revolutionEHR
freedom to focus

MIPS Data Submission Guide – 2018 Performance Period

The Merit-based Incentive Payment System asks clinicians to participate in and submit data for up to performance categories. In 2018, these categories are Promoting Interoperability (PI), Quality, and Improvement Activities. The Cost performance category does not require data submission.

MIPS allows clinicians to submit data as individuals or, if in a practice of > 1 clinician, as a group. **That decision, however, must remain consistent across all performance categories. A clinician cannot report as an individual for Promoting Interoperability, for example, and then as a group for Quality. If the clinician elects to report as an individual, they must report as an individual for each performance category.**

A clinician/group can report data over the same date range (aka performance period) for all categories or have different date ranges for each category. In other words, the same date range is not required for each performance category. The ultimate decision about the ideal ranges for each category is up to the clinician/group.

The MIPS-PI and MIPS-Quality scorecards in RevolutionEHR are designed to assist clinicians in these determinations of "when" and "how" by showing an estimated final score in both categories based on performance. Running the scorecards discussed in this guide over various time ranges and as individuals or group can help zero in on the optimal way to report data to the Centers for Medicare and Medicaid Services (CMS).

This guide is intended to assist clinicians using RevolutionEHR and participating in MIPS to understand how to generate the proper reports and submit their performance data. Within the Quality category, this includes the creation of an electronic file of scores for submission to CMS. Background information related to MIPS eligibility and participation can be found in the MIPS Resource Center on Insight.

Of critical importance to the data reporting/submission process is to register the practice within for Quality Payment Program portal access. **If you don't have these credentials, you can't report your data.** Fortunately, CMS has created a series of documents to help you with registration through their new system named HARP and we've posted those for you here.

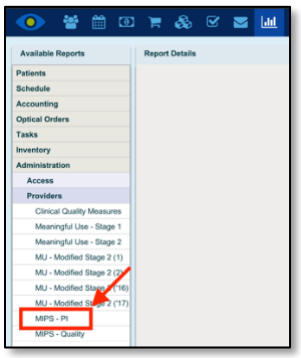
If the prospect of data analysis and submission is overwhelming, Rev360 offers the RevAspire service as a potential partner. The RevAspire team analyzes data to determine the optimal performance period, submits data for providers, and serves as first-responders in the event of a MIPS audit. More information on RevAspire can be found at Rev360.com.

MIPS Data Submission Key Points

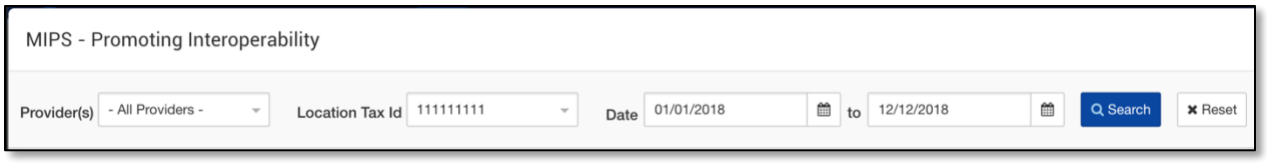
- 2018 performance data must be submitted by **March 31, 2019.**
- Data submission will take place through the Quality Payment Program portal at qpp.cms.gov
- The Quality Payment Program portal requires credentials for log in. These are different than what was used for Meaningful Use attestations. CMS's official resources can help you through the process and can be found here.
- CMS offers a QPP portal tutorial video for those who'd like to see the system in action.
- Clinicians eligible for MIPS in 2018 must submit data for at least one performance category (i.e. PI, Quality, or Improvement Activities) to avoid a penalty in 2020.
- Clinicians eligible for MIPS in 2018 must submit data for at least two categories to receive an upward reimbursement revision in 2020.
- Please submit questions to the "Ask about MU & MIPS" link within RevolutionEHR's Help menu or to qualityreporting@rev-360.com.

Promoting Interoperability

The MIPS-PI scorecard can be found through Reports > Administration > Providers > MIPS – PI:



The MIPS-PI scorecard header looks like this:



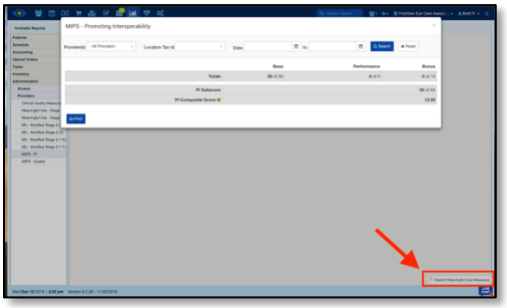
Field	Function
Provider(s)	Allows the user to choose the providers included in the statistical report. This is "All Providers" by default but can be changed to any individual provider in the practice through the dropdown menu. **"All Providers"** = reporting all performance data for a specific location tax Id. This is known as "Group" reporting. **Selecting an individual provider** = reporting for an individual provider at a specific location tax Id. This is known as "Individual" reporting. *Note: If an individual provider has been selected, clicking the small "X" next to the name will return the Provider(s) selection to "All Providers".*
Location Tax Id	Allows the user to choose the specific business entity for the report. Since MIPS requires each Tax ID to be represented with data, a practice with more than one Tax ID will need to use the Location Tax Id field to generate separate reports for each Tax ID.
Date	Allows the user to choose the Start and End dates for their PI performance period.
Search	Allows the user to run the report.
Reset	Allows the user to return the scorecard to the default state/settings.

Note that when the scorecard is first loaded, default data (YTD performance for "All Providers" at a specific Location Tax Id) is presented. If the desired parameters are different, the user can configure the ideal criteria and run the scorecard again.

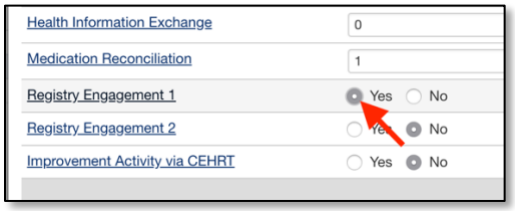
To run the MIPS-PI scorecard:

1. Select "Provider(s)" of interest
    a. Selecting "All Providers" = group reporting
    b. Selecting an individual provider = individual reporting
2. Select "Location Tax Id" of interest
3. Enter Start and End dates for the performance period of interest. **This must be at least 90 consecutive days for a 2018 performance period.**
4. Select "Search" to run the scorecard

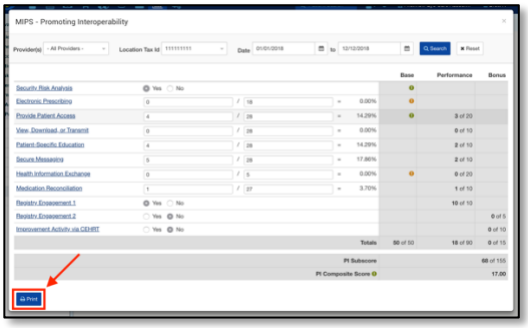
The scorecard should not be considered an accurate reflection of performance until the "Search Meaningful Use Measures" message at the bottom of the screen has disappeared as this is an indication that the search is complete:



Once the scorecard has returned data and the "Search Meaningful Use Measures" message has disappeared, the Security Risk Analysis and Registry measures' Yes/No buttons can be manually changed, as appropriate, prior to saving for attestation. As an example, if the clinician was actively engaged with a specialized registry such as AOA MORE or at least one doctor in a group practice electing to report as a group was actively engaged with AOA MORE, the "Registry Engagement 1" selection could be changed to "Yes":



With all Yes/No measures updated, the "Print" button in the lower left of the scorecard can be used to save the file for attestation and future audit support:



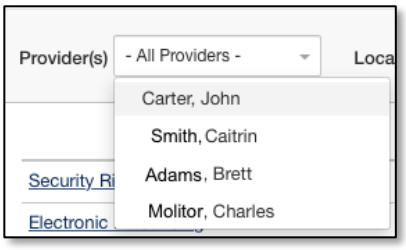
The decision about whether to report as an individual or, if in a practice of > 1 clinician, a group could be based on many factors including final scoring, Part B Medicare volume per provider, etc. It is beyond the scope of this guide to assist with that decision. However, the MIPS-PI scorecard allows clinicians to analyze their practice at both individual and group levels to assist in the decision-making process.

Remember:

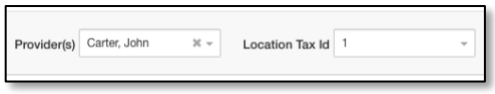
- Each Location Tax ID is viewed by MIPS as its own entity. In other words, each Location Tax ID needs to have eligibility considered and, when necessary, have data reported.

- Each Location Tax ID can be represented by data at the level of the individual provider(s) or at the level of the group. The MIPS-PI scorecard makes this possible through the **Provider(s)** and **Location Tax Id** fields.

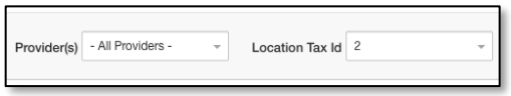
Let's look at a pair of examples. This hypothetical practice consists of 4 individually-eligible providers across 3 locations. Each location has its own Tax ID as displayed in the Location Tax Id dropdown:



If the practice determined that it would be best to report for location 1 as **Individuals**, the scorecard would need to be run 4 times for that location: 1 time for each provider in the Provider(s) list associated to Location Tax Id "1". Running the scorecard this way returns data at the individual level for care provided at location 1. Here's an example for Dr. Carter:



If the practice then determined that it would be best to report for location 2 as a **Group**, the scorecard would only need to be run one time for that location. The Provider(s) selection would be set to "All Providers" and the Location Tax Id would be set to "2":

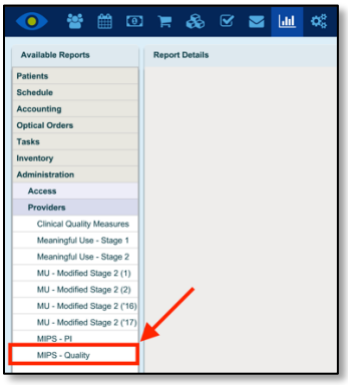


A video walkthrough of the MIPS-PI scorecard and discussion of scorecard configuration is available here. *(Note that while the video mentions and displays the terminology "Advancing Care Information", the principles involved are identical between ACI and PI)*

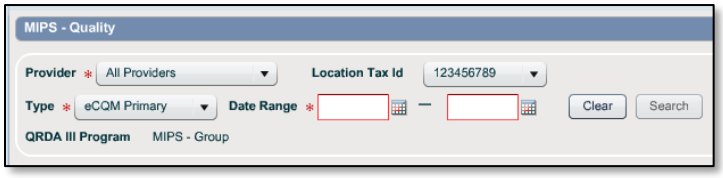
Quality

note: Quality data file creation within RevolutionEHR and subsequent data submission to the QPP portal will be available in early 2019. Please keep attention to the Quest for Excellence group on facebook and Insight for updates.

The MIPS-Quality scorecard can be found through Reports > Administration > Providers > MIPS – Quality:



The MIPS-Quality scorecard header looks like this:



Field	Function
Provider	Allows the user to choose the providers included in the statistical report. This is "All Providers" by default but can be changed to any individual provider in the practice through the dropdown menu. **"All Providers"** = reporting all performance data for a specific location tax Id. This is known as "Group" reporting. **Selecting an individual provider** = reporting for an individual provider at a specific location tax Id. This is known as "Individual" reporting. *Note: If an individual provider has been selected, pressing delete (or fn + delete) on the keyboard while in the dropdown will return the Provider(s) selection to "All Providers".*
Location Tax Id	Allows the user to choose the specific business entity for the report. Since MIPS requires each Tax ID to be represented with data, a practice with more than one Tax ID will need to use the Location Tax Id field to generate separate reports for each Tax ID.
Type	Allows the user to choose measure set. For MIPS, this should not be changed from the default indication of "eCQM Primary".

Date Range	Allows the user to choose the Start and End dates for their Quality performance period.
Clear	Removes the entries in the start and end Date Range fields.
Search	Allows the user to run the report.
QRDA III Program	Updates based on "Provider" selection to highlight intended reporting method. If a single provider is selected, this field will display "**MIPS – Individual".** If "All Providers" is selected, this field will display "**MIPS – Group**".

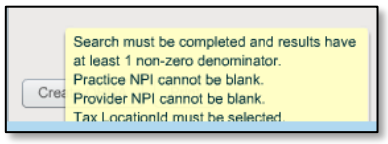
To run the MIPS-Quality scorecard:

1. Select "Provider" of interest
    a. Selecting "All Providers" = group reporting
    b. Selecting an individual provider = individual reporting
2. Select "Location Tax Id" of interest
3. Enter Start and End dates for the performance period of interest. **This should be 1/1/18 – 12/31/18 for the 2018 performance period.**

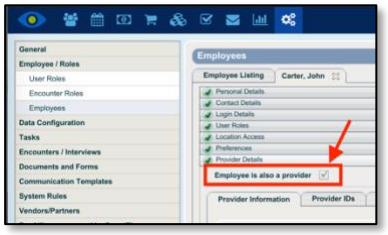
Once Quality performance data has been returned on the scorecard, the user can "Create QRDA" or "Print" via the similarly named buttons at the bottom left of the scorecard:

Clinicians or groups aiming to submit their data to CMS will need to select the "Create QRDA" button. Once available, the creation of a QRDA file requires several conditions to be met (list available by hovering over a greyed-out "Create QRDA" button):

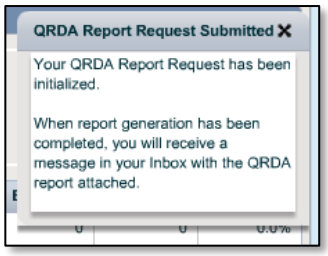
- at least 1 non-zero measure denominator
- practice NPI cannot be blank
- provider NPI cannot be blank
- Location Tax Id must be selected



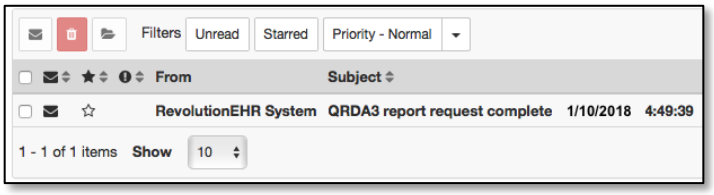
A common reason for the "Create QRDA" button to be greyed out is that the practice has configured employees other than doctors to be "Providers". These employee profiles will need to be temporarily adjusted by removing the "Employee is also a provider" designation. Once the file has been requested, the designation can be returned to its original state.



Once "Create QRDA" is active and selected, a message is displayed alerting the user to the initiation of the file creation process:



Files are processed in the order requests are received. As an example, if a request is made and is 10th in line, the other 9 files will need to be written prior to the 10th. As such, the time it takes for file creation will vary based on when the request is made. You are free to continue working inside RevolutionEHR or leave the system after requesting a file. When completed, the requested QRDA3 file will be delivered as an attachment to the user's Messages module and can be downloaded to a workstation:



Once the necessary file(s) have been created and downloaded to a workstation, data collection within RevolutionEHR is complete.

Just like within Promoting Interoperability, the decision about whether to report as an individual or, if in a practice of > 1 clinician, a group could be based on many factors including final scoring, Part B Medicare volume per provider, etc. It is beyond the scope of this guide to assist with that decision. However, the MIPS-Quality scorecard allows clinicians to analyze their practice at both individual and group levels to assist in the decision-making process.

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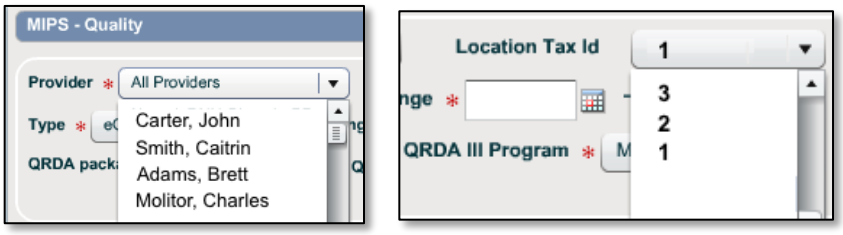

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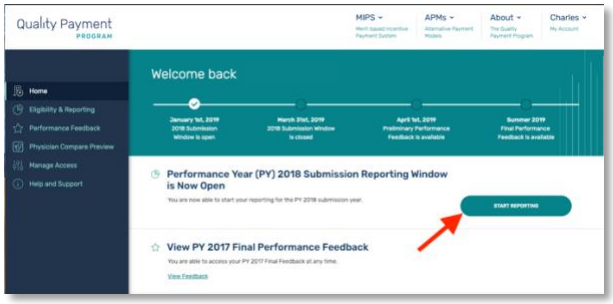
A video walkthrough and discussion of configuring the MIPS – Quality scorecard is available here.

Navigating the Quality Payment Program Portal

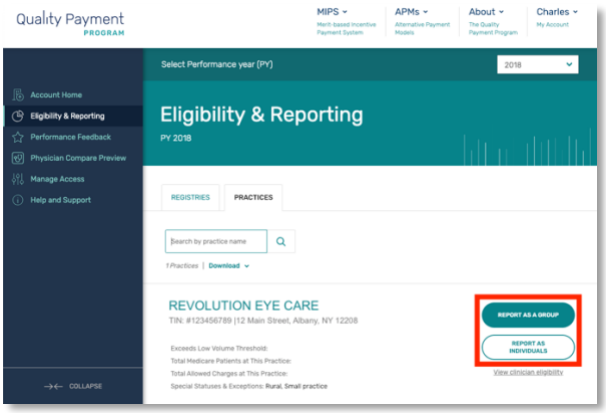
As noted in the introduction to this guide, all MIPS performance data (outside of Quality data submitted on a per-claim basis) must be submitted through the Quality Payment Program web portal at qpp.cms.gov. CMS offers an approximately 40 minute video to help users find their way around data submission with the QPP portal. Access to the Quality Payment Program portal requires a username and password. These credentials are different than what was used for Meaningful Use attestations and these references can guide through the registration process, if needed.

Once a user with the proper authority is logged into the Quality Payment Program portal, the following workflow can be followed:

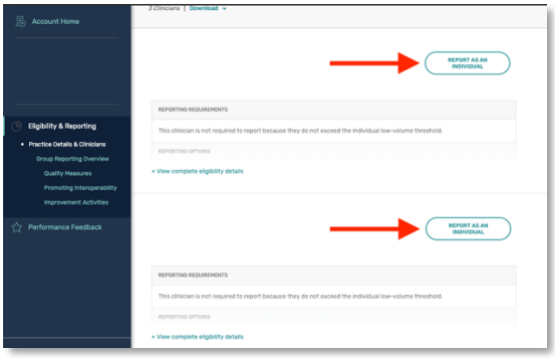
1. On the "Home" page, select "Start Reporting" next to the "Performance Year (PY) 2018 Submission Reporting Window is Now Open" notification:



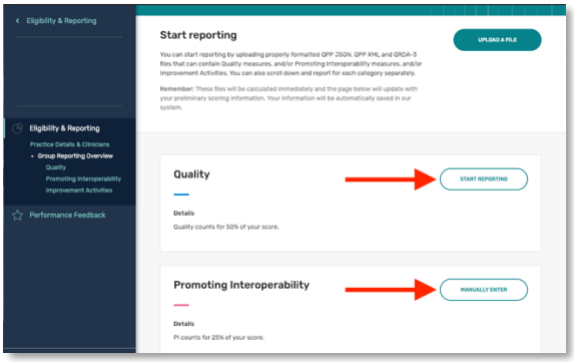
2. The user will be able to see each practice they are associated to within the QPP system. For each practice, the user has the ability to select to "Report As A Group" or "Report As Individuals". Remember that the selection made here must remain consistent for each performance category of MIPS (PI, Quality, Improvement Activities). In other words, you cannot report as a group for one category and as an individual for the others.



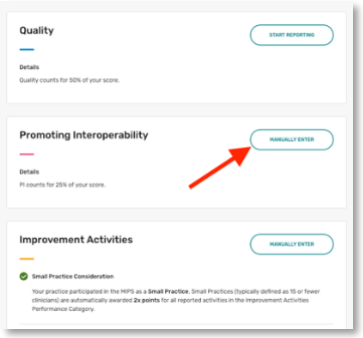
3. Once the selection of “Individual” or “Group” has been made, the user will arrive at a Reporting Overview page. If “Individual” is selected, each of the clinicians associated to the practice will be shown along with a link to start data submission for that clinician:



4. If “Group” is selected, the individual clinicians will not be shown, but there will be links to start the data submission process for each of the performance categories:

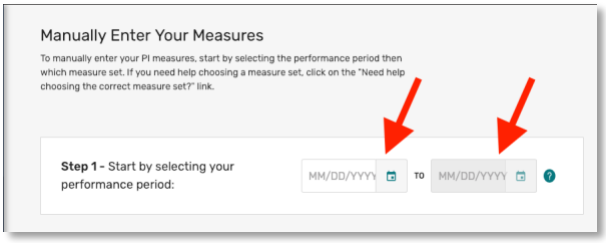


5. Whether reporting as an “individual” or “group”, the data entry process with the QPP portal is the same. The difference is in how the statistics are collected within RevolutionEHR. That process was covered earlier in this guide. To begin the statistical data entry for a particular category, select that category name. For the sake of this walk-through, we will start with Promoting Interoperability by selecting that button:

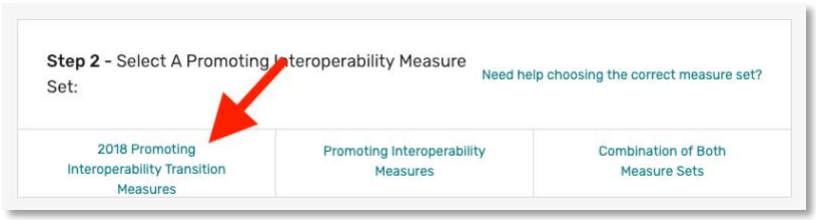


Promoting Interoperability Data Submission

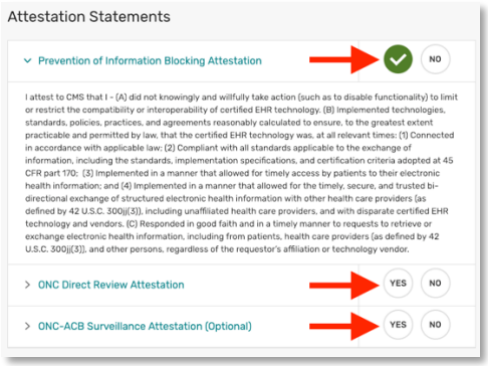
6. **Step 1**: Scroll down and enter the start and end date of the selected performance period. Keep in mind that this must match the date range used on the MIPS – PI scorecard within RevolutionEHR:



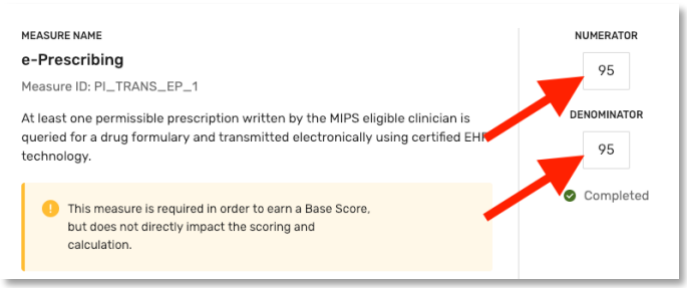
7. **Step 2**: Select "2018 Promoting Interoperability Transition Measures":



8. The system will then present the user with three attestation statements to be answered as appropriate. "Yes" indications are required for the first two statements, while a "Yes" to the third is optional. Selecting the "Yes" or "No" circle will save that indication.

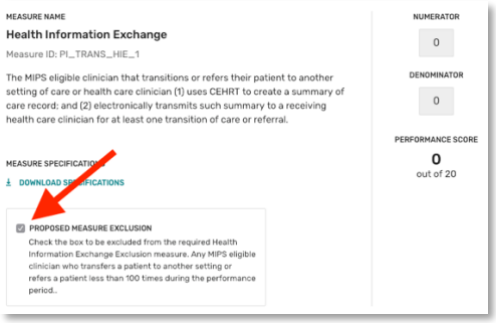


9. Proceed to the list of measures below the attestation statements and transcribe information for each measure from the MIPS – PI scorecard in RevolutionEHR. As an example, the clinician below had a MIPS – PI scorecard which showed 95/95 for electronic prescribing. That information would be entered into the QPP system for that measure:

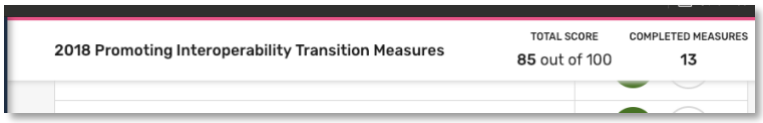


10. Follow the same process for each of the measures listed in the Quality Payment Program system. Notes of interest:

    a. e-Prescribing and Health Information Exchange offer the opportunities for exclusion if a numerator of ≥ 1 was not achieved and the denominator is less than 100. These can be claimed by checking the "Proposed Measure Exclusion" checkbox:

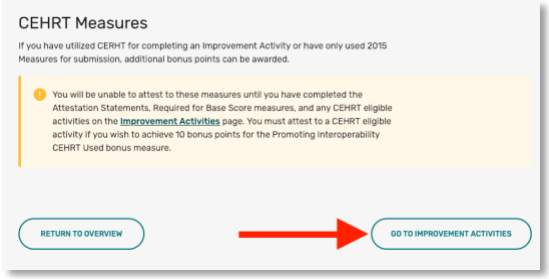


    b. Note that the top of the screen provides a running total of score in the category as data is entered:

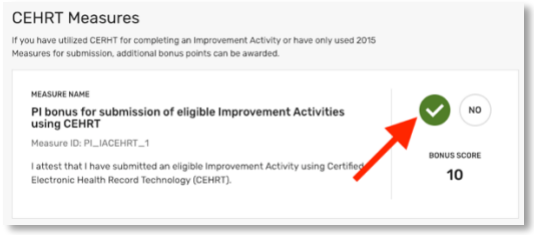


    c. The PI Improvement Activities Bonus at the bottom of the page should only be selected if the user participated in at least one of the improvement activities designated as bonus points eligible and the activity was completed in a manner that aligned with the PI performance category. Additionally, this selection cannot be made until the Improvement Activities section has been completed.

To do this immediately, select "Go To Improvement Activities" and then jump to discussion of that performance category on page 18 of this guide:

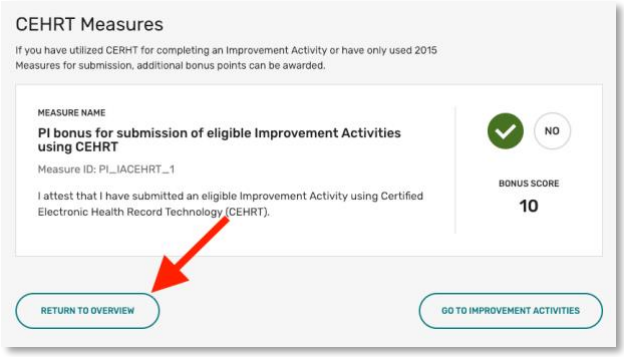


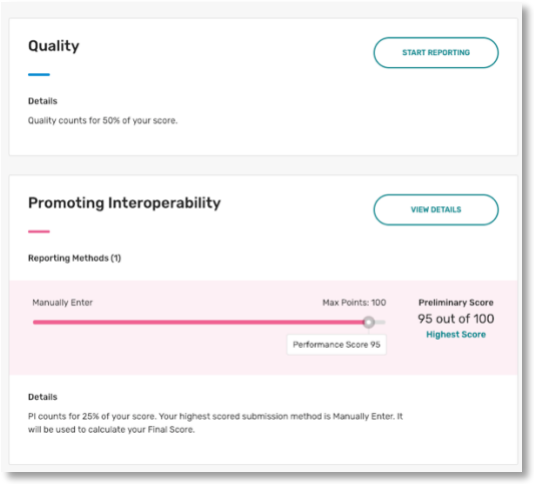
d. If an eligible improvement activity was selected, the CEHRT Measures section will provide the ability to claim the bonus. To do so, select "Yes":



e. There is no "Save" or "Submit" button once data entry is complete. Simply switching to a different screen within the Quality Payment Program portal saves data. Actual submission of the data occurs when the portal officially closes at the end of the reporting window. Until then, a user can log back in an edit data at any time.

f. To view the Promoting Interoperability subscore, either view the running total at the top of the screen or select "Return to Overview" and scroll down to the Promoting Interoperability summary:

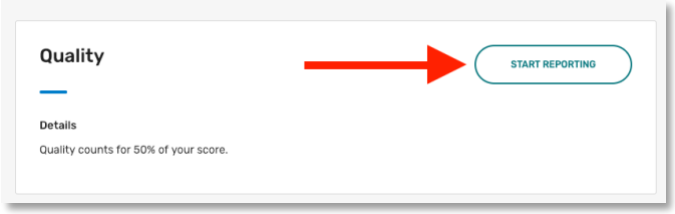




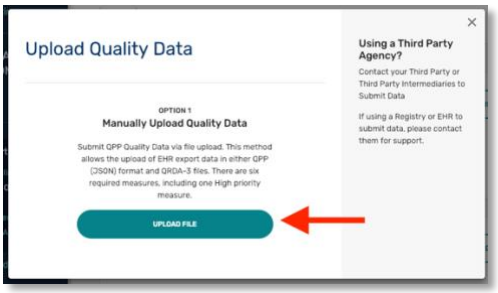
Quality Data Submission

note: Quality data file creation within RevolutionEHR and subsequent data submission to the QPP portal will be available in early 2019. Please keep attention to the Quest for Excellence group on facebook and Insight for updates.

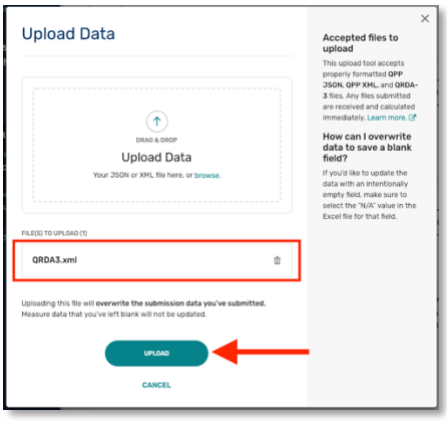
11. To begin submission of Quality data from RevolutionEHR, choose the "Quality" link from the left margin or from the "Individual" or "Group" reporting dashboards, as appropriate:



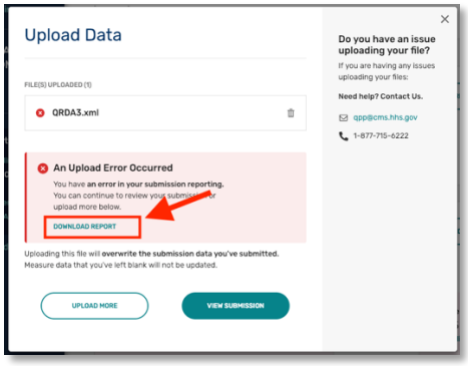
12. Select the "Upload File" button in the resulting window:



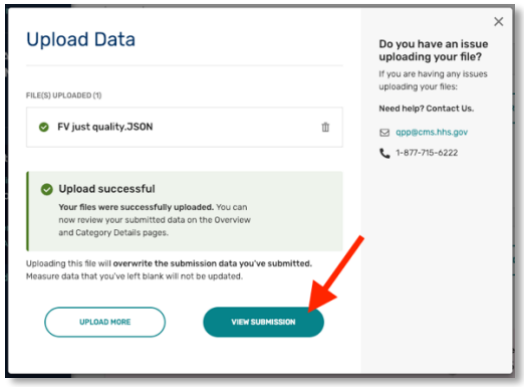
13. The next window allows the user to “drag and drop” or browse and attach the RevolutionEHR QRDA3 file created on pages 7-10 of this guide. Once attached (your filename will be different), select “Upload”:

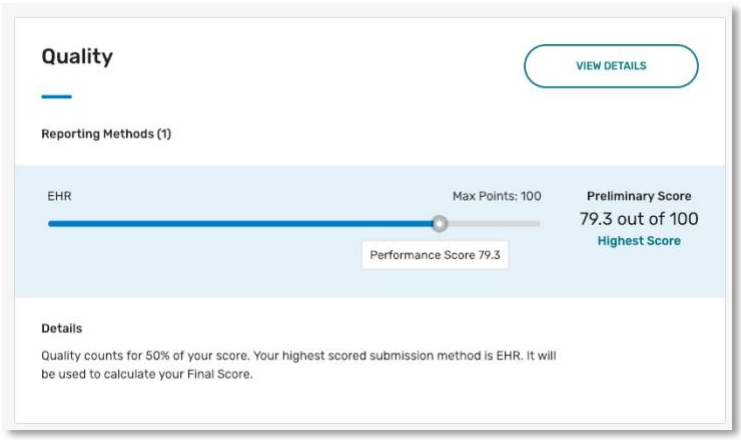


14. File validation occurs immediately with an invalid file failing upload. Please contact RevolutionEHR through the “Ask about MU & MIPS” link within the Help menu if this occurs and relay the findings of the “Download Report” link:



15. Successful file upload will allow an immediate review of performance scoring by selecting “View Submission”



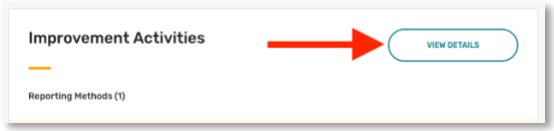


16. Immediate performance data is available via the "View Details" button, if desired. As an example, the user will be able to see which 6 measures were considered in the Quality score, how performance for each compared to historical benchmarks, etc.

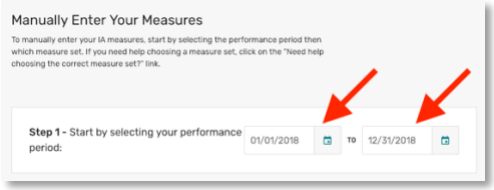
17. There is no "Save" or "Submit button once Quality performance category data has been uploaded. Simply switching to another screen within the Quality Payment Program portal saves data. Actual submission of data occurs when the reporting period closes. Until then, a user can upload files as often as necessary.

Improvement Activities Data Submission

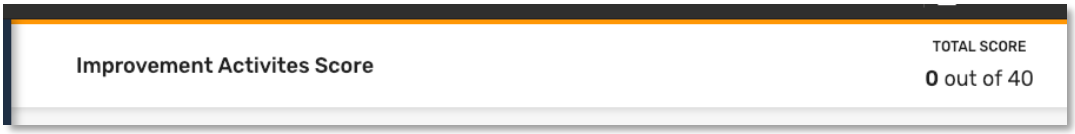
18. To begin submission of Improvement Activities data, choose the "Improvement Activities" link from the left margin or from the "Individual" or "Group" reporting dashboards, as appropriate:



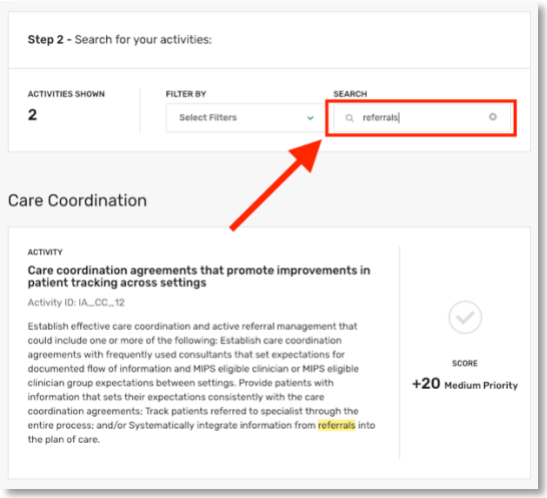
19. Enter a start and end date for the performance period. Note that since this category does not require use of an EHR, the user will not find a scorecard within RevolutionEHR to match data with. Also note that the performance period entered for this category **does not** need to match the period(s) selected for the other two categories:



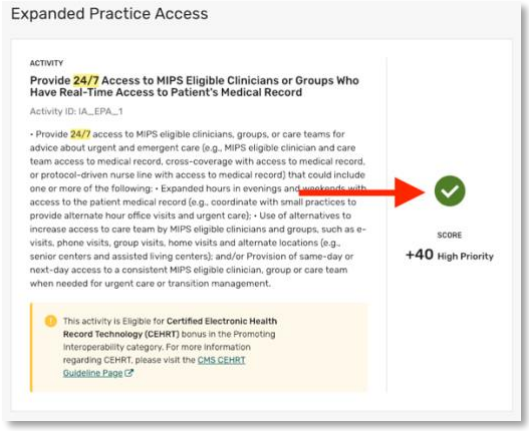
20. Once a performance period has been specified, all 112 improvement activities will become available for attestation. Note that the top of the screen provides a running total of score in the category:



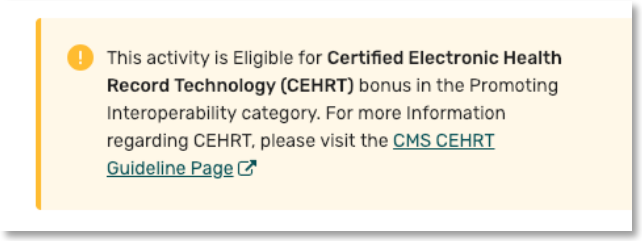
21. There are two options to find your chosen activities:
    a. Scroll down on the page until find the activity of interest
    b. Use the "Search" field to filter the list to just those activities containing your search term:



22. To attest to successful participation in an improvement activity, select the checkmark button next to that activity:



23. Note that activities that offer the bonus points within PI are highlighted with an alert message:



It is very important to note that completion of one of these activities does not automatically entitle the user to the bonus points. To receive the bonus, the activity needs to be completed in a manner that aligns with the use of an EHR within the Advancing Care Information category. For example, providing "Expanded Practice Access" through the use of a secure messaging system would entitle the user to bonus points.

24. Small practice status is considered automatically by the system and accurately displays associated scoring (i.e. point values doubled).

25. There is no "Save" or "Submit button once Improvement Activity attestation is complete. Simply switching to another screen within the Quality Payment Program portal saves data. Actual submission of data occurs when the reporting period closes. Until then, a user can edit data at any time.