Quality Payment PROGRAM

Performance Year 2021: Data Submission FAQs

COVID-19 and 2021 Participation

As announced through the QPP Listserv on 11/10/2021, the Centers for Medicare & Medicaid Services (CMS) continues to provide relief where possible to clinicians responding to the 2019 Coronavirus (COVID-19) public health emergency (PHE). We're applying the Merit-based Incentive Payment System (MIPS) automatic extreme and uncontrollable circumstances (EUC) policy to all individually MIPS eligible clinicians for performance year (PY) 2021.

> The automatic EUC policy only applies to MIPS eligible clinicians who are eligible to participate in MIPS as individuals.
>
> The automatic EUC policy **doesn't** apply to groups, virtual groups, or Alternative Payment Model (APM) Entities.

Under the automatic EUC policy, individually eligible clinicians qualify for automatic reweighting of all performance categories; data submitted by or on behalf of the individual clinician will override reweighting on a category by category basis.

What happens if I am a MIPS eligible clinician covered by the automatic EUC policy but still submit data?

It depends on how many performance categories you submit data for **as an individual.**

- If you submit data for **one performance category** (or no data at all), you will receive a final score equal to the performance threshold and receive a neutral payment adjustment.
- If you submit data for **2 or 3 performance categories** (quality, improvement activities, and/or Promoting Interoperability), you will be scored on the performance categories for which you submitted data. Your payment adjustment will be determined by your final score.
- You won't be scored in any performance category for which data isn't submitted.
- You won't be scored on the cost performance category under the automatic EUC policy even if data are submitted in other performance categories.

See Appendix A for more information about data submission and the automatic EUC policy. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program COVID-19 Response webpage or our Quality Payment Program COVID-19 Response Fact Sheet.

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Extreme and Uncontrollable Circumstances Applications

1. Can I submit an Extreme & Uncontrollable Circumstances Exception application during the submission period?

No. The deadline to submit a 2021 Extreme & Uncontrollable Circumstances Exception application is December 31st, 2021.

2. Will an approved Extreme & Uncontrollable Circumstances Exception application override data that I submit?

No, if a group or virtual has an approved EUC exception application and then submits data, we will score the data you submit.

Exception: APM Entities with an approved extreme and uncontrollable circumstances exception application will receive a final score equal to the performance threshold (which equates to a neutral payment adjustment for its MIPS eligible clinicians) even if data are submitted.

3. How do I know if our Extreme & Uncontrollable Circumstances Exception application was approved?

Once an application has been approved, an email notification is sent to the individual who submitted the application, and anyone else they designated in the application. The individual who submitted the application can also log in to the QPP website and navigate to the Exceptions Application page to view the application details and status. Approved applications and subsequent performance category reweighting are updated in the QPP website on a weekly basis. If you applied close to the December 31, 2021 deadline (or your application was approved closed to the deadline), your approved application and performance category reweighting may not be immediately reflected on the QPP website.

If you have a question about an existing or approved application, please contact the Quality Payment Program using the information at the bottom of this page.

Group and virtual group applications:

When you sign in to the QPP website and navigate to the Eligibility and Reporting page, you will see a message when the Practice has an approved application for the group. You will need to click **Report as a Group/Virtual Group** to access the Overview page to confirm which performance categories were approved for reweighting in the group's application. The group or virtual group application applies to all MIPS eligible clinicians in the group or virtual group.

Individual applications:

We applied the automatic EUC policy to all individual MIPS eligible clinicians, which supersedes any reweighting requested and approved through an application.

APM Entity Applications

When you sign in to the QPP website and navigate to the Eligibility and Reporting page, you will see a message when the APM Entity has an approved application. The application applies to all MIPS eligible clinicians in the Entity group.

General/Access

4. When can I submit my data for PY 2021?

The PY 2021 submission period opens at 10:00 a.m. ET on January 3, 2022 and closes at 8:00 p.m. ET on March 31, 2022.

Exception

Quality measures reported through Part B claims are submitted throughout the performance period and into the submission period (for dates of service January 1 – December 31, 2021).

- We receive your quality data from claims processed by your Medicare Administrative Contractor (MAC).
- These claims must be processed **and received by CMS** by March 1, 2022 to count for quality reporting.
- Contact your MAC for the specific date by which they must receive your claims in order to meet this processing timeline.

5. How do I sign in to the QPP website to submit my data?

You will need to create an account and connect to an organization(s), such as your practice (for individual or group reporting). You create an account on the HARP website and then log in and connect to your organization through the QPP website. For more information, please refer to the **Quality Payment Program Access User Guide**, available on the Resource Library.

NOTE: As of November 4, 2021, Shared Savings Program ACOs have a different process for creating a Health Care Quality Information System (HCQIS) Access Roles and Profile system (HARP) account and requesting a Quality Payment Program (QPP) role. ACOs will no longer create accounts or request QPP roles through the QPP website.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. – 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

If you need to set up an account and a QPP role in order to access the CMS Web Interface, please refer to the **Shared Savings Program ACOs: ACO-MS User Access** document (PDF) in the Quality Payment Program Access Guide (ZIP) for information on how to obtain a HARP account with a QPP Security Official or Staff User role and manage your role in the ACO Management System (ACO-MS).

If you're an ACO's QPP Security Official or Staff User in ACO-MS, then you can sign in to QPP and access the CMS Web Interface using your ACO-MS Username and Password.

> Appendix B provides a snapshot of what you can expect to see and do (related to PY 2021 submissions) based on your role and organization type.

6. Do I need to sign in to the QPP website during the PY 2021 submission period?

You will need to sign in to submit data on behalf of:

- Yourself (solo practitioners).
- Individual clinicians or the group (practice representatives).
- Your virtual group (virtual group representatives).
- Your APM Entity (APM Entity representatives submitting quality data).

> **If a third party submitted your PY 2021 data,** we strongly encourage you to sign in during the submission period so you can review the data submitted.
>
> **You can't submit new data or correct errors on previously submitted data once the submission period closes.**

Clinician/Practice Information

7. How did you determine which clinicians are displayed on the QPP website for our practice?

We display the clinicians (identified by NPI) found in your TIN's Part B claims with dates of service between **October 1, 2020 and September 30, 2021**.

This includes clinicians who:

- ✓ Joined your practice during the performance period and are eligible as individuals or as part of the group,
- ✓ Are no longer with your practice; and/or
- ✓ Have terminated the reassignment of their billing rights to your practice's TIN in PECOS.

We will also display any clinicians in your practice who don't have Part B claims but who are identified as a participant in a MIPS APM.

Note: The following clinicians will ***not*** appear on the QPP website during the submission period:

Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2021.

These clinicians will be added to the Payment Adjustment CSV that can be downloaded when final performance feedback is available:

- They will receive a neutral MIPS payment adjustment if your practice reported as individuals; or
- They will receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS).

8. Why are we being asked to make an opt-in election when we're trying to report data?

Clinicians and groups that are opt-in eligible are required to make an election before PY 2021 data can be submitted. **No action is required if you *don't* want to submit data.**

You are opt-in eligible when you are otherwise eligible for MIPS and exceed 1 or 2 (but not all 3) elements of the low-volume threshold.

If you are opt-in eligible and want to report, you must make a choice before you can submit your data:

- Opt-in to MIPS and receive a payment adjustment in 2023.
- Voluntarily report and receive performance feedback but no payment adjustment. (Note that you can't voluntarily report the APM Performance Pathway (APP).)

Third parties can also make this election on your behalf.

Review more information about this choice beginning on page 30 of the 2021 MIPS Eligibility & Participation User Guide.

9. Why do I/does our group have the option to report traditional MIPS or the APM Performance Pathway?

MIPS eligible clinicians participating in a MIPS APM, and groups that include these clinicians, have 2 options for reporting their MIPS data, and must indicate their intent to report via traditional MIPS or the APM Performance Pathway before their data is submitted.

Traditional MIPS, established in the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS. Under traditional MIPS, participants select from over 200 quality measures and over 100 improvement activities, in addition to reporting the complete

Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

- If you're reporting as a group and select **Traditional MIPS,** the final score and associated payment adjustment will apply to all of the MIPS eligible clinicians in your group.

The APM Performance Pathway (APP) is a streamlined reporting framework (with specified measures) beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

- If you're reporting as a group and select **APM Performance Pathway (APP),** the final score and associated payment adjustment will only apply to the MIPS eligible clinicians who also participate in a MIPS APM.

- Please note that there is a separate APP Submission Guide.

10. Can we report for some MIPS performance categories as individuals and others as a group?

No. Individual level submissions and group level submissions will not be combined into a single final score.

> **Exception**: Quality measures reported through Part B claims are always reported at the individual level. We will automatically aggregate this quality data to the group or virtual group level in addition to scoring the individual clinicians.

11. How do we know if our data was reported at the individual or group level?

Sign in to the QPP website and navigate to Eligibility and Reporting (on the left hand navigation).

- **When you're reporting as a group:**
  - Click "Report as a Group" next to your practice's name.
  - You'll land on the group's **Reporting Overview**, which shows the data and preliminary performance category scores attributed to the group.
- **When you're reporting as individuals**:
  - Click "Report as Individuals" next to your practice's name.
  - Click "Report as Individual" next to a clinician's name.
  - You'll land on the clinician's **Reporting Overview**, which shows the data and preliminary performance category scores attributed to the clinician.

If data is reported at both the individual and group level (for any or all performance categories):

- We will calculate 2 final scores for clinicians who are **MIPS eligible as individuals** at your practice (i.e. individually exceeded the low-volume threshold)**;** one based on individual level data reported, and one based on the group level data reported. These clinicians will receive the higher of these 2 scores, and the associated payment adjustment.
- Clinicians who are only **MIPS eligible at the group level** at your practice (i.e., did not exceed the low-volume threshold as individuals/did not opt-in as individuals) will receive **a final score and payment adjustment based on the group level submission**. Their individual level submissions will be voluntary.

12. I'm a solo practitioner. Does it matter if I report as a group or an individual?

You should report all of your data at the individual level, even if you see the option to report as a group. Under MIPS, a group is represented by a Taxpayer Identification Number (TIN) with 2 or more clinicians who have reassigned their billing rights to the TIN, one of whom must be MIPS eligible.

> **Shared Saving Program Solo Practitioners**
> Solo practitioners that participate in a Shared Savings Program ACO can "Report as an Individual" to manually attest to their Promoting Interoperability measures or upload a QRDA III file.

Reminder: The automatic EUC policy will apply to all individually eligible clinicians for PY 2021. Refer to **Appendix A** for more information about the automatic EUC policy and data submission by individuals.

13. We have MIPS eligible clinicians who left our practice during the performance year. What does this mean for our PY 2021 reporting and 2023 MIPS payment adjustments?

If your practice (TIN) is participating at the **individual level** (submitting data on behalf of each MIPS eligible clinician):

- You don't need to submit any data on behalf of the clinician for PY 2021 because we applied the automatic EUC policy to all individually eligible clinicians.
- If the clinician returns to your practice during the 2023 payment year, he or she will receive a neutral MIPS payment adjustment as a result of the automatic EUC policy on covered professional services billed in the 2023 payment year under your practice's TIN.

If your practice (TIN) is participating at the **group level** (submitting aggregated data on behalf of all clinicians in the group):

- You will include data from all clinicians who were part of your practice during PY 2021 as appropriate to the measures and activities you're submitting.
- All MIPS eligible clinicians in the group, including those who have left your practice, will receive a final score and payment adjustment based on the group submission.

If a MIPS eligible clinician was part of your practice during the 2021 performance year but leaves before the 2023 payment year, any payment adjustment associated with that clinician (NPI) will follow the clinician.

The payment adjustment will not impact your practice's payments in 2023 unless the clinician returns to your practice during the 2023 payment year.

14. When will I be able to see information about reweighting and/or reduced reporting requirements for PY 2021 reflected on the QPP website?

When the submission period opens on **January 3, 2022**, the system will identify:

Who	What	Why
Clinicians, groups, virtual groups and APM Entities	Qualify for a 0% weighting of any performance category(ies)	Extreme & Uncontrollable Circumstances Applications (approved by 12/31/2021) *This information will be updated on a weekly basis until all applications have been processed.*
Clinicians	Qualify for a 0% weighting in all performance categories for which data is not submitted	Automatic Extreme & Uncontrollable Circumstances policy
Clinicians, groups and virtual groups	Qualify for a 0% weighting of the Promoting Interoperability performance category	Clinician type or special status or Promoting Interoperability hardship exception applications (approved by 12/31/2021)

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		This information will be updated on a weekly basis until all pending applications have been processed.
Clinicians, groups, virtual groups and APM Entities	Receive 2x points for each reported improvement activity when reporting traditional MIPS	Special status
Clinicians	Qualify for 50% credit in the improvement activities performance category • After submitting data for another performance category	Participation in an APM (1st, 2nd or 3rd APM snapshot dates) (We'll update participation in an APM based on the 4th APM snapshot after the close of the submission period.)
Clinicians	Excluded from MIPS because they have Qualifying (or Partial Qualifying) APM Participant status	Participation in an Advanced APM (1st, 2nd or 3rd APM snapshot dates)

Submitting Data: Quality Performance Category

15. What are our quality measure data submission options at this point?

If you haven't already prepared for the submission of the quality measure data you've collected throughout the 2021 performance period, you have a few options.

- You can export a report (in the Quality Reporting Document Architecture (QRDA) III format) of the electronic clinical quality measure (eCQM) data collected in your 2015 Edition certified EHR technology during the performance period and sign in to the QPP website to upload your data.
- You can report MIPS clinical quality measures (CQMs) by uploading a properly formatted QPP JavaScript Object Notation (JSON) file. (This option is most feasible for those with an onsite information technology (IT) department.)
    - For information on building JSON files, review the QPP submission documentation on the Developers Tools section of the QPP website.
- You can work with a Qualified Registry or Qualified Clinical Data Registry (QCDR) or other health IT organization to submit data your behalf. You can find information about CMS-approved Qualified Registries and QCDRs on the QPP Resource Library.

At this point, you won't be able to report your quality measures via Medicare Part B claims or the CMS Web Interface.

16. We reported quality measures through Medicare Part B claims. When will this data be available?

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 Tool to see if you have the small practice special status.

We're still working to display preliminary claims measure results for clinicians and groups who opted in. We anticipate preliminary claims measure results will be available by early February. 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).

REMINDER: We will **automatically calculate a group level quality score** based on Part B claims measures submitted by clinicians in a small practice.

17. When will we see our facility-based scores on the QPP website?

There is no facility-based scoring in MIPS for PY 2021. The following information was communicated via QPP listserv on August 26, 2021:

In response to the impact of the ongoing COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) finalized a measure suppression policy in the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule for several hospital reporting programs, including the Hospital Value-Based Purchasing (VBP) Program. This policy allows CMS to suppress the use of measure data if the agency determines that circumstances caused by the COVID-19 PHE have affected those measures and the resulting quality scores significantly. CMS also finalized the suppression of seven measures for the FY 2022 Hospital VBP Program under this policy.

CMS believes that calculating a total performance score in the Hospital VBP Program for hospitals using only data from the remaining measures, all of which are in the Clinical Outcomes Domain, would not result in a fair national comparison. **Therefore, CMS also finalized a special scoring policy for FY 2022 and as a result won't calculate a total performance score for any hospital for FY 2022.**

- **Because the FY 2022 total performance score from the Hospital VBP Program won't be available, we won't be able to calculate MIPS facility-based scores for the 2021 MIPS performance period.**

In addition to the QPP listserv announcement, we updated the 2021 Facility-Based Quick Start Guide and QPP website to reflect this information.

18. When will the Eligible Measure Applicability (EMA) process and specialty set denominator reductions be applied to qualifying submissions?

Denominator reductions will be applied to qualifying submissions at the point of submission when you only submit MIPS CQMs.

Denominator reductions are generally applied after the submission period when you report quality measures through Medicare Part B Claims.

Reminders:

- The EMA process is applied to qualifying submissions of Medicare Part B claims measures or MIPS CQMs. The EMA process is **not** applied to submissions that include eCQMs or QCDR measures.
- The Targeted Review process is available to those who believe they qualify for a denominator reduction but don't see it applied to their Quality submission when final performance feedback is available in July 2022.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. – 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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19. What is a collection type?

A collection type refers to a set of quality measures that have comparable specifications and data completeness requirements.

For example, Medicare Part B Claims measures are one collection type.

- All of the specifications for Medicare Part B claims measures have a similar structure and framework.
- You must report performance data for 70% of the denominator eligible encounters for each Part B Claims measures.

The other collection types are available for reporting are: eCQMs, MIPS CQMs, QCDR measures, CMS Web Interface measures, and the CAHPS for MIPS Survey measure. (Administrative claims measures are the final collection type, but these measures aren't submitted by clinicians; we collect and calculate these measures on your behalf.)

You may see some instances within the submission experience (when you're signed in to the QPP website) where the term "collection type" is used for the Promoting Interoperability and Improvement Activities performance categories. In these instances, the term is referring to your submission type (for example, a file upload vs. manual entry).

20. What happens if we submit the same quality measure through multiple collection types?

We will only include achievement points from one collection type for a single measure in your Quality performance category score.

Let's look at an example:

- You're a small practice reporting the breast cancer screening measure (Quality ID 112) as an eCQM and through Part B claims.
    - You earn 8.9 achievement points for the measure through the eCQM collection type.
    - You earn 5.1 achievements points for the measure through the Medicare Part B claims collection type.
- We will include the 8.9 achievement points from the eCQM in your Quality performance category score and this version will count as one of your 6 required measures.
- The Part B claims version of the measure will not contribute to your Quality performance category score or count as one of your 6 required measures.

Submitting Data: Promoting Interoperability Performance Category

21. What is the certification ID required for the Promoting Interoperability performance category?

CMS EHR Certification ID is a data submission requirement for the Promoting Interoperability performance category. We validate this ID to verify you are using 2015 Edition CEHRT, 2015 Cures Update Edition, or a combination of both, as required by policy.

If you don't provide this ID, or any of the other required data, you will receive a score of 0 for the Promoting Interoperability performance category.

- If you have multiple products/modules, you will need **a single CMS EHR Certification ID** that reflects all 2015 Edition/Cures Update CEHRT products/modules used to collect Promoting Interoperability data during the performance period.
- Enter your product information in the ONC Certified Health IT Product List (CHPL) website search tool and select all 2015 Edition certified products or certified health IT modules used during the performance period. (**Don't include any 2014 Edition CEHRT products/modules.**)

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 25-28 of the CHPL Public User Guide.

A **valid** CMS EHR Certification ID for 2015 Edition/Cures Update CEHRT will include "**15E**".

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

22. When can we report "yes" for the PDMP measure?

You can report a "yes" response when, for at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

Note: The query of the PDMP is not required to be performed by the same eligible clinician who prescribes the Schedule II opioid. MIPS eligible clinicians should determine what is most appropriate, in accordance with applicable law, for the medical staff involved in performing the queries based on their own standard operating procedures, guidelines, and preferences.

This optional measure is worth 10 bonus points in PY 2021 provided you don't claim an exclusion for the e-Prescribing measure.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. – 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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23. Why do some Promoting Interoperability measures offer the option to "Report Measure Again"?

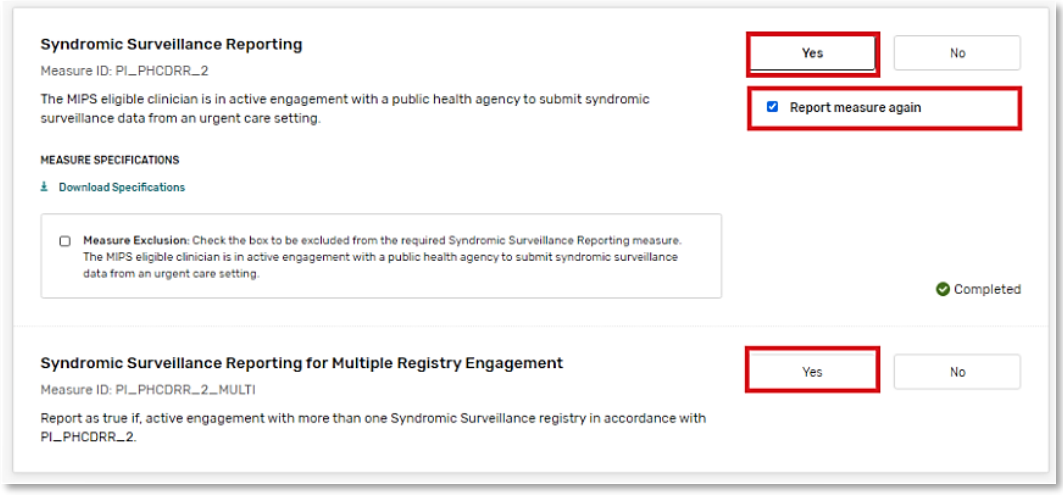
The "Report Measure Again" option is specific to the measures within the Public Health and Clinical Data Exchange objective when manually reporting (attesting to) your Promoting Interoperability data. You can report the same measure twice as long as you are engaged with 2 distinct organizations.

For example, you engaged with multiple Syndromic Surveillance registries.

- If you're **uploading a file**, you'd include the multiple registry engagement measure ID identified in the specification (screenshot below).

Objective:	Public Health and Clinical Data Exchange
Measure:	Syndromic Surveillance Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.
Measure ID:	PI_PHCDRR_2
Multiple Registry Engagement:	Report as YES if active engagement with more than one Syndromic Surveillance registry in accordance with PI_PHCDRR_2.
Multiple Registry Engagement Measure ID:	PI_PHCDRR_2_MULTI

- If you're **manually reporting/attesting**, you'll **1)** attest yes to the measure for the first registry, **2)** select "Report Measure Again", and **3)** attest yes to the Multiple Registry Engagement measure that will appear (screenshot on next page).



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Submitted Data

24. What happens if I have multiple submissions over the course of the submission period?

We allow quality measures to be submitted through multiple collection types for a single Quality performance category score.

For Quality, if the same quality measure is reported multiple times by the same organization through the same collection type, the system will save the most recently reported data for that specific measure. We won't aggregate data between submissions when the same measure is reported multiple times. If the same quality measure is reported by 2 different organizations, for example; your practice uploaded a file with Measure 001 and your third party intermediary uploaded a file with Measure 001, we'll use whichever submission resulted in a higher score for Measure 001.

See Question 20 for information about reporting the same measure through different collection types.

We also allow for multiple submission types across all performance categories.

For Improvement Activities, we will aggregate activities submitted through attestation, file upload, and/or direct submission for a single performance category score (not to exceed 100%).

For Promoting Interoperability, we recommend using a single submission type (file upload, API or attestation) for reporting.

Any conflicting Promoting Interoperability data submitted through multiple submission types **will result in a score of 0 for the Promoting Interoperability performance category.**

25. Can I delete inaccurate data submitted by our third party intermediary?

No. If you notice an error in data submitted on your behalf, you should contact the third party about deleting the data they previously submitted and resubmitting your corrected data before the submission period closes.

- You can't delete data submitted by another organization such as a QCDR or Qualified Registry.
- You also can't correct inaccurate Promoting Interoperability data submitted by a third party by attesting to the correct data.

- **Any conflicting data submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.**

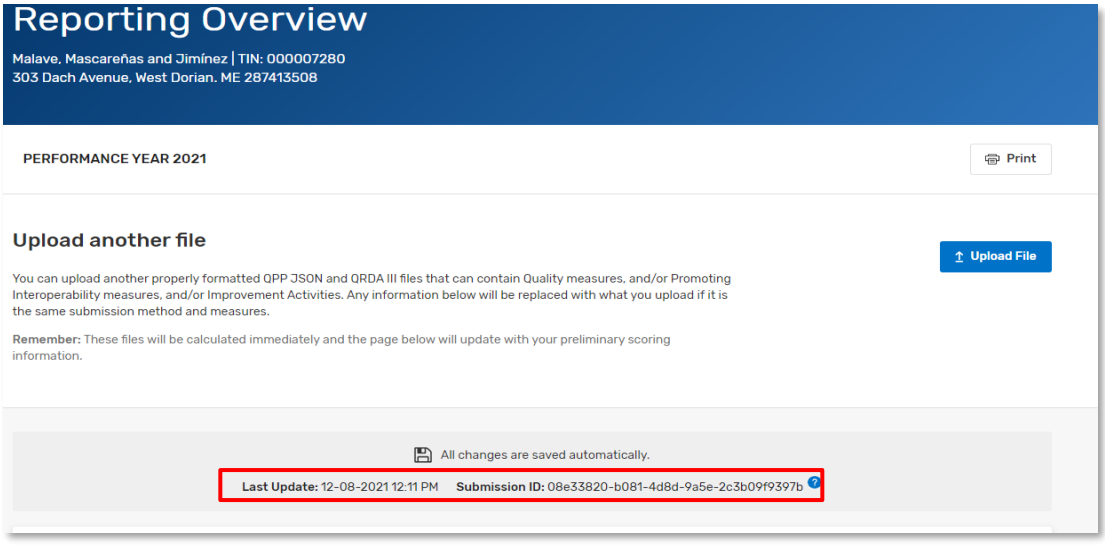
You can't submit or re-submit data once the submission period has closed.

If the third-party intermediary is unable or unwilling to correct your data:

- Contact the Quality Payment Program at 1-866-288-8292 or via email at QPP@cms.hhs.gov to report data inaccuracies on the part of a CMS-approved Qualified Registry, Qualified Clinical Data Registry or Health IT vendor.
    - Customers who are hearing impaired can dial 711 to be connected to a TRS communications Assistant.
- If you have concerns about a health IT vendor, you can also register your concern by completing the Health IT Feedback Form (https://www.healthit.gov/form/healthit-feedback-form). More information on the certified health IT complaint process can be found here: https://www.healthit.gov/topic/certified-health-it-complaint-process.

26. What is the submission ID?

The submission ID is located on of the Reporting Overview page. This is a unique number we use to identify all of your submission information and data submitted by you and/or by a third party. Once assigned, this ID will not change, even as new data is submitted. If you're reporting as both an individual and a group, there will be one submission ID for your individual data and a separate submission ID for your group's data. If you don't see the data you're expecting to see, contact the Quality Payment Program and provide this number.



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Contact the Quality Payment Program

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by email at: QPP@cms.hhs.gov (Monday-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. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

We will also have a more comprehensive user guide with screenshots available soon.

Version History Table

Date	Change Description
1/3/2022	Original posting

Appendix A

The table below illustrates the PY 2021 MIPS performance category reweighting policies that CMS will apply under the MIPS automatic EUC policy to clinicians that submit MIPS data as individuals.[1]

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 One Performance Category					
Quality Only	100%	0%	0%	0%	Neutral
Promoting Interoperability Only	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality **and** Promoting Interoperability	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

[1] See §414.1380.

Contact the Quality Payment Program, Monday through Friday, 8 a.m. – 8 p.m. ET at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

(Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
Submit Data for 3 Performance Categories					
Quality **and** Improvement Activities **and** Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

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Appendix B

This table provides a snapshot of what you can and can't do/view based on your access and organization type during the submission period (January 3 – March 31, 2022).

With This Access	You CAN	You CAN'T
Staff User or Security Official for a **Practice** (includes solo practitioners)	✓ Submit data on behalf of your practice (as a group and/or individuals) ○ Includes Promoting Interoperability data for MIPS APM participants reporting traditional MIPS or the APP ✓ 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 preliminary scoring for claims measures reported throughout the performance year (this data will be updated to account for the 60 day run out) ✓ View preliminary performance feedback for the group and individual clinicians	X View your cost feedback ○ Cost data won't be available during the submission period) X View facility-based scoring for Quality and Cost (**Facility-based scoring isn't available in PY 2021**) X 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 for the APP X View data submitted by your virtual group
Clinician Role	• *You can't do anything related to PY 2021 submissions with this role.* • *This is a view only role to access performance feedback in Summer 2022.*	

With This Access	You CAN	You CAN'T
Staff User or Security Official for a **Virtual Group**	✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View performance feedback for the virtual group	X View your Cost feedback ○ Cost data won't be available during the submission period X 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)
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, APM Entities and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data you submitted for them	X View data submitted by your clients directly X View data submitted by another third party on behalf of your clients X View data collected and calculated by CMS on behalf of your clients ○ Cost measures ○ All-Cause Hospital Readmission measure
Staff User or Security Official for an **APM Entity** (including Shared Savings Program ACOs)	✓ Submit and view quality data through the CMS Web Interface (Shared Savings Program ACOs only) ✓ Upload a QRDA III file with your eCQM data for the Comprehensive Primary Care Plus (CPC+) program or Primary Care First (PCF) ✓ Submit quality data for traditional MIPS or the APP (all MIPS APMs) ✓ View quality data submitted by or on behalf of the Entity	X View the Promoting Interoperability data reported by clinicians and groups in your APM entity for traditional MIPS or the APP

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