

MIPS 2018 Reporting and 2019 Data Collection Quick Guides

Prepare for 2018 Data Reporting

- Assess if you have an active QPP Portal log-in to sign into the QPP site.
 - If not [create one](#) ASAP. Download the [QPP Access User Guide](#) for assistance.
 - **Note:** the QPP portal is transitioning from EIDM to HARP accounts. EIDMs will auto transfer into new HARP system, but if you do not have an EIDM account, you will be creating a HARP account instead.
 - This account will be used to report MIPS via the QPP portal. **It is important to have an account** set-up even if not reporting through the QPP portal, as this is where reporting results, final scores and payment adjustment are posted.
- Decide how you will report MIPS (can use one method for each category, or the same method for all).
 - **QPP Portal:** If reporting through the portal, check your account and physician information to ensure it is correct. Review and request changes if corrections need to be made through [PECOS](#).
 - Quality category submission through the QPP portal requires the upload of a QRDA III file of data, check with your EHR to retrieve this file type.
 - **Claims:** If you have been submitting claims data for the Quality category, you can check your progress on the QPP portal. Claims must have date of services in 2018 and is only available for Quality category.
 - **Registries:** If you want to report through a registry contact your specialty society to check for recommendations or member discounts.
 - **EHR:** If reporting through EHR, verify they can report all categories and in the way you choose (group or individual submission).
- Know the performance period for each category (period in which data collection is required):
 - **QUALITY** – 12 months (Jan. 1 – Dec. 31 of performance year)
 - **COST** – 12 months (this category requires no data submission, is automatically calculated by CMS using administrative claims data)
 - **IMPROVEMENT ACTIVITIES** – at least 90 consecutive days within performance year
 - **PROMOTING INTEROPERABILITY** – at least 90 consecutive days within performance year
- Deadline for MIPS 2018 data submission to CMS is **April 2, 2019 7pm CT**. If using a third-party submitter such as a registry be sure to check its submission deadline. [View the deadlines](#) for some of the most commonly used registries.
- Review 2018 resources in the [QPP Resource Library](#).
- Find additional MIPS reporting guides at www.hcms.org/MIPS/Guide.

Prepare for 2019 Data Collection

- Assess your low-volume threshold status [here](#) or by signing into your [QPP portal](#) – **2019 status information is not currently available, CMS will announce when system has been updated.**
 - If you **do not** exceed the low-volume threshold as an individual or as a group, you are considered exempt from MIPS and are not required to report.
 - If you do exceed the low-volume threshold as a group, but not as an individual, you are required to report if reporting as a group, but not required if the whole group chooses to report as individuals.
 - If you do exceed the low-volume threshold as both an individual and a group, you are required to participate in MIPS no matter how you choose to participate.

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- If you do not exceed the low-volume threshold and are therefore exempt from reporting 2019 MIPS, you may still be eligible to **opt-in** to report MIPS for 2019 if you so choose.
 - Before opting-in be sure to evaluate the benefits of participating in MIPS.
 - If you choose to opt-in **it is irrevocable**, and you will be subject to scoring and payment adjustments based upon the data you submit (positive, negative or neutral payments depending upon final score).
 - Opt-in process will be available through the QPP portal – **not currently available, CMS will announce the process soon.**
- Decide how you want to report and note performance periods for each category (same as 2018 noted above).
 - You can now use more than one reporting method per category (QPP portal, [qualified registry](#), [QCDR](#), claims, or EHR).
 - If reporting via EHR, check with your EHR vendor to ensure they know how to appropriately capture the Quality measures you've selected in the EHR system.
- Select and review your measures for each category.
 - **QUALITY** – report on 6 measures, one of which must be an outcome measure. Review [fact sheet](#).
 - **Claims:** Identify Quality measures you want to submit, [download and review current measure specification sheets](#) for each measure, identify necessary quality codes required to report each measure, and ensure your biller is aware of these codes and is appropriately adding them to claims, **DO NOT assume your biller is already doing this.** Begin adding quality codes ASAP. Individuals or groups of more than 15 providers **cannot** report Quality via claims submission.
 - **EHR & registries:** Download and review [Quality measure specifications](#).
 - If you would like to continue reporting on measures in 2019 you selected in 2018, [use this chart](#) to see if any of your measures have been deleted or modified to help you make appropriate changes. This chart also includes newly added measures for 2019.
 - **PROMOTING INTEROPERABILITY (EHR)** – report on all required measures from 4 objectives.
 - Contact your EHR vendor to check your EHR certification edition – practices **must have 2015 edition CEHRT in 2019.** Download and review the [Promoting Interoperability measure specifications](#).
 - **IMPROVEMENT ACTIVITIES** – report on 2 high-weight activities, or 4 medium-weighted, or 1 high and 2 medium. For small practices (15 or fewer clinicians) this requirement is cut in half.
 - Review [2019 Improvement Activities Inventory](#) and select your activities.
 - **COST** – This category requires no data submission, is automatically calculated by CMS using administrative claims data. Review the [2019 Cost Performance Fact Sheet](#).
- Review 2019 resources in the [QPP Resource Library](#).
- Find additional MIPS guidance at www.hcms.org/MIPS.