

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) 2019 QUALITY PAYMENT PROGRAM (QPP)

New Terminology for the Merit-Based Incentive Payment System (MIPS)

Term	Definition
Collection type	A set of quality measures with comparable specifications and data completeness criteria, including, as applicable: electronic clinical quality measures (eCQMs), MIPS clinical quality measures (MIPS CQMs), qualified clinical data registry (QCDR) measures, Medicare Part B claims measures, CMS Web Interface measures, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey, and administrative claims measures.
Submitter type	MIPS-eligible clinician, group, virtual group, or third-party intermediary (vendor) acting on behalf of a MIPS-eligible clinician, group, virtual group, as applicable, that submits data on measures and activities under MIPS.
Submission type	Mechanism by which a submitter type submits data to CMS, including, as applicable: Direct, log in and upload, log in and attest, Medicare Part B claims, and CMS Web Interface. There is no submission type for the administrative claims collection type because CMS calculates measures for this collection type based on administrative claims data.
Third party intermediary	An entity/vendor that has been <i>approved by CMS</i> to submit data on behalf of a MIPS-eligible clinician, group, or virtual group for one or more of the quality, improvement activities, and promoting interoperability performance categories. (i.e. registry vendors, QCDR vendors, electronic health record [EHR]/health information technology [IT] vendors, survey/CAHPS vendors)
Direct submission*	Submission type by which users transmit data through a computer-to-computer interaction (using an application embedded in the EHR).
Log in and upload*	Submission type by which users log in to the QPP portal and upload data in the form and manner specified by CMS with a set of authenticated credentials (Enterprise Identity Data Management [EIDM] account).
Log in and attest*	Submission type by which users log in to the QPP portal and manually attest that certain measures and activities were performed in the form and manner specified by CMS with a set of authenticated credentials (EIDM account).
Medicare Part B claims measures	Measures reported by appending quality data codes to denominator-eligible Medicare Part B claims to indicate the required quality cation or exclusion occurred. Available only for small practices of 15 or fewer eligible clinicians. Claims-based reporting for the quality category should begin early in the performance period to ensure data completeness requirements are met for the 12-month performance period.
Administrative claims measures	Measures collected by CMS from MIPS-eligible clinicians' billings on Medicare claims. There is no separate data submission required on behalf of clinicians for these types of measures. Note that "Medicare Part B claims" differs from "administrative claims" in that "Medicare Part B claims" require MIPS-eligible clinicians to append certain quality data codes to denominator-eligible claims for each quality measure.
eCQMs	Electronic clinical quality measures reported using certified EHR technology via registries, QCDRs, EHR/health IT vendors, or other CMS-approved entity.
MIPS CQMs	Clinical quality measures reported via registries, QCDRs, health IT vendors, or other CMS-approved entity. Formerly known as registry measures.
QCDR measures	Measures reported via QCDRs. Formerly known as non-MIPS measures.
CMS Web Interface measures	Measures reported using a secure internet-based interface provided by CMS. Available only for groups of 25 or more clinicians. Requires registration with CMS.
CAHPS for MIPS measures	Patient experience measures reported via CMS-approved survey vendors. Optional for groups of 2 or more clinicians. Requires registration with CMS.

*To see design examples of QPP submission methods for MIPS (direct, log in and upload, log in and attest), visit this [CMS website \(https://qpp.cms.gov/design-examples/\)](https://qpp.cms.gov/design-examples/). MIPS data are submitted to CMS via the [QPP portal \(https://qpp.cms.gov/login\)](https://qpp.cms.gov/login).

Summary of MIPS Quality Category Data Submission Criteria

Clinician Type	Submission Criteria	Measure Collection Types (or Measure Sets) Available
Individual Clinicians	Report at least six measures including one outcome measure, or if an outcome measure is not available, report another high-priority measure*; if fewer than six measures apply, then report on each measure that is applicable. Clinicians would need to meet the applicable data completeness standard for the applicable performance period for each collection type.	Individual MIPS-eligible clinicians select their measures from the following collection types: Medicare Part B claims measures (individual clinicians in small practices of 15 or fewer clinicians only), MIPS CQMs, QCDR measures, eCQMs, or reports on one of the specialty measure sets if applicable.
Groups (non-CMS Web Interface)	Report at least six measures including one outcome measure, or if an outcome measure is not available, report another high-priority measure*; if fewer than six measures apply then report on each measure that is applicable. Clinicians would need to meet the applicable data completeness standard for the applicable performance period for each collection type.	Groups select their measures from the following collection types: Medicare Part B claims measures (small practices of 15 or fewer clinicians only), MIPS CQMs, QCDR measures, eCQMs, or the CAHPS for MIPS survey (groups of two or more clinicians), or reports on one of the specialty measure sets if applicable. Groups of 16 or more clinicians who meet the case minimum of 200 also will be automatically scored on the administrative claims based all-cause hospital readmission measure.
Groups (CMS Web Interface, for groups of 25 clinicians or more)	Report on all measures included in the CMS Web Interface collection type and optionally the CAHPS for MIPS survey. Clinicians would need to meet the applicable data completeness standard for the applicable performance period for each collection type.	Groups report on all measures included in the CMS Web Interface measures collection type and optionally the CAHPS for MIPS survey. Groups of 16 or more clinicians who meet the case minimum of 200 also will be automatically scored on the administrative claims based all-cause hospital readmission measure.

*For the 2019 performance period, a “high-priority measure” means an outcome (including intermediate outcome and patient-reported outcome), appropriate use, patient safety, efficiency, patient experience, care coordination, or opioid-related quality measures.

Summary of MIPS Quality Category Data Completeness Requirements and Performance Period by Collection Type

2019 Performance Period	Collection Type	Data Completeness
Jan. 1-Dec. 31	Medicare Part B claims measures	60 percent of individual MIPS-eligible clinician’s, or group’s Medicare Part B patients for the performance period.
Jan. 1-Dec. 31	Administrative claims measures	100 percent of individual MIPS-eligible clinician’s Medicare Part B patients for the performance period (for groups of 16 or more clinicians).
Jan. 1-Dec. 31	QCDR measures, MIPS CQMs, and eCQMs	60 percent of individual MIPS-eligible clinician’s, or group’s patients across all payers for the performance period.
Jan. 1-Dec. 31	CMS Web Interface measures (requires registration with CMS)	Sampling requirements for the group’s Medicare Part B patients: Populate data fields for the first 248 consecutively ranked and assigned Medicare beneficiaries in the order in which they appear in the group’s sample for each module/measure. If the pool of eligible assigned beneficiaries is less than 248, then the group would report on 100 percent of assigned beneficiaries.
Jan. 1-Dec. 31	CAHPS for MIPS survey measure (requires registration with CMS)	Sampling requirements for the group’s Medicare Part B patients.

MIPS Data Submission Types for MIPS-Eligible Clinicians Reporting as Individuals

Performance category/submission combinations accepted	Submission type	Submitter type	Collection type
Quality	Direct Log in and upload Medicare Part B claims (small practices of 15 or fewer clinicians)	Individual or Third Party Intermediary Individual	Medicare Part B claims measures (small practices of 15 or fewer clinicians) eCQMs MIPS CQMs QCDR measures
Cost	No data submission required	Individual	-
Promoting Interoperability	Direct Log in and upload Log in and attest	Individual or Third Party Intermediary (entity/vendor)	-
Improvement Activities	Direct Log in and upload Log in and attest	Individual or Third Party Intermediary	-

MIPS Data Submission Types for MIPS-Eligible Clinicians Reporting As Groups

Performance category/submission combinations accepted	Submission type	Submitter type	Collection type
Quality	Direct Log in and upload Medicare Part B claims (small practices of 15 or fewer clinicians) CMS Web Interface (groups of 25 or more clinicians)	Group or Third Party Intermediary	Medicare Part B claims measures (small practices of 15 or fewer clinicians) eCQMs MIPS CQMs QCDR measures CMS Web Interface measures (groups of 25 or more clinicians) CMS-approved survey vendor/CAHPS (patient experience) measures (groups of 2 or more clinicians) Administrative claims (for groups of 16 or more clinicians)
Cost	No data submission required	Group	-
Promoting Interoperability	Direct Log in and upload Log in and attest	Group or Third Party Intermediary	-
Improvement Activities	Direct Log in and upload Log in and attest	Group or Third Party Intermediary	-

Source: [2019 QPP Final Rule](#)

Note: The MIPS data submission deadline for the 2019 performance period is March 31, 2020 except for Medicare Part B claims submission, which is March 1, 2020. To review the list of 2019 measures, MIPS vendors, and additional resources, visit the [QPP website](#) and [resource library](#). For questions, contact the QPP Service Center at (866) 288-8292 or email QPP@cms.hhs.gov. You also may contact the TMA Knowledge Center at (800) 880-7955 or email knowledge@texmed.org. For more information, visit the [TMA MACRA Resource Center](#).