

2018 Quality Payment Program (QPP)

Merit-based Incentive Payment System (MIPS)

The PINNACLE and Diabetes Collaborative Registries are approved as one Qualified Clinical Data Registry (QCDR) for 2018.

FREE MIPS submission as a benefit to eligible registry participants.

MIPS will offer a positive or negative payment adjustment to individual providers and groups for 2018 participation. Eligible providers who do not report will receive an automatic 5% penalty in 2020. [Click here](#) to learn about the four MIPS performance categories.

- Quality accounts for 50% of your final score.
- Reporting requirements are the same for group and individual
- Eligible providers must report **six** measures, including **one** outcome or high priority measure for 60% of **ALL patients**, regardless of payer.
- Eligible providers must report a full year of data for Quality.
- Payment adjustments will occur in 2020.
- The ACC will submit your MIPS Data only with consent via eDRCF.
- Use the registries to self-attest and receive full participation for [Promoting Interoperability](#) & [Improvement Activities](#).
- Are you considered an eligible provider? [Check here](#) to find out!

IMPORTANT DATES

- **Aug. 31-** Deadline for **new practice enrollment**.
- **Oct. 1 - Practices must be actively submitting data.** The ACC will not be able to accommodate MIPS reporting for practices that have not moved into production for data submission by this date.
- **Oct. 16 – Nov. 30** - Electronic data release consent forms (eDRCFs) will be available. All providers and group practices (GPRO) must sign and return a 2018 eDRCF authorizing the registries to submit MIPS on their behalf. This form is an **annual requirement** from CMS. Access your eDRCF on the NCDR [account management site](#).
- **Dec 1.**
 - All signed eDRCFs must be returned to ACC. If you have not completed a form the ACC **will not report** for the 2018 program year. Those who fails to report MIPS receive an automatic 5% penalty.
 - Mapping Refinement Deadline: all request for mapping refinement on 2018 data must be submitted or completed.
- **Dec.1- Jan. 4**
 - Quality, Promoting Interoperability and Improvement Activities selections must be saved on your Physician Dashboard.
- **Dec. 31— 2018 MIPS** Reporting year ends
- **Jan. 1 – March 31, 2018**
 - **ACC submits all MIPS quality measures data to CMS.** The ACC will only submit performance data for the categories selected by the practice.
 - This is the CMS- defined data submission period. Required data will be extracted from your electronic health record in advance of submission for formatting.

Quick Links

- [MIPS Overview](#)
- [ACC 2018 QPP FAQ](#)
- [2018 Measure List for MIPS](#)
- [Learn more about the NCDR outpatient registries here!](#)



NCDR
NATIONAL CARDIOVASCULAR DATA REGISTRY



PINNACLE Registry[®]