



The Quality Payment Program: CMS's Data Submission Tool Overview

Susy Postal DNP, RN-BC
Chief Health Informatics Officer

Sarah Leake MBA
Health IT and Quality Consultant

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Important Note: Sections of this presentation were developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

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Some slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.



Quality Payment Program Overview



Quality Payment Program: Two Participation Tracks

Health care providers to take part in CMS' quality programs in one of two ways:

- 1. Merit-Based Incentive Payment System (MIPS)
- 2. Advanced Alternative Payment Models (**Advanced** APMs)

MIPS

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

Advanced APMs

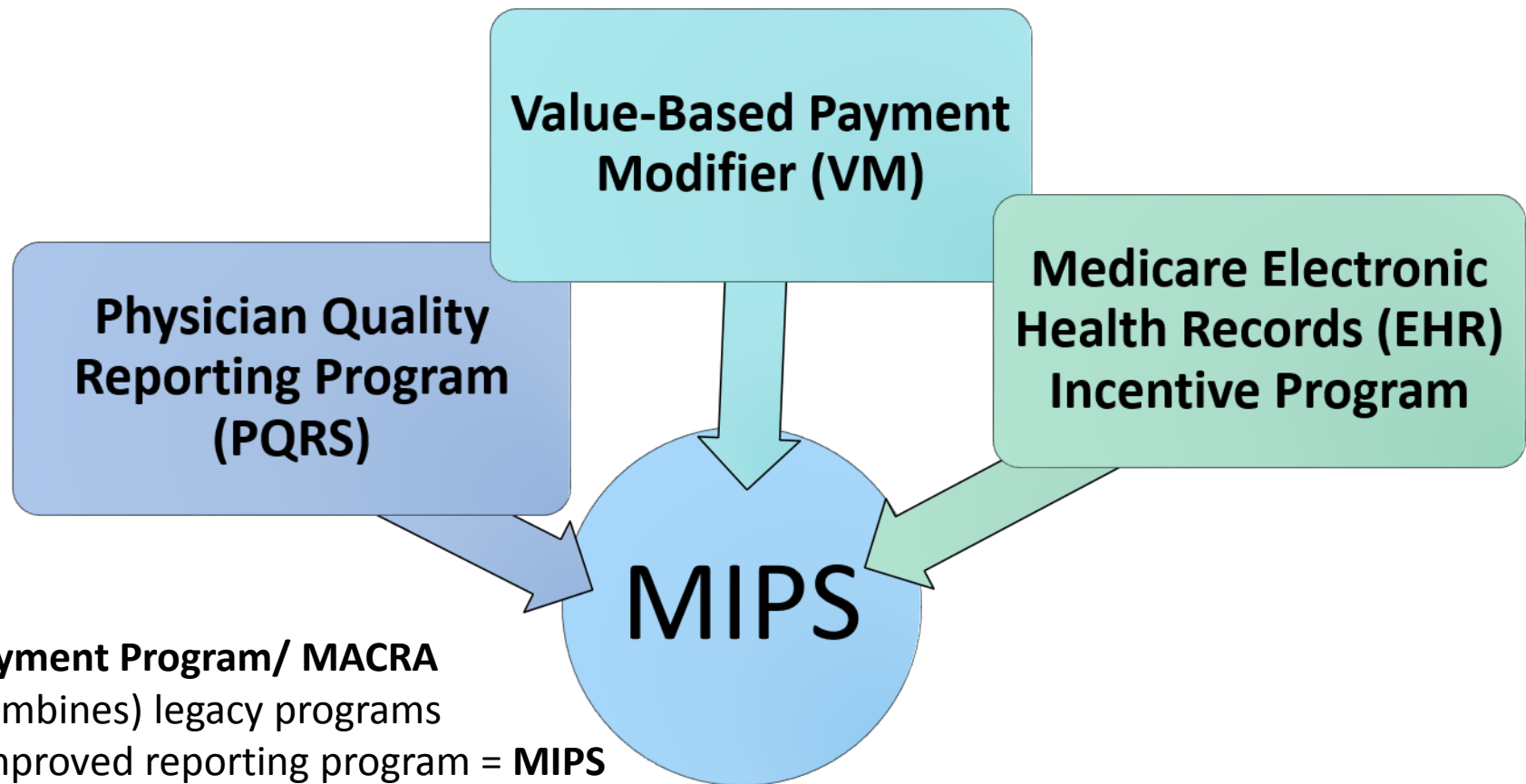
Advanced Alternative Payment Models (Advanced APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.



What is MIPS

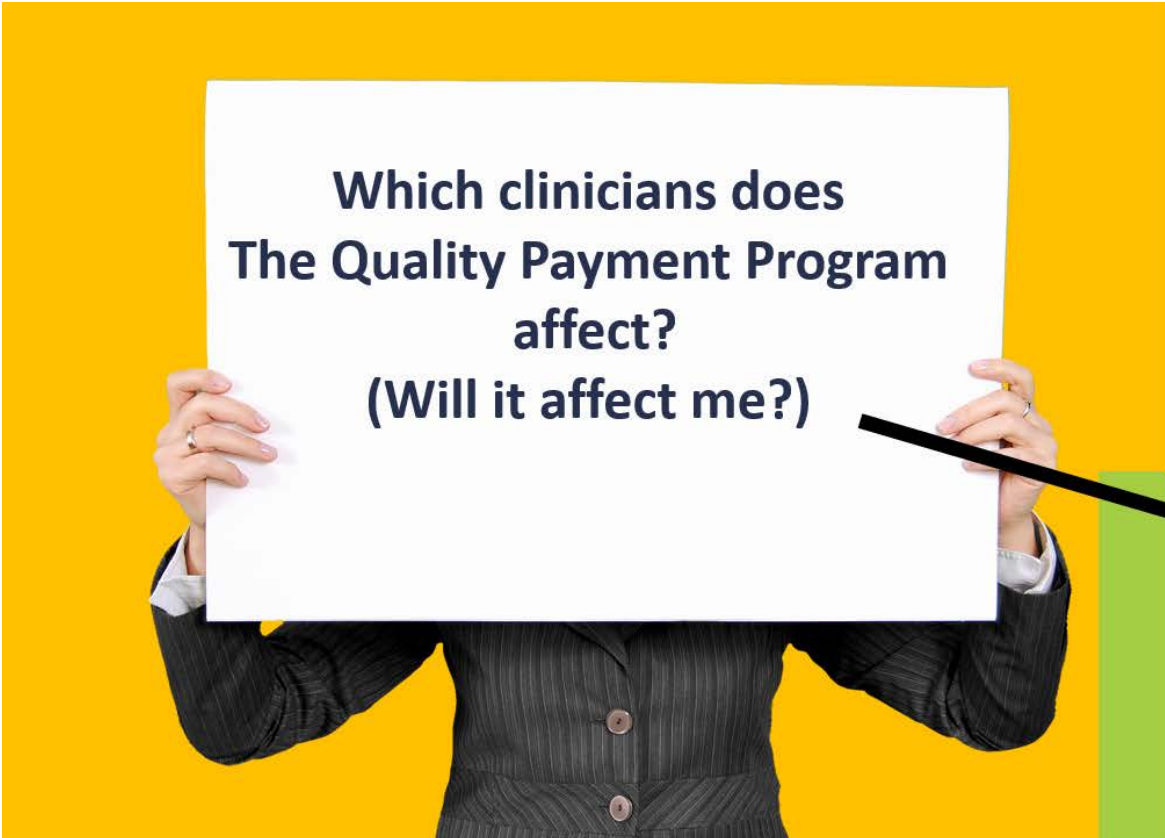
Currently there are **multiple quality and value reporting programs** for Medicare clinicians.



The Quality Payment Program/ MACRA streamlines (combines) legacy programs into a single, improved reporting program = **MIPS**



Clinician Impact



Short answer:
Quality Payment Program affects clinicians who participate in **Medicare Part B.**

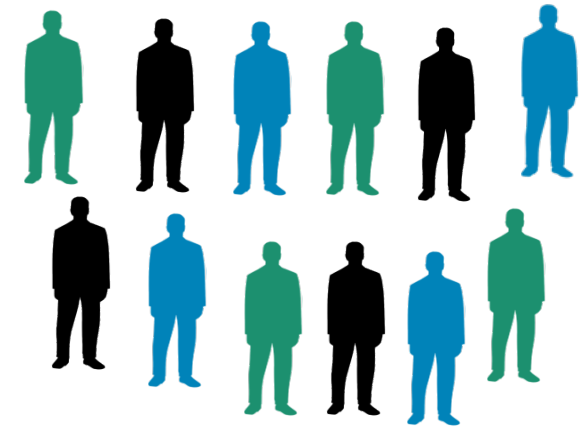


MIPS Quality Payment Program Eligibility



For 2017 and 2018 , types of clinicians:

- Physicians
 - Doctors of Medicine
 - Doctors of Osteopathy
- Dentists
- Optometrists
- Chiropractors
- Podiatrists
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists



No change in the types of clinicians eligible to participate in 2018



Quality Payment Program: Pick Your Pace (CY 2017)

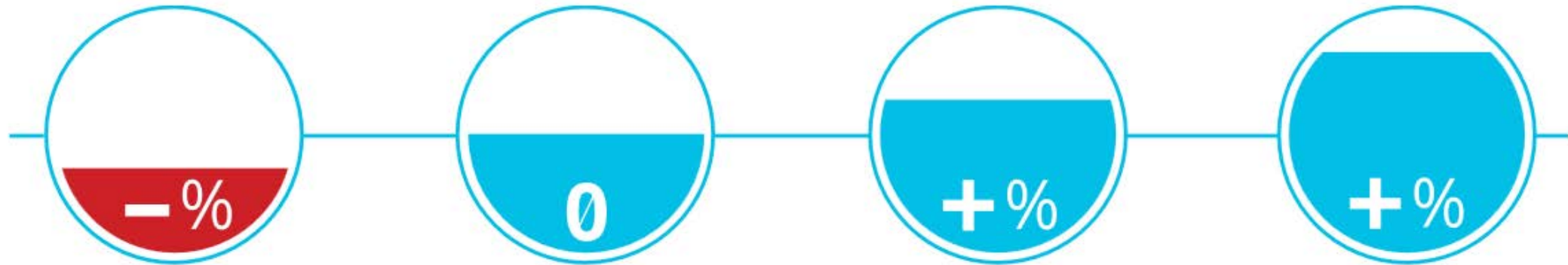


- Ready- Begin January 1, 2017
- Not Quite Ready
 - Start anytime between January 1, 2017 - October 2, 2017.
- Send in Performance Data by March 31, 2018





MIPS: Pick Your Pace (CY 2017)



Don't Participate

Submit Something

Submit a Partial Year

Submit a Full Year

Positive adjustments are based on performance data from the performance information submitted-
Not the amount of information or the length of times submitted.



QPP Landing Page



Quality Payment
PROGRAM

MIPS ▼
Merit-based Incentive
Payment System

APMs ▼
Alternative Payment
Models

About ▼
The Quality
Payment Program

Sign In
Submit and
Manage Data



Modernizing Medicare to provide better care and smarter spending for a healthier America.



What's the Quality Payment Program?



CMS Data Submission Tool



Sign Into QPP with Enterprise Identity Management (EIDM) Credentials



Sign in to QPP

To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the [CMS Enterprise Portal](#) and/or to submit data to the Physician Quality Reporting System (PQRS).

ENTER EIDM USER ID

ENTER EIDM PASSWORD

Show password

STATEMENT OF TRUTH

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Yes, I agree.

Sign in >

Forgot your credentials? Go to the CMS Enterprise Portal to reset your [user ID](#) or [password](#).

Don't have a user account yet? Visit the [CMS Enterprise Portal](#) to create one, or call 1-866-288-8292. For TTY: 1-877-715-6222.

EIDM User Account Help



EIDM Training Video – Submitting a Role Request and completing RIDP

<https://www.youtube.com/watch?v=OmL4J00Q7Rc>



Data Submission- Key Tips

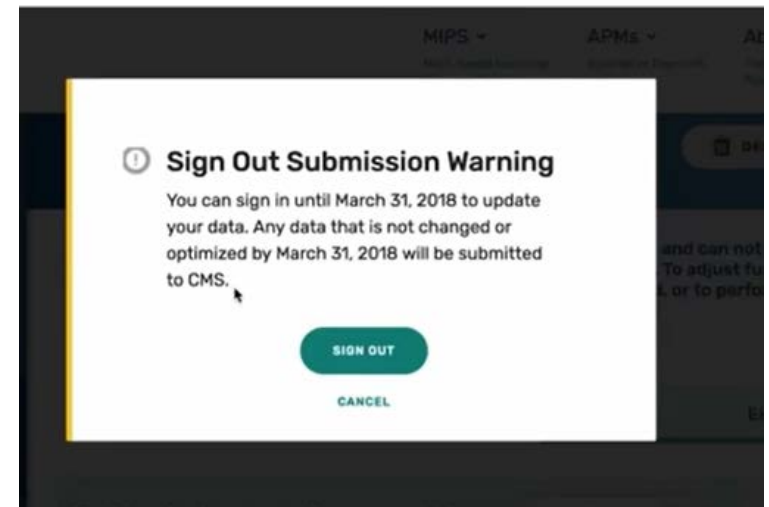


Data is saved as you progress in submission.

Data results will display if you have already submitted via Electronic Health Record (EHR) or Registry. Otherwise, you will need to upload the appropriate file and format.

Data can be changed in the tool at any time up to March 31, 2018.

The highest number of points will be used for QPP Scoring in the Quality Section.





Log in: Multifactor Authentication



Quality Payment PROGRAM

MIPS **▼**
Merit-based Incentive Payment System

APMs **▼**
Alternative Payment Models

About **▼**
The Quality Payment Program

Sign In
Submit and Manage Data

Verify Code

Enter the code sent via phone call to ***-***-4237.

ONE-TIME CODE

Submit Code >

Code send via Phone Text SMS message or email which is set up in EIDM Account



Account Designations



Quality Payment PROGRAM

MIPS Merit-based Incentive Payment System | APMs Alternative Payment Models | About The Quality Payment Program | Adrien My Account

March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

APM ENTITIES (0)

PRACTICES (3) **3 PRACTICES**

000183746 TIN
TIN: 000183746

000205111 TIN: 000205111

Report as a group >
Report as individuals >

Report as a group >

QPP Practices Linked to your Account Report as Group or Individual





Group Reporting Dashboard



The screenshot displays the 'Quality Payment PROGRAM' dashboard. At the top right, there are navigation menus for 'MIPS' (Merit-based Incentive Payment System), 'APMs' (Alternative Payment Models), 'About' (The Quality Payment Program), and 'Adrien' (My Account). The main header area includes 'Account Dashboard' and 'Practices'. The central title is 'Group Reporting Dashboard'. Below this, a section titled 'Report data for the group' provides instructions on submission windows for MIPS (January 1 - March 31, 2018) and CMS Web Interface (January 22 - March 16, 2018). At the bottom, three columns are visible: 'Quality Measures', 'Advancing Care Information', and 'Improvement Activities', each with a 'START REPORTING' button. A video player interface is overlaid at the bottom of the screenshot, showing a progress bar at 6:25 / 38:47 and standard playback controls.



Quality Category

The screenshot shows the Quality Payment Program dashboard. The header includes navigation links for MIPS, APMs, About, and Adrien. The main content area is titled "Quality" and contains the text: "The Quality score is based on the highest score among all submission method scores. [Read full instructions](#)". Below this, it states "No Quality measures have been submitted for this profile. Please choose a submission option below to get started." Two options are presented: "OPTION 1: Import QPP Quality data via file upload" and "OPTION 2: Contact your corresponding agency". A blue button labeled "FILE UPLOAD" is visible under Option 1.

Select categories to report

2 Quality Submission Options

Drag and Drop File in either the QPP JavaScript Object Notation (JSON) or Quality Reporting Document Architecture (QRDA) 3 format.



Score Calculation from File Submission



The screenshot displays the Quality Payment Program dashboard. At the top, there are navigation links for MIPS (Merit-based Incentive Payment System), APMs (Alternative Payment Models), About (The Quality Payment Program), and Adrien (My Account). The main content area is titled "Scores By Submission Method" and features a large blue circular gauge showing a score of 60 out of 60 for EHR. Below this, an "EHR Submission Summary" section includes a star icon and the text: "MAXIMUM 60 QUALITY POINTS ACHIEVED! This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points." A dark sidebar on the left contains navigation options like "Account Dashboard", "Connected Clinicians", "Group Reporting", and "Quality Measures".



Quality Measure: EHR Submission Summary



The screenshot shows a dashboard for EHR Submission Summary. On the left is a dark sidebar with navigation options: Account Dashboard, TIN# 000183746, Connected Clinicians, Group Reporting (with a sub-menu for Group Dashboard, Quality Measures, Advancing Care Information, and Improvement Activities), and a bottom section with a plus icon. The main content area has a blue header 'EHR Submission Summary'. Below it is a yellow star icon and a message: 'MAXIMUM 60 QUALITY POINTS ACHIEVED! This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points.' A section titled 'Measures that count toward Quality Performance Score (6)' states 'Your Measure Score includes both performance points and bonus points.' Below this is a table with columns: Measure Name, Performance Rate, Measure Score, and Download Specifications. The first row is highlighted with an orange border and contains: '> Anti-Depressant Medication Management' (Measure ID: 009), '93.66%', and '11.0'. The second row contains: '> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care' (Measure ID: 019), '95.47%', and '11.0'.

Measure Name	Performance Rate	Measure Score	Download Specifications
> Anti-Depressant Medication Management Measure ID: 009	93.66%	11.0	
> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Measure ID: 019	95.47%	11.0	



Measure: Scoring Detail



The screenshot displays the Quality Payment Program interface. The main header includes the program name and navigation links for MIPS, APMs, About, and the user profile (Adrien). The left sidebar shows the account dashboard with the TIN# 000183746 and options for Connected Clinicians, Group Reporting, and Quality Measures. The main content area shows the 'Anti-Depressant Medication Management' measure with a performance rate of 93.66% and a score of 11.0. A benchmark data chart shows a performance of 93.66% in the 10th decile. The performance points breakdown shows 10.0 points from the benchmark decile and 1.0 point from end-to-end reporting.

Measure Name	Performance Rate	Measure Score	Download Specifications
Anti-Depressant Medication Management Measure ID: 009	93.66%	11.0	

BENCHMARK DATA	
Lowest Benchmark	Highest Benchmark
--- -- -- -- 0% 1.52% 50% >= 83.34%	
93.66% Decile 10	

PERFORMANCE POINTS	
Points from Benchmark Decile	10.0
Partial Points	---
BONUS POINTS	
High Priority Outcome or Patient Experience	---
Other High Priority	---
End-to-End Reporting	1.0
Measure Score	11.0



Additional Measures: Met Measure Requirement



Account Dashboard

TIN# 000183746

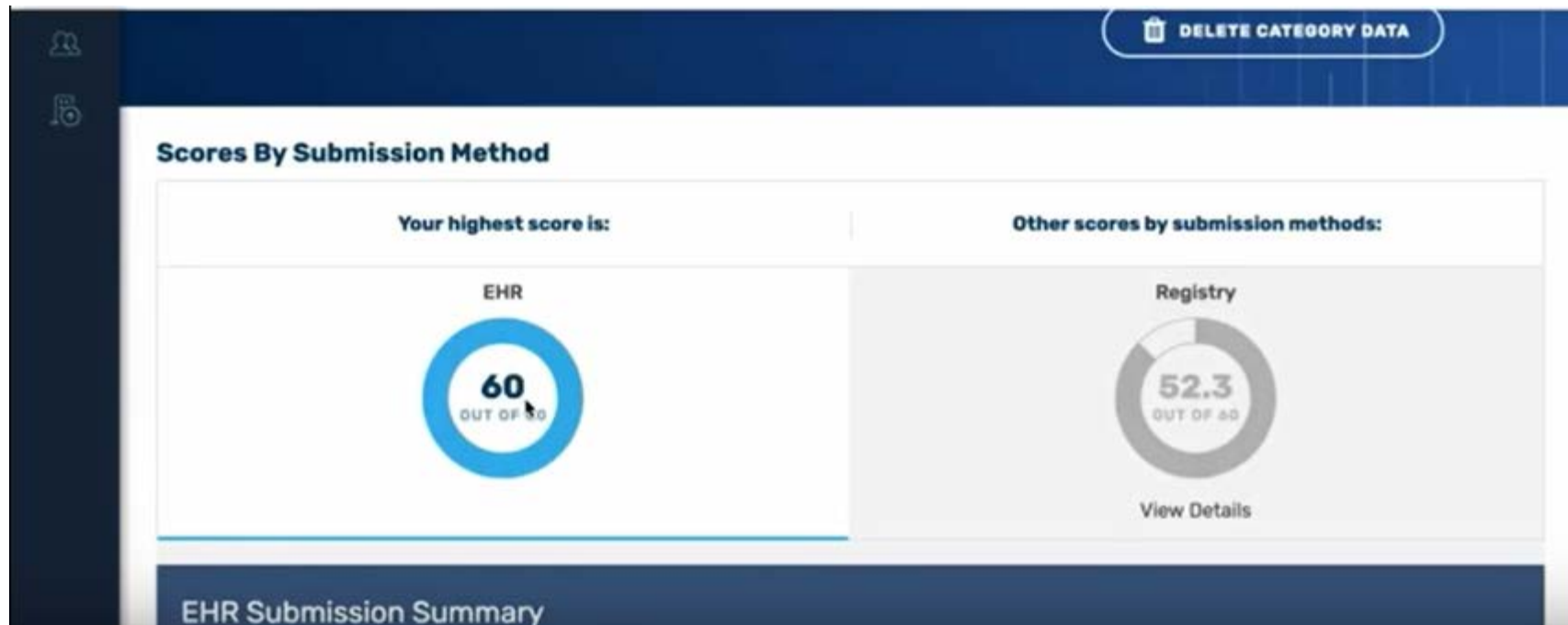
- Connected Clinicians
- Group Reporting
 - Group Dashboard
- Quality Measures
 - Advancing Care Information
 - Improvement Activities

Measures submitted but do not count towards quality (31)
These measures were submitted and earned either performance or bonus points. They either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission.

Measure Name	Performance Rate	Measure Score	Download Specifications
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy Measure ID: 018	84.21%	0.0	
Appropriate Treatment for Children with Upper Respiratory Infection (URI) Measure ID: 055	81.63%	0.0	
Appropriate Testing for Children with Pharyngitis Measure ID: 066	82.64%	0.0	
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk	87.54%	0.0	



Scores by Submission Method: Dual Submission



HIGHEST Score will be used for Submission.



Advancing Care Information (ACI) Performance Category Reporting



The screenshot shows the Quality Payment Program (QPP) website. The main heading is "Advancing Care Information". Below it, there is a "FILE UPLOAD" button and a "Read full instructions" link. The interface is divided into "Attestation" and "EHR" tabs. A section titled "Start by selecting your performance period:" includes two date pickers. Below that, a section titled "CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET" is visible, with a "HIDE" button. The left sidebar contains navigation options: "Account Dashboard", "Connected Clinicians", "Group Reporting", "Group Dashboard", "Quality Measures", "Advancing Care Information", and "Improvement Activities".

ACI on index





ACI Performance Period: Date



Quality Payment PROGRAM

MIPS Merit-based Incentive Payment System | APMs Alternative Payment Models | About The Quality Payment Program | Adrien My Account

Advancing Care Information

Review the advancing care information measures available. Remember, in order to get credit for advancing care information, you must submit information for the required measures. [Read full instructions](#)

TIN# 000183746

- Connected Clinicians
- Group Reporting
 - Group Dashboard
 - Quality Measures
 - Advancing Care Information
 - Improvement Activities

Start by selecting your performance period:

12/02/2017 To 12/01/2017

End Date must be greater than Start Date.

CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET

You are entering a date range less than 90 days. By proceeding, you will remove any Optional Performance Measures and Bonus Measures selected, and will cap the Category Score for Advancing Care Information to 50 possible points. Are you sure you wish to continue?

CANCEL CONTINUE



ACI: Measure Set Selection



Quality Payment PROGRAM

MIPS **▼**
Merit-based Incentive Payment System

APMs **▼**
Alternative Payment Models

About **▼**
The Quality Payment Program

Adrien **▼**
My Account

← Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting **▲**
Group Dashboard
Quality Measures

• Advancing Care Information
Improvement Activities

CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET **▲ HIDE**

In 2017, there are two measure set options for reportings:

1. 2017 Advancing Care Information Transition Measures
2. Advancing Care Information Measures

The option you will use to send in data is based on your Certified EHR Technology edition.

1. In 2017, MIPS eligible clinicians can alternatively report the **2017 Advancing Care Information Transition Measures** if they have:
 - Technology certified to the 2015 edition; or
 - Technology certified to the 2014 edition; or
 - A combination of technologies certified to the 2014 and 2015 Editions
2. MIPS Eligible clinicians can report the **Advancing Care Information Measures** if they have:
 - Technology certified to the 2015 edition; or
 - A combination of technologies certified to the 2014 and 2015 editions that support these measures

Need help identifying your electronic health record technology version?



ACI: Measure Set based on EHR Certification



The screenshot displays the Quality Payment Program (QPP) website interface. At the top, there are navigation links for MIPS (Merit-based Incentive Payment System), APMs (Alternative Payment Models), About, and Adrien (My Account). The main content area is titled "Find Electronic Health Record Technology Version". A search bar contains "ChARM EHR" and a "SEARCH" button. Below the search bar, it says "Showing 3 result(s)".

Product Name	Developer	Edition
ChARM EHR	MedicalMine Inc.	2011
ChARM EHR	MedicalMine Inc.	2011
ChARM EHR	MedicalMine Inc.	2014

Below the search results, there is a help section titled "Need help identifying your electronic health record technology version?". It includes a search bar with "ChARM EHR" and a "SEARCH" button. The section states "EDITION YEAR: 2014" and provides information about the 2017 Advancing Care Information Transition Measure Set. A note at the bottom explains that the 2015 Edition has reporting capabilities for both the 2017 Advancing Care Information Transition Measures and the Advancing Care Information Measures, and encourages clinicians and vendors to aggregate data from the 2014 and 2015 Editions during a performance period.



ACI: Attestation Statements



2017 ADVANCING CARE INFORMATION TRANSITION MEASURES

ADVANCING CARE INFORMATION MEASURES

COMBINATION OF BOTH MEASURE SETS

ATTESTATION STATEMENTS FOR THE ADVANCING CARE INFORMATION PERFORMANCE CATEGORY

> Prevention of Information Blocking Attestation	<input type="radio"/> Yes	<input type="radio"/> No
> ONC Direct Review Attestation	<input type="radio"/> Yes	<input type="radio"/> No
> ONC-ACB Surveillance Attestation (Optional)	<input type="radio"/> Yes	<input type="radio"/> No

ADVANCING CARE INFORMATION SCORE: 0 / 100

Three Options for ACI reporting



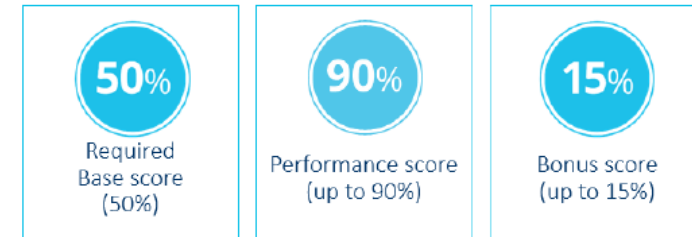
MIPS: ACI Transition of Care Measures



- **Protect Patient Health Information**
- **Electronic Prescribing (eRx)**
- **Health Information Exchange (at least 1)**
- **Patient Electronic Access (at least 1)**
- Patient Specific Education
- Medication Reconciliation
- Secure Messaging
- Immunization Registry
- *Public Health and Clinical Data Registry Reporting*
- *Improvement Activity Using CEHRT*

(BASE Measures are in bold)
(BONUS Measures are *Italics*)

The Advancing Care Information score is the combined total of the following three scores:



Performance Rates for Each Measure Worth Up to 10%	
Performance Rate >0-10 = 1%	Performance Rate 51-60 = 6%
Performance Rate 11-20 = 2%	Performance Rate 61-70 = 7%
Performance Rate 21-30 = 3%	Performance Rate 71-80 = 8%
Performance Rate 31-40 = 4%	Performance Rate 81-90 = 9%
Performance Rate 41-50 = 5%	Performance Rate 91-100 = 10%



ACI Base Measures: e- Prescribing



ADVANCING CARE INFORMATION SCORE: 0 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

e-Prescribing

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

ACI_TRANS_EP_1 PERFORMANCE SCORE: **N/A**

E-PRESCRIBING EXCLUSION ?

Numerator
0

Denominator
0

Security Risk Analysis

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 EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as

Yes



ACI: Measure Specifications



REQUIRED FOR BASE SCORE ?

Download Measure Specification

e-Prescribing

Download Measure Specification

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



Quality Payment Program

**Merit-Based Incentive Payment System (MIPS)
2017 Advancing Care Information
Performance Category
E-Prescribing Transition Measure**

Objective:	Electronic Prescribing
Measure:	E-Prescribing At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

Definition of Terms

Prescription – The authorization by a MIPS eligible clinician to dispense a drug that would not be dispensed without such authorization.

ADVANCING CARE INFORMATION SCORE: 0 / 100

2017 Advancing Care Information Transition Measures

BASE SCORE ?

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.	Numerator
	0
	Denominator
	0

Score: **N/A**

E-PRESCRIBING EXCLUSION ?

A MIPS eligible clinician (EC) who writes fewer than 100 permissible prescriptions during the performance period is eligible for exclusion from the required e-prescribing measure.



ACI Base Measures: Security Risk Analysis & Provide Patient Access



2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

Security Risk Analysis

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 EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

ACI_TRANS_PPHI_1

PERFORMANCE SCORE: **N/A**

Yes No

REQUIRED FOR BASE SCORE ?

Provide Patient Access

At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

The proportion value is not yet valid, so it will not be saved.

ACI_TRANS_PEA_1

PERFORMANCE SCORE: **0 / 20**

Numerator: 100
Denominator: 0



ACI Base Measures: Health Information Exchange



ADVANCING CARE INFORMATION SCORE: 72 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

Provide Patient Access

At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

ACI_TRANS_PEA_1 PERFORMANCE SCORE: 20 / 20

Numerator
100

Denominator
100

Health Information Exchange

The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.

ACI_TRANS_HIE_1 PERFORMANCE SCORE: 2 / 20

Numerator
10

Denominator
100



ACI: Optional Performance Measures



ADVANCING CARE INFORMATION SCORE: 72 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

OPTIONAL PERFORMANCE MEASURES ?

Immunization Registry Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.

ACI_TRANS_PHCDRR_1 PERFORMANCE SCORE: 0 / 10

Yes No

Patient-Specific Education

The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational

Numerator
0



ACI: Indicators of Successful Submission



ADVANCING CARE INFORMATION SCORE: 100 / 100

Category Success!

2017 Advancing Care Information Transition Measures

OPTIONAL PERFORMANCE MEASURES

Secure Messaging

For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the performance period.

ACI_TRANS_SM_1

PERFORMANCE SCORE: 10 / 10

Numerator
100

Denominator
100

View, Download, or Transmit (VDT)

At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.

ACI_TRANS_PEA_2

PERFORMANCE SCORE: 0

Numerator
0

Denominator
0

Max score for this category has been achieved!



ACI: Additional Registry Bonus



Quality Payment PROGRAM

Merit-based Incentive Payment System | Alternative Payment Models | The Quality Payment Program | My Account

ADVANCING CARE INFORMATION SCORE: 100 / 100 🏆 Category Success!

2017 Advancing Care Information Transition Measures

OPTIONAL PERFORMANCE MEASURES ?

ADDITIONAL REGISTRY BONUS ?

Syndromic Surveillance Reporting 📄

The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.

ACI_TRANS_PHCDRR_2 BONUS SCORE: 5 / 5

Specialized Registry Reporting 📄

The MIPS eligible clinician is in active engagement to submit data to specialized registry. Earn a 5 % bonus in the



ACI: Improvement Activity Bonus



2017 Advancing Care Information Transition Measures

ADDITIONAL REGISTRY BONUS ?
ACI_TRANS_PHCDRR_3 BONUS SCORE: N/A

ADVANCING CARE INFORMATION IMPROVEMENT ACTIVITIES BONUS ?

CEHRT Used

I attest that I have submitted an eligible Improvement Activity using Certified Electronic Health Record Technology (CEHRT).

ACI_IACEHRT_1 BONUS SCORE: 10 / 10

Start by selecting your performance period: 01/01/2017 To 01/02/2017 ?

IMPROVEMENT ACTIVITIES SCORE: 40 / 40 Category Success!

Showing 18 Activities FILTERS (1) Filtered Search Activities

Clear All Filters CEHRT Eligible x

ACHIEVING HEALTH EQUITY 0 / 1

Leveraging a QCDR to standardize processes for screening

Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.

IA_AHE_2 MEDIUM +10 CEHRT Eligible ?

ACI Performance Category Fact Sheet has a list of 18 Measures that apply.
(Population Management, Care Coordination, Beneficiary Engagement, Integrated Behavioral Health)



Improvement Activities (IA) Performance Category



- Choose Performance Period – No limitation on number of days.



IA Reporting Selection



Search on a Word/Phrase

The screenshot shows the 'Improvement Activities' reporting interface. At the top, there are navigation links: 'Merit-based Incentive Payment System', 'Alternative Payment Models', 'The Quality Payment Program', and 'My Account'. Below this, a yellow banner displays 'IMPROVEMENT ACTIVITIES SCORE: 0 / 40'. A search bar contains the text 'medicaid'. Below the search bar, a dark blue banner shows 'ACHIEVING HEALTH EQUITY 0 / 1'. The main content area displays one activity: 'Engagement of new Medicaid patients and follow-up'. The description reads: 'Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.' The activity ID is 'IA_AHE_1' and it has a 'HIGH +20' score.

Filter

The screenshot shows the 'Filter' options in the IA Reporting Selection interface. The search bar now contains 'Search Activities'. Below the search bar, there are two columns of filter options. The first column is 'SUB CATEGORIES' with the following items: 'Achieving Health Equity (4)', 'Behavioral And Mental Health (8)', 'Beneficiary Engagement (23)', and 'Care Coordination (14)'. The second column is 'WEIGHT' with the following items: 'Emergency Response And Preparedness (2)', 'Expanded Practice Access (4)', 'Patient Safety And Practice Assessment (21)', and 'Population Management (16)'. To the right of these are 'CEHRT ELIGIBLE' options: 'Medium (78)' and 'High (14)'. Below the filter options, there is a section for 'Patient Centered Medical Home Attestation'. The text reads: 'I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.' There is a 'Yes' button next to the text.



IA: Medium Weight Measures



PROGRAM | Payment System | Models | Payment Program

IMPROVEMENT ACTIVITIES SCORE: 10 / 40

Showing **18** Activities | FILTERS (1) v | Filtered v | Search Activities

Clear All Filters | CEHRT Eligible x

ACHIEVING HEALTH EQUITY 1 / 1

Leveraging a QCDR to standardize processes for screening

Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.

IA_AHE_2 | MEDIUM +10 | CEHRT Eligible ?

BEHAVIORAL AND MENTAL HEALTH 0 / 2

Electronic Health Record Enhancements for BH data capture



IA Patient Centered Medical Home (PCMH): Full Points



PROGRAM Payment System Models Payment Program

IMPROVEMENT ACTIVITIES SCORE: 40 / 40 Category Success

Showing **92** Activities FILTERS All -

Patient Centered Medical Home Attestation

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

IA_PCMH

ACHIEVING HEALTH EQUITY **0 / 4**

Engagement of new Medicaid patients and follow-up

Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.

IA_AHE_1 **HIGH +20** Yes Max score for this category has been achieved



CMS Resource Information



Advancing Care Information Performance Category Fact Sheet: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Advancing-Care-Information-Performance-Category-Fact-Sheet.pdf>

CMS MIPS Data Submission Video: <https://www.youtube.com/watch?v=q0Cvke6fnrg&feature=youtu.be>

CMS Resource Library: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resources-by-topic.html>

Data Submission Fact Sheet: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-2017-Data-Submission-Factsheet.pdf>

EIDM Training Video: Submitting a Role Request and completing RIDP: <https://www.youtube.com/watch?v=OmL4JOOQ7Rc>

MIPS Improvement Activity Fact Sheet: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/MIPS-Improvement-Activities-Fact-Sheet.pdf>

Prevention of Information Blocking Attestation: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/ACI-Information-Blocking-fact-sheet.pdf>



Questions



Susy.postal@IHS.gov
Sarah.leake@ihs.gov

