

Quality Payment Program (QPP) 2020 Data Submission User Guide

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COVID-19 and 2020 Participation

CMS continues to offer flexibilities to provide relief to clinicians responding to the 2019 Coronavirus (COVID-19) pandemic. We are applying the MIPS automatic extreme and uncontrollable circumstances policy to all MIPS eligible clinicians for the 2020 performance period. We are also reopening the MIPS EUC application for individual MIPS eligible clinicians, groups, virtual groups, and Alternative Payment Model (APM) Entities through March 31, 2021 at 8 p.m. ET.

Please note that applications received between now and March 31, 2021 won't override previously submitted data for individuals, groups and virtual groups. However, data submission for an APM Entity won't override performance category reweighting from an approved application.

For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program COVID-19 Response webpage or our Quality Payment Program COVID-19 Response Fact Sheet.

Here's what our most recent COVID-19 related flexibilities mean for individual, group and virtual group participation:

Individual Participation

- Individual clinicians don't need to submit an EUC application because we are applying our automatic EUC policy to all MIPS eligible clinicians.
- If you haven't submitted data (or have submitted data for a single performance category, such as Medicare Part B Claims quality measures reported throughout the performance period), you will receive a neutral payment adjustment for the 2022 MIPS payment year unless you have a higher score from group participation.
- If you've submitted data in 2 or 3 performance categories, you will receive a MIPS final score and MIPS payment adjustment for the 2022 MIPS payment year based on the data you've submitted.
- You will only be scored in the performance categories for which data are submitted. (Under the automatic EUC policy, the cost performance category will always be weighted at 0%, even if you submit data for the other performance categories.)

Group Participation

- Groups that haven't submitted any data don't need to submit an EUC application if you're not able to submit data for the 2020 performance year. Group participation is optional, and your individual MIPS eligible clinicians qualify for the automatic EUC policy.
- Groups that have submitted data for a single performance category and are unable to submit data for other performance categories can submit an EUC application to reweight all 4 performance categories:

- 
- If your application is approved, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year unless they have a higher final score from individual participation.
 - If you don't submit an application, your group will be scored in all 4 performance categories unless the group qualifies for reweighting in one or more performance categories.
 - Groups that have submitted data for 2 or 3 performance categories can submit an application for any remaining performance category or categories:
 - If your application is approved, your MIPS eligible clinicians will receive a final score based on the data submitted unless they have a higher final score from individual participation. (If cost is included in your approved application, the cost performance category will be weighted at 0% even though data has been submitted for other performance categories.)
 - If you don't submit an application, your group will be scored in all 4 performance categories unless the group qualifies for reweighting in one or more performance categories.

Virtual Group Participation

- Virtual groups that haven't submitted any data or have submitted data for single performance category and are unable to submit data for other performance categories can submit an EUC application to reweight all 4 performance categories:
 - If your application is approved, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year.
 - If you don't submit an application, your virtual group will be scored in all 4 performance categories unless the virtual group qualifies for reweighting in one or more performance categories.
- Virtual groups that have submitted data for 2 or 3 performance categories can submit an application for any remaining performance category or categories:
 - If your application is approved, your MIPS eligible clinicians will receive a final score based on the data submitted.
 - If you don't submit an application, your virtual group will be scored in all 4 performance categories unless the virtual group qualifies for reweighting in one or more performance categories.

Getting Started

[Accessing the System](#) | [Organization Type](#)

Accessing the System

In order to [sign in to gpp.cms.gov](#) and submit PY 2020 data and/or view data submitted on your behalf, you need:

- An account (user ID and password)
- Access to an organization (a role)

Make sure you sign in during the submission period to review data submitted on your behalf.
You can't submit new or corrected data after the submission period closes.

If you don't already have an account or access, review the following documentation in the [QPP Access User Guide](#) so you can sign in to submit, or view, data:

[QPP Access at a Glance](#) | [Register for a HARP Account](#) | [Connect to an Organization](#)

Before You Begin

Make sure you are using the most recent version of your browser:

- Chrome: 87.0.4280.141
- Firefox: 84.0.2
- Safari: 14.0.2
- Edge: 87.0.664.75

Note: Internet Explorer is not fully supported by QPP.

Once you [sign in](#), you can select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-hand navigation bar.

The screenshot shows the QPP system dashboard for user Moira M. The left-hand navigation bar is visible, with the 'Eligibility & Reporting' option highlighted by a red box. The main content area has a blue header with the text 'Welcome back Moira M!'. Below the header is a timeline with four milestones: 'Aug 1, 2020 Submission Window is open', 'Mar 23, 2021 Last Day to submit 2019 data', 'Mar 24, 2021 Preliminary Performance Feedback Available', and 'Summer 2021 Final Performance Feedback is available'. At the bottom, there is a white box with the text 'Performance Year (PY) 2020 Submission Reporting Window is Now Open' and a red button labeled 'START REPORTING'.

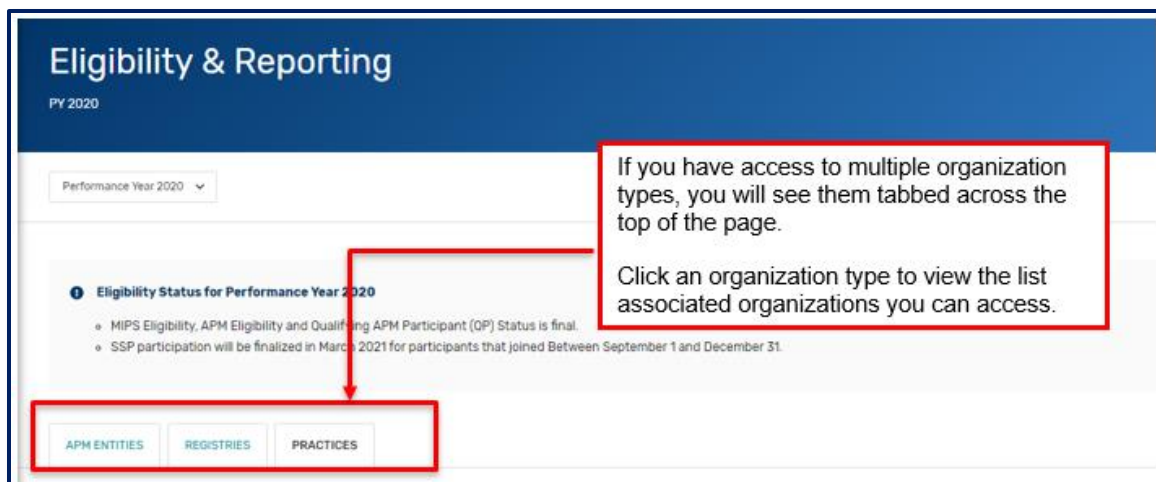
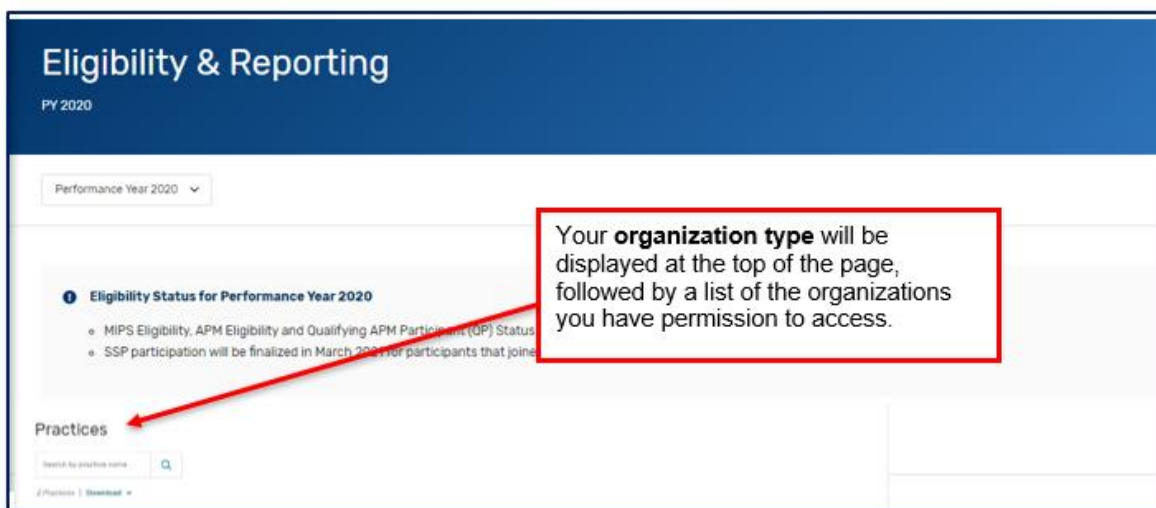
Organization Type

From here, you'll see the organizations you have permission to access. Most users will only have access to one organization type:

- **Registry** (includes Qualified Registries and QCDRs)
or
- **Practice** (individual and/or group reporting, all performance categories)
or
- **APM Entity** (APM Entity-level quality data submissions)
or
- **Virtual Group** (virtual group reporting, all performance categories)

Helpful Hint

Click the links at left, or jump to [Appendix A](#), to review what users associated with each organization type can and can't do and view during the submission period.



Understanding What Information Is Available by Organization Type

This section reviews the information that can be accessed and viewed by users with the staff user or security official roles for different organization types – registries, practices, APM Entities, and virtual groups.

This section also reviews which performance data can be submitted for APM Entities versus the practices that include clinicians in the Entity.

Skip ahead to [Practice Representatives](#) | [APM Entity Representatives](#) | [Virtual Group Representatives](#)

Registry Representatives

This section includes information for users with a Staff User or Security Official role for a **Registry organization** – Qualified Registry or QCDR – identified by Taxpayer Identification Number (TIN).

With this Access	✓ You CAN do this during and after the submission period	✗ You CAN T do this during or after the submission period
Staff User or Security Official for a Registry (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data your organization submitted for them	✗ View data submitted directly by your clients ✗ View data submitted by another third party on behalf of your clients ✗ View data collected and calculated by CMS on behalf of your clients ○ Cost measures (if applicable) (Note that CMS is suppressing the All-Cause Hospital Readmission measure for the MIPS 2020 performance period.)

From the Eligibility & Reporting page, make sure you click the Registries tab if you access to multiple organization types and select Start Reporting next to your registry's name to open your dashboard and start uploading files.

Eligibility & Reporting
PY 2020

Performance Year 2020 ▼

Eligibility Status for Performance Year 2020

- MIPS Eligibility, APM Eligibility and Qualifying APM Participant (QP) Status is final.
- SSP participation will be finalized in March 2021 for participants that joined Between September 1 and December 31.

APM ENTITIES **REGISTRIES** PRACTICES

Search by registry name 🔍

2 Registries

Decision Population Health - QR
TIN: 000616120

START REPORTING

You will not see any information until you've submitted data.

2020 Registry Submission Details
Performance Year (PY) 2020

Performance Year 2020 ▼ Print

Start by uploading a JSON file that contains all or single category data. [View Registry Instructions](#)

This information is not considered final and may be updated until the submission deadline of March 31, 2021, when it will be automatically submitted to QPP for review.

UPLOAD FILE(S)

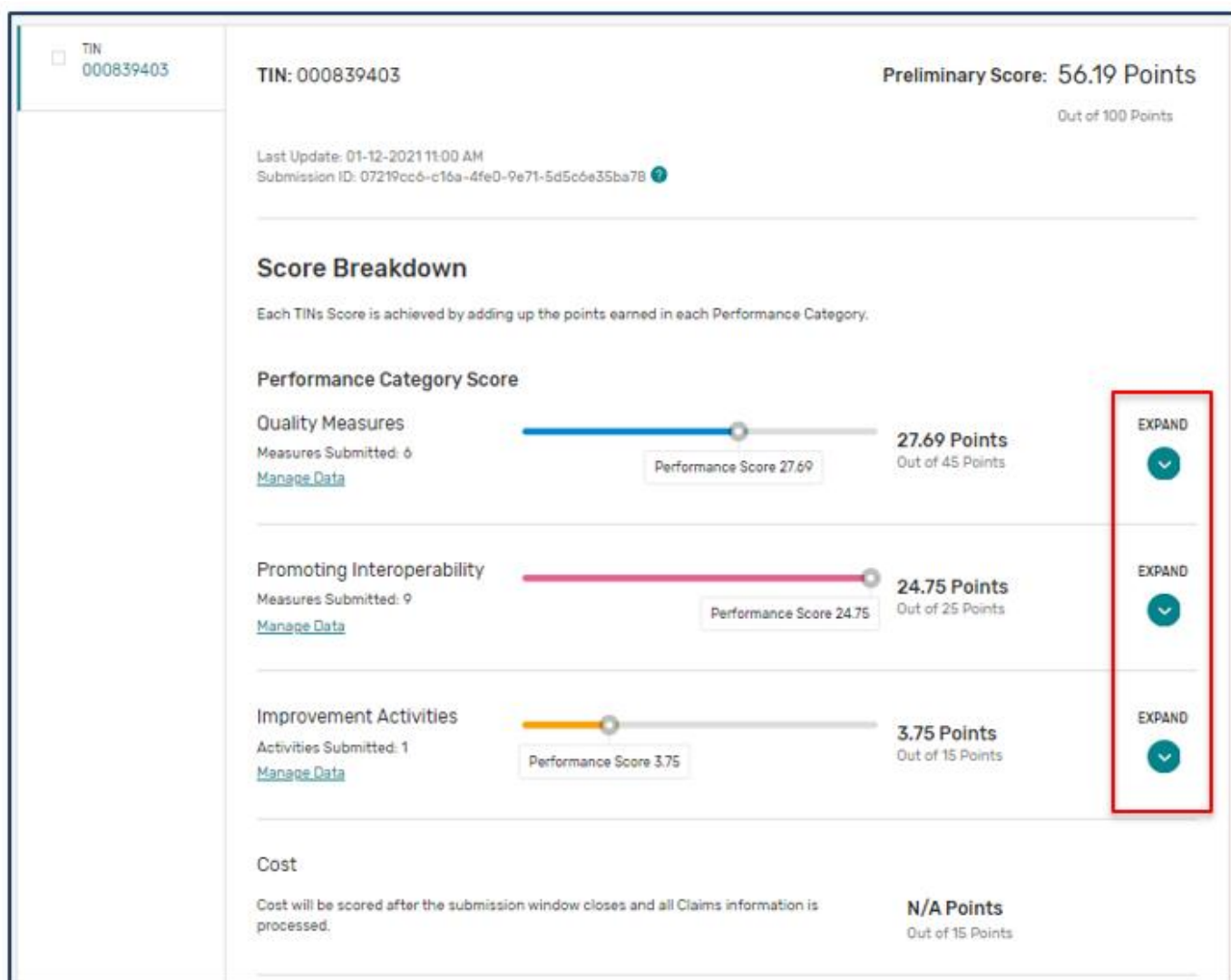
Displaying: 0 - 0 of 0

☐ SELECT ALL	DOWNLOAD	DELETE	SEARCH
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No submissions!

Once you've started submitting data, you will see a list of Taxpayer Identification Numbers (TINs) – for group submissions – and TIN/National Provider Identifiers (TIN/NPIs) – for individual submissions – along with their preliminary scoring based on data submitted by your registry.

You can click “Expand” next to each performance category score to see a breakdown by measure or activity reported.



(All data included in screenshots is fictitious, for illustrative purposes.)

Score Breakdown

Each TINs Score is achieved by adding up the points earned in each Performance Category.

Performance Category Score

Quality Measures

Measures Submitted: 6

[Manage Data](#)



Performance Score 27.69

27.69 Points
Out of 45 Points

COLLAPSE



Measure Name	Performance Rate	Measure Score
Preventive Care and Screening: Influenza Immunization Measure ID: 110 Collection Type: eCQMs	2.06%	4.60
Pneumococcal Vaccination Status for Older Adults Measure ID: 111 Collection Type: eCQMs	43.60%	6.69
Breast Cancer Screening Measure ID: 112 Collection Type: eCQMs	12.59%	5.26
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128 Collection Type: eCQMs	17.79%	5.04

Promoting Interoperability

Measures Submitted: 9
[Manage Data](#)

Performance Score 24.75

24.75 Points
Out of 25 Points

COLLAPSE

Attestation Statements

Prevention of Information Blocking Attestation

✓

ONC Direct Review Attestation

✓

Measure Name	Numerator	Denominator	Performance Score
e-Prescribing Measure ID: PL_EP_1 Collection Type: eCQMs ⓘ	931	962	10.00
Support Electronic Referral Loops By Receiving and Incorporating Health Information Exclusion Measure ID: PL_LVITC_2 Collection Type: eCQMs ⓘ			N/A
Support Electronic Referral Loops By Sending Health Information Exclusion Measure ID: PL_LVOTC_1 Collection Type: eCQMs ⓘ			N/A

Improvement Activities

Activities Submitted: 1
[Manage Data](#)

Performance Score 3.75

3.75 Points
Out of 15 Points

COLLAPSE

Activity Name	Weighting	Performance Score
Collection and use of patient experience and satisfaction data on access Measure ID: IA_EPA_3 Collection Type: eCQMs ⓘ	Medium	10.00
How is the score calculated?		Sub-Total: 3.75 Points

Cost

Cost will be scored after the submission window closes and all Claims information is processed.

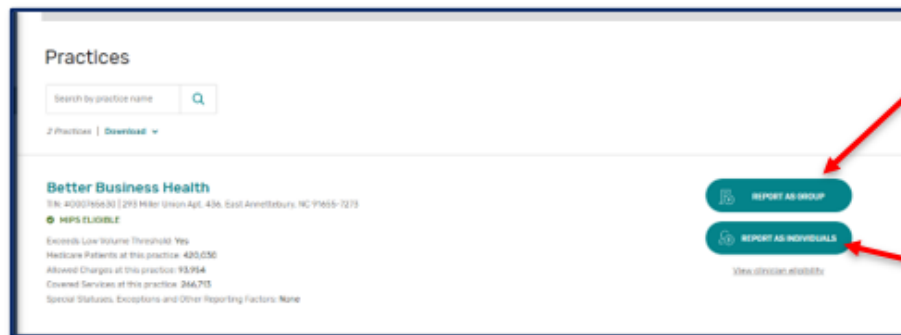
N/A Points
Out of 15 Points

Practice Representatives

This section includes information for users with a Staff User or Security Official role for a **Practice organization**, identified by Taxpayer Identification Number (TIN).

With this Access	You CAN do this during the submission period	You CAN T do this during the submission period
Staff User or Security Official for a Practice (includes solo practitioners)	✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group and/or individuals) ○ Includes Promoting Interoperability data for MIPS APM participants ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group and/or individual) ✓ View preliminary scoring for Part B claims measures (automatically calculated at the individual AND group level) reported throughout the performance period ○ This data will be updated during the submission period to account for claims received by CMS until March 1, 2021 ✓ View preliminary performance feedback for the group and individual clinicians	- x View cost measures feedback (if applicable) ○ Cost data won't be available during the submission period) ○ PY 2020 note: Cost will be weighted at 0% for all MIPS eligible clinicians reporting as individuals due to the automatic EUC policy - x View facility-based scoring for quality / cost (if applicable) ○ This won't be available until final feedback in July 2020 - x View data submitted by your APM Entity • Example. If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface - x View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group)

Group vs Individual Reporting



As a group. You're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

As individuals. You're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

[Reporting as a Group](#) | [Group Eligibility Refresher](#) | [Reporting as Individual Clinicians](#)

Did you know?

The level at which you participate in MIPS (individual or group) applies to all performance categories. We will not combine data submitted at the individual and group level into a single final score.

For example:

- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

EXCEPTION

When small practices report Medicare Part B Claims measures for their MIPS eligible clinicians, we will automatically calculate a quality score at the individual AND group level.

Reporting as a Group

When you report as a group, you're reporting aggregated data for each performance category that represents all the clinicians in your practice (as appropriate to the measures and activities you've selected).

From the Eligibility & Reporting page, you can view eligibility and special statuses at the practice level, which are applicable to group reporting.

Practice-level **eligibility**
(applies to group reporting only)

Practice-level **special statuses
and exception applications**
(applies to group reporting only)

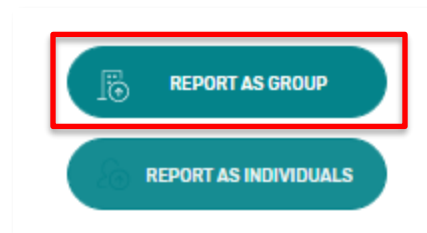
The screenshot shows a web interface titled 'Practices'. It includes a search bar with the placeholder 'Search by practice name' and a magnifying glass icon. Below the search bar, it says '2 Practices | Download' with a dropdown arrow. The main content area lists a practice named 'Better Business Health' with its TIN: #000765630 and address: 293 Miller Union Apt. 436, East Annettebury, NC 91655-7273. Under the practice name, there is a green checkmark icon followed by 'MIPS ELIGIBLE'. Below this, several metrics are listed: 'Exceeds Low Volume Threshold: Yes', 'Medicare Patients at this practice: 420,030', 'Allowed Charges at this practice: 93,954', 'Covered Services at this practice: 266,713', and 'Special Statuses, Exceptions and Other Reporting Factors: None'. Two red arrows point from the text on the left to the 'MIPS ELIGIBLE' status and the 'Special Statuses, Exceptions and Other Reporting Factors: None' line.

Practices	
Search by practice name	
2 Practices Download ▼	
Better Business Health	
TIN: #000765630 293 Miller Union Apt. 436, East Annettebury, NC 91655-7273	
✔ MIPS ELIGIBLE	
Exceeds Low Volume Threshold: Yes	
Medicare Patients at this practice: 420,030	
Allowed Charges at this practice: 93,954	
Covered Services at this practice: 266,713	
Special Statuses, Exceptions and Other Reporting Factors: None	

Eligibility Refresher (Group Reporting)

You See	This Means
PRACTICE LEVEL (Applies to Group Reporting)	
✔ MIPS ELIGIBLE	If you choose to report as a group, all of your MIPS eligible clinicians (including those who are individually below the low-volume threshold) will receive a payment adjustment based on your group submission
⊗ MIPS EXEMPT	You can choose to voluntarily report as a group, but none of your clinicians will receive a payment adjustment You will also see this status when your group was “opt-in eligible” and a practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to voluntarily report.
Opt-in Option: Opt-in eligible as group	Your practice isn’t eligible for MIPS and your clinicians will not receive a MIPS payment adjustment from group reporting unless you make an election to Opt-In as a group. No action is needed if you don’t want to submit data. If you want to submit group-level data, you will be prompted to make an election before you can submit data. • Opt-In to MIPS and your clinicians will receive a MIPS payment adjustment (even if no data is submitted) • Voluntarily Report and your clinicians will NOT receive a MIPS payment adjustment based on any data submitted
✔ MIPS ELIGIBLE VIA OPT-IN	A practice representative or third-party (such as a QCDR or Qualified Registry) has made an election for your group to opt-in to MIPS. Your MIPS eligible clinicians will receive a payment adjustment.

If your practice is “**MIPS eligible**” or “**MIPS exempt**” as a group, clicking Report as a Group will take you the [Reporting Overview](#) page, where you can submit data or view data submitted on your behalf.



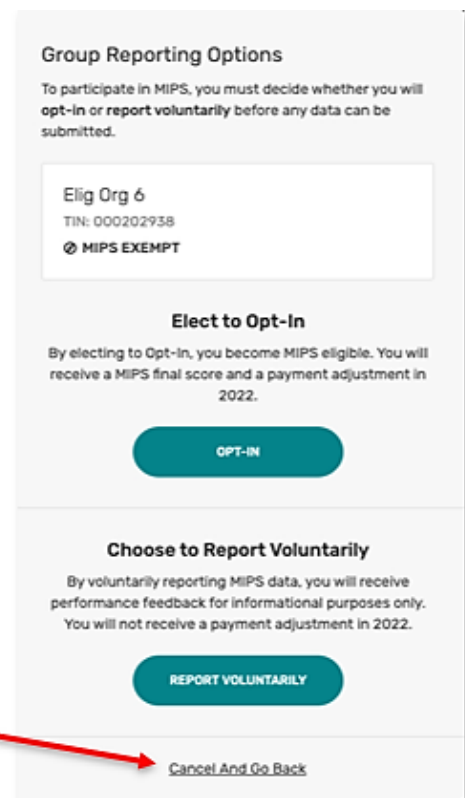
Opt-In Eligible

If your practice is “**opt-in eligible as a group**”, you will be prompted to complete an election before you can submit any data.

Once made, this election cannot be changed.

- Select **Opt-In** if you’re electing for the practice to receive a MIPS final score based on a group submission and for all MIPS eligible clinicians to receive payment adjustment, OR
- Select **Report Voluntarily** if you’re electing for the practice to receive a MIPS final score based on a group submission, but no payment adjustment for the MIPS eligible clinicians based on the group’s [reporting](#)

Don’t want to submit group-level data? Select **Cancel and go [back](#)**



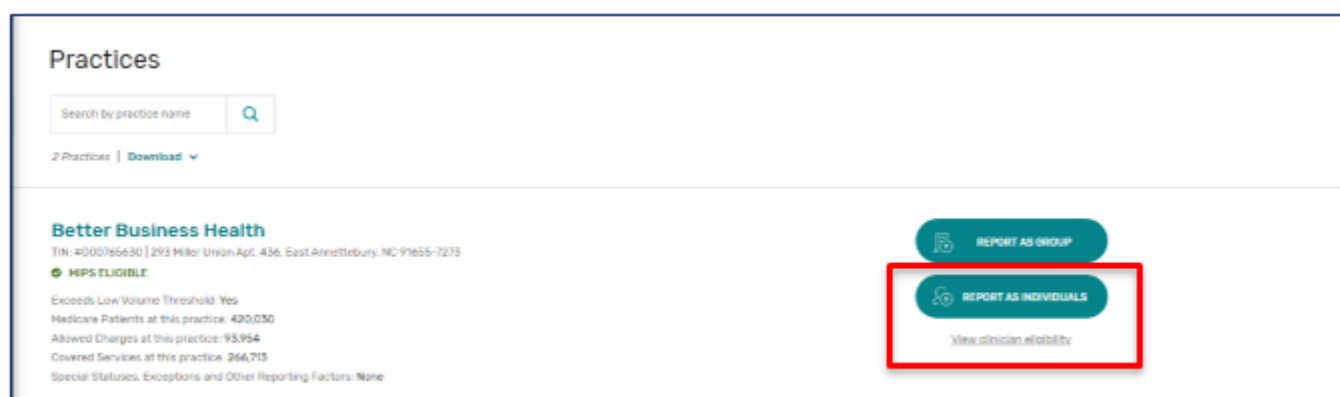
Review the [2020 MIPS Opt-In and Voluntary Reporting Election Toolkit](#) for more information.

Reporting as Individuals

When you're reporting as individuals, you're reporting individual data for each performance category for each MIPS eligible clinician in the practice.

Users with access to their practice can view eligibility and special statuses at the individual level, which are applicable to the specific clinician for individual reporting.

Click **Report as Individuals** or **View Clinician Eligibility** (under the option to Report as Individuals) to access Practice Details and Clinicians.



This page displays the clinicians who (identified by National Provider Identifier, or NPI) billed services under your practice's TIN with **dates of service between October 1, 2019 and September 30, 2020** and received by CMS by October 30, 2020.

- This includes clinicians who left your practice and/or have terminated the reassignment of their billing rights to your practice's TIN in PECOS during this timeframe.

Practice Details & Clinicians

Better Business Health | Performance Year (PY) 2020

Performance Year 2020 ▾

MIPS ELIGIBLE

Clinicians (Final Eligibility) ⓘ
Facility-based (Martinez-Johnson, CCN: zVKE0d)
+ View complete eligibility details

REPORT AS GROUP

Clinicians

The following is a list of all clinicians who submitted claims data to CMS for Performance Year 2020 for this practice. Here you can view their MIPS Participation, APM Participation, and Special Status details.

Search by last name



7 Clinicians | Download ▾

QPPASO SecOffOne at Better Business Health

NPI: #0448243410 | Doctor of Medicine
MIPS Eligibility: ⓘ INDIVIDUAL ⓘ GROUP
Clinicians (Final Eligibility) ⓘ

REPORT AS INDIVIDUAL

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

Did you know?

The following clinicians **won't** appear on app.cms.gov during the submission period:

Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2020.

These clinicians will be added to your practice's downloadable Payment Adjustment CSV with final performance feedback in July 2021:

- They will receive a neutral MIPS payment adjustment if your practice reported as individuals; or
- They will receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS).

Each clinician will have an eligibility indicator at the individual and group level. If your practice is reporting as individuals, click **View complete eligibility details** to better understand the clinician's reporting requirements, reporting options and payment adjustment information.

Chad Smith at Better Business Health
NPI: #0101947063 | Doctor of Medicine
MIPS Eligibility: ☒ INDIVIDUAL ☐ GROUP

REPORTING REQUIREMENTS
This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS
[+ View complete eligibility details](#)

REPORT AS INDIVIDUAL

Chad Smith at Better Business Health
NPI: #0101947063 | Doctor of Medicine
MIPS Eligibility: ☒ INDIVIDUAL ☐ GROUP

REPORTING REQUIREMENTS
This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS
[+ View complete eligibility details](#)

REPORT AS INDIVIDUAL

Chad Smith at Better Business Health
NPI: #0101947063 | Doctor of Medicine
MIPS Eligibility: ☒ INDIVIDUAL ☐ GROUP

REPORTING REQUIREMENTS
This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS
[+ View complete eligibility details](#)

REPORT AS INDIVIDUAL

If the clinician is **"MIPS eligible"** or **"MIPS exempt"** as an individual, clicking Report as Individuals will take you the [Reporting Overview](#) page, where you can submit data or view data submitted on your behalf.

Opt-In Eligible

If the clinician is “**opt-in eligible as an individual**”, you will be prompted to complete an election before you can submit any data.

Once made, this election cannot be changed.

- Select **Opt-In** if you’re electing for the clinician to receive a MIPS final score and payment adjustment, OR
- Select **Report Voluntarily** if you’re electing for the clinician to receive performance feedback, but no payment adjustment

Don’t want to submit individual level data? Select Cancel and go back

Clinician Reporting Options

To participate in MIPS, you must decide whether you will opt-in or report voluntarily before any data can be submitted.

Lance Hooper
NPI: 0004357212 | TIN: 000845066
Ⓜ MIPS EXEMPT

Elect to Opt-In

By electing to Opt-In, you become MIPS eligible. You will receive a MIPS final score and a payment adjustment in 2022.

OPT-IN

Choose to Report Voluntarily

By voluntarily reporting MIPS data, you will receive performance feedback for informational purposes only. You will not receive a payment adjustment in 2022.

REPORT VOLUNTARILY

[Cancel And Go Back](#)

Review the [2020 MIPS Opt-In and Voluntary Reporting Election Toolkit](#) for more information.

APM Entity Representatives

This section includes information for users with a Staff User or Security Official role for an **APM Entity organization**, identified by an APM Entity ID.

With this Access	You CAN do this during the submission period	You CAN T do this during the submission period
Staff User or Security Official for an APM Entity	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program and Next Generation ACOs, or other registered APM Entities) ✓ Upload a QRDAIII file with your eCQM data (Comprehensive Primary Care Plus practice sites) ✓ Upload a file of APM Entity-level quality measure data (all MIPS APM Entities) ✓ View preliminary performance feedback on quality data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some MIPS APMs	- X View the Promoting Interoperability data reported by clinicians and groups in your APM Entity - X View quality data reported by clinicians and groups in your APM Entity

After signing in and clicking Eligibility & Reporting from the left hand navigating, users with access to their APM Entity can access a list of the clinicians participating in the Entity by clicking **View Participant Eligibility** beneath Start Reporting.

Michiana Accountable Care Organization, LLC (QPP)

MIPS APM | SSP A9369 / MSSP ACO - Track 1

MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes

START REPORTING

Additional reporting options available. [Learn More](#)

[View Participant Eligibility](#)

From the **APM Entity Details & Participants** page, you will be able to **download** a list of all your participants or **view** participants by Practice. This is a list of the clinicians identified as participating in your APM Entity on the 1st, 2nd or 3rd APM Snapshot dates (March 31, June 30, and August 31, 2020).

APM Entity Details & Participants
Michiana Accountable Care Organization, LLC (QPP) | Performance Year (PY) 2020

Performance Year 2020 ▾

MIPS ELIGIBLE
Eligibility Determination Period: Final Eligibility, November 2020
→ View complete eligibility details

START REPORTING
Additional reporting options available: [Learn More](#)

Participating Practices

Search

1 Practice [Download participant list](#)

APM-Organization-183
TIN: #999830330 | 342 Price Place Suite 6800, Foxport, MD 655413965841087
MIPS ELIGIBLE
Eligibility Determination Period: Final Eligibility, November 2020
[136 clinicians](#) at this practice participate in the APM Entity
→ View practice eligibility details

VIEW CLINICIAN ELIGIBILITY

[Back to Participating Practices](#)

Clinicians at APM-Organization-183
The following is a list of all clinicians in this practice who participate in Michiana Accountable Care Organization, LLC (QPP).

Search by last name

136 Clinicians | [Download 136 clinicians](#)

Chardonnay Sevenhundredeightsix at APM-Organization-183
NPI: #8883806346 | Doctor of Medicine
MIPS Eligibility: **INDIVIDUAL** **GROUP**
Eligibility Determination Period: Final Eligibility, November 2020

REPORTING REQUIREMENTS
Not available.

REPORTING OPTIONS
→ View complete eligibility details

When you select **View Clinician Eligibility** by practice, only clinicians in the practice who are also participating in the APM Entity will be listed.

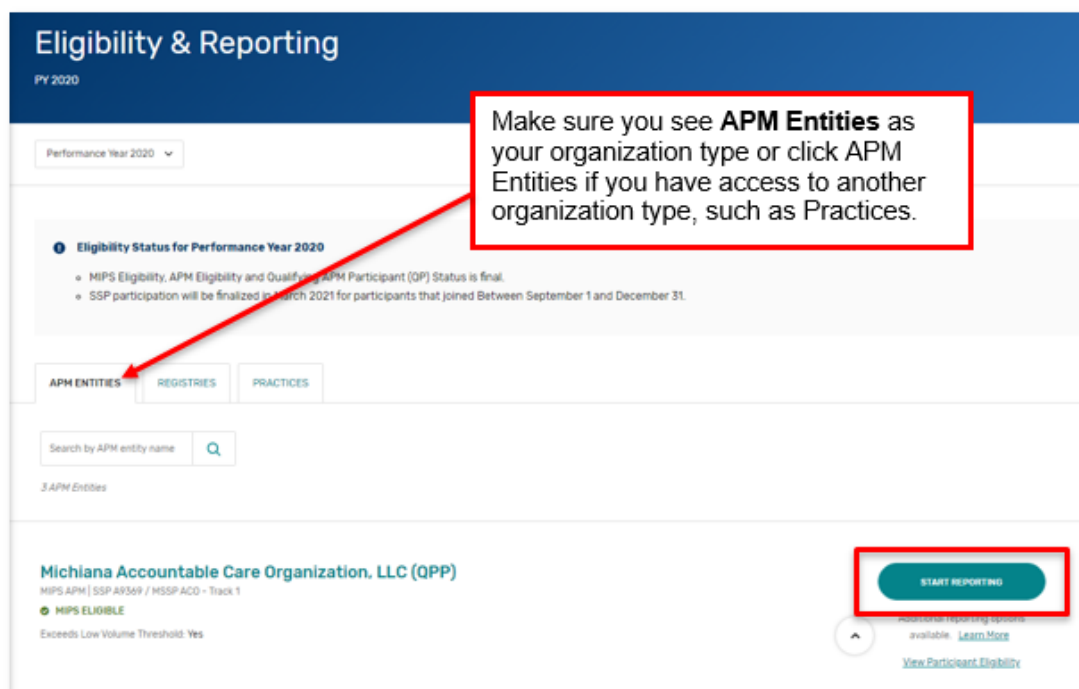
Submitting Quality Data

Some APM Entities are required to submit quality data to qpp.cms.gov to meet their model reporting requirements, while others may choose to submit quality data on behalf of their MIPS eligible clinicians.

Model	Required by model to report quality data on qpp.cms.gov as an Entity?	Does model required quality data count for MIPS under the APM scoring standard?	Can MIPS quality data be reported at the individual or group level?	Eligible for automatic 50% credit in MIPS quality performance category?
Medicare Shared Savings Program	Yes – CMS Web Interface	Yes	Only if the Entity doesn't report	No
Next Generation ACO Model	Yes – CMS Web Interface	Yes	Only if the Entity doesn't report	No
Comprehensive Primary Care Plus	Yes – eCQMs (via QRDAIII file upload)	No	Yes Data can be reported by the Entity or individuals and groups participating in the Entity. When data is reported by individuals or groups, we calculate a weighted average quality score that applies to all clinicians in the Entity.	Yes MIPS eligible clinicians in these models automatically receive 50% credit in the MIPS quality performance category even if no quality data is submitted.
Oncology Care Model (OCM)	No			
Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model				
Independence at Home (IAH) Demonstration				
Bundled Payments for Care Improvement (BPCI) Advanced Model				
Maryland Total Cost of Care - Primary Care Program				
Vermont All-Payer ACO (VT ACO) Model				

When reporting quality data on behalf of the entire APM Entity, users with the Staff User or Security Official role for the APM Entity sign in to qpp.cms.gov and click Start Reporting in the middle of the page or Eligibility & Reporting on the left hand navigation.

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate APM Entity organization.



- Medicare Shared Savings Program ACOs and Next Generation ACOs will be taken to the CMS Web Interface.
- APM Entities in other models that registered for the CMS Web Interface will have the option of going to the CMS Web Interface or uploading a JSON file of eCQM or MIPS CQM data.
- APM Entities that didn't register for the CMS Web Interface will go directly to the Reporting Overview page.
- CPC+ Practice Sites reporting quality data at the Entity level for CPC+ **and** for MIPS will need to submit 2 files of quality data:
 - A QRDAIII file with the CPC+ eCQMs and "CPCPLUS" program name; and
 - A second file (QRDAIII or QPP JSON) with quality measures and the appropriate MIPS program name.
 - For more information, please refer to the 2020 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals on the [eCQI Resource Center](#)

Submitting Promoting Interoperability Data

Promoting Interoperability measures are reported at the individual or group level for eligible clinicians scored in MIPS under the APM scoring standard.

This performance category **can't** be reported by the Entity.

From the Eligibility & Reporting page, users with a Staff User or Security Official role for the Practice organization will select **Report as a Group** or **Report as Individuals** next to the appropriate Practice organization. This data can't be reported by users who only have access to the APM Entity organization.

Practices

Search by practice name

2 Practices | Download

Better Business Health
TIN: #000765530 | 293 Miller Union Apt, 436, East Annetetbury, NC 91655-7273
MIPS ELIGIBLE
Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 420,030
Allowed Charges at this practice: 93,954
Covered Services at this practice: 266,713
Special Statuses, Exceptions and Other Reporting Factors: None

REPORT AS GROUP
REPORT AS INDIVIDUALS
[View clinician eligibility](#)

Make sure you see **Practices** as your organization type (or click Practices if you have access to another organization type, such as an APM Entities) before reporting Promoting Interoperability data

Submitting Improvement Activity Data

Clinicians scored in MIPS under the APM scoring standard automatically receive full credit in the improvement activities performance category. No data submission required.

Virtual Groups

This section includes information for users with a Staff User or Security Official role for a **Virtual Group organization**, identified by Virtual Group ID.

With this Access	You CAN do this during the submission period	You CAN T do this during the submission period
Staff User or Security Official for a Virtual Group	✓ Access information about the practices (TINs) and clinicians participating in the virtual group ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group - View performance feedback for the virtual group	- X View your cost feedback (if applicable) - o Cost data won't be available during the submission period - X View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission)

From the Eligibility & Reporting page, users with access to their virtual group can review any **special statuses and other reporting factors** attributed to the virtual group.

They can also access a list of the practices and clinicians participating in the virtual group by selecting **View participant eligibility**.

The screenshot shows the 'Eligibility & Reporting' interface for 'PY 2020'. At the top, there's a dropdown for 'Performance Year 2020'. Below this, a section titled 'Eligibility Status for Performance Year 2020' contains two bullet points: 'MIPS Eligibility, APM Eligibility and Qualifying APM Participant (QP) Status is final.' and 'SSP participation will be finalized in March 2021 for participants that joined Between September 1 and December 31.' There are two tabs: 'VIRTUAL GROUPS' (selected) and 'PRACTICES'. Under 'VIRTUAL GROUPS', it shows 'fake91' with '2 participating practices'. At the bottom right, there is a red-bordered box containing a teal 'START REPORTING' button and a link 'View participant eligibility'.

From the Participating Practices page, you can access a list of clinicians in each participating practice but can't download a list of all clinicians participating in the virtual group.

Virtual Group Details & Participants

fake91 | PY 2020

Performance Year 2020

Special Statuses, Exceptions and Other Reporting Factors:

START REPORTING

Participating Practices

Search

2 Practices

SFUI Automation Org Three

TIN: #000198271 | 19168 Harris Landing Suite 666B, West Cheryl, AR 604350896285840

VIRTUAL GROUP

This practice is participating in a virtual group. The virtual group is required to aggregate and report data at the virtual group level. All clinicians will receive a MIPS final score based on the virtual group's performance, but only MIPS eligible clinicians will be subject to a MIPS payment adjustment.

[Read more about virtual group participation](#)

+ View practice eligibility details

+ View APM entity details

VIEW CLINICIAN ELIGIBILITY

Scoring Org 34

TIN: #000893732 | 9454 Michael Summit Suite B124, Scottport, GA 318056618439198

VIRTUAL GROUP

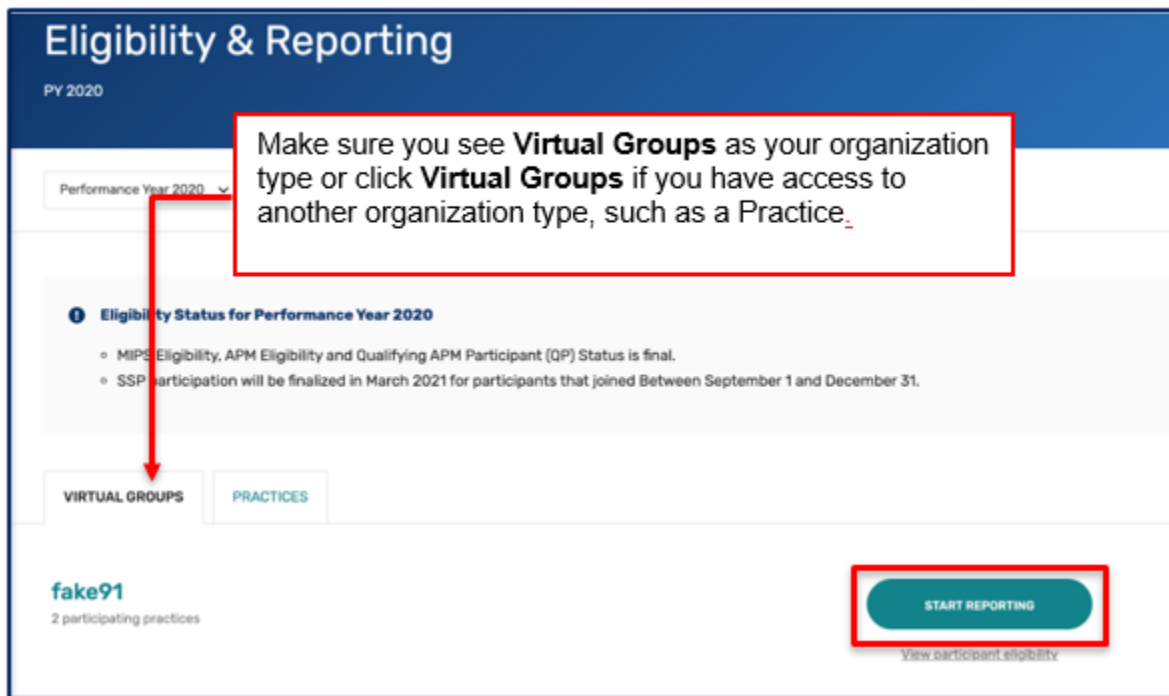
This practice is participating in a virtual group. The virtual group is required to aggregate and report data at the virtual group level. All clinicians will receive a MIPS final score based on the virtual group's performance, but only MIPS eligible clinicians will be subject to a MIPS payment adjustment.

[Read more about virtual group participation](#)

+ View practice eligibility details

VIEW CLINICIAN ELIGIBILITY

From the Eligibility & Reporting page, select **Start Reporting** next to the appropriate Virtual Group organization.



Did you know?

Data submitted on behalf of a Virtual Group (aggregated across TINs) doesn't satisfy reporting requirements for clinicians scored under the APM scoring standard.

Data submitted by Practices participating in the Virtual Group will be considered voluntary reporting (both individual and group submissions).

Appendix A offers helpful information about Virtual Group access.

Reporting Overview Page

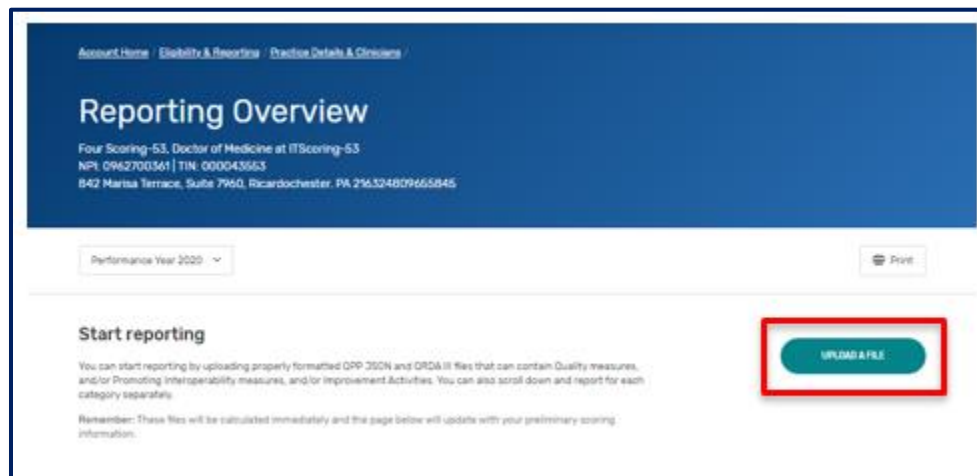
Users will arrive the Reporting Overview after they click start reporting (virtual groups, APM Entities) or Report as Group/Individuals (practices). From here you will be able to:

- [Upload a file](#)
- [View the Preliminary Total Score](#)
- [View preliminary performance category scores and weights](#)
- [Access previously submitted data](#) (by you or a third party)

EXCEPTION: Shared Savings Program and Next Generation ACOs are taken directly to the CMS Web Interface for their required quality reporting instead of the Reporting Overview page.

Upload a File

You can upload a Quality Reporting Data Architecture Category III (QRDA III) or QPP JavaScript Object Notation (JSON) file with data for any or all performance categories by selecting Upload a File.



Once you've uploaded your file, you will see an indicator of success or error.

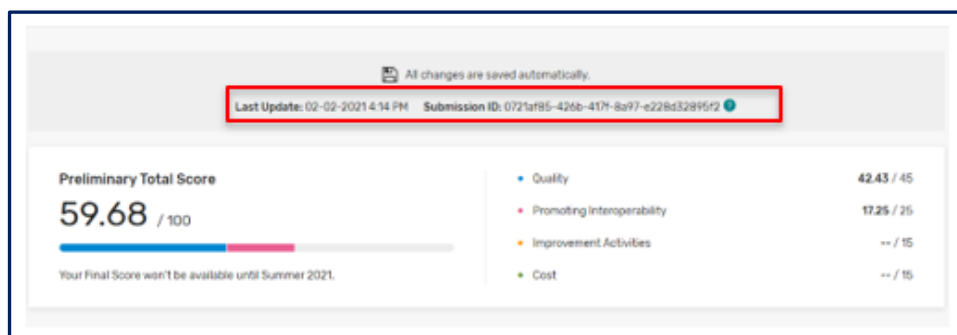


Download your error report to review the specific errors in your file.

A	B	C	D	E
File Name	Size	Timestamp	Status	Message
MIPS	469.8 KB	2021-02-08T19:56:5	Upload Failed	SV - performanceEnd must be after or the same as the performanceStart date - null
MIPS	469.8 KB	2021-02-08T19:56:5	Upload Failed	SV - performanceEnd must match the submission's performanceYear - null
MIPS	469.8 KB	2021-02-08T19:56:5	Upload Failed	SV - performanceStart must match the submission's performanceYear - null

Preliminary Total Score

You will see a Preliminary Total Score based on data submitted to date (by you and/or a third party). This preliminary score will update as new data is submitted.



On each page, you'll see the most recent date that data was updated for the individual, group or virtual group (by you and a third party).

You will also see a **Submission ID**. This unique identifier is associated with all data submitted by and/or on behalf of each clinician, group and virtual group.

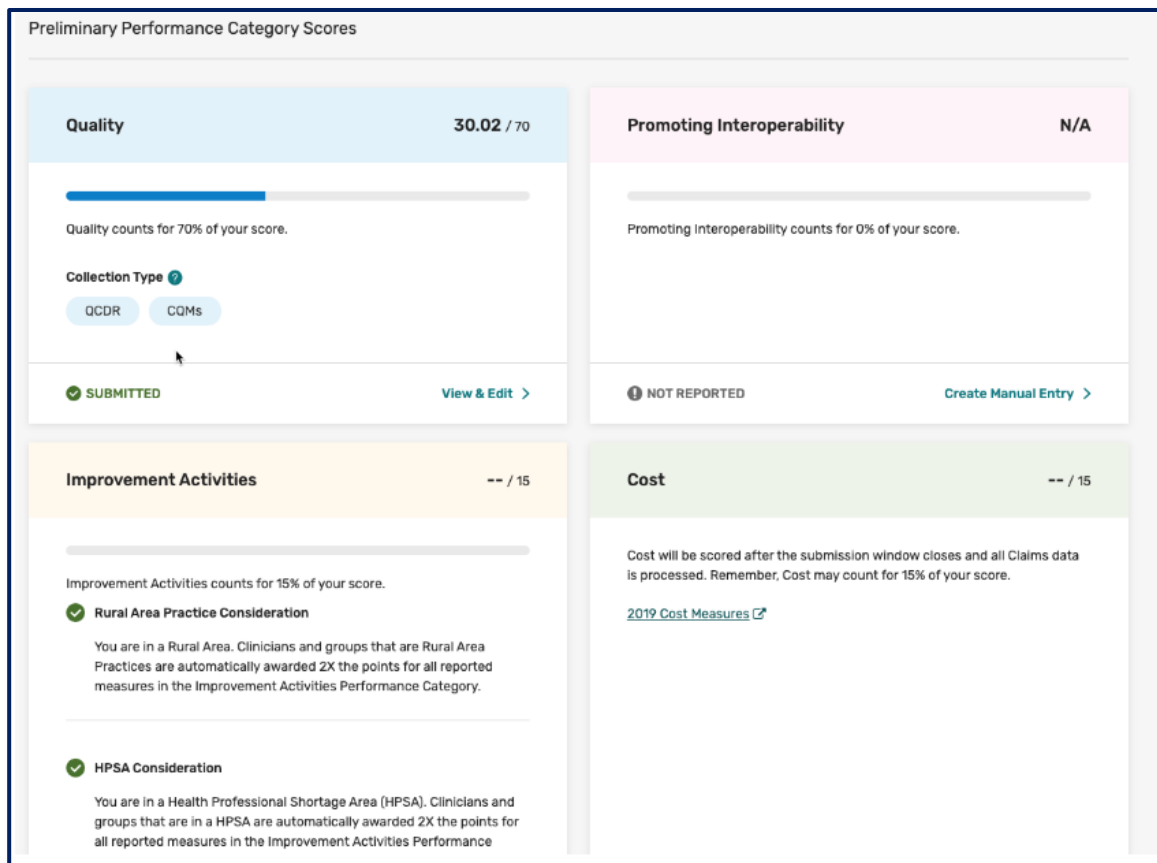
Preliminary Performance Category Scores and Weights (Practice and Virtual Group Users)

You will see your preliminary scores and the current weight for each performance category, any special statuses that impact your reporting requirements, along with an indicator of whether data has been submitted.

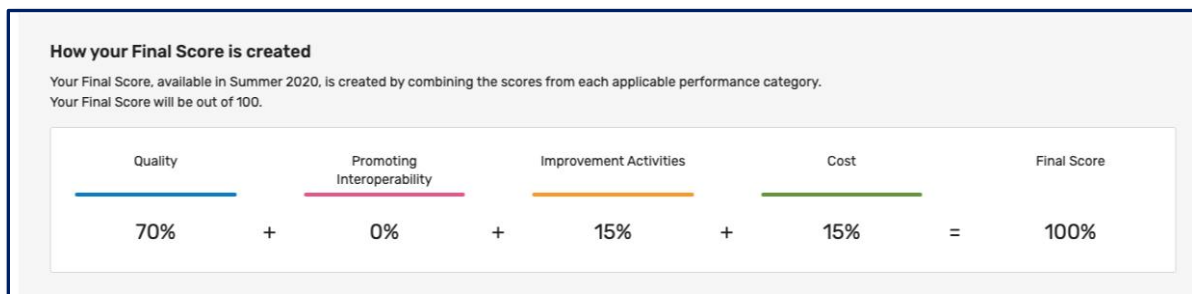
Did you know?

Preliminary Quality Scores will not reflect CMS Web Interface submissions until all measures have met data completeness requirements.

If you see a weight of 0% for any performance category (displayed as "N/A"), you can still submit data, but you will be asked to confirm that you wish to continue as this will override your reweighting.



Further down the page, you will also see a breakdown of the current weights of each performance category.



Extreme and Uncontrollable Circumstances Applications (Practice and Virtual Group Representatives)

If you have an approved application due to extreme and uncontrollable circumstances (EUC), such as the COVID-19 public health emergency, you will see a banner on the Reporting Overview page indicating this. (You'll see the same banner on the Reporting Overview page for all individual clinicians due to the automatic EUC policy.) As you scroll down the page, you will see "N/A" as the weight for any category included in the approved application for which you **haven't** submitted data.

Extreme and Uncontrollable Circumstances

You have an approved application, you are not required to submit any data for Quality, Improvement Activities, Promoting Interoperability and Cost. By submitting data, this will offset your application and you will be scored on submitted data

If data has been submitted for a performance category included in an approved application (or a performance category wasn't included in the application, you will see the performance category's weight and preliminary scoring information).

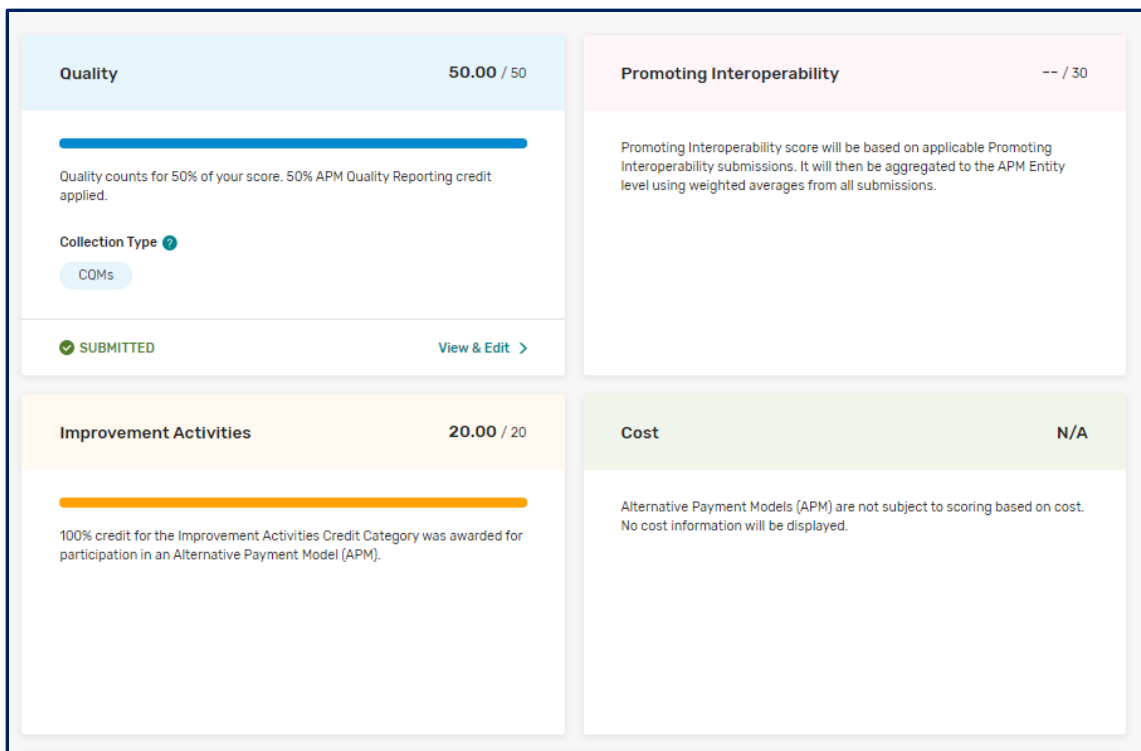
• Quality	N/A
• Promoting Interoperability	N/A
• Improvement Activities	-- / 50
• Cost	-- / 50

Preliminary Performance Category Scores and Weights (non-ACO APM Entity Users)

You will see performance category weights and information reflecting the APM scoring standard:

- 50% weight for the quality category.
- 50% APM quality reporting credit and preliminary scoring for any quality measures submitted by or on behalf of the Entity.
- 20% weight for the improvement activities performance category.
- 100% improvement activities credit for your APM participation.
- 30% weight for the Promoting Interoperability performance category.
- No weight for the cost performance category.

You **won't** see any quality or Promoting Interoperability data submitted by or on behalf of individuals or groups during the submission period.



Extreme and Uncontrollable Circumstances Applications (APM Entity Representatives)

If you have an approved application due to extreme and uncontrollable circumstances, such as the COVID-19 public health emergency, you will see a banner on the Reporting Overview page indicating this (similar to the one below). As you scroll down the page, you will see **“N/A” as the weight for all performance categories**, even if you’ve submitted data.

Extreme and Uncontrollable Circumstances

You have an approved application, you are not required to submit any data for Quality, Improvement Activities, Promoting Interoperability and Cost. By submitting data, this will offset your application and you will be scored on submitted data

Access Previously Submitted Data

Click **View & Edit** to access details about the data that’s already been submitted for a performance category.

Preliminary Performance Category Scores

Quality

32.20 / 45



Quality counts for 45% of your score.

Collection Type ?

CQMs

✓ SUBMITTED

[View & Edit >](#)

Promoting Interoperability

18.25 / 25



Promoting Interoperability counts for 25% of your score.

Collection Type ?

Manual

✓ SUBMITTED

[View & Edit >](#)

Improvement Activities

11.25 / 15



Improvement Activities counts for 15% of your score.

Collection Type ?

Manual

✓ SUBMITTED

[View & Edit >](#)

Cost

-- / 15

Cost will be scored after the submission window closes and all Claims data is processed. Remember, Cost may count for 15% of your score.

[2019 Cost Measures](#)

Submitting and Reviewing Quality Data

[Upload Your Quality Measures](#) | [Review Previously Submitted Data](#) | [Measures w/o Historical Benchmarks](#)
[Submitting Fewer than 6 Measures](#) | [Preliminary Quality Score Calculation](#)

Upload Your Quality Measures

You can upload files for any or all performance categories from the [Reporting Overview](#) page. Alternately, if no quality data has been reported, you can upload your own QRDA III or QPP JSON file with your eCQMs or MIPS CQMs by clicking **View & Edit** in the Quality section of the Reporting Overview and then **Upload File(s)**:

The screenshot displays the 'Quality' section of the Reporting Overview page. At the top, there is a header 'Quality' with a progress bar indicating 45% completion. Below the progress bar, it states 'Quality counts for 45% of your score.' and a 'View & Edit' button. The main content area is divided into two columns: 'OPTION 1 Manually Upload Data' and 'OPTION 2 Using a Third Party Agency'. Option 1 provides instructions on how to upload QPP Quality Data via file upload, mentioning QRDA III and QPP JSON formats. Option 2 provides instructions on how to use a Third Party Agency to submit data. Both options include a 'View & Edit' button.

Once quality measures have been submitted, you will need to upload new files from the [Reporting Overview](#) page.

Having trouble uploading your QRDAIII file?

Skip ahead to the [troubleshooting](#) section of this guide.

Review Previously Submitted Data

From the Reporting Overview, click **View & Edit** in the Quality section to access the Quality details page.

Quality

Pfeffer Group
TIN: 000839403
01712 Amy Well Apt. 337, Suite 5150, Douglasburgh, NM 693839346567033

Performance Year 2020 ▼ Print

QPP Quality Score

Beginning in PY 2019, clinicians and groups can report measures from multiple collection types for a single Quality score, with the exception of CMS Web Interface measures.

The Total Preliminary Score does not reflect CMS Web Interface submission data. If you only submit CMS Web Interface measures, you will see a Total Preliminary Score of 0.00/45 during the submission period until all measures are completed.

Upload File Manage Data

Total Preliminary Score
35.52 / 45

During the submission period, this page will reflect:

- [Medicare Part B Claims Measures](#) reported by clinicians in a small practice throughout the performance period (available February 2021), and
- eCQMs or MIPS CQMs that you have uploaded directly or were submitted by a third party (such as a Qualified Registry or QCDR), and
- QCDR measures submitted on your behalf by a QCDR

Medicare Part B Claims Measures

Only clinicians in small practices (fewer than 16 clinicians) can report Medicare Part B Claims measures. If you don't see your preliminary scores for Part B claims measures, check the QPP Participation Status lookup tool to see if you have the small practice special status.

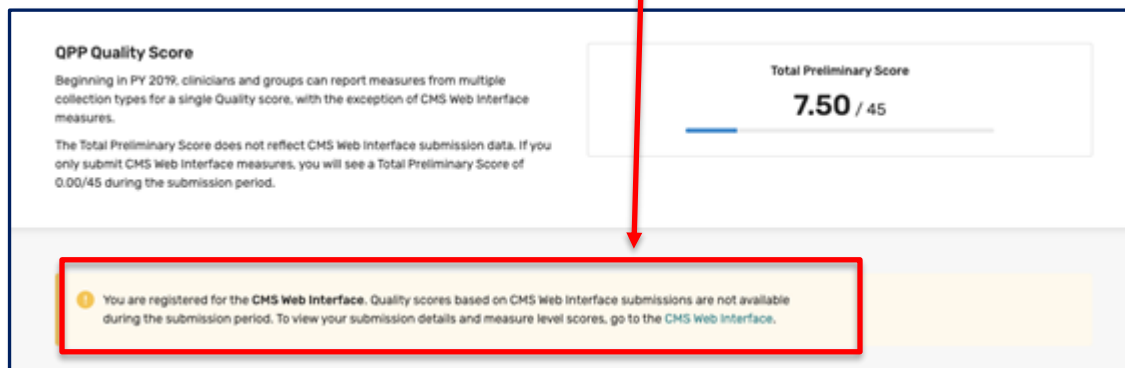
We are still working to display preliminary claims measure results for clinicians and groups who opted in. We anticipate claims measure results will be available in February.

We automatically calculate a quality score at the individual and group level based on Part B claims measures submitted by clinicians in a small practice.

We intend to update preliminary Part B claims measure scores on a monthly basis during the submission period (to account for the 60-day run out period for claims measure processing).

During the submission period, this page will NOT reflect:

- Scoring for the CAHPS for MIPS survey measure.
- Measures reported through the CMS Web Interface **until all measures meet data completeness requirements.**
 - **Groups and virtual groups that are registered for CMS Web Interface will see a message explaining this.**



The All-Cause Hospital Readmission Measure

UPDATE 2/25/2021: For the 2020 performance period, groups and virtual groups with 16 or more eligible clinicians were to be scored on the All-Cause Hospital Readmission measure if they met the case minimum of 200 patients for the measure. However, CMS is suppressing the All-Cause Hospital Readmission Measure under MIPS for the 2020 performance period. This means the measure will not be scored or be attributed to a group or virtual group's quality performance category score. For more information on the 2020 suppressed measures, please refer to the [2020 Suppressed MIPS Quality Measures fact sheet](#).

Measure Information

Measures may be divided into 3 groups:

1. Measures whose performance points and bonus counts count toward your Quality performance category score. The measure score will display the sum of your performance and bonus points.

Measures that count toward Quality Performance Score			
Your Measure Score includes both performance points and bonus points.			
Measure Name Expand All	Performance Rate	Measure Score	
Pneumococcal Vaccination Status for Older Adults Measure ID: 111 End-to-End Reporting	43.60%	6.69	▼
Breast Cancer Screening Measure ID: 112 End-to-End Reporting	12.59%	5.26	▼

2. Measures whose bonus points contribute to your Quality performance category score. You will see the bonus points earned by these measures.

Measures that earned bonus points only			
These measure(s) fall outside of your top scoring measures but received bonus points. Your Measure Score will only include those bonus points.			
Measure Name Expand All	Performance Rate	Measure Score	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Measure ID: 001 High Priority	90.00%	2.00	▼
Sub-Total:		2.00	

- Measures that contribute no points to your Quality performance category score. You will see an “N/A” in the measure score.

Measures submitted but do not count towards Quality			
These measures either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission. The “Points from Benchmark Decile” is the measure score that measure received.			
Measure Name Expand All	Performance Rate	Measure Score	
Preventive Care and Screening: Influenza Immunization Measure ID: 110	2.06%	N/A	▼
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128	17.79%	N/A	▼

In addition to the required outcome measure (or high priority measure if no outcome measure is available), we will use your 5 highest scoring measures across collection types to determine your Quality performance category score.

- For example, a small practice may report 3 measures by claims and upload a QRDA III file with 3 eCQMs to meet the requirement of submitting 6 measures.

If you submit the same measure through multiple collection types, we will use the collection type that earned the most performance points.

Exception: We will only combine CMS Web Interface measures with the CAHPS for MIPS survey measure. If you report through the CMS Web Interface and report measures from other collection types (such as eCQMs or QCDR measures), we will use whichever results in a higher quality score – either your CMS Web Interface measures OR those submitted through other collection types.

What's a collection type?

A collection type refers to a set of quality measures with comparable specifications and data completeness requirements. The same measure may be reported through multiple collection types, where each collection type has a distinct measure specification for collecting the data and calculating the measure.

For example, Measure 130 (Documentation of Current Medication in the Medical Record) may be reported as:

- A Medicare Part B Claims Measure
- A MIPS Clinical Quality Measure (MIPS CQM)
- An Electronic Clinical Quality Measure (eCQM)

To view measure details, click the down arrow on the right side of the measure information:

Pneumococcal Vaccination Status for Older Adults	43.60%	6.69	
Measure ID: 111 End-to-End Reporting			

From here, you will see performance points (those earned by comparing your performance to a historical benchmark), bonus points, and other scoring details about the measure:

Pneumococcal Vaccination Status for Older Adults

Measure ID: 111 | End-to-End Reporting

43.60%

6.69



Lowest Benchmark

0.15 4.45 24.16 52.07 75.23 88.82 95.04 >=100.00 Highest Benchmark



Performance Rate 43.60%

Measure Type

Process

Collection Type ?

Electronic clinical quality measures (eCOMs)

[Download Specifications](#)

Details

Numerator	259
Denominator	594
Data Completeness	100%
Eligible Population	594

Performance Points

Points from Benchmark Decile	5.69
------------------------------	------

Bonus Points

High Priority Outcome or Patient Experience	0.00
Other High Priority	0.00
End-to-End Reporting	1.00

Measure Score **6.69**

Topped Out Measures

A topped out measure is one where performance is high with little variation among those reporting the measure – a topped out process measure is defined as a measure with a median performance rate of 95% or greater (or 5% or less, for inverse measures).

Documentation of Current Medications in the Medical Record

Measure ID: 130 | End-to-End Reporting | High Priority | Topped Out Measure

92.44%

7.42

Lowest Benchmark

6.46

66.02

88.82

97.35

99.69

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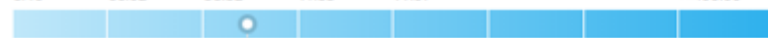
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-- --

Highest Benchmark



Details

Numerator	3658
Denominator	3957
Data Completeness	100%
Eligible Population	3957

Performance Points

Points from Benchmark Decile	5.42
------------------------------	------

Bonus Points

High Priority Outcome or Patient Experience	0.00
Other High Priority	1.00
End-to-End Reporting	1.00

Measure Score **7.42**

Measure Info

This measure is Topped Out; the measure is not showing much variability and may have different scoring in future years.

Measure Type

Process

Collection Type

Electronic clinical quality measures (eCOMs)

[Download Specifications](#)

Did you know?

Not all topped out measures are capped at 7 points. To be capped at 7 points, the measure must be in its second (or third or fourth) consecutive year of being topped out through the same collection type. (Refer to the "Seven point cap" column in the [2019 Quality Benchmarks](#) file.

Measures without a Historical Benchmark

Functional Status Change for Patients with Knee Impairments 0.00% 3.00

Measure ID: 217

Measure Info

There are no Quality Benchmarks associated with this measure

Measures that do not have a Quality benchmark will receive a score of three points. If sufficient data is submitted for non-benchmarked measures, CMS may establish a benchmark and allow for a score higher than three (3) points.

Measure Type
N/A

Details

Denominator 100
Data Completeness 100%
Eligible Population 100

Performance Points

Points from Benchmark Decile 3.00

Bonus Points

High Priority Outcome or Patient Experience 0.00
Other High Priority 0.00
End-to-End Reporting 0.00

Measure Score 3.00

If you report a measure without a historical benchmark, you will see **3 performance points** provided the measure met data completeness and case minimum requirements.

If we can calculate a performance period benchmark, we will update the measure's performance points in your final performance feedback (available July 2021).

You can still earn bonus points for measures without a historical benchmark.

Submitting Fewer than 6 Measures

Clinicians who don't have 6 available quality measures and who report Medicare Part B Claims measures or MIPS CQMs may qualify for the Eligible Measure Applicability, or EMA, process. We check for unreported, clinically related measures – or whether you reported all measures in a specialty measure set with fewer than 6 measures – which can result in a denominator reduction in the Quality performance category.

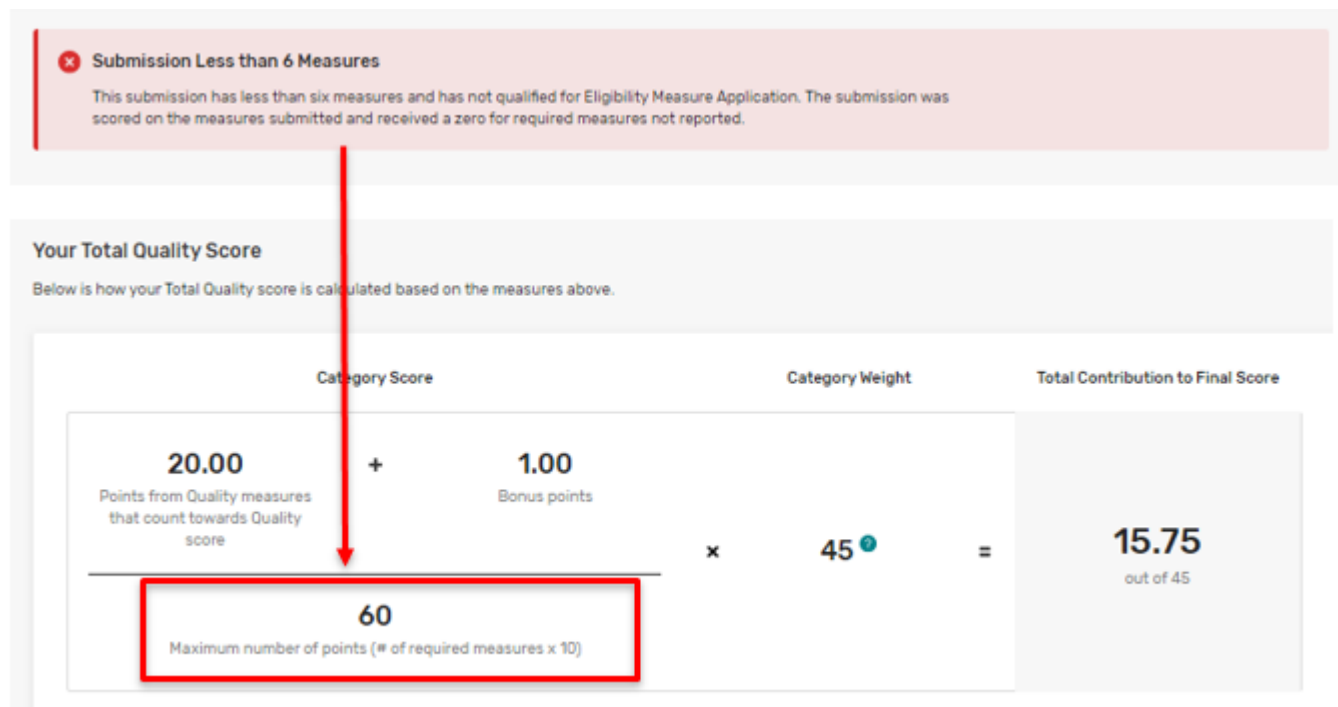
If you submit fewer than 6 MIPS CQMs, the Quality Details page will display a message indicating whether the submission qualified for EMA. Denominator reductions for MIPS CQM submissions will be immediately reflected in the Total Quality Score calculation section.

Did you know?

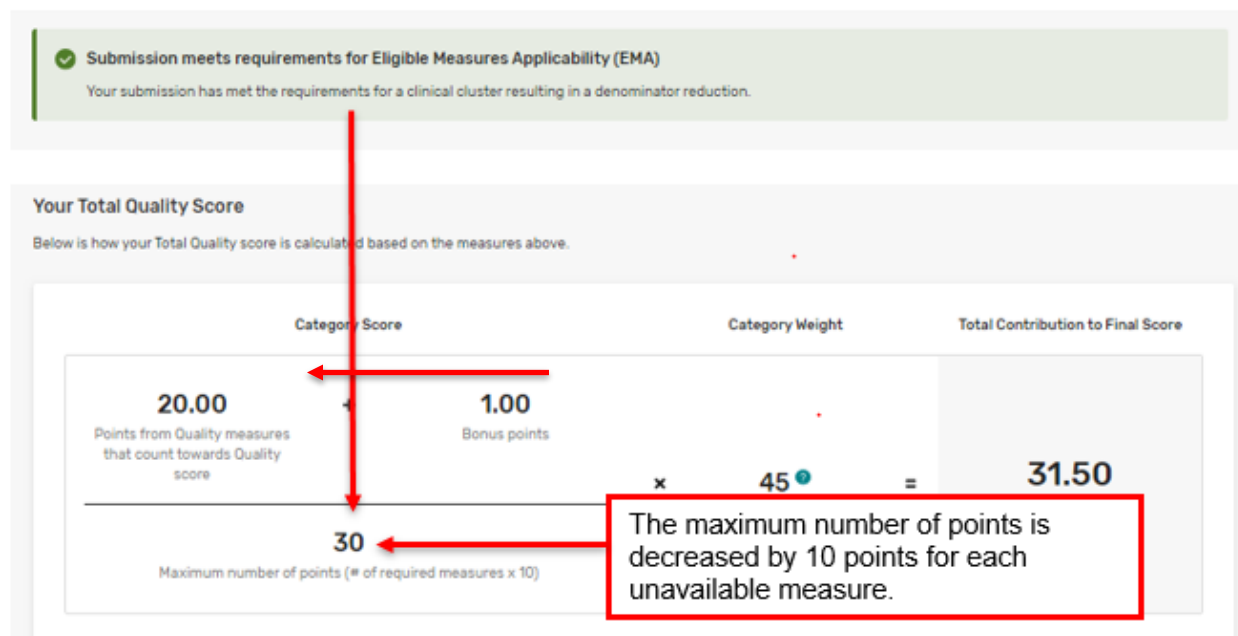
If you reported Medicare Part B Claims measures, the EMA process is generally applied **after the submission period** to account for the 60-day claims run out period (during which time, CMS may still receive Medicare Part B claims with dates of service in 2020).

For more information on EMA, review the [2020 EMA and Denominator Reductions User Guide](#) on the [QPP Resource Library](#).

Submission (MIPS CQMs) does not qualify for denominator reduction

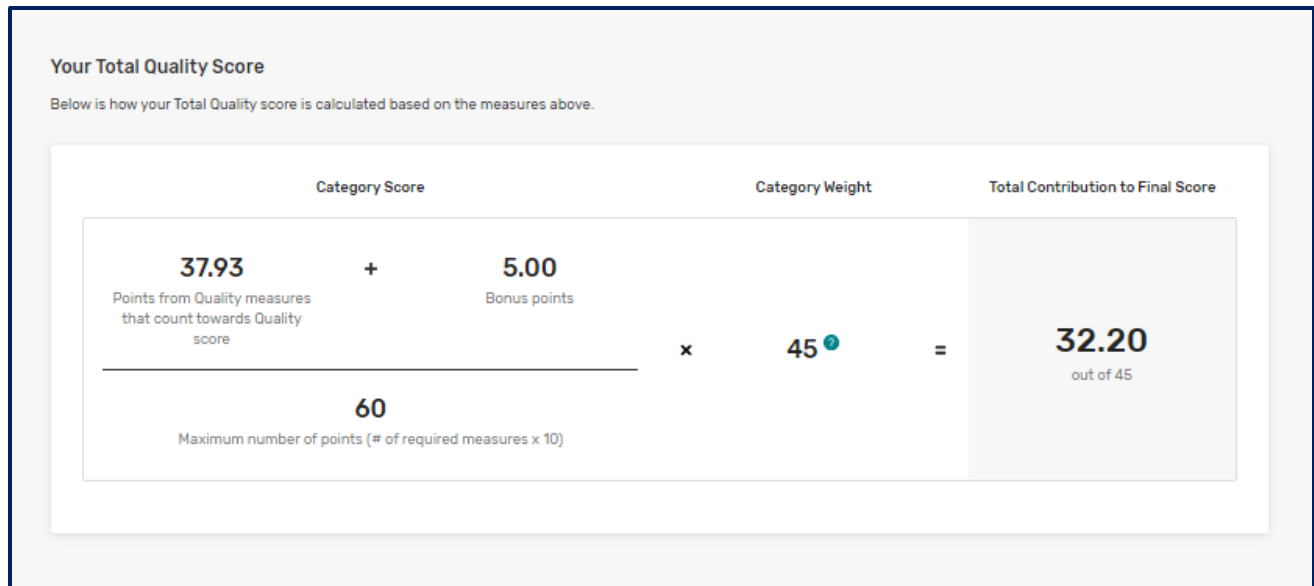


Submission (MIPS CQMs) qualifies for denominator reduction



Preliminary Quality Score Calculation

At the bottom of the Quality page, you can see how we arrived at the points contributing to your final score. We divide the sum of your achievement and bonus points by the maximum number of points available in the Quality performance category, then we multiply that number by the category weight.



Did you know?

The maximum number of points may change after the submission period if:

-
- The Eligible Measure Applicability process, applied in some instances after the submission period, determines you did not have 6 available measures to report
 - This will cause the maximum points to decrease by 10 points for each unavailable measure

You may also be eligible for additional points in the quality performance category based on your rate of improvement from PY 2018.

- Quality improvement points will be available with performance feedback in July 2021.

The All-Cause Hospital Readmission Measure

- For the 2020 performance period, groups and virtual groups with 16 or more eligible clinicians were to be scored on the All-Cause Hospital Readmission measure if they met the case minimum of 200 patients for the measure. However, CMS is suppressing the All-Cause Hospital Readmission Measure under MIPS for the 2020 performance period. This means the measure will not be scored or be attributed to a group or virtual group's quality performance category score. For more information on the 2020 suppressed measures, please refer to the [2020 Suppressed MIPS Quality Measures fact sheet](#).

Submitting and Reviewing Promoting Interoperability Data

[File Upload](#) | [Manual Entry \(Attestation\)](#) | [Access Previously Submitted Data](#)
[Preliminary Promoting Interoperability Score Calculations](#)

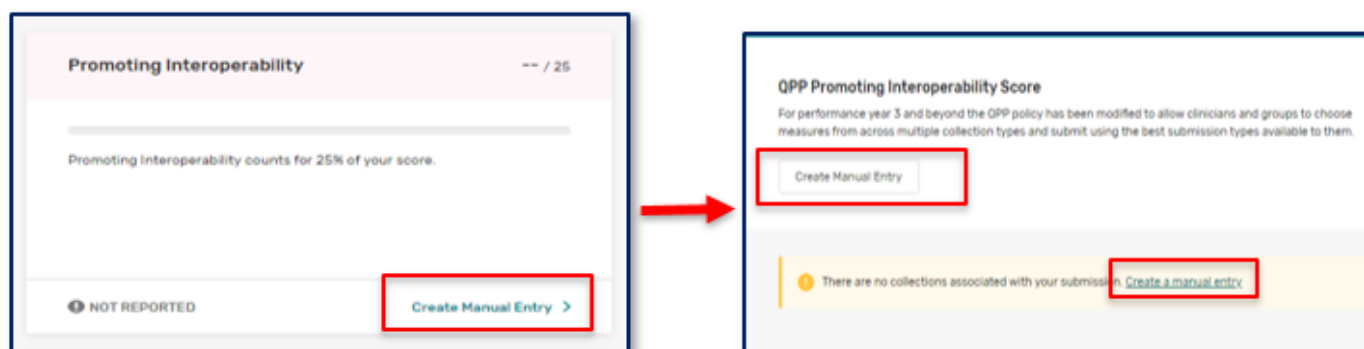
File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

Manual Entry (Attestation)

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.



If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **Yes I, Agree** then **Continue**).

- If you click Continue and enter any data, including performance period dates, you will receive a score in this performance category.



As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

Enter your performance period

Manual Entry

RegFour S00ne, Doctor of Medicine at Pfeffer Group
NPI: 0087735136 | TIN: 000839403
01712 Amy Well Apt. 337, Suite 5150, Douglasburgh, NM 693839346567033

Performance Year 2020 ▾

< Back to Promoting Interoperability

0 / 9 Manual Entry Measures Completed
All 9 required measures must be completed in order to receive a score.

! You will receive a score for your manual entry once all 9 required Promoting Interoperability measures have been completed.

Manually Enter Your Measures

To begin manually entering your measures, select a performance period. All measures must be completed before your manual entry can be applied towards your total QPP Promoting Interoperability Score.

Performance Period

Start Date End Date

MM/DD/YYYY to MM/DD/YYYY

This includes the 2 required* attestation statements and the unscored but required Security Risk Analysis measure.

**The ONC-ACB Surveillance Attestation is optional.*

Reminder:

If your hardship request was approved but you still see a weight of 25%, do not enter any information (including performance period) on this page. This will override your reweighting, and you will be scored in this performance category.

Enter your CMS EHR Certification ID (“CEHRT ID”)

Performance Period

Start Date 03/02/2020 to End Date 12/31/2020

CEHRT ID

Enter CEHRT ID

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 25-28 of the [CHPL Public User Guide](#).

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT will include “**15E**”.

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include “**15H**” and **will be rejected**.

Complete Required Attestation Statements and Measures

You must select **Yes** for the 2 required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**, but you will not a preliminary score until all requirements are complete.

Attestation Statements

ONC Direct Review Attestation

Measure ID: PI_ONCDIR_1

I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

Yes No

Completed

To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.

Security Risk Analysis

Security Risk Analysis

Measure ID: PI_PPHI_1

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

☒ Yes ☐ No

✔ Completed

e-Prescribing

e-Prescribing

Measure ID: PI_EP_1

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

☐ **Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

Numerator	Denominator
100	120

✔ Completed

e-Prescribing

e-Prescribing

Measure ID: PI_EP_1

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

☒ **Measure Exclusion:** Check the box to be excluded from the required e-Prescribing measure. At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

Numerator	Denominator
0	0

✔ Completed

Report Measure Again

This option allows you to manually report that you are engaged with two distinct organizations for the same measure within the Public Health and Clinical Data Exchange objective.

Public Health and Clinical Data Exchange

Immunization Registry Reporting
Measure ID: PI_PHCDRR_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☐ **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☐ Report measure again

Completed

Immunization Registry Reporting
Measure ID: PI_PHCDRR_1

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☐ **Measure Exclusion:** Check the box to be excluded from the required Immunization Registry Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

☒ Report measure again

Completed

Immunization Registry Reporting for Multiple Registry Engagement
Measure ID: PI_PHCDRR_1_MULTI

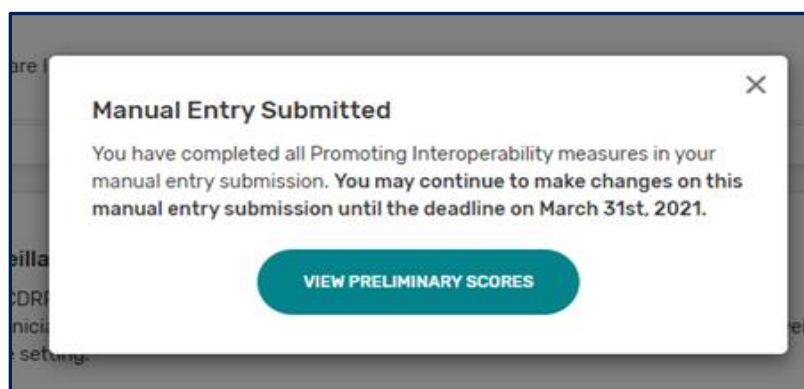
Report as true if active engagement with more than one immunization registry in accordance with PI_PHCDRR_1.

Completed

Start by answering **Yes** to the Measure.

Then check the box to **Report Measure Again** and answer **Yes** to the Multiple Registry Engagement measure that appears.

Once all required data have been reported, the system will notify you and allow you to view your preliminary scores.



Access Previously Submitted Data

Click **View & Edit** from the [Reporting Overview](#). You will land on a read-only page, letting you review the preliminary scoring details of your submission.

Promoting Interoperability

RegFour S00ne, Doctor of Medicine at Pfeffer Group
NPI: 0087735136 | TIN: 000839403
01712 Amy Well Apt. 337, Suite 5150, Douglasburgh, NM 693839346567033

Performance Year 2020 ▾

OPP Promoting Interoperability Score
For performance year 3 and beyond the OPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Manage Data

View Manual Entry

Total Preliminary Score

17.25 / 25

Performance Period	CEHRT ID
03/02/2020 - 12/31/2020	1215E1234567890

If you need to update your manually entered data, click **View Manual Entry**.

Reminders

We recommend using a single submission type (file upload, API or attestation) for reporting your Promoting Interoperability data.

- **Why? Any conflicting data** for a measure or required attestation submitted through multiple submission types **will result in a score of 0** for the Promoting Interoperability performance category.

This means you cannot create a manual entry to correct inaccurate data reported on your behalf.

- If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.

If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is any conflicting data, you will receive a score of 0 out of 25 for the performance category.

QPP Promoting Interoperability Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Manage Data

View Manual Entry

Total Preliminary Score

0.00 / 25

 Submissions contain mismatching data resulting in a score of 0 for Promoting Interoperability. Please check performance date range, CEHRT ID and duplicate measure answers are consistent across submissions.

Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.

Measure Name
Expand All

Measure Score

e-Prescribing
Measure ID: PI_EP_1

9 / 10



Measure Name
Expand All

Measure Score

e-Prescribing
Measure ID: PI_EP_1

9 / 10



At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

Collection Type 

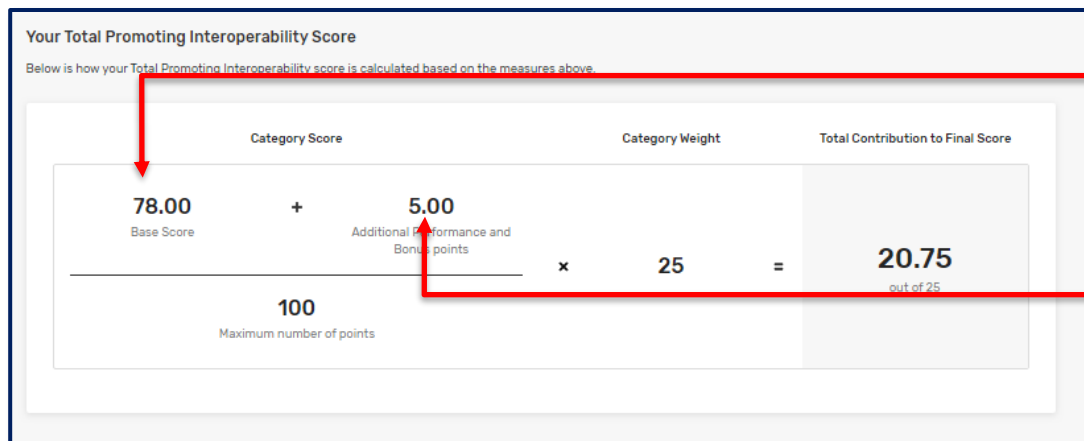
Manually Enter

Numerator
187

Denominator
199

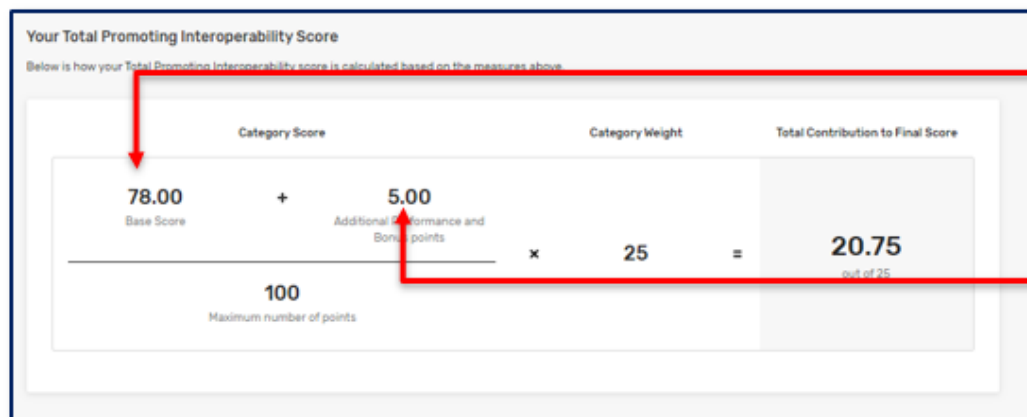
Preliminary Promoting Interoperability Score Calculation

At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divide the points earned by 100 (the maximum number of points available), then we multiply that number by the category weight.



Sum of points earned for all required measures

Points earned for reporting optional measure



Sum of points earned for all required measures

Points earned for reporting optional measure

Submitting and Reviewing Improvement Activities Data

[File Upload](#) | [Manual Entry \(Attestation\)](#) | [Review Previously Submitted Data](#)
[Preliminary Improvement Activities Score Calculation](#)

File Upload

You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the [Reporting Overview](#) page.

Manual Entry (Attestation)

You can also attest to your Improvement Activities data by manually entering yes values to indicate you've completed the activity.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Improvement Activities** page.



Improvement Activities -- / 15

Improvement Activities counts for 15% of your score.

Your practice participated in the MIPS as a **Small Practice**. Small Practices (typically defined as 15 or fewer clinicians) are automatically awarded **2x points** for all reported activities in the Improvement Activities Performance Category.

NOT REPORTED [Create Manual Entry >](#)

QPP Improvement Activities Score

For performance year 3 and beyond the QPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

[Create Manual Entry](#)

There are no activities associated with your submission [Create a manual entry](#)

If you have a special status, such as

- Small practice,
- HPSA,
- Rural, or
- Non-patient facing

You will see a message on these pages indicating you earn 2xs the points per reported improvement activity such as this:

Small Practice Consideration

Your practice participated in the MIPS as a **Small Practice**. Small Practices (typically defined as 15 or fewer clinicians) are automatically awarded **2x points** for all reported activities in the Improvement Activities Performance Category.

Clinicians in an APM who are not scored under the APM scoring standard automatically receive 50% credit in the Improvement Activities performance category as long as some MIPS data is submitted.

On the Reporting Overview page, you will see 7.50 points out of 15 awarded, even if no Improvement Activities have been reported yet.

Improvement Activities **7.50 / 15**

Improvement Activities counts for 15% of your score.

NOT REPORTED [Create Manual Entry >](#)

Once you select Create Manual Entry, you will see a message that 20 points have been awarded based on your APM participation (or for Group reporting, based on having at least one clinician who participates in an APM).

✓ You have been awarded 20 points towards your Improvement Activity score as you have been identified as a Group that has APM Participants.

Once you enter your performance period, you can **search** for your activities by key term or **filter** by weight or subcategory. Check the box next to **Completed** to attest that the activity was performed.

The screenshot shows a web interface for 'Manual Entry Score'. At the top, it says 'Manual Entry Score 0 / 40' with a 'Delete' button. Below this is a 'Performance Period' section with 'Start Date' (01/01/2020) and 'End Date' (05/09/2020) fields, each with a calendar icon. A red box highlights these date fields, and a red arrow points to the 'Performance Period' label. Below the date fields is a 'Search For Activities' section. It includes a 'Filter By' dropdown menu with 'Select Filters' and a 'Search' input field with a magnifying glass icon. A red box highlights the 'Filter By' section. At the bottom, there is a 'Activities' section with a '9 Activities Shown' indicator.

Each **activity** has a continuous 90-day performance period (or as specified in the activity description).

Your performance period at the category level:

- **starts** on the first day in the year that any improvement activity was performed, and
- **ends** on the last day in the year that any improvement activity was performed.

Back to Improvement Activities

Manual Entry Score 10 / 40 Delete

ACTIVITIES

Behavioral And Mental Health

Completion of Collaborative Care Management Training Program

Activity ID: IA_BMH_10

To receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychiatric Association (APA) Collaborative Care Model training program available to the public, in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.

Activity Score 10 / 10

☒ Completed

Completed

Depression screening

Activity ID: IA_BMH_4

Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.

Activity Score 0 / 10

☐ Completed

Once you mark your first activity as **completed**, you will see your in-progress **score** at the top of the page.

Reminder: You cannot earn more than 40 points in this category, even if you submit additional activities.

Back to Improvement Activities

Manual Entry Score 40 / 40 Delete

Search For Activities

Filter By Select Filters

Search Search Activities

Activities 118 Activities Shown

Electronic submission of Patient Centered Medical Home accreditation

Activity ID: IA_PCMH

By attesting to this activity, you will receive 100% (40 points) for the Improvement Activities category. You cannot obtain above 40 points for the Improvement Activities category but you can submit additional activities.

☒ Completed

Completed

Helpful hint:

The Patient Centered Medical Home attestation is the first activity listed.

Once you select completed, you will see the maximum score in the performance category.

Review Previously Submitted Data

Click **View & Edit** from the [Reporting Overview](#).

You will land on a read-only page, letting you review the preliminary scoring details of your submission.

Improvement Activities
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NPI: 0780655490 | TIN: 000839403
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Performance Year 2020

OPP Improvement Activities Score
For performance year 3 and beyond the OPP policy has been modified to allow clinicians and groups to choose measures from across multiple collection types and submit using the best submission types available to them.

Total Preliminary Score
15.00 / 15

Manage Data | **View Manual Entry**

Submitted Activities

Achieving Health Equity

Measure Name	Weight	Activity Score
Engagement of New Medicaid Patients and Follow-up	High	+20

Callout 1: If you need to update your manually entered data, click **View Manual Entry**.

Callout 2: If a third party reported some but not all of the activities performed, you can manually enter any missing activities.

Callout 3: If you have not created a manual entry, you will see **Create Manual Entry** (instead of **View Manual Entry**).

Preliminary Improvement Activities Score Calculation

At the bottom of the Improvement Activities page, you can see how we arrived at the points contributing to your final score. We divide the sum of the points earned for your medium and high weighted activities by 40 (the maximum number of points available), then we multiply that number by the category weight.

Your Total Improvement Activities Score
Below is how your Total Improvement Activities score is calculated based on the measures above.

Category Score	Category Weight	Total Contribution to Final Score
20.00 High Activity Points	+	20.00 Medium Activity Points
40 Maximum number of points		× 15 = 15.00 out of 15

QRDAIII File Upload Troubleshooting

Don't See Successfully Uploaded Data

Scenario: I successfully uploaded a QRDA III file with eCQMs and Promoting Interoperability data. Why can't I see the clinician's data after I hit "View Submission"?

Most Likely: You uploaded a file for a different NPI.

Action: Double check that NPI and TIN in your file match the information on the clinician profile you are in. Once you determine which NPI was included in that file, find that clinician in Practice Details & Clinicians and select Report as Individuals. You should see the successfully uploaded data results in the clinician's Reporting Overview.

The screenshot displays the QRDA III File Upload Troubleshooting interface. On the left, the 'Pfeffer Group' profile is shown with TIN 000839403 and NPI 0581662737. A red box highlights the NPI, and a red arrow points to it from a 'TIN NPI' label. The main content area shows the 'Preliminary Total Score' as '-- / 100' and 'Preliminary Performance Category Scores' for Quality, Promoting Interoperability, Improvement Activities, and Cost, all marked as 'NOT REPORTED'.

Category	Score
Quality	-- / 45
Promoting Interoperability	-- / 25
Improvement Activities	-- / 15
Cost	-- / 15

Common Error Message

“The measure GUID supplied 40280382-6258-7581-0162-92d6e6db1680 is invalid”

Example: CT - The measure GUID supplied 40280382-6258-7581-0162-92d6e6db1680 is invalid. Please see the 2020 IG <https://ecqi.healthit.gov/sites/default/files/2020-CMS-QRDA-III-Eligible-Clinicians-and-EP-IG-v1.1-508.pdf#page=40> for valid measure GUIDs. - 3058

Action: Search the [2020 QRDA III Implementation Guide \(IG\)](#) (beginning on p. 40) for the GUID (also referred to as a UUID) listed in your error message.

- If you can't find it, it is not a valid measure for PY 2020
- If you can find it, the eCQM was probably removed through rulemaking after the IG was published.

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0104e/ 107	CMS161 v8	40280382-6963-bf5e-0169- 6dc1a7040310	IPOP: DENOM: NUMER:	F74EA264-FF5D-4AAA-AF04-241FE0DFB057 8C1F94B8-D880-4F57-BC18-E308A6B085CE FDF9459C-492A-4467-95EE-D046F06AC1D7

- Search the [2020 Explore Measures & Activities Tool](#) (filter by the eCQM collection type) for the associated eCQM ID to confirm it isn't valid for PY 2020

CMS65 - Hide filters

Measure Type: All Specialty Measure Set: All Collection Type: Electronic clinical quality me

☐ In "Your List" of Quality Measures [Clear all filters](#)

Note: This tool does not include [these OCDR Measures \(XLSX\)](#)

0 Quality Measures

You can also search the [eCQI resource center](#)
(2020 Performance Period Eligible Professional/Clinician eCQMs)

Individual vs Group Reporting

Are you submitting individually?

Make sure your file is coded as an **individual** submission and your individual NPI is in your file correctly.

Example:

```
<intendedRecipient>
  <id root="2.16.840.1.113883.3.249.7"
extension="MIPS_INDIV" />
</intendedRecipient>
```

Helpful Hint:

search “2.16.840.1.113883.4.6” (the object identifier) in the file and then look for the next occurrence of “extension=”. The value immediately after “extension=” should be the 10-digit NPI.

Example:

```
<assignedEntity>
<id root="2.16.840.1.113883.4.6"
extension="1234567890" />
</assignedEntity>
```

Are you submitting as a group?

Make sure your file is coded as a **group** submission and your group’s TIN is in your file correctly without any NPIs.

Example:

```
<intendedRecipient>
  <id
root="2.16.840.1.113883.3.249.7"
extension="MIPS_GROUP" />
</intendedRecipient>
```

Helpful Hint:

Search for “2.16.840.1.113883.4.2” in the file and then look for the next occurrence of “extension=”. The value immediately after “extension=” should be the 9-digit TIN.

Example:

```
<representedOrganization>
<id root="2.16.840.1.113883.4.2"
extension="123456789" />
<name>CT</name>
```

Where You Can Go for Help

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: OPP@cms.hhs.gov.
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.
- Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [OPP Resource Library](#).

Additional Resources

Resource Name	Description
2020 Data Submission FAQs	Answers to frequently asked questions submission questions relevant for PY 2019.
2020 MIPS Data Submission Videos https://youtu.be/zcUiftj8o38 https://youtu.be/08RdT64fXeo	Video series about reporting PY 2019 data and making opt-in elections.
2020 CMS Web Interface User Guide	Step by step instructions with screenshots for PY 2019 reporting through the CMS Web Interface.
2020 CMS Web Interface Videos https://www.youtube.com/playlist?list=PLaV7m2-zFKpjU-eLhOlQRkXWX3aS_sFM0	Video series about reporting PY 2019 data through the CMS Web Interface
2020 MIPS Scoring Guide	Comprehensive information about scoring measures and calculating performance category scores and final scores.
2020 MIPS EMA and Denominator Reduction User Guide	An overview of the Eligible Measures Applicability (EMA) process and identifies the MIPS CQMs and Medicare Part B Claims measures that are clinically related.
2020 APM Quality Scoring Resources	Resources that describe the APM Scoring Standard for the quality performance category for MIPS APMs

Version Control

Date	Description
3/3/2021	Original Posting

Appendix

Submission Period: QPP Access and Permissions by Organization Type

This table provides a snapshot of what you can and can't do/view based on your access (role) and organization type during the submission period (January 2 – March 31, 2020).

With this Access	You CAN	You CANNOT
Staff User or Security Official for a Practice (includes solo practitioners)	✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group and/or individuals) ○ Includes Promoting Interoperability data for MIPS APM participants ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group and/or individual) ✓ View preliminary scoring for Part B claims measures (automatically calculated at the individual AND group level) reported throughout the performance period ○ This data will be updated during the submission period to account for claims received by CMS until March 1, 2021 ✓ View preliminary performance feedback for the group and individual clinicians	- x View your cost feedback (if applicable) ○ Cost data won't be available during the submission period ○ 2020 note: Cost will be weighted at 0% for all MIPS eligible clinicians reporting as individuals due to the automatic EUC policy - x View facility-based scoring for quality / cost (if applicable) ○ This won't be available until final feedback in July 2021) - x View data submitted by your APM Entity • Example. If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface - x View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group)
Clinician Role	• <i>You can't do anything related to PY 2020 submissions with this role</i> • <i>This is a view-only role to access final performance feedback in July 2021</i>	

With this Access	You CAN	You CANNOT
Staff User or Security Official for a Virtual Group	✓ Access information about the practices (TINs) and clinicians participating in the virtual group ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View performance feedback for the virtual group	✗ View your cost feedback (if applicable) ○ Cost data won't be available during the submission period ✗ View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission)
Staff User or Security Official for a Registry (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data you submitted for them	✗ View data submitted directly by your clients ✗ View data submitted by another third party on behalf of your clients ✗ View data collected and calculated by CMS on behalf of your clients ○ Cost measures (if applicable) (Note that CMS is suppressing the All-Cause Hospital Readmission measure for the MIPS 2020 performance period.)
With this Access	✓ You CAN	✗ You CANNOT

Staff User or Security Official for an APM Entity	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program and Next Generation ACOs, or other registered APM Entities) ✓ Upload a QRDAIII file with your eCQM data (Comprehensive Primary Care Plus practice sites) ✓ Upload a file of APM Entity-level quality measure data (all MIPS APM Entities) ✓ View preliminary performance feedback on quality data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some MIPS APMs	- x View the Promoting Interoperability data reporting by clinicians and groups in your APM entity - x View quality data reported by clinicians and groups in your APM Entity
---	--	--