

2021 Merit-Based Incentive Payment System (MIPS) Reporting Guide

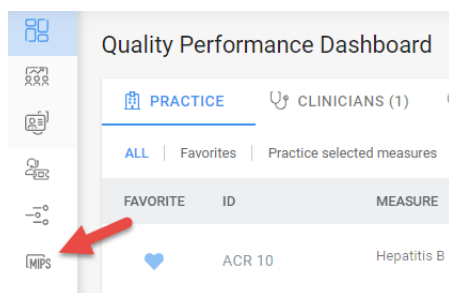
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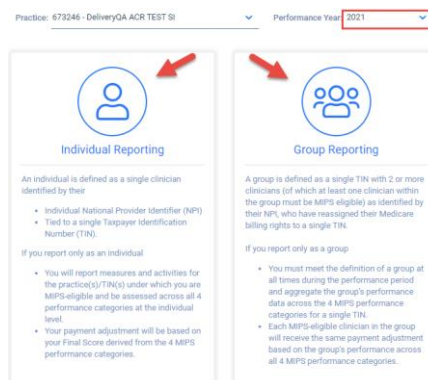
Section 1: 2021 MIPS Dashboard Instructional Guide

RISE registry participants should follow these step-by-step instructions to report for 2021 MIPS through the RISE registry. For this guide, we will be displaying the individual reporting option. Please note the group reporting option mirrors the individual reporting option.

- 1) [Login to your RISE Registry Quality dashboard >](#)
- 2) Select the MIPS icon on the left-hand navigation menu.



- 3) Select your MIPS reporting participation preference - either individual reporting or group reporting. Ensure '2021' is selected for the performance year.



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4) Once the reporting preference is selected, you will land on the 2021 MIPS Dashboard.

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< BACK Switch to: Individual Reporting Practice: 673246 - DeliveryQA ACR TEST SI Performance Year: 2021

Note: Unsure if you are required to report for 2021 MIPS? Visit the [OPP Participation Status Tool](#) to find out. Refresh Score Default Settings

Search Provider Name or NPI

NAME & NPI	TIN	ELIGIBILITY	SETTINGS	DRCF STATUS	QUALITY	PI	IA	TOTAL ESTIMATED SCORE
EBBA KUHN 1279	098765432	✓	⚙️	📄	0/40	0/25	0/15	0

Total Records: 1

5) On the MIPS Dashboard, you must complete the following four milestones for each individual or group in the following order before accessing the Quality, Promoting Interoperability (PI), and Improvement Activities (IA) milestones:

- TIN
- Eligibility
- Settings
- DRCF Status

Click on the TIN, Eligibility, and Settings icons to start and complete each of those milestones.

TIN	ELIGIBILITY	SETTINGS	DRCF STATUS
+ ADD TIN	+	⚙️	📄

- 6) Once those three milestones are completed, you will be required to sign the Data Release Consent Form (DRCF). Click on the DRCF icon to begin.



- 7) Please indicate when you would like to sign the DRCF. Participants can choose to sign the DRCF now or later. For those reporting as **individuals**, the reporting clinician must sign the DRCF. If you are the practice admin, please select the “Sign Later” option, send the DRCF to the reporting clinician’s email address, and advise him or her to sign the DRCF.

For those reporting as a **group**, the authorized signatory of the practice should sign the DRCF.

The DRCF needs to be signed before **Feb 15, 2022**.



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8) Once the DRCF is either signed or selected to sign later, you can access the Quality, PI, and IA milestones. Please click on the values below each performance category milestone to begin completing each one.

TIN	ELIGIBILITY	SETTINGS	DRCF STATUS	QUALITY	PI	IA
098765432				0/40	0/25	0/15

9) Quality Milestone

If you are reporting for Quality, please select the measures you want to submit for MIPS under the Quality milestone. You will be able to select and report on any of your 2021 preferred measures that are in “Operational” status. As you select measures, your estimated quality points and estimated quality weight will update. As a reminder, for general Quality reporting requirements, you’ll need to:

- Submit data for at least 6 measures (including 1 outcome measure or high-priority measure in the absence of an applicable outcome measure)
- Report performance data for at least 70% of the patients who qualify for each measure (data completeness)
- Submit measures that have at least 20 cases

QUALITY	PI	IA																																																																								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid green; padding: 2px; display: flex; align-items: center;"> 6 Measures selected <small>(Select minimum 6 measures)</small> </div> <div style="display: flex; align-items: center;"> ✔ Outcome/High-priority measure selected⁴ <small>(Select minimum 1 Outcome/High-priority measure)</small> </div> <div style="display: flex; align-items: center;"> 6 Measures meeting 20 cases <small>(All measures should meet minimum 20 cases)</small> </div> <div style="border: 1px solid red; padding: 2px; display: flex; align-items: center; gap: 10px;"> <div> <small>Estimated Quality Points</small> 25.7 + 7 = 32.7/60 <small>Points Bonus Total</small> </div> <div> <small>Estimated Quality Weight</small> 21.8/40 </div> </div> </div>																																																																										
<div style="display: flex; justify-content: space-between; align-items: center;"> All Selected Favorite Measure Collection Type: MIPS Measure Set 2021 </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>REGISTRY ID QUALITY ID</th> <th>MEASURE TITLE</th> <th></th> <th>DATA COMPLETENESS</th> <th>NUM DEN</th> <th>EXCL EXPT</th> <th>PERFORMANCE</th> <th>POINTS</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> </td> <td>ACR 10 ACR10</td> <td>Hepatitis B Safety Screening <small>Process Operational</small></td> <td></td> <td>27 42</td> <td>0 NA</td> <td></td> <td>3.0</td> </tr> <tr> <td><input checked="" type="checkbox"/> </td> <td>ACR 12 ACR12</td> <td>Disease Activity Measurement for Patients with PsA <small>Process Operational</small></td> <td></td> <td>33 48</td> <td>0 NA</td> <td></td> <td>3.0</td> </tr> <tr> <td><input checked="" type="checkbox"/> </td> <td>ACR 16 ACR16</td> <td>Rheumatoid Arthritis Patients with Low Disease Activity or Remission <small>Intermediate Outcome Operational</small></td> <td></td> <td>35 50</td> <td>0 NA</td> <td></td> <td>3.0</td> </tr> <tr> <td><input checked="" type="checkbox"/> </td> <td>ACSM 111 CMS127-v0</td> <td>Pneumococcal Vaccination Status for Older Adults <small>Process Operational</small></td> <td></td> <td>22 211</td> <td>0 NA</td> <td></td> <td>5.3</td> </tr> <tr> <td><input type="checkbox"/> </td> <td>ACR 14 ACR14</td> <td>Serum Urate Target <small>Intermediate Outcome Operational</small></td> <td></td> <td>0 0</td> <td>0 0</td> <td></td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> </td> <td>ACR 15 ACR15</td> <td>Safe Hydroxychloroquine Dosing <small>Process Operational</small></td> <td></td> <td>0 0</td> <td>0 NA</td> <td></td> <td>0</td> </tr> <tr> <td><input type="checkbox"/> </td> <td>QPP 24 Q24</td> <td>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older <small>Process Operational</small></td> <td></td> <td>0 0</td> <td>0 NA</td> <td></td> <td>0</td> </tr> <tr> <td><input checked="" type="checkbox"/> </td> <td>QPP 33 Q33</td> <td>Screening for Osteoporosis for Women Aged 65-85 Years of Age <small>Process Operational</small></td> <td></td> <td>42 57</td> <td>0 NA</td> <td></td> <td>8.4</td> </tr> </tbody> </table>			REGISTRY ID QUALITY ID	MEASURE TITLE		DATA COMPLETENESS	NUM DEN	EXCL EXPT	PERFORMANCE	POINTS	<input checked="" type="checkbox"/>	ACR 10 ACR10	Hepatitis B Safety Screening <small>Process Operational</small>		27 42	0 NA		3.0	<input checked="" type="checkbox"/>	ACR 12 ACR12	Disease Activity Measurement for Patients with PsA <small>Process Operational</small>		33 48	0 NA		3.0	<input checked="" type="checkbox"/>	ACR 16 ACR16	Rheumatoid Arthritis Patients with Low Disease Activity or Remission <small>Intermediate Outcome Operational</small>		35 50	0 NA		3.0	<input checked="" type="checkbox"/>	ACSM 111 CMS127-v0	Pneumococcal Vaccination Status for Older Adults <small>Process Operational</small>		22 211	0 NA		5.3	<input type="checkbox"/>	ACR 14 ACR14	Serum Urate Target <small>Intermediate Outcome Operational</small>		0 0	0 0		0	<input type="checkbox"/>	ACR 15 ACR15	Safe Hydroxychloroquine Dosing <small>Process Operational</small>		0 0	0 NA		0	<input type="checkbox"/>	QPP 24 Q24	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older <small>Process Operational</small>		0 0	0 NA		0	<input checked="" type="checkbox"/>	QPP 33 Q33	Screening for Osteoporosis for Women Aged 65-85 Years of Age <small>Process Operational</small>		42 57	0 NA		8.4
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10) Promoting Interoperability (PI) Milestone

If you are reporting for PI, you will start by submitting a “yes” to the following mandatory PI measures:

- PI_INFBLO_1 - The Prevention of Information Blocking Attestation,
- PI_ONCDIR_1 - The ONC Direct Review Attestation,
- PI_ONCACB_1 - ONC-ACB Surveillance Attestation
- PI_PPHI_1 - The security risk analysis measure

Attestations Attested: 0 / 5 ✕

Note: To be able to report for the PI category of MIPS, you will need to attest as Yes to all the mandatory attestations.

PI Audit Attestation *

By attesting to this statement, I hereby declare my acceptance to support any audit carried out by the registry and also to provide the relevant document/s as per the data validation criteria guidelines set by CMS. [Click here](#) to view the PI category data validation criteria.

1. PI_ONCDIR_1: ONC Direct Review Attestation *

I attest that I - Yes No

<p>(1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and,</p> <p>(2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT</p>	<p>Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.</p>
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2. PI_INFBLO_1: Prevention of Information Blocking Attestation *

I attest to CMS that I - Yes No

<p>(A) did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.</p> <p>(B) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:</p> <ul style="list-style-type: none">• Connected in accordance with applicable law;• Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;	<ul style="list-style-type: none">• Implemented in a manner that allowed for timely access by patients to their electronic health information; and• Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors. <p>(C) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestors affiliation or technology vendor.</p>
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3. PI_PPHI_1: Security risk analysis 🗨 *

I attest that I - Yes No

CANCEL SAVE

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Once completed, you will land on the PI milestone page. Please indicate the 90+ day performance period duration and select the PI measures to report on. You will need to have your PI report from your Electronic Health Record (EHR) readily available so you can refer to it when adding your numerator and denominator counts for the applicable measures. As you select measures, your estimated PI points and estimated PI weight will update.

QUALITY **PI** IA

CEHRT ID VALIDATION ATTESTED OBJECTIVES MET

Estimated PI Points: 77 Points + 0 Bonus = 77/100 Total
Estimated PI Weight: 19.25/25

Duration: 01/02/2021 to 04/01/2021

You cannot submit Promoting Interoperability data using multiple submissions methods. Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.

MEASURE ID	MEASURE TITLE	CLAIM EXCLUSION	REPORTING REQUIREMENTS	PERFORMANCE	POINT
Electronic Prescribing					
<input checked="" type="checkbox"/> PL_EP_1	e-Prescribing	<input type="radio"/> Yes <input checked="" type="radio"/> No	1000 1500	67	7/10
<input checked="" type="checkbox"/> PL_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	<input type="radio"/> Yes <input checked="" type="radio"/> No			0/10
Health Information Exchange					
You can choose to select PL_HIE_5 individually OR (PL_HIE_1 and PL_HIE_4) together as these two measures belong to the same group. Please note, if you change your selection midway, any data already entered will be discarded.					
<input checked="" type="checkbox"/> PL_HIE_1	Support Electronic Referral Loops By Sending Health Information	<input type="radio"/> Yes <input checked="" type="radio"/> No	500 1000	50	20/40
<input checked="" type="checkbox"/> PL_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	Numerator Denominator		NA
<input type="checkbox"/> PL_LVITC_2	Support Electronic Referral Loops by Receiving and Reconciling Health Information Exclusion	Exclusion Claimed			
<input type="checkbox"/> PL_HIE_5	Health Information Exchange (HIE) Bi-Directional Exchange	<input type="radio"/> Yes <input checked="" type="radio"/> No			NA
Provider to Patient Exchange					
<input checked="" type="checkbox"/> PL_PEA_1	Provide Patients Electronic Access to Their Health Information		500 500	100	40/40

Note: You cannot submit PI data using multiple submissions methods. Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of 0 for the PI performance category.

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11) Improvement Activities (IA) Milestone

If you are reporting for IA, please indicate the 90+ day performance period duration and select the activities you want to submit for MIPS under the IA milestone. As you select activities, your estimated IA points and estimated IA weight will update.

QUALITY PI **IA**

1 HIGH-WEIGHTED ACTIVITIES 3 MEDIUM-WEIGHTED ACTIVITIES

Estimated IA Points: **40/40** Estimated IA Weight: **15.00/15**

Note:
**Participants may submit a combination of high and medium-weighted activities. Each activity must be performed for the selected duration of minimum 90 consecutive days or more.
**The Registry Favorites filter includes the most popularly reported activities through RISE. RISE users can utilize this list as a resource when selecting activities to report.

By attesting to this statement, I hereby declare my acceptance to support any audit carried out by the registry and also to provide the relevant document/s as per the data validation criteria guidelines set by CMS. [Click here](#) to view the IA category data validation criteria.

Filter activities: All Duration: 01/01/2021 to 04/01/2021 Activity Weight: All Select Subcategory: Filter the activities by selecting the required subcategory.

ACTIVITY ID	ACTIVITY DESCRIPTION	Supporting Info	WEIGHT	POINT
Patient Centered Medical Home				
<input type="checkbox"/>	IA_PCMH Electronic submission of Patient Centered Medical Home accreditation		NA	40
Achieving Health Equity				
<input checked="" type="checkbox"/>	IA_AHE_1 Engagement of new Medicaid patients and follow-up	+ Add	High	20
<input type="checkbox"/>	IA_AHE_3 Promote use of Patient-Reported Outcome Tools		High	20
<input type="checkbox"/>	IA_AHE_5 MIPS Eligible Clinician Leadership in Clinical Trials or CBPR		Medium	10
<input type="checkbox"/>	IA_AHE_6 Provide Education Opportunities for New Clinicians		High	20
<input checked="" type="checkbox"/>	IA_AHE_7 Comprehensive Eye Exams	+ Add	Medium	10

Note: The activities starred in green represent the “Registry Favorites”. These are activities that were popularly submitted for 2020 MIPS reporting. You are encouraged to refer to these as a resource when selecting your activities to report.

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12) Once you have completed all milestones, please re-review all milestones to ensure all is accurate. Your total estimated score for Quality, IA, and PI will be displayed after all selections have been made.

Note: Unsure if you are required to report for 2021 MIPS? Visit the [QPP Participation Status Tool](#) to find out.

Search Provider Name or NPI

NAME & NPI	TIN	ELIGIBILITY	SETTINGS	DRCF STATUS	QUALITY	PI	IA	TOTAL ESTIMATED SCORE
EBBA KUHN 1279	098765432	✓	⋮	📄	21.8/40	23.75/25	15.00/15	60.55

Total Records: 1

The ACR will enable a “Submit” button on the 2021 MIPS dashboard in early 2022 once the submission period opens. Once the RISE registry enables the submit button, all RISE participants will be notified to submit for MIPS at that time.

Section 2: Provider Expectations

Please ensure you complete the following tasks:

- Ensure all providers and locations are updated for your practice. If there are any discrepancies, please email RISE@rheumatology.org immediately.
- Only measures in “Operational” status can be reported for 2021 MIPS, so review and provide feedback on your measures immediately.
- All users must get their PI report from their EHR to complete the PI section of the MIPS dashboard and report for PI.
- If you plan to apply for either the Extreme and Uncontrollable Circumstance Exception or the PI Hardship Exception, apply no later than the deadline of **Dec 31, 2021**.
- Complete the [2021 MIPS Intent to Submit survey](#) by **Dec 17, 2021**.
- If you would like to schedule a call to submit for 2021 MIPS with a FIGmd or RISE staff member, please email RISE@rheumatology.org or reach out to your FIGmd account manager with several preferred dates and times in early 2022.

Section 3: Reporting Resources

- [*MIPS Tips](#) – Includes important MIPS reporting and submission information, including deadlines, updates from the CMS, and resources for reporting through RISE
- [*RISE Video Resources](#) - Video resources intended to help users successfully navigate different elements of the registry and MIPS reporting
- [CMS Quality Payment Program](#) – Includes information around the QPP and reporting requirements
- [CMS QPP Resource Library](#) - Houses resources related to the 2021 performance year final rule, 2021 MIPS reporting, performance categories, and more

**Requires login via rheumatology.org*

Section 4: Key Deadlines

Dec 17, 2021

Deadline to complete the [2021 MIPS Intent to Submit Survey](#)

Dec 31, 2021

[QPP Exception applications](#) window closes

Feb 15, 2022

Deadline to sign the DRCF on 2021 MIPS dashboard

March 15, 2022

Deadline to report for 2021 MIPS through RISE

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Section 5: Contact Information

ACR RISE Registry

RISE@rheumatology.org

FIGmd, RISE Registry Vendor

acrcams@figmd.com

Quality Payment Program

1-866-288-8292 (TRS: 711)

QPP@cms.hhs.gov