Merit-based Incentive Payment System (MIPS)

2023 Traditional MIPS Data Submission User Guide

Quality Payment
PROGRAM

Table of Contents

Need More Help?

- File upload troubleshooting
- Contact the Quality Payment Program
- Additional Resources

Quality Payment
PROGRAM

How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.

You can also click on the icon on the bottom left to go back to the table of contents.

Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

Quality Payment
PROGRAM

Getting Started

Getting Started

Quality Payment PROGRAM

UPDATED 03/15/2024

As announced through the Quality Payment Program (QPP) listserv, the Centers for Medicare & Medicaid Services (CMS) **has extended** the data submission period for the Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2023 performance year. Data can be submitted and updated until **8 p.m. ET on April 15, 2024.**

Getting Started

Changes to 2023 Submission Experience

For the last several years, we've provided clinicians and their representatives with preliminary scoring information during the submission period and preliminary feedback. This has meant seeing an overall preliminary score as well as preliminary, weighted category-level scores. While we recognize that this has provided some measure of comfort in understanding how you're progressing towards the performance threshold, it's important to remember that the preliminary scoring information you've seen in prior years during submission and preliminary feedback has never been your final score and shouldn't be interpreted that way. Final scores have always differed from the preliminary scoring available during submission and preliminary feedback.

The increasing volume of scoring information that can change after the submission period has made this information too unreliable. As a result, we're eliminating the Preliminary Score and preliminary category level scores from submission beginning with data submission for the 2023 performance year. We wanted to introduce this change in a year where there's stability with the performance threshold; the performance threshold for the 2023 performance year is 75 points, just as it was in the 2022 performance year

What should we expect during submission?
When you sign into the QPP website during the submission period, you'll continue to see much of the same information you've always seen:

- Measure-level scores for the quality measures you've submitted to date, and a sub-total of points earned for these measures.
- Activity-level scores for the improvement activities you've submitted to date, and a sub-total of points earned for these activities.
- Measure-level scores for the Promoting Interoperability measures you've submitted to date, and a sub-total of points earned for these measures.
- The number of objectives you've reported completely for the Promoting Interoperability performance category.
- An indicator of any performance categories that will be reweighted (if applicable).

When will our 2023 final score be available?
You'll be able to preview your 2023 final score in mid-June 2024 and view your 2025 MIPS payment adjustment information in mid-August 2024. This is the same timeline as the 2021 and 2022 performance years.
Review the scoring calculation within this document, for more information on how your final score will be determined.

Getting Started

Purpose

This guide reviews the data submission process and troubleshooting for **traditional MIPS.**

- For more information about data submission for a **MIPS Value Pathway (MVP),** review the 2023 MVP Data Submission User Guide (PDF).
- For more information about data submission for the **APM Performance Pathway (APP)**, review the 2023 APP Data Submission User Guide (PDF).

Getting Started

Accessing the System

In order to sign in to the QPP website and submit Performance Year 2023 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 (ZIP, 4MB) so you can sign in to submit, or view, data:

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

DISCLAIMER:

- All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

Before You Begin

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

- Chrome
- Edge

Note: Internet Explorer, Safari, Firefox aren't fully supported by QPP.

Getting Started

Quality Payment PROGRAM

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

Learn how to connect to an organization as a practice.

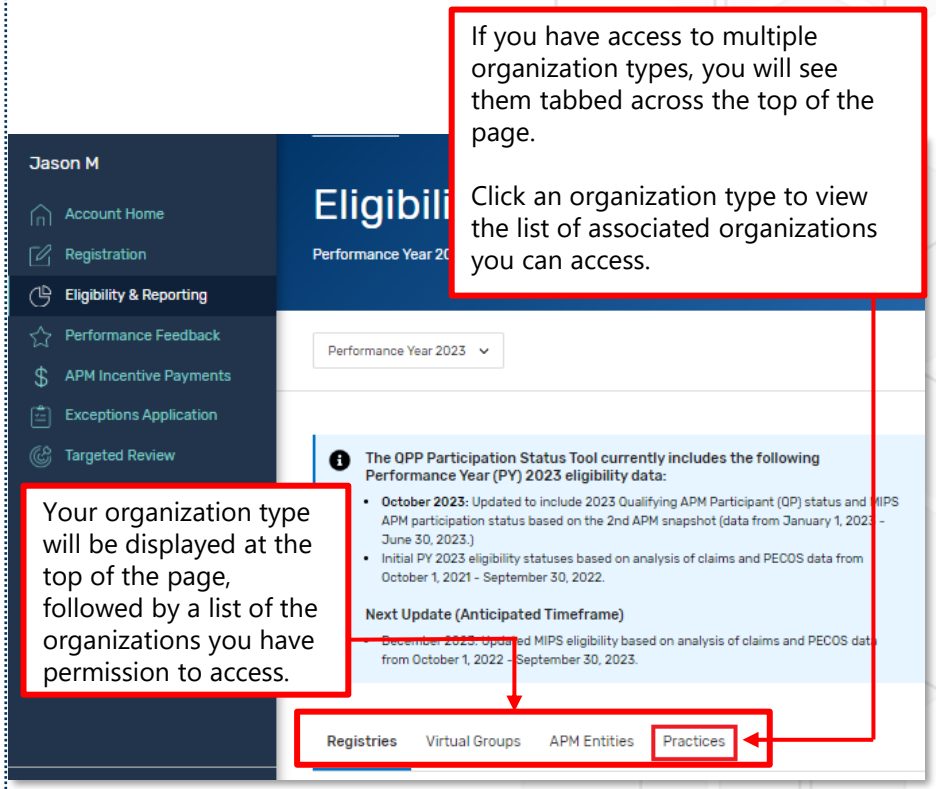
- **APM Entity** (APM Entity-level quality and improvement activities performance categories data submission) or

Learn how to connect to an organization as an APM Entity.

- **Virtual Group** (virtual group reporting, all performance categories)

Helpful Hint

Click the links, or jump to Appendix B, to review what users associated with each organization type can and can't do and view during the submission period.



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Preparing to Submit Your Data

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Overview

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

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

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).

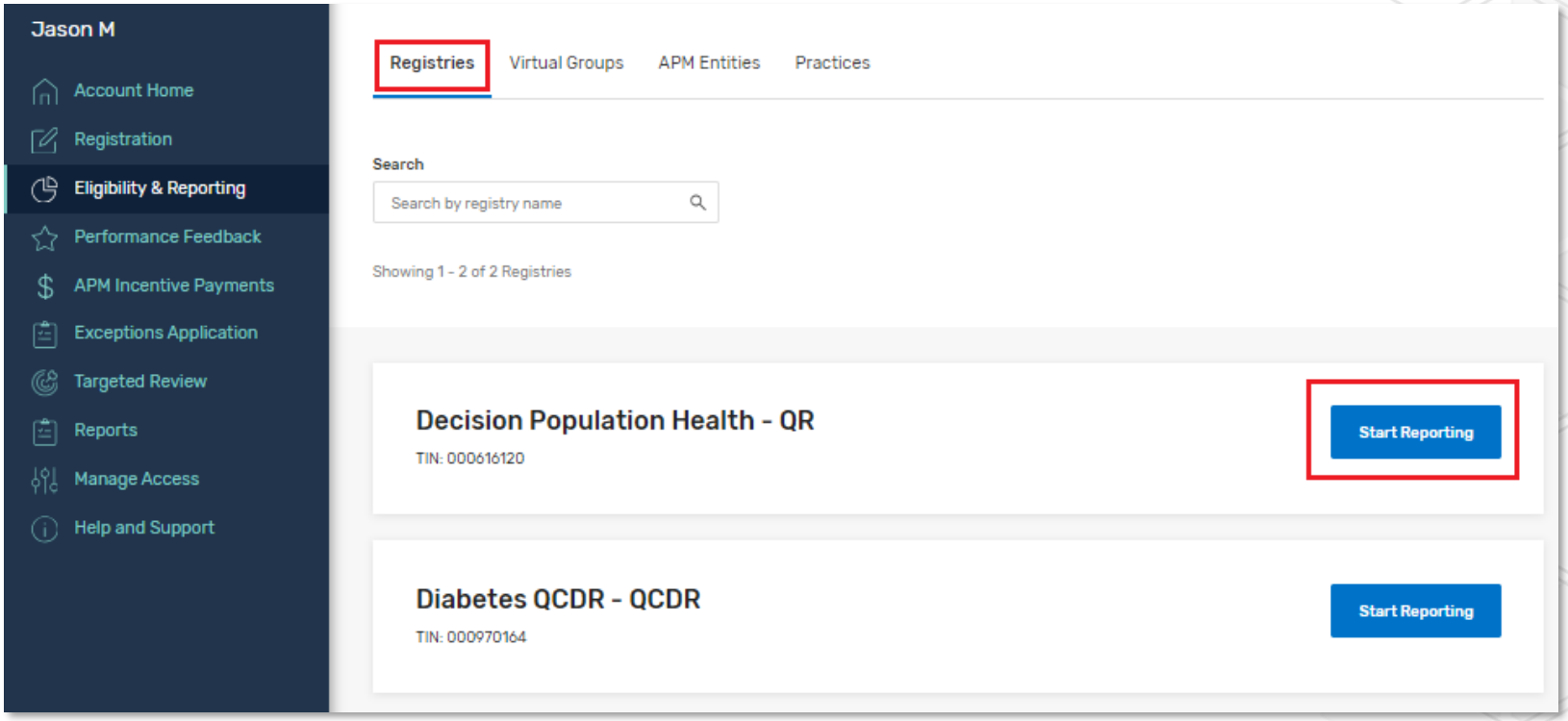
With this Access	You CAN do this during and after the submission period	You CAN'T do this during or after the submission period
Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View measure and activity level scores 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 and administrative claims quality measures (if applicable) ✗ View preliminary category level scores

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Registry Representatives (Continued)

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.

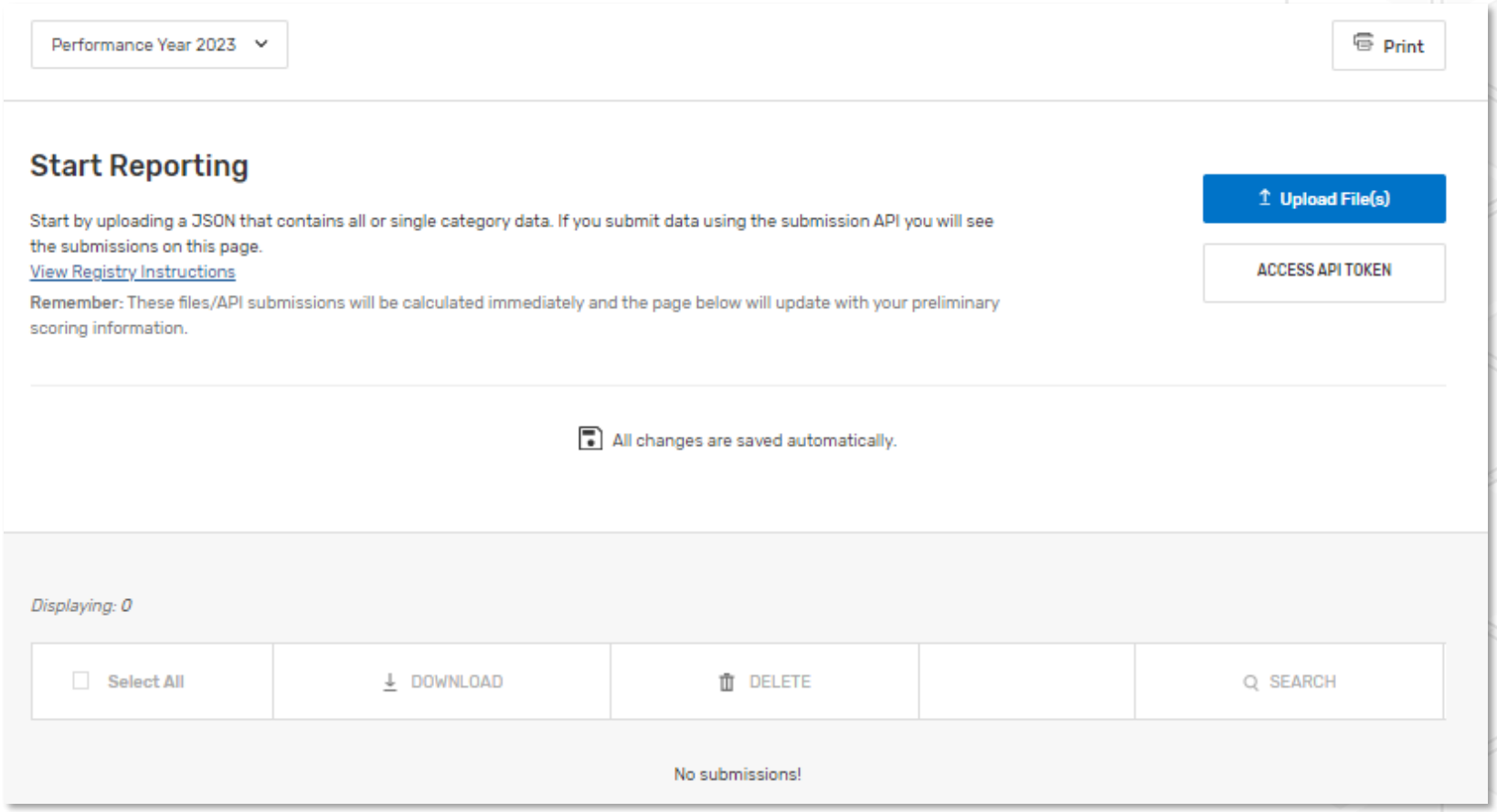


Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Registry Representatives (Continued)

You won't see any information until you've submitted data.

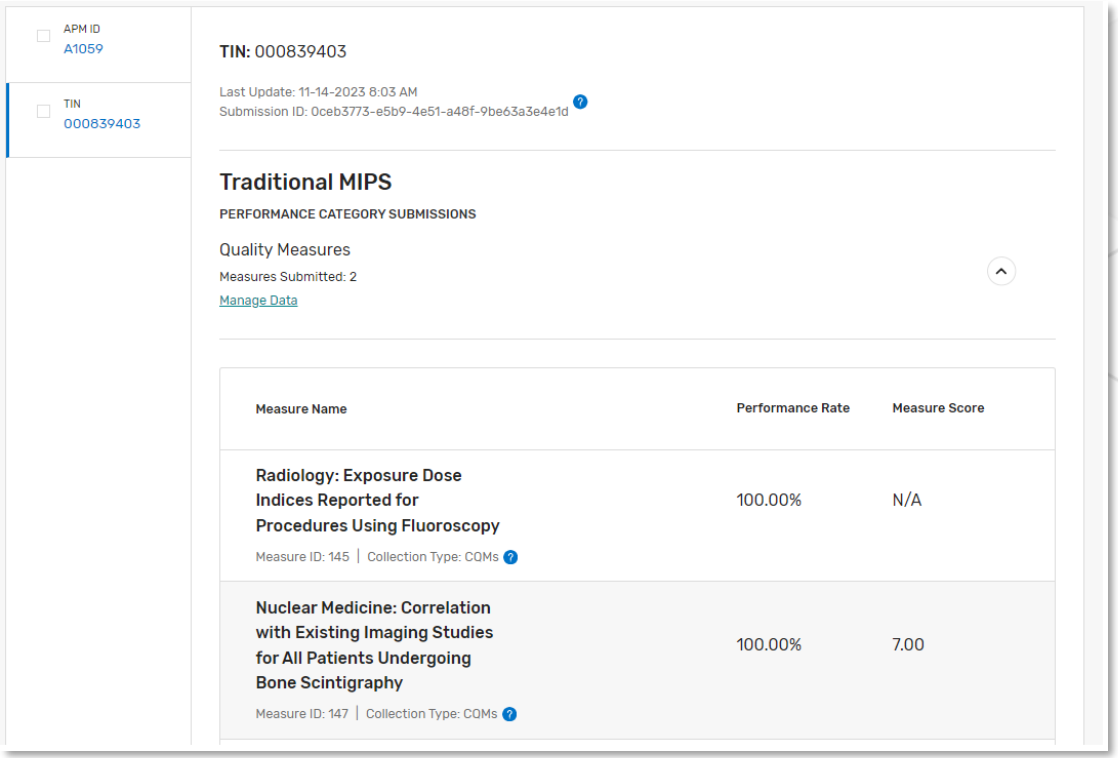


Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Registry Representatives (Continued)

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.



Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

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).

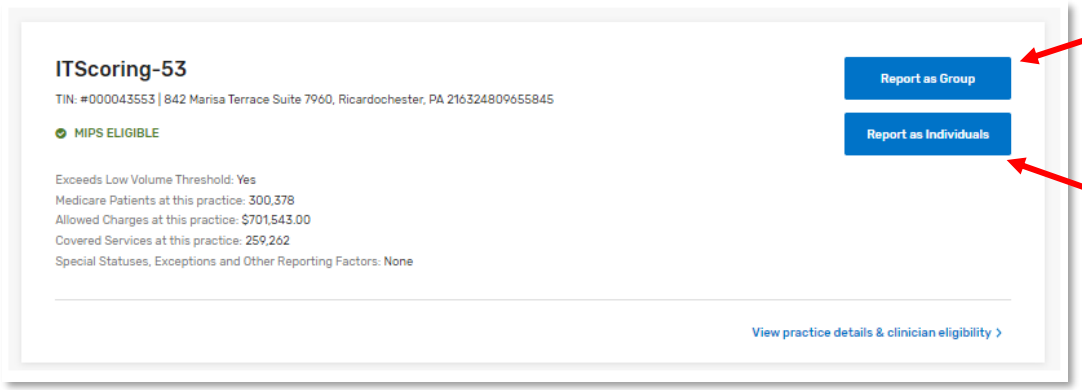
With this Access	You CAN do this during the submission period	You CAN'T do this during the submission period
Staff User or Security Official for a **Practice** (includes solo practitioners)	✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information 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 measure-level scoring for Part B claims measures reported throughout the performance period • This data will be updated during the submission period to account for claims received by CMS until March 1, 2024 • **REMINDER**: We'll only score small practices as a group if they submit data at the group level for another performance category) ✓ View measure and activity-level scores and a sub-total of points for the group and individual clinicians	✗ View cost measures feedback (if applicable) • Cost data won't be available during the submission period ✗ View facility-based scoring for quality / cost (if applicable) ✗ View data submitted by your APM Entity • **Example:** If you're a Participant TIN in a Shared Savings Program ACO, you won't be able to view the quality data reported by the ACO through the CMS Web Interface ✗ View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group) ✗ Overall preliminary score or preliminary performance category scores

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Practice Representatives (Continued)

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.

Learn how to report as a group under the APP.

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

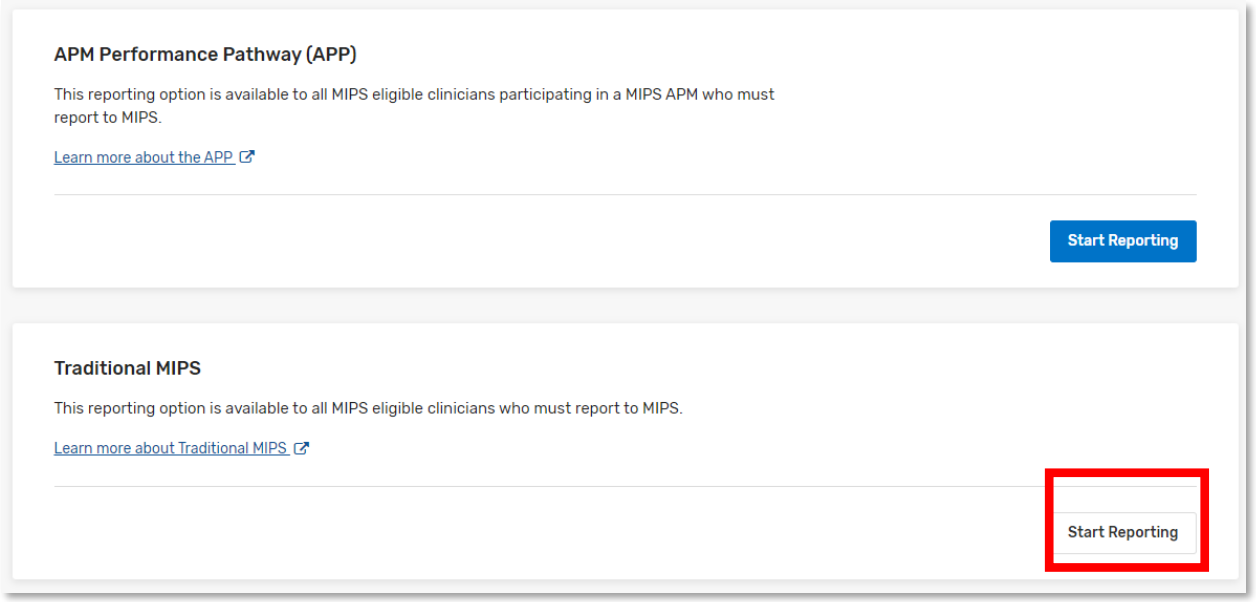
Practice Representatives (Continued)

Group vs Individual Reporting (Continued)

Practices that Registered to Report an MVP

If the group registered to report an MVP, they can still report traditional MIPS instead of the MVP they registered for or in addition to the MVP they registered for. For more information about MVP data submission, review the 2023 MVP Data Submission User Guide (PDF).

Click **Start Reporting** next to traditional MIPS.



Review the 2023 APP Data Submission User Guide (PDF) if you're reporting the APM Performance Pathway (APP)

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Practice Representatives (Continued)

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.

NOTE: We'll **only** calculate a quality score at the group level for small practices reporting Medicare Part B claims measures for their MIPS eligible clinicians **if** the practice also submits data at the group level for another performance category.

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Practice Representatives (Continued)

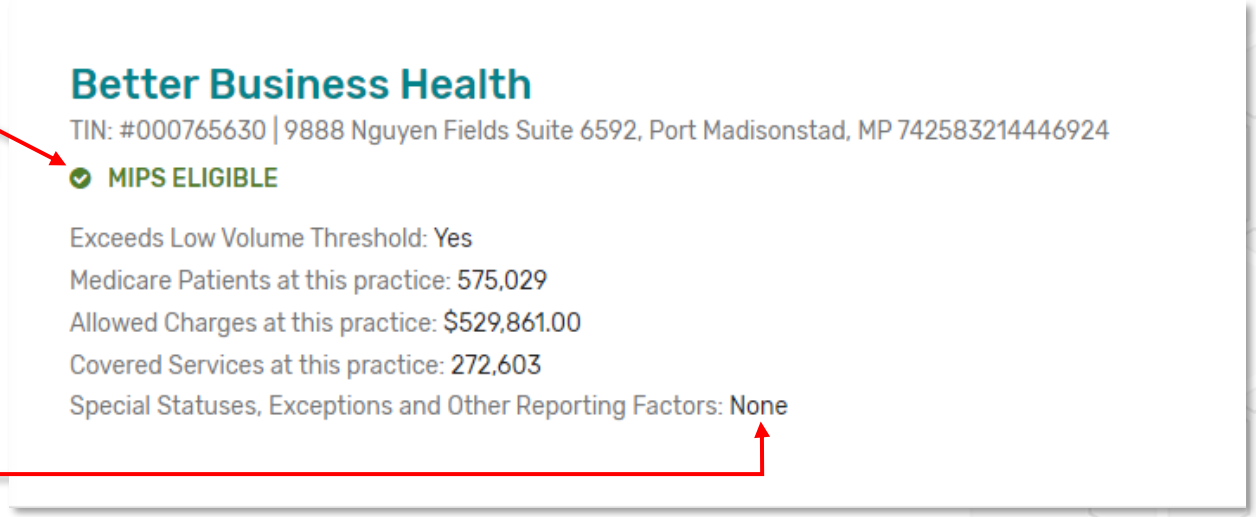
Reporting as a Group

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)



Understanding What Information is Available by Organization Type

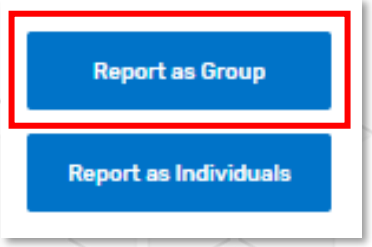
Quality Payment PROGRAM

Practice Representatives (Continued)

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.



Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Practice Representatives (Continued)

Opt-in Eligible

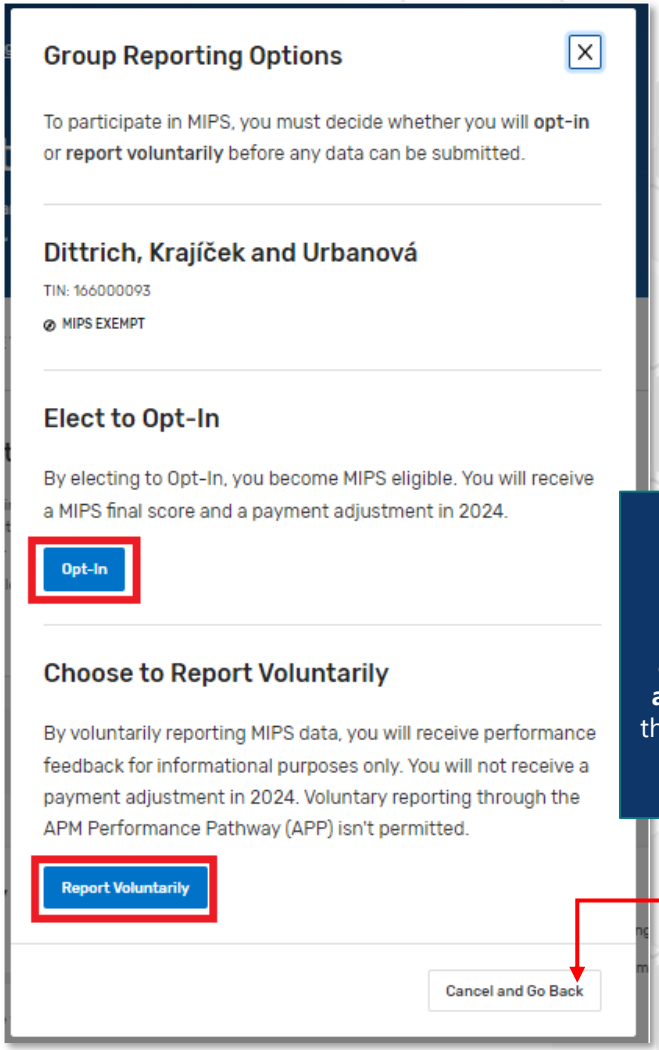
If your practice is opt-in eligible, you'll be prompted to make an election before you can submit data. Once made, this election can't be changed.

Select either **Opt-In** or **Report Voluntarily** to proceed with the election process.

- 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 a payment adjustment.
- 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 your clinicians.

NOTE: You can't voluntarily report the APM Performance Pathway.

Review the 2023 MIPS Opt-In and Voluntary Reporting Election Guide (PDF, 1MB) for more information.



Change Your Mind?

If you change your mind, you also can **cancel and go back** to the main Eligibility & Reporting page

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

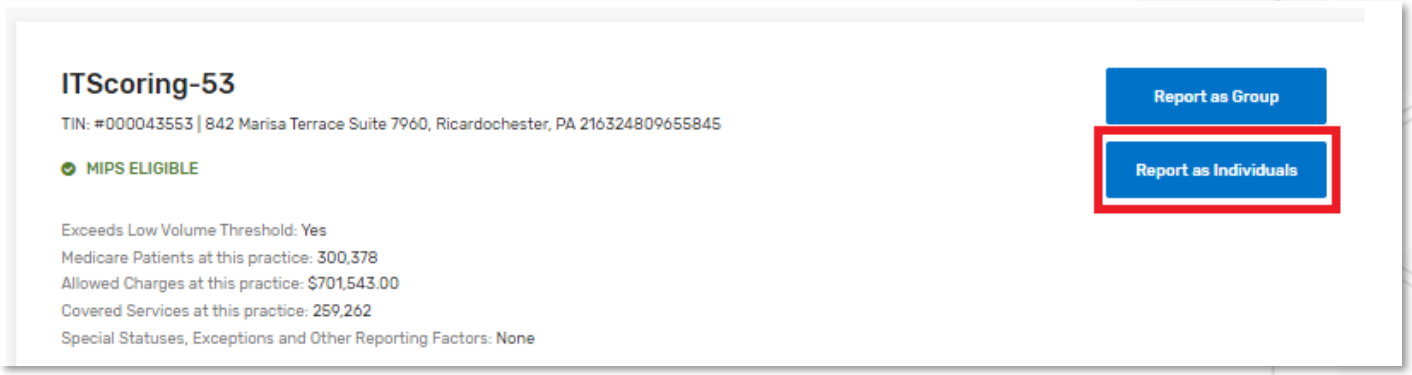
Practice Representatives (Continued)

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.



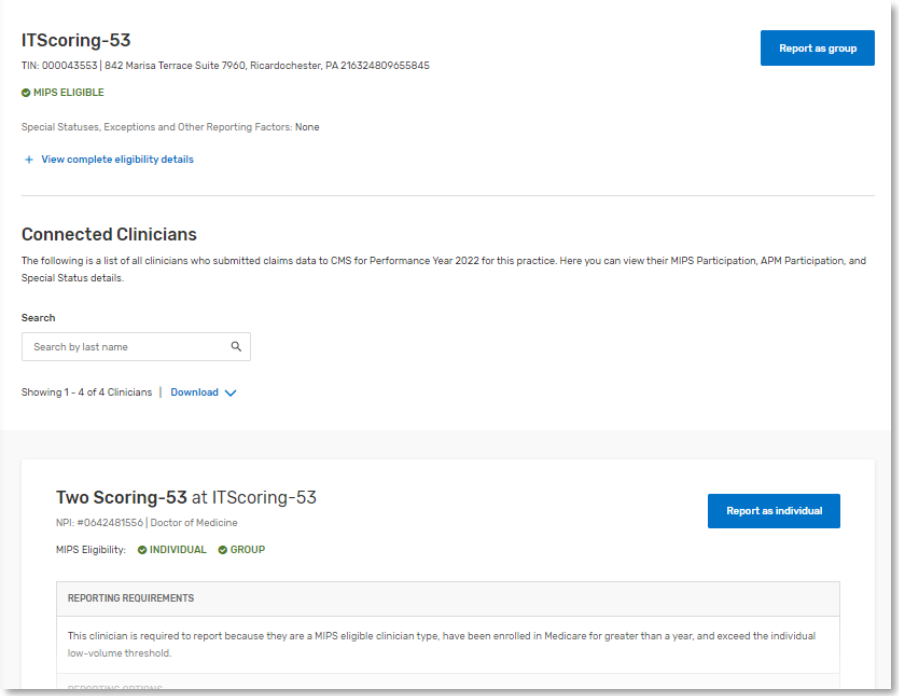
This page displays the clinicians who (identified by National Provider Identifier, or NPI) billed services under your practice's TIN **with dates of service between October 1, 2022, and September 30, 2023,** and received by CMS by October 30, 2023.

- 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.

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Practice Representatives (Continued)



Did you know?

Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2023 **won't** appear on the QPP website during the submission period.

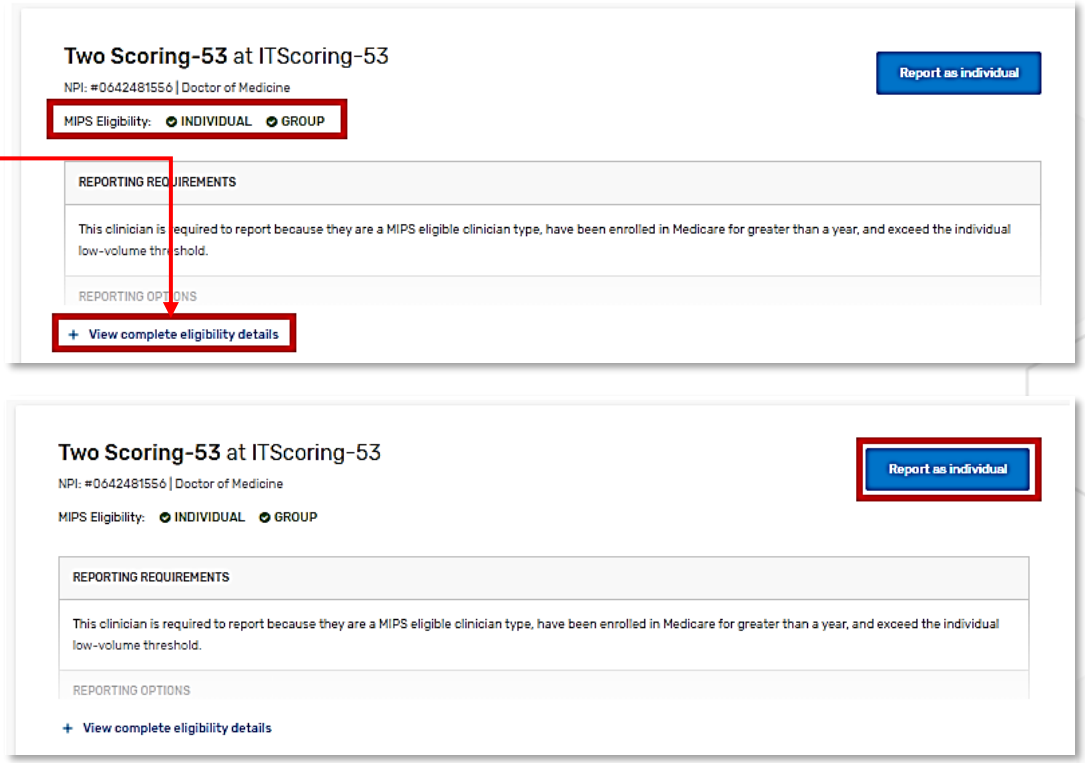
- These clinicians will be added to your practice's downloadable Payment Adjustment CSV when payment adjustments are released in summer 2024:
  - They'll receive a neutral MIPS payment adjustment if your practice reported as individuals; or
  - They'll receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS) if your practice reported as a group.

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Practice Representatives (Continued)

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



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.

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

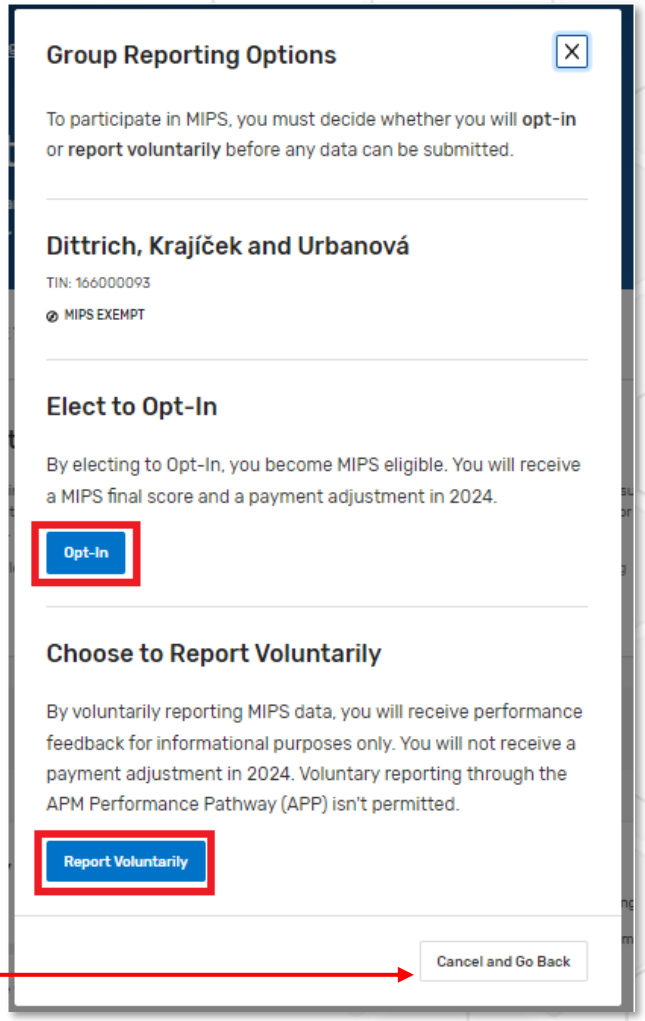
Practice Representatives (Continued)

Opt-in Eligible

If the clinician is opt-in eligible, you'll be prompted to make an election before you can submit data. Once made, this election **can't** be changed.

Select either **Opt-In** or **Report Voluntarily** to proceed with the election process.

- Select **Opt-In** if you're electing for the clinician to receive a MIPS payment adjustment.
- Select **Report Voluntarily** if you're electing for the clinician to receive a MIPS final score but no payment adjustment.
    - **NOTE:** You can't voluntarily report the APM Performance Pathway.



Change Your Mind?

If you change your mind, you also can **cancel and go back** to the main Eligibility & Reporting page.

Review the 2023 MIPS Opt-In and Voluntary Reporting Election Guide (PDF, 1MB) for more information.

Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

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.

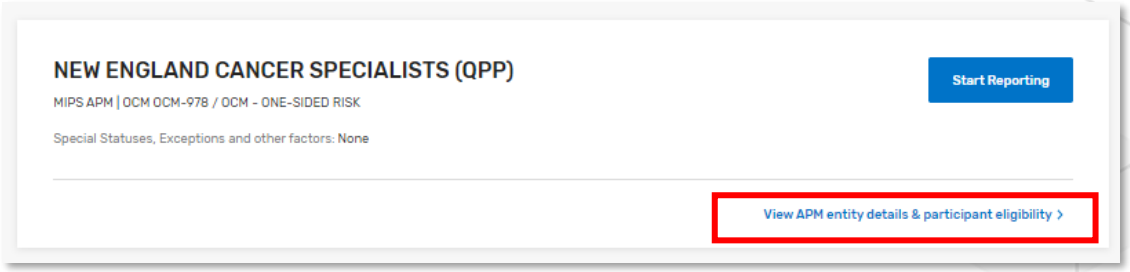
With this Access	You CAN do this during the submission period	You CAN'T do this during the submission period
Staff User or Security Official for an **APM Entity**	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program ACOs) ✓ Upload a QRDAIII file with your eCQM data to meet your model-specific requirements (Primary Care First practice sites) ✓ Upload a file of APM Entity-level quality and/or Promoting Interoperability measure data (all APM Entities in MIPS APMs) ✓ View measure and activity-level scores along with a sub-total of points on **quality** (and improvement activities if applicable) data submitted by or on behalf of the APM Entity	✗ View the Promoting Interoperability data reported by clinicians and groups in your APM Entity ✗ View preliminary quality performance category score

Understanding What Information is Available by Organization Type

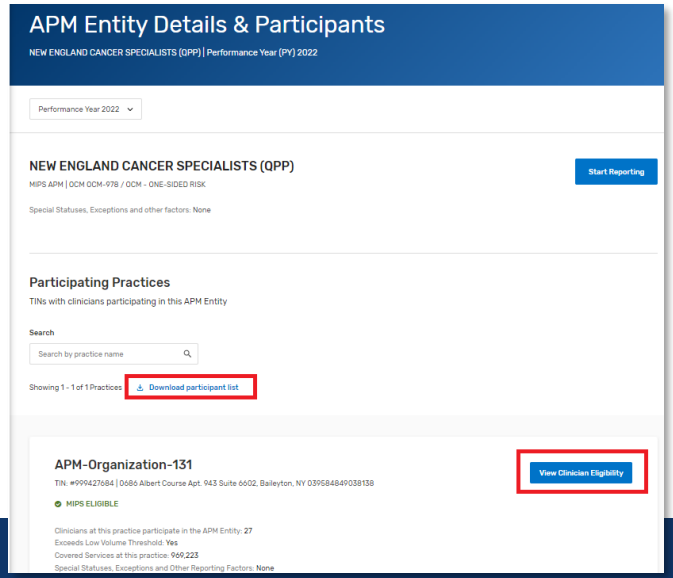
Quality Payment PROGRAM

APM Entity Representatives (Continued)

After signing in and clicking **Eligibility & Reporting** from the left-hand navigation, 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.



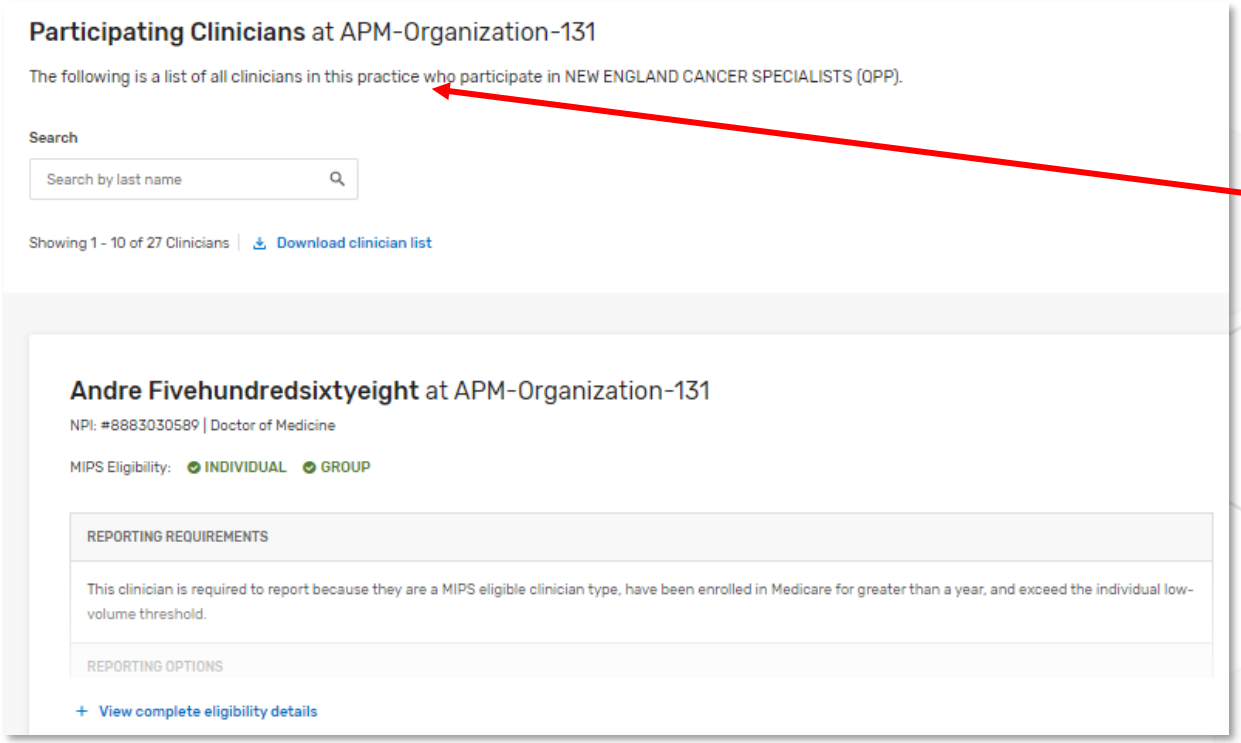
From the **APM Entity Details & Participants** page, you will be able to **download** a list of all your participants or **view** participants by Practice. This is a list of the clinicians identified as participating in your APM Entity on the 1st, 2nd or 3rd APM Snapshot dates (March 31, June 30, and August 31, 2023).



Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

APM Entity Representatives (Continued)



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

Understanding What Information is Available by Organization Type

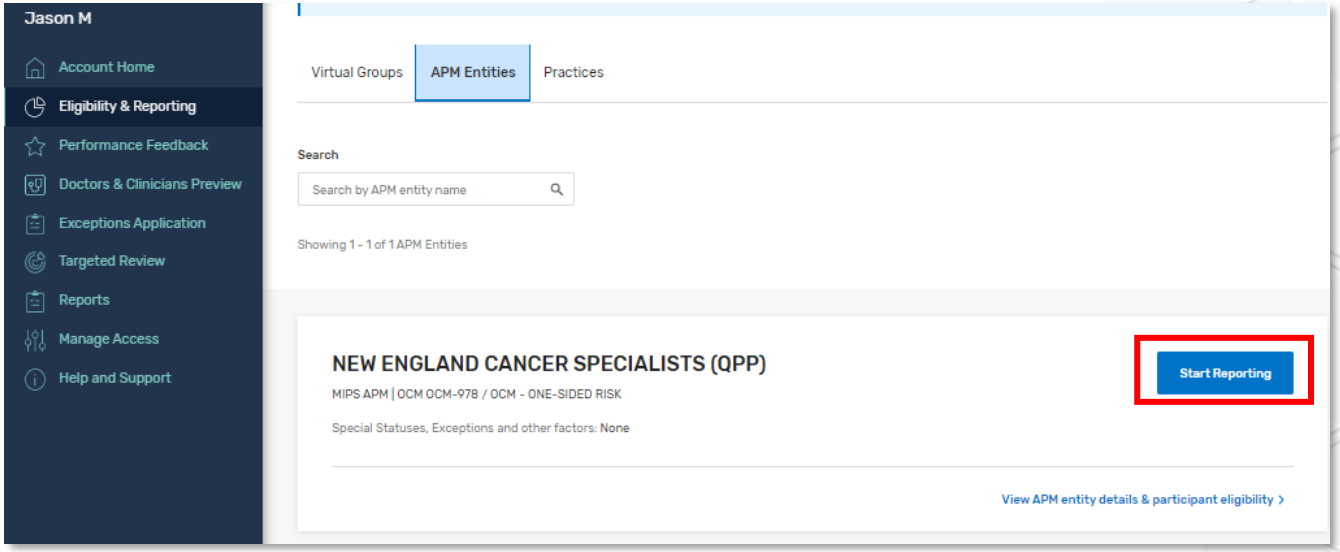
Quality Payment PROGRAM

APM Entity Representatives (Continued)

Reporting Options

Once logged in, you will see the Account Dashboard, which will list all the APM Entities for which you can report data. This is based on the permissions/roles associated with your account.

From the Eligibility & Reporting page, select Start Reporting next to the APM Entity for which you'd like to report data.



From here, you'll be directed to a new Reporting Options page which outlines any required or optional reporting.

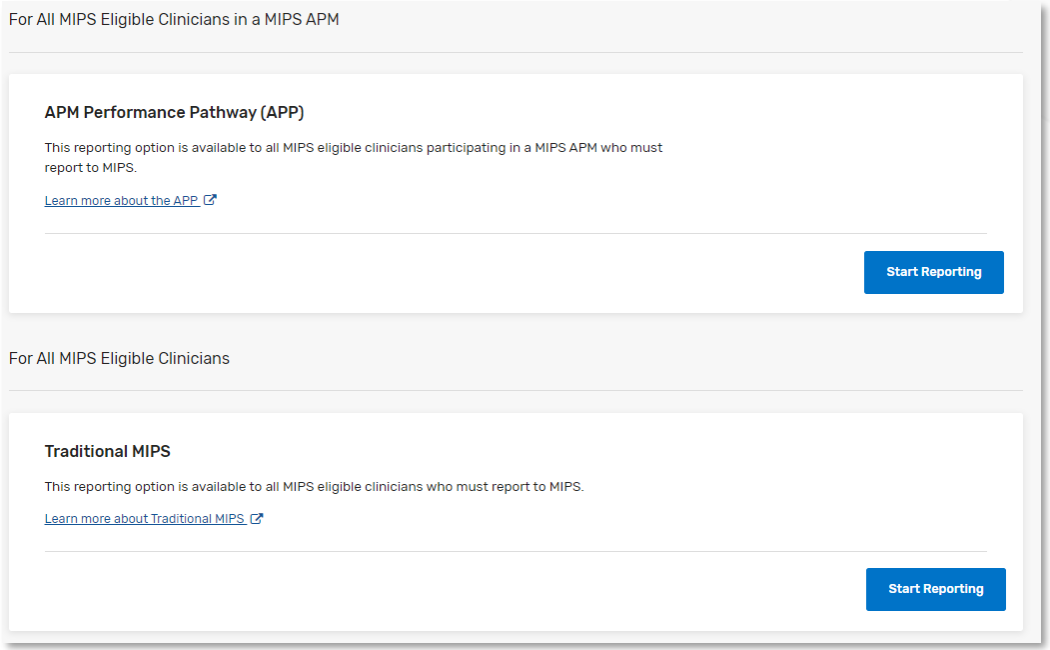
Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

APM Entity Representatives (Continued)

Shared Savings Program ACOs

Shared Savings Program ACOs are required to report the APP quality measure set as part of their participation in the Shared Savings Program. From the Reporting Options page, you'll select **Start Reporting** underneath the **APM Performance Pathway (APP)** option, and then you'll click **Report APP** on the subsequent pop-up modal. Please refer to the **2023 APP Submission Guide** (PDF) for more information.



Learn how to report eCQMs or MIPS CQMs as a Medicare Shared Savings Program ACO for the APP.

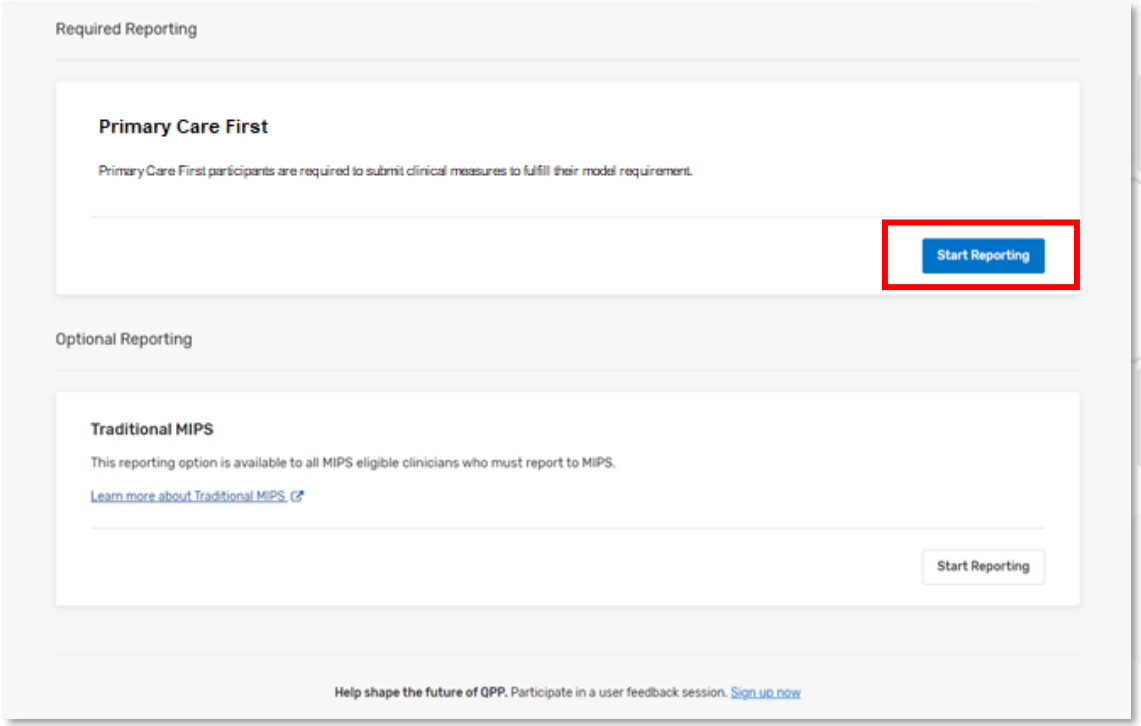
Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

APM Entity Representatives (Continued)

Primary Care First Practice Sites

You'll see your model-specific reporting identified as Required Reporting, with the APM Performance Pathway (if your organization qualifies as a MIPS APM) and traditional MIPS listed as optional. In the screenshot below, the practice site isn't a MIPS APM, and therefore doesn't have the option to report the APM Performance Pathway.



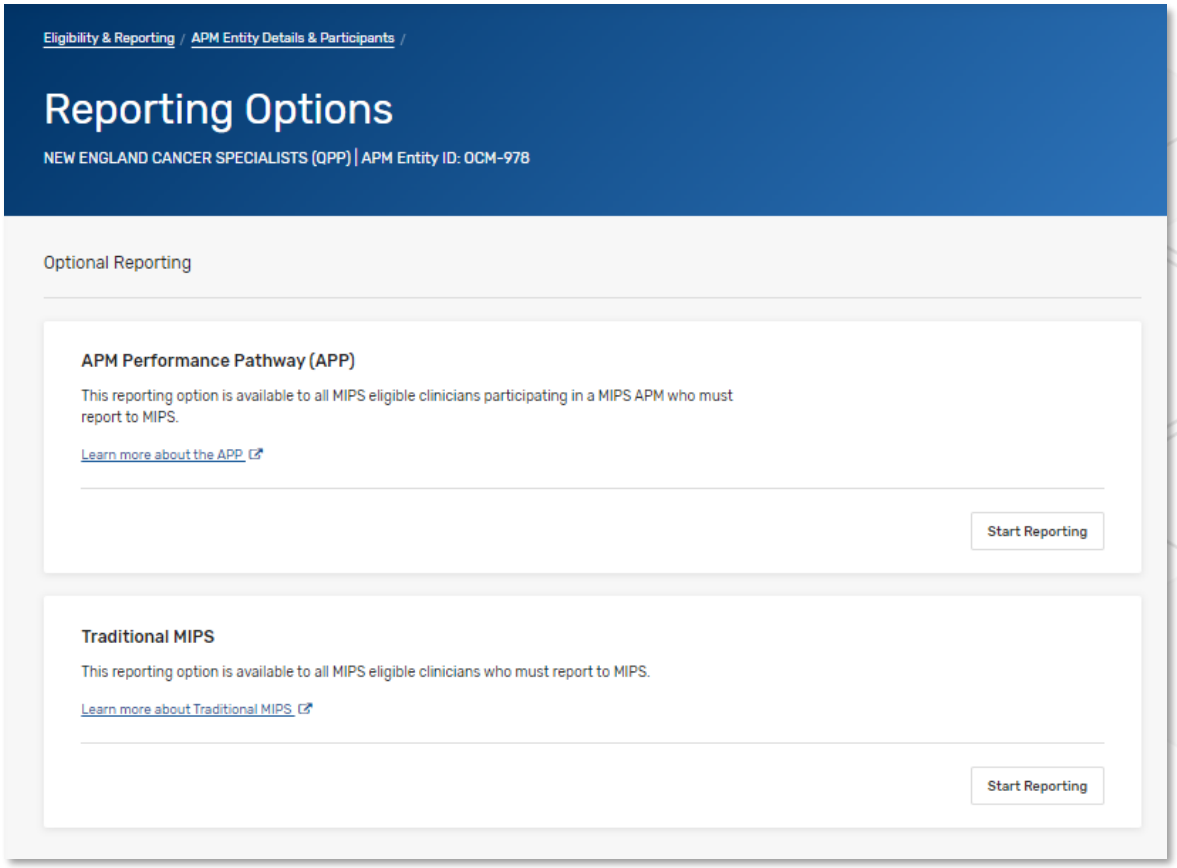
Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

APM Entity Representatives (Continued)

APM Entities in All Other Models

If your organization qualifies as a MIPS APM, you'll see both traditional MIPS and the APM Performance Pathway listed as optional.



Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Virtual Group Representatives

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 measure-level scores 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) ✗ View preliminary overall score or preliminary performance category scores

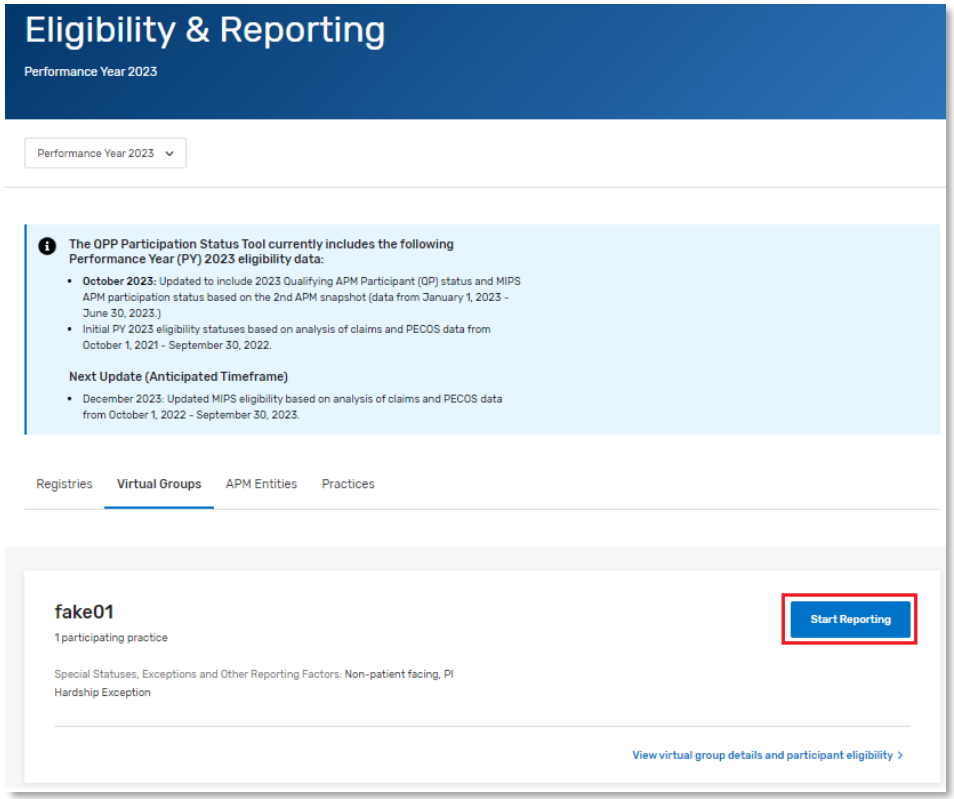
Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Virtual Group Representatives (Continued)

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**.

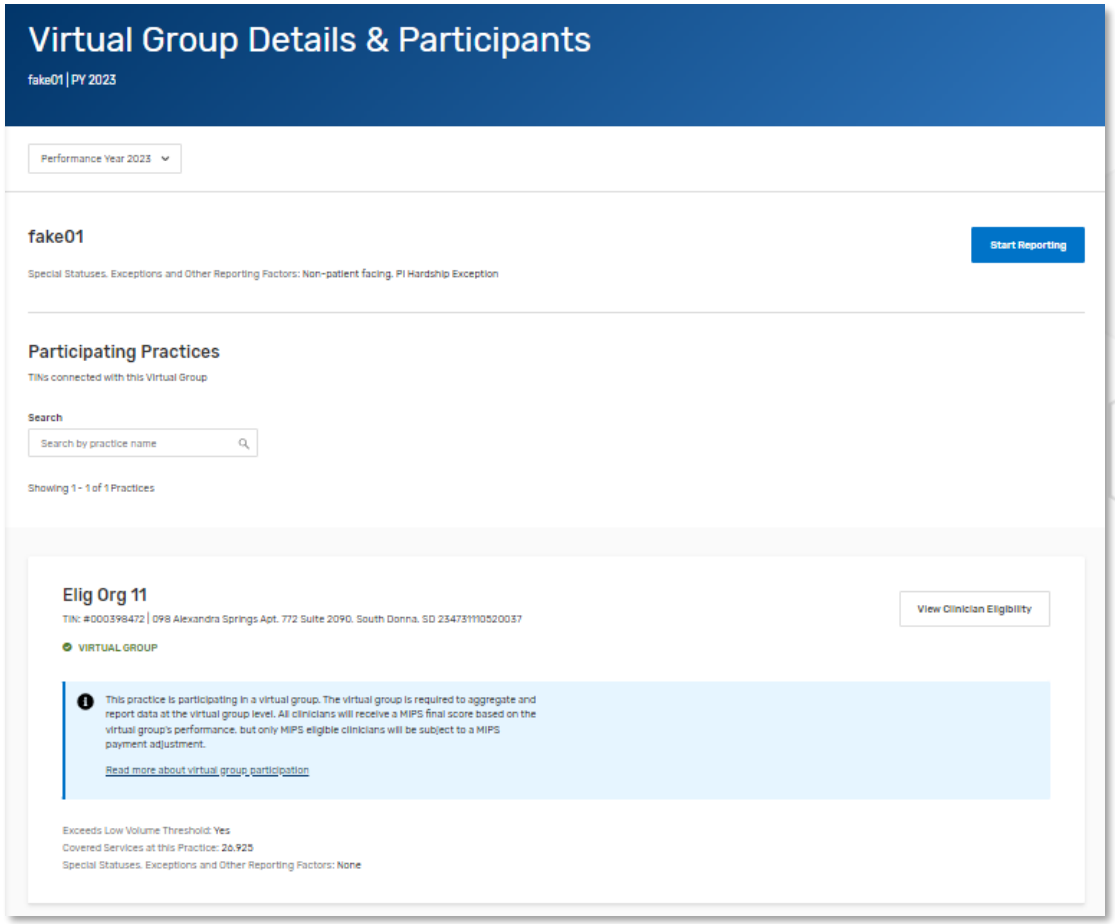


Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Virtual Group Representatives (Continued)

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.

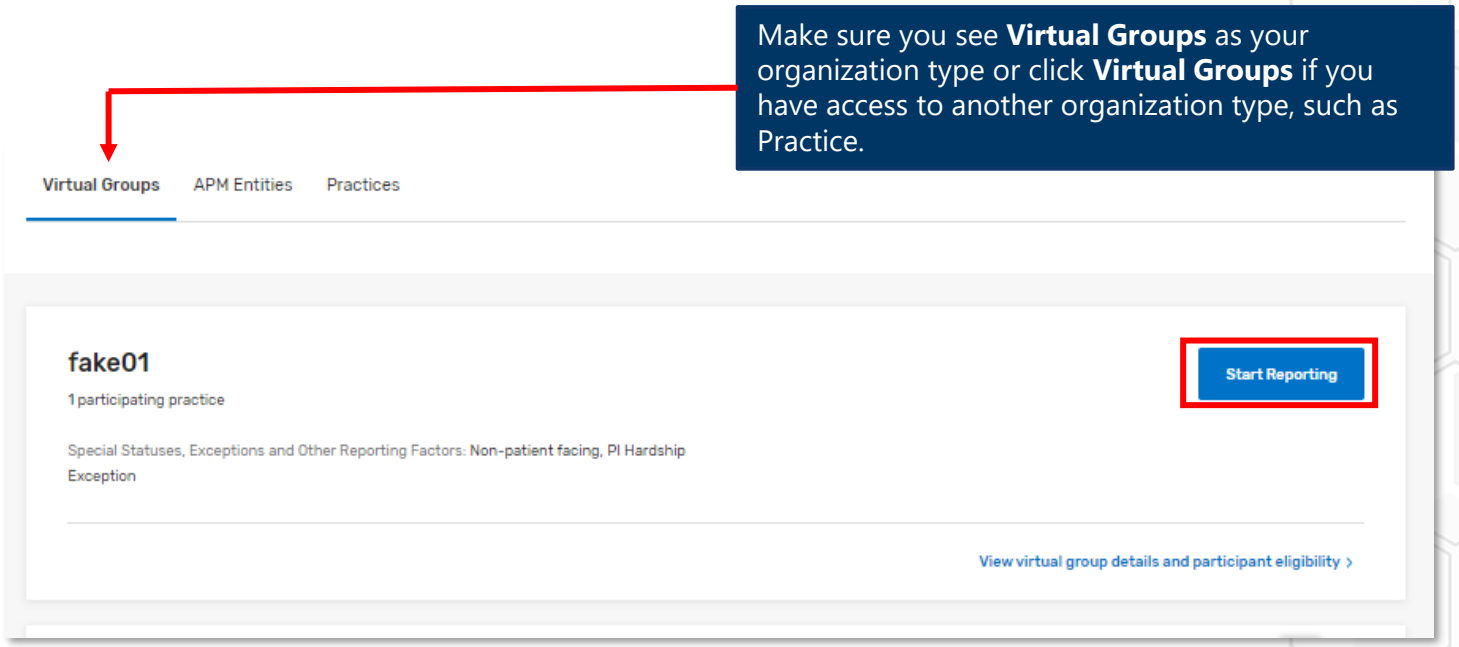


Understanding What Information is Available by Organization Type

Quality Payment PROGRAM

Virtual Group Representatives (Continued)

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



Did you know?

- Data submitted by Practices participating in the Virtual Group will be considered voluntary reporting (both individual and group submissions).
- Appendix B offers helpful information about Virtual Group access.

Quality Payment
PROGRAM

Submitting and Reviewing Data

Submitting and Reviewing Data

Quality Payment PROGRAM

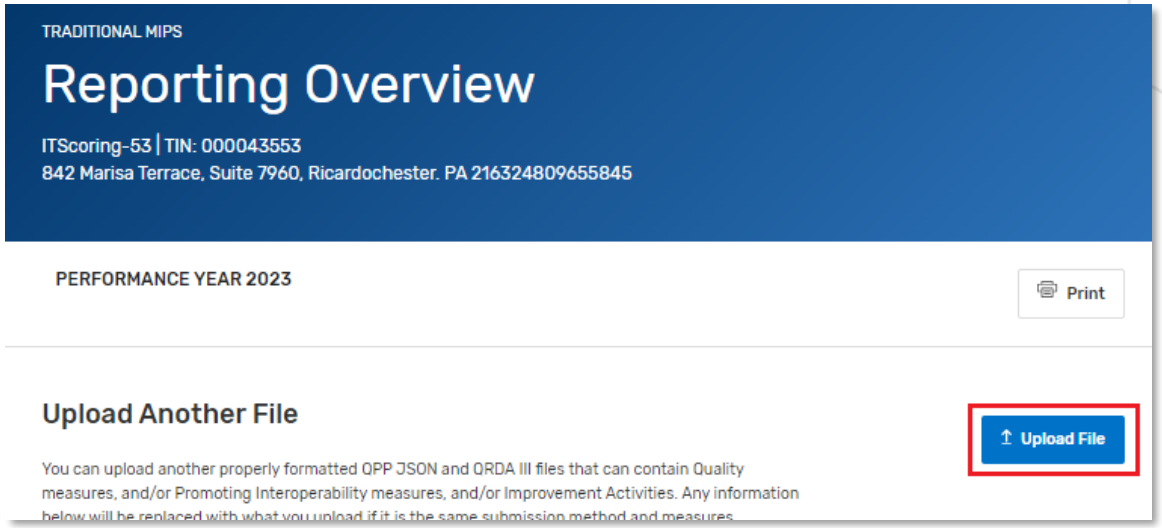
Reporting Overview Page

From the Reporting Overview page, you'll be able to:

- Upload a file
- Access previously submitted data (by you or a third party)

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.

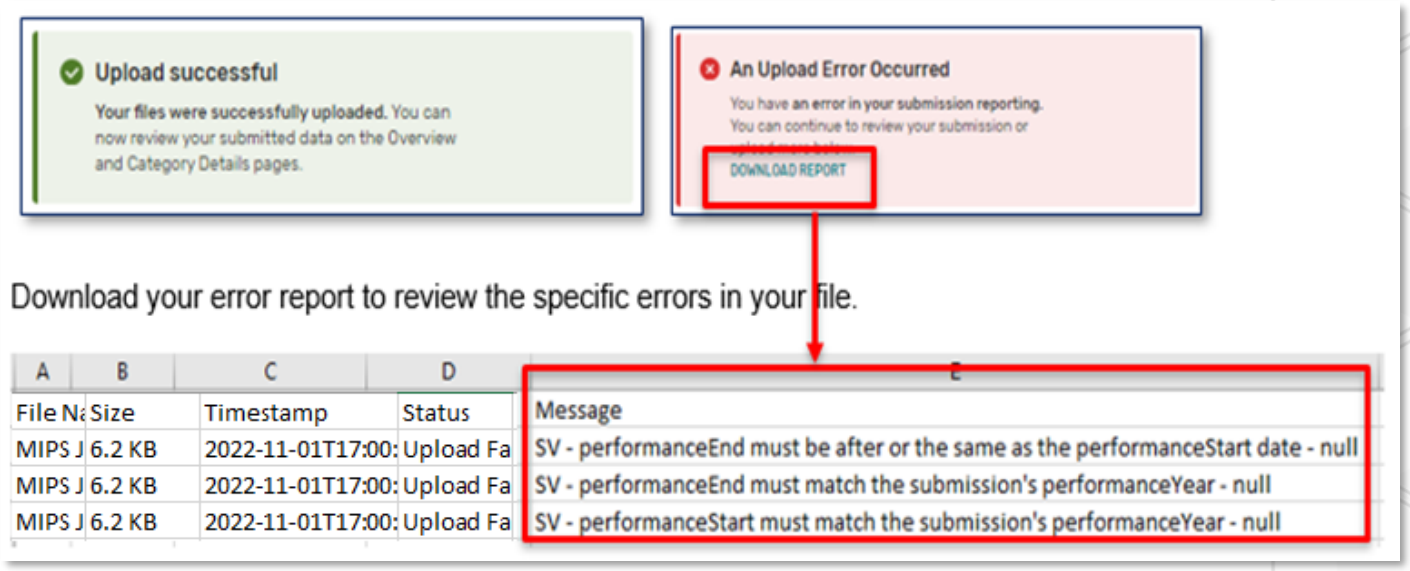


Submitting and Reviewing Data

Quality Payment PROGRAM

Reporting Overview Page (Continued)

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

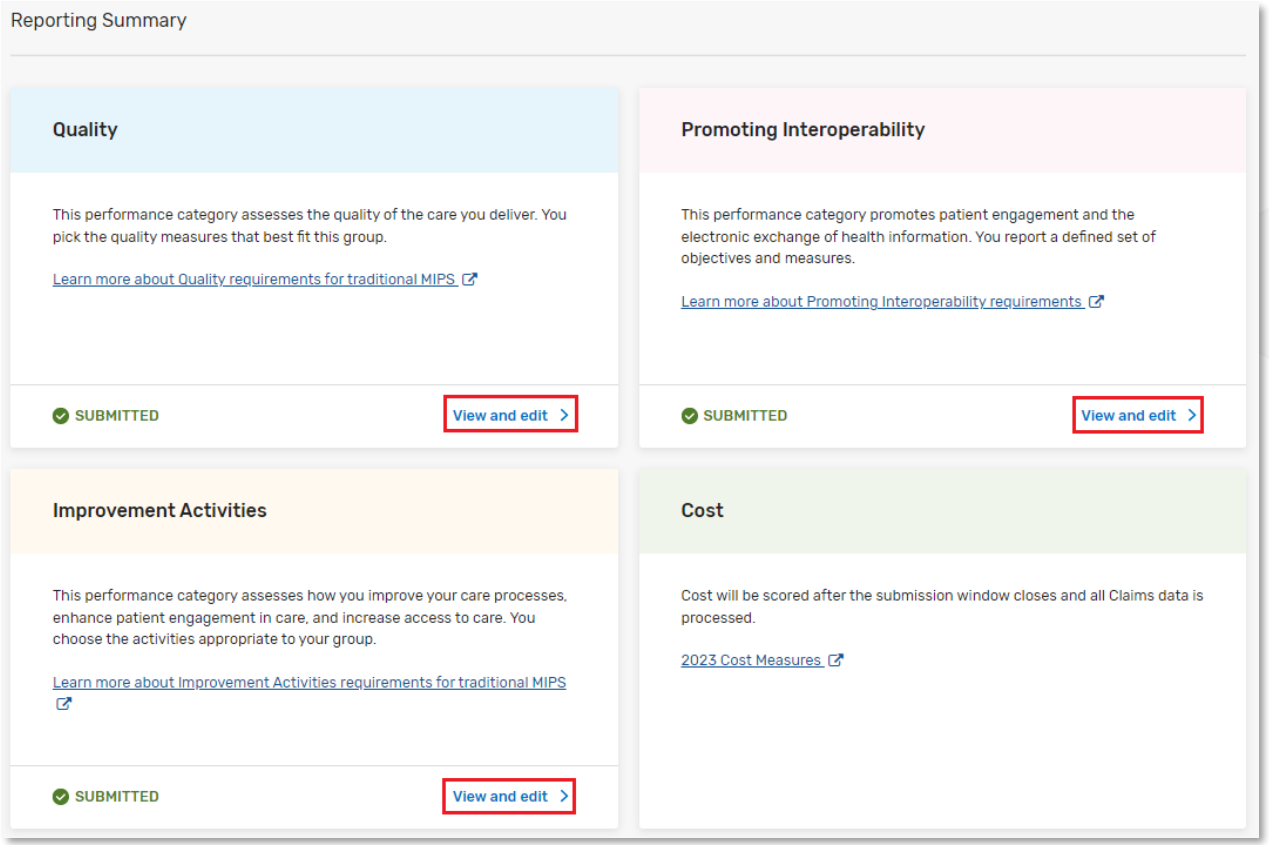


Submitting and Reviewing Data

Quality Payment PROGRAM

Access Previously Submitted Data

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



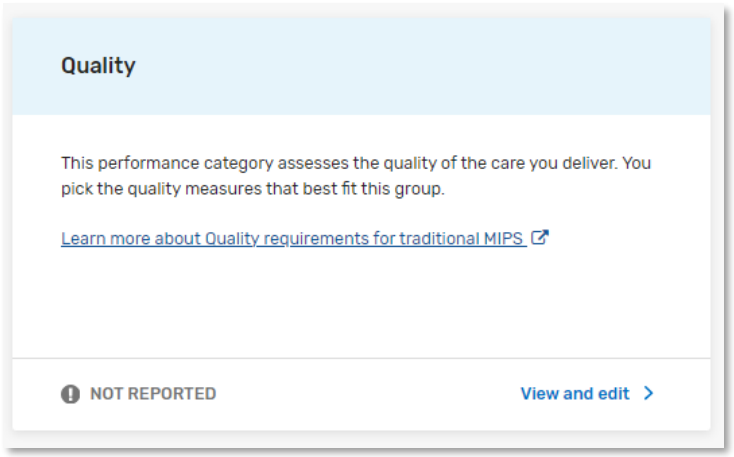
Note: If applicable, you'll also see performance category reweighting indicators (from auto EUC, exception applications, or special status) on the reporting overview page.

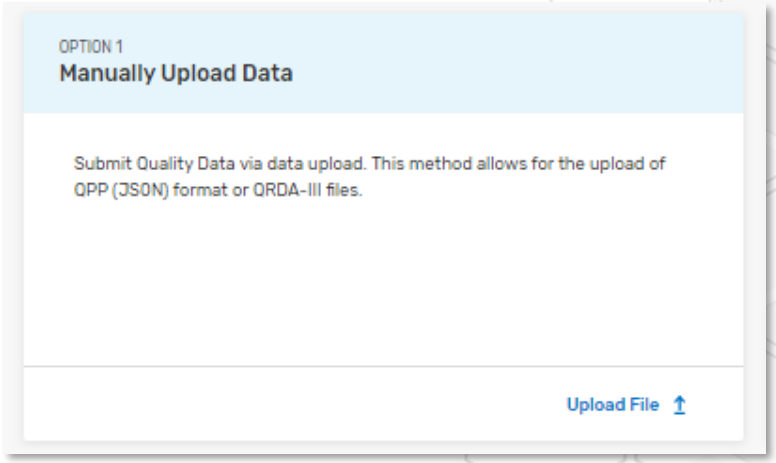
Submitting and Reviewing Quality Data

Quality Payment PROGRAM

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**:





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

Having trouble uploading your QRDAIII file?

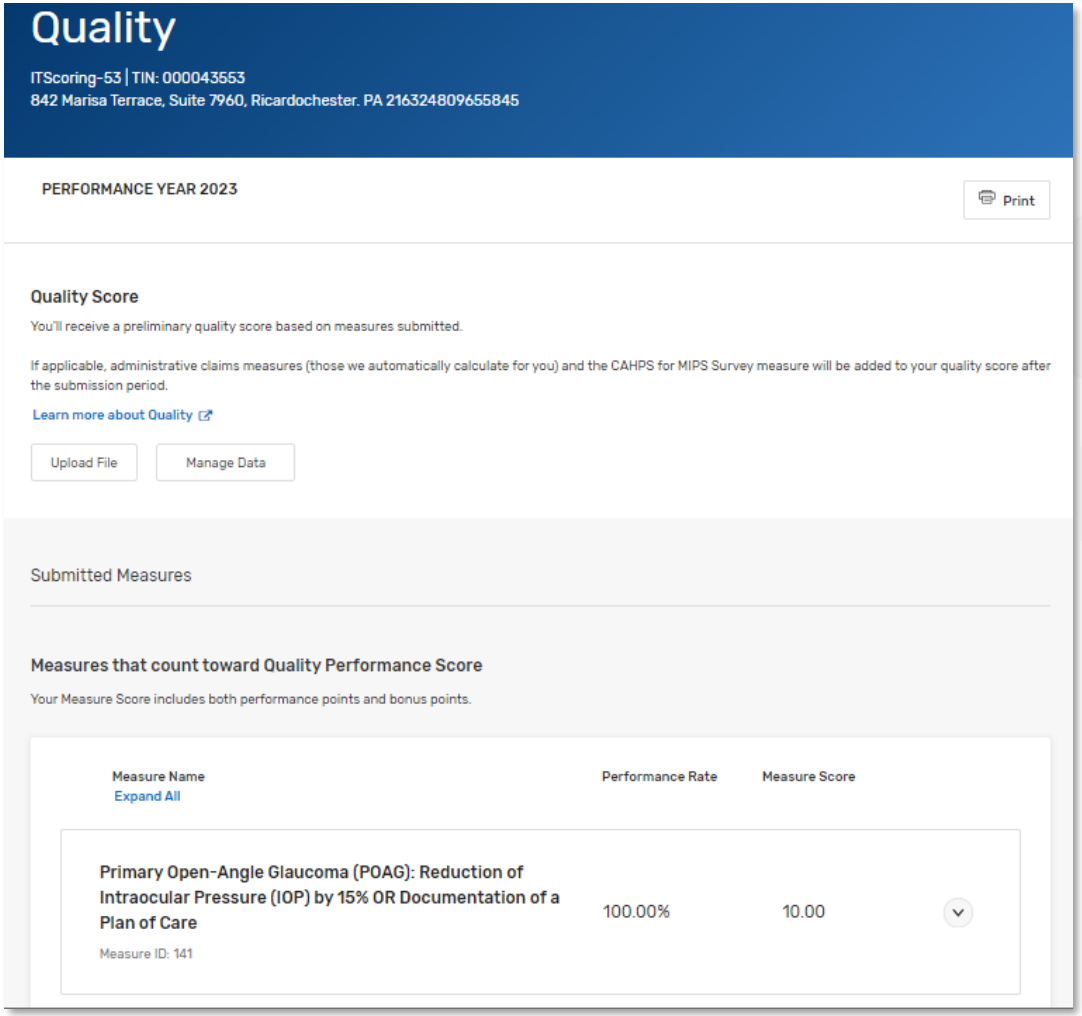
Skip ahead to the troubleshooting section of this guide.

Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Review Previously Submitted Data

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



Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Review Previously Submitted Data (Continued)

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 by late January 2024), 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'll only automatically calculate a quality score at the group level if the practice also submits data at the group level for another performance category.

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).

Submitting and Reviewing Quality Data

Review Previously Submitted Data (Continued)

During the submission period, this page WON'T reflect:

- Scoring for the CAHPS for MIPS Survey measure.
- Scoring on any administrative claims quality measures.
- A preliminary score for the quality performance category.

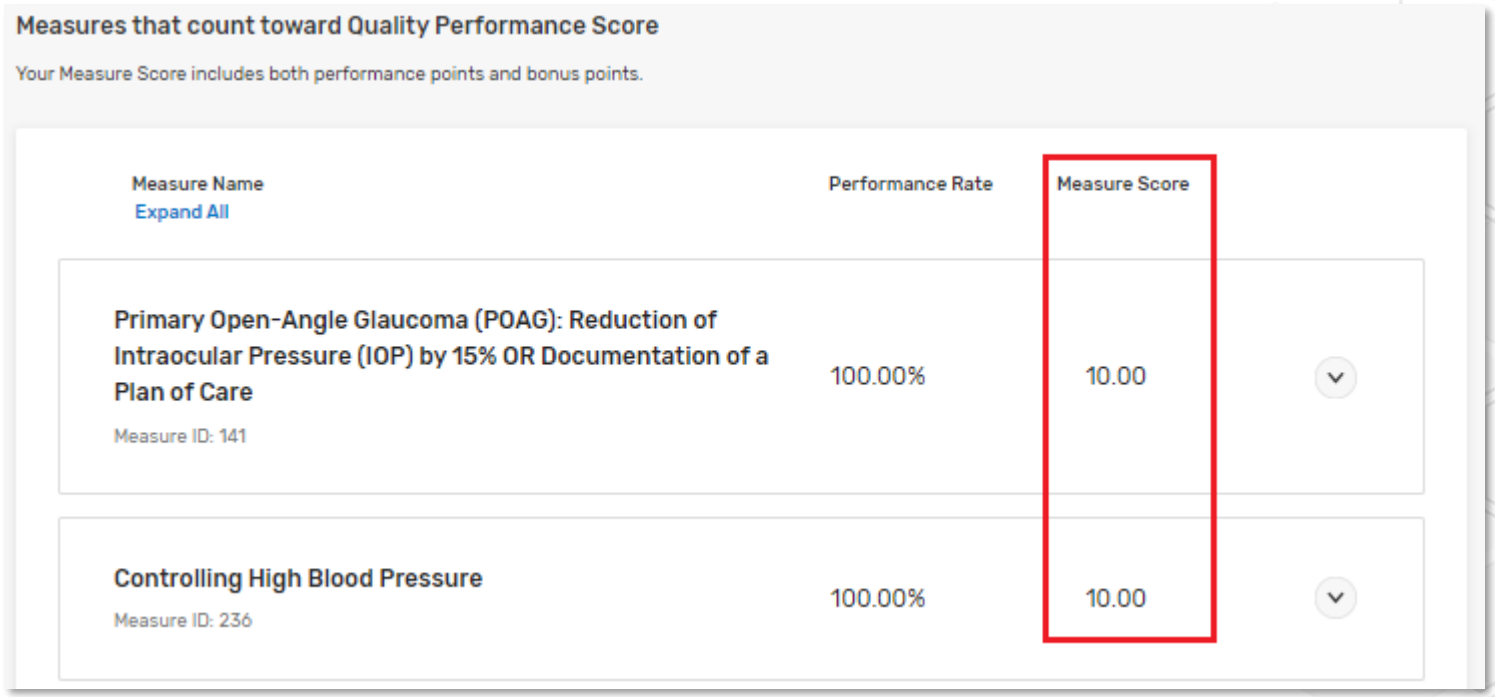
Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Measure Information

Measures may be divided into 2 groups:

1. Measures whose performance points count toward your quality performance category score. The measure score will display your performance points (those achieved based on performance in comparison to the measure's benchmark).



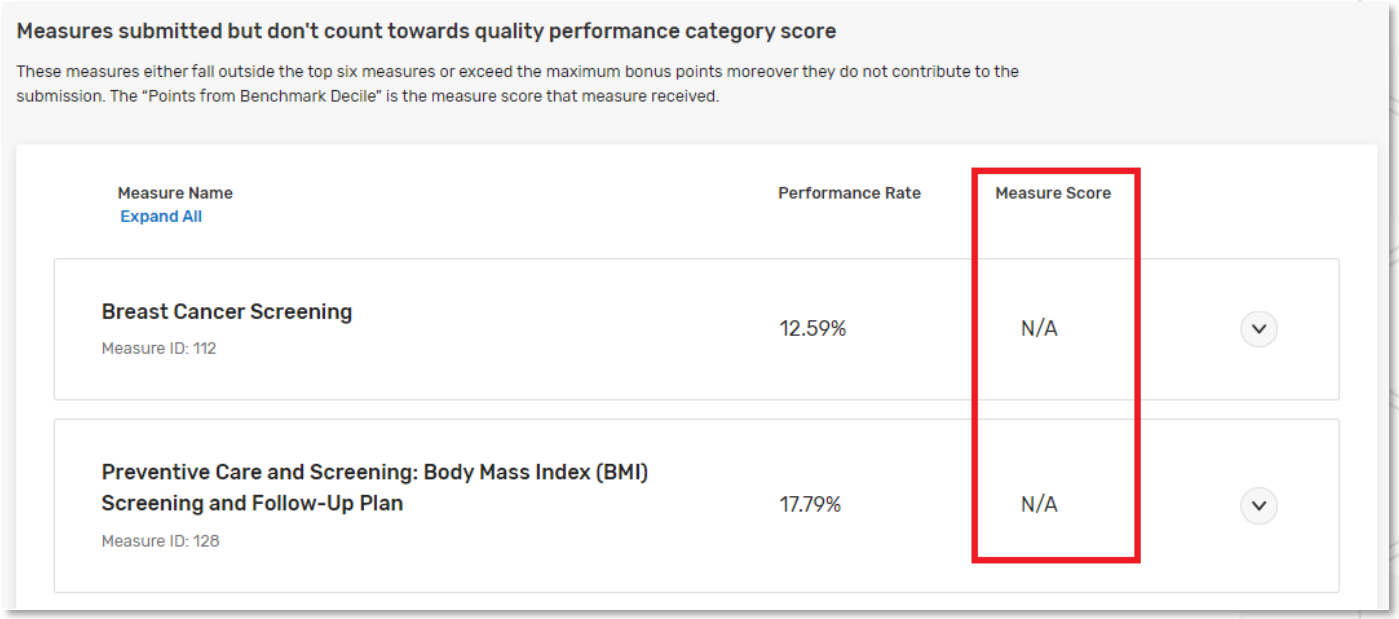
Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Measure Information (Continued)

Measures may be divided into 2 groups (Continued):

2. Measures that contribute no points to your quality performance category score. You will see an "N/A" in the measure score.



Measures submitted but don't count towards quality performance category score

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
Breast Cancer Screening Measure ID: 112	12.59%	N/A
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128	17.79%	N/A

Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Measure Information (Continued)

In addition to the required outcome measure (or high priority measure if no outcome measure is available), we'll 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'll use the collection type that earned the most performance points.

Exception: We'll 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'll 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.

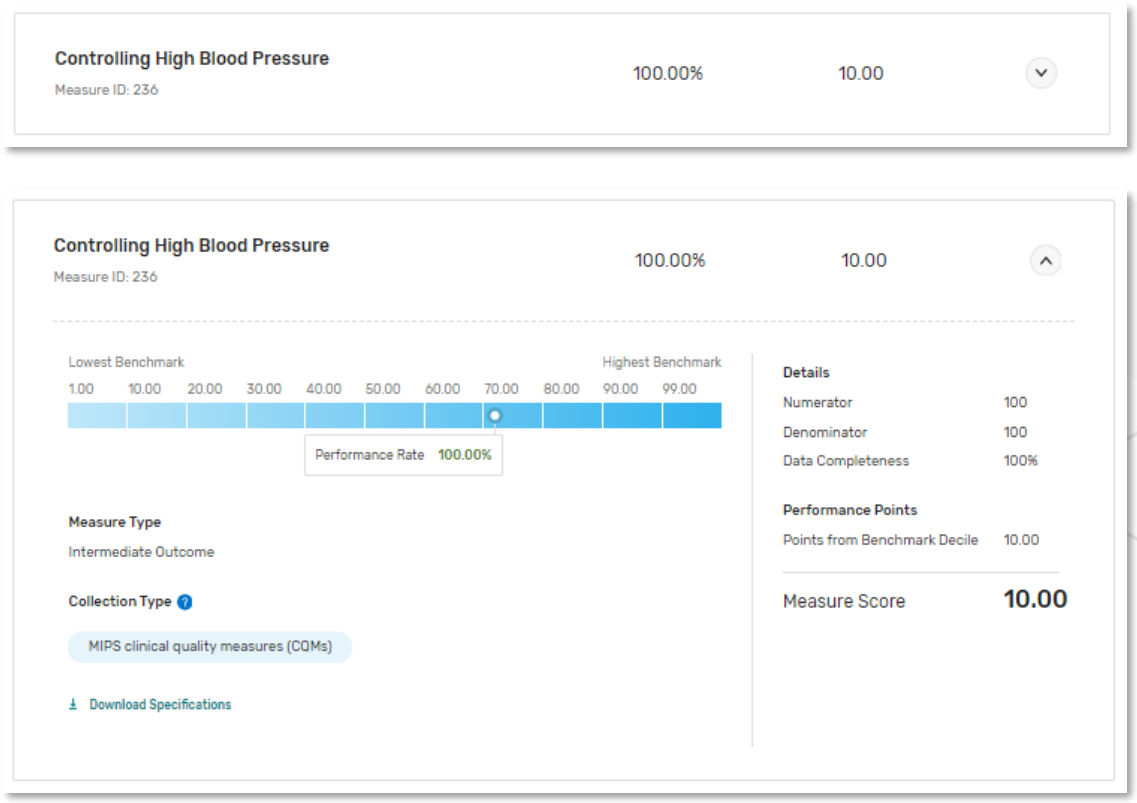
For example, Measure 130 (Documentation of Current Medication in the Medical Record) may be reported as:

- A MIPS Clinical Quality Measure (MIPS CQM)
- An Electronic Clinical Quality Measure (eCQM)

Submitting and Reviewing Quality Data

Measure Information (Continued)

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



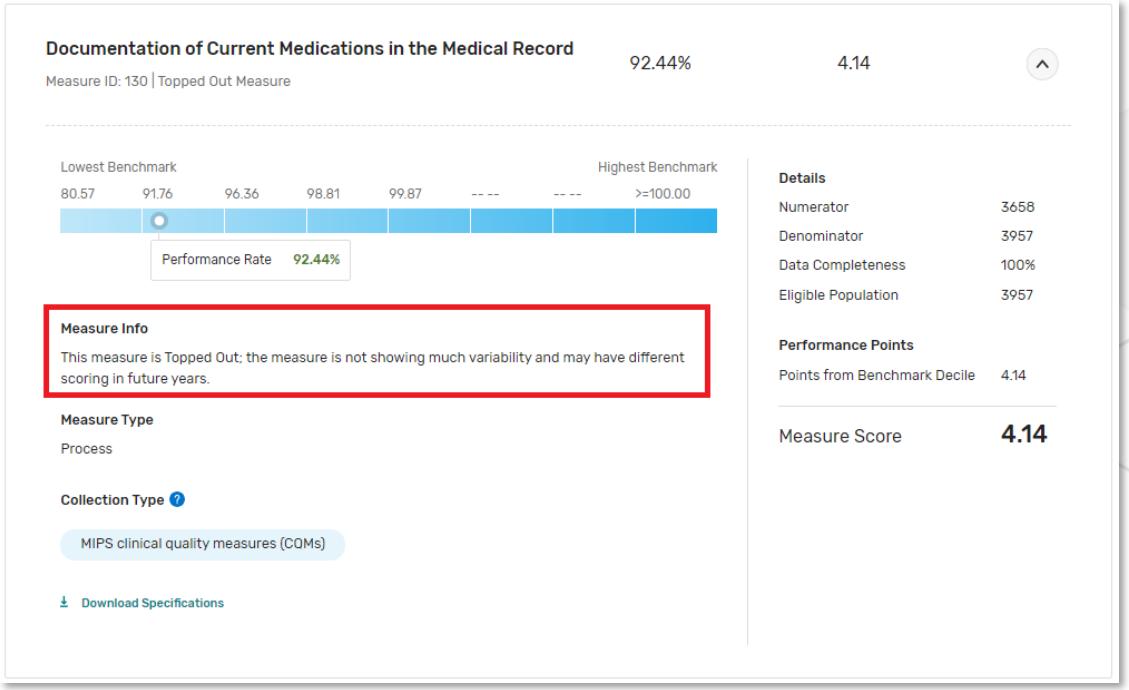
From here, you will see performance points (those earned by comparing your performance to a historical benchmark), and other scoring details about the measure.

Submitting and Reviewing Quality Data

Quality Payment PROGRAM

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).

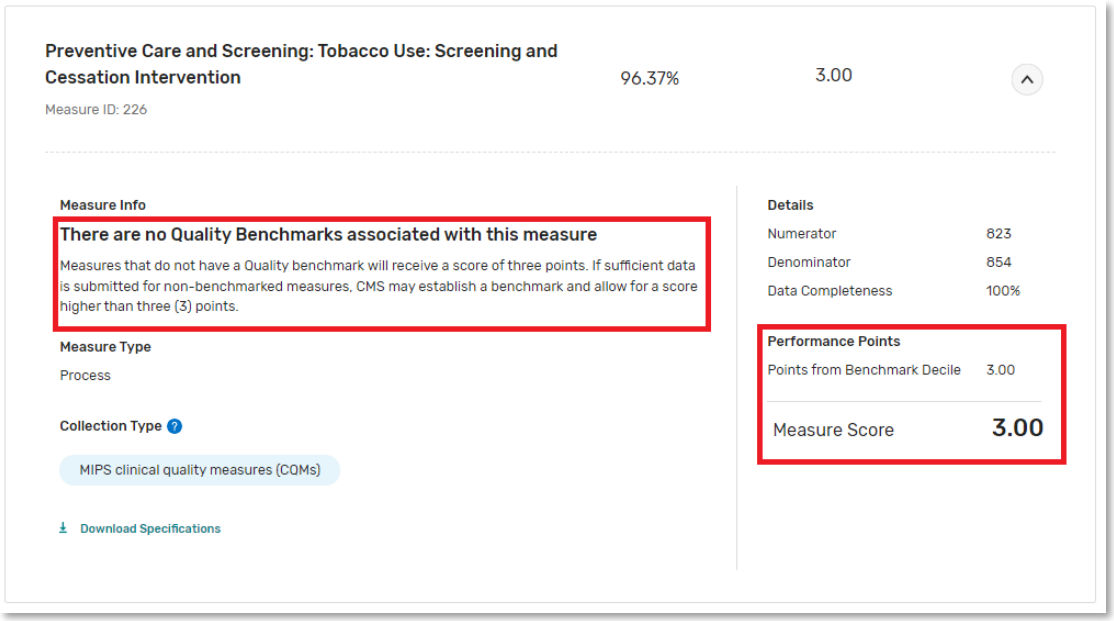


Did you know?
Not all topped out measures are capped at 7 points. To be capped at 7 points, a measure must in its 2nd (or 3rd or 4th) consecutive year of being topped out through the same collection type. Refer to "Seven Point Cap" column in the 2023 Quality Benchmarks (ZIP, 798KB) file.

Submitting and Reviewing Quality Data

Quality Payment PROGRAM

Measures Without a Historical Benchmark



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 summer 2024).

Did you know?

Beginning with the 2023 performance year, measures without a benchmark will receive 0 points. (Small practices will continue to earn 3 points.)

Submitting and Reviewing Quality Data

Quality Payment PROGRAM

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.

Submission (MIPS CQMs) qualifies for denominator reduction

Submission (MIPS CQMs) doesn't qualify for denominator reduction

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 2023).

For more information on EMA, review the 2023 EMA and Denominator Reductions User Guide (PDF, 872KB) on the QPP website.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

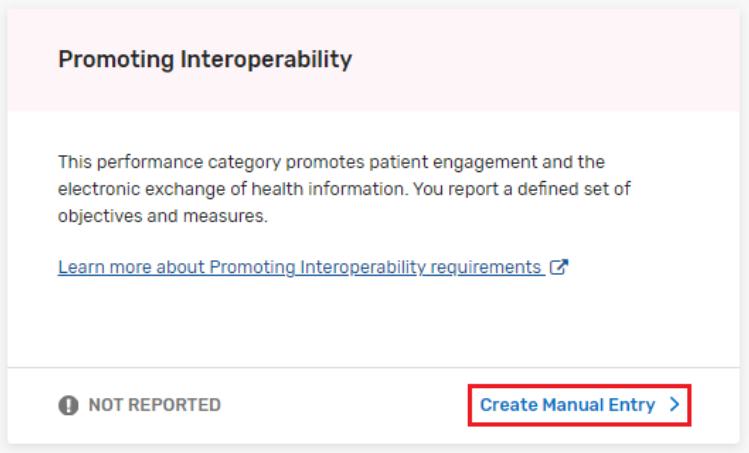
File Upload

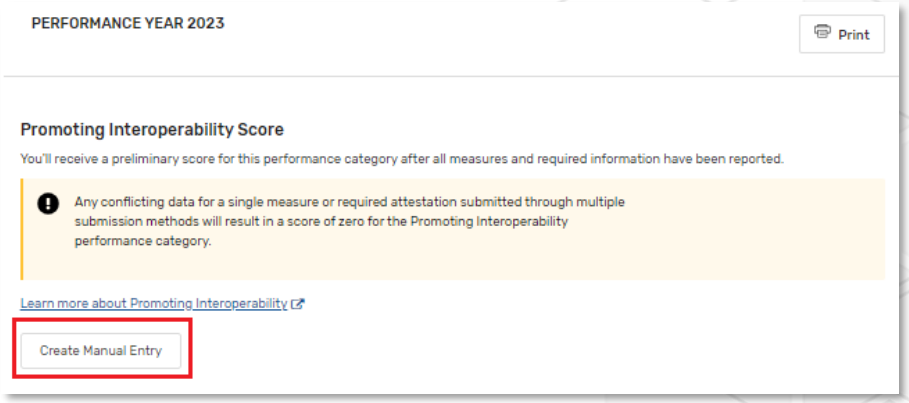
You can upload a QRDA III or QPP JSON file with your Promoting Interoperability data on the Reporting Overview page.

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.





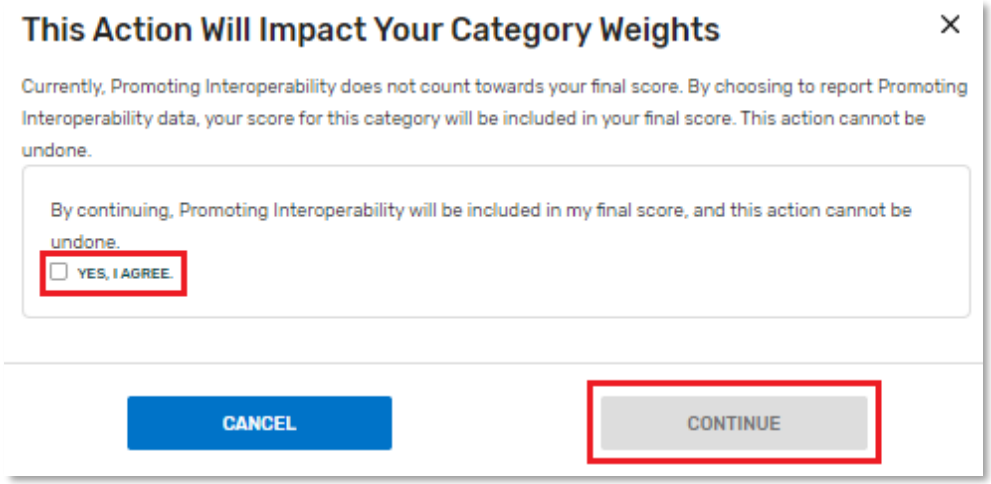
Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Manual Entry (Attestation) (Continued)

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 <u>will</u> receive a score in this performance category.**



<u>Did you know?</u>

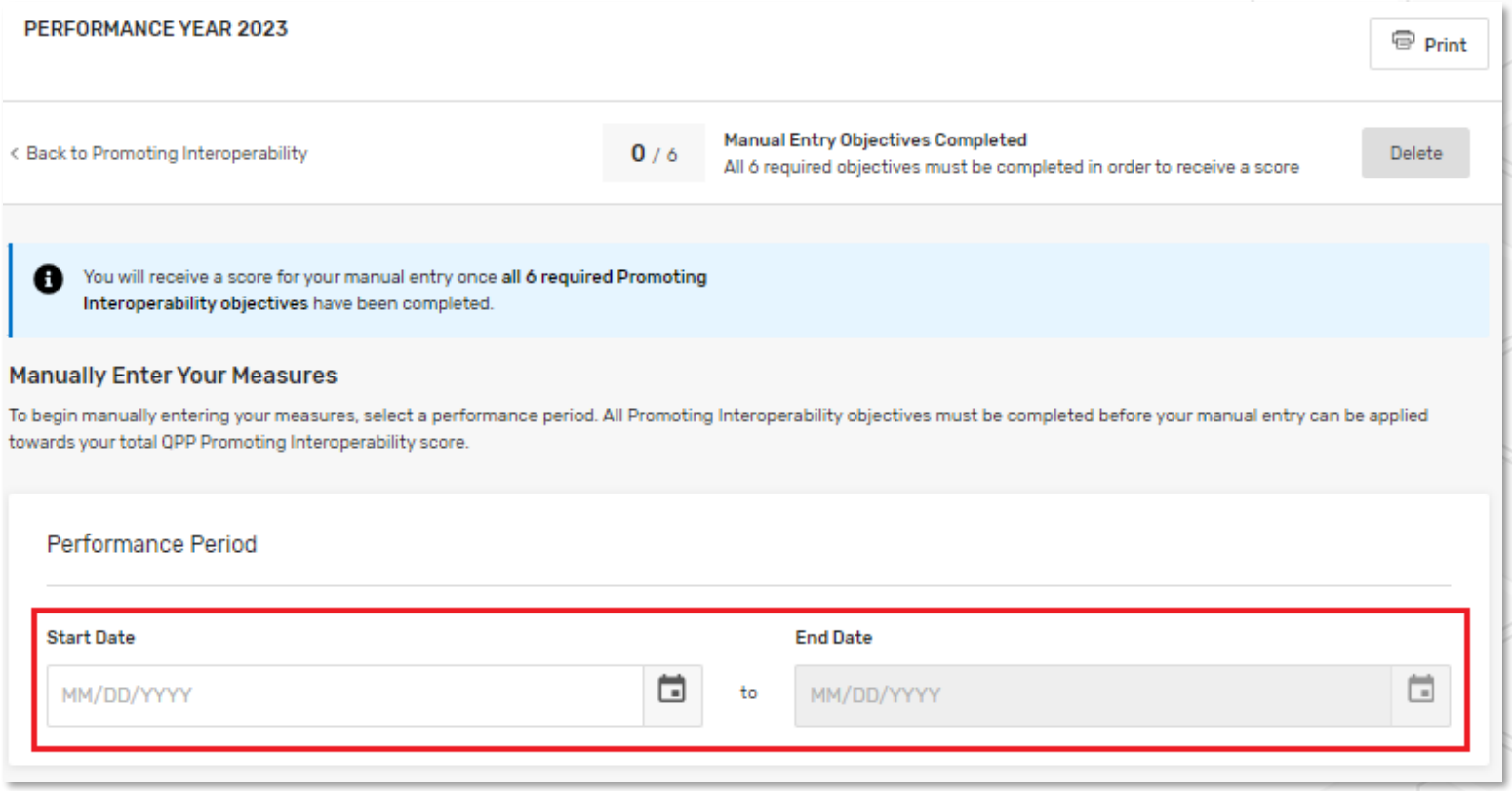
Small practices have a different redistribution when **Promoting Interoperability** is reweighted to 0%

- **Quality:** 40%
- **Improvement Activities:** 30%
- **Cost:** 30%

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.

Submitting and Reviewing Promoting Interoperability Data

Manual Entry (Attestation) (Continued)



Reminder:

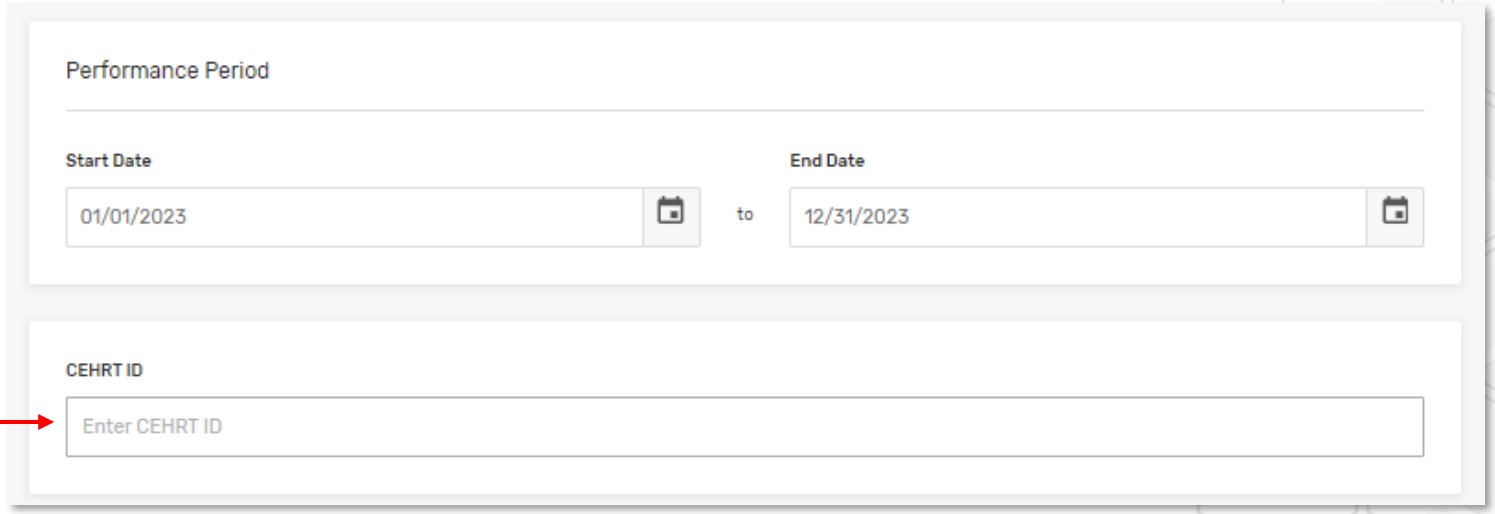
If your hardship request was approved don't enter any information (including performance period) on this page. This will override your reweighting, and you will be scored in this performance category.

Submitting and Reviewing Promoting Interoperability Data

Manual Entry (Attestation) (Continued)

Quality Payment PROGRAM

Enter your CMS EHR Certification ID ("CEHRT ID")



For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23-25 of the CHPL Public User Guide (PDF, 763KB).

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT (including Cures Update criteria) will include "**15E**" and "**15C**".

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

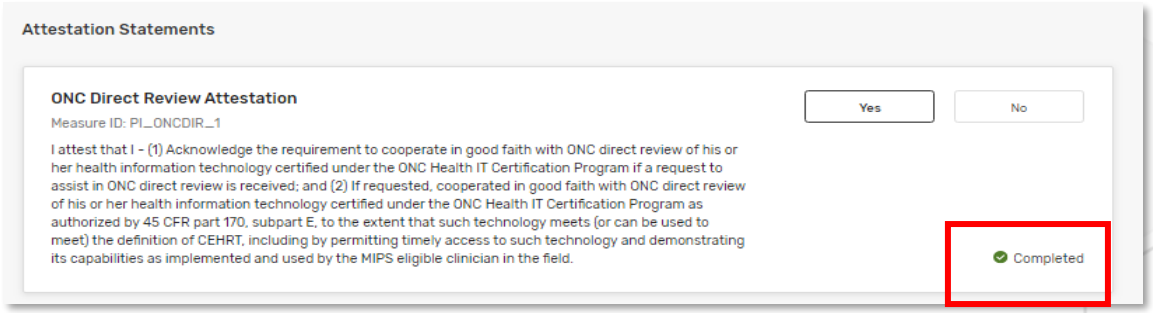
Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

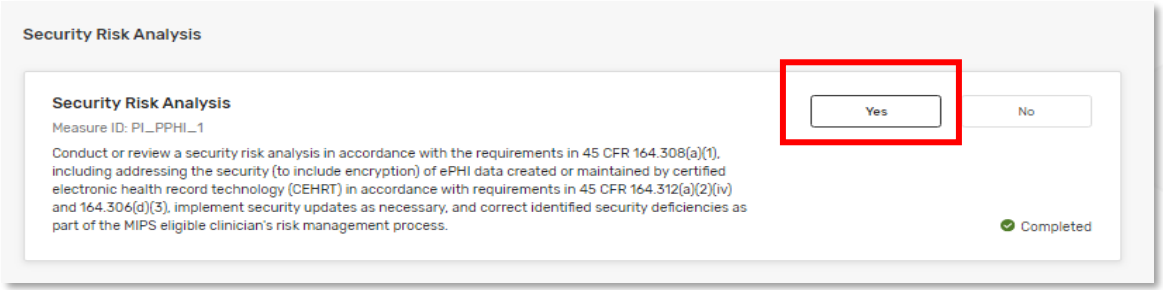
Manual Entry (Attestation) (Continued)

Complete Required Attestation Statements and Measures

You must select **Yes** for the 3 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.**



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.

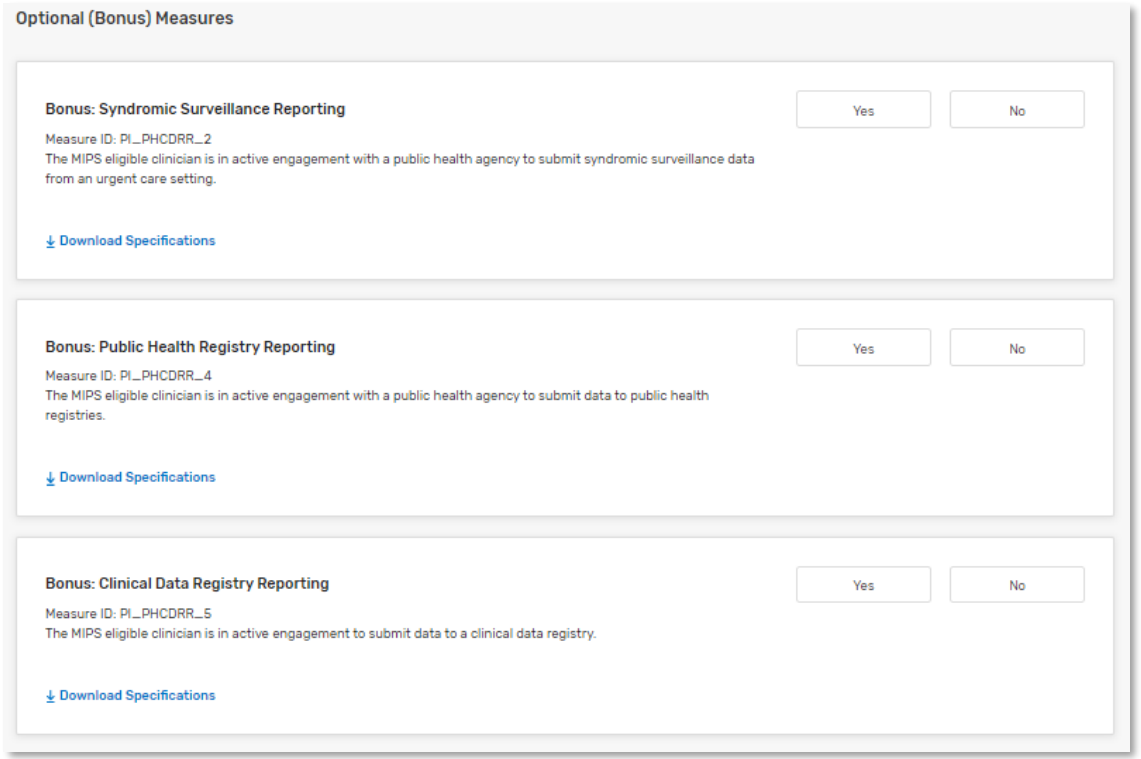


Submitting and Reviewing Promoting Interoperability Data

Manual Entry (Attestation) (Continued)

Quality Payment PROGRAM

Complete Required Attestation Statements and Measures – Public Health and Clinical Data Exchange

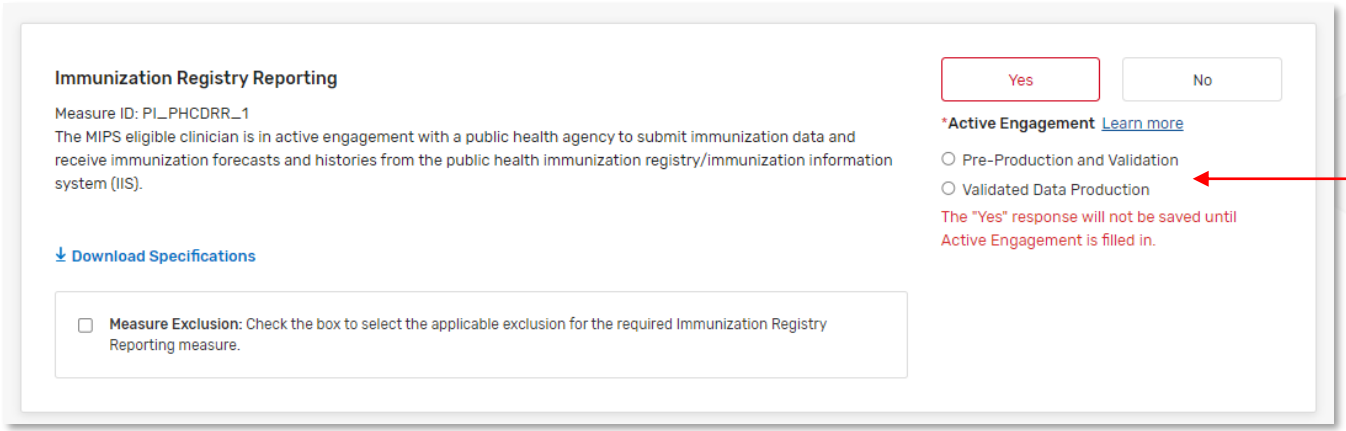


To earn an additional 5 bonus points in this performance category, you can choose to report 1 or more of the remaining, optional measures. There are 5 bonus points available whether you report 1, 2 or all 3 of the optional measures.

Submitting and Reviewing Promoting Interoperability Data

Manual Entry (Attestation) (Continued)

Complete Required Attestation Statements and Measures – Public Health and Clinical Data Exchange



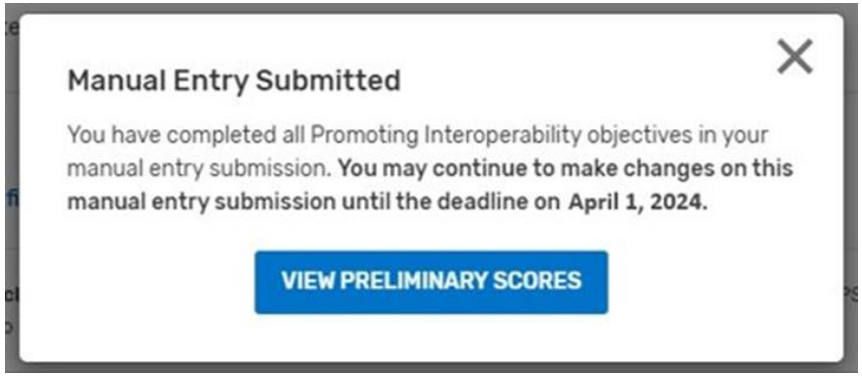
New for 2023, choose one of the options for Active Engagement. A "Yes" response won't be saved until you make a selection.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Manual Entry (Attestation) (Continued)

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

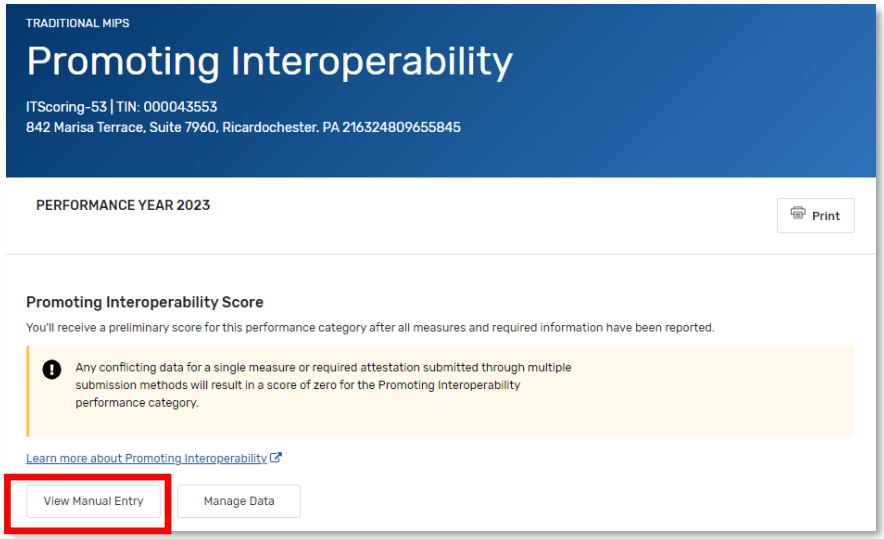


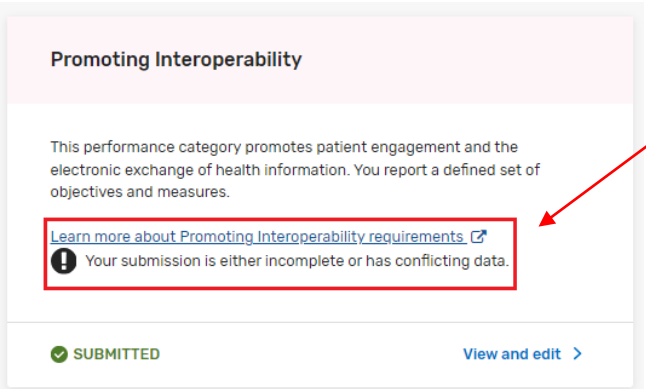
Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Access Previously Submitted Data

Click **View & Edit** from the Reporting Overview. You will land on a read-only page, letting you the measure-level score details of your submission.





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 **can't** create a manual entry to correct inaccurate data reported on your behalf.

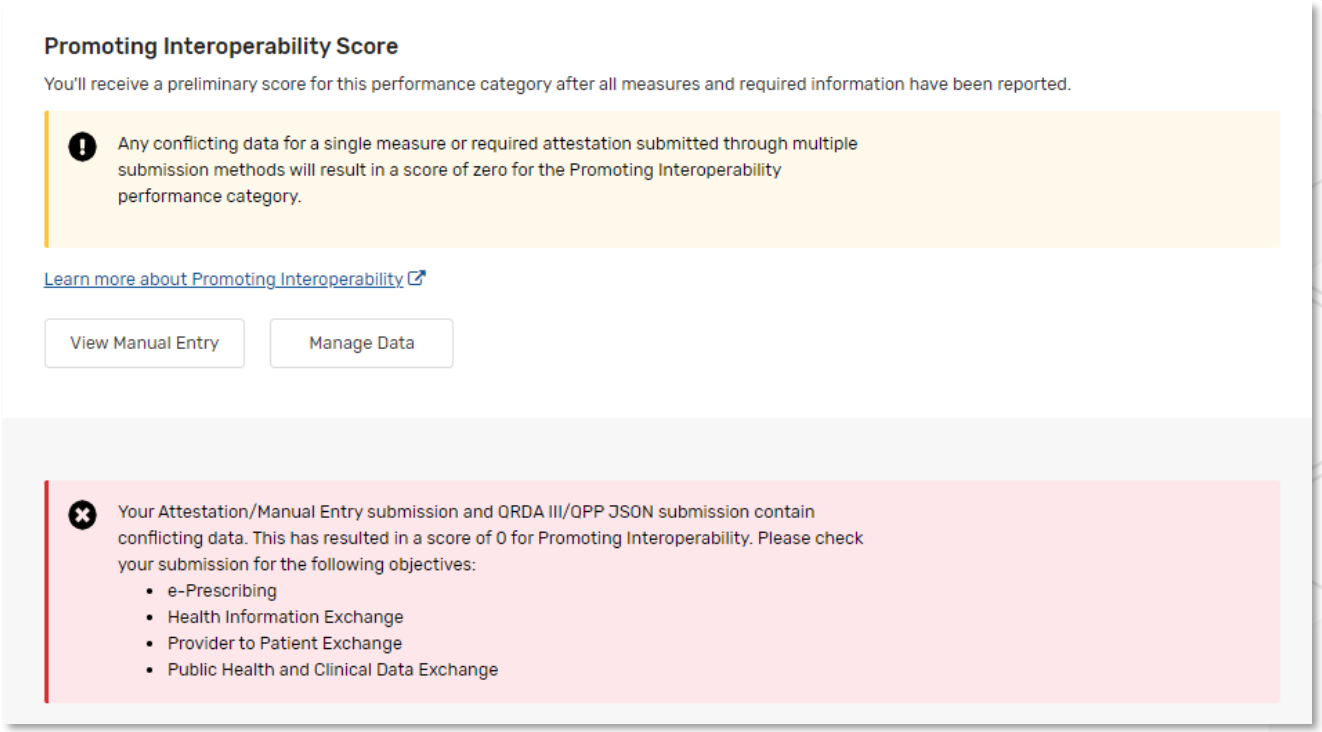
- If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.

Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Access Previously Submitted Data (Continued)

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.

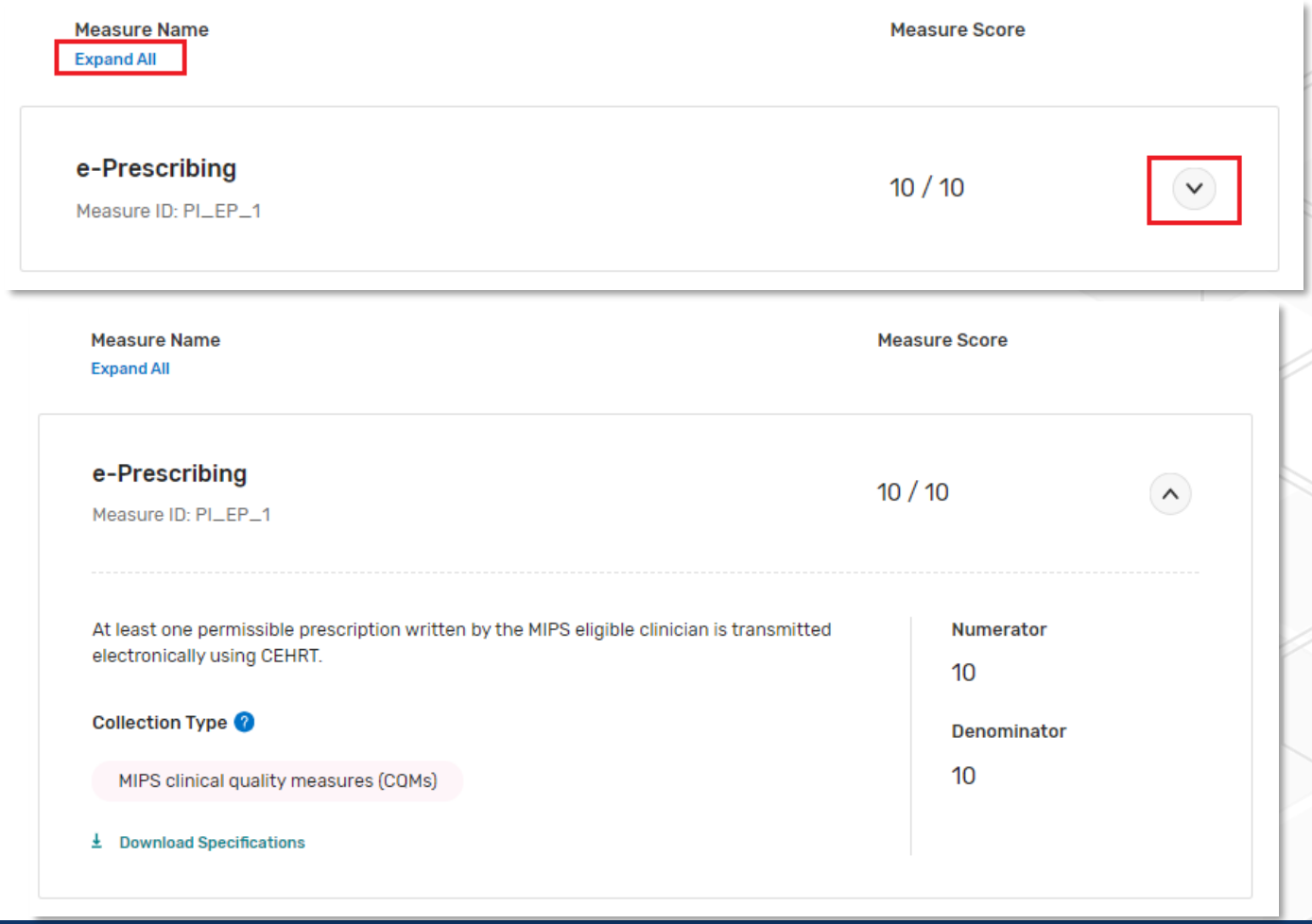


Submitting and Reviewing Promoting Interoperability Data

Quality Payment PROGRAM

Access Previously Submitted Data (Continued)

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.



Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

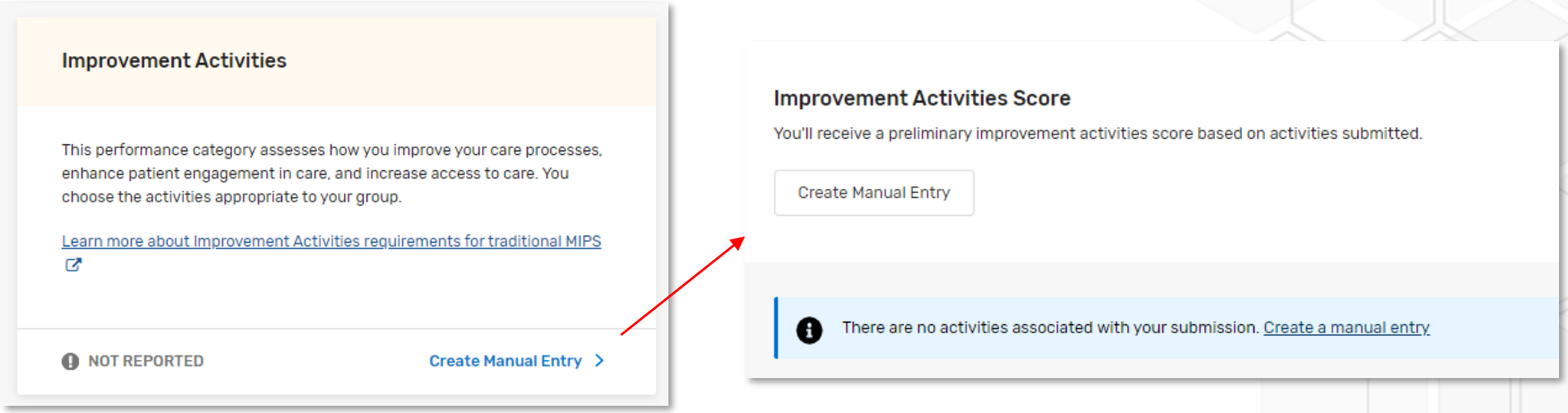
File Upload

You can upload a QRDA III or QPP JSON file with your Improvement Activities 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.

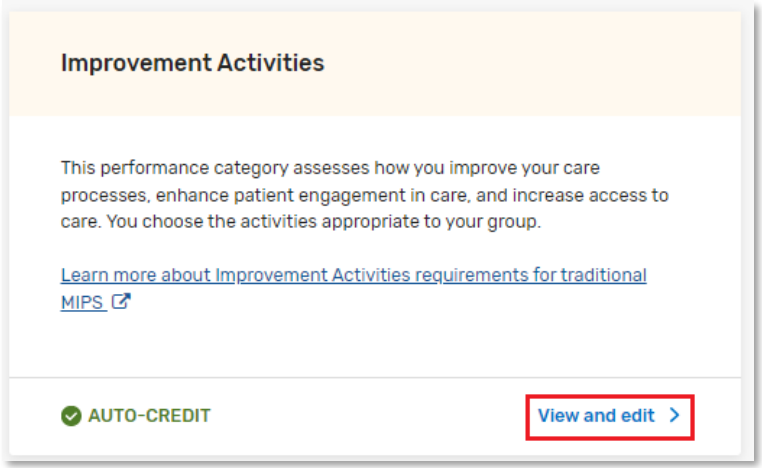


Submitting and Reviewing Improvement Activities Data

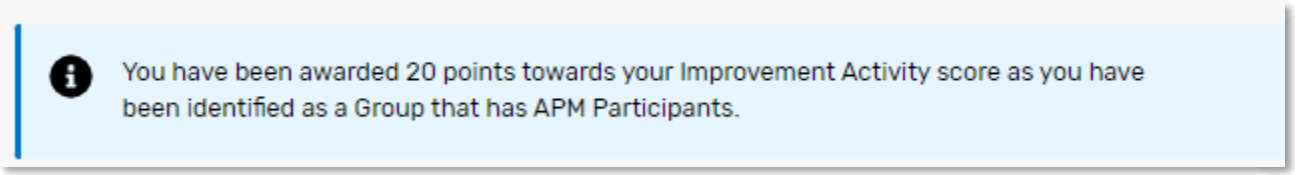
Quality Payment PROGRAM

Manual Entry (Attestation) (Continued)

Clinicians in an APM reporting traditional MIPS will automatically receive 50% credit in the Improvement Activities performance category as long as some MIPS data is submitted, regardless of performance category.



Once you select Create Manual Entry, you will see a message that 20 (out of 40 possible) 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).

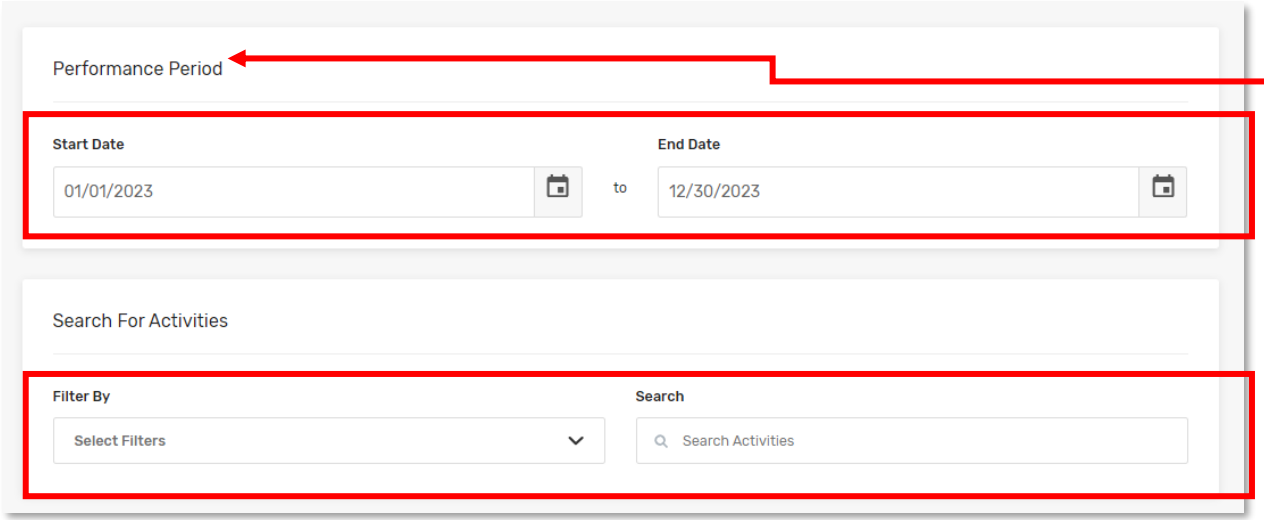


Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

Manual Entry (Attestation) (Continued)

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.

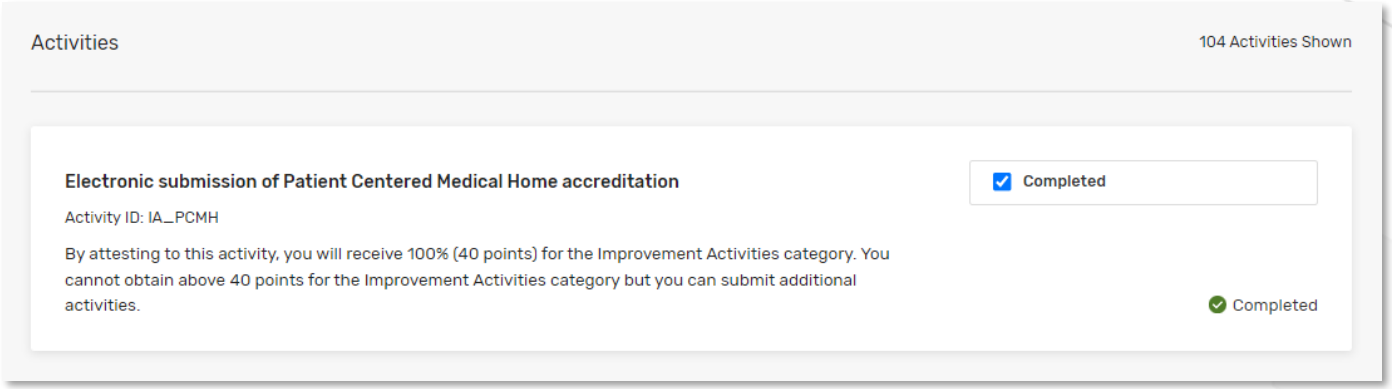


Each *activity* has a continuous 90-day performance period (or as specified in the activity description), but multiple activities don't have to be performed during the same 90-day period. If your improvement activities are performed at different times during the year, your performance period at the category 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.

Submitting and Reviewing Improvement Activities Data

Manual Entry (Attestation) (Continued)



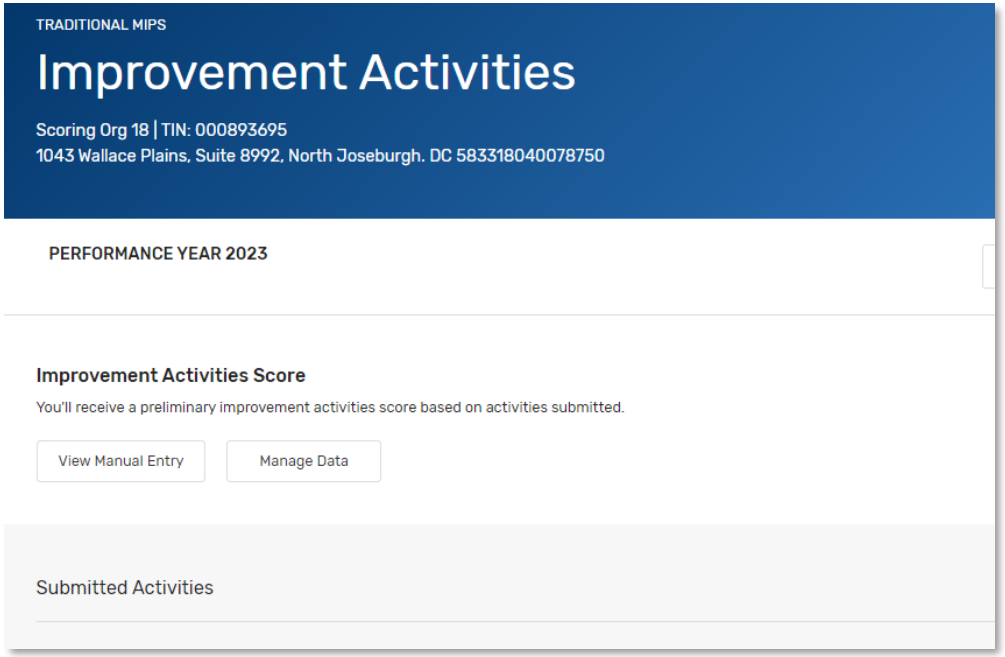
Helpful Hint:
The Patient Centered Medical Home attestation is the first activity listed.

Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

Review Previously Submitted Data

Click **View & Edit** from the Reporting Overview.



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

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

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

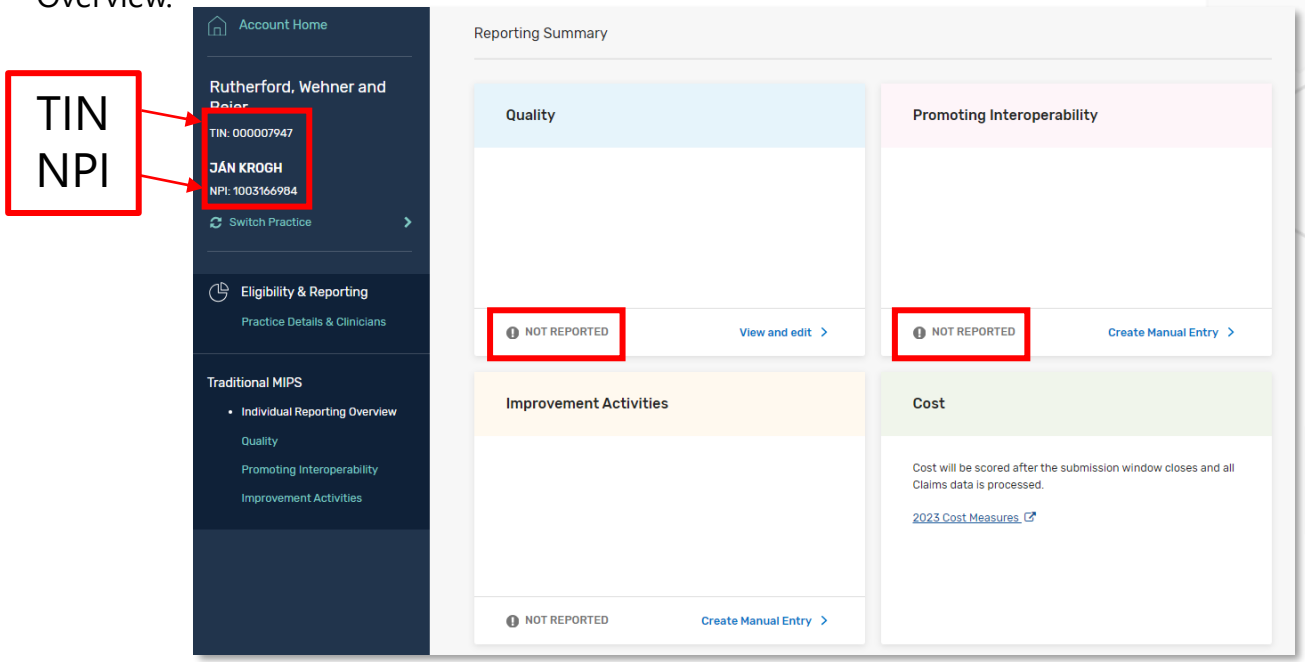
Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

File Upload Troubleshooting

Don't See Successfully Uploaded Data

- **Scenario:** I successfully uploaded a file with quality 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.



Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

QRDA III File Upload Troubleshooting (Continued)

Common Error Message

"The measure GUID supplied 40280382-6963-bf5e-0169- e8dc81613f8b is invalid"

- **Example:** CT - The measure GUID supplied 40280382-6963-bf5e-0169- e8dc81613f8b is invalid. Please see the 2023 IG https://ecqi.healthit.gov/sites/default/files/2023-CMS-QRDA-III-Eligible-Clinicians-IG-v1.1-508.pdf page=43 for valid measure GUIDs. - 3058
- **Action:** Search the 2023 QRDA III Implementation Guide (IG) (PDF 1,206KB) (beginning on p. 43) 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 the 2023 performance year

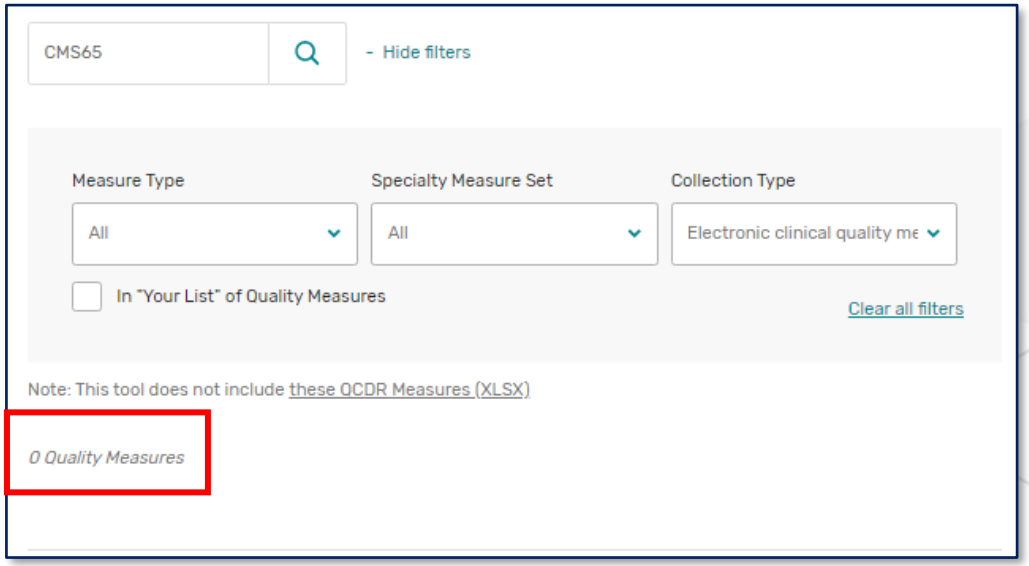
NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 134	CMS2v12	2c928082-7ce1-6f5f-017c-e6532e90030c	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	B28864C4-1674-4476-879C-08E620CB7E56 77F28681-11EB-4BFF-98C8-E68823820AF1 87A2CE58-EFD2-407A-B771-BE0BEADD8C00 058B20CD-119E-40C6-9431-A383022AD65C 4DAA814C-005B-4B38-A9B4-980A0BE45EF3

Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

QRDA III File Upload Troubleshooting (Continued)

Search the 2023 Explore Measures & Activities Tool (filter by the eCQM collection type) for the associated eCQM ID to confirm it isn't valid for the 2023 performance year.

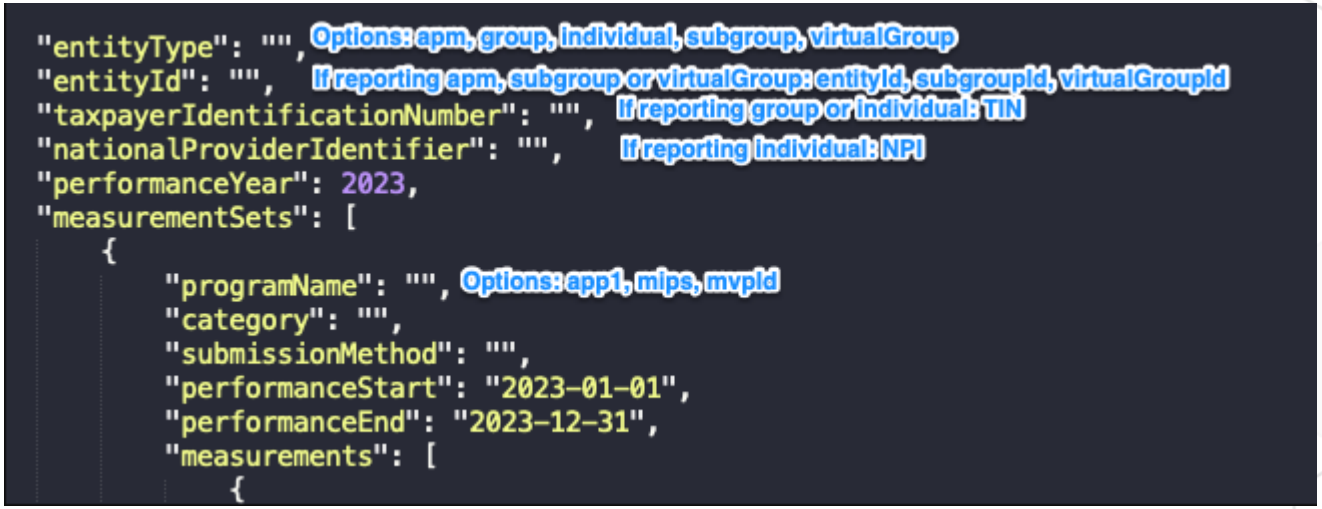


You can also search the eCQI resource center

(2023 Performance Period Eligible Professional/Clinician eCQMs)

Submitting and Reviewing Improvement Activities Data

QRDA III File Upload Troubleshooting (Continued)



These are the allowed values within the file. As a reminder, subgroup and mvpid are only eligible for MVP reporting.

Submitting and Reviewing Improvement Activities Data

Quality Payment PROGRAM

QRDA III File Upload Troubleshooting (Continued)

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>

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 "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>

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>

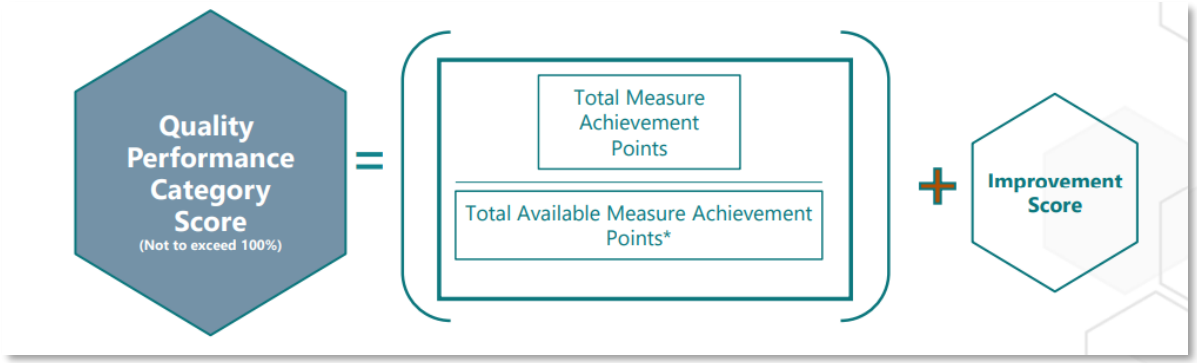
Quality Payment
PROGRAM

Scoring Calculation

Quality

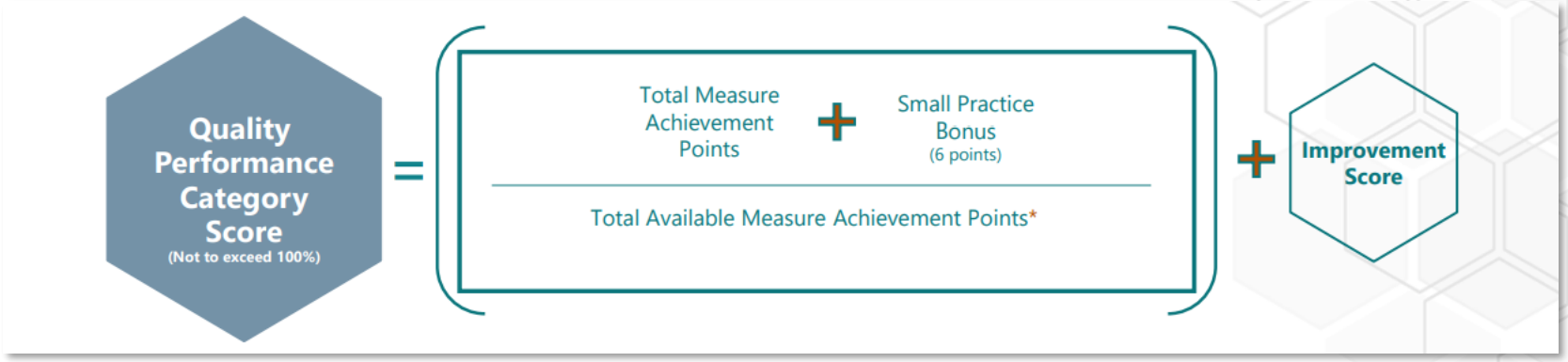
Quality Score Calculation: How We'll Get There

We'll calculate your quality score after the data submission period, once we've received all required available data.



New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

(Small practices that submit 1 quality measure qualify for 6 bonus points)



For more information about quality score calculations, refer to the 2023 Traditional MIPS Scoring Guide (PDF, 1MB).

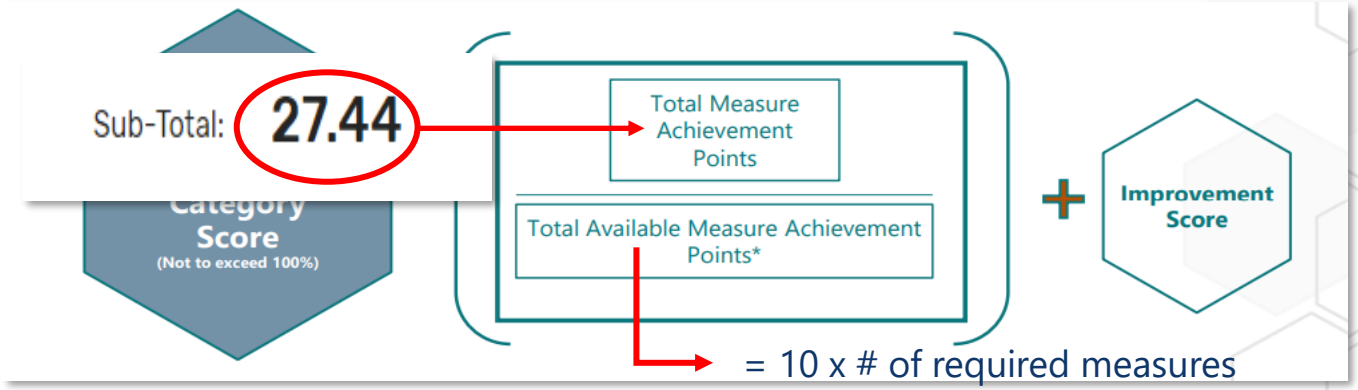
Quality

Quality Score Calculation

The **Sub-Total** displayed at the bottom of your submitted measures shows how many achievement points you've earned to date based on the measures you've submitted.

This number can change after the submission period.

- For example, this number would increase based on the achievement points earned for any administrative claims measures we can score you on.



In traditional MIPS, you're generally required to submit **6 measures**, which would mean **60 total points** available. This number can be lower if you meet the requirements for a denominator reduction, such as through the Eligible Measure Applicability process or by reporting a specialty set with fewer than 6 measures. Learn more about dominator reductions, view the 2023 EMA and Denominator Reduction Guide (PDF, 872KB).

But this number can change after the data submission period.

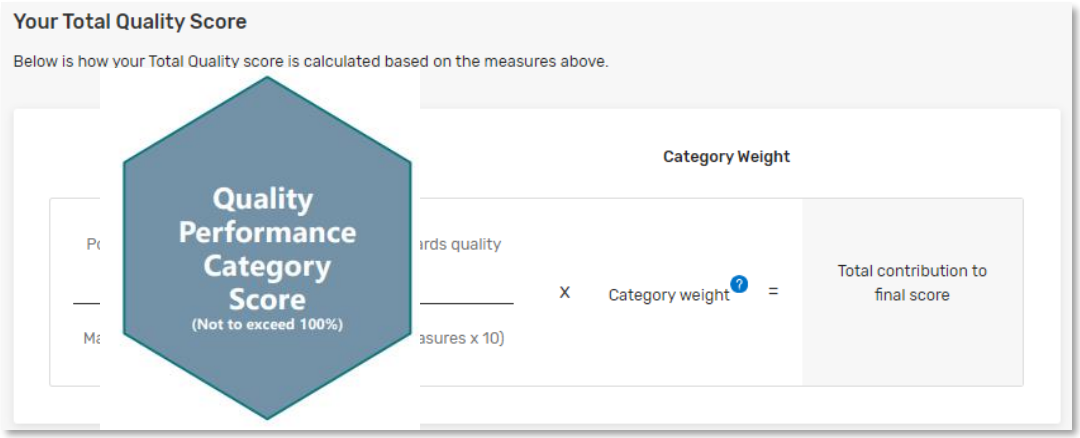
- For example, we'd increase this number by 10 points for each administrative claims measures you can be scored on.

Quality

Quality Score Calculation

Once we calculate your quality score, we'll multiply it by the category weight.

- The weight tells you the maximum number of points the performance category can contribute to your final score.
- Your final score will be between 0 and 100 points.



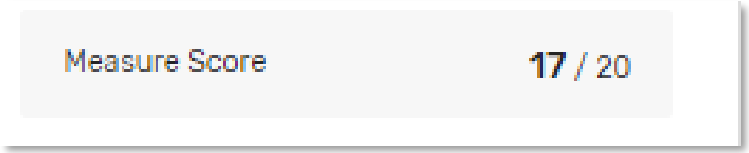
Example. When quality is **weighted at 30%**, quality can contribute **up to 30 points** to your final score.

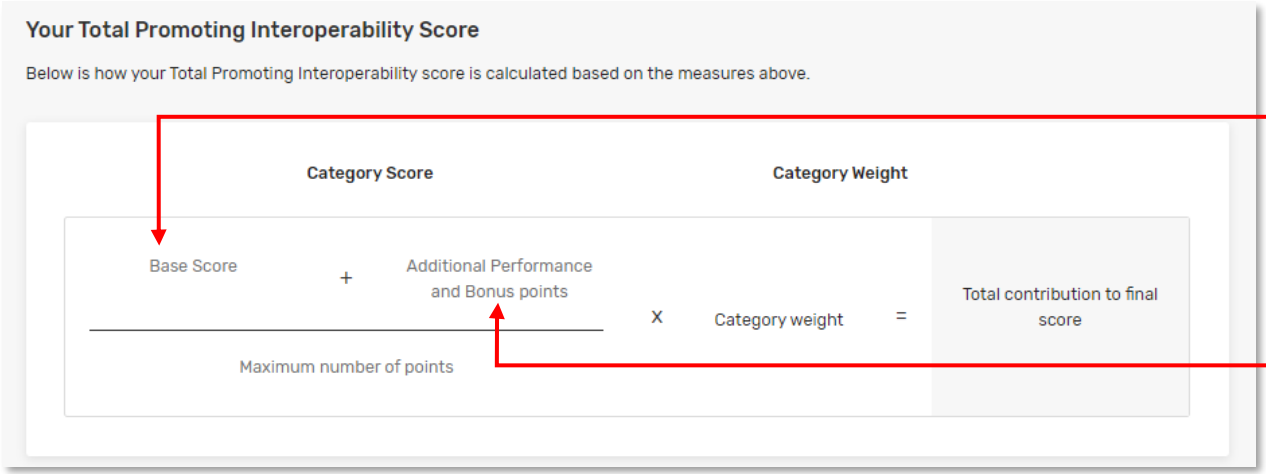
Promoting Interoperability

Quality Payment PROGRAM

Promoting Interoperability Score Calculation

We'll calculate your Promoting Interoperability score after the data submission period from the measure scores displayed during the submission period. Then we'll multiply that by the performance category weight to determine how many points the Promoting Interoperability performance category will contribute to your final score.





Sum of points earned for all required measures

Bonus points earned for reporting optional measure

New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

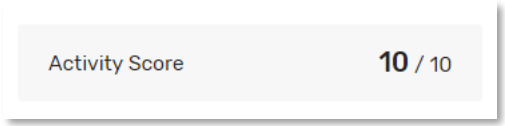
For more information about Promoting Interoperability score calculations, refer to the 2023 Traditional MIPS Scoring Guide (PDF, 1MB).

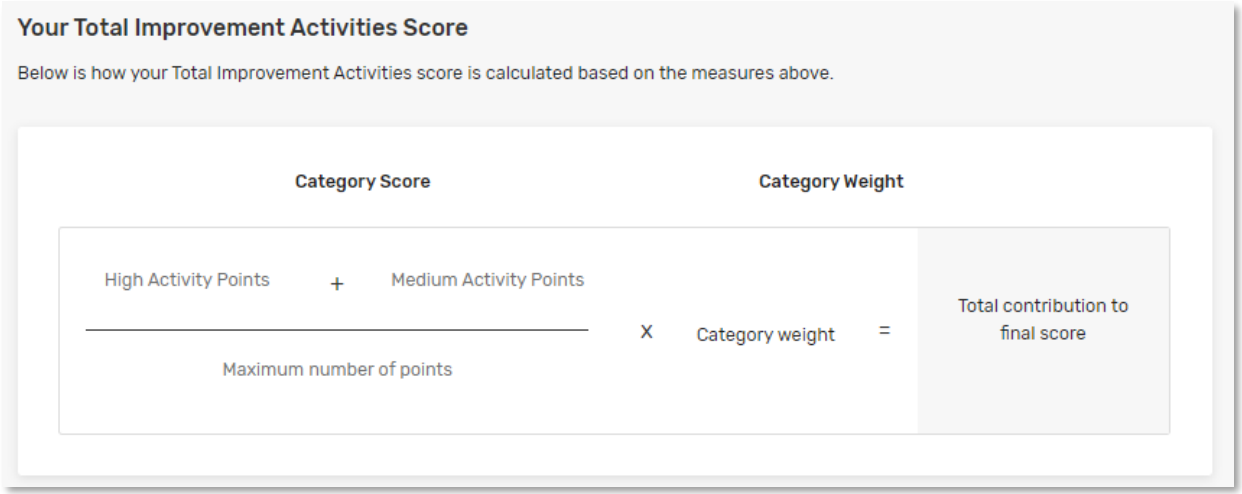
Improvement Activities

Quality Payment PROGRAM

Improvement Activities Score Calculation

We'll calculate your improvement activities score after the data submission period from the activity scores displayed during the submission period. Then we'll multiply that by the performance category weight to determine how many points the improvement activities performance category will contribute to your final score.





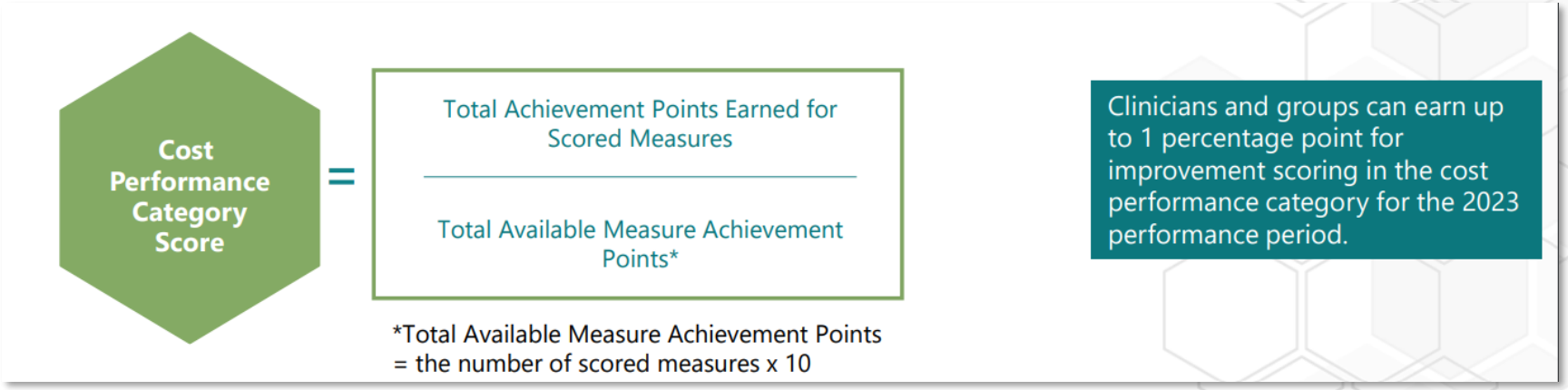
New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

For more information about improvement activity score calculations, refer to the 2023 Traditional MIPS Scoring Guide (PDF, 1MB).

Cost

Cost Score Calculation

Cost measures and cost performance category scores are calculated after the data submission period. You'll receive a cost score if you can be scored on at least one cost measure.



Then we'll multiply your score by the performance category weight to determine how many points the cost performance category will contribute to your final score. It's generally weighted at 30% of your final score.

For more information about cost score calculations, refer to the 2023 Traditional MIPS Scoring Guide (PDF, 1MB).

Quality Payment
PROGRAM

Help, Resources, and Version History

Help, Resources, and Version History

Quality Payment PROGRAM

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

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 Quality Payment Program Resource Library.

Visit the Small Practices page of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.

Help, Resources, and Version History

Additional Resources

Date	Description
2023 CMS Web Interface User Guide (PDF, 4MB)	Step by step instructions with screenshots for Performance Year 2023 reporting through the CMS Web Interface.
2023 CMS Web Interface Videos	Video series about reporting Performance Year 2023 data through the CMS Web Interface
2023 MIPS Scoring Guide (PDF, 1MB)	Comprehensive information about scoring measures and calculating performance category scores and final scores.
2023 MIPS EMA and Denominator Reduction User Guide (PDF, 872KB)	An overview of the Eligible Measures Applicability (EMA) process and identifies the MIPS CQMs and Medicare Part B Claims measures that are clinically related.
2023 APP Quality Requirements (ZIP, 3MB)	Resource that describes the APM Performance Pathway for the quality performance category for those APM participants reporting to the APP.

Help, Resources, and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Description
03/15/2024	Updated slides 6, 53, 90, 91, 92 to reflect the extension of the data submission period.
12/26/2023	Original version.

Appendices

Appendix A

Data Submission and the Automatic EUC Policy

The tables on the following slides illustrate the Performance Year 2023 MIPS performance category reweighting policies that CMS will apply under the MIPS automatic EUC policy to affected clinicians that submit MIPS data as individuals.

This policy was triggered by the following events for the 2023 performance year:

- Certain counties in Mississippi for the Mississippi severe storms, straight-line winds, and tornadoes
- The U.S territory of Guam for the Guam Typhoon Mawar
- Certain counties in Hawaii for the Hawaii wildfires
- Certain counties in Florida for Hurricane Idalia
- Certain counties in Georgia for Hurricane Idalia

Note: Participants in APMs are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category, which will override reweighting of this performance category.

Appendix A

Data Submission and the Automatic EUC Policy (Continued)

Table 1: Reweighting for Clinicians Not in a Small Practice

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only[1]	100%	0%	0%	0%	Neutral
Promoting Interoperability Only[1]	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality **and** Promoting Interoperability[1]	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality **and** Improvement Activities	85%	0%	15%	0%	Positive, Negative, or Neutral
Improvement Activities and Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

[1] APM participants are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category (20 out of 40 possible points), and they'll receive a final score based on the data submitted and available for scoring.

Appendix A

Data Submission and the Automatic EUC Policy (Continued)

Table 2: Reweighting for Clinicians in a Small Practice

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only[2]	100%	0%	0%	0%	Neutral
Promoting Interoperability Only[2]	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality **and** Promoting Interoperability[2]	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality **and** Improvement Activities	50%	0%	50%	0%	Positive, Negative, or Neutral
Improvement Activities and Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

[2] APM participants are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category (20 out of 40 possible points), and they'll receive a final score based on the data submitted and available for scoring.

Appendix B

Quality Payment PROGRAM

Submission Period: QPP Access and Permissions by Organization Type (Continued)

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 – April 15, 2024).

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 measure-level scoring for Part B claims measures reported throughout the performance period • This data will be updated during the submission period to account for claims received by CMS until March 1, 2024 ✓ View measure and activity-level scores and a sub-total of points for the group and individual clinicians	✗ View your cost feedback (if applicable) • Cost data won't be available during the submission period ✗ View facility-based scoring for quality / cost (if applicable) ✗ REMINDER: Facility-based scoring isn't available until late 2024. ✗ 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 ✗ View data submitted by your virtual group (if your TIN is part of a CMS-approved virtual group) ✗ Overall preliminary score or preliminary performance category score

Appendix B

Quality Payment PROGRAM

Submission Period: QPP Access and Permissions by Organization Type (Continued)

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 – April 15, 2024).

With this Access	You CAN	You CANNOT
Clinician Role	*You can't do anything related to Performance Year 2023 submissions with this role* *This is a view-only role to access final performance feedback*	
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 measure and activity-level scores and a sub-total of points 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) ✗ Overall preliminary score or preliminary performance category score
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 measure and activity-level scores and a sub-total of points 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) ✗ View preliminary category level scores

Appendix B

Quality Payment PROGRAM

Submission Period: QPP Access and Permissions by Organization Type (Continued)

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 – April 15, 2024).

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, or other registered APM Entities) ✓ Upload a QRDA III file with your eCQM data (Primary Care First) ✓ Upload a file of APM Entity-level MIPS quality measure data (all APM Entities in a MIPS APM) ✓ View measure and activity-level scores and a sub-total of points on quality data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some APMs	✗ View the Promoting Interoperability data reporting by clinicians and groups in your APM entity ✗ View quality data reported by clinicians and groups in your APM Entity ✗ View preliminary quality performance category score

Appendix C

Quality Measures with MIPS Scoring or Submission Changes

This appendix will identify any measures affected by specification or coding issues, clinical guideline changes during the 2023 performance period, or specifications determined during or after the performance period to have substantive changes.

No measures have been identified for suppression or truncation at the time of publication of this guide