

2019 MIPS Data Submission

Note: New for 2019, a different submission type can be used for each Quality measure submitted. If data on the same Quality measure is received by more than one submission type, the dataset which results in the best measure score will be used.

Data Submission for MIPS Eligible Clinicians Reporting as **Individuals**

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	 Direct Log-in and Upload Medicare Part B Claims (small practices only) 	Individual Third Party Intermediary	eCQMs MIPS CQMs QCDR Measures Medicare Part B Claims Measures (small practices only)
Cost	No data submission required	• Individual	-
Improvement Activities	DirectLog-in and UploadLog-in and Attest	Individual Third Party Intermediary	-
Promoting Interoperability	DirectLog-in and UploadLog-in and Attest	Individual Third Party Intermediary	-

Data Submission for MIPS Eligible Clinicians Reporting as Groups

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	Direct Log-in and Upload CMS Web Interface (groups of 25 or more eligible clinicians) Medicare Part B Claims (small practices only)	Group Third Party Intermediary	eCQMs MIPS CQMs QCDR Measures CMS Web Interface Measures CMS Approved Survey Vendor Measure Administrative Claims Measures Medicare Part B Claims (small practices only)
Cost	No data submission required	• Group	-
Improvement Activities	Direct Log-in and Upload Log-in and Attest	Group Third Party Intermediary	-
Promoting Interoperability	DirectLog-in and UploadLog-in and Attest	Group Third Party Intermediary	- 32



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Definitions for Newly Finalized Terms:

- Collection type- a set of quality measures with comparable specifications and data
 completeness criteria including, as applicable, including, but not limited to: 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 CAHPS for MIPS survey; and administrative claims measures
- Submission type- the mechanism by which a submitter type submits data to CMS, including, but
 not limited to: direct, log in and upload, log in and attest, Medicare Part B claims, and the CMS
 Web Interface.
 - The Medicare Part B claims submission type is for clinicians or groups in small practices only to continue providing reporting flexibility
- Submitter type- the MIPS eligible clinician, group, virtual group, or third party intermediary acting on behalf of a MIPS eligible clinician, group, or virtual group, as applicable, that submits data on measures and activities.

^{*}The term MIPS CQMs would replace what was formerly referred to as "registry measures" since clinicians that don't use a registry may submit data on these measures.

Submission Mechanism	How does it work?
Qualified Clinical Data Registry (QCDR)	A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Each QCDR typically provides tailored instructions on data submission for eligible clinicians.
Qualified Registry (QR)	A Qualified Registry collects clinical data from an eligible clinician or group of eligible clinicians and submits it to CMS on their behalf.
Electronic Health Record (EHR)	Participants work with their EHR vendor to submit data directly through the use of an EHR system that is considered certified EHR technology (CEHRT). Alternatively, clinicians may work with a qualified EHR data submission vendor (DSV) who submits on behalf of the clinician or group.
Attestation	Using the CMS attestation website at qpp.cms.gov, participants prove (attest) that they have completed measures or activities. ECs can also upload MIPS performance category data via a QRDA III or JSON file generated from CEHRT.
CMS Web Interface	A secure internet-based application available to pre-registered groups of 25 or more clinicians. CMS loads the Web Interface with a sample of the group's patients. The group then reports requested data for the pre-populated list.
Claims	Clinicians select quality measures and begin reporting data through the routine billing process, including specific "quality data codes" on claims.

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