

Reporting: MIPS Transition Year 2017

Data Submission Deadline:

Providers participating in MIPS in 2017 will need to report their data to CMS on or before **March 31, 2018**.

Reporting Deadlines:

Practices who plan to report as a group via the CMS Web Interface (groups of 25 or more), need to register no later than **June 30, 2017**. Visit the Enterprise Portal page to register <https://portal.cms.gov/wps/portal/unauthportal/home>.

For practices who plan to report 90-days of data, the latest day to begin tracking data is **October 2, 2017**.

Individual vs. Group Reporting:

Practices can choose to report individually or as a group. An individual is defined by CMS as “A single NPI tied to a single Tax Identification Number (TIN).” CMS defines a group as “A set of clinicians (identified by their NPIs) sharing a common Taxpayer Identification Number, no matter the specialty or practice site.”



Considerations when deciding whether to report individually or as a group:

- Both groups and individuals can report via their electronic health record (EHR), a Qualified Registry*, or a Qualified Clinical Data Registry (QCDR)*.
- Only groups may report through the CMS web interface*.
- For group Quality reporting in MIPS all providers must report on the same set of quality measures.
- If reporting as a group, all providers in the group must report data regardless of whether or not they individually met the low volume threshold.
- Only individuals can report via claims for the Quality category.
- When reporting individually, payment adjustment is made at the provider level, when reporting as a group, payment adjustment impacts all providers in the group.

Quality

Practices can choose to report quality data through one of the following methods: QCDR, Qualified Registry, EHR, claims, or CMS web interface.

Practices are required to report 6 quality measures, with at least one measure being an outcome measure. If an outcome measure is not available for your specialty, you must report on at least one high priority measure.

	Individual	Group
Quality	<ul style="list-style-type: none"> ✓ QCDR (Qualified Clinical Data Registry) ✓ Qualified Registry ✓ EHR ✓ Claims 	<ul style="list-style-type: none"> ✓ QCDR (Qualified Clinical Data Registry) ✓ Qualified Registry ✓ EHR ✓ Administrative Claims* ✓ CMS Web Interface (groups of 25 or more) ✓ CAHPS for MIPS Survey*
Advancing Care Information	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor 	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor ✓ CMS Web Interface (groups of 25 or more)
Improvement Activities	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor 	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR Vendor

A practice must use one submission method for all of their quality data reporting, with the exception of MIPS eligible clinicians who elect to report the CAHPS for MIPS survey, which must be reported via a CMS approved survey vendor in conjunction with another submission mechanism for all other quality measures.

When submitting quality data via claims, this only includes Medicare patients. Practices who report quality data via QCDR, qualified registry, or EHR, will submit data for all patients. When reporting through one of these methods, at least one Medicare patient is required to be in the denominator for at least one of the six reported quality measures. The target denominator case volume for all measures is 20 cases, however data can still be reported if under 20 cases. Submission for all methods requires that at least 50 percent of all practice data is submitted.

Groups submitting quality measures data using the CMS Web Interface or a CMS-approved survey vendor to report the CAHPS for MIPS survey must meet the data submission requirements on the sample of the Medicare Part B patients CMS provides. More information is to be released by CMS on these requirements in 2017.

Advancing Care Information

Practice performance on the requirements of this category care be reported via attestation, QCDR, Qualified Registry, directly through your EHR vendor, or through CMS web interface. Clinicians must use 2014 or 2015 certified EHR technology (CEHRT) in order to be eligible to participate in this category. To review your current EHR's certification status please visit <https://chpl.healthit.gov/#/search>.

Improvement Activities

Attestation of improvement activities can be completed via attestation, QCDR, Qualified Registry, EHR, or CMS web interface. In order to report on improvement activities, your practice must attest that you participated in an improvement activity (or activities) for at least 90 days within the reporting period. In the event of a future audit, CMS suggest holding on to documentation that provides proof of activities performed for ten years. Documentation should indicate practice participation in improvement activities for a minimum of a 90-day period.

Cost

No data is required to submit to CMS on cost for MIPS in 2017. Performance on cost is collected by CMS via Medicare B claims. For insight into your practice's cost performance, refer to your practice's 2015 Quality and Resource Use Report (QRUR). This report can be accessed on behalf of a group or solo practitioner at <https://portal.cms.gov>.

- * **Qualified Clinical Data Registry (QCDR)** – A CMS-approved entity that collects clinical data on behalf of clinicians for data submission. Examples include, but aren't limited to, regional collaboratives and specialty societies.
- * **Qualified Registry** – A qualified registry is an entity that collects clinical data from an individual MIPS clinician or group practice and submits it to CMS on behalf of the clinicians. Clinicians work directly with their chosen registry to submit data on the selected measures or specialty set of measures.
- * **CMS Web Interface** – A secure Internet-based application for MIPS data submission **available for pre-registered groups of 25 or more** providers. This resource is to be released by CMS in 2017.
- * **Administrative Claims** – For providers of 16 or more administrative claims will be collected to gather data on the all-cause hospital readmission measure for Quality. No data submission or claim amendment is required for this collection of data.
- * **CAHPS for MIPS Survey** – A standard survey instrument CMS has created to measure a patient's experience with his/her primary healthcare provider and visits to a medical practice.

The content provided in this document is advisory in nature and makes no assurances of any kind with respect to opinions or assessments that have been, or might be determined by CMS and does not constitute an endorsement by CMS. Every reasonable effort has been made to present current and accurate information, however, the Southern New England Practice Transformation Network makes no guarantees of any kind. Additional guidance can be found at qpp.cms.gov. Last updated 1/20/17