Questions?

Your Participation

Grab Tab – Click orange arrow to open/close Control Panel.

Please continue to submit your text questions and comments using the Questions Panel.

Note: Today’s presentation is being recorded and will be available on the GIQuIC website in approximately two weeks.

If you have questions, please contact info@giquic.org.
This presentation provides information about the GIQuIC 2023 Qualified Clinical Data Registry (QCDR) as a reporting mechanism for the Merit-Based Incentive Payment System (MIPS) for the 2023 performance year.

It will address assembling the basic information and resources you need to support your gastroenterologists in successful reporting, if done via the GIQuIC 2023 QCDR.
1. Understand the Quality Payment Program
   • Merit-based Incentive Payment System (MIPS)
2. Assemble the reporting team
3. Determine the goal
   • MIPS eligibility status
4. Evaluate options for reporting
   • individual clinician or group reporting
   • data submission mechanisms
5. Create a plan and monitor your progress
1. **Understand the Quality Payment Program**
   - Merit-based Incentive Payment System (MIPS)

2. Assemble the reporting team

3. Determine the goal
   - MIPS eligibility status

4. Evaluate options for reporting
   - individual clinician or group reporting
   - data submission mechanisms

5. Create a plan and monitor your progress
Quality Payment Program

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is composed of 2 tracks:

- **MIPS** (Merit-based Incentive Payment System)
  - If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

- **Advanced APMs** (Advanced Alternative Payment Models)
  - If you participate in an Advanced APM and achieve QP status, you may be eligible for a 5% incentive payment and you will be excluded from MIPS.

Note: If you participate in an Advanced APM and don’t achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.
Merit-based Incentive Payment System

What is the Merit-based Incentive Payment System (MIPS)?

MIPS is one way to participate in QPP. Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

- **Quality**: Assesses the quality of care you deliver based on measures of performance.
- **Improvement Activities**: Assesses your participation in activities that improve clinical practice and support patient engagement.
- **Promoting Interoperability**: Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).
- **Cost**: Assesses the cost of the care you provide based on your Medicare Part B claims.

For a high-level overview and actionable steps of MIPS, review the [2023 MIPS Quick Start Guide](#).
## Merit-based Incentive Payment System

### Performance Threshold & Payment Adjustments

### 2022 Final

<table>
<thead>
<tr>
<th>Final Score 2022</th>
<th>Payment Adjustment 2024</th>
</tr>
</thead>
</table>
| >89 points       | Positive adjustment greater than 0%  
|                  | Eligible for additional payment for exceptional performance—minimum of additional 0.5% |
| 75.01-88.99 points | Positive adjustment greater than 0%  
|                  | Not eligible for additional payment for exceptional performance |
| 75 points        | Neutral payment adjustment |
| 18.76-74.99 points | Negative payment adjustment between -9% and 0% |
| 0-18.75 points   | Negative payment adjustment of -9% |

### 2023 Final

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<tr>
<th>Final Score 2023</th>
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---

The 2022 performance year/2024 MIPS payment year was the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.
1. Understand the Quality Payment Program
   - Merit-based Incentive Payment System (MIPS)

2. **Assemble the reporting team**

3. Determine the goal
   - MIPS eligibility status

4. Evaluate options for reporting
   - individual clinician or group reporting
   - data submission mechanisms

5. Create a plan and monitor your progress
Assemble Your Reporting Team

- Physician(s)
- GIQuIC Data Manager
- Endoscopy Center Nurse Manager
- Practice Manager(s)
- Others?
1. Understand the Quality Payment Program
   • Merit-based Incentive Payment System (MIPS)
2. Assemble the reporting team
3. Determine the goal
   • MIPS eligibility status
4. Evaluate options for reporting
   • individual clinician or group reporting
   • data submission mechanisms
5. Create a plan and monitor your progress
## Merit-based Incentive Payment System

### Performance Threshold & Payment Adjustments

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</tr>
</tbody>
</table>

The 2022 performance year/2024 MIPS payment year was the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.
MIPS Eligibility Status

• Know your NPI/TIN combination(s) under which your physician bills for professional services.
  • **NPI**: The individual NPI can be found in form field 24-J of the CMS-1500 claim form. Individual NPIs should be used for reporting to MIPS, not the group NPI.
  • **TIN**: The TIN can be found in form field 25 of the CMS-1500 claim form. This is most likely NOT the facility TIN for the endoscopy center.
Know your NPI/TIN combination under which you bill for professional services

- **NPI**: The individual NPI can be found in form field 24-J of the CMS-1500 claim form. **Individual NPIs** should be used for reporting to MIPS, **not the group NPI**

- **TIN**: The TIN can be found in form field 25 of the CMS-1500 claim form
It is recommended you bookmark this page.
Eligibility calculated by CMS at individual clinician and group levels.
MIPS Eligibility: Low-Volume Threshold

Low-Volume Threshold

The low volume threshold includes 3 aspects of covered professional services:

1. Allowed charges
2. Number of Medicare patients who receive services
3. Number of services provided

You must participate in MIPS (unless otherwise exempt) if, in both 12-month segments of the MIPS Determination Period, you:

- Bill more than $90,000 for Part B covered professional services, and
- See more than 200 Part B patients, and;
- Provide 200 or more covered professional services to Part B patients.

If you start billing Medicare Part B claims under a practice’s TIN during segment 2, your eligibility at that practice will be based solely on the results from segment 2.
2023 MIPS Determination Period and Snapshots

MIPS Determination Period

For MIPS, we review past and current Medicare Part B claims and PECOS data for clinicians and practices twice for each performance year. Each review, or “segment,” analyzes data from a 12-month period. Analysis of data from segment 1 is released as preliminary eligibility determinations. Analysis of data from segment 2 is reconciled with the results from segment 1 and released as the final eligibility determination.

<table>
<thead>
<tr>
<th>MIPS Determination Period Segment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Segment 1</td>
</tr>
<tr>
<td>Covers October 1, 2021 – September 30, 2022</td>
</tr>
<tr>
<td>Segment 2</td>
</tr>
<tr>
<td>Covers October 1, 2022 – September 30, 2023</td>
</tr>
</tbody>
</table>

*Final eligibility is reconciled between the 2 segments; this determination is final unless you're identified as a Qualifying APM participant (QP) in Snapshot 3.
If you bill Medicare for Part B services in both segments, you must exceed the low-volume threshold during both segments to be eligible for MIPS.

The following table demonstrates what your final eligibility status determination would be based on the outcome of the low-volume threshold analyses conducted on data from each of the 2 segments:

<table>
<thead>
<tr>
<th>Segment 1</th>
<th>Segment 2</th>
<th>Final Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Low-volume Threshold</td>
<td>&amp;</td>
<td>MIPS Exempt</td>
</tr>
<tr>
<td>Above Low-volume Threshold</td>
<td>&amp;</td>
<td>MIPS Exempt</td>
</tr>
<tr>
<td>Above Low-volume Threshold</td>
<td>&amp;</td>
<td>MIPS Exempt</td>
</tr>
</tbody>
</table>
MIPS Eligibility: Low-Volume Threshold

• Low-Volume Threshold (LVT)
  – Exempted physicians receive annual fee schedule update but no penalties or bonuses.
  – If an individual clinician or group exceeds at least one, but not all, of the low-volume threshold criteria, the individual clinician or group can opt to participate in MIPS by reporting on applicable measures and activities and receive a positive, neutral, or negative payment adjustment.
  – There is also voluntary reporting through which an opt-in eligible clinician or exempted clinician can report and receive performance feedback but no payment adjustment.
Eligibility calculated by CMS at individual clinician and group levels.
MIPS Eligibility: 2023 Performance Year

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

NPI Number

Want to check eligibility for all clinicians in a practice at once? View practice eligibility in our signed in experience.

PY 2017  PY 2018  PY 2019  PY 2020  PY 2021  PY 2022  PY 2023

2023 Participation Status

The QPP Participation Status Tool currently includes the following Performance Year (PY) 2023 eligibility data:

- **November 2022**: Updated to reflect initial PY 2023 eligibility statuses based on analysis of claims and PECOS data October 1, 2021 - September 30, 2022.

Your Performance Year PY 2023 eligibility status can be updated throughout the year based on:

- Analysis of claims and PECOS data from October 1, 2022 - September 30, 2023 (available November 2023)
- GP Determinations (snapshot data generally available July 2023, October 2023, December 2023)
- Eligibility to report to MIPS via the APM Performance Pathway (snapshot data generally available July 2022, October 2022, December 2022)
MIPS Eligibility Status: Eligible

2023 Participation Status

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W. CLARK GABLE, MD

NPI: #1234567890

Associated Practices (1)

W. CLARK GABLE, MD at Hollywood Gastroenterology Associates

123 Melrose Avenue, Hollywood, CA 90038

MIPS Eligibility: [ ] INDIVIDUAL [ ] GROUP

Let's talk about this in a minute.
MIPS Eligibility Status: Eligible

2023 Participation Status

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W. CLARK GABLE, MD
NPI: #1234567890

Associated Practices (1)

W. CLARK GABLE, MD at Hollywood Gastroenterology Associates

123 Melrose Avenue, Hollywood, CA 90038

MIPS Eligibility: INDIVIDUAL

Know the NPI/TIN combination(s) under which your physician bills for professional services at your center.

This number could be greater than 1. Know the TIN(s) under which your physician reports.

The TIN is likely NOT your facility TIN.
2023 Participation Status

The QPP Participation Status Tool currently includes the following Performance Year (PY) 2023 eligibility data:

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W. CLARK GABLE, MD
NPI: #1234567890

Associated Practices (1)

W. CLARK GABLE, MD at Hollywood Gastroenterology Associates
123 Melrose Avenue, Hollywood, CA 90038

MIPS Eligibility: [INDIVIDUAL] [GROUP]
MIPS Eligibility Status: Eligible

**MIPS Participation**

**MIPS Eligibility:** INDIVIDUAL - GROUP

**Reporting Requirements**
This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

**Reporting Options**
This clinician can report as part of a group, or as an individual, or both ways. Learn more about this choice.

**Payment Adjustment Information**
If the practice reports as a group, this clinician will receive a payment adjustment based on the group score. If they report as an individual, they will receive a payment adjustment based on their individual score. If they report in both ways, the clinician will receive a payment adjustment based on the higher of the two scores.

Learn more [About MIPS Participation](#)

**Clinician Level Information**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds low volume threshold</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare patients for this clinician</td>
<td>Exceeds 200</td>
</tr>
<tr>
<td>Allowed charges for this clinician</td>
<td>Exceeds $90,000</td>
</tr>
<tr>
<td>Covered services for this clinician</td>
<td>Exceeds 200</td>
</tr>
<tr>
<td>MIPS eligible clinician type</td>
<td>Yes</td>
</tr>
<tr>
<td>Enrolled in Medicare before January 1, 2021</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Practice Level Information**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds low volume threshold</td>
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</tr>
</tbody>
</table>

Exceeds all three elements of the Low-Volume Threshold at the Individual and Practice levels.
### MIPS Eligibility Status: Eligible – Other Factors

**Other Reporting Factors**
Learn more about [how other reporting factors are determined](#) and [special statuses](#).

<table>
<thead>
<tr>
<th>Clinician Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIAL STATUS</strong></td>
<td></td>
</tr>
<tr>
<td>Small practice</td>
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</tr>
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<th>Practice Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIAL STATUS</strong></td>
<td></td>
</tr>
<tr>
<td>Health Professional Shortage Area (HPSA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-patient facing</td>
<td>Yes</td>
</tr>
<tr>
<td>Rural</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Be sure to scroll all the way down the page.
MIPS Eligibility Status: Group Eligible

2023 Participation Status

The OPP Participation Status Tool currently includes the following Performance Year (PY) 2023 eligibility data:
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Rita Hayworth, MD
NPI: #1234567899

Associated Practices (2)

Rita Hayworth, MD at North End Gastroenterology Associates
123 Hanover Street, Boston, MA 02109
MIPS Eligibility: Individual, Group
Opt-in Option: Opt-in eligible as individual

Rita Hayworth, MD at Rita Hayworth, MD
456 Unity Street, Boston, MA 02113
MIPS Eligibility: Individual, Group
Opt-in Option: Opt-in eligible as individual

Not MIPS eligible at the individual level so no penalty for not reporting, BUT if the practice reports, her data must be included, and she would be subject to the same payment adjustment as other members of the group.

Know the NPI/TIN combination(s) under which your physician bills for professional services at your center.
MIPS Eligibility Status: Opt-in Eligible

2023 Participation Status

Not MIPS eligible at the individual level so no penalty for not reporting, BUT she can choose to report by either opt-in or voluntary reporting.

Opt-in reporting would make her subject to a positive, neutral, or negative payment adjustment.

Voluntary reporting would not result in any payment adjustment and CMS would provide performance feedback.

Rita Hayworth, MD
NPI: #1234567899

Associated Practices (2)

Rita Hayworth, MD at North End Gastroenterology Associates
123 Hanover Street, Boston, MA 02109
MIPS Eligibility: INDIVIDUAL
Opt-in Option: Opt-in eligible as individual

Rita Hayworth, MD at Rita Hayworth, MD
456 Unity Street, Boston, MA 02113
MIPS Eligibility: INDIVIDUAL
Opt-in Option: Opt-in eligible as individual
MIPS Eligibility Status: Voluntary Reporting

2023 Participation Status

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Sidney Poitier, MD

NPI: #1234567898

Associated Practices (2)

Sidney Poitier, MD at Empire State Gastroenterology Associates

123 Mulberry Street, New York, NY 10013

MIPS Eligibility: Individual, Group

Sidney Poitier, MD at Big Apple GI Associates

456 Kenmare Street, New York, NY 10012

MIPS Eligibility: Individual, Group

Not required to report at the individual or group levels for the second TIN listed. Can voluntarily report for performance feedback from CMS.

MIPS Eligible for this TIN

Know the NPI/TIN combination(s) under which your physician bills for professional services at your center.
MIPS Eligibility Status: APM

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Omar Sharif, MD

NPI: #1234567897

Associated Practices (1)

Omar Sharif, MD at **Sunflower State Digestive and Liver Disease Specialists, Inc**

123 Terrace Street, Overland Park, KS 66201

- MIPS eligibility data is currently not available.
- CHECK APM REQUIREMENTS

Check with the provider. S/he needs to be sure the APM is reporting on her/his behalf.
1. Understand the Quality Payment Program
   • Merit-based Incentive Payment System (MIPS)
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5. Create a plan and monitor your progress
Evaluate Your Options for Reporting

• Recognize the decision to report as an individual or a group is both an administrative as well as strategic one.

  The GIQuIC 2023 QCDR supports individual and group reporting.

• Data submission to the Quality, Improvement Activities, and Promoting Interoperability performance categories can be done directly by signing into the QPP web site or via third party intermediaries. The GIQuIC 2023 QCDR is a third party intermediary.

  Data for the Quality performance category can be submitted via multiple mechanisms.
Quality Improvement Registry

Quality assessment/improvement registries (QI registries) seek to use systematic data collection and other tools to improve quality of care.


Qualified Clinical Data Registry

A QCDR is an entity that collects medical or clinical data for the purposes of patient and disease tracking to foster improvement in the quality of care provided and that has self-nominated, successfully completed a qualification process, and been approved by CMS as a reporting mechanism.

*Centers for Medicare & Medicaid Services*
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>ASGE/ACG Quality indicators for GI endoscopic procedures published.</td>
</tr>
<tr>
<td>2006</td>
<td>The Physician Quality Reporting System established by the Tax Relief and Health Care Act.</td>
</tr>
<tr>
<td>2009</td>
<td>Sentara Healthcare pilot project completed.</td>
</tr>
<tr>
<td>2010</td>
<td>GIQuIC quality improvement registry launched by ACG and ASGE.</td>
</tr>
<tr>
<td>2013</td>
<td>CMS qualified clinical data registry (QCDR) reporting option established via rulemaking beginning with the 2014 performance year.</td>
</tr>
<tr>
<td>2014</td>
<td>GIQuIC successfully self-nominated to be a QCDR.</td>
</tr>
<tr>
<td>2015</td>
<td>GIQuIC reported to CMS on behalf over 1,000 gastroenterologists* as a free benefit of registry participation for the 2014 performance year. * Over 4,500 gastroenterologists participate in the GIQuIC registry</td>
</tr>
<tr>
<td>2016</td>
<td>The Medicare Access and CHIP Reauthorization Act of 2015 established the Quality Payment Program with two pathways for participation: Alternative Payment Models (APM) and the Merit-based Incentive Payment System (MIPS).</td>
</tr>
<tr>
<td>2022</td>
<td>GIQuIC is notified by CMS that has successfully self-nominated to serve as a QCDR for the 2023 performance year. This will be the 10th consecutive year for which GIQuIC can offer the QCDR reporting benefit.</td>
</tr>
</tbody>
</table>
Quality Improvement Registry
Quality assessment/improvement registries (QI registries) seek to use systematic data collection and other tools to improve quality of care.

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Centers for Medicare & Medicaid Services
Following is an overview of the clinical quality measures in GIQuIC that can be reported to CMS for the Quality performance category of the Merit-Based Incentive Payment System (MIPS) via the GIQuIC Qualified Clinical Data Registry (QCDR) for the 2023 program year. Additional detail on GIQuIC’s QCDR measures available for public reporting follows on the subsequent pages.

The GIQuIC 2023 QCDR has been approved to support individual eligible clinician, group, and virtual group reporting to the Quality, Improvement Activities, and Promoting Interoperability performance categories.

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Title</th>
<th>Outcome/High-Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIQIC25</td>
<td>Screening Colonoscopy Adenoma Detection Rate - Female</td>
<td>Outcome</td>
</tr>
<tr>
<td>GIQIC24</td>
<td>Screening Colonoscopy Adenoma Detection Rate - Male</td>
<td>Outcome</td>
</tr>
<tr>
<td>GIQIC23</td>
<td>Appropriate follow-up interval based on pathology findings in screening colonoscopy</td>
<td>High-Priority</td>
</tr>
<tr>
<td>NHCR4</td>
<td>Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation</td>
<td>High-Priority</td>
</tr>
<tr>
<td>QPP185</td>
<td>Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>High-Priority</td>
</tr>
<tr>
<td>QPP320</td>
<td>Appropriate follow-up interval for normal colonoscopy in average risk patients</td>
<td>High-Priority</td>
</tr>
<tr>
<td>QPP439</td>
<td>Age Appropriate Screening Colonoscopy</td>
<td>High-Priority</td>
</tr>
<tr>
<td>GIQIC10</td>
<td>Appropriate management of anticoagulation in the peri-procedural period rate – EGD</td>
<td>High-Priority</td>
</tr>
</tbody>
</table>
Assuming data completeness + case minimum requirements met
Historical benchmarks available as of April 11, 2023.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Points Available as of April 11, 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIQIC25 Screening Colonoscopy ADR female</td>
<td>5 points, possible benchmarks post reporting</td>
</tr>
<tr>
<td>GIQIC24 Screening Colonoscopy ADR male</td>
<td>5 points, possible benchmarks post reporting</td>
</tr>
<tr>
<td>GIQIC23 Appropriate Follow-Up Screens</td>
<td>From 1 to 10 points can be earned</td>
</tr>
<tr>
<td>NHCR4 Repeat Screen Inadequate Prep</td>
<td>From 1 to 10 points can be earned</td>
</tr>
<tr>
<td>QPP320 Appropriate F/U Negative Screen</td>
<td>From 1 to 7 points can be earned</td>
</tr>
<tr>
<td>QPP185 Colo Interval Pts w History</td>
<td>From 1 to 7 points can be earned</td>
</tr>
<tr>
<td>QPP439 Age Appropriate Screens</td>
<td>From 1 to 10 points can be earned</td>
</tr>
<tr>
<td>GIQIC10 Manage Anticoag - EGD</td>
<td>0 points, possible benchmarks post reporting</td>
</tr>
</tbody>
</table>
1. Understand the Quality Payment Program
   • Merit-based Incentive Payment System (MIPS)
2. Assemble the reporting team
3. Determine the goal
   • MIPS eligibility status
4. Evaluate options for reporting
   • individual clinician or group reporting
   • data submission mechanisms
5. Create a plan and monitor your progress
Create a Plan and Monitor Your Progress

Quality Performance Category

• Data for the Quality performance category can be submitted via multiple mechanisms.
  • All measures reported subject to Care Compare.

• To report via the GIQuIC 2023 QCDR a site must be registered and actively participating in GIQuIC (submitting data, generating reports) no later than June 30, 2023.

• Performance on quality measures can be monitored anytime using GIQuIC real-time reports functionality as well as via the GIQuIC MIPS dashboard, when it becomes available in June.
  • Reports must be run at least quarterly to report via the GIQuIC 2023 QCDR.
  • A data release consent form (DRCF) must be signed by a clinician or group to report via the GIQuIC 2023 QCDR. The DRCF process will open in June and close in July. Be on the lookout for more details.
Create a Plan and Monitor Your Progress

Improvement Activities Performance Category
• Each improvement activity attested to must be conducted for a minimum of 90 days.
• For group reporters, at least 50% of clinicians billing under the TIN must participate in any improvement activity reported.

Promoting Interoperability Performance Category
• Data for the Promoting Interoperability performance category should be submitted via only one reporting mechanism.
• Clinicians and groups that report a “Yes” to Clinical Data Registry Reporting will earn 5 bonus points. GIQuIC participation meets the requirements of Clinical Data Registry Reporting.
1. Understand the Quality Payment Program
   • Visit qpp.cms.gov for detailed information on the Merit-based Incentive Payment System (MIPS)
   • Expect another GIQuIC informational webinar

2. Assemble the reporting team

3. Determine the goal
   • Look up your providers’ MIPS eligibility status

4. Evaluate options for reporting

5. Create a plan and monitor your progress
Questions?

Your Participation

Grab Tab – Click orange arrow to open/close Control Panel.

Please continue to submit your text questions and comments using the Questions Panel.

Note: Today’s presentation is being recorded and will be available on the GIQuIC website in approximately two weeks.

If you have questions, please contact info@giquic.org.
Additional Questions

▪ Quality Payment Program
  https://qpp.cms.gov/
  qpp@cms.hhs.gov

▪ GIQuIC Customer Service Team
  To contact the team, click on Service Desk in the upper right-hand corner of the registry home page.
  – If you are unable to log in to the registry because you need your password reset, please go to the registry login page at giquicregistry.org and click, Reset Password.
  – If you are unable to reset your password, please email our Client Account Managers at giquiccams@figmd.com and they will open a service ticket on your behalf.