

## 2018 Performance Period: Data Submission FAQs

We've identified some of the most commonly asked questions from the submission period for the 2017 performance period and answered them for the 2018 performance period. A more complete Data Submission User Guide with screenshots will be available soon.

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## General/Access

### 1. When can I submit my data for the 2018 performance period?

The 2018 submission period is January 2 – April 2, 2019. However, there are two exceptions to this timeline, specific to the Quality performance category:

- Clinicians who report Quality measures via Medicare Part B claims submit their performance data throughout the 2018 performance period (January 1 – December 31, 2018). We receive your quality data from claims processed by your Medicare Administrative Contractor (MAC).
  - For this data to count towards your quality reporting, your claims must be processed within 60 days after the 2018 performance period. Contact your MAC for the specific date by which they must receive your claims in order to meet this processing timeline.
- Groups, virtual groups and Accountable Care Organizations (ACOs) reporting Quality measures through the CMS Web Interface can submit their data between January 22 and March 22, 2019. The CMS Web Interface will close at 8pm EST on March 22, 2019.
  - If you're reporting through the CMS Web Interface, your beneficiary sample will be available for download on January 7, 2019, when you can also begin testing the functionality. This test period closes on January 18, 2019 at 8pm EST. We will remove all test data from the system between this time and January 22.

### 2. How do I sign in to qpp.cms.gov?

If you've never signed in to qpp.cms.gov before, you will need to create an account and connect to your organization(s) (e.g. practice). For more information, please refer to the [QPP Access User Guide](#), available on the Resource Library.

### 3. Do I need to sign in to qpp.cms.gov during the submission period?

- If you will be submitting data on behalf of yourself or clinicians in your practice you will need to sign in to submit the data.
- If a third-party intermediary, such as an EHR Vendor, Registry, or QCDR will be submitting data on your behalf, you do not need to sign in to qpp.cms.gov.
  - However, we encourage you to sign in during the submission period so you can review the data submitted on your behalf.
  - This provides you with an opportunity to confirm if the data submitted is accurate.

**You can't submit new data to correct errors once the submission period closes.**

#### 4. Why does my practice show “No Name” when I sign in to qpp.cms.gov?

Most likely this means you are not connected to the right organization. When you sign in and navigate to the Eligibility & Reporting page, you should see the practice name(s) as reflected in the QPP Participation Status lookup tool.

Refer to the **Connect to an Organization** document in the [QPP Access User Guide](#) for more information or contact the Quality Payment Program for assistance.

#### 5. Why don't I see the option to report as individuals?

Most likely this means you are not connected to the right organization or have an EIDM role (obtained for 2017 data submission) for a Taxpayer Identification Number (TIN) that is not found in our eligibility data. When you sign in and navigate to the Eligibility & Reporting page, you should see the practice name(s) as reflected in the QPP Participation Status lookup tool and be able to report as individuals, connecting to the clinicians associated with your practice based on our eligibility data.

Refer to the **Connect to an Organization** document in the [QPP Access User Guide](#) for more information or contact the Quality Payment Program for assistance.

### Clinician/Practice Information

#### 6. How do you determine which clinicians are displayed for our practice?

The clinicians displayed for Performance Year 2018 are those clinicians, identified by National Provider Identifier (NPI), who were found in your practice's claims data during the eligibility determination periods for the 2018 performance period.

Please note that the following clinicians will *not* appear:

Clinicians who started billing for services under your Taxpayer Identification Number (TIN) on or after September 1, 2018

We are in the process of updating our eligibility data to remove clinicians who were only found in claims from your practice during the first determination period, September 1, 2016 through August 31, 2017. (i.e. They did not bill for services under your or TIN, on or after September 1, 2017.) Until these clinicians are removed, they will show as ineligible for MIPS under your practice.

Clinicians found in claims with dates of service between **September 1, 2017 and August 31, 2018** (allowing for a 30-day run out period) will appear in your list of clinicians

- ✓ This includes clinicians who are no longer with your practice and/or
- have terminated the reassignment of their billing rights to your practice's TIN in PECOS.

## **7. We have MIPS eligible clinicians who left our practice during the performance period. What does this mean for our 2018 performance period reporting and 2020 MIPS payment adjustments?**

This depends on how your practice chooses to participate for the 2018 performance period.

If your practice (TIN) is participating at the individual level (submitting data on behalf of each MIPS eligible clinician):

- You are not required to submit individual data on behalf of a MIPS eligible clinician (NPI) who left your practice during the 2018 performance period, but we encourage you to do so if you have the data available so that they don't receive a final score of 0 and -5% payment adjustment.
- If you submit data on behalf a MIPS eligible clinician who left your practice, he or she will receive a final score and payment adjustment under your practice based on the data submitted.
- If you do not submit data on behalf of a clinician who left your practice, he or she will receive a final score of 0 and a -5% payment adjustment under your practice.

If your practice (TIN) is participating at the group level (submitting aggregated data on behalf of all MIPS eligible clinicians in the group):

- You will include data from all MIPS eligible clinicians who were part of your practice during the performance period, as appropriate to the measures and activities you've selected.
- All MIPS eligible clinicians in the group, including those who have left your practice, will receive a final score and payment adjustment based on the group submission.

Keep in mind that payment adjustments are applied at the TIN/NPI level and follow the clinician. If a MIPS eligible clinician was part of your practice during the 2018 performance period, but leaves before the 2020 payment year, any payment adjustment associated with that clinician (NPI) will follow the clinician and will not impact your practice's payments in 2020.

## 8. Will reweighting and/or reduced reporting requirements be reflected during the submission period?

When the submission period opens on January 2, 2019, the system will reflect:

- Clinicians and groups that qualify for a 0% weighting of the Promoting Interoperability performance category based on clinician type or special status.
- Clinicians and groups that qualify for more points in the Improvement Activities performance category based on special status.
- Clinicians who qualify for 50% credit in the Improvement Activities performance category (after submitting data for another performance category) or scoring under the Alternative Payment Model (APM) scoring standard based on participation in a MIPS APM from the 1<sup>st</sup> and 2<sup>nd</sup> APM snapshot dates.
- Clinicians and groups who are excluded from MIPS because they have Qualifying (or Partial Qualifying) APM Participant status based on the 1<sup>st</sup> and 2<sup>nd</sup> APM snapshot dates.

There are additional special scoring considerations we anticipate being able to reflect at some point **during the submission period**, based on data availability:

- Clinicians and groups that qualify for a 0% weighting of the Promoting Interoperability performance category based on approved Promoting Interoperability hardship exception applications.
- Clinicians and groups that qualify for a 0% weighting of any performance category(ies) based on an approved Extreme & Uncontrollable Circumstance exception request.
- Clinicians who qualify for the automatic Extreme & Uncontrollable Circumstances policy.
- Clinicians who qualify for 50% credit in the Improvement Activities performance category (after submitting data for another performance category) or scoring under the APM scoring standard based on participation in a MIPS APM from the 3<sup>rd</sup> APM snapshot date.
- Clinicians and groups who are excluded from MIPS because they have Qualifying (or Partial Qualifying) APM Participant status based on the 3<sup>rd</sup> APM snapshot date.

Finally, there are some special scoring considerations will only become available **after the submission period has closed**, based on when the data will be available:

- Clinicians and groups that receive full credit in the Improvement Activities performance category based on their successful participation in the CMS Study on Burdens Associated with Reporting Quality Measures.
- Clinicians in a Shared Savings Program ACO who qualify for scoring under the APM scoring standard based on participation in a MIPS APM from the 4<sup>th</sup> APM snapshot date.
- Clinicians who qualify for 50% credit in the Improvement Activities performance category based on participation in an APM following the 3<sup>rd</sup> APM snapshot date.

## Data Submission Options

### 9. What are our Quality measure data submission options at this point?

If you haven't already prepared for the submission of the quality measure data you've collected throughout the performance period, you have a few options.

- You can export a report (in the QRDA III format) of the eCQM data collected in your certified EHR technology during the performance period, then sign in to [qpp.cms.gov](http://qpp.cms.gov) to upload your data.
- You can work with a Qualified Registry or Qualified Clinical Data Registry (QCDR) to submit the data you've collected on your behalf. You can find information about CMS-approved [Qualified Registries](#) and [QCDRs](#) on the [QPP Resource Library](#).

At this point, you will not be able to report your quality measures via Medicare Part B claims or the CMS Web Interface.

### 10. Can we report some performance categories as individuals and others as a group?

No. Individual level submissions and group level submissions will not be combined into a single final score.

If you're working with a third-party intermediary to submit data for some but not all performance categories, sign in to [qpp.cms.gov](http://qpp.cms.gov) to confirm that you're reporting data at the same level.

- When you're reporting as a group, you should see the data submitted at the group level by third parties in the appropriate performance categories when you select "Report as a Group"
- When you're reporting as individuals, you should see data submitted at the individual level by third parties in the appropriate performance categories when you select "Report as Individuals" and select a clinician

If data is reported at both the individual and group level:

- Clinicians who are **MIPS eligible as individuals** at your practice (i.e. exceeded the low-volume threshold at the individual level) will receive **two final scores** – one based on individual level data reported, and one based on the group level data reported.
- Clinicians who are only **MIPS eligible at the group level** at your practice (i.e. did not exceed the low-volume threshold at the individual level) will receive **one final score** based on the group level data reported. Their individual level submissions will be considered voluntary.

## 11. I'm a solo practitioner. Does it matter if I report as a group or an individual?

You should report all of your data at the individual level, even if you see the option to report as a group. Under MIPS, a group is represented by a Taxpayer Identification Number (TIN) with 2 or more clinicians who have reassigned their billing rights to the TIN, one of whom must be MIPS eligible.

If you don't see the option to report as an individual, you may not have set up your access correctly. You need to make sure you're authorized for the practice reflected in the QPP Participation Status lookup tool. For more information, please refer to the [QPP Access User Guide](#) or contact the Quality Payment Program.

### Exception

Solo practitioners that participate in a Shared Savings Program ACO and are subject to the APM scoring standard need to submit their Promoting Interoperability data at the ACO participant TIN level and should select "Report as a Group" to attest to their performance or upload a QRDA III file.

## Submitted Data

### 12. What happens if I upload multiple files?

**We will keep and score the most recent file, submitted by someone connected to your organization, for each performance category.** Note that data can be submitted by anyone who has been authorized to access your organization, including third-party intermediaries.

#### For example:

- If you upload a file of quality measures on Monday and upload a file of improvement activities on Tuesday, we will keep and score **both** submissions because they are for different performance categories.
- If you upload a file on Monday with quality measures 1, 2 and 3, and then upload a file on Tuesday with quality measures 4, 5 and 6, we will **only** keep and score measures 4, 5 and 6 for your Quality performance category score because those were the measures in the most recently uploaded file for the performance category.

We will not overwrite files uploaded on your behalf by someone connected to a different organization (such as a registry).

Data submitted through a file upload will not overwrite data submitted through another method, such as attestation.

For more information on organization access, refer to the **Connect to an Organization** document in the [QPP Access User Guide](#).

### 13. What if I notice data submission errors by our third-party intermediary?

If you notice an error in data submitted on your behalf, you should contact the third party about correcting and resubmitting your data before the submission period closes. You cannot submit or re-submit data once the submission period has closed.

If the third-party intermediary is unable or unwilling to correct your data, you will need to consider a different third-party intermediary or submit the accurate data yourself if available.

- Contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222) or via email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) to report data inaccuracies on the part of a CMS-approved Qualified Registry or Qualified Clinical Data Registry.
- If you have concerns about a health IT vendor, you can register your concern by completing the Health IT Feedback Form (<https://www.healthit.gov/form/healthit-feedback-form>). More information on the certified health IT complaint process can be found here: <https://www.healthit.gov/topic/certified-health-it-complaint-process>.

### 14. Can I delete submitted data?

Yes, there is a delete button that will let you delete a submission at the performance category-level if it was submitted by someone connected to your organization.

You cannot delete data submitted on your behalf by a user connected to another organization.

**NOTE:** If you qualify for the Promoting Interoperability performance category to be reweighted to 0% but submit Promoting Interoperability data anyway, you will be scored on this performance category.