

Quality Payment  
PROGRAM

SUBMITTING DATA TO  
THE QUALITY PAYMENT  
PROGRAM FOR THE  
2017 PERFORMANCE  
YEAR – TRAIN THE  
TRAINER



## Home page.

Quality Payment PROGRAM

MIPS  
Merit-based Incentive Payment System

APMs  
Alternative Payment Models

About  
The Quality Payment Program

Sign In  
Submit and Manage Data

Modernizing Medicare to provide better care and smarter spending for a healthier America.

Check your participation status

Enter your National Provider Identifier (NPI) number

NPI Number

Check NPI

## Sign in page.

Quality Payment PROGRAM

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Sign In  
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## Sign in to QPP

To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the [CMS Enterprise Portal](#) and/or to submit data to the Physician Quality Reporting System (PQRS).

ENTER EIDM USER ID

User ID

ENTER EIDM PASSWORD

Password

Show password

STATEMENT OF TRUTH

## MFA Security Code:

Quality Payment PROGRAM

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Sign In Submit and Manage Data

# Verify Code

Enter the code sent via phone call to \*\*\*-\*\*\*-4237.


ONE-TIME CODE

Submit Code >

Quality Payment PROGRAM

Developer Tools Resource Library Help and Support Subscribe to Updates

CMS Privacy Notice Accessibility Send Us Questions 1-866-288-8292 TTY: 1-877-715-6222



## Account Dashboard.

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Adrien My Account

**Adrien Abrams**

- Account Dashboard
- Help and Support


# Account Dashboard

The submission window is now open

You can update your data at any time the submission window is open (January 2 - March 31, 2018 for MIPS reporting or January 22 - March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

APM ENTITIES (0)

PRACTICES (3)



Account Dashboard shows which practices the account has access to. The portal should display the business name in lieu of the numbers and the TIN displayed underneath. Gives them the option to report as a group or an individual.

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You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

APM ENTITIES (0)

PRACTICES (3)

000183746  
TIN: 000183746

Report as a group >

Report as individuals >

000205111  
TIN: 000205111

Report as a group >

Report as individuals >

Individual reporting dashboard. Shows clinicians under the TIN who are eligible to report individually.

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Braun LLC  
TIN# 000205111

Connected Clinicians

Group Reporting

Braun LLC

Individual Reporting Dashboard

Report data for clinicians as individuals

You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

1 CONNECTED CLINICIANS

ROBERT K BROGADIR at Braun LLC  
0351963844 – Doctor of Podiatric Medicine

Choose a category

- Quality Measures >
- Advancing Care Information >
- Improvement Activities >

## Group Reporting Dashboard – Start reporting any given category

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Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

### Group Reporting Dashboard

Report data for the group

You can update your data at any time the submission window is open (January 2 – March 31, 2018 for MIPS reporting or January 22 – March 16, 2018 for CMS Web Interface reporting). Once the submission window is closed, CMS will begin calculating payment adjustments.

**Quality Measures**  
START REPORTING

**Advancing Care Information**  
START REPORTING

**Improvement Activities**  
START REPORTING

imp.qpp.cms.gov/user/submissions/6e50e43d-358e-4763-9101-accf202bc378/aci

Quality data submission (EHR/Registry). If web interface was selected there will be a third option available indicating so.

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Account Dashboard

TIN# 000183746

Connected Clinicians

Group Reporting

Group Dashboard

- Quality Measures
- Advancing Care Information
- Improvement Activities

### Quality

The Quality score is based on the highest score among all submission method scores. [Read full instructions](#)

**No Quality measures have been submitted for this profile.**

Please choose a submission option below to get started.

**OPTION 1**  
**Import QPP Quality data via file upload**

This submission method is based on the highest 6 submitted measures, requiring at least one High Priority measure.

**OPTION 2**  
**Contact your corresponding agency**

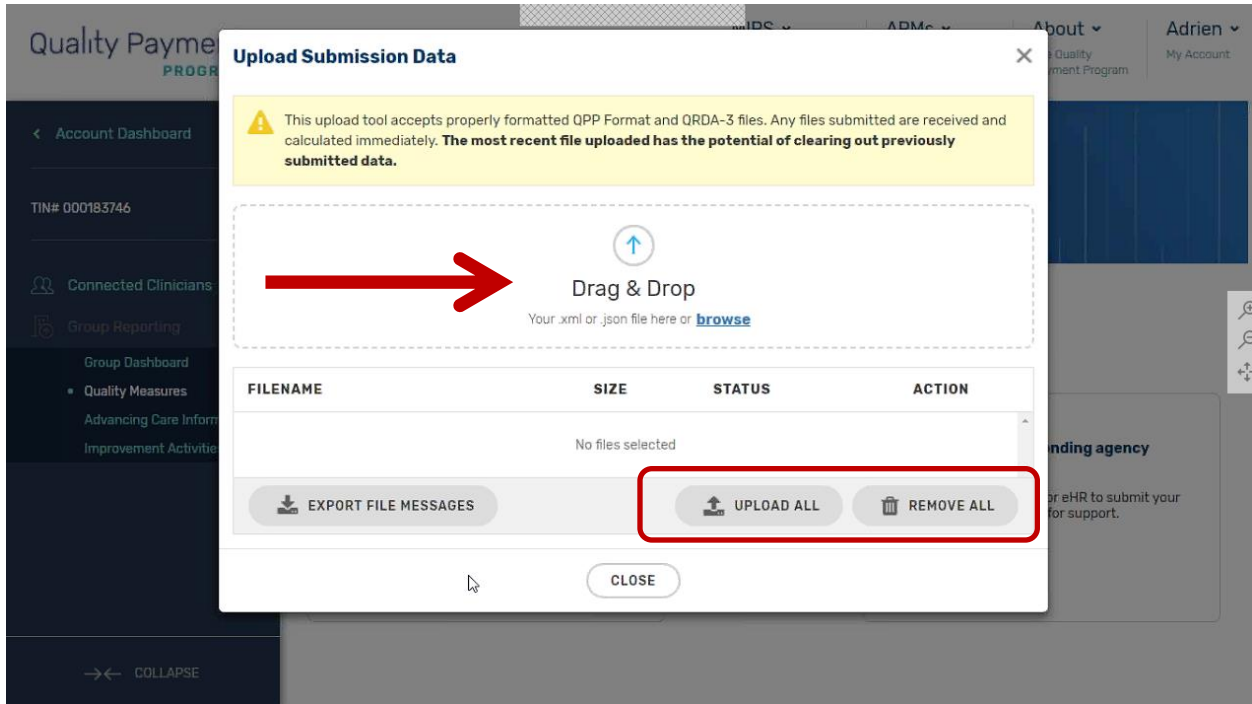
If you are using a Registry or eHR to submit your data, please contact them for support.

OR

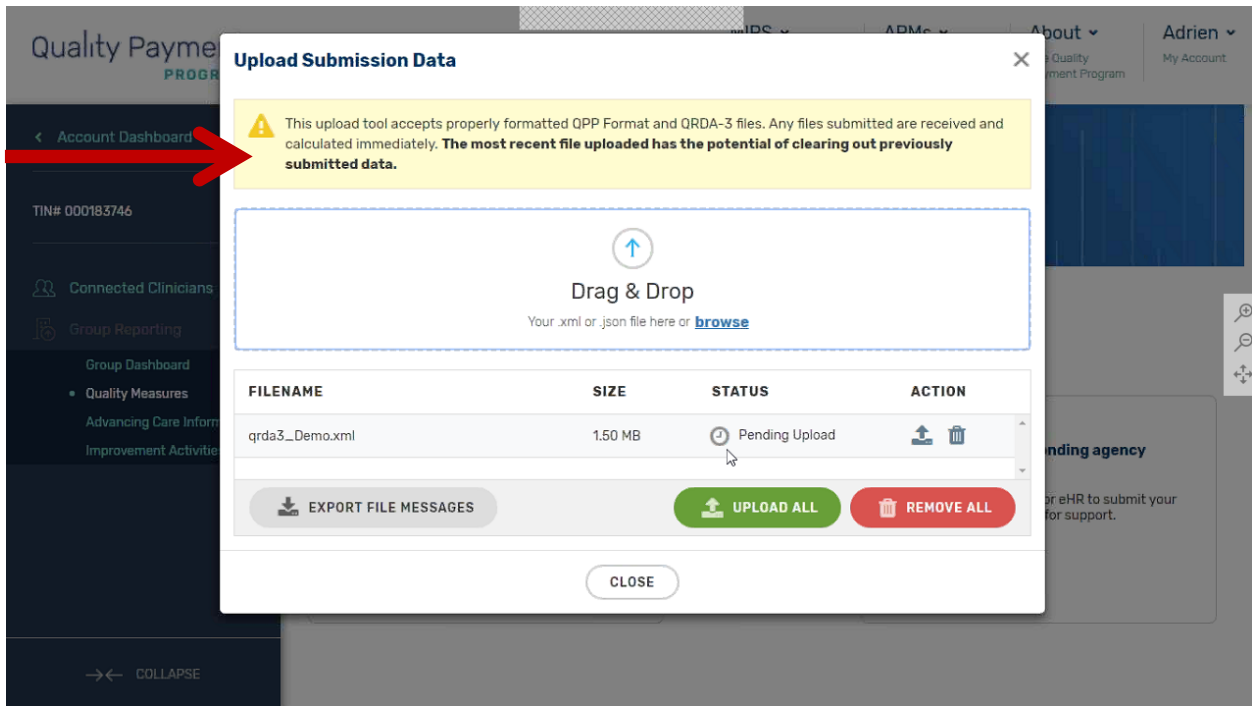
FILE UPLOAD

→← COLLAPSE

File upload function. (QRDA III for EHR, QPP format for Registry/QCQR). Drag and drop files or navigate using browse function.



Pending status – Upload all. Validation process begins – verifying file format and construction of measures.



Shows if file is complete or passed validation – if failed validation will provide error messages. Error messages can be exported under “Export File Messages.”

**Upload Submission Data**

This upload tool accepts properly formatted QPP Format and QRDA-3 files. Any files submitted are received and calculated immediately. **The most recent file uploaded has the potential of clearing out previously submitted data.**

Drag & Drop  
Your .xml or .json file here or [browse](#)

FILENAME	SIZE	STATUS	ACTION
qrda3_Demo.xml	1.50 MB	Complete	

**EXPORT FILE MESSAGES** **UPLOAD ALL** **REMOVE ALL**

CLOSE

Quality data summary should then be displayed. Gives option to delete data. Gives real-time scoring of whatever data was submitted for each reporting mechanism.

**Scores By Submission Method**

Your highest score is:

EHR

60  
OUT OF 60

**EHR Submission Summary**

**MAXIMUM 60 QUALITY POINTS ACHIEVED!**  
This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points.

**Measures that count toward Quality Performance Score (6)**  
Your Measure Score includes both performance points and bonus points.

Submission summary shows breakdown of measure performance and scoring. Users can expand all or drill down into individual measures. At the top shows top measures and which measures had bonus points.

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**EHR Submission Summary**

**MAXIMUM 60 QUALITY POINTS ACHIEVED!**  
This submission achieved a performance score higher than the 60 Quality points allowed for the program. The maximum Quality performance score is 60 points.

**Measures that count toward Quality Performance Score (6)**  
Your Measure Score includes both performance points and bonus points.

Measure Name	Performance Rate	Measure Score	Download Specifications
Anti-Depressant Medication Management Measure ID: 009	93.66%	11.0	
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Measure ID: 019	95.47%	11.0	
Preventive Care and Screening: Influenza Immunization Measure ID: 110	84.21%	10.0	

Shows measure scoring and national benchmark information.

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**Measures that count toward Quality Performance Score (6)**  
Your Measure Score includes both performance points and bonus points.

Measure Name	Performance Rate	Measure Score	Download Specifications
Anti-Depressant Medication Management Measure ID: 009	93.66%	11.0	

**BENCHMARK DATA**

Lowest Benchmark: 0% | 1.52% | 50% | Highest Benchmark: >= 83.34%

93.66% | Decile 10

**PERFORMANCE POINTS**

Points from Benchmark Decile	10.0
Partial Points	--

**BONUS POINTS**

High Priority Outcome or Patient Experience	--
Other High Priority	--
End-to-End Reporting	1.0

**Measure Score: 11.0**



Below shows measures that were submitted but did not count towards quality. Measures that do not receive a final score but have a performance rate.

The screenshot shows the 'Quality Payment PROGRAM' dashboard. At the top, there are navigation menus for 'MIPS', 'APMs', 'About', and 'Adrien'. The main content area is titled 'Measures submitted but do not count towards quality (31)'. Below this title is a descriptive paragraph: 'These measures were submitted and earned either performance or bonus points. They either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission.' A table follows, listing several measures with their performance rates and scores. The table has columns for 'Measure Name', 'Performance Rate', 'Measure Score', and 'Download Specifications'. The measures listed are: 'Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy' (84.21%, 0.0), 'Appropriate Treatment for Children with Upper Respiratory Infection (URI)' (81.63%, 0.0), 'Appropriate Testing for Children with Pharyngitis' (82.64%, 0.0), and 'Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients' (87.54%, 0.0). A fifth measure is partially visible at the bottom.

Measure Name	Performance Rate	Measure Score	Download Specifications
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy Measure ID: 018	84.21%	0.0	
Appropriate Treatment for Children with Upper Respiratory Infection (URI) Measure ID: 065	81.63%	0.0	
Appropriate Testing for Children with Pharyngitis Measure ID: 066	82.64%	0.0	
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients Measure ID: 102	87.54%	0.0	
Adult Male Depressive Disorder (MDD): Suicide Risk Assessment	90%	0.0	

### QCDR Submission – JSON

The screenshot shows a 'Quality Payment PROGRAM' dashboard with a modal dialog box titled 'Upload Submission Data'. The dialog contains a warning message: 'This upload tool accepts properly formatted QPP Format and QRDA-3 files. Any files submitted are received and calculated immediately. The most recent file uploaded has the potential of clearing out previously submitted data.' Below the warning is a 'Drag & Drop' area with a red arrow pointing to it and the text 'Your .xml or .json file here or [browse](#)'. A table below the drag area shows the upload progress of a file named 'qcdr\_bm.json' with a size of 3.36 KB and a status of 'Pending Upload'. At the bottom of the dialog are buttons for 'EXPORT FILE MESSAGES', 'UPLOAD ALL', 'REMOVE ALL', and 'CLOSE'.

FILENAME	SIZE	STATUS	ACTION
qcdr_bm.json	3.36 KB	Pending Upload	

**KEEPS MOST RECENT SUBMISSION:** Creates menu between mechanisms which will display data for different measures for each mechanism. Will be credited with the highest score per mechanism. HER submission had highest score so they will go with that one for Quality Category. Again the option is there to delete.

The screenshot shows the 'Quality' section of the Quality Payment Program dashboard. At the top, there are navigation links for MIPS, APMs, About, and Adrien. The main header reads 'Quality' and states 'The Quality score is based on the highest score among all submission method scores.' Below this, there are two buttons: 'FILE UPLOAD' and 'DELETE CATEGORY DATA'. The main content area is titled 'Scores By Submission Method' and is divided into two columns. The left column, 'Your highest score is:', shows a score of 60 out of 60 for EHR. The right column, 'Other scores by submission methods:', shows a score of 52.3 out of 60 for Registry. A red arrow points to the 'DELETE CATEGORY DATA' button, and another red arrow points to the '60' score.

**Navigating to next category: ACI**

The screenshot shows the 'Quality' section of the Quality Payment Program dashboard with a sidebar menu. The sidebar menu includes 'Account Dashboard', 'TIN# 000183746', 'Connected Clinicians', 'Group Reporting', 'Group Dashboard', 'Quality Measures', 'Advancing Care Information', and 'Improvement Activities'. A red arrow points to the 'Advancing Care Information' link in the sidebar. The main content area is titled 'Quality' and states 'The Quality score is based on the highest score among all submission method scores.' Below this, there are two buttons: 'MY ACCOUNT' and 'Sign Out'. The main content area is titled 'Scores By Submission Method' and is divided into two columns. The left column, 'Your highest score is:', shows a score of 60 out of 60 for EHR. The right column, 'Other scores by submission methods:', shows a score of 52.3 out of 60 for Registry. A red arrow points to the '60' score.

ACI attestation window – users fill out data in the order in which it is required. Must first enter performance date range (must be at least 90 days – will receive error message).

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COLLAPSE

## Advancing Care Information

Review the advancing care information measures available. Remember, in order to get credit for advancing care information, you must submit information for the required measures.

[Read full instructions](#)

FILE UPLOAD

Attestation EHR

Start by selecting your performance period: MM/DD/YYYY To MM/DD/YYYY

### CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET

HIDE

In 2017, there are two measure set options for reportings:

- 2017 Advancing Care Information Transition Measures
- Advancing Care Information Measures

The option you will use to send in data is based on your Certified EHR Technology edition.

- In 2017, MIPS eligible clinicians can alternatively report the **2017 Advancing Care Information Transition Measures** if they have:

### ACI File upload option

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COLLAPSE

### Upload Submission Data

This upload tool accepts properly formatted QPP Format and QRDA-3 files. Any files submitted are received and calculated immediately. **The most recent file uploaded has the potential of clearing out previously submitted data.**

Drag & Drop

Your .xml or .json file here or [browse](#)

FILENAME	SIZE	STATUS	ACTION
No files selected			

EXPORT FILE MESSAGES UPLOAD ALL REMOVE ALL

CLOSE

The option you will use to send in data is based on your Certified EHR Technology edition.

- In 2017, MIPS eligible clinicians can alternatively report the **2017 Advancing Care Information Transition Measures** if they have:

2017 ACI Transition measures/ ACI Measures – EHR may be able to submit one or the other, more info is included on requirements.

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### CHOOSING THE CORRECT ADVANCING CARE INFORMATION MEASURE SET

In 2017, there are two measure set options for reportings:

- 2017 Advancing Care Information Transition Measures
- Advancing Care Information Measures

The option you will use to send in data is based on your Certified EHR Technology edition.

- In 2017, MIPS eligible clinicians can alternatively report the **2017 Advancing Care Information Transition Measures** if they have:
  - Technology certified to the 2015 edition; or
  - Technology certified to the 2014 edition; or
  - A combination of technologies certified to the 2014 and 2015 Editions
- MIPS Eligible clinicians can report the **Advancing Care Information Measures** if they have:
  - Technology certified to the 2015 edition; or
  - A combination of technologies certified to the 2014 and 2015 editions that support these measures

Need help identifying your electronic health record technology version?

Search by Developer, Product, or ACB/CHPL ID

SEARCH

CEHRT Lookup feature available here as well.

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### Need help identifying your electronic health record technology version?

ehrl

SEARCH

- ChARM EHR
- HealthAxis EHR
- Medgen EHR
- MedEvolve EHR
- Bradoc EHR
- ALERT@ EHR
- PCIS GOLD EHR
- Getwell EHR
- Dentrix EHR
- ThinkEHR
- MEDITECH 6.15 Web Ambulatory EHR - All CQMs
- Thrive EHR
- AntWorks Clinical EHR
- eData Specialty EHR

ADVANCING CARE INFORMATION MEASURES

COMBINATION OF BOTH MEASURE SETS

After selecting EHR software you can pick measure set option for reporting (2017 ACI Transition, or regular ACI measures)

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### 2017 Advancing Care Information Transition Measure Set

When choosing the combination of technologies path, you may not submit a measure from the ACI measure set that correlates to a 2017 ACI transition measure. For example, if you submit the Provide Patient Access 2017 ACI transition measure (worth up to 20%), you may not submit the correlating ACI measures Provide Patient Access (worth up to 10%) or Patient-Generated Health Data (worth up to 10%).

NOTE: The 2015 Edition has the reporting capability to support either the 2017 Advancing Care Information Transition Measures or the Advancing Care Information Measures. We encourage clinicians and vendors that collect and combine data from the 2014 and 2015 Editions during a performance period to aggregate their numerators and denominators for the 2017 Advancing Care Information Transition Measures.

For additional information or questions, [contact the QPP Service Center](#)

**Select Measure Set:**

- 2017 ADVANCING CARE INFORMATION TRANSITION MEASURES** (Selected)
- ADVANCING CARE INFORMATION MEASURES
- COMBINATION OF BOTH MEASURE SETS

→← COLLAPSE

Selections prompt attestation. Must complete required attestation before more questions/measures are provided.

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For additional information or questions, [contact the QPP Service Center](#)

**Select Measure Set:**

- 2017 ADVANCING CARE INFORMATION TRANSITION MEASURES** (Selected)
- ADVANCING CARE INFORMATION MEASURES
- COMBINATION OF BOTH MEASURE SETS

### ATTESTATION STATEMENTS FOR THE ADVANCING CARE INFORMATION PERFORMANCE CATEGORY

> <b>Prevention of Information Blocking Attestation</b>	<input type="radio"/> Yes	<input type="radio"/> No
> <b>ONC Direct Review Attestation</b>	<input type="radio"/> Yes	<input type="radio"/> No
> <b>ONC-ACB Surveillance Attestation (Optional)</b>	<input type="radio"/> Yes	<input type="radio"/> No

ADVANCING CARE INFORMATION SCORE: 0 / 100

→← COLLAPSE

After completing attestation they can move forward and complete base score measures. Indicates that base score measures are required. Provides a real time score /100. Download provides deep dive measure information. Users enter num/denom, yes/no, or indicate an exclusion.

Quality Payment PROGRAM

ADVANCING CARE INFORMATION SCORE: 0 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

**e-Prescribing**

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACI\_TRANS\_EP\_1

PERFORMANCE SCORE: N/A

Numerator: 0

Denominator: 0

E-PRESCRIBING EXCLUSION ?

**Security Risk Analysis**

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

ACI\_TRANS\_PPHI\_1

PERFORMANCE SCORE: N/A

Yes

No

Performance score N/A and thumbs-up or that the proportion value is not valid depending on entry.

Quality Payment PROGRAM

ADVANCING CARE INFORMATION SCORE: 0 / 100

2017 Advancing Care Information Transition Measures

REQUIRED FOR BASE SCORE ?

**e-Prescribing**

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACI\_TRANS\_EP\_1

PERFORMANCE SCORE: N/A

Numerator: 10

Denominator: 19

E-PRESCRIBING EXCLUSION ?

**Security Risk Analysis**

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

ACI\_TRANS\_PPHI\_1

PERFORMANCE SCORE: N/A

Yes

No

After completing base score measures they will have ACI score information and measures will be updated with individual performance score info.

The screenshot shows the Quality Payment Program dashboard. At the top, the overall score is **ADVANCING CARE INFORMATION SCORE: 72 / 100**, indicated by a red arrow. Below this, the section is titled **2017 Advancing Care Information Transition Measures**. Under the **REQUIRED FOR BASE SCORE** section, the measure **ACI\_TRANS\_PEA\_1** has a **PERFORMANCE SCORE: 27 / 20**. The **Health Information Exchange** measure is detailed below, with a description: "The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral." The **ACI\_TRANS\_HIE\_1** measure has a **PERFORMANCE SCORE: 20 / 20**, also indicated by a red arrow. To the right, the **Numerator** is 100 and the **Denominator** is 100. Below this, there is a **HEALTH INFORMATION EXCHANGE EXCLUSION** checkbox. At the bottom, the **OPTIONAL PERFORMANCE MEASURES** section is visible.

Then they can proceed with optional performance measures. Performance scores update in real time.

The screenshot shows the Quality Payment Program dashboard with the **OPTIONAL PERFORMANCE MEASURES** section expanded, indicated by a red arrow. The overall **ADVANCING CARE INFORMATION SCORE: 72 / 100** remains at the top. The **2017 Advancing Care Information Transition Measures** section is still visible. The **OPTIONAL PERFORMANCE MEASURES** section includes **Immunization Registry Reporting**, with a description: "The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data." The **ACI\_TRANS\_PHCDRR\_1** measure has a **PERFORMANCE SCORE: 0 / 10**. To the right, there are **Yes** and **No** buttons. Below this, the **Patient-Specific Education** measure is visible, with a description: "The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources." The **Numerator** for this measure is 0.

## They get a message if maximum score is achieved for a measure

Quality Payment PROGRAM

ADVANCING CARE INFORMATION SCORE: 100 / 100 → Category Success!

### 2017 Advancing Care Information Transition Measures

**OPTIONAL PERFORMANCE MEASURES**

**Secure Messaging**

For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the performance period.

ACL\_TRANS\_SM\_1 PERFORMANCE SCORE: 10 / 10

**View, Download, or Transmit (VDT)**

At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.

ACL\_TRANS\_PEA\_2 PERFORMANCE SCORE: 0 / 10

**Medication Reconciliation**

The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician.

ACL\_TRANS\_MR\_1 PERFORMANCE SCORE: 0 / 10

Max score for this category has been achieved!

## Combination of both ACI measure / transition measure view.

Quality Payment PROGRAM

ADVANCING CARE INFORMATION SCORE: 100 / 100 → Category Success!

### Advancing Care Information Measures

**REQUIRED FOR BASE SCORE**

**e-Prescribing**

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACL\_EP\_1 PERFORMANCE SCORE: N/A

E-PRESCRIBING EXCLUSION

### 2017 Advancing Care Information Transition Measures

**e-Prescribing**

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACL\_TRANS\_EP\_1 PERFORMANCE SCORE: N/A

E-PRESCRIBING EXCLUSION



## Moving on to Improvement Activities

The screenshot shows the Quality Payment Program interface. At the top, there are navigation links for MIPS (Merit-based Incentive Payment System), APMs (Alternative Payment Models), About (The Quality Payment Program), and Adrien (My Account). The main header includes the Quality Payment PROGRAM logo and a FILE UPLOAD button. A sidebar menu on the left lists various options: Account Dashboard, TIN# 000183746, Connected Clinicians, Group Reporting, Group Dashboard, Quality Measures, Advancing Care Information, and Improvement Activities (highlighted with a red arrow). The main content area is titled 'Improvement Activities' and features a performance period selection tool (MM/DD/YYYY To MM/DD/YYYY), a score of 0 / 40, and a search bar. A yellow warning banner states: 'You will be unable to attest to the Improvement Activities until a performance period date range is entered above.'

## Same performance period and file upload functions.

This screenshot provides a closer view of the 'Improvement Activities' section. The header includes the Quality Payment PROGRAM logo and navigation links for MIPS, APMs, About, and Adrien. The main heading is 'Improvement Activities' with a red arrow pointing to the FILE UPLOAD button. Below the heading is a performance period selection tool (MM/DD/YYYY To MM/DD/YYYY) with a red arrow pointing to it. The score is 0 / 40. A search bar and a FILTERS dropdown are visible. A yellow warning banner reads: 'You will be unable to attest to the Improvement Activities until a performance period date range is entered above.'

All 92 IAs are provided, filters are provided.

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IMPROVEMENT ACTIVITIES SCORE: 0 / 40

Showing 92 Activities FILTERS All Search Activities

**Patient Centered Medical Home Attestation**

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

IA\_PCMH Yes

**ACHIEVING HEALTH EQUITY 0 / 4**

**Engagement of new Medicaid patients and follow-up**

Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.

IA\_AHE\_1 HIGH +20 Yes

Filters show categories, weight, CEHRT eligibility.

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IMPROVEMENT ACTIVITIES SCORE: 0 / 40

Showing 92 Activities FILTERS All Search Activities

**SUB CATEGORIES**

- Achieving Health Equity (4)
- Behavioral And Mental Health (8)
- Beneficiary Engagement (23)
- Care Coordination (14)
- Emergency Response And Preparedness (2)
- Expanded Practice Access (4)
- Patient Safety And Practice Assessment (21)
- Population Management (16)

**WEIGHT**

- Medium (78)
- High (14)

**CEHRT ELIGIBLE**

- Yes (18)

**Patient Centered Medical Home Attestation**

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

IA\_PCMH Yes

IAs – PCMH example. Updates score and green trophy message.

The screenshot displays the Quality Payment Program dashboard. At the top, there are navigation links for MIPS (Merit-based Incentive Payment System), APMs (Alternative Payment Models), About (The Quality Payment Program), and Adrien (My Account). The main content area features a performance period selector set to 12/01/2017. A yellow banner highlights the 'IMPROVEMENT ACTIVITIES SCORE: 40 / 40' and a 'Category Success!' message with a trophy icon. Below this, a section for 'Patient Centered Medical Home Attestation' is shown with a green checkmark icon. A blue progress bar indicates 'ACHIEVING HEALTH EQUITY 0 / 4'. A green notification box at the bottom right states 'Max score for this category has been achieved!' with a trophy icon and a close button. A red arrow points to the left sidebar, and another red box highlights the score and success message.

Quality Payment PROGRAM

MIPS  
Merit-based Incentive Payment System

APMs  
Alternative Payment Models

About  
The Quality Payment Program

Adrien  
My Account

Start by selecting your performance period: 12/01/2017 To 12/01/2017

**IMPROVEMENT ACTIVITIES SCORE: 40 / 40** Category Success!

Showing 92 Activities FILTERS All Search Activities

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IA\_PCMH

ACHIEVING HEALTH EQUITY 0 / 4

Engagement of new Medicaid patients and follow-up

Max score for this category has been achieved!