

# MIPS ALMANAC

## Purpose

Submitting MIPS data for the CMS Quality Payment Program doesn't have to feel overwhelming. This almanac provides a month-by-month plan to break down MIPS reporting tasks into more manageable pieces.

If you are in a small practice (15 or fewer MIPS-eligible clinicians), you can learn more about tasks for each month by consulting with a Technical Assistance Contractor at no cost to you until February 2022. You can find your Technical Assistance Contractor here: <https://qpp.cms.gov/about/small-underserved-rural-practices>

After February 2022, you may consult the resources listed in the almanac, visit the CMS Quality Payment Program webpage (<https://qpp.cms.gov>), or consult with your professional association, electronic health record vendor, Qualified Registry (QR), or Qualified Clinical Data Registry (QCDR).

To keep this resource as current as possible in future years, specific URL addresses are not provided for resources, since websites often change their structures and web page assignments.

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**January**

**Get ready to submit last year’s data:**

- Check that you have access to the QPP Portal
  - You will need an active HARP account and login credentials
- Check submission deadlines for your data submission mode (registries, vendors and MACs, may have different deadlines than the QPP portal)
- Collect previous year’s data
  - If submitting via claims, submit final prior year claims with QDCs
- Create an electronic and/or physical folder to save documentation
- Begin data submission process
  - All data are automatically saved in the QPP Portal when entered and can be changed until the submission deadline

- CMS QPP webpage/sign-in ([qpp.cms.gov](http://qpp.cms.gov))
- HCQIS Access Roles and Profile (HARP) Registration
- CMS Quality Payment Program Access User Guide

**Prepare for Data Collection:**

- Confirm your preliminary MIPS eligibility for the current performance period
  - Review applicable special statuses and/or facility-based determinations
- Choose Improvement Activities (IAs), view Data Validation criteria for those activities, and schedule 90-day period(s) to implement the activities

- CMS QPP Participation Status Lookup Tool
- CMS MIPS Quick Start Guide
- CMS Quality Performance Category Quick Start Guide
- CMS Part B Claims Reporting Quick Start Guide
- CMS Improvement Activities Quick Start Guide

**Start collecting this year’s data:**

- Begin collecting quality measures data for the current performance period
- Double-check measure specifications for any coding or numerator/ denominator updates (available in the QPP Resource Library)

## ACTIVITIES

## RESOURCES (UPDATED ANNUALLY)\*

### February

#### Continue submitting last year's data:

Continue to enter previous year's data and/or communicate with your Electronic Health Record (EHR) vendor or registry to ensure all data is entered by the submission deadline

Ensure HARP account is set up and active

Continue collecting Quality measures data for the current year

CMS Quality Payment Program Access User Guide

CMS QPP webpage/ sign in ([qpp.cms.gov](http://qpp.cms.gov))

HCQIS Access Roles and Profile (HARP) Registration

QPP help desk

#### Get resources for this year's data collection:

Review QPP/MIPS resources from your national specialty society

Your professional associations

### March

#### Finish submitting last year's data:

Last chance to submit your MIPS data from the previous performance period

Review your preliminary feedback from the previous performance period

CMS Data Submission User Guides, FAQs, Videos, and Tutorials

#### Check your claims submissions for this year:

If submitting via claims, check remittance advice (RA)/ Explanations of Medicare Benefits (EOMBs) and troubleshoot with your Medicare Administrative Contractor (MAC) if needed

Reporting MIPS Quality Measures through Part B claims Quick Start Guide

### April

#### Fine-tune your strategy for this year:

Based on review of preliminary feedback, start implementing changes to increase performance on Quality measures

Plan for Promoting Interoperability (PI) measure reporting

- Schedule/plan for your 90 day performance period
- Determine when to conduct the annual Security Risk Analysis (SRA) before the end of the performance period (deadline: December 31)
- Review Certified Electronic Health Record Technology (CEHRT) requirements for the current year, and check that your EHR will meet requirements by the end of your selected 90-day performance period

Register for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey, if you are reporting on that Quality Measure (deadline: June 30)

CMS QPP webpage/ sign in ([qpp.cms.gov](http://qpp.cms.gov))

CMS Promoting Interoperability Quick Start Guide

The Office of the National Coordinator for Health Information Technology (ONC) Patient Engagement Playbook

The U.S. Department of Health and Human Services (HHS) Security Risk Analysis Tool available at [HealthIT.gov](http://HealthIT.gov)

CAHPS for MIPS registration guide updated annually in the QPP resource library

ACTIVITIES	RESOURCES (UPDATED ANNUALLY)*
<p><b>Strategize for next year:</b></p> <p>Consider whether joining an Alternative Payment Model (APM) may be right for you. Review CMS guidance and the list of APMs in your region.</p>	<p>CMS APM Quality Scoring Resources</p> <p>CMS Comprehensive List of APMs</p>
<b>May</b>	
<p><b>Fine-tune your IA strategy for this year:</b></p> <p>Review your IAs for the current performance period; confirm scheduled 90 day period(s) for conducting activities</p> <p>Review IA data validation criteria to ensure you are collecting the documentation you need in case of audit</p>	<p>CMS Improvement Activities Quick Start Guide</p>
<b>June</b>	
<p><b>Check your current year performance:</b></p> <p>Review your EHR dashboard</p> <p>Identify any needed mid year corrections to improve quality measure data collection or performance</p> <p>CAHPS for MIPS registration ends June 30</p>	<p>CMS MIPS Scoring Guide</p> <p>CMS Medicare Part B Claims Measure Specifications and Supporting Documents</p> <p>CAHPS for MIPS registration guide updated annually in the QPP resource library</p>
<b>July</b>	
<p><b>Check last year's performance:</b></p> <p>Review Performance Feedback Report from previous performance period when it becomes available</p> <p>Submit a targeted review request if you believe an error has been made</p>	<p>CMS Performance Feedback FAQs</p> <p>Targeted Review User Guides and FAQs</p>
<p><b>Fine-tune your strategy for this year:</b></p> <p>If needed, apply for PI Hardship Exception or Extreme and Uncontrollable Circumstances (EUC) Exception (deadline: December 31)</p>	<p>CMS MIPS Exceptions Application Fact Sheet</p>
<b>August</b>	
<p><b>Review QPP Proposed Rule:</b></p> <p>Check QPP (Physician Fee Schedule) Proposed Rule or summaries from CMS or professional associations</p> <p>Look for measure updates and other changes that may affect your MIPS/QPP reporting for the next and current program years</p>	<p>CMS Physician Fee Schedule</p> <p>CMS webinars and summaries</p> <p>Summaries from professional associations</p>

## ACTIVITIES

## RESOURCES (UPDATED ANNUALLY)\*

### September

**Strategize for this year and next:**

Explore alternative MIPS collection and submission types, such as Qualified Clinical Data Registries (QCDRs) to facilitate reporting

QPP resource library/updated list of Qualified Registries (QRs) and Qualified Clinical Data Registries (QCDR)

Professional association resources

### October

**Finalize this year's reporting:**

October 3 is the last day to begin a 90-day performance period for PI and IA performance categories

**Check your current year performance:**

Review third quarter and/or year to date performance

CMS Virtual Groups Toolkit

**Plan for next year:**

Virtual Group Election Opens for next year

### November

**Strategize for this year and next:**

Review upcoming MIPS policy changes in QPP/MIPS (Physician Fee Schedule) Final Rule

CMS Physician Fee Schedule

CMS webinars and summaries

**Plan for next year:**

Decide if you will report as an individual, group, or virtual group

Select your MIPS data collection type (e.g., eCQM, CQMs, QCDR measures, Medicare Part B claims) and submission mode (EHR or QR/QCDR, log in and upload to QPP Portal, Medicare Part B claims)

Decide if you will report a MIPS Value Pathway (MVP) or APM Performance Pathway (APP), if available

Summaries from professional associations

CMS Eligibility and Participation Guide

CMS MIPS Value Pathways

CMS QPP Resource library

### December

**Final checks for this year's data reporting:**

Check your final MIPS eligibility for the current performance period

Hardship Exception Application Window and Virtual Group election period close at the end of the calendar year

CMS QPP Participation Status Lookup Tool

CMS MIPS Exceptions Application Fact Sheet

## ACTIVITIES

## RESOURCES (UPDATED ANNUALLY)\*

### Plan for next year's data collection:

Check your current quality measures

- Have specifications changed?
- Are any measures "topped out" and should be replaced?
- If you are submitting via claims, have any of the QDC codes changed?

Think about your data submission mode

- Are your measures available for your selected data submission mode?

Consider new measures

- Which ones are relevant to your specialty?
- Which ones will be supported by your EHR, Qualified Registry, or QCDR?
- If you are in a MIPS APM, consider APM Performance Pathways (APPs), when they become available
- If you are not in a MIPS APM, consider MIPS Value Pathways (MVPs), when they become available

CMS Opt In and Voluntary Reporting Election Toolkit

CMS MIPS Data Validation Criteria

CMS Physician Fee Schedule – final rule for the coming year, CMS webinars and summaries

Summaries of CMS Physician Fee Schedule changes from professional associations

Information from your EHR vendor

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