



Attesting for MIPS Received from Quality Payment Program Support

Each provider attesting will need an EIDM account and one of the following roles below to Attest. Attestation portal will be on the QPP.CMS.GOV Website. Please review the Enterprise Identity Data Management (EIDM) User Guide for obtaining an account and a role on Portal.CMS.Gov Website.

EIDM Roles for a TIN with one Individual Practitioner:

Group: Provider Approver

Role: Individual Practitioner

Role for an Individual Eligible Professional for PQRS and CMS Enterprise Portal to approve users with the Individual Practitioner Role or Individual Practitioner Representative Role. Within CMS Enterprise Portal you can view QRURs (drill down, dashboard); also able to view 2014 and future PQRS Feedback Reports within the Physician and Other Health Care Professionals Quality Reporting Portal you can submit data, view the Feedback Dashboard and historical Feedback reports.

Group: PQRS Provider

Role: Individual Practitioner Representative

Allows users to access the CMS Enterprise Portal to view Quality and Resource Use Reports (QRURs) (including drill down, dashboard). Within the Physician and Other Health Care Professionals Quality Reporting Portal you can submit PQRS reporting data and access submission reports, view the Feedback Dashboard and historical Feedback Reports.

Group: Physician Value (PV)

Role: Individual Practitioner Representative

Allows users to access the CMS Enterprise Portal to view QRUR Reports (including drill down, dashboard); also able to view 2014 and future PQRS Feedback Reports. Within the PQRS Portal you can submit data, view the Feedback Dashboard and historical Feedback Reports.

EIDM Roles for a TIN with 2+ Providers:

Group: Provider Approver

Role: Security Official

Role for a physician group to approve additional role requests for other users in the organization to access the physician Quality Reporting System (PQRS) and CMS Enterprise Portal. This role is needed for registering in the CMS Enterprise Portal to become a GPRO, viewing registration data for previous program years, and viewing Quality Resource and Use Reports (QRURs) (including drill down and dashboard).

Group: PQRS Provider

Role: PQRS Submitter

Allows access to submit PQRS reporting data and access submission reports via the Physician and Other Health Care Professionals Quality Reporting Portal. Note: This role does not provide access to the Accountable Care Organization/Group Practice Reporting Option (ACO/GPRO) Web Interface as referred

to below.

·Group: PQRS Provider

Role: PQRS Representative

Allows access to historical PQRS Feedback Reports and the Feedback Dashboard via the Physician and Other Health Care Professionals Quality Reporting Portal.

Group: PQRS Provider

Role: Physician Quality Initiative Portal (PQIP) Group Representative

Allows access to the Physician Compare Portal for Group Practices-level Data Updates and Preview Reports via the Physician and Other Health Care Professionals Quality Reporting Portal.

Group: Physician Value (PV) Provider

Role: Group Representative

Allows users to register in the CMS Enterprise Portal to register for the group practice reporting option (GPRO), view registration data for previous program years, and view QRURs (including drill down, dashboard). Also allows access to 2014 and future PQRS Feedback Reports via the CMS Enterprise Portal.

EIDM Roles for ACOs:

Group: Provider Approver

Role: ACO Security Official

Role for an Accountable Care Organization (ACO) to approve additional role requests from other users in the ACO to access the PQRS and CMS Enterprise Portal. Needed to view QRURs (drill down, dashboard).

Group: PQRS Provider

Role: Web Interface Submitter

Allows access to the ACO/GPRO Web Interface for data abstraction/submission and accessing submission reports via the Physician and Other Health Care Professionals Quality Reporting Portal.

Submitters (Provider Roles)

The Security Official will not have access to the Web Interface (WI). To access the WI a submitter role is required.

Acceptable Role:

Web Interface Submitter (For ACOs and GPROs)

Allows access to the ACO/GPRO Web Interface for data abstraction/submission and accessing submission reports via the Physician and Other Health Care Professionals Quality Reporting Portal.

NOTE: Unlike the Security Official Role for ACOs registered prior to the migration, the PQRS Submitter role used in previous years will not work. Users who have this role will need to remove that role and request this new role.

Requires approval from a Security Official or ACO Security Official

I hope you find this information helpful; please visit our website, <https://qpp.cms.gov>, for additional information. If you haven't already, I would recommend registering your e-mail on the QPP website so that you will get all the updates regarding the QPP program.

The CMS Quality Payment Program Support Team
E-mail gpp@cms.hhs.gov

Close notes: Attestation (for Improvement Activities and Advancing Care Information performance categories) – You manually attest that you have participated in the activities or measures for which you are claiming credit in the Improvement Activities and Advancing Care Information performance categories.

Individual and Group Data Submission

You can submit data for your practice as a group or for each individual eligible clinician within your practice. Even if you choose one method to start, you can always switch to the other. We'll retain all submitted data in our system and calculate an eligible clinician's score (and MIPS payment adjustment) using the data that results in the higher score.

Continuous Submission

There is no "submit" or "save" button in the data submission system. When you enter data, the system automatically updates your record. You can update your data any time during the submission window (January 2, 2018 – March 31, 2018). Once the submission period closes on March 31, 2018 (with the exception of the CMS Web Interface, which ends on March 16, 2018), we will calculate your payment adjustment based on your last submission or submission update.

Automatic Feedback and Scoring

As you enter data, you'll see initial MIPS performance category scoring based on your submissions. This scoring may change if you participate in an APM, report new data, or use quality measures in the Quality performance category that have not yet been benchmarked.

Multiple Ways to Report Data to CMS

The submission mechanisms available to you depend on:

- Whether you belong to a group;
- The size of your group;
- The type of health information technology you use;
- The performance category on which you're reporting; and
- Whether you participate in an MIPS APM or Advanced APM.

How to setup an EIDM Account

Please Note that when you create an account it should be in your own name as the account is tied to you and you are the only one allowed to use it. It is ok if the person creating the account is not the Provider. If you want to have another person using an EIDM account they have to make their own account. The first person adding a role for the organization would select an Approver Role. The others can select a Provider Role.

Creating an Account:

https://gnpapp.qualitynet.org/cs/pqrs/documents/EIDM_Account_Registering_Creating.pdf

Adding an Approver Role: Security Official Role (TIN with 2+ Providers) or Individual Practitioner Role

(TIN with one Provider) (Security Official can only have the one role so someone else needs to create an account to add one of the Provider roles) (Security Official can't submit data but the Individual Practitioner can do everything)

https://qnpapp.qualitynet.org/cs/pqrs/documents/EIDM_New_PVPQRS_Approver_Role.pdf

Adding a Provider Role: PQRS Representative / Group Representative / PQRS Submitter / Web Interface Submitter / Individual Practitioner Representative. (Provider roles can add multiple provider roles to their account)

https://qnpapp.qualitynet.org/cs/pqrs/documents/EIDM_New_PVPQRS_Provider_Role.pdf

Managing Your EIDM Account (Instructions for approving a role request can be found here):

https://qnpapp.qualitynet.org/cs/pqrs/documents/EIDM_Account_Managing.pdf

If a message is returned when entering the NPI/PTAN stating there is an invalid combination you may click the submit button 3 times and then will be provided a tracking number with a message stating your request will be sent for review. This means the information will be reviewed by an actual person rather than going through an automated process.

The requestor will receive either an approval or denial email once their request has been reviewed.

Select the appropriate 'Approver Role', either 'Security Official' or 'Individual Practitioner', then select 'Next'.

NOTE: The 'Security Official' role will be selected for those users in a third-party organization or that have multiple eligible clinicians (2+) billing under a TIN. The 'Individual Practitioner' role will be selected for those that are a sole proprietor billing under a TIN or SSN.

Email Sign-ups-

To receive the most up-to-date information as it relates to QPP, sign-up to receive listserv messages. Visit qpp.cms.gov, scroll to the bottom of any page and select "Subscribe to Email Updates." There will be an option to register for Quality Payment Program messages.

Website

There is a lot of great information about the Quality Payment Program on our website at qpp.cms.gov.

Webinars

If you would like to attend upcoming webinars or view past webinars, please visit the following link to training videos and our factsheets.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

Additional Questions-

If you have any additional questions or concerns, please contact the QPP Service Center at 1-866-288-8292 or by email at qpp@cms.hhs.gov. Normal business hours are Monday-Friday from 7:00 AM to 7:00 PM Central Time.