

American Urogynecologist Society (AUGS) MIPS Dashboard

Version 1

Table of Contents

1	Introduction.....	1
2	Access to MIPS Dashboard	2
2.1	Login Screen	2
3	Practice Type	2
3.1	Solo Practice.....	2
3.2	Group Practice.....	3
4	MIPS Dashboard	3
4.1	Welcome Screen.....	3
4.1.1	Get Started.....	4
4.1.1.1	Dashboard view for Solo Provider Practice	4
4.1.1.2	Dashboard view for Group Practice.....	5
4.1.1.2.1	Dashboard for Practice	5
4.1.1.2.2	Dashboard for Individual Providers within Group	6
4.2	Participation Components.....	6
4.2.1	MIPS Eligibility.....	7
4.2.2	NPI.....	9
4.2.3	TIN	10
4.3	Performance Categories.....	11
4.3.1	Quality.....	12
4.3.2	Advancing Care Information (ACI)	15
4.3.3	Improvement Activities (IA)	19
5	View Your Performance	22
6	Quick Steps.....	23
6.1	Quality	23
6.2	ACI	24
6.3	IA	25
7	Important Notes	26
8	Warning list.....	27
8.1	Participation Components.....	27
8.2	Performance Categories.....	27
9	Glossary	28

1 Introduction

The Merit-based Incentive Payment System (MIPS) is a part of the 2017 Quality Payment Program. The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most — making patients healthier. You will earn a performance-based payment adjustment by participating in MIPS.

MIPS-eligible Clinicians have the flexibility to submit information individually. Participation in MIPS is beneficial to both clinicians and patients.

❖ For Practices/Providers

1. Streamlines reporting
2. Standardizes evidence-based measures (Moves Medicare Part B clinicians to a performance-based payment system)
3. Eliminates duplicative reporting that allows clinicians to spend more time with patients (provides clinicians with flexibility to choose the activities and measures that are most meaningful to their **practice**)
4. Promotes industry alignment through multi-payer models
5. Incentivizes care that focuses on improved quality outcomes
6. Reporting standards align with Advanced APMs wherever possible

❖ For Patients

1. Increases access to better care
2. Enhances coordination through a patient- centred approach
3. Improved results

To achieve a “partial submission”, clinicians are required to report on:

❖ Quality

- **6** measures including **1** outcome measure
- High priority measure if outcome measure is not available
- Max **60** points can be scored for this category

❖ Advancing Care Information

- 5 EHR use related measures
- Clinicians may receive **15%** bonus in **ACI** (**5%** Public Health Reporting other than Immunization Registry Reporting + **10%** for reporting IA activities using CEHRT)
- Max **25** points can be scored for this category

❖ Improvement Activities

- **4** medium-weighted or **2** high-weighted improvement activities
- Max **15** points can be scored for this category

2 Access to MIPS Dashboard

To access the application, open a web-browser (Chrome or Firefox are recommended) and either type or copy paste the following URL: <https://aquire.augs.org/Dashboard/Default.aspx>

- Click **Enter**.
- A **Login** screen is displayed.

2.1 Login Screen

1. Enter your “**username**” and “**password**” in the corresponding fields to login.

Note: You will have to use the same login credentials that are used to login to the AUGS website.

If you do not know the credentials, please contact: tresha@aug.s.org

This opens the dashboard displaying the **Welcome** screen.

3 Practice Type

There are two types of Practice:

- Solo Practice
- Group Practice

3.1 Solo Practice

If you are a **Single Provider Practice**, select this [option](#).

Here, you are allowed to view your performance under each of the 3 categories of MIPS i.e. Quality, Advancing Care Information (ACI) and Improvement Activities (IA) for any of the selected measures.

3.2 Group Practice

If you are a Practice **with more than 1** (multiple) Providers, select this [option](#).

You can view the performance under each category in 2 ways.

- At **Individual Provider Level** - View the performance of each Provider belonging to the Practice independently.
- At **Practice Level** – View the performance of your Group at the Practice level.

4 MIPS Dashboard

Depending upon your credentials, you will get access to

- Provider Level dashboard **OR**
- Practice Level dashboard

The dashboard displays

1. Welcome Screen
2. Participation Components
3. Performance Categories

4.1 Welcome Screen

The screen displays information related to **QPP** and timelines extracted from the **CMS** website.

MIPS > Practice

What's the Quality Payment Program?

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most — making patients healthier. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. If you participate in Medicare Part B, you are part of the dedicated team of clinicians who serve more than 55 million of the country's most vulnerable Americans, and the Quality Payment Program will provide new tools and resources to help you give your patients the best possible care. You can choose how you want to participate based on your practice size, specialty, location, or patient population.

The Quality Payment Program has two tracks you can choose:

- Advanced Alternative Payment Models (APMs) or
- The Merit-based Incentive Payment System (MIPS)

If you decide to participate in an Advanced APM, through Medicare Part B you may earn an incentive payment for participating in an innovative payment model.

If you decide to participate in MIPS, you will earn a performance-based payment adjustment.

Who's in the Quality Payment Program?

You're a part of the Quality Payment Program in 2017 if you are in an Advanced APM or if you bill Medicare more than \$30,000 in Part B allowed charges a year and provide care for more than 100 Medicare patients a year. You must both meet the minimum billing and the number of patients to be in the program. If you are below either, you are not in the program.

For MIPS, you must also be a:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

If 2017 is your first year participating in Medicare, then you're not in the MIPS track of the Quality Payment Program.

performance year → submit → feedback available → adjustment

Note: You have the option to:

- Read the displayed information **OR**
- Click on the **Get Started** button located near the top right corner of the screen to access **MIPS** dashboard.

Get Started ➔

If you do not wish to see the Welcome screen again, you can check this check box.

☐ Do not show me this page again

4.1.1 Get Started

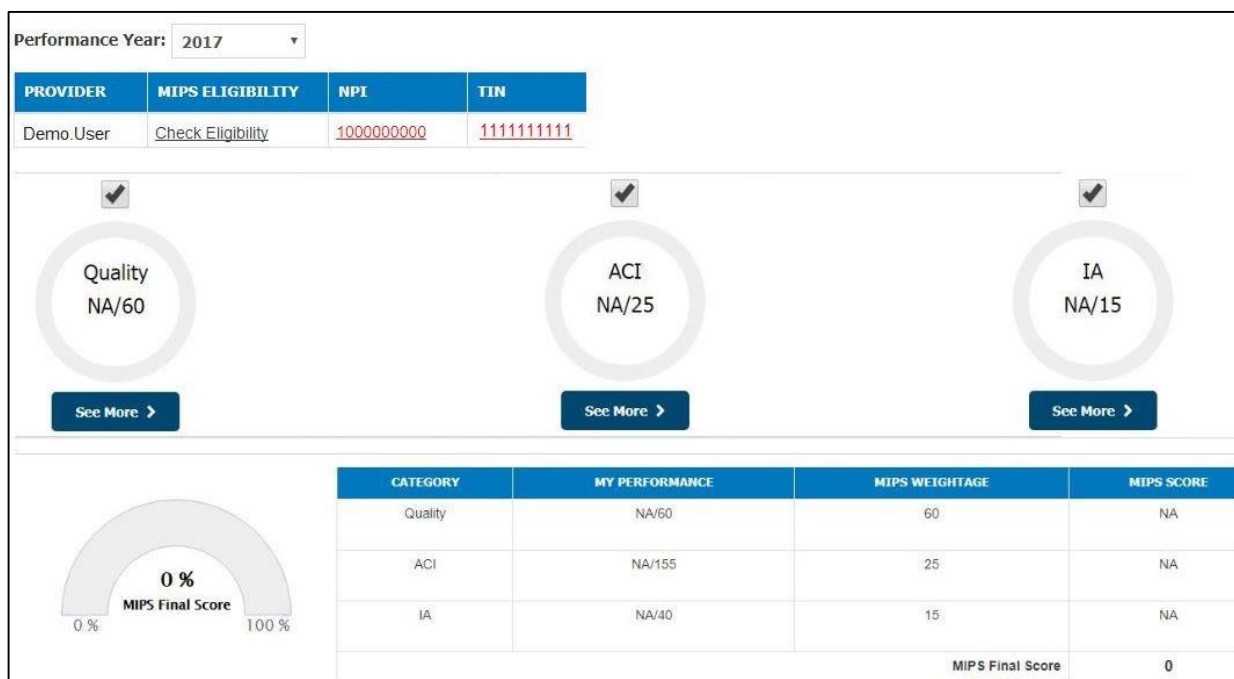
After you click on the **Get Started** button, the dashboard view presented to you will be determined by your login credentials.

The dashboard will have two sections

1. Participation Components of the Group/Provider
2. Performance Categories

4.1.1.1 Dashboard view for Solo Provider Practice

This is the dashboard view if you are a Solo Provider.



This displays the:

- Provider Name
- Check Eligibility link
- NPI link
- TIN link
- 3 Performance Categories

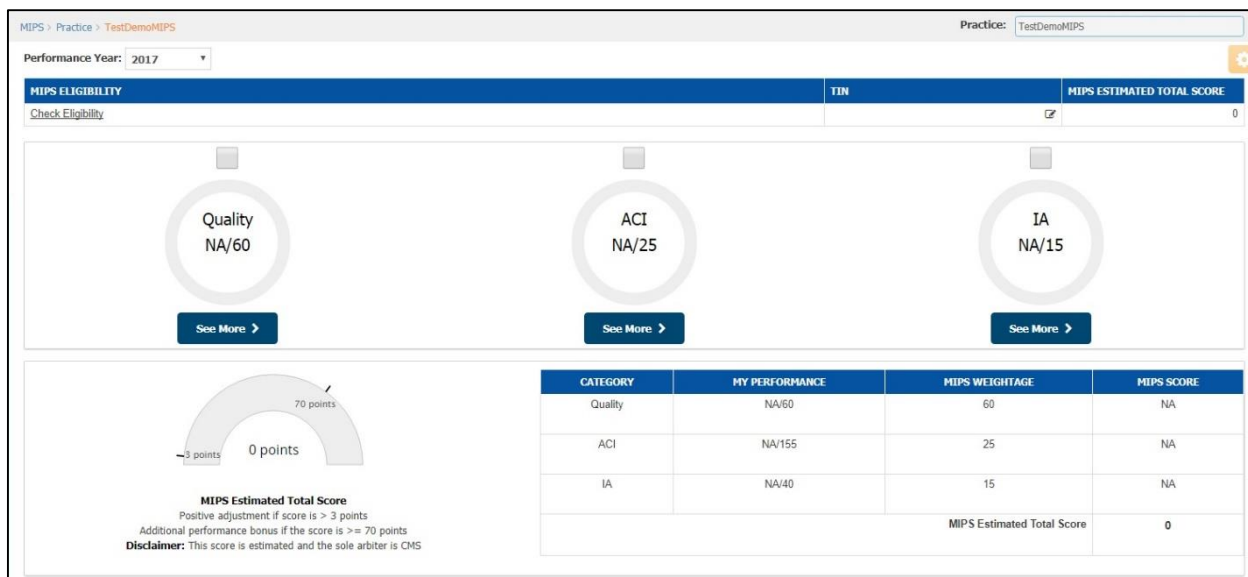
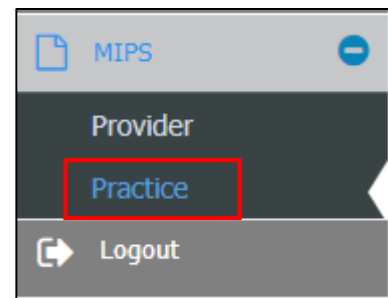
4.1.1.2 Dashboard view for Group Practice

As a Practice Admin, you have an option to select one of the two dashboard views

- Practice
- Provider

4.1.1.2.1 Dashboard for Practice

To view your performance at the **Group** level, select the **Practice** submenu from the left panel



This displays the:

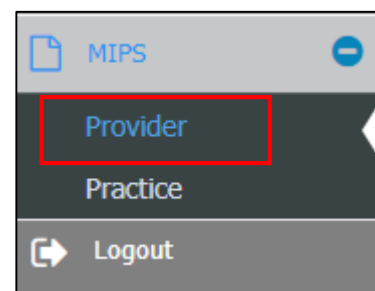
1. Practice Name
2. Check Eligibility
3. TIN
4. MIPS Estimated Total Score
5. 3 Performance Categories

Note:

Because this is the **Group level** dashboard, the **NPI** link will not be displayed.

4.1.1.2.2 Dashboard for Individual Providers within Group

To view the performance at the individual **Provider** level, within the Practice, select the **Provider** submenu from the left panel.



MIPS > Provider > Provider Selection Practice: TestDemoMIPS

Performance Year: 2017 ▼

	PROVIDER NAME	MIPS ELIGIBILITY	NPI	TIN	QUALITY	ACI	IA	MIPS ESTIMATED TOTAL SCORE
<input type="checkbox"/>								
<input type="checkbox"/>	Demo Provider 1	Check Eligibility	111111111	<input checked="" type="checkbox"/>	N/A	N/A	N/A	0
<input type="checkbox"/>	Demo Provider 2	Check Eligibility	222222222	<input checked="" type="checkbox"/>	N/A	N/A	N/A	0
<input type="checkbox"/>	Demo Provider 3	Check Eligibility	333333333	<input checked="" type="checkbox"/>	N/A	N/A	N/A	0
<input type="checkbox"/>	Demo Provider 4	Check Eligibility	444444444	<input checked="" type="checkbox"/>	N/A	N/A	N/A	0

Total Providers : 4

This opens a table displaying:

- List of Providers belonging to the Practice
- The following links next to each Provider
 - MIPS Eligibility link
 - NPI link
 - TIN link
 - 3 Categories
 - MIPS Estimated Total Score

4.2 Participation Components

Participation components are:

- MIPS eligibility check
- NPI validation
- TIN validation

This section allows you to check your **MIPS** Eligibility and validate the **NPI** and **TIN**.

4.2.1 MIPS Eligibility

- Eligibility Link for Practice

MIPS > Practice > TestDemoMIPS

Performance Year: 2017 ▼

MIPS ELIGIBILITY

[Check Eligibility](#)

- Eligibility Link for Providers

MIPS > Provider > Provider Selection

Performance Year: 2017 ▼

PROVIDER NAME	MIPS ELIGIBILITY
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Demo Provider 1	Eligible
<input type="checkbox"/> Demo Provider 2	Check Eligibility
<input type="checkbox"/> Demo Provider 3	Check Eligibility
<input type="checkbox"/> Demo Provider 4	Not Eligible

Total Providers : 4

This link has three values:

- Check Eligibility (by default)
- Not Eligible
- Eligible

To check MIPS eligibility for an individual Provider, click on the “**Check Eligibility**” link next to Provider’s name. This opens the **Manage MIPS Profile** window.

Manage MIPS Profile > Test Provider

☒ MIPS ELIGIBILITY ☒ NPI ☒ TIN

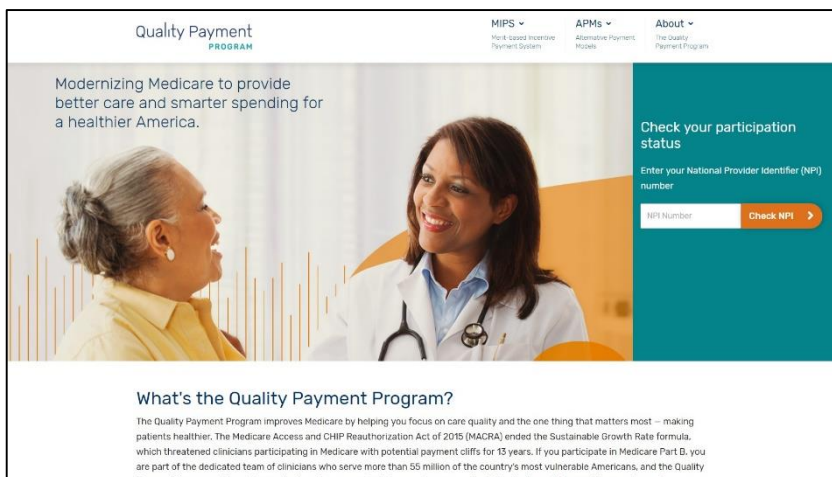
To check your eligibility [CLICK HERE](#)

Are you MIPS eligible clinician? ☒ Yes ☐ No

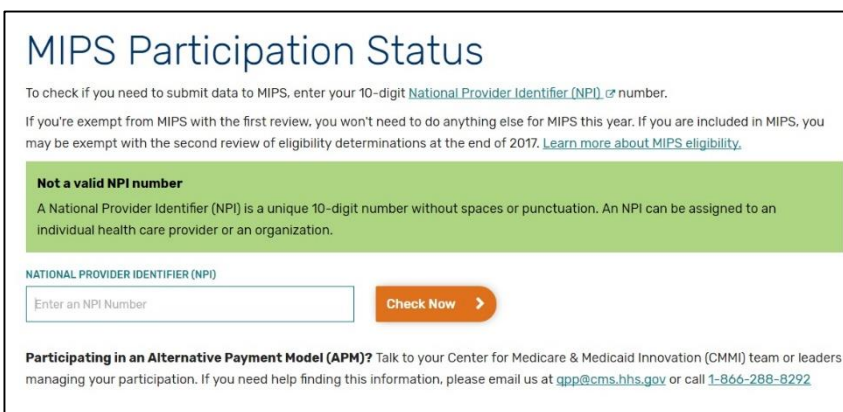
[Save & Next](#) [Close](#)

If you are not sure of your eligibility, click on the “**CLICK HERE**” link.

This takes you to the CMS website.



1. Enter your NPI to check your MIPS Participation Status.



Close the website.

2. Click on the “Yes” radio button once you have ascertained your participation status from the CMS website. **OR**
Click on the “No” radio button if you are classified as not eligible.

3. Click “Save”.

Following changes are observed once the record is saved:

- A message, ‘**MIPS Eligibility validated successfully**’ is displayed.
- A **Green** check mark appears next to the MIPS Eligibility tab.
- Select the – **NPI** tab to validate the **NPI**.



Note:

Even if you are categorized as **Not Eligible**, you can still voluntarily choose to participate in the MIPS program.

4.2.2 NPI

The tab auto-populates your **NPI (National Provider Identifier)**

If required, you can edit the displayed NPI.

Upon confirming the NPI,

1. Click on the **Validate NPI** button.
The entered NPI is validated against the **NPPES** database.

After a successful validation, following changes are observed:

- The Provider's first and the last name are displayed below
- A **Green** check mark appears next to the NPI tab
- A message, '**NPI is matched with the Provider first name and Last name**' is displayed on top of the screen.



✓ NPI is matched with Provider first name and last name

Note:

For Group **Practice level MIPS** reporting, the **NPI** tab is not displayed.

2. Click on the **Save & Next** button, to navigate to the next tab which is the **TIN** tab.

4.2.3 TIN

This section allows you to enter the **TIN(s)** you use to bill Medicare.

If you are using **ONLY 1** TIN,

Manage MIPS Profile > Test Provider

✓ MIPS ELIGIBILITY ✓ NPI ✗ TIN

Taxpayer Identification Number (TIN)

Did this provider bill Medicare using only 1 TIN for the reporting period (Jan. 1 – Dec. 31, 2017)?

YES NO

Disclaimer: Please add provider Tax Identification Numbers (TIN) under which you bill Medicare. For reference, please use the provider TIN found in box 25 of the CMS 1500 form.

Enter individual TIN: *

Previous Save Close

1. Click on the **Yes** option.
 - This displays a single field to enter your current TIN.

If you are using **more than 1** TIN,

1. Click on the **NO** option.
 - Allows you to enter multiple TIN(s) and the corresponding dates that these were valid for.

Manage MIPS Profile > Test Provider

✓ MIPS ELIGIBILITY ✓ NPI ✗ TIN

Taxpayer Identification Number (TIN)

Did this provider bill Medicare using only 1 TIN for the reporting period (Jan. 1 – Dec. 31, 2017)?

YES NO

Disclaimer: Please add provider Tax Identification Numbers (TIN) under which you bill Medicare. For reference, please use the provider TIN found in box 25 of the CMS 1500 form.

Add TIN

TIN *	Valid From *	Valid To *
444444444	01-01-2017	12-31-2017

Previous Save Close

2. Click **"Add TIN"** button to add multiple TIN(s)

3. Click the **Save** button.

- A message **"TIN verified successfully"** is displayed at the top of the screen.

✓ TIN verified successfully.

- A **Green** check mark appears next to the **TIN** tab

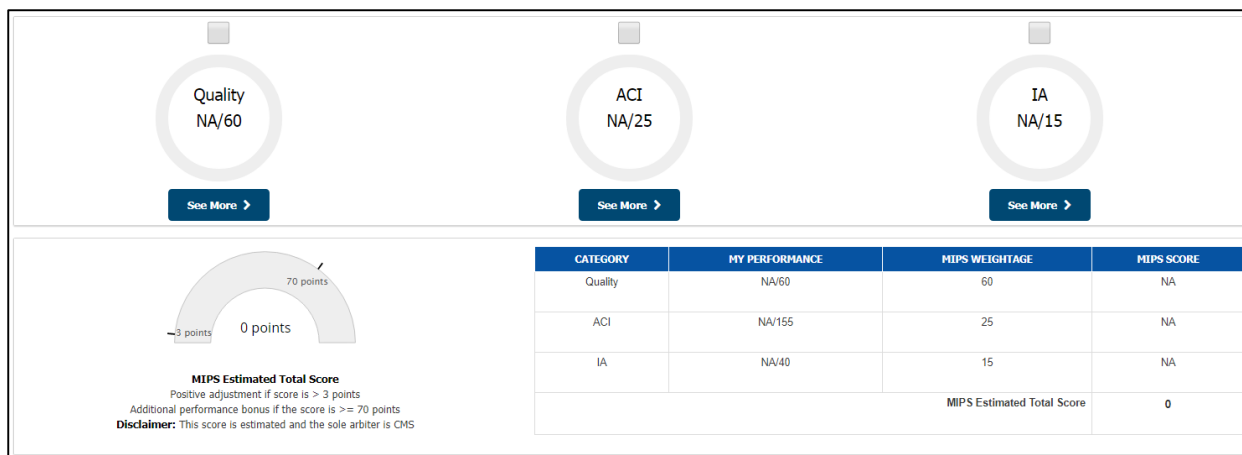
4. Click on the **"Close"** button to return to the MIPS dashboard.

MIPS > Provider > Provider Selection > Test Provider			
Performance Year: 2017			
PROVIDER NAME	MIPS ELIGIBILITY	NPI	TIN
Test Provider	Eligible	1111111111	4444444444

4.3 Performance Categories

This section of the dashboard displays

1. Three MIPS categories: Quality, ACI and IA that can be explored in greater depth(Click the **See More** button)
2. Estimated MIPS Total Score- The score is estimated and the sole and final arbiter is CMS
3. MIPS weightage and the score assigned to each of the 3 categories.

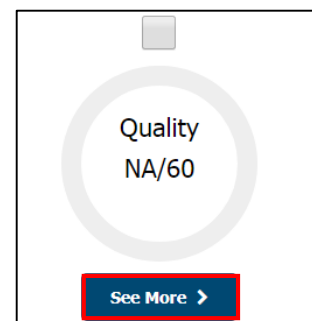


4.3.1 Quality

This is the Quality Category and it replaces PQRS and the quality component of the Value Modifier program.

You can score a maximum of **60** points for this category (including bonus points).

1. Click on the **See More** button under the Quality icon to view measure performance, and select measures for submission.



Quality

ACI

IA

Minimum 6 measures

1 Outcome/High priority measure

Minimum 20 cases per measure

Submission Type: QR

Duration: Q1 + Q2 + Q3

Save

Performance score: 0

Bonus points: 0

Quality score: 0/60

Contribution to MIPS: 0/60

Denotes zero performance measure.

No data available.

Total Records: 0

Null performance- all denominators under exclusion.

Denotes best preferred measure for submission.

Save

Select the below filter criteria to view your performance by time period:

2. Select the **Submission type**

Submission Type:

QR

QR

QCDR

3. Select the **Duration** to review the performance.

Duration:

Q1 + Q2 + Q3

Q1 (Jan-March)

Q2 (April-June)

Q3 (July-September)

Q4 (October-December)

Q1 + Q2

Q1 + Q2 + Q3

Q1 + Q2 + Q3 + Q4

A table is displayed listing the applicable Quality Measures for which you can view the performance.

Measures Table displaying all the applicable Quality measures for reporting:

Quality

ACI

IA

✓ Minimum 6 measures

✓ 1 Outcome/High priority measure

✓ Minimum 20 cases per measure

Submission Type: QR

Duration: Q2 (April-June)

Save

Performance score: 18

Bonus points: 4

Quality score: 22/60

Contribution to MIPS: 22/60

✗ Denotes zero performance measure.

🚫 Null performance- all denominators under exclusion.

🏆 Denotes best preferred measure for submission.

	QUALITY ID	MEASURE	MEASURE TYPE	DEN	NUM	EXCL	EXOPT	MEASURE PERFORMANCE	POINTS
✓	AUGS 2	Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence	Process	23	22	1	0	<div>100.00%</div> <div>(Registry Average: 32.23%)</div>	3.0
✓	AUGS 4	Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair	Outcome	23	21	1	0	<div>95.45%</div> <div>(Registry Average: 25.35%)</div>	3.0
✓	AUGS 5	Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	Outcome	23	21	1	0	<div>95.45%</div> <div>(Registry Average: 16.90%)</div>	3.0
✓	AUGS 6	Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair	Outcome	23	21	1	0	<div>95.45%</div> <div>(Registry Average: 16.20%)</div>	3.0
✓	AUGS 7	Complete assessment and evaluation of patient's pelvic organ prolapse prior to surgical repair		23	22	0	0	<div>95.65%</div> <div>(Registry Average: 53.92%)</div>	3.0

4. Check the **Checkbox** next to the measures whose performance you want to view.

5. Click on the **Save** button

A confirmation message is displayed.

Click on the **"Yes"** button.

Confirmation

Are you sure you want to save these measures for submission? Your earlier selection will be deleted permanently. Click 'Yes' to proceed and 'No' to cancel.

✓ Yes

✗ No

A saved message is displayed upon confirmation.

✓ Quality data saved for submission successfully.

✗

The selection and performance of the measures determines and generates your **Quality** score.

Note:

- The red **X** changes to a green **check** mark in the Components section if the selected measures fulfil the measure criteria

✓ Minimum 6 measures

✓ 1 Outcome/High priority measure

✓ Minimum 20 cases per measure

- The performance, bonus and quality in this section will be updated with the calculated points and scores.

Performance score: 18














Bonus points: 4

Quality score: 22/60

- The contribution of Quality Category to your MIPS score will be displayed.

Contribution to MIPS: 22/60

Details of the Measures Table

Icons	Description
	Checkbox- present next to every measure. Check it to select the measure.
	Denotes zero performance measure
	System recommended best performing measures
	Denotes null performance measure. (i.e. all denominators under exclusion)
	Black vertical line denotes the CMS benchmark for the selected measure
	Blue vertical line denotes the Registry Average for the selected measure
	Indicates that performance for the selected measure is higher than the Registry benchmark
	Indicates zero performance of the selected measure
	Hovering the mouse over the information icon will indicate if a “higher or lower score is better for the measure”
	Denotes that the measure is a high priority measure.
	Denotes that the measure does not meet the 20 case criteria
	Clicking on this button displays the details of the corresponding selected measure
	Last column in the table displays the score derived from the decile range for the selected measure.

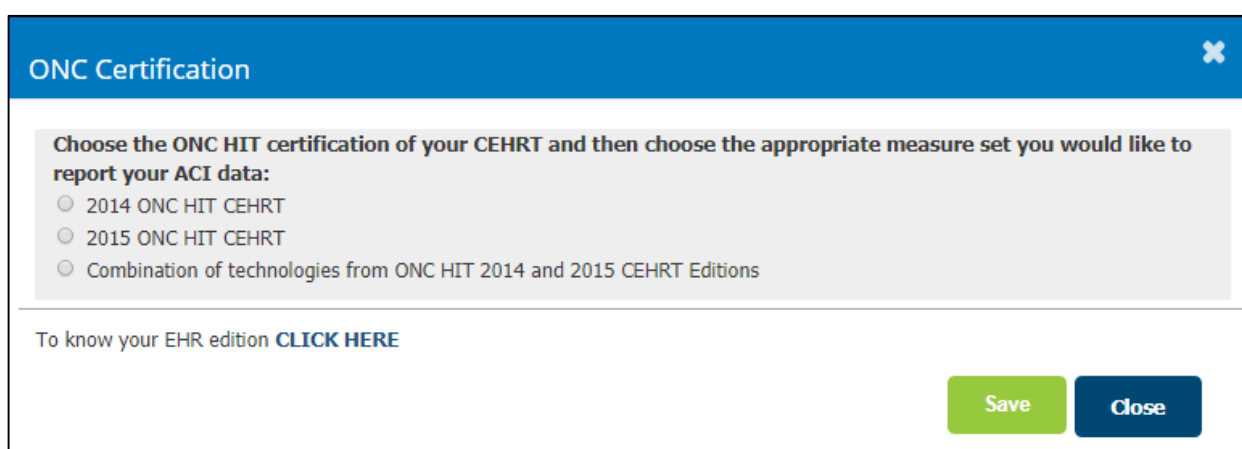
4.3.2 Advancing Care Information (ACI)

The ACI Advancing Care Information category (ACI) category replaces the "meaningful use" Medicare EHR Incentive program and captures EHR use information.

It allows you to **Add/Update** the month-wise data for the selected measures.

You can score a maximum **of 25%** of your total MIPS score with the ACI category.

1. Click on the **ACI** tab.
If you are visiting this option for the first time,
 - It opens the **ONC Certification** window.



2. Click on the appropriate radio buttons to select the relevant option
 - ONC HIT certification year of the CHEHRT (must be 2014 or 2015)
 - Measure set you would like to report on

If you are not sure of your EHR edition, click on the link.
You will be directed to the website where you can check your EHR edition.



Close the website.

3. Select the correct option on the dashboard.
4. Click on the **Save** button.

A message **Record saved successfully** is displayed on top of the screen.

✓ Record saved successfully.

This opens the ACI Tab.

Quality **ACI** IA

Measure Set: Advancing Care Information Objectives and Measures [✎](#) From: January To: December [Add/Update Data](#)

✖ 0 Base measures selected Base Score: 0/50 Performance Score: 0/90 Bonus Points: 0/15 ACI Score: 0/155 Contribution to MIPS: 0/25

Data is not available for all the months in the selected duration. Click Add/Update to enter data.

[Save](#)

- Click on **Add/Update Data** button.
Displays window to select month for which the data is to be **added/updated**.

- Select month from the drop down and Save.

Month: --Select--

Select the month which you want to add/update data.

Save Close

Once the month is selected, the measure information table will be displayed.

Month: January

Base Score: 50/50 Performance Score: 47/90 Bonus Points: 5/15

(*) Denotes mandatory measure

MEASURE ID	MEASURE	OBJECTIVE	DATA	PERFORMANCE	POINTS
ACI_TRANS_EP_1	Base - e-Prescribing*	Electronic Prescribing	Numerator: 4 Denominator: 5	NA	NA
ACI_TRANS_HIE_1	Base, Performance - Health Information Exchange*	Health Information Exchange	Numerator: 7 Denominator: 8	87.5%	18
ACI_TRANS_PEA_1	Base, Performance - Provide Patient Access*	Patient Electronic Access	Numerator: 1 Denominator: 45	2.22%	2
ACI_TRANS_PPHI_1	Base - Security Risk Analysis*	Protect Patient Health Information	Yes No	NA	NA
ACI_TRANS_MR_1	Performance - Medication Reconciliation	Medication Reconciliation	Numerator: 4 Denominator: 5	80%	8
ACI_TRANS_PEA_2	Performance - View, Download, or Transmit (VDT)	Patient Electronic Access	Numerator: 13 Denominator: 75	17.33%	2
ACI_TRANS_PHCDRR_1	Performance - Immunization Registry Reporting	Public Health Reporting	Yes No	100%	10
ACI_TRANS_PHCDRR_2	Bonus - Syndromic Surveillance Reporting	Public Health Reporting	Yes No	NA	NA
ACI_TRANS_PHCDRR_3	Bonus - Specialized Registry Reporting	Public Health Reporting	Yes No	NA	NA
ACI_TRANS_PSE_1	Performance - Patient-Specific Education	Patient Specific Education	Numerator: 1 Denominator: 5	20%	2
ACI_TRANS_SM_1	Performance - Secure Messaging	Secure Messaging	Numerator: 4 Denominator: 8	50%	5

Save Close

7. Enter the data **manually** corresponding to the applicable measures.

Note:

- Data in the ACI category is not extracted electronically, so it needs to be entered manually.
- Only one month of data can be entered at a time.

8. Click on the **Save** button to save the entered data.
A message **Record saved successfully** will be displayed.

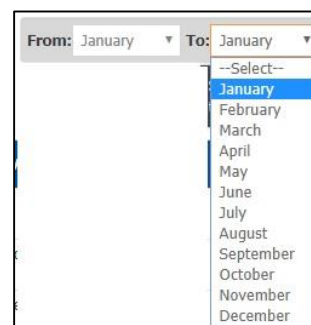
✓ Record saved successfully.

9. Repeat the steps from **4-7** to enter data for other months.

10. Close the ACI Measure window.
You will be taken back to the MIPS dashboard page.

Note: As you enter data, the scores in the Base, Performance and Bonus categories will be updated.

To view the data entered in this tab, select the duration from the drop down.



The image shows a web interface for selecting a date range. It has two dropdown menus: 'From:' and 'To:'. Both are currently set to 'January'. The 'To:' dropdown menu is open, showing a list of months from January to December. The 'To:' dropdown also has a '--Select--' option at the top.

If there is no data then the following message will be displayed.

Data is not available for all the months in the selected duration. Click Add/Update to enter data.

When data is entered, the ACI tab displays a list of applicable ACI measures.

11. Check the checkbox next to the measures for which you wish to view your performance.
12. Click on the **Save** button.

✓ 4 Base measures selected

Base Score: 50/50

Performance Score: 37/90

Bonus Points: 0/15

ACI Score: 87/155

Contribution to MIPS: 21.75/25

(*) Denotes mandatory measure

MEASURE ID	MEASURE	OBJECTIVE	DATA	PERFORMANCE	POINTS
<input checked="" type="checkbox"/> ACI_TRANS_EP_1	Base - e-Prescribing*	Electronic Prescribing	Numerator: 4 Denominator: 5	NA	NA
<input checked="" type="checkbox"/> ACI_TRANS_HIE_1	Base, Performance - Health Information Exchange*	Health Information Exchange	Numerator: 7 Denominator: 8	87.5%	18
<input checked="" type="checkbox"/> ACI_TRANS_PEA_1	Base, Performance - Provide Patient Access*	Patient Electronic Access	Numerator: 1 Denominator: 45	2.22%	2
<input checked="" type="checkbox"/> ACI_TRANS_PPHI_1	Base - Security Risk Analysis*	Protect Patient Health Information	Yes No	NA	NA
<input checked="" type="checkbox"/> ACI_TRANS_MR_1	Performance - Medication Reconciliation	Medication Reconciliation	Numerator: 4 Denominator: 5	80%	8
<input checked="" type="checkbox"/> ACI_TRANS_PEA_2	Performance - View, Download, or Transmit (VDT)	Patient Electronic Access	Numerator: 13 Denominator: 75	17.33%	2
<input type="checkbox"/> ACI_TRANS_PHCDRR_1	Performance - Immunization Registry Reporting	Public Health Reporting	Yes No	100%	10
<input type="checkbox"/> ACI_TRANS_PHCDRR_2	Bonus - Syndromic Surveillance Reporting	Public Health Reporting	Yes No	NA	NA
<input type="checkbox"/> ACI_TRANS_PHCDRR_3	Bonus - Specialized Registry Reporting	Public Health Reporting	Yes No	NA	NA
<input checked="" type="checkbox"/> ACI_TRANS_PSE_1	Performance - Patient-Specific Education	Patient Specific Education	Numerator: 1 Denominator: 5	20%	2
<input checked="" type="checkbox"/> ACI_TRANS_SM_1	Performance - Secure Messaging	Secure Messaging	Numerator: 4 Denominator: 8	50%	5

Save

A saved message is displayed.

Note:

- The red **X** changes to green **check** mark if the selected measures fulfil the measure criteria
- Base, performance, bonus and ACI scores in this section will be updated with the calculated points and scores.

✓ 4 Base measures selected	Base Score: 50/50	Performance Score: 37/90	Bonus Points: 0/15	ACI Score: 87/155
----------------------------	-------------------	--------------------------	--------------------	-------------------

- The contribution of ACI Category to your total MIPS score will be displayed.

Contribution to MIPS: 21.75/25

Edit ONC HIT Certification

If you wish to edit the **ONC HIT Certification**,

- Click on the **edit** icon next to the **Measure set**

Measure Set: 2017 Advancing Care Information Transition Objectives and Measures

- Follow the steps from **2 – 8** and **10 – 12**

4.3.3 Improvement Activities (IA)

Improvement Activities tab captures the activities that are rewarded for care coordination, beneficiary engagement and patient safety.

1. Click on the IA tab

If you are visiting this option for the first time,

- It opens the **Clinician Type** window

Clinician Type

Clinician Type -*

☒ Patient Facing
☐ Non-Patient Facing

Are you a clinician from rural area?

☐ Yes
☐ No

Are you a clinician from HPSA geographic area?


☒ Yes
☐ No

[CLICK HERE](#) to know if you are in an HPSA geographic area.

Save

Close

2. Select the options relevant to you by using the radio buttons.

- For help on the displayed fields, hover your mouse over  the blue icons.
- If you are not sure which HPSA geographic area you belong to, click on the link.

You will be taken to the website where you can check your geographic area.

HRSA Data Warehouse
Health Resources & Services Administration

[Topic Areas](#)
[Tools](#)
[Data](#)
[FAQs & Resources](#)
[About HDW](#)
[HRSA.gov](#)

[Home](#) > [Tools](#) > [Analyzers](#) > HPSA Find

HPSA Find

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). [More about shortage areas >>](#)

Data as of 8/13/2017

HPSA Search

A field with an asterisk (*) before it is a required field.

Search by HPSA ID:

Or search by state/county:

* Choose a state/territory:

* Choose a county or counties:

Additional Tools

- » [Find Shortage Areas by Address](#)
- » [Medicare Physician Bonus Payment Eligibility Analyzer](#)
- » [Medicare Telehealth Payment Eligibility Analyzer](#)
- » [MUA Find](#)

June 26, 2017 Federal Register Notice

NOTE: Below are lists of designated HPSAs that reflect the publication of the Federal Register notice on June 26, 2017. This Federal Register notice reflects the status of HPSAs as of May 1, 2017. The main impact of this Federal Register publication will be to officially withdraw those HPSAs that have been in "proposed for withdrawal" status since the last Federal Register notice was published on July 1, 2016. HPSAs that

- Close the website.
3. Select the correct option in the dashboard
4. Click on the **Save** button.

A message '**Record saved successfully**' will be displayed.

✓ Record saved successfully.

Dashboard displays the **9** subcategories.

5. Select the subcategories relevant to you from the left pane.


SELECT ONE OR MORE SUBCATEGORIES

- ☒ Registry Favorite Activities
- ☐ Achieving Health Equity
- ☒ Expanded Practice Access
- ☐ Beneficiary Engagement
- ☐ Patient Safety and Practice Assessment
- ☒ Care Coordination
- ☐ Integrated Behavioral and Mental Health
- ☒ Emergency Preparedness and Response
- ☐ Population Management

Displays a listing of IA activities corresponding the selected subcategory in the right pane.

✓ 12 Activities selected		IA score: 40/40		Contribution to MIPS: 15/15	
	CEHRT ACTIVITY	HIGH WEIGHTAGE ACTIVITY	YOUR FAVORITE	DURATION	
<input checked="" type="checkbox"/>	Beneficiary Engagement: Improved practices that engage patients pre-visit		20 ☆	January	May
<input type="checkbox"/>	Beneficiary Engagement: Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.		20 ☆	--Select--	--Select--
<input checked="" type="checkbox"/>	Beneficiary Engagement: Use group visits for common chronic conditions (e.g., diabetes).		20 ☆	January	May
<input checked="" type="checkbox"/>	Emergency Preparedness and Response: Participation in a 60-day or greater effort to support domestic or international humanitarian needs.		40 ☆	January	May
<input type="checkbox"/>	Emergency Preparedness and Response: Participation on Disaster Medical Assistance Team, registered for 6 months.		20 ☆	--Select--	--Select--
<input checked="" type="checkbox"/>	Expanded Practice Access: Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record		40 ☆	January	June
<input type="checkbox"/>	Integrated Behavioral and Mental Health: Unhealthy alcohol use		20 ☆	--Select--	--Select--
<input checked="" type="checkbox"/>	Patient Safety and Practice Assessment: Administration of the AHRQ Survey of Patient Safety Culture		20 ☆	February	May
<input checked="" type="checkbox"/>	Patient Safety and Practice Assessment: Annual registration in the Prescription Drug Monitoring Program		20 ☆	January	June

To view the details of the IA activity,

- Click on the downward pointing arrow  next to the IA activity

Beneficiary Engagement: Improved practices that engage patients pre-visit
20 ★

Provide a pre-visit development of a shared visit agenda with the patient.

Activity ID IA_BE_22	Subcategory Name Beneficiary Engagement	Activity Weighting Medium
-------------------------	--	------------------------------

Note:

- Weightage for the activity varies according to the activity selected.
- Click on the **star** to add an activity to your favourite list.

40 ★



- Check the check box to select the activity (ies) performed.
- Select the duration from the drop down (duration can be any 90 day period).
- Click on the **Save** button.

A success message is displayed upon confirmation.

✓ IA data saved for submission successfully.

Note:

- The red **X** changes to green **check** mark if the selected measures fulfil the measure criteria.
- Values in this section will be updated with the calculated points and scores.

✓ 4 Activities selected

IA score: 40/40

- The contribution of IA Category to your MIPS will be displayed.


Contribution to MIPS: 15/15

Edit Clinician Type

If you wish to **edit** the Clinician Type,

- Click on **edit** icon present next to the Clinician Type
- Follow steps **2-7**

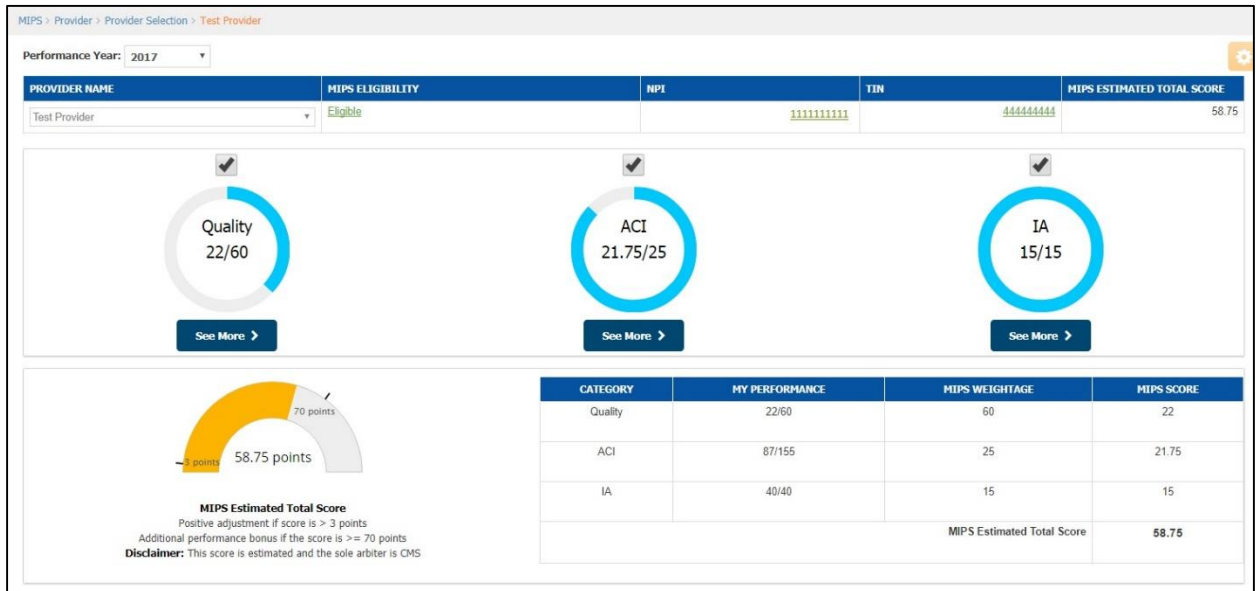
Quality
 ACI
 IA

Clinician Type: Patient Facing 

5 View Your Performance

To view your performance, navigate back to the dashboard.

This page displays your **MIPS final score** next to each category.



- The individual category performance score is displayed within each Category icon.
- Tabular format displays your performance score, the MIPS weightage, and MIPS score against each category. This helps to compare your performance against the pre-defined MIPS score.
- Speedometer displays the composite performance score in points.

Data is displayed in the speedometer **ONLY** when the check box above each Category is checked.

Note: In this product version, you can select, or unselect measures in any category as many times as you wish.

6 Quick Steps

6.1 Quality

- 1 Click on the “**See More**” button under the Quality Category Icon to open the measure performance page where you can select measures to review and view your Quality score.

See More >

- 2 Select “**Submission Type**” from the drop down

Submission Type: - Select - ▼

- 3 Select relevant “**Duration**” from the drop down

Duration: Q1 + Q2 + Q3 ▼

- 4 Click “**Save**” to save the selection. This displays the applicable measure list with the performance bar in a tabular format

Save

- 5 Check the Checkbox next to the measure to select the particular measure to CMS for MIPS reporting.



- 6 Click “**Save**” to freeze the assorted measures for viewing your performance.

Save

6.2 ACI

- 1 Click on “**ACI tab**” to open the ACI measure performance page where you can enter data, select measures and view your ACI score.

ACI

- 2 Select your **ONC Certification** options relevant to you

(For image refer to [ACI Category](#) section)

- 3 Click “**Add/Update**” button to add measures to the ACI category. This opens the window to select the month from the drop down

Add/Update Data

- 4 Select “**month**” from the drop down. Once the month is selected; the measure information table will be displayed.

Month: --Select-- ▼

- 5 Enter the “**data**” manually corresponding to the applicable measures

(For image refer to [ACI Category](#) section)

- 6 Click “**Save**” to add data

Save

- 7 Close the ACI Measure window

- 8 Repeat the steps from **4- 7** to enter data for all the other months

- 9 To view the data entered in this tab, select the duration from the drop down

From: January ▼ To: January ▼

- 10 Check the checkbox next to the measures for which you wish to view the performance



- 11 Click “**Save**” to freeze the assorted measures for viewing the performance.

Save

6.3 IA

- 1 Click on “**IA tab**” to open the measure performance page where the eligible clinician or designated group leader or Practice Administrator can select IA activities and view the IA score.

IA

- 2 It opens the Clinician Type window. Select the options that have been performed. In case of an audit, there would need to be documentation of performance of these activities.

For image refer to [IA Category](#) section

- 3 Check the check box to select the activities that have been performed.

- 4 Select the “**duration**” from the drop down (duration is required for ninety days for successful attestation)

From: January ▼ To: April ▼

- 5 Click on the “**Save**” button

Save

7 Important Notes

1. You can view your performance during the year even if you are classified as “**Not eligible**” or have “**not completed**” the participation components.
2. Even if the system categorizes you as **Not Eligible**, you can voluntarily choose to participate in MIPS program.
3. The NPI you have entered is validated against the NPPES database.
4. The TIN(s) you have entered are not validated; please double-check the accuracy of the TIN(s) entered because the MIPS data will be submitted under the TIN(s) entered.
5. In the **Group level** dashboard, the **NPI** link will not be displayed.
6. Only the participation components that have been completed will turn **Green**.
7. **Quality** category contributes total of **60 points** in the overall MIPS score.
 - To earn any score in Quality category
 - In Test participation,
 - You must select minimum 1 measure pertaining to 1 case and any duration.
 - In Partial participation
 - You must select **5** measures + **1** outcome measure/ **1 high priority** measure + **20** cases per selected measure
 - You must report measures for a duration of **90** consecutive days
8. **ACI** category contributes total of **25 points** in the overall MIPS score.
 - Data in the ACI category needs to be entered **manually** because it is not extracted electronically.
 - To earn any score in ACI category,
 - You must select minimum **4/5** Base measures depending on the ONC certification year selected
 - You must report measures for a duration of **90** consecutive days
9. **IA** category contributes total of **15 points** in the overall MIPS score.
 - In the IA category, the performance of the selected activity can be viewed **ONLY** for a Quarter.
 - To earn a score in an IA category,
 - You must select minimum **1 subcategory**
 - You must report activities corresponding to the selected subcategory for a duration of **90** consecutive days
10. In this product version, you can select, or unselect measures in any category as many times as you wish prior to the final deadline for submittal to CMS.

8 Warning list














8.1 Participation Components

- A message '**MIPS eligibility is pending**' is displayed, if you fail to validate MIPS Eligibility but are allowed to navigate to next tab(s).
- A message '**Not a Valid NPI**' is displayed, if an invalid NPI is entered.
- A message '**NPI validation is pending**' is displayed, if you fail to validate the entered NPI.
- A message '**TIN should cover full reporting period**', if TIN validity period does not span the complete year.
- A message '**Valid from Date should be less than Valid to Date**' if the entered **Valid to** date is later than the **Valid From** date.
- A message '**Please enter current TIN**' is displayed if the TIN is not entered.

8.2 Performance Categories

- If data is not available corresponding to a Practice, then a message '**No data available for selected submission type and duration**' is displayed.
- In ACI Category, '**Please select ONC certification details**' message is displayed if ONC certification information is not entered.
- In IA category, '**Please select clinician type**' message is displayed if **no option** for the Clinician Type is selected.

9 Glossary

Buttons	Description
	Allows access to the MIPS dashboard
	Will skip the Welcome page and display the MIPS dashboard
	Sorts the records in the table in an ascending or descending order
	Saves the entered information and navigates you to the next tab.
	Navigates you to the previous tabs.
	Validates the entered NPI
	Allows you to enter multiple TINs
	Deletes the entered TIN validity period
	Allows selection of the- TIN validity period.
	Closes the Manage MIPS Profile window.
	Saves the measures and activities selected in the Performance Categories.
	Allows manual entry of data for the selected measures in ACI category.
	Allows edits to be made to the record