

# DATA SUBMISSION: BEST PRACTICES GUIDE FOR SMALL PRACTICES

## Overall Best Practices

- Don't wait to get started
- Understand your agreements with data vendors
- Reach out to your Technical Assistance Contractors early in the performance year
- Review and monitor your data all year long
- Keep virtual AND physical copies of data submissions and supporting documentation in case of audit
- Meet vendor deadlines

## Eligibility and QPP Portal Access:

*Final eligibility will be posted in November of each performance year*

- Check your eligibility using the [QPP Participation Look Up Tool](#)
- Create and access a QPP portal account
  - Review the QPP Access User Guide
  - If needed, sign up for a HCQIS Access Roles and Profile (HARP) account
    - [HARP registration page](#)
    - Verify that your TINs/NPIs are correct
  - Verify access to the [QPP Portal](#)
  - Password reset:
    - Call CMS help desk for assistance: 1-866-288-8292
- Understand your reporting options (individual, group, virtual group, APM entity)
  - <https://qpp.cms.gov/mips/reporting-options-overview>

## Benefits of Using the QPP Portal:

- Verify practice and membership information
- View submissions and scores from previous years' submissions
- Drill down into Cost and Quality data from previous years
- See your Medicare claims reported score
- View EHR or registry reports submitted on your behalf
- Look at facility-based potential scores

# Quality Measures

*Start data collection on January 1 to meet data completeness requirements*

Decide the submission method(s) that will result in the highest Quality score

- The number of measures available for you to report may be limited by the collection type you choose. For example, there may be a limited number of measures that can be reported via claims for some specialties.

## • **Quality Measure Data Submission by the Small Practice**

- Medicare Part B Claims Measures:
  - Review and select the Medicare Part B claims quality measures most meaningful to your practice
  - Some measures have a shortened measurement period, so be sure to review measure specifications carefully
  - Review Quality Data Codes (QDCs) on measure specifications for the current performance year, implement a process to submit QDCs for all applicable patients, and check your QDCs for claims using the Medicare Specification sheets
  - Append a QDC to your claims form with dates of service during the performance period
    - You cannot go back and add QDCs to a previously submitted claim
    - QDCs must be included on the originally submitted claim
  - Insert a Charge: An entry in the line item charge box on the claim form is a requirement for quality reporting via claims to CMS
    - When you attach a QDC to your claim, you must include \$0.00 line item charge for the QDC
    - If your billing software will not accept a code without a charge, attach a \$0.01 line item charge for the QDC
  - Check for Accuracy: Review the claims for accuracy prior to submission for reimbursement and reporting purposes
  - Claims are processed by the Medicare Administrative Contractors (MACs) and must be submitted to the national Medicare claims system data warehouse (National Claims History file) no later than 60 days following the close of the performance period to be analyzed
    - Work with your MAC to determine the last day a claim can be submitted for quality reporting
    - Don't wait! For patient encounters that occur towards the end of the performance year, be sure to file claims quickly

- Verify and retain your Part B Remittance Advice/Explanation of Benefits transmittals
- Electronic Clinical Quality Measures (eCQMs)
  - Review eCQM measures and confirm your chosen eCQM measures are supported by your 2015 certified electronic health record (EHR) technology
  - Collect data for measures using 2015 certified EHR technology
  - Run a QRDA3 or JSON file
  - Export a report (in the QRDA III format) of the eCQM data during the performance period
  - Sign into <https://qpp.cms.gov> to upload your data.
  - After uploading, validate your score in the QPP Portal
- Retain a copy of your records for up to six years (medical record documentation supports the quality measures)

### • **Third-Party Vendor Quality Data Submission**

*Third Party Intermediaries: QCDRs, Qualified Registries, and Health IT Vendors will sign into [qpp.cms.gov](https://qpp.cms.gov), upload, and submit files on your behalf*

- Electronic Clinical Quality Measures (eCQMs)
  - Review your third-party vendor's deadlines. Some vendors' deadlines are earlier than CMS's deadlines for data submission
  - Ensure there are no new EHR updates and check for readiness by contacting your vendor
  - Confirm that your chosen eCQM measures are supported by your certified HER technology
  - Review and collect data for measures using your EHR
  - If you collect data using multiple EHR systems, you will need to aggregate your data before it's submitted
- Retain validation documentation for each measure
- MIPS Clinical Quality Measures (MIPS CQMs) (formerly "Registry measures")
  - MIPS CQMs are collected by third-party intermediaries and submitted on behalf of MIPS-eligible clinicians
  - If you chose this collection type, you will need to work with a Qualified Registry
  - Determine whether your specialty society has a registry, and if so, determine whether submitting specialty measures through the society's registry would make sense for your practice
- Review and choose your MIPS CQMs measures and review your third-party intermediary's deadlines. Some intermediaries' deadlines are earlier than CMS's deadlines for data submission
- Qualified Clinical Data Registry (QCDR) Measures
  - These measures can be a great option for clinicians and practices that provide

specialized care or who have trouble finding MIPS quality measures that are relevant to their practice

- You will need to work with a QCDR to report these measures on your behalf
- Review and choose your measures
- QCDR data submission is different from a qualified registry because it's not limited to MIPS measures
- Each QCDR usually gives customized instructions about how to submit data
- Review your third-party vendor's deadlines. Some vendors' deadlines are earlier than CMS's deadlines for data submission

## Improvement Activities

*Third Party Intermediaries: QCDRs, Qualified Registries, and Health IT Vendors will sign into [qpp.cms.gov](http://qpp.cms.gov), upload, and submit files on your behalf*

- Manually attest to Improvement Activities on the QPP Portal, or upload within a QRDA or JSON file
- When attesting in the Portal, be sure to enter at least a 90 day continuous date range for the performance period as the QPP Portal will give you an error message for any performance period inserted that is less than 90 days
  - **Note:** some activities' performance periods are longer than 90 days, so be sure to check the activity specifications
- For each improvement activity that is performed for a continuous 90 days (unless otherwise stated in the activity description) during the performance year, you must attest to the improvement activity by submitting a "yes" response for each of these improvement activities
- You are not required to include supporting documentation when you attest to completing an improvement activity, but you must keep documentation for six years after submission

## Promoting Interoperability

*If your practice has several EHRs and not all are certified to the 2015 Edition, you can only submit the data collected in 2015 Edition CEHRT*

- Do not submit data in the Promoting Interoperability (PI) category if you are taking the Promoting Interoperability Hardship Exception. If you do, you will forfeit the approved exception/reweighting afforded by the Exception and you will be scored for the category if you enter any PI data, including a date range
- Verify that your EHR or registry knows your decision (to take the Exception) and does not inadvertently submit data
- If a Hardship Exception is approved, points are reallocated to other performance categories. You still have the option to submit Promoting Interoperability data after the exception is granted, and you will be scored for the category

- Check your EHR for supporting data or evidence for an exclusion of the required measures
- When attesting in the QPP Portal, be sure to enter at least a 90-day continuous date range for the performance period as the Portal will give you an error message for any performance period entered that is less than 90 days
- You do not need to include supporting documentation when you attest to your Promoting Interoperability performance category data, but you must keep documentation for six years after submission

## Cost

- Cost is scored automatically through administrative claims data through CMS; you do not need to submit data
- Review your MIPS Cost performance category feedback in the QPP portal as soon as it becomes available in the summer to analyze and prepare for future years of participation in the QPP
  - Identify areas where you could provide more cost-effective care