

## **How to Report under the Merit-Based Incentive Payment System (MIPS) for 2017**

To avoid a penalty on your payments in 2019, MIPS Eligible Clinicians must be sure to complete reporting under the Merit-Based Incentive Payment System (MIPS) for performance in 2017 by **March 31, 2018**. Based on the data you submit, the Centers for Medicare and Medicaid Services (CMS) will determine payment adjustments that will apply to your payments for 2019.

### ***Am I a MIPS Eligible Clinician?***

**Check your participation status using the [MIPS Participation Status Lookup Tool](#)** to determine whether you or your practice is required to participate in MIPS, and whether you fall into a MIPS “[special status](#)” category.

1. To check your status, enter your NPI.
2. The tool will display whether you are included in MIPS and whether you qualify for any special status categories at both the individual and group practice level. Clinicians who fall under these special status categories might be eligible for special reporting or scoring accommodations under MIPS. Since clinicians are required to comply with MIPS under each unique practice (TIN/NPI) that they are associated with, your eligibility and reporting obligations might vary across practices if you work under multiple TINs. The Lookup Tool will display separate special status designations, at both the individual and group level, for each unique TIN that you are affiliated with.

### ***Select a Data Submission Mechanism***

The following options are available to individuals and group practices:

1. **The [QPP Data Submission Portal](#).** The portal is a tool that allows clinicians and third-party data collection vendors to submit certain types of MIPS data to CMS. For example, clinicians can use the portal to manually attest to the Advancing Care Information (ACI) and Improvement Activities (IA) categories of MIPS, while registries can use it to submit quality, ACI, and/or IA data to CMS on behalf of clinicians. It also allows clinicians to track their performance within each MIPS category as data is submitted over the performance year. A data submission [fact sheet](#) plus instructional videos for using the portal are available [here](#). You will need a CMS Enterprise Identity Management (EIDM) account to access the portal. An EIDM account gives you a single ID to use across multiple CMS systems.
  - **Qualified Clinical Data Registry (QCDR).** CMS has compiled a list of [2017 CMS Approved QCDRs](#) along with the performance categories supported by the QCDRs.
  - **Qualified Registry (QR).** CMS has compiled a list of [2017 CMS Approved QRs](#) along with the performance categories supported by the QRs.
  - **EHR.** Clinicians should work with their EHR vendors to begin to collect the required data for submission.
  - **Claims.** Individual clinicians also have the option of submitting quality measure data via claims by appending a Quality Data Code to standard claims forms. This option is not available for group reporting. 2017 claims must be submitted before March 1, 2018 to be analyzed for purposes of the 2017 performance year. Clinicians will be able to track claims-based quality measure data, as received and processed by CMS, through the QPP Data Submission Portal. See [this video](#) for a demonstration of how to review your claims-based quality measure data.

### ***Minimum Requirements for Avoiding a Penalty***

Completing one the following options will allow you to avoid a penalty for your payments in 2019:

- Submit one quality measure for at least one patient encounter.

- Attest to completing at least one improvement activity in 2017. You can find a list of improvement activities on the CMS website. Note that if participating in MIPS as a group, only one clinician in the group is required to complete a single activity for the entire group to avoid a penalty.
- Complete the base score of the Advancing Care Information performance category. To do so, you or your group must first make sure you are using federally Certified EHR Technology (CEHRT). This online tool can help you identify whether your EHR is federally certified and which edition it is. Depending on the edition you are using, the base score will consist of either four or five measures, all of which must be completed to receive any credit in this performance category.

All data must reflect activities completed in 2017.