



2019 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.

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General Reporting Information

Practice Name: _____

Practice TIN: _____

Person responsible for 2019 MIPS reporting: _____

Phone and Email: _____

Additional Contacts: _____

Phone and Emails: _____

Third Party Information: _____

HARP Users and Roles: _____

HARP Login Information: _____

[QPP Access User Guide](#)

2019 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, 2019 - Dec 31, 2019	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 2019. Eligible clinician types in 2019 are MD, DO, NP, PA, CNS, CRNA, DPM, OD, DMD, DDS, PT, OT, Au. D, SLP, CP, RD/NP.

[NPI Eligibility Look-Up Tool](#)

Clinician Name	NPI	2019 Eligibility Status	Date Joined Practice (if new in 2019)	Date Left practice (if left in 2019)
		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		
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		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

2019 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

[2019 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: _____

2015 CHERT Required. Version 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: _____



Promoting Interoperability Continued

Final Promoting Interoperability Score: _____

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
e-Prescribing (10 pts)				
Bonus: Query of PDMP (5 bonus pts)				
Bonus: Verify Opioid Treatment Agreement (5 bonus pts)				
HIE: Support Electronic Referral Loops by Sending Health Information (20 pts)				
HIE: Support Electronic Referral Loops by Receiving Health Information (20 pts)				
Provide Patients Electronic Access to their Health Information (40 pts)				
Public Health and Clinical Data Exchange (choose 2 or exclusion(s)) (10 pts)	Yes/No	Engagement Date		
Immunization Registry Reporting	Yes or No			
Electronic Case Reporting	Yes or No			
Public Health Registry Reporting	Yes or No			
Clinical Data Registry Reporting	Yes or No			
Syndromic Surveillance Reporting	Yes or No			



Improvement Activities

[2019 Improvement Activity 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

[2019 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