Opt in for the Quality Incentive Payment System (QIPS) program

To opt into the QIPS program, your organization or group must be registered for the Provider Engagement, Analytics & Reporting (PEAR) portal, have access to the Analytics & Reporting application, and complete the annual Satisfaction Survey. The survey MUST be completed prior to opting in.

QIPS program opt-in homepage

QIPS

Opt-in User Guide

Separating Analytics & Reporting	Home Report Center - Output (i) 🏚 🖄
Quality Incentive Payment System	
Participation election for the QIPS program	
Spt-in declaration e complete the required information for the Independence Blue Cross (Independence) partia). All required information must be completed. If a practice decides not to opt in to the 0 surement year. Please review the OIPS program manual – measurement year (QIPS program to the terms outlined in the Participation requirements.	cipating provider practices ("practice") you wish to participate in the OIPS program for measurement year OIPS program for MY this will make the practice ineligible to participate in the OIPS program for the applicable gram manual) for more information on the details of the program.
Your election status <u>All</u> Opt-in complete Opt-in pending Control for units contaction (Name or Receive ID or MRI or Tox ID)	All fields are required MY Opt-in status : MY Opt-in status : Y
Search for your practice (Name or Practice IU or NPI or tax IU)	Clinical Champion (Practicing physician who is responsible for coordinating value-based clinical activities at the practice location)
OLD YORK ROAD Practice ID: SUITE 214 NAPE AMPE TAXID:	Full name *
NEWTOWN ROAD Practice ID: WARMINSTER PA 18074 NPI: TAX ID:	Office Champion (Administrator who is responsible for coordinating value-based administrative activities at the practice location)
OLD YORK ROAD Practice ID: SUITE 108 NPI:	Select from list or add new
JENKINTOWN PA 19046 TAX ID:	Practice Contact Information
O OLD YORK ROAD Practice ID: SUITE II 3 NPP: TAN ID:	Official practice email address (do not use personal email address):* Select from list or add new
	Practice phone number: * Alternate phone number: *
EASTON ROAD Practice ID: WARRINGTON PA 18976 NPI: TAX ID:	Select from list or add new
OLD YORK ROAD Practice ID: ABINISTON PA ISOO1 NPI: TAX ID:	On behalf of the practice above, by checking this box. I elect for the practice to participate in Independence's OIPS program for MY subject to the practice meeting all eligibility and participation requirements. I am authorized to make this election on behalf of the identified practice.
ACADEMY RD Practice ID: PHILADELPHIA PA 19114 NPI: TAX ID:	Electronic signature (Please type your name as it appears below the box) * Please type your name as it appears below the box Amy Matchette
Annual Opt-in Timeline Please complete the opt-in for measurement year	
	Step-by-step details on back

Independence 💩

Follow these steps to complete the QIPS opt-in process:

