than 6 MIPS CQMs, the Quality Details page will display a message indicating whether the submission qualified for EMA. Denominator reductions for MIPS CQM submissions will be immediately reflected in the Total Quality Score calculation section.

Did you know?

If you reported Medicare Part B Claims measures, the EMA process is generally applied **after the submission period** to account for the 60-day claims run out period (during which time, CMS may still receive Medicare Part B claims with dates of service in 2021).

For more information on EMA, review the [2021 EMA and Denominator Reductions User Guide](#) on the [QPP Resource Library](#).

Submitting Fewer than 6 Measures (Continued)

Submission (MIPS CQMs) doesn't qualify for denominator reduction

✖ Submission Less than 6 Measures

This submission has less than six measures and has not qualified for Eligibility Measure Application. The submission was scored on the measures submitted and received a zero for required measures not reported.

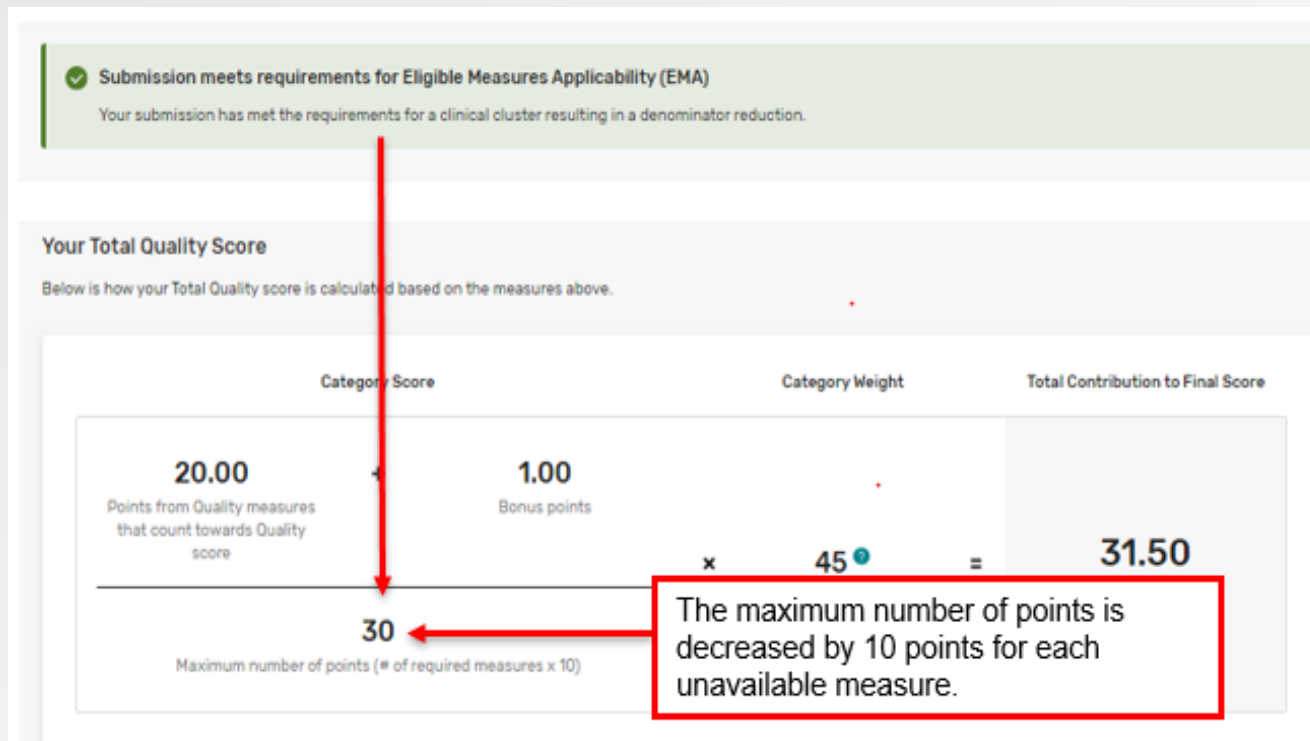
Your Total Quality Score

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

| Category Score | | Category Weight | | Total Contribution to Final Score |
|--|---|----------------------|----|-----------------------------------|
| 20.00 Points from Quality measures that count towards Quality score | + | 1.00 Bonus points | | |
| <hr/> | | | | |
| 60 Maximum number of points (# of required measures x 10) | | x | 45 | = |
| | | | | 15.75 out of 45 |

Submitting Fewer than 6 Measures (Continued)

Submission (MIPS CQMs) qualifies for denominator reduction



Preliminary Quality Score Calculation

At the bottom of the Quality page, you can see how we arrived at the points contributing to your final score.

We divide the sum of your achievement and bonus points by the maximum number of points available in the Quality performance category, then we multiply that number by the category weight.

Your Total Quality Score

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

| Category Score | | Category Weight | | Total Contribution to Final Score |
|---|---|-----------------------------|---|-----------------------------------|
| 18.21 Points from Quality measures that count towards Quality score | + | 5.00 Bonus points | | |
| | | | × | |
| | | 40 ? | = | 18.57 out of 40 |
| 50 Maximum number of points (# of required measures x 10) | | | | |

Did you know?

The maximum number of points may change after the submission period if:

- The Eligible Measure Applicability process, applied in some instances after the submission period, determines you didn't have 6 available measures to report.
 - This will cause the maximum points to decrease by 10 points for each unavailable measure.
- You can be scored on one or both administrative claims measures.
 - This will cause the maximum points to increase by 10 points for each scored measure.

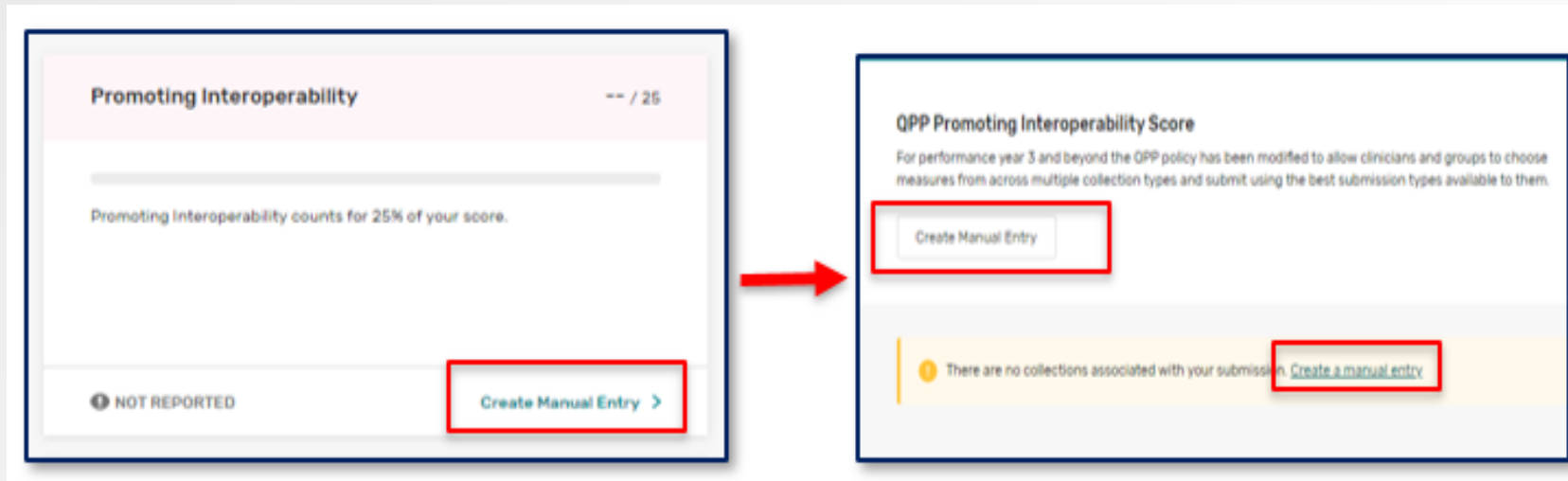
File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

Manual Entry (Attestation)

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.



Manual Entry (Attestation) (Continued)

If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **Yes I, Agree** then **Continue**).

- If you click **Continue** and enter any data, including performance period dates, you will receive a score in this performance category.

Your current category weights

The information below is subject to change based on availability of contributing factors. For clinicians that have a reweight associated, the Promoting Interoperability weight will be transferred to the Quality category.

| Quality | | Promoting Interoperability | | Improvement Activities | | Cost |
|---------|---|----------------------------|---|------------------------|---|------|
| 65% | + | 0% | + | 15% | + | 20% |

You are not required to report this category and any data entered will result in a discard of the current reweight. By entering data, this will discard any reweighting currently being applied for this category. This will change your current weight of 0% for this category back to 25%. You will be scored on data submitted. **This action cannot be undone.** Are you sure you wish to proceed?

☐ YES, I AGREE.

CANCEL **CONTINUE**

As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

Manual Entry (Attestation) (Continued)

TRADITIONAL MIPS

Manual Entry

RegFour S0One, Doctor of Medicine at Pfeffer Group
NPI: 0087735136 | TIN: 000839403
01712 Amy Well Apt. 337, Suite 5150, Douglasburgh, NM 693839346567033

PERFORMANCE YEAR 2021

Print

< Back to Promoting Interoperability

0 / 6

Manual Entry Objectives Completed
All 6 required objectives must be completed in order to receive a score

Delete

i You will receive a score for your manual entry once all 6 required Promoting Interoperability objectives have been completed.

Manually Enter Your Measures

To begin manually entering your measures, select a performance period. All Promoting Interoperability objectives must be completed before your manual entry can be applied towards your total QPP Promoting Interoperability score.

Performance Period

Start Date

MM/DD/YYYY

to

End Date

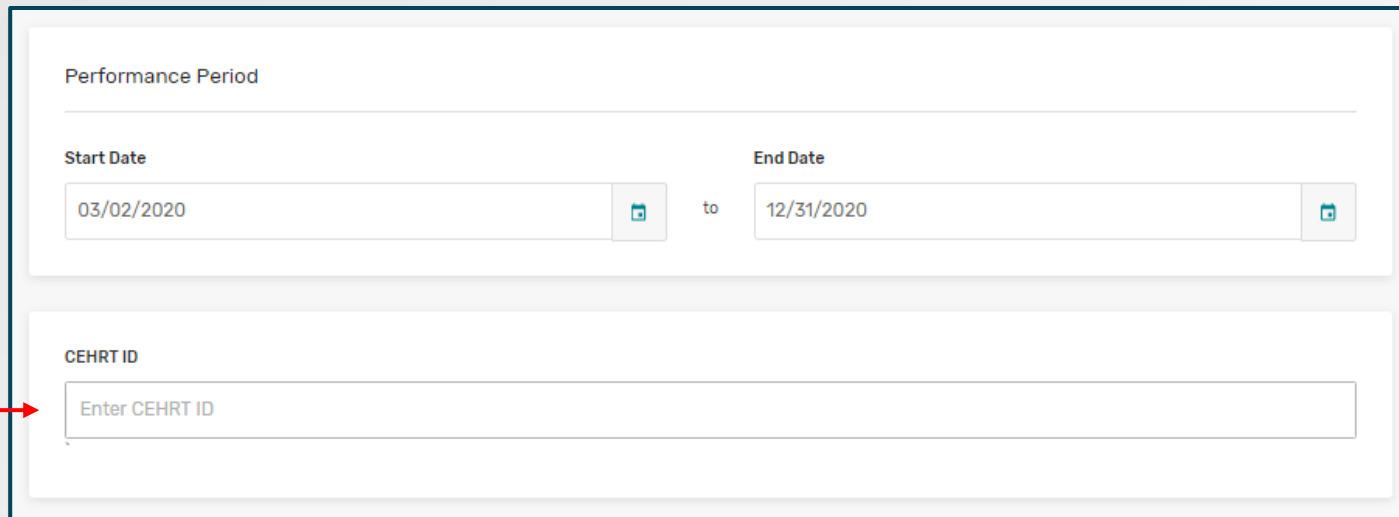
MM/DD/YYYY

Reminder:

If your hardship request was approved but you still see a weight of 25%, don't enter any information (including performance period) on this page. This will override your reweighting, and you will be scored in this performance category.

Manual Entry (Attestation) (Continued)

Enter your CMS EHR Certification ID ("CEHRT ID")



Performance Period

Start Date 03/02/2020 to End Date 12/31/2020

CEHRT ID

Enter CEHRT ID

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 25-28 of the [CHPL Public User Guide](#).

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT (including Cures Update criteria) will include "**15E**".

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H**" and **will be rejected**.

Manual Entry (Attestation) (Continued)

Complete Required Attestation Statements and Measures

You must select **Yes** for the 2 required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**, but you will not a preliminary score until all requirements are complete.

Attestation Statements

ONC Direct Review Attestation

Measure ID: PI_ONCDIR_1

I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her 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.

☒ Completed

To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.

Security Risk Analysis

Security Risk Analysis

Measure ID: PI_PPHI_1

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 electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

☒ Completed

Manual Entry (Attestation) (Continued)

Complete Required Attestation Statements and Measures

e-Prescribing

e-Prescribing
Measure ID: PI_EP_1
At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

☐ **Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

| Numerator | Denominator |
|-----------|-------------|
| 100 | 120 |

✔ Completed

e-Prescribing

e-Prescribing
Measure ID: PI_EP_1
At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

☒ **Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

| Numerator | Denominator |
|-----------|-------------|
| 0 | 0 |

✔ Completed

Manual Entry (Attestation) (Continued)

Report Measure Again

This option allows you to manually report that you are engaged with two distinct organizations for the same measure within the Public Health and Clinical Data Exchange objective.

Public Health and Clinical Data Exchange

Immunization Registry Reporting
Measure ID: PI_PHCDRR_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☐ **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☐ Report measure again

Completed

Start by answering **Yes** to the Measure.

Immunization Registry Reporting
Measure ID: PI_PHCDRR_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☐ **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☒ Report measure again

Completed

Then check the box to **Report Measure Again** and answer **Yes** to the Multiple Registry Engagement measure that appears.

Immunization Registry Reporting for Multiple Registry Engagement
Measure ID: PI_PHCDRR_1_MULTI

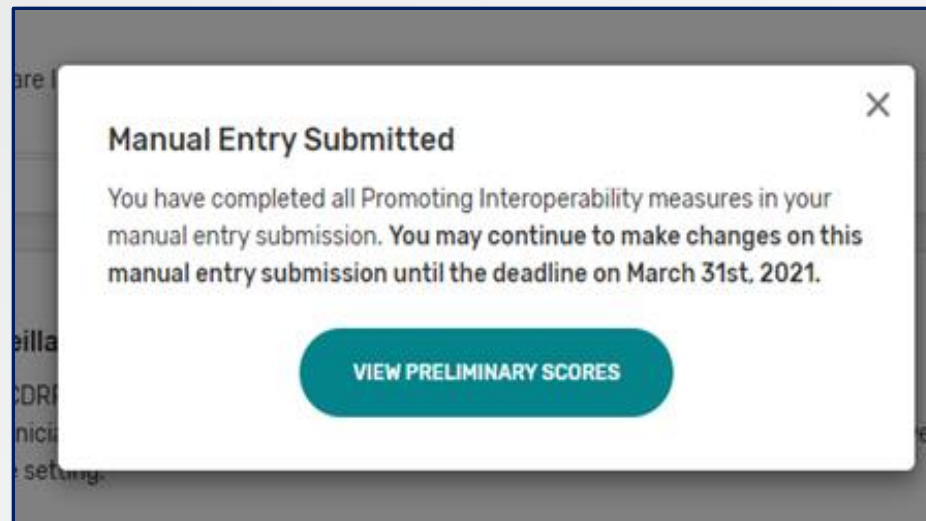
Report as true if active engagement with more than one immunization registry in accordance with PI_PHCDRR_1.

Completed

Manual Entry (Attestation) (Continued)

Report Measure Again

Once all required data have been reported, the system will notify you and allow you to view your preliminary scores.



Access Previously Submitted Data

Click **View & Edit** from the Reporting Overview. You will land on a read-only page, letting you review the preliminary scoring details of your submission..

TRADITIONAL MIPS

Promoting Interoperability

RegFour SDOne, Doctor of Medicine at Pfeffer Group
NPI: 0087735136 | TIN: 000839403
01712 Amy Well Apt. 337, Suite 5150, Douglasburgh, NM 693839346567033

PERFORMANCE YEAR 2021

Print

MIPS Promoting Interoperability Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.
[Learn more about MIPS Promoting Interoperability](#)

View Manual Entry

Manage Data

Total Preliminary Score

25.00 / 25

| Performance Period | CEHRT ID |
|-------------------------|-----------------|
| 01/23/2021 - 12/24/2021 | 1215E4567899023 |

If you need to update your manually entered data, click **View Manual Entry**.

Reminders

We recommend using a single submission type (file upload, API or attestation) for reporting your Promoting Interoperability data.

- **Why? Any conflicting data** for a measure or required attestation submitted through multiple submission types **will result in a score of 0** for the Promoting Interoperability performance category.

This means you **can't** create a manual entry to correct inaccurate data reported on your behalf.

- If you see errors in your data, contact your third-party intermediary and ask them to delete the data they've submitted for you.

Access Previously Submitted Data (Continued)

If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is **any conflicting data**, you will receive a **score of 0 out of 25** for the performance category.

QPP Promoting Interoperability Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

[Manage Data](#)[View Manual Entry](#)

Total Preliminary Score

0.00 / 25

⚠ Submissions contain mismatching data resulting in a score of 0 for Promoting Interoperability. Please check performance date range, CEHRT ID and duplicate measure answers are consistent across submissions.

Access Previously Submitted Data (Continued)

Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective

Measure Name
Expand All

Measure Score

e-Prescribing
Measure ID: PI_EP_1

9 / 10

▼

Measure Name
Expand All

Measure Score

e-Prescribing
Measure ID: PI_EP_1

9 / 10

▲

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

Collection Type ⓘ
Manually Enter

Numerator
187

Denominator
199



At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divide the points earned by 100 (the maximum number of points available), then we multiply that number by the category weight.



File Upload

You can upload a QRDA III or QPP JSON file with your Improvement Activities data on the [Reporting Overview](#) page.

Manual Entry (Attestation)

You can also attest to your Improvement Activities data by manually entering yes values to indicate you've completed the activity. Click Create Manual Entry on the **Reporting Overview**, and then again on the **Improvement Activities** page.

The screenshot shows the 'Improvement Activities' page. At the top, it says 'Improvement Activities' and '-- / 15'. Below this, a progress bar is shown. The text states: 'Improvement Activities counts for 15% of your score. Your practice participated in the MIPS as a **Small Practice**. Small Practices (typically defined as 15 or fewer clinicians) are automatically awarded **2x points** for all reported activities in the Improvement Activities Performance Category.' At the bottom left, there is a status 'NOT REPORTED' with an information icon. At the bottom right, there is a button labeled 'Create Manual Entry >'. A red arrow points from this button down to the 'QPP Improvement Activities Score' section below.

QPP Improvement Activities Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

There is a button labeled 'Create Manual Entry'.

At the bottom, there is a message: 'There are no activities associated with your submission.' followed by a button labeled 'Create a manual entry'.

If you have a special status, such as

- Small practice,
- HPSA,
- Rural, or
- Non-patient facing

You will see a message on these pages indicating you earn 2xs the points per reported improvement activity such as this:

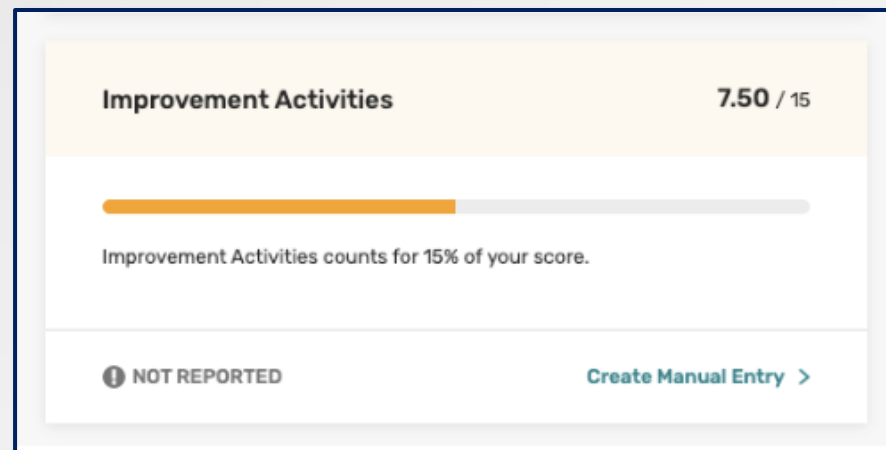
Small Practice Consideration

Your practice participated in the MIPS as a **Small Practice**. Small Practices (typically defined as 15 or fewer clinicians) are automatically awarded **2x points** for all reported activities in the Improvement Activities Performance Category.

Manual Entry (Attestation) (Continued)

Clinicians in an APM reporting traditional MIPS will automatically receive 50% credit in the Improvement Activities performance category as long as some MIPS data is submitted, regardless of performance category.

On the Reporting Overview page, you will see 7.50 points out of 15 awarded, even if no Improvement Activities have been reported yet.



Once you select Create Manual Entry, you will see a message that 20 (out of 40 possible) points have been awarded based on your APM participation (or for Group reporting, based on having at least one clinician who participates in an APM).

✓ You have been awarded 20 points towards your Improvement Activity score as you have been identified as a Group that has APM Participants.

Manual Entry (Attestation) (Continued)

Once you enter your performance period, you can **search** for your activities by key term or **filter** by weight or subcategory. Check the box next to **Completed** to attest that the activity was performed.

The screenshot displays the 'Manual Entry Score' interface. At the top, there is a 'Performance Period' section with 'Start Date' (01/01/2020) and 'End Date' (08/09/2020). Below this is a 'Search For Activities' section with a 'Filter By' dropdown, a 'Search' input field, and a 'CLEAR ALL FILTERS' button. A red box highlights the 'Performance Period' and 'Search For Activities' sections. A red arrow points from the 'Performance Period' section to the text on the right.

Each *activity* has a continuous 90-day performance period (or as specified in the activity description).

Your performance period at the category level:

- **starts** on the first day in the year that any improvement activity was performed, and
- **ends** on the last day in the year that any improvement activity was performed.

Manual Entry (Attestation) (Continued)

< Back to Improvement Activities

Manual Entry Score 10 / 40 Delete

ACTIVITIES

Behavioral And Mental Health

Completion of Collaborative Care Management Training Program
Activity ID: IA_BMH_10
To receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychiatric Association (APA) Collaborative Care Model training program available to the public, in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.

Activity Score 10 / 10

☒ Completed

Completed

Depression screening
Activity ID: IA_BMH_4
Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.

Activity Score 0 / 10

☐ Completed

Once you mark your first activity as **completed**, you will see your in-progress **score** at the top of the page.

Reminder: You cannot earn more than 40 points in this category, even if you submit additional activities.

< Back to Improvement Activities

Manual Entry Score 40 / 40 Delete

Search For Activities

Filter By Select Filters

Search Search Activities

Activities 118 Activities Shown

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.

☒ Completed

Completed

Helpful hint:

The Patient Centered Medical Home attestation is the first activity listed.

Once you select completed, you will see the maximum score in the performance category.

Review Previously Submitted Data

Click **View & Edit** from the Reporting Overview.

You will land on a read-only page, letting you review the preliminary scoring details of your submission.

The screenshot shows the 'Improvement Activities' dashboard. At the top, it displays the user's name 'RegFour StaffOne, Doctor of Medicine at Pfeiffer Group' and their NPI and TIN. Below this is a dropdown for 'Performance Year 2020'. The main section is titled 'OPP Improvement Activities Score' and shows a 'Total Preliminary Score' of '15.00 / 15'. A red arrow points to the 'View Manual Entry' button. Below the score, there are sections for 'Submitted Activities' and 'Achieving Health Equity'. The 'Achieving Health Equity' section contains a table with the following data:

| Measure Name | Weight | Activity Score |
|---|--------|----------------|
| Engagement of New Medicaid Patients and Follow-up | High | +20 |

Two callout boxes provide additional information:

- Callout 1:** If you need to update your manually entered data, click **View Manual Entry**.
- Callout 2:** If a third party reported some but not all of the activities performed, you can manually enter any missing activities.
- Callout 3:** If you have not created a manual entry, you will see Create Manual Entry (instead of View Manual Entry).

Preliminary Improvement Activities Score Calculation

At the bottom of the Improvement Activities page, you can see how we arrived at the points contributing to your final score. We divide the sum of the points earned for your medium and high weighted activities by 40 (the maximum number of points available), then we multiply that number by the category weight.

Your Total Improvement Activities Score

Below is how your Total Improvement Activities score is calculated based on the measures above.

| Category Score | | Category Weight | | Total Contribution to Final Score |
|--|---|---|---------------|-----------------------------------|
| <div>20.00 High Activity Points</div> | + | <div>20.00 Medium Activity Points</div> | | |
| <hr/> | | | | |
| <div>40 Maximum number of points</div> | | x | <div>15</div> | = |
| | | | | <div>15.00 out of 15</div> |

QRDA III File Upload Troubleshooting

Don't See Successfully Uploaded Data

Scenario: I successfully uploaded a QRDA III file with eCQMs and Promoting Interoperability data. Why can't I see the clinician's data after I hit "View Submission"?

Most Likely: You uploaded a file for a different NPI.

Action: Double check that NPI and TIN in your file match the information on the clinician profile you are in. Once you determine which NPI was included in that file, find that clinician in Practice Details & Clinicians and select Report as Individuals. You should see the successfully uploaded data results in the clinician's Reporting Overview.

The screenshot displays the Quality Payment Program dashboard. On the left, a sidebar menu shows the 'Pfeffer Group' profile with TIN: 000839403 and JANET LOZANO with NPI: 0581662737. A red box highlights the 'TIN NPI' information, with arrows pointing to the corresponding fields in the profile. The main content area shows the 'Preliminary Total Score' as -- / 100, with a note that the final score won't be available until Summer 2020. Below this, the 'Preliminary Performance Category Scores' are listed: Quality (45%), Promoting Interoperability (25%), Improvement Activities (15%), and Cost (15%). Each category has a 'NOT REPORTED' status, which is highlighted with a red box. The 'NOT REPORTED' status is also highlighted with a red box in the 'Preliminary Total Score' section.

| Category | Score |
|----------------------------|----------|
| Preliminary Total Score | -- / 100 |
| Quality | -- / 45 |
| Promoting Interoperability | -- / 25 |
| Improvement Activities | -- / 15 |
| Cost | -- / 15 |

NOT REPORTED

NOT REPORTED

QRDA III File Upload Troubleshooting (Continued)

Common Error Message

"The measure GUID supplied 40280382-6963-bf5e-0169- e8dc81613f8b is invalid"

Example: CT - The measure GUID supplied 40280382-6963-bf5e-0169- e8dc81613f8b is invalid. Please see the 2021 IG <https://ecqi.healthit.gov/sites/default/files/2021-CMS-QRDA-III-Eligible-Clinicians-and-EP-IG-v1.3.pdf#page=44> for valid measure GUIDs. - 3058

Action: Search the [2021 QRDA III Implementation Guide \(IG\)](#) (beginning on p. 44) for the GUID (also referred to as a UUID) listed in your error message.

- If you can't find it, it is not a valid measure for PY 2021
- If you can find it, the eCQM was probably removed through rulemaking after the IG was published

| NQF/ Quality # | eCQM CMS # | Version Specific Measure ID | Population ID | |
|-------------------|---------------|--|--|--|
| N/A/ 128 | CMS69v9 | 2c928085-7198-38ee-0171- 9995e1f90412 | IPOP: DENOM: DENEX: NUMER: DENEXCEP: | 3E32D9BB-3E5D-4D04-A8FE-C3304B782E92 D6590CC1-1156-48B4-8455-5540F23FDD85 4CA78179-B2BF-41DC-A84F-47CE165F5002 462979D4-8A62-4DAC-9887-3085ED46BD2F 5CFA9CF5-F847-4C43-B828-3EEA31E1B8E8 |

QRDA III File Upload Troubleshooting (Continued)

Search the [2021 Explore Measures & Activities Tool](#) (filter by the eCQM collection type) for the associated eCQM ID to confirm it isn't valid for PY 2020.

The screenshot shows the search interface of the 2021 Explore Measures & Activities Tool. At the top, there is a search bar with the text 'CMS65' and a magnifying glass icon, followed by a link to 'Hide filters'. Below this, there are three filter sections: 'Measure Type' with a dropdown menu set to 'All', 'Specialty Measure Set' with a dropdown menu set to 'All', and 'Collection Type' with a dropdown menu set to 'Electronic clinical quality me'. Below these filters, there is a checkbox labeled 'In "Your List" of Quality Measures' and a link to 'Clear all filters'. A note states: 'Note: This tool does not include [these QCDR Measures \(XLSX\)](#)'. At the bottom, a red box highlights the text '0 Quality Measures'.

You can also search the [eCQI resource center](#)
(2021 Performance Period Eligible Professional/Clinician eQMs)

QRDA III File Upload Troubleshooting (Continued)

Individual vs Group Reporting

Are you submitting individually?

Make sure your file is coded as an **individual** submission and your individual NPI is in your file correctly.

Example:

```
<intendedRecipient>  
<id root="2.16.840.1.113883.3.249.7"  
extension="MIPS_INDIV" />  
</intendedRecipient>
```

Are you submitting as a group?

Make sure your file is coded as a **group** submission and your group's TIN is in your file correctly without any NPIs.

Example:

```
<intendedRecipient>  
<id root="2.16.840.1.113883.3.249.7"  
extension="MIPS_GROUP" />  
</intendedRecipient>
```

Helpful Hint:

search "2.16.840.1.113883.4.6" (the object identifier) in the file and then look for the next occurrence of "extension=". The value immediately after "extension=" should be the 10-digit NPI.

Example:

```
<assignedEntity>  
<id root="2.16.840.1.113883.4.6"  
extension="1234567890" />  
</assignedEntity>
```

Helpful Hint:

Search for "2.16.840.1.113883.4.2" in the file and then look for the next occurrence of "extension=". The value immediately after "extension=" should be the 9-digit TIN.

Example:

```
<representedOrganization>  
<id root="2.16.840.1.113883.4.2"  
extension="123456789" />  
<name>CT</name>
```



Help, Resources and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. ET or by e-mail at: QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Additional Resources

| Resource Name | Description |
|--|--|
| 2021 Data Submission FAQs | Answers to frequently asked questions submission questions relevant for PY 2021. |
| 2021 MIPS Data Submission Videos | Video series about reporting PY 2021 data and making opt-in elections. |
| 2021 CMS Web Interface User Guide | Step by step instructions with screenshots for PY 2021 reporting through the CMS Web Interface. |
| 2021 CMS Web Interface Videos | Video series about reporting PY 2021 data through the CMS Web Interface |
| 2021 MIPS Scoring Guide | Comprehensive information about scoring measures and calculating performance category scores and final scores. |
| 2021 MIPS EMA and Denominator Reduction User Guide | An overview of the Eligible Measures Applicability (EMA) process and identifies the MIPS CQMs and Medicare Part B Claims measures that are clinically related. |
| 2021 APP Quality Requirements | Resource that describes the APM Performance Pathway for the quality performance category for those APM participants reporting to the APP. |

Version History

If we need to update this document, changes will be identified here.

| Date | Description |
|------------|---|
| 02/04/2022 | Original Posting. |
| 03/01/2022 | Updated resource based on the reopening of the 2021 MIPS EUC application from March 1, 2022 – March 31, 2022. Added clarification that data submission in the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category (which will override reweighting in this performance category from the automatic EUC policy or an approved EUC application.) |



Appendices

Data Submission and the Automatic EUC Policy

The table below illustrates the PY 2021 MIPS performance category reweighting policies that CMS will apply under the MIPS automatic EUC policy to clinicians that submit MIPS data as individuals.

Note: Participants in APMs are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category, which will override reweighting of this performance category.

| Data Submitted | Quality Category Weight | Promoting Interoperability Category Weight | Improvement Activities Category Weight | Cost Category Weight | Payment Adjustment |
|---|-------------------------|--|--|----------------------|--------------------------------|
| No data | 0% | 0% | 0% | 0% | Neutral |
| Submit Data for 1 Performance Category | | | | | |
| Quality Only ¹ | 100% | 0% | 0% | 0% | Neutral |
| Promoting Interoperability Only ¹ | 0% | 100% | 0% | 0% | Neutral |
| Improvement Activities Only | 0% | 0% | 100% | 0% | Neutral |
| Submit Data for 2 Performance Categories | | | | | |
| Quality and Promoting Interoperability ¹ | 70% | 30% | 0% | 0% | Positive, Negative, or Neutral |
| Quality and Improvement Activities | 85% | 0% | 15% | 0% | Positive, Negative, or Neutral |

¹Participants in APMs are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category, which will override reweighting of this performance category.

Data Submission and the Automatic EUC Policy (Continued)

The table below illustrates the PY 2021 MIPS performance category reweighting policies that CMS will apply under the MIPS automatic EUC policy to clinicians that submit MIPS data as individuals.

Note: Participants in APMs are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category, which will override reweighting of this performance category.

| Data Submitted | Quality Category Weight | Promoting Interoperability Category Weight | Improvement Activities Category Weight | Cost Category Weight | Payment Adjustment |
|---|-------------------------|--|--|----------------------|--------------------------------|
| Submit Data for 2 Performance Categories (Continued) | | | | | |
| Improvement Activities and Promoting Interoperability | 0% | 85% | 15% | 0% | Positive, Negative, or Neutral |
| Submit Data for 3 Performance Categories | | | | | |
| Quality and Improvement Activities and Promoting Interoperability | 55% | 30% | 15% | 0% | Positive, Negative, or Neutral |

Submission Period: QPP Access and Permissions by Organization Type (Continued)

This table provides a snapshot of what you can and can't do/view based on your access (role) and organization type during the submission period (January 3 – March 31, 2022).

| With this Access | You CAN | You CANNOT |
|--|---|--|
| Staff User or Security Official for a Practice (includes solo practitioners) | <ul style="list-style-type: none"> ✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group and/or individuals) <ul style="list-style-type: none"> • Includes Promoting Interoperability data for MIPS APM participants ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group and/or individual) ✓ View preliminary scoring for Part B claims measures (automatically calculated at the individual AND group level) reported throughout the performance period <ul style="list-style-type: none"> • This data will be updated during the submission period to account for claims received by CMS until March 1, 2022 ✓ View preliminary performance feedback for the group and individual clinicians | <ul style="list-style-type: none"> ✗ View your cost feedback (if applicable) <ul style="list-style-type: none"> • Cost data won't be available during the submission period • 2021 note: Cost will be weighted at 0% for all MIPS eligible clinicians reporting as individuals due to the automatic EUC policy ✗ View facility-based scoring for quality / cost (if applicable) ✗ REMINDER: Facility-based scoring isn't available in PY 2021. View data submitted by your APM Entity ✗ Example. If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface ✗ View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group) |

Submission Period: QPP Access and Permissions by Organization Type (Continued)

This table provides a snapshot of what you can and can't do/view based on your access (role) and organization type during the submission period (January 3 – March 31, 2022).

| With this Access | You CAN | You CANNOT |
|--|--|--|
| Clinician Role | <p><i>You can't do anything related to PY 2021 submissions with this role</i></p> <p><i>This is a view-only role to access performance feedback</i></p> | |
| Staff User or Security Official for a Virtual Group | <ul style="list-style-type: none"> ✓ Access information about the practices (TINs) and clinicians participating in the virtual group ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View performance feedback for the virtual group | <ul style="list-style-type: none"> ✗ View your cost feedback (if applicable) <ul style="list-style-type: none"> • Cost data won't be available during the submission period ✗ View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission) |
| Staff User or Security Official for a Registry (QCDR or Qualified Registry) | <ul style="list-style-type: none"> ✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data you submitted for them | <ul style="list-style-type: none"> ✗ View data submitted directly by your clients ✗ View data submitted by another third party on behalf of your clients ✗ View data collected and calculated by CMS on behalf of your clients ✗ Cost measures (if applicable) |

Submission Period: QPP Access and Permissions by Organization Type (Continued)

This table provides a snapshot of what you can and can't do/view based on your access (role) and organization type during the submission period (January 3 – March 31, 2022).

| With this Access | You CAN | You CANNOT |
|--|---|--|
| Staff User or Security Official for an APM Entity | <ul style="list-style-type: none"> ✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program and Next Generation ACOs, or other registered APM Entities) ✓ Upload a QRDAIII file with your eCQM data (Comprehensive Primary Care Plus practice sites) ✓ Upload a QRDA III file with your eCQM data (Primary Care First) ✓ Upload a file of APM Entity-level MIPS quality measure data (all APM Entities in a MIPS APM) ✓ View preliminary performance feedback on quality data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some APMs | <ul style="list-style-type: none"> ✗ View the Promoting Interoperability data reporting by clinicians and groups in your APM entity ✗ View quality data reported by clinicians and groups in your APM Entity |