

MIPS Data Reporting Guide

2023 Performance Year



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Introduction

The Merit-based Incentive Payment System asks clinicians to participate in and submit data for up to three performance categories. In 2023, these categories are Promoting Interoperability (PI), Quality, and Improvement Activities. The Cost performance category does not require data submission.

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

A clinician/group can report data over different date ranges (aka performance period) for Promoting Interoperability and Improvement Activities. In other words, the same date range is not required for each 90-day performance category. The ultimate decision about the ideal ranges for each category is up to the clinician/group.

The MIPS-PI (Stage 3) and MIPS-Quality scorecards in RevolutionEHR are designed to assist clinicians in determining the optimal way to report data (individual vs. group, which 90-day period, etc.) Running the scorecards discussed in this guide over various time ranges and as individuals or group can help zero in on the optimal way to report data to the Centers for Medicare and Medicaid Services (CMS).

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

Of critical importance to the data reporting/submission process is to register the practice for Quality Payment Program portal access. **If you don't have these credentials, you can't report your data.** Fortunately, CMS has created a series of documents to help you with registration through their system named HARP. That series can be downloaded as a zip file <u>found here.</u>

If the prospect of data analysis and submission is overwhelming, RevolutionEHR offers the RevAspire service as a potential partner. The RevAspire team analyzes data to determine the optimal performance period, submits data for providers, and serves as first responders in the event of a MIPS audit. More information on RevAspire <u>can be found at RevolutionEHR.com</u> or by contacting <u>revaspire@revolutionehr.com</u>.



MIPS Data Reporting Key Points

- 2023 performance data must be submitted by March 31, 2023
- Data submission will take place through the Quality Payment Program portal at <u>qpp.cms.gov</u>
- The Quality Payment Program portal requires credentials for log in. CMS's official resources can help you through the process and <u>can be downloaded here.</u>
- Clinicians who are required to report MIPS or who opt-in for 2023 will receive a MIPS payment adjustment in 2025 based on their performance. A final score of 75 or more is necessary to avoid downward payment adjustments.
- Please submit questions to the "Ask about MIPS" link within RevolutionEHR's Help menu or to <u>qualityreporting@revolutionehr.com</u>



Data Collection in RevolutionEHR

Promoting Interoperability

***Note for 2023 MIPS:** Clinicians in small practices will have their MIPS - PI category score automatically reweighted and do not need to submit data for this category. A small practice is defined as 15 or fewer providers billing under the same TIN.

The MIPS-PI (Stage 3) scorecard can be found through Reports > Administration > Providers > MIPS – PI (Stage 3):



The MIPS-PI (Stage 3) scorecard header looks like this:

MIPS - P	el (Stage 3)									×
Provider(s)	- All Providers -	Location Tax Id	 Date	04/01/2019	m	to	06/30/2019	Q Search	¥ Reset	

Field	Function
Provider(s)	Allows the user to choose the providers included in the statistical report. This is "All Providers" by default but can be changed to any individual provider in the practice through the dropdown menu.
	 "All Providers" = reporting all performance data for a specific location tax Id. This is known as "Group" reporting. Selecting an individual provider = reporting for an individual provider at a specific location tax Id. This is known as "Individual" reporting.
	Note: If an individual provider has been selected, clicking the small "X" next to the name will return the Provider(s) selection to "All Providers".
Location Tax	Allows the user to choose the specific business entity for the report. Since MIPS
Id	requires each Tax ID to be represented with data, a practice with more than one



	Tax ID will need to use the Location Tax Id field to generate separate reports for each Tax ID.
Date	Allows the user to choose the Start and End dates for their PI performance period.
Search	Allows the user to run the report.
Reset	Allows the user to return the scorecard to the default state/settings.

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

To run the MIPS-PI (Stage 3) scorecard:

- 1. Select "Provider(s)" of interest
 - a. Selecting "All Providers" = Group reporting
 - b. Selecting an individual provider = Individual reporting
- 2. Select "Location Tax Id" of interest
- 3. Enter Start and End dates for the performance period of interest. This must be at least 90 consecutive days for a 2023 performance period.
- 4. Select "Search" to run the scorecard

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



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



Immunization Registry Reporting	🔿 Yes 🔿 No 💿 Exclude
Syndromic Registry Reporting	🔿 Yes 🔿 No 💿 Exclude
Electronic Case Registry Reporting	🔿 Yes 🔿 No 💿 Exclude
Public Health Registry Reporting	🔿 Yes 🔿 No 🥃 Exclude
Clinical Data Registry Reporting	O Yes √No ○ Exclude

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

rovider(s) - All Providers - Location Tax Id	1234567890	•	Date	01/01/2022	🗂 to	03/	31/2022 🗎 Q Searc	th I	× Reset	
Security Risk Analysis	O Yes	N N N	þ							
High-Priority Practices Guide (SAFER)	 Yes 	N	D							
Electronic Prescribing	(Audit))] /	0] =	0.00
Send Health Information	(Audit))			1	00		-	0.00
Receive and Reconcile Health Information	(Audit))			17	0] =	0.00
Provide Patients Electronic Access	(Audit))			1	a	¢] -	0.0
Immunization Registry Reporting	Yes	O N		Exclude						
Electronic Case Registry Reporting	Yes	() N	•	Exclude						
Syndromic Registry Reporting	Yes	() N		Exclude						
Public Health Registry Reporting	Yes	() N		Exclude						
Clinical Data Registry Reporting	Yes	O N		Exclude						

The decision about whether to report as an individual or, if in a practice of > 1 clinician, a group can be based on many factors including final scoring, Part B Medicare volume per provider, etc. It is beyond the scope of this guide to assist with that decision. However, the MIPS-PI (Stage 3) scorecard allows clinicians to analyze their practice at both individual and group levels to assist in the decision-making process.

Remember:

- Each Location Tax ID is viewed by MIPS as its own entity. In other words, each Location Tax ID needs to have eligibility considered and, when necessary, have data reported.
- Each Location Tax ID can be represented by data at the level of the individual provider(s) or at the level of the group. The MIPS-PI (Stage 3) scorecard makes this possible through the **Provider(s)** and **Location Tax Id** fields.
- The decision of individual vs. group reporting at a given Location Tax ID must remain consistent across all performance categories. Thus, if "Group" is selected for Promoting Interoperability, "Group" must be selected for Quality and Improvement Activities, as well.

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



Provider(s)	- All Providers -	Loca	Location Tax Id	1 -	Date
	Carter, John	_		3	
	Smith, Caitrin			5	
Security Ri	Adams, Brett			2	
Electronic	Molitor, Charles		⊖ Yes	1	

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

Provider(s)	Carter, John	X -	Location Tax Id	1	-

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

Provider(s)	- All Providers -	~	Location Tax Id	2	~
-------------	-------------------	---	-----------------	---	---

A video walkthrough of the MIPS-PI scorecard and discussion of scorecard configuration is available here.



Quality

Note: The electronic Clinical Quality Measures (eCQMs) available via the MIPS- Quality scorecard are not the same as Part B claims quality measures you may document via the Quality Alert.

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

•	Patients	Schedule	Accounting	ि Prders	& Inventory	(124) Tasks	Messages	L <u>III</u> Reports
lal Repo	erts							
> Patie	ints							
> Sche	dule							
> Acco	unting							
> Optic	al Orders							
> Task	s							
> Inver	ntory							
✔ Adm	inistration							
→ Acc	:655							
→ Pro	viders							
C	inical Quali	ity Measure	s					
м	IPS - Quali	ty						
Pr St	omoting In age 3	terop -						
м	IPS - PI (St	tage 3)						

The MIPS-Quality scorecard header looks like this:

MIPS - Quali	ty						
Provider *	All Providers -	Location	123456789	•	Type *	eCQM Primary	eCQM Extended
Date Range *	mm/dd/ 🗰 to mm/dd/ 🗰						
Q Search	X Clear						

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



Date Range	Allows the user to choose the Start and End dates for their Quality performance period.
Clear	Removes the entries in the start and end Date Range fields.
Search	Allows the user to run the report.

To run the MIPS-Quality scorecard:

- 1. Select "Provider" of interest
 - a. Selecting "All Providers" = Group reporting
 - b. Selecting an individual provider = Individual reporting
- 2. Select "Location Tax Id" of interest
- 3. Enter Start and End dates for the performance period of interest. This should be 1/1/2023 12/31/2023 for the 2023 performance period.

Once Quality performance data has been returned on the scorecard, the user can select the "Create QRDA III" button on the upper left of the scorecard or "Print" via the gear icon on the upper right of the scorecard:

	Q Search	× Clea]		
	Search Rea	sults			
	🔒 Create	QRDA III			•
ľ	NQF	CMS ID	Description	Numerator	Denomi 🖶 Print

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

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

Measures	🖶 Create QRDA III					
Search must be completed and results have at least 1						
Search must be completed and results have at least 1 non-zero denominator If running for "All Providers", confirm that only employees with an NPI are included in the Providers dropdown						

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



Once the scorecard has been run and "Create QRDA III" is active and selected, a message is displayed alerting the user to the initiation of the file creation process.



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



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

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

Remember:

- Each Location Tax ID is viewed by MIPS as its own entity. In other words, each Location Tax ID needs to have eligibility considered and, when necessary, have data reported.
- Each Location Tax ID can be represented by data at the level of the individual provider(s) or at the level of the group. The MIPS-Quality scorecard makes this possible through the **Provider(s)** and **Location Tax Id** fields.
- The decision of Individual vs. Group reporting at a given Location Tax ID must remain consistent across all performance categories. Thus, if "Group" is selected for Quality, "Group" must be selected for Promoting Interoperability and Improvement Activities, as well.

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



MIPS - Quality		
Provider *	All Providers	-
Date Bange *		
Date Hallge	L	
Q Search	Carter, John Smith, Caitrin	
	Adams, Brett	
Search Result	Molitor, Charles	

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



If the practice then determined that it would be best to report for location 3 as a **Group**, the scorecard would only need to be run one time for that location. The Provider(s) selection would be set to "All Providers" and the Location Tax Id would be set to "3":

MIPS - Quality					
Provider *	All Providers	•	Location Tax	3	•

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



Working in the Quality Payment Program Portal

Getting in Position to Report Data

As noted in the introduction to this guide, all MIPS performance data (outside of Quality data submitted on a per-claim basis) can be submitted through the Quality Payment Program web portal at <u>app.cms.gov.</u> Access to the Quality Payment Program portal requires a username and password. <u>These references can guide through the registration process</u>, if needed. *(Note: references will download to your computer as a zip file)*

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

1. On the Account Home page, select "Start Reporting":



- 2. The user will be able to see each practice they are associated to within the QPP system. For each practice, the user has the ability to select to:
 - a. "Report As Group", or
 - b. "Report As Individuals"

 Account Home Bigblity & Reporting ☆ Performance Feedback 	Norms Pacres
👫 Hanage Access	REVOLUTION EVE CARRE Text and the second se
	Image: A standard if the Loss of th

Remember that the selection made here for each practice must remain consistent for each performance category of MIPS (PI, Quality, Improvement Activities). In other words, you cannot report as a group for PI and as an individual for Quality and



Improvement Activities. You can, however, choose to report as "Individuals" in one practice and as a "Group" at another if that is your preference.

3. If you intend to report for the doctors in the practice as individuals, select "Report as Individuals" and follow steps 4-10

If you intend to pool data for all doctors in the practice together and report it as a group, select "Report as Group" and follow steps 11-13

Individual Reporter: Declaring Opt-in vs Voluntary Reporting

4. After selecting "Report as Individuals" the user will arrive at a *Clinicians* page highlighting the eligibility status for each clinician in the practice as well as a "Report as Individual" button. Select the "Report as Individual" button for the first clinician the user intends to submit data for:

Account Home REVOLUTION EYE CARE TIN: 123456789	Clinicians The behavior of a state of the st
Elgobilty & Reporting Practice Details & Cractions may approve the second many approximation intercontent of the second intercontent of the second interconten	MARTY MORELY BE REVOLUTION EYE CARE We applied the second of the second
	EMMETT BROWN at REVOLUTION EYE CARE MYR. 880/054211 (Douber of Optimizer) WYR 1990/11, 8 anomae, 9 Ame Gerl - Gerl Dig Conference of the myr and Gerl - Gerl Dig Conference of the myr and Conference of the myr and the myr and Conference of the myr and Conference of the myr and the myr and Conference of the myr and

- 5. If the selected clinician is <u>required</u> to submit data, the system will take the user to the *Reporting Overview* page. Head to the discussion of performance category reporting beginning on page 18.
- If the selected clinician is <u>not required</u> to submit data, a modal will appear and prompt the user to formally declare their intent to opt-in or voluntarily report data. Remember:
 - a. **"Opt-In":** the user is electing for the clinician to receive a MIPS final score and payment adjustment
 - "Report Voluntarily": the user is electing for the clinician to receive performance feedback but DOES NOT want to be considered for payment adjustment

Choose the desired option.





7. The user will then be prompted to confirm their selection by typing the word "Confirm" in the text box. Please note that the user can still cancel their decision at this point through the "Change My Election" link. Once "Confirm" is entered, the decision is irrevocable for the 2023 performance year.

ľ	By opting-in, MARTY MCFLY will become MIPS eligible for the 2019 performance year and will receive a final score based on any data submitted or not submitted. This
	election is permanent and cannot be changed later.
Please	Ivpe "CONFIRM"
CON	IFIRM

8. The election is then confirmed, and the user is presented with a "Start Reporting" button. Selection of the "Start Reporting" button takes the user to the *Reporting Overview* page discussed on page 18.



9. At this point, the user can either start to submit data for the clinician (as discussed starting on page 18) or return to the *Clinicians* page and follow the steps above for each clinician for whom they intend to submit data. For the purposes of this guide, we'll make the formal declarations for each clinician we intend to submit data for prior to submitting any data. Select the "Practice Details & Clinicians" link in the menu to the left of the page:





10. Repeat steps 4-9 for each clinician in the practice for whom data is to be submitted. Then proceed to page 18 to begin data entry.

Group Reporter: Declaring Opt-in vs Voluntary Reporting

11. After selecting "Report as Group" the user will either be taken directly to the *Reporting Overview* page (head to discussion of performance category reporting beginning on

page 18) or a "Group Reporting Options" modal. The modal will prompt the user to formally declare their intent to opt-in or voluntarily report data. Remember:

- a. "Opt-In": the user is electing for all eligible doctors in the practice to receive a MIPS final score and payment adjustment
- b. "Report Voluntarily": the user is electing for all doctors in the practice to receive performance feedback but DOES NOT want to them be considered for payment adjustment

Choose the desired option.

- Graup Reporting Options

 Dearticipate in NHPs, you must decide whether you will opt-in or report violuntarily before any data can be submitted.

 REVOLUTION EYE CARE

 MIPS EXEMPT

 Delet to Opt-in

 Breider the Opt-in You before any data can be submitted.

 Vielder the Opt-in You become MHPS eligible. You will neceive a HBP final score and a payment adjustment in 2021.

 Opt-in

 Delete to Report Voluntarily to porting MIPS data, you will receive performance feedback for informational purposes only.

 Opt-or roublintarily reporting MIPS data, you will receive performance feedback for informational purposes only.

 Opt-or roublintarily reporting MIPS data, you will receive performance feedback for informational purposes only.

 Opt-or roublintarily reporting MIPS data, you will receive performance feedback for informational purposes only.

 Opt-or roublintarily reporting MIPS data, you will receive performance feedback for informational purposes only.

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 Opt-or roublintarily reporting MIPS data, you will receive performance feedback for informational purposes only.

 Opt-or roublintarily reporting MIPS data, you will receive performance feedback for informational purposes only.

 Opt-or roublintarily reporting MIPS data,
- 12. The user will then be prompted to confirm their selection by typing the word "Confirm" in the text box and selecting the

button. Please note that the user can still cancel their decision at this point through the "Change My Election" link. Once "Confirm" is entered, the decision is irrevocable for the 2023 performance year.

Are You Sure?
By opting-in, REVOLUTION EYE CARE Will become MIPS eligible for the 2019 performance year and will receive a final score based on any data submitted or not submitted. This election is permanent and cannot be changed later.
Please Type "CONFIRM"
I'M SURE, CONFIRM OPT IN
Change My Election

13. The election is then confirmed, and the user is presented with a "Start Reporting" button. Selection of the "Start Reporting" button takes the user to the *Reporting Overview* page discussed on page 18.





Summary

The above steps allow the user to position the doctors within a practice (if individual reporting) or the practice itself (if group reporting) to report data to the Quality Payment Program. The same considerations and process should be applied to any additional practices on their *Eligibility & Reporting* screen for which the user intends to report data.

Let's move on to reporting data for each of the MIPS performance categories.



Performance Category Reporting

MIPS performance data entry begins by either progressing to that step after making the opt-in vs. voluntary reporting declaration covered earlier or by heading to the *Eligibility & Reporting* page via menu in the left margin. On that page, the user will again see the practices for which they have access and the ability to "Report As Group" or "Report As Individuals" for each one:

Account Home Bigblity & Reporting	NUSTRIS PACTOR
수 Performance Feedback	47 hactors Devenad ~
 Help and Support 	RECOLUTION EVEN CARACE VI 2028 THE DESCRIPTION CONTRACT VI 2028 A CONTRACT OF DESCRIPTION CONTRACT VI 2028 THE DESCRIPTION CONTRACT VI 2028
	HORD EVEC CARE TOTAL CONTROL OF LOCAL CARACTER VENTER TOTAL CARACTER VENTER TOT

Regardless of decision, the data entry process with the portal is the very similar for reporting as an individual vs. group. The key difference is really in how the statistics are collected within RevolutionEHR and that process was covered earlier in this guide.

Once the selection of "Report As Group" or "Report As Individuals" has been made, the user will arrive as the *Reporting Overview* screen:

Account Home	Select Performance Year (Pr) 2011 -	е мит
REVOLUTION EYE CARE Thi: 123456789	Manarthum - Haplith L Marcing Reporting Overview Merculture are care The Landerse The Careford L Alabert and Lizze	
Euglatify & Hapoting Practice Details & Cristians Oracle Reporting Devolver Quelly Promoting Improvement Activities	Start reporting The or interneting is unless present investig 07 200 vol 000.8 files that can result a Dusty reserves, and by howing starget and manages and by improved Advisors, this can be can be used than and report to can.	PABELINE
्री - Performance Feetback	ways in sevenes Researcher. The first set is calculated inmediately and the page below with update with your protonoury scoreg Internation.	
	All changes are saved automatically.	

Scrolling down on the *Reporting Overview* screen allows the user to see a preliminary final score, each of the four performance categories, and if data has been submitted:

Preliminary Total Score / 100 Word Final Score work the available until Summer 2020.	Preliminary Total Score / 100 Way find from wort to available until Summer 2020.		/ 45 / 25 / 15 / 15
Preliminary Performance Category Scores			
Quality	/ 45	Promoting Interoperat	ality/25
Quality counts for 45X of your score.		Promoting Interoperability cov	ints for 25% of your score.
O NOT REPORTED	View&Edit >	O NOT REPORTED	Create Hanual Entry >
Improvement Activities	/ 15	Cost	/ 15
Improvement Activities counts for SNs of your score. See Small Practice Consideration Your practice participated in the MIPS as a Small Practice. Small Practice placebased without as of a new citoxican jum automaticate		Cost will be scored after the submission window closes and all Claims data is processed. Remember, Cost may count for title of your score. 2023. Cost Measures (2	



Promoting Interoperability Data Reporting

14. To begin submission of Promoting Interoperability performance data, select "Create Manual Entry" on the *Reporting Overview* and/or *Promoting Interoperability* page:

[Preliminary Performance Category Score	ł			1
	Quality	/ 45	Promoting Interoperability	/ 25	
	Quality counts for 45% of your score.		Promoting interoperability counts = 25% of y	iour score.	
	NOT REPORTED	View&Edit >	NOT REPORTED	Create Manual Entry >	
	Improvement Activities	/ 15	Cost	/ 15	
Eligibility & Reporting Practice Details & Clinicians Group Reporting Overview Quality Promoting Introgenability	OPP Promoting Interop For performance year 3 and be measures from across multiple Create Manual Entry	erability Score yend the QPP policy has been mo collection types and submit usin	udified to allow clinicians and groups to choose grine best submission types available to them.	Total f	Yreliminary Score N/A
Manual Entry Improvement Activities	There are no collection	is associated with your submissio	on. <u>Create a manual entry</u>		

15. The user will now be on the Manual Entry screen. Scroll down and enter the performance period that matches the date range on the MIPS – PI (Stage 3) scorecard in RevolutionEHR from which statistics will be transcribed. Remember that this date range must be at least 90 days long.

	12/31/2019		RevolutionEHR		
	MIPS - PI (Stage 3)				
	Application Version: Version 7.1.8 -	12/20/2019			
	Provider(s): All Providers				
	Location Tax Id:				
	Date: 10/01/2019 to: 12/31/2019				
	Security Risk, malysis (https://insigh p=17831)	nt.revolutionehr.com/?	🔘 Yes 🔵 No		
	Electronic prescribing (https://insigh	nt.revolutionehr.com/?	(Audit) 106		
Manually Enter Your Measures					
To begin manually entering your measures, selec Interoperability Score.	: a performance period. All measures	must be completed befo	re your manual entry o	can be applied towards your total QPP Promot	ing
Performance Period					
Start Date		End Date			
10/01/2019	•	to 12/31/2019		a	
					- 1



16. Enter the certified EHR technology ID that represents the combination of systems used during the performance period. These IDs are created on the <u>ONC's Certified Health IT</u> <u>Product List (CHPL)</u>.

Start Date		End Date	
10/01/2019	to	12/31/2019	0

For most, this number is either:

- RevolutionEHR version 7 (if not e-prescribing): 0015CGV92009S35
- RevolutionEHR version 7 + RxNT EHR version 7.2 (if e-prescribing with RxNT): 0015C7Q9S6WHA10

If you e-prescribed during your 2023 performance period and used a system other than RxNT, please email <u>qualityreporting@revolutionehr.com</u> for assistance with your ID.

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

DNC Direct Review Attestation Measure ID: PI_ONCDIR_1	Yes	No
attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or rer 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 subtracted by 45 Paper 170, subgest 1E, to the extent that such technology meets for can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating ts capabilities as implemented and used by the MIPS eligible clinician in the field.		S Complete
Prevention of Information Blocking Attestation	Yes	No
Measure ID: PI_INFBL0_1		
attest to CMS that 1 - (A) did not knowngly and willfully take action (such as to disable functionality) to limit to restrict the compatibility or interportability of certified ER technology (B) (B) mighemeted technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law. that the certified ER technology was. Tai elevant times; (1) Connected n accordance with applicable law. (2) Compliant with all standards applicable to the exchange of n formation, including the standards, in implementation specifications, and ensure adopted at 45 CFR part 170; (3) Implemented in a manner that allowed for timely access by patients to their electronic inselt information; and (4) implemented in a manner that allowed for the timely, secure, and trusted bi- directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300)((3)). Including unaffiliated health and in a timely manner to requests to tertified EHR electhology and venders. (2) Responded in good faith and in a timely manner to requests to refuse er axxhange electronic health information. Including from patients, health care providers (as defined by 42 U.S.C. 300)((3)), and other persons, regardless of the requestor's affiliation or technology vendor.		
DNC-ACB Surveillance Attestation	Yes	No
Measure ID: PI_ONCACB_1		



 Proceed to the list of measures below the attestation statements and transcribe information for each measure from the MIPS – PI (Stage 3) scorecard in RevolutionEHR. As an example, the clinician below had a MIPS – PI (stage 3) scorecard which showed 95/95 for electronic prescribing:

Security Risk Analysis	⊙ Yes 🔿	No			
Electronic Prescribing	(Audit)	95 /	95	=	100.00%

That information would then be entered into the QPP system for that measure:

e-Prescribing	Numerator	Denominator
Measure ID: PI_EP_1	95	95
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 quaried for a drug formulary and transmitted electronically using CENRT. 		Complete

- 19. Follow the same process for each of the measures listed in the Quality Payment Program system, transcribing data from your RevolutionEHR scorecard. Notes of interest:
 - a. E-Prescribing offers two opportunities for bonus points in the event actions were taken related to the clinician's or group's prescribing of schedule II opioid medications. If these haven't been prescribed, the bonus measures are not options for the clinician or group.
 - e-Prescribing, Support Electronic Referral Loops by Sending Health Information, and Support Electronic Referral Loops by Receiving and Incorporating Health Information offer opportunities for exclusion if the denominator is less than 100. These can be claimed by checking the "Proposed Measure Exclusion" checkbox:

Support Electronic Referral Loops By Sending Health Information	Numerator	Denominator
Measure ID: PI_HIE_1	0	0
to another setting of care or health care provider - (1) creates a summary of care record using certified electrons, the kin record technology (CEHRT); and (2) electronically exchanges the summary of care record.		
Resure Exhaustes Check the box to be excluded from the required Support Electronic Infernal Loops by Sending Health Information measure. For at least one transition of care or refrenz, the MES eligible indicional that transitions are refress their plant for source setting of care are holding and care as unmary of care record using certified electroic health record technology (EDHRT) and (2) electronically exchanges the summary of care record.		

c. In the event the "Measure Exclusion" box is checked for Support Electronic Referral Loops by Receiving and Incorporating Health Information, a modal will appear asking the user to specify the reason. Choose the one that applies and select "Submit":





d. There are five measures associated to Public Health and Clinical Data Exchange and each offers the ability to say "Yes", "No", or claim the measure exclusion. Note that an answer of "No" to any of these will result in a score of 0 in the Promoting Interoperability category:

Clinical Data Registry Reporting	Yes	No
Measure ID: PI_PHCDRR_5		
The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	 Report measure 	again
Measure Exclusion: Check the box to be excluded from the required Clinical Data Registry Reporting measure. The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.		

The selection of "Measure Exclusion" for any of the registry measures will ask the user to indicate which of three exclusion criteria applied to their decision:



e. Once data for all measures has been entered, a "Manual Entry Score" can be found near the top of the screen:

Practice Details & Clinicians			
Group Reporting Overview Quality	< Back to Promoting Interoperability	22.5 / 25	Delete
Promoting Interoperability • Manual Entry			
Improvement Activities	You have completed all Promoting interoperability measures in your manual entry submission. You may continue to make changes on the until the deadline on March 31, 2020.	his manual entry	submission
SA Performance Feedback			

f. There is no "Save" or "Submit" button once data entry is complete. Instead, data is saved as it is entered. Actual submission of the data occurs when the portal officially closes at the end of the reporting window. Until then, a user can log back in an edit data at any time.



Quality Data Reporting

20. To begin submission of Quality performance data, either select the "Quality" link from the left margin and then "Upload File(s)" on the page that loads to the right:

Practice Details & Clinicians Group Reporting Overview • Quality Promoting	Please choose a submission option below to get started.	
Interoperability Improvement Activities	ספדוסט ז Manually Upload Data	OPTION 2 Using a Third Party Agency
	Submit GPP Quality Data via file upload. This method allows the upload of EHR export data in either GPP (350N) format and GRAN ill learn There are six required measures, including one High priority measure.	Contact your Third Party of Third Party Intermediaries to submit data. If using a Registry or EHR to submit data, please contact them for support.
	UPLOAD FILE(S)	

Or select "Upload A File" on the *Reporting Overview* page:

🕒 Eligibility & Reporting		
Practice Details & Clinicians	Start reporting UPLOAD A FILE	
Group Reporting Overview	You can start reporting by uploading properly formatted QPP JSON and QRDA III files that can contain Quality measures,	
Promoting	and/or Promoting Interoperability measures, and/or improvement Activities. You can also scroll down and report for each category separately.	
Interoperability Improvement Activities	Remember: These files will be calculated immediately and the page below will update with your preliminary scoring information.	
		_

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





22. The next modal allows the user to "drag and drop" or browse and attach the RevolutionEHR QRDA3 file created on pages 9-12 of this guide. Once attached (your file name will be different), select "Upload":

opidad Data	Accepted files to
You are uploading data for:	upload
REVOLUTION EYE CARE TIN: 123456789	This upload tool accepts properly formatted QPP JSON and QRDA III files. Any files submitted are received and calculated immediately. Learn more. 2
DRAG & DROP	How can I overwrite data to save a blank field?
Upload Data	If you'd like to update the
Your 350N file here, or browse.	data with an intentionally empty field, make sure to select the "N/A" value in the Excel file for that field.
FRLESS TO UPLOAD (T) GROUP GROUP_373315225_15778134881641.xml	
Uploading this file will overwrite the submission data you've submitted. A maximum of 50 files can be processed in a single upload acquest.	
Measure data that you've left blank will not be updated.	
Messure data that you've left blank will not be updated. UPLOAD	

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

Upload Data		× Do you have an issue uploading your file?
FILE(S) UPLOADED (1)		If you are having any issues uploading your files:
O QRDA3.xml	1	gpp@cms.hhs.gov
Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction	a.	

24. Successful file upload will allow an immediate review of performance scoring by selecting "View Submission"

Upload Data You are uploading data for: REVOLUTION EYE CARE This: 12346970 PILIED universe (1)		X Do you have an issue uploading your file? If you are having any issues uploading your files: Need help? Contact Us.
2019 REVOLUTION QRDA 3.xml	Û	qpp@cms.hhs.gov 1-866-288-8292
Upload successful Your files were successfully upleaded. You can now review your submitted data on the Overview and Category Ditalis pages.		
Uploading this file will overwrite the submission data you've submitted. A maximum of 50 files can be processed in a single upload request. Measure data that you've left blank will not be updated.		
UPLOAD MORE VIEW SUBMISSION		



25. There is no "Save" or "Submit" button once Quality performance category data has been uploaded. Instead, data is saved as it is entered. Actual submission of data occurs when the reporting period closes. Until then, a user can upload files as often as necessary.

Improvement Activities Data Reporting

26. To begin submission of Improvement Activities performance data, select "Create Manual Entry" on the *Reporting Overview* and/or *Improvement Activities* page:

	Improvement Activities	/ 15	Cost
	Improvement Activities counts for 15% of your score. Small Practice Consideration Your practice participated in the MIPS as a Small Prace Practices (Youchalv define as to or fewer cliniciana) awarded 2x points for all reported activities in the Imp Activities Performance Category.	ctice. Small rre automatically provement	Cost wil is proce 2019 Co
	Rural Area Practice Consideration You are in a Rural Area. Inclaims and groups that are Practices are automatically worked 2x the points for measures in the improvement. Virtues Performance	: Rural Area r all reported Category.	
	NOT REPORTED Creat control of the intervence of Articles Enforcement Articles	e Manual Entry >	
Eiglbilly & Reporting Practice Details & Orrocens Group Reporting Overview Outify Promoting Intercognenibility Intergrowmet Activities Nanual Entry	The new measures in an improvement. Activities Score PP Improvement Activities Score getrimmung year 3 and shored the OP piloty has been modified to allee clinicians and getrimmung with a best submission type Charle Manual Entry	d groups to choose is available to them.	Total Preliminary Score

27. Enter a start and end date for the performance period. Note that since this category does not require use of an EHR, the user will not find a scorecard within RevolutionEHR from which to transcribe data. Also note that the while the performance period entered for this category must be at least 90 days it **does not** need to match the period(s) selected for Promoting Interoperability:

egin manually entering your measures, select per	ormance period.	
Performance Period		
Performance Period Start Date	End Da	te

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



< Back to improvement Activities			Manual Entry Score 0/40	Delete
Performance Period				
Start Date			End Date	
01/01/2019	•	10	12/31/2019	
Search For Activities				
Filter By		54	sarch	
Select Filters	v		Q. Search Activities	
Activities				118 Activities Shown

- 29. There are two options to find your chosen activities:
 - a. Scroll through the entire list until the activity of interest in located
 - b. Use the "Search" field to filter the list to just those activities containing your search term. In the example below, the user entered "Medicaid" as a search term knowing that their activity related to Medicaid patients:

Search For Activities				
Filter By Select Filters v		Q medicaid		0
Activities				2 Activities Shown
Achieving Health Equity				
Engagement of New Medicaid Patients and Follow-up Activity ID: IA_AHE_1		Activity Score	0 / 40	
Seeing new and rollow-up Neocalg patients in a timely manner, including in Medicald and Medicare. A timely manner is defined as within 10 business day	ys fo	uais duairy eigible for r this activity.	Completed	

30. To attest to successful participation in an improvement activity, select the "Completed" checkbox next to that activity:



- 31. Small practice status is considered automatically by the system and accurately displays associated scoring (i.e. point values doubled).
- 32. There is no "Save" or "Submit" button once Improvement Activity attestation is complete. Instead, data is saved as it is entered. Actual submission of data occurs when the reporting period closes. Until then, a user can edit data at any time.



Conclusion

Once data has been entered for each performance category the clinician or practice participated in and each practice has been represented, work within the Quality Payment Program portal is complete. As noted earlier, data is saved upon entry and can be edited anytime up to the closing of the submission window on March 31, 2023. Upon closure of the submission window the data within the portal is considered the final submission.

Please contact the RevolutionEHR Quality Reporting team if you have any questions about the processes discussed in this guide: gualityreporting@revolutionehr.com