American Urogynecologist Society (AUGS)  
MIPS Dashboard  
Version 1
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# 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@augs.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.
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.

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

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.

- 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.

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

- Eligibility Link for Providers

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.

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.

   MIPS Participation Status
   To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.

   If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2018. Learn more about MIPS eligibility.

   Not a valid NPI number
   A National Provider Identifier (NPI) is a unique 10-digit number without spaces or punctuation. An NPI can be assigned to an individual health care provider or an organization.

   Enter your NPI number
   Check Now

   Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at appmpcompliance@medicaid.gov or call 1-866-288-6292

   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.

   ![Manage MIPS Profile > Test Provider](image)

   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.

   **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 TINS(s) you use to bill Medicare.

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

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

4. Click on the “Close” button to return to the MIPS dashboard.

### 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.

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

2. Select the Submission type

3. Select the Duration to review the performance.

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:

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.

A saved message is displayed upon confirmation.

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.
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

<table>
<thead>
<tr>
<th>Icons</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Checkbox" /></td>
<td>Checkbox- present next to every measure. Check it to select the measure.</td>
</tr>
<tr>
<td><img src="image" alt="Red" /></td>
<td>Denotes zero performance measure</td>
</tr>
<tr>
<td><img src="image" alt="Green" /></td>
<td>System recommended best performing measures</td>
</tr>
<tr>
<td><img src="image" alt="Green" /></td>
<td>Denotes null performance measure. (i.e. all denominators under exclusion)</td>
</tr>
<tr>
<td><img src="image" alt="Black" /></td>
<td>Black vertical line denotes the CMS benchmark for the selected measure</td>
</tr>
<tr>
<td><img src="image" alt="Blue" /></td>
<td>Blue vertical line denotes the Registry Average for the selected measure</td>
</tr>
<tr>
<td><img src="image" alt="Green" /></td>
<td>Indicates that performance for the selected measure is higher than the Registry benchmark</td>
</tr>
<tr>
<td><img src="image" alt="Gray" /></td>
<td>Indicates zero performance of the selected measure</td>
</tr>
<tr>
<td><img src="image" alt="Information" /></td>
<td>Hovering the mouse over the information icon will indicate if a “higher or lower score is better for the measure”</td>
</tr>
<tr>
<td><img src="image" alt="Up" /></td>
<td>Denotes that the measure is a high priority measure.</td>
</tr>
<tr>
<td><img src="image" alt="Exclamation" /></td>
<td>Denotes that the measure does not meet the 20 case criteria</td>
</tr>
<tr>
<td><img src="image" alt="Details" /></td>
<td>Clicking on this button displays the details of the corresponding selected measure</td>
</tr>
<tr>
<td><img src="image" alt="Points" /></td>
<td>Last column in the table displays the score derived from the decile range for the selected measure.</td>
</tr>
</tbody>
</table>
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.

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.

This opens the ACI Tab.

- **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.**

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

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.

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.

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.

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

**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

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.
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.

Dashboard displays the 9 subcategories.

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

Displays a listing of IA activities corresponding the selected subcategory in the right pane.
To view the details of the IA activity,

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

![Image](image-url)

**Note:**

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

6. Check the check box to select the activity (ies) performed.

7. Select the duration from the drop down (duration can be any 90 day period).

8. Click on the Save button.

A success message is displayed upon confirmation.

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

**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
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.

2. Select “Submission Type” from the drop down

3. Select relevant “Duration” from the drop down

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

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.
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.

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

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

5. Enter the “data” manually corresponding to the applicable measures (For image refer to ACI Category section)

6. Click “Save” to add data

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

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.
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.

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.

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).

5. Click on the “Save” button.
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

<table>
<thead>
<tr>
<th>Buttons</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Login</td>
<td>Allows access to the MIPS dashboard</td>
</tr>
<tr>
<td>Get Started</td>
<td>Will skip the Welcome page and display the MIPS dashboard</td>
</tr>
<tr>
<td>$</td>
<td>Sorts the records in the table in an ascending or descending order</td>
</tr>
<tr>
<td>Save &amp; Next</td>
<td>Saves the entered information and navigates you to the next tab.</td>
</tr>
<tr>
<td>Previous</td>
<td>Navigates you to the previous tabs.</td>
</tr>
<tr>
<td>Validate NPI</td>
<td>Validates the entered NPI</td>
</tr>
<tr>
<td>Add TIN</td>
<td>Allows you to enter multiple TINs</td>
</tr>
<tr>
<td></td>
<td>Deletes the entered TIN validity period</td>
</tr>
<tr>
<td></td>
<td>Allows selection of the TIN validity period.</td>
</tr>
<tr>
<td>Close</td>
<td>Closes the Manage MIPS Profile window.</td>
</tr>
<tr>
<td>Save</td>
<td>Saves the measures and activities selected in the Performance Categories.</td>
</tr>
<tr>
<td>Add/Update Data</td>
<td>Allows manual entry of data for the selected measures in ACI category.</td>
</tr>
<tr>
<td></td>
<td>Allows edits to be made to the record</td>
</tr>
</tbody>
</table>