



ABCs of MIPS reporting

This tool offers must-know information about the basics of 2018 MIPS reporting. Learn how to accurately report your data with confidence.

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Submitting MIPS Data

Successfully submitting data to the Merit Based Incentive Payments System (MIPS), can help avoid penalties and earn incentives to your Part B Medicare Physician Fee Schedule Payments. In 2018, the program is +/- 5% base. If you want to avoid a 5% penalty you will need to score at least 15 final points.

If your goal is “Exceptional Performance,” you will want to score at least 70 of 100 Final Points. This guide outlines three easy steps you can take to help you succeed with MIPS. You can find a full set of CMS 2018 QPP resources [here](#), including the [changes to the QPP](#) for the 2018 reporting period.

Accurately Submit Your Data

There are multiple ways to submit your data. As shown in the table below, there are variations in data submission methods based on the Performance category and whether you choose to participate in MIPS as an individual or part of a group.

Determining your strategy is important. Take a look at your resources and consider how you can best utilize them to gather data accurately and to reduce the administrative burden of data submission.

Performance Category	Submission Mechanisms for Individuals	Submission Mechanisms for Groups (Including Virtual Groups)
 Quality	QCDR Qualified Registry EHR Claims	QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)
 Cost	Administrative claims (no submission required)	Administrative claims (no submission required)
 Improvement Activities	Attestation QCDR Qualified Registry EHR	Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)
 Promoting Interoperability	Attestation QCDR Qualified Registry EHR	Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)

Please note:

- Continue with the use of 1 submission mechanism per performance category in Year 2 (2018). Same policy as Year 1.
- The use of multiple submission mechanisms per performance category is deferred to Year 3 (2019).

We want to support you as you prepare and then implement your action plans for 2018. Please contact us with any questions at QPP@qualishealth.org or 877-560-2618 or visit the [Qualis Health Quality Payment Program Resource Center](#).

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Step A: Check eligibility and special status for 2018

The volume thresholds for participation in 2018 are higher than in 2017. To be eligible to participate a clinician or group must:

- Bill > \$90,000 in Medicare Part B allowed charges AND
- Provide care for > 200 Medicare patients

Here's how to check eligibility and special status for 2018. Go to the CMS [MIPS Participation Status Tool](#) to check eligibility by NPI or use your Enterprise Identity Data Management (EIDM) account to sign in to the QPP website and check by Tax ID (TIN).

- Download your eligibility results to PDF and save in your 2018 QPP documentation files for each clinician.
- Make note of any special statuses at each location (tax ID), as this may impact the type or amount of data you need to submit.

Special Status at This Practice

View Descriptions of each special status

For this clinician at this practice	
Ambulatory Surgical Center (ASC)-Based	No
Hospital-Based	Yes
Health Professional Shortage Area (HPSA)	Yes
Non-Patient Facing	Yes
Rural	Yes
Small Practice	No

Step B: Make important reporting decisions

If you're included in MIPS, you'll need to decide whether you will send in MIPS data as an individual or with a group.

To learn more about group participation, see CMS' [An Introduction to Group Participation in MIPS 2018](#). The election deadline to participate as a virtual group for MIPS 2018 was December 31, 2017.

Additional reporting decisions need to be made for the MIPS categories. More details are in the fact sheets for each.

Step C: Outline your strategy for each of the four categories

1

Quality

Read the [Quality Performance Fact Sheet](#)

- Choose up to six measures to report for the performance period of Jan 1 – Dec 31, 2018.
- Utilize strategic resources in the [2018 Resource Library](#) The specification sheets provide measure definitions
- The 2018 [Quality Benchmarks](#) can be used to compare performance and set goals

2

Cost

Cost For 2018, you don't have to submit any data because CMS will calculate your performance using claims data.

- Read the [Cost Performance Category Fact Sheet](#).
- Pull your 2017 Quality and Resource Use Report to get a baseline
- Review your MIPS feedback report to understand how the cost measures apply to your practice

3

Improvement Activities (IA)

Read the [Improvement Activity Fact Sheet](#)

- Choose your IAs, taking into account any special statuses
- Choose your 90-day reporting period within 2018
- Explore whether you can earn the 10% bonus in the Advancing Care Information category
- Begin to prepare documentation of your IAs for your 2018 QPP documentation files

4

Advancing Care Information (ACI)

Read the [Advancing Care Information Fact Sheet](#)

Download the [Advancing Care Information Measure Specifications](#)

- Decide which of the measure sets you will report (based on your certified EHR edition) – see the fact sheet above for additional details on which option is available to you.
- Define your strategy and time line that will keep you on track and ensure you meet all of the ACI measures

In conclusion, you can start your journey to success by checking your eligibility, making important reporting decisions and outlining your strategy for each of the four categories. In addition, take time to review your 2017 performance. This important information can help you improve and earn bonus points in 2018. Here are some additional resources and training videos:

1. [How to Access Performance Feedback for APM Entities](#) - provides an overview of how to access 2017 MIPS performance feedback for Alternative Payment Model (APM) Entities.
2. [How to Access Performance Feedback for Individuals](#) - demonstrates how to access 2017 MIPS performance feedback for a clinician whose performance was scored separately from his or her group.
3. [How to Access Performance Feedback for Voluntary Submitters](#) - provides an overview of how to access 2017 performance feedback data for a clinician who voluntarily submitted data for 2017.