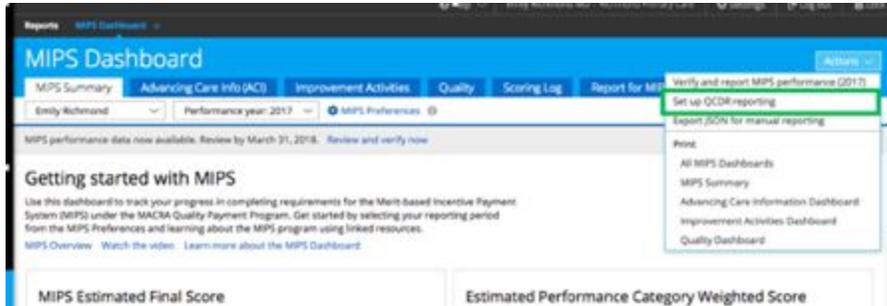**MIPS QCDR Submission Walk Through**

If you submitted MIPS data to CMS via the Practice Fusion QCDR (prior to March 16, 2018) that included either of the following quality measures, you will need to re-submit your data to CMS.
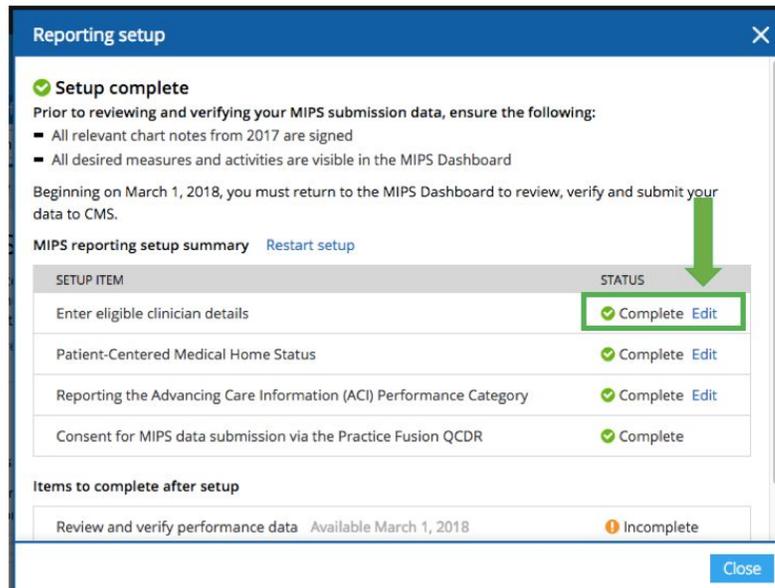
- CMS 122v5 (Measure ID 238) - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
- CMS 156v5 (Measure ID 001) - Use of High-Risk Medications in the Elderly

_____

Please follow the steps below to re-submit your MIPS data to CMS using the Practice Fusion QCDR:
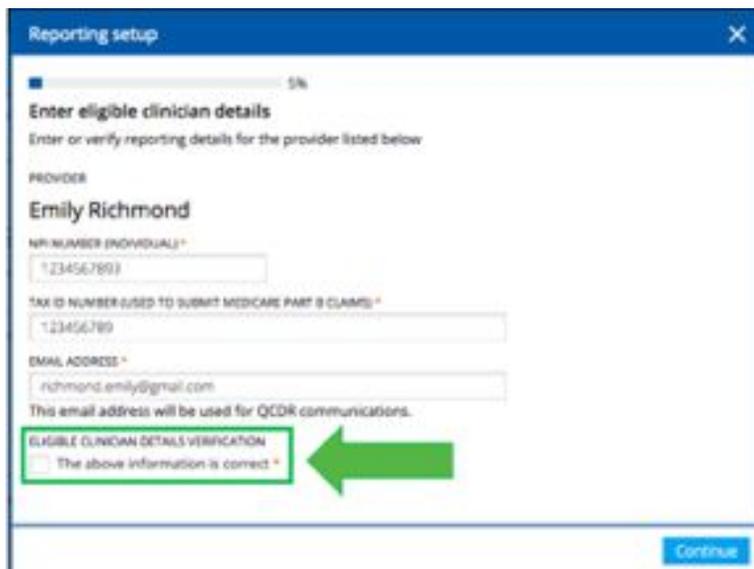
1. Go to your MIPS Dashboard and select "Set up QCDR Reporting" from the Actions menu



2. Select "Edit" next to the row that says *Enter eligible clinician details*
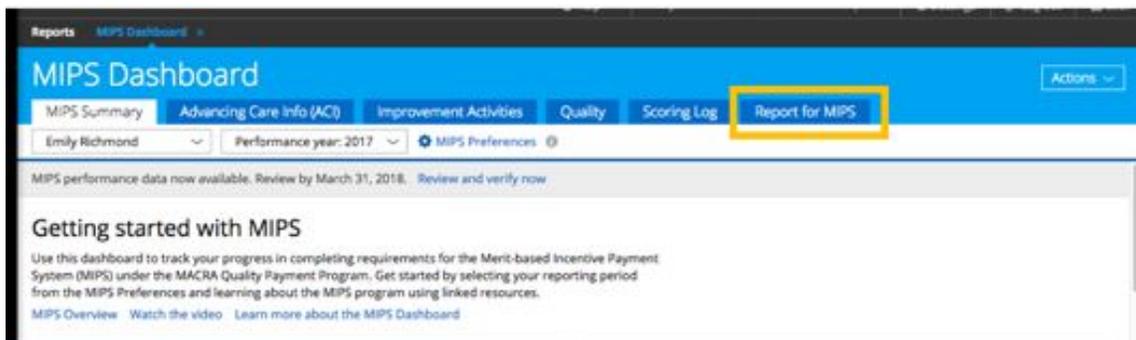
3. Reconfirm the eligible clinician details included on the modal and select "Continue"



4. Close the QCDR Setup screen and go to the "Report for MIPS" tab in the MIPS Dashboard. Once the "Report for MIPS" tab is opened, a new JSON file is generated on the back end and the performance category data should be re-set.

5. Verify that all of the data included in each category is accurate and complete. Below is information to help you verify Measure ID 001 and Measure ID 238, the only measures that were impacted by this error. Note that you may not have both measures included in your submission. You should verify all measures applicable to your MIPS data submission and can use the information below as applicable.

   a. **Measure ID 238 (Use of High-Risk Medications in the Elderly)** - This is a multi-rate measure so the first row in the "Verify" screen will say "N/A" for all columns because only individual stratification values are reported to CMS for MIPS. Review the instructions below to verify each stratification for this measure:

      i. Below the row that says N/A, you will see two rows that display the cohort values for the measure stratifications ("Overall" and "2+").

      ii. The row for "Overall" in the JSON aligns with the cohort in the eCQM dashboard labeled "Patients with an order for at least one high-risk medication during the measurement period." The value in the "Performance Met" column for this row should match the "Numerator" column for this row in the eCQM dashboard."

      iii. The row labeled "2+" in the JSON aligns with the cohort in the eCQM dashboard labeled "Patients with an order for at least two different high-risk medications during the measurement period." The value in the "Performance Met" column for this row should match the "Numerator" column for this row in the eCQM dashboard."

| | | DATA TO BE SUBMITTED TO CMS | | | | |
|---|---|---|---|---|---|---|
| MEASURE ID | TITLE | PERFORMANCE MET ⓘ | PERFORMANCE NOT MET ⓘ | INITIAL PATIENT POPULATION (IPP) ⓘ | EXCLUSION ⓘ | EXCEPTION ⓘ |
| 238 | Use of High-Risk Medications in the Elderly | N/A | N/A | N/A | N/A | N/A |
| | Overall | 0 | 4 | 4 | 0 | 0 |
| | 2+ | 0 | 4 | 4 | 0 | 0 |

   b. **Measure ID 001 (Diabetes: Hemoglobin A1c (HbA1c) Poor Control)** - Scroll down in the "verify" modal to see this measure in your list of eCQMs to verify. The value in the "Performance Met" column for should match the "Numerator" value displayed in the MIPS Dashboard.

| | | | | | | |
|---|---|---|---|---|---|---|
| 001 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) | 4 | 1 | 5 | 0 | 0 |

6. Once you have verified the data in the JSON file, submit the data to CMS directly from the "Report for MIPS" tab in the Practice Fusion MIPS Dashboard.

**3. Send MIPS perfomance data to CMS to complete reporting**

Deadline to send data is March 31, 2018

Package and send data to CMS                                    [ Send data to CMS ]