



2018 Quality Payment Program Documents for an Audit

This guide is intended to help clinicians and staff collect and save Quality Payment Program documentation, so it is available in case of an audit. Audits may occur up to 6 six years after the performance year, but it is recommended you keep documentation for 10 years. We also recommend you keep electronic and paper copies of all documentation.

[2018 MIPS Data Validation Criteria Zip File](#)

Table of Contents

General Reporting Information	page 2
Clinicians	page 3
Quality Category	page 4
Promoting Interoperability Category	page 5
Improvement Activities Category	page 7
Cost Category	page 7
Additional Documentation	page 7



General Reporting Information

Practice Name: _____

Practice TIN: _____

Person responsible for 2018 MIPS reporting: _____

Phone and Email: _____

Additional Contacts: _____

Phone and Emails: _____

Third Party Information: _____

HARP Users and Roles: _____

HARP Login Information: _____

[QPP Access User Guide](#)

2018 Data Reported at Individual level (NPI) OR Group level (TIN)

Final Score: _____

Category	Reporting Period	How was Data Submitted?	Electronic Location of Data	Notes
Quality	Full Year Jan 1, 2018 - Dec 31, 2018	Claims, EHR, Registry, QCDR, CMS Web Interface		
Promoting Interoperability	90 Days Minimum	EHR, Registry, QCDR, Attestation		
Improvement Activities	90 Days Minimum	EHR, Registry, QCDR, Attestation		
Cost	Full Year No Reporting	All data comes from administrative claims		

Use the print button in the QPP Portal to save a copy of your submissions and score



Clinicians

List of clinicians who worked under the TIN during 2018. Eligible clinician types in 2018 are MD, DO, NP, PA, CNS, CRNA, DPM, OD, DMD, DDS.

[NPI Eligibility Look-Up Tool](#)

Clinician Name	NPI	2018 Eligibility Status	Date Joined Practice (if new in 2018)	Date Left practice (if left in 2018)
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		
		Individual: Yes or No Group: Yes or No ACO: Yes or No		



Quality

[2018 Quality Fact Sheet](#)

Save Quality reports that list clinician name(s) and reporting year, recommend electronic and hard copy

Save submission receipt from QPP Portal, EHR vendor, registry or other third party

Location of electronic documentation: _____

Final Quality score: _____

Quality Measures Submitted: Use the chart below to record your measures or attach report(s) here

CMS Measure ID	Measure Title	Outcome or High Priority?	Numerator/Denominator	Performance Rate



Promoting Interoperability

[2018 Promoting Interoperability Fact Sheet](#)

If applicable save hardship application, approval notice and all communications from CMS or ONC

Reporting Period (minimum 90 days): _____

Information about your Certified Electronic Health Record Technology (CEHRT)

EHR vendor name and product: _____

Edition used during reporting period: _____

Date of upgrade (if applicable): _____

CHPL Certification number (<https://chpl.healthit.gov/#/search>): _____

Location of electronic documentation: _____

Security Risk Analysis

<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment>

Completed by: _____

Date: _____

Include security risk analysis policies and procedures document, record the name of the person who completed it on the document

Save PI reports that list clinician name(s) and dates within your 90-day reporting period, recommend electronic and hard copy

Save documentation for any exclusions claimed

Save submission receipt from QPP Portal, EHR vendor, registry or other third party

Location of electronic documentation: _____

Final Promoting Interoperability Score: _____



Promoting Interoperability Continued

Promoting Interoperability Measures: Use the chart below to record your measures or attach report(s) here

Measures	Numerator/Denominator	Performance Rate	Exclusion Claimed	Location of Electronic Documentation
Base Measures				
Security Risk Analysis		YES Required		
e-Prescribing				
Provide Patients Access				
Health Information Exchange*				
Send a Summary of Care**				
Request/Accept Summary of Care**				
Performance Measures				
View, Download, and Transmit				
Provide Patients Access				
Health Information Exchange*				
Patient Education				
Secure Messaging				
Medication Reconciliation				
Clinical Information Reconciliation**				
Patient-Generated Health Data**				
Immunization Registry		Yes or No		
Bonus Measures				
Reported to an additional public health or clinical data registry other than Immunization Registry		Yes or No		
Utilized CEHRT to complete at least one Improvement Activity designed as providing PI bonus		Yes or No		

*If reporting the Transition Objectives and Measures **If reporting full Objectives and Measures



Improvement Activities

[2018 Improvement Activities Fact Sheet](#)

Reporting period (minimum 90 days): _____

Save Improvement Activity reports that list the name of the clinician(s) who completed the activity and date of completion (within your 90-day reporting period), recommend electronic and hard copy

Save submission receipt from QPP Portal, EHR vendor, registry or other third party

Location of electronic documentation: _____

Final Improvement Activity Score: _____

Improvement Activities: Use the chart below to record your activities or attach report(s) here

Improvement Activity	Activity Number	High or Medium Weight	Location of Electronic Documentation

Cost

[2018 Cost Fact Sheet](#)

Cost measures are calculated by CMS based on administrative claims – no data submission required

Save print out of final score and measure details

Final Cost Score: _____

Other Documentation

Emails or other documentation of questions asked (and answers received) from the QPP Service Center

Any communication with your EHR regarding QPP

Any communication with third parties regarding QPP, especially engagement dates with registries