

March 14, 2019 | Volume 4 | Issue 3



E-QUAL Learning Collaboratives

[Sepsis](#) | [Avoidable Imaging](#) | [Chest Pain](#) | [Opioid](#)

2019 Enrollment Dates

Opioid Wave II
March 18, 2019

E-QUAL Initiative Portal

Questions?
Contact the [E-QUAL Team](#)

Deadline to Submit MIPS Year 2 (2018) Data is
Less Than 1 Month Away

You Have Less than 1 Month to Submit MIPS Year 2 (2018) Data for the Quality Payment Program

The Centers for Medicare & Medicaid Services (CMS) has officially opened the data submission period for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in Year 2 (2018) of the Quality Payment Program. Data can be submitted and updated any time **until 8:00 p.m. ET on Tuesday, April 2, 2019.**

CMS Web Interface users need to report their Quality performance category data by **8:00 p.m. EST on March 22, 2019.** Clinicians who reported Quality measures via Medicare Part B claims can sign in to qpp.cms.gov to view current performance based on claims that have been processed by your Medicare Administrative Contractor.

Checking Your 2018 Eligibility

Your status may have changed, so we encourage you to use the QPP Participation Status Tool to confirm your final 2018 MIPS eligibility.

If, after the first review earlier this year, you were determined to be:

- Eligible for MIPS: Your eligibility status might change, and you may no longer be eligible. You should use the **tool** to make sure you're still eligible.
- Not eligible for MIPS at a particular practice: Your eligibility status, based on your association with that particular practice, will not change.

Please note, if you joined a new practice (meaning you billed under, or assigned your billing rights to, a new or different TIN) between September 1, 2017, and August 31, 2018, CMS evaluated your MIPS eligibility based on your association with that new practice (identified by TIN) during this second review.

If you joined a new practice after August 31, 2018, you are not eligible for MIPS as an individual based on your association with that new practice (identified by TIN). However, you may be eligible to receive a MIPS payment adjustment based on your group's participation, if the new practice you joined chooses to participate in MIPS as a group.

How to Sign-in to the Quality Payment Program Data Submission System to View or Submit Data

To sign in to qpp.cms.gov and submit data (or view data submitted on your behalf), you need:

- An account (user ID and password)
- Access to your organization
-

If you've signed in to qpp.cms.gov before or have an account with one of the PV/PQRS roles that lets you submit QPP data, you can use those credentials (user ID and password) to sign in at <https://qpp.cms.gov/login>.

If you've never signed in to qpp.cms.gov before, or don't have an account with one of the PV/PQRS roles that lets you submit QPP data, you'll need to create an account before you can sign in. Review the [QPP Access User Guide](#) and click **Register** on the sign in page so you can sign in to submit, or view, data.

Note: Clinicians who are not sure if they are eligible to participate in the Quality Payment Program can check their eligibility status using the [QPP Participation Status Tool](#)

For More Information

To learn more about how to submit data, please review the 2018 MIPS data submission [FAQs](#), [User Guide](#) and video series available in the [QPP Resource Library](#).

Questions?

If you have questions about how to submit your 2018 MIPS data, contact:

- The Quality Payment Program by phone: 1-866-288-8292/TTY: 1-877-715-6222; or email: QPP@cms.hhs.gov
- Your [local technical assistance](#) organization

2018 Certificates of Completion





Download your Certificate

- Certificates of Completion are available for **all 2018 collaboratives**.
- They can be downloaded directly from your site's portal(s) in the Report Downloads section (*pictured right*).
- You may use the Certificate as evidence for attestation of the completed Improvement Activities listed.



[CEDR Homepage](#)

Report Download

Benchmarking Report I	
Benchmarking Report II	
Monthly Progress Report Card	
Certificate of Completion	

CEDR Sites

If you are a current CEDR participant, you may submit through your CEDR Dashboard.

Please make sure to bring your Certificate(s) of Completion to your group's MIPS Submission call.

Quality Tip of the Month





“Choose and implement an adult head trauma decision rule. Canadian CT Head Rule most likely to decrease CT use.”

Adam Sharp, MD, MS

Kaiser Permanente

Frequently Asked Questions



[View the FAQ page](#) | [Download the Portal Access Guide](#)

If you have questions regarding your collaborative, please be sure to reference these resources. If your site's questions are not answered, please reach out to the [E-QUAL team](#).

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