

MIPS 2020 Participation Quick Guide

The submission deadline is scheduled for January 6, 2021.

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Consent to MIPS Participation

1. Select “**Regulatory**” in the main menu
2. Click on “**MIPS 2020 Participation**”
3. Click “**Add New**”, next to “Add New MIPS 2020 Participation”
4. Read the *Consent to Disclose Data to the QPP – MIPS from the SSR* agreement and select the check-box labeled “**I consent to the terms and conditions of MIPS 2020 participation through the ACS SSR**”.
5. Enter your *individual National Provider Identifier (NPI)* number
6. Enter your **Taxpayer ID Number (TIN)** associated with the billing of your Medicare Part B patients
7. Enter your **best email and phone number**
8. Click on the “**Save**” button
9. Click on the next tab “**MIPS Quality Reporting Options**” where you can select your MIPS Quality measures reporting option

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Select MIPS Quality Reporting Options

1. Select one of the Quality reporting options under *MIPS 2020 Quality Reporting Options* which is most appropriate to your practice:
 - “**Qualified Registry (QR) – Clinical Quality Measures (CQMs)**”

For help with this selection:

<https://www.facs.org/quality-programs/ssr/mips>

2. Select and review your “**Selected Measures**” in the box below
3. Click the “**Save**” or “**Save & Exit**” button (*if you intend to also select and report Improvement Activities, click “Save”*)
4. You will now be able to report on these measures within all applicable cases in your case log.
5. Click on the next tab “**Improvement Activities**” to attest to your improvement activities (IA)

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Select MIPS Improvement Activities

1. Before selecting your IAs, please check any of the IA criteria that apply to you on the IA tab by answering the question “**Do any of the following apply to the eligible clinician (Select all that apply)**”
2. Select the **IA** from the *Activity List*
3. Enter “**Start**” and “**End**” dates indicating the 90-day attestation period
4. To add another Improvement Activity, click on “**Add Instance**”
5. Click the “**Save**” button
6. Click “**Next**” to advance to the next tab where you can review all of the information and MIPS options you have selected (*Please ensure that your NPI and TIN numbers are correct*)

Note: A score of 40 points (i.e. 1 – 4 IAs) in the IA category will provide you the highest possible score in this category.

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Report Quality Measures on MIPS Cases

1. Open a new or existing 2020 case
2. If new, enter a 2020 procedure date
3. Select the check-box **“MIPS Consideration”**
 - For the **Qualified Registry – Clinical Quality Measures** option, the minimum required data for a case to be MIPS 2020 eligible is the patient’s Medical Record Number, Date of Birth (DOB), Procedure Date, and Primary Procedure (i.e. eligible CPT code)
4. Click on the **“Measures”** tab in the *Tabs* menu on the right to access the measures data fields to select your measure attestation(s)
5. Select the appropriate measure attestation **“Performance Met”**, **“Performance Not Met”**, or **“Denominator Exception”**, etc. on all applicable measures.

NOTE: With **Outcome Measures** such as “Surgical Site Infection” or “Unplanned Hospital Readmission,” etc. the desired attestation is **“Performance Not Met”** as they are inverse measures
6. Select the check-box **“Complete”** at the top of the case form
7. Click **“Save”** or **“Save & Exit”** button to finish

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Important Notes on Attestation

You will find that some measures are not selectable within certain cases. The following variables explain this further:

- **Outcome Measures** are assessed 30 days after the initial encounter, so only cases with procedure dates of **January 1st – November 30th** are attestable for these measures
- Measures such as “Preventative Care and Screening...” and “Documentation of Current Medications...” require separate **office visit (i.e. evaluation & management) CPT®-codes**. You will need to create a separate case file for these types of encounters to report on these measures
- A list of all Measure specifications and their eligible CPT codes can be found at <https://www.facs.org/quality-programs/ssr/mips/cqms>



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Use MIPS Measures Reports to Check Progress

Various **MIPS Measures Reports** are available to you to help gauge your progress towards completing your data submission. These reports:

- Display MIPS-Eligible cases from your existing case log
- Pin-point missing data
- Summarize your performance rates

To review MIPS data in the SSR:

1. Select “**Regulatory**”
 2. Select “**Measures 2020 Report**”
(The default is the current year.)
 3. Click “**Apply Parameters**”
- Your **Measures Summary** gives you an overview of your MIPS Progress, as well as specific performance rates on each Quality Measure you’ve selected. *Per CMS requirements, ensure that you are checking your performance on at least a quarterly basis.*

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- Your **Measures Details** lets you break down your performance on each Quality measure you are reporting.
- Your **Missing Data View** utilizes various filters to help you find MIPS eligible cases you may not have selected, and finalize incomplete MIPS cases by pin-pointing missing data.

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Approve Your MIPS Data Submission Preview Submission Report

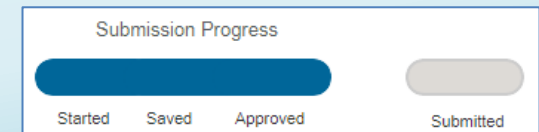
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1. Go to “**Regulatory**” in the SSR main menu.
2. Click on “**MIPS 2020 Preview Submission Report**.”
3. Review your information in the **Eligible Clinician (surgeon) Information** section for accuracy. Should you need to update your NPI, TIN, or best contact information, click on “**View MIPS 2020 Participation**” to open the MIPS consent form.

4. **Review your data for accuracy** for the *Quality** and Improvement Activities (IA)*** components.

(View page 4, sections 6a & 6b)

5. At the top of the page, click the “**Save Submission**” button.
6. Click the “**Approve Submission**” button.
7. In the pop-up window labeled **Approve MIPS 2020 Data Submission**, if you agree, then click the checkbox labeled “I approve the submission of my MIPS data”, and then click “**Save and Close**.”
8. Your data submission is now approved! The progress bar on the top of the page should display as such:



NOTE: “Submitted” will fill in blue in March 2021 after the SSR submits data to CMS on your behalf.

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Reviewing Quality Measures Data for MIPS 2020 Submission

1. In the **Case List** table you will see all finalized MIPS 2020 cases that are ready for submission.
2. Make your case selections using the checkboxes next to each case. If you would like to include all of the cases in the list, simply click on the ‘**check-all**’ checkbox to the left of the **ID** column header.

Note: You may select or deselect any cases that want to be submitted for MIPS 2020

3. If you are reporting on multiple Taxpayer ID Numbers (TINs), then the Case List allows you to apply specific TINs to cases on an individual case-by-case basis. To select a TIN for a case, use the dropdown menu under the “TIN” column.

Note: If you are only reporting on one TIN, then you do not need to make any TIN selections.

4. After making your case selections, scroll down until you see the **MIPS Quality Component Details** section. This table will display information relevant to the Quality measures you have reported on including your measures performance rates and case volumes per measure.

Note: if you are reporting on multiple TINs, then there will be a separate Quality table for each TIN.

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Reviewing IA Data for MIPS 2020 Submission

1. Scroll to the bottom of the MIPS Preview Submission Report until you see the **MIPS Improvement Activities (IA) Component** section.
2. Review the IAs you have selected for accuracy.

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Cancelling Approval for MIPS 2020 Data Submission

Un-Approving MIPS Submission

1. If you need to make any changes to your MIPS 2020 data submission **prior to the January 6, 2021 deadline**, click the “**Unapprove Submission**” button at the top of the Preview Submission Report.
2. Make your edits.
3. **Re-approve** your submission.