Quality Payment Program - MACRA
Helpful Hints for Program Year 2019 Reporting and Updates for Program Year 2020

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Quality Payment Program Objectives

At the end of this session participants should be able to:

1. Understand 2019 Performance categories, weighting and scoring

2. Discuss results from 2019 Reporting Data Call
   - Identify how many eligible clinicians will be able to report for 2019

3. Apply Ideas and helpful hints for reporting

4. Identify what is needed to get ready for 2019 QPP reporting
   - Identifying available Resources
   - Hardship Exceptions

5. Identify changes from QPP rule CY 2019 to CY 2020

The Quality Payment Program (QPP)

OVERVIEW YEAR 3 (CY 2019) & YEAR 4 (CY 2020)

Origin of the Quality Payment Program (QPP)

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- Bipartisan Legislation

- **Repeals** the Sustainable Growth Rate (SGR) Formula

- Increases focus on quality of care and value of care delivered

- Moving toward patient-centric healthcare system

  - Delivers better care

  - Smarter spending

  - Healthier People

- **Offers two tracks of participation**

Year 4 (2020) Final Rule

On November 1, 2019, the CMS released its final rule for Year 4 (2020) of the Quality Payment Program (published Federal Register) 2020 QPP Final Rule.

Quality Payment Program Aims

Considerations

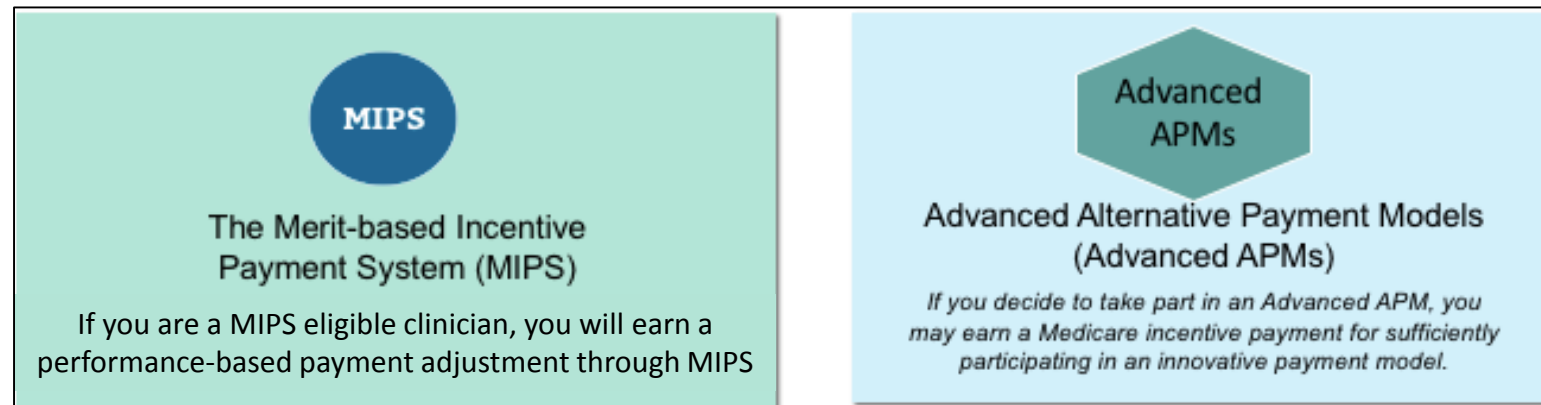|	
Improve beneficiary outcomes	Reduce burden on clinicians
Increase adoption of Advanced APMs	Maximize participation
Improve data and information sharing	Ensure operational excellence in program implementation

Deliver IT systems capabilities that meet the needs of users

Quality Payment Program: Two Participation Tracks

Healthcare providers can take part in CMS's quality programs in one of two ways:

1. Merit-Based Incentive Payment System (MIPS)

2. Advanced Alternative Payment Models (**Advanced** APMs)

MIPS	Advanced APMs
The Merit-based Incentive Payment System (MIPS)	**Advanced Alternative Payment Models (Advanced APMs)**
If you are a MIPS eligible clinician, you will earn a performance-based payment adjustment through MIPS	*If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.*

Merit-Based Incentive Payment System (MIPS)

OVERVIEW

What is MIPS?

- The Quality Payment Program/MACRA Streamlines multiple quality and value reporting programs (legacy programs) for Medicare clinicians into a single, improved reporting program called MIPS
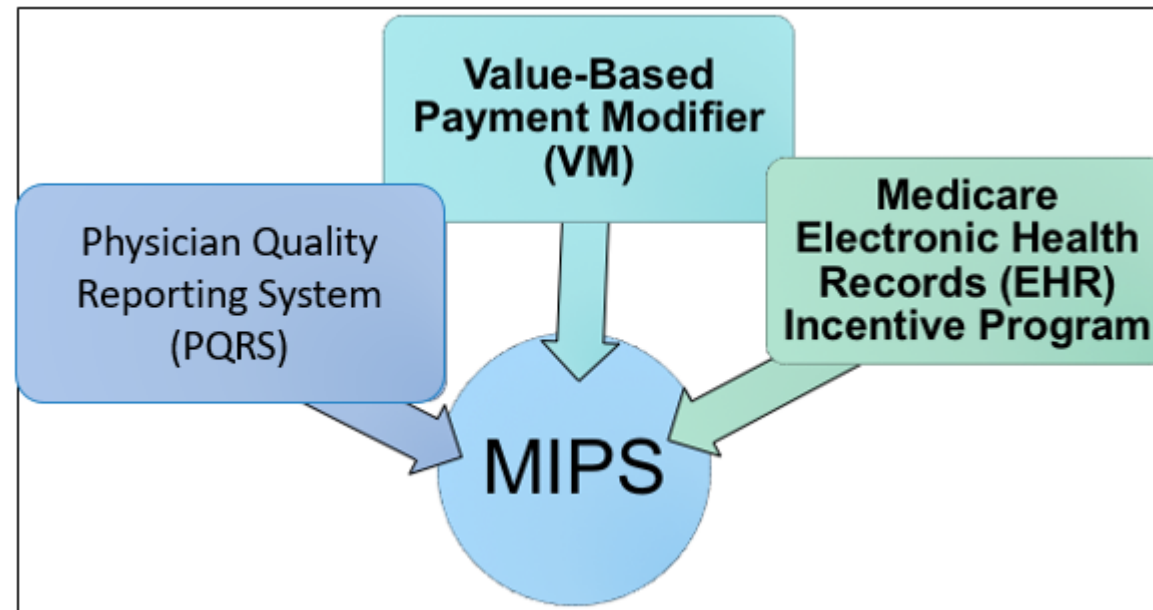
Clinician Impact

Which clinicians does the Quality Payment Program affect? Will it affect me?

Short answer: Quality Payment Program affects clinicians who participate in Medicare Part B.

MIPS Eligible Clinician Types

CY 2019 and 2020 eligible clinicians (EC) include:

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists

- **Physical therapist**
- **Occupational therapist**
- **Qualified audiologist**
- **Qualified speech-language pathologist**
- **Clinical psychologist**
- **Registered dietitian or nutrition professionals**

Bold = Eligible Clinicians added in 2019

No changes to the MIPS eligible clinician types in the 2020 performance period; they are the same as in the 2019 performance period.

Physicians, including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry; osteopathic practitioners; and chiropractors"

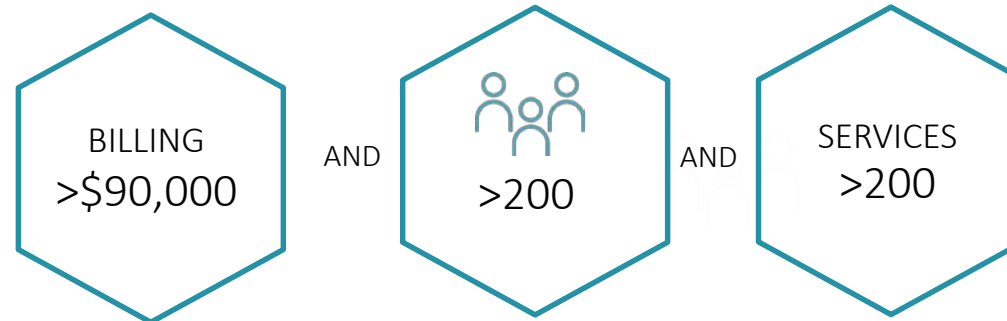# MIPS Year 3 (2019) and Year 4 (2020) Final Rule : Low-Volume Threshold Determination

You exceed the low-volume threshold *and are a* MIPS eligible clinician if you:

1. Bill more than **$90,000 in Part B** covered professional services, ***AND***

2. See more than **200** Part B patients, ***AND***

3. Provide more than **200** covered professional services to Part B patients under the PFS.

To be included, a clinician must exceed **all three criterion**.

Year 3 (2019) Final AND Year 4 (2020) Final

BILLING
>$90,000

AND

>200

AND

SERVICES
>200

Note: CMS is continuing their policy that allows clinicians, groups and APM entities who exceed 1 or 2 of these thresholds to **opt-in** to MIPS eligibility and participation

Opt-In Policy

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MIPS Year 3 (2019) and Year 4 (2020) Final Rule: Opt-in Policy

Year 3 and Year 4, clinicians or groups can opt-in to MIPS, if they meet or exceed at least one, but not all three, of the low-volume threshold criteria.

- A virtual group election in Year 3 is considered a low-volume threshold opt-in for any prospective member of the virtual group (solo practitioner or group) that exceeds at least one, but not all of the low-volume threshold criteria .

MIPS Opt-in Scenarios

Dollars	Beneficiaries	Professional Services (New)	Eligible for Opt-in?
≤ 90K	≤ 200	≤ 200	No – excluded
≤ 90K	≤ 200	> 200	Yes (may also voluntarily report or not participate)
> 90K	≤ 200	≤ 200	Yes (may also voluntarily report or not participate)
≤ 90K	> 200	> 200	Yes (may also voluntarily report or not participate)
> 90K	> 200	> 200	*No – required to participate*

Opt-in versus Voluntarily Report

NEW in 2019 OPT-IN

If you voluntarily report for MIPS, you will:
- Receive performance feedback, allowing you to prepare for future years, and;
- Be eligible to have your data published on Physician Compare.

If you elect to voluntarily report to MIPS, you will NOT:
- Receive a payment adjustment based on the data submitted, or;
- Be included in the calculation of MIPS measure benchmarks

Resource: https://qpp.cms.gov/mips/reporting-options-overview#mips-opt-in-eligible-clinician

	Choose to Opt-IN	Choose to Voluntary Report
Eligibility	Available to EC, APM or Groups	Available to Individual Clinicians and Groups
Low Volume Threshold (LVT)	Meet one or two of LVT in one segment of Determination Period	LVT does not apply
Payment Adjustment	EC subject to payment adjustment	Clinicians not subject to MIPS Payment Adj.
Virtual Groups	Need to have approved election	No
MIPS-APMs	Able to Opt-in	No
Physician Compare	Performance results are published	May opt out from public reporting

MIPS Year 3 (2019) and Year 4 (2020) Final Rule: MIPS Determination Period

Year 3 (2019) and Year 4 (2020) Final

Creation of a unified MIPS Determination Period:

Goal: consolidate the multiple timeframes and align the determination period (12 month segments) with the fiscal year.

Goal: streamlined period will also identify MIPS eligible clinicians with the following special status:

- Low-volume threshold
- Non-Patient Facing
- Small Practice
- Hospital-based
- ASC-based

Note: Rural and HPSA status continue to apply in 2019

No change for Year 4 (2020)

Year 3 (2019)

Segment	Release on QPP Site
Segment 1 Covers October 1, 2017 – September 30, 2018	Initial Eligibility February 2019
Segment 2 Covers October 1, 2018 – September 30, 2019	Final Eligibility* November 2019
* Segment 2 data released with final (reconciled) data	

Per CMS it will be December 2019

Quick Tip: MIPS eligible clinicians with a special status <u>are included in MIPS</u> and qualify for special rules. Having a special status <u>does not exempt</u> a clinician from MIPS.

MIPS Reporting Options
Year 3 (2019) & Year 4 (2020) Final Rule

OPTIONS

Individual	Group	Virtual Group
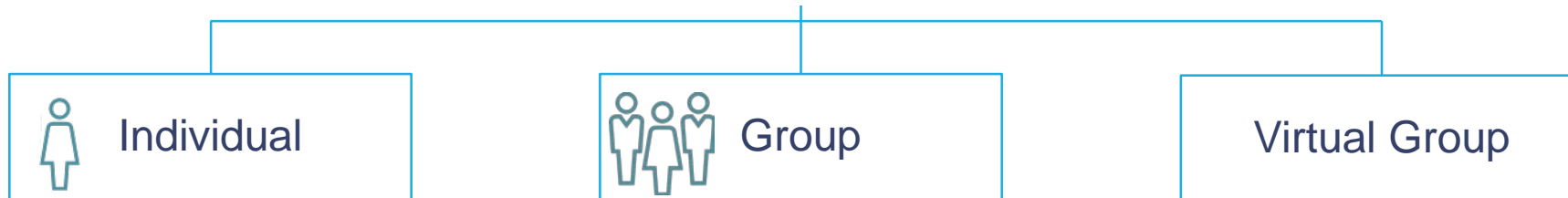
1. Individual—under an National Provider Identifier (NPI) number and Taxpayer Identification Number (TIN) where they reassign benefits

2. As a Group

a) Two or more clinicians identified by their National Provider Identifier (NPIs) who have reassigned their billing rights to a single Tax Identification Number (TIN)*.

b) As an APM Entity

3. As a Virtual Group – made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together "virtually" (no matter what specialty or location) to participate in MIPS for a performance period for a year

December 31, 2019 Is the deadline for Virtual Group election for PY 2020

* If clinicians participate as a group, they are assessed as a group across all MIPS performance categories. The same is true for clinicians participating as a Virtual Group.

Who Is Exempt?
MIPS Year 3 (2019) & Year 4 (2020)

Newly enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)

Below the low-volume threshold

- To be excluded from MIPS, clinicians or groups need to meet one or more of the following three criterion:
  1. Have ≤ $90K in Part B allowed charges for covered professional services;
  2. Provide care to ≤ 200 Part B-enrolled beneficiaries; OR
  3. Provide ≤ 200 covered professional services under the Physician Fee Schedule (PFS)

Significantly participating in Advanced APMs (Qualifying APM Participant)

No change in Basic-Exemption for CY 2020

Submission Type: Year 3 (2019)

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	Direct Log in and upload Medicare Part B claims (small practices)[1]	Individual or Third Party Intermediary[2] Individual	eCQMs MIPS CQMs QCDR measures Medicare Part B claims measures (small practices)
Cost	No data submission required[2]	Individual	-
Promoting Interoperability	Direct Log in and upload Log in and attest	Individual or Third Party Intermediary	-
Improvement Activities	Direct Log in and upload Log in and attest	Individual or Third Party Intermediary	-

[1] Third party intermediary does not apply to Medicare Part B claims submission type.
[2] Requires no separate data submission to CMS: measures are calculated based on data available from MIPS eligible clinicians' billings on Medicare claims.
NOTE: As used in this rule, the term "Medicare Part B claims" differs from "administrative claims" in that "Medicare Part B claims" require MIPS eligible clinicians to append certain billing codes to denominator-eligible claims to indicate the required quality action or exclusion occurred.
Resource: 2019 Final Rule

The Quality Payment Program: 2018 and 2019 Reporting Data Call

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CY 2018 QPP Eligibility

1. How many Clinicians were eligible to report in 2018: Merit Based Incentive Payment System (MIPS)
2. In the Group – How Many Clinicians were required to report

Area	Name of Facility	Federal, Tribal or Urban Facility	APM or MIPS	2018 Individual or Group Reporting	2018 # of Eligible Clinicians reporting	2018 In the Group – How many Clinicians are Required to Report
TOTAL					756	9

Data reflect all federal and some tribal sites

CY 2018 Tools Used for Reporting

Registry

Web Interface

Attestation

Claims

Area	Name of Facility	Federal, Tribal or Urban Facility	APM or MIPS	2018 Tool for Reporting			
				Registry	Web Interface	Attestation	Claims
TOTAL				1	2	7	0

Data reflect all federal and some tribal sites

CY 2019 QPP Eligibility

1. How many Clinicians are 2019 eligible: Merit Based Incentive Payment System (MIPS)
2. Are the Groups 2019 Eligible
3. Are you reporting for 2019

		2019			
Area	Name of Facility	How Many Eligible Clinicians are required to report for 2019 (per QPP website)	Is the group 2019 Eligible (per QPP website) Yes , No or Opt in	From the group, how many Eligible Clinicians are associated in the group Tax Identification Number (TIN) for 2019 (per QPP website)	Are you reporting for 2019
TOTAL		12	23	1417	10

Data reflect all federal and some tribal sites

QPP – MIPS Eligibility

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Participation Status

Source: https://qpp.cms.gov/

QPP Look-up Tool

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) __ number to view your QPP participation status by performance year (PY).

Enter the NPI Number

NPI Number | Check All Years

Want to check eligibility for all clinicians in a practice at once?
View practice eligibility in our signed in experience

PY 2017 | PY 2018 | PY 2019

2019 Participation Status

Source: https://qpp.cms.gov/participation-lookup?npi=null&py=2019

Opt-In Program

Name of facility

Address
Eligibility
Opt in option

MIPS Eligibility: ⊘ INDIVIDUAL   ⊘ GROUP

Opt-in Option: Opt-in eligible as group

+
Expand

Login for Eligibility Screen

Clinician Eligibility Screen

Identifies special status of Health Professional Shortage Area (HPSA)

Download list of clinicians so it is easier to sort and search for eligibility

How Will Reporting Affect Payment

- Clinicians will need to submit data for each TIN under which they are eligible.

- If the clinician reports as an individual and as a group under the same TIN, the higher score will be assigned to the clinician under that TIN.

- Payment adjustment is for the second year following the reporting year.

- 2019 Reporting → 2021 Adjustment to Medicare Part B Payments

- If the Eligible Clinician move to a new TIN in the Payment year, the highest payment adjustment will follow that Clinician

Closer Look at MIPS Categories:

QUALITY PAYMENT PROGRAM

MIPS Performance Categories CY 2019 and CY 2020

No change from 2019 to 2020 (FINAL)

Performance Category	Minimum Performance Period
Quality	12 months
Cost	12 months
Improvement Activities	* 90 days
Promoting Interoperability	90 days

Performance Category	Performance Category Weight 2019	Performance Category Weight 2020
Quality	45%	45%
Cost	15%	15%
Improvement Activities	15%	15%
Promoting Interoperability	25%	25%

* Note: Per CMS, the improvement activities performance period is 90 days unless otherwise stated in the activity description.

MIPS Years 1, 2, 3 and 4:
Performance Threshold and Payment Adjustment

Change: *Increase in Performance Threshold and Payment Adjustment*
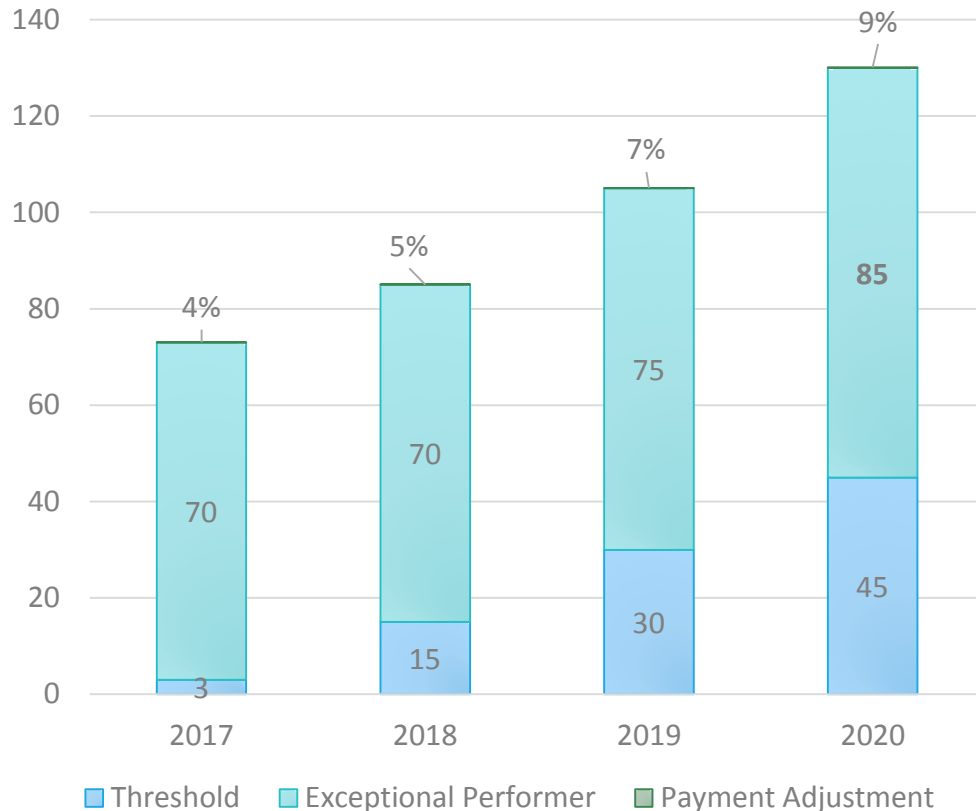
Transition Year 1 (2017) Final
- 3 point threshold
- Exceptional performer set at 70 points
- Payment adjustment set at +/- 4%

Year 2 (2018) Final
- 15 point threshold
- Exceptional performer set at 70 points
- Payment adjustment set at +/- 5%

Year 3 (2019) Final	Year 4 (2020) Final
▪ The Final 30 points threshold	▪ The Final 45 points threshold
▪ Exceptional performance bonus set at 75 points	▪ Exceptional performance bonus set at 85 points
▪ Payment adjustment could be set at +/- 7%*	▪ Payment adjustment could be set at +/- 9%*
* A positive payment adjustment generally can be up to 7% (but then the upward payment adjustment factor is multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 7%).	* A positive payment adjustment generally can be up to 9% (but then the upward payment adjustment factor is multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 9%).

Quality Performance Category

ELVIRA MOSELY

Quality Measure Reporting CY 2019

- **>250** Quality Measures through various submission methods
  - The amount of data that must be submitted depends on the collection measure type

- Submit at least six (6) measures or a complete specialty measure set for the 12-month performance period. (January 1 - December 31, 2019) One of those measures should be an outcome measure
  - Electronic Clinical Quality Measures (eCQMs)
  - MIPS CQMs (formerly "Registry Measures")
  - Qualified Clinical Data Registry (QCDR) Measures
  - *Medicare Part B claims
  - CAHPS for MIPS survey measure can count as one of the 6 measures submitted
- Web Interface can only be used with 25 or more clinicians (virtual groups can be included) and requires you to submit data for all measures in the application.

*Note: Per CMS In 2019, can only be used by small practices participating in MIPS as individual MIPS eligible clinicians or as a group/virtual group
Source: https://qpp.cms.gov/mips/quality-measures?py=2019

IHS Update: eCQM developed for CY 2019 Eligible Clinicians(EC)

Measure Status	CMS ID	MIPS ID	2018 Reporting	*2019 Reporting	2020 Reporting	Eligible Provider Measure Name
	CMS002	134	X	X	X	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
	CMS050	374	X	X	X	Closing the Referral Loop
	CMS069	128	X	X	X	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
	CMS117	240	X	X	X	Child Immunization Status
New '18	CMS122	1	X	X	X	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
New '19	CMS124	309		X	X	Cervical Cancer Screening
New '19	CMS125	112		X	X	Breast Cancer Screening
New '18	CMS127	111	X	X	X	Pneumococcal Vaccination Status for Older Adults
New '19	CMS130	113		X	X	Colorectal Cancer Screening
New '18	CMS131	117	X	X	X	Diabetes: Eye Exam
New '18	CMS134	119	X	X	X	Diabetes: Medical Attention for Nephropathy
New '19	CMS137	305		X	X	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
	CMS138	226	X	X	X	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
New '18	CMS139	318	X	X	X	Falls: Screening for Future Fall Risk
New '19	CMS144	8		X	X	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction
	CMS155	239	X	X	X	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
	CMS156	238	X	X	X	Use of High-Risk Medications in the Elderly
New '19	CMS159	370		X	X	Depression Remission at Twelve Months
New '19	CMS160	371		X	X	Depression Utilization of the PHQ-9 Tool
New '19	CMS161	107		X	X	Adult Major Depressive Disorder: Suicide Risk Assessment
	CMS165	236	X	X	X	Controlling High Blood Pressure
New '19	CMS177	382		X	X	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
New '19	CMS347	438		X	X	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
New '19	CMS349	475		X	X	HIV Screening

Note: * New measure added for 2019 for quality purposes

Considered measures that will benefit across Programs – MIPS, Comprehensive Primary Care Plus (CPC+), Patient Centered Medical Home (PCMH), Improving Patient Care (IPC), and Government Performance & Results Act of 1993 (GPRA)

Improvement Activity Performance Category

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Tips for CY 2019 Improvement Activity

- 118 Improvement Activities (IA) to select from
- 90 Continuous Days or more
  - If you're in a group or virtual group, you can attest to an Improvement Activity as long as one MIPS eligible clinician in your group or virtual group participated in the activity for at least 90 continuous days during the performance period (unless otherwise stated in the activity description).
- Improvement Activity Alignment
  - Consider Projects and Activities you were participating in for 2019 - QAPI program, IPC, *PCMH
  - Does the IA support the Quality Measures chosen?
  - Is the IA eligible for the PI Performance Category Bonus
    - No bonus points for completing IA using CEHRT in 2019
    - Fewer requirements for IA if qualified under "special statuses – HPSA and Rural, TIN of 15 or fewer EC; non-patient facing (additional special status), APM, PCMH
    - EC under APM scoring standard will earn at least 50% of highest potential score for IA and only report IA if below maximum category score

*Note – Patient Centered Medical Home (PCMH)

Improvement Activity Weight Reporting CY 2019

You must earn 40 points to receive the full Improvement Activities category score.

High-weighted activities receive 20 points and medium-weighted activities receive 10 points
- To earn full credit in this performance category, participants must submit one of the following combinations of activities (each activity must be performed for 90 continuous days or more during 2019):
    - 2 high-weighted activities
    - 1 high-weighted activity and 2 medium-weighted activities
    - 4 medium-weighted activities
- Small practices, non-patient facing clinicians, and/or clinicians located in rural or health professional shortage areas (HPSAs) receive double-weighting and report on no more than 2 activities to receive the highest score

Improvement Activity CY 2020

Improvement Activities Inventory:

- Addition of two (2) new Improvement Activities.

- Modification of seven (7) existing Improvement Activities.

- Removal of fifteen (15) existing Improvement Activities.

Promoting Interoperability Performance Category

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Promoting Interoperability CY 2019

For CY 2019 Performance Year:

- Must use 2015 Edition Certified EHR Technology (CEHRT)
- Clinicians need **2015 Edition CEHRT** to report data for the Promoting Interoperability performance category, and to report electronic clinical quality measures (eCQMs) for the Quality performance category
- Groups and virtual groups who meet the threshold to be 'hospital-based' or 'non-patient facing' are eligible for reweighting (reweights the points to the Quality Performance Category)
  - The thresholds is 100% for hospital-based MIPS eligible clinician and more than 75% of MIPS ECs for non-patient facing.
- Performance-based scoring at the individual measure level
- Four Objectives:
  - **e-Prescribing**
  - **Health Information Exchange**
  - **Provider to Patient Exchange**
  - **Public Health and Clinical Data Exchange**

Note: Two new measures for the e-Prescribing objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement as optional with bonus points available

Dear Tribal Leader Letter
November 19, 2018 and December 2, 2019

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

NOV 19 2018

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to provide an update on the Agency's progress in certifying the suite of applications that comprise the Indian [...] meet certification criter[...] Technology (Health IT[...]

For hospitals or clinicia[...] programs sponsored by [...] 2018 calendar year is th[...] and eligible clinicians ([...] qualify for incentives or avoid payment adjustments associated with these programs.

The IHS Office of Information Technology (OIT) will not have met all certification requirements by the time that reporting is due for the 2019 calendar year. I am providing the following information on 2015 Edition Health IT certification planning at the IHS, the impacts of non-certification in 2019, and mitigation recommendations.

I. **2015 Edition Health IT Certification Planning**

The IHS approach to 2015 Edition Health IT certification of the RPMS suite of applications

The IHS Office of Information Technology (OIT) will not have met all certification requirements by the time that reporting is due for the 2019 calendar year. I am providing the following information on 2015 Edition Health IT certification planning at the IHS, the impacts of

IHS Resource and Patient Management System will not have met all the certification requirements for 2015 ED by the end of 2019

Hardship Exception CY 2019

Quality Payment Program Hardship Exception Applications– The Promoting Interoperability Performance Category Hardship Exception Application for Performance Year 2019 is now open. The application period will close **December 31, 2019** (https://qpp.cms.gov/mips/exception-applications).

Per CMS, clinicians using IHS RPMS CEHRT for the 2019 performance period can apply for a Promoting Interoperability Hardship Exception under the uncontrollable circumstances category (then indicating vendor issues) .

If your Hardship Exception is approved by CMS than the Promoting Interoperability performance category is **reweighted to zero** and the points moved to the Quality performance category

Promoting Interoperability Performance Category: Hardship Application for 2019

1. Go to QPP.CMS.GOV
2. Locate Promoting Interoperability Hardship Exception
3. Complete Hardship Application
4. Receive a response from CMS

Promoting Interoperability
CY 2020

Some changes for CY 2020 Performance Year:

- Including the Query of Prescription Drug Monitoring Program (PDMP) measure as an optional measure (available for bonus points)

- Removing the Verify Opioid Treatment Agreement measure

- Reducing the threshold for a group to be considered hospital-based (Instead of 100% of clinicians, more than 75% of the clinicians in a group must be a hospital-based individual MIPS eligible clinician in order for the group to be excluded from reporting the measures under the Promoting Interoperability performance category and to have this category reweighted to zero.)

Cost Performance Category

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Cost Measures 2019

Basics for 2019
15% of your MIPS Final Score
No reporting requirement – data is pulled from administrative claims

CMS will measure you on:
- Medicare Spending Per Beneficiary (MSPB) measure
- Total Per Capita Cost measure
- 8 episode-based measures (next slide)

In order to be scored on a cost measure, you or your group must have enough attributed cases to meet or exceed the case minimum for that cost measure

Resources to get you Started:
Cost Performance Category Fact Sheet
https://qpp.cms.gov/mips/cost
https://qpp-cm-prod-content.s3.amazonaws.com/uploads/351/2019%20Cost%20Performance%20Category%20Fact%20Sheet.pdf

Cost Measure CY 2019

A total of 10 cost measures are used to evaluate performance in the Cost performance category in the 2019 MIPS Performance Period.

Eight Episode Based Cost Measures are used to evaluate performance in the Cost performance category in the 2019

Two of the ten measures were used to evaluate performance in the 2017 and 2018 MIPS performance periods.

These two measures are:
◦ The Total Per Capita Costs for All Attributed Beneficiaries measure, or "TPCC," and
◦ The Medicare Spending Per Beneficiary measure, or "MSPB."

https://qpp.cms.gov/mips/cost

Remaining Eight Episode–Based Cost Measures

Measure Topic	Measure Type
Elective Outpatient Percutaneous Coronary Intervention (PCI)	Procedural
Knee Arthroplasty	Procedural
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	Procedural
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	Procedural
Screening/Surveillance Colonoscopy	Procedural
Intracranial Hemorrhage or Cerebral Infarction	Acute inpatient medical condition
Simple Pneumonia with Hospitalization	Acute inpatient medical condition
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	Acute inpatient medical condition

CY 2019 Final Score and Payment Impact

Your Final Score for the 2019 Performance Period	Payment Impact for MIPS Eligible Clinicians in the 2021 Payment Year
0.00 – 7.5 points	-7% payment adjustment
7.51 – 29.99 points	Negative payment adjustment (greater than -7% and less than 0%)
30.00 points	Neutral payment adjustment (0%)
30.01 – 74.99 points	• Positive adjustment greater than 0% • Not eligible for additional payment for exceptional performance
>75 .00 – 100.00 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) Additional (positive) payment adjustment (scaling factor applied to account for funding pool)

CY 2020 Final Score and Payment Impact

Your Final Score for the 2020 Performance Period	Payment Impact for MIPS Eligible Clinicians in the 2022 Payment Year
0.00 – 11.25 points	-9% payment adjustment
11.26 – 44.99 points	Negative payment adjustment (greater than -9% and less than 0%)
45.00 points	Neutral payment adjustment (0%)
45.01 – 84.99 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements)
85.00 – 100.00 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) Additional (positive) payment adjustment (scaling factor applied to account for funding pool)

HCQIS Access Roles and Profile System (HARP): Access for Quality Payment Program Reporting

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Quality Payment Program Portal

Been there before?

Use your credentials to set up on the HARP system.

QPP Account Sign In

o Register for an account
o Reset your password
o Recover ID

HARP

- **QPP User Guide**: includes system access links in "QPP Access at a Glance"

- New users:
  - Profile: Personal information including Social Security Number
  - Experian identity proofing: Financial information
  - Log in to set up two factor authentication

- User Roles:
  - Security Official (at least one from a group, may already be assigned)
  - Staff User
  - Individual Clinicians:
    Can request the "Individual Clinician Role" which lets them view feedback but does not let them submit data.

SIGN IN   REGISTER

Register for QPP

The Quality Payment Program uses the HCQIS Access Roles and Profile (HARP) system for credential management. Learn more about the QPP Access User Guide (zip)

Account Application

- New User Registration Link

- Requires entry of *personal* information

- Choose username and password

- Security questions

- CMS uses *Experian* for external authentication service provider

- Multi-factor Authentication (MFA): Symantec Validation and Identity Protection (VIP) service using computer, phone or e-mail.

Remote Proofing

All fields marked with an asterisk (*) are required.

1. You may have opened a mortgage loan in or around February 2018. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'. *

○ BANK OF AMERICA

○ FLEET MORTGAGE

○ BANK ONE

● WASHTENAW MTG CO

○ NONE OF THE ABOVE/DOES NOT APPLY

Resource: 'QPP Access at a Glance' and/or the 'Connect to an Organization' documents in the QPP Access User Guide for more information

Getting Ready to Participate

SUSY POSTAL

2019 MIPS Reporting Deadline

December 2, 2019
- CAHs: Hardship Exception Application Deadline December 2

December 31, 2019
- Performance Year 2019 ends
- Quality Payment Program Exception Applications Window Closes
- 4th snapshot date for full TIN APMs for determining ECs eligible to participate in a MIPS APM
- Deadline to elect to participate in Virtual Group for 2020

January 2, 2020- 10:00 am EST
- MIPS Data Submission Window Opens for Performance Year 2019

Source: https://qpp.cms.gov/about/deadlines

January 2, 2020
- CMS Web Interface Submission Period Begins for Performance Year 2019

March 2, 2020
- Hospitals IQR Program required to submit electronically on at least 4 self-selected eCQMs from 15 available eCQMs

March 31, 2020- 8:00 pm EST
- CMS Web Interface Submission Window Ends for Performance Year 2019 (all submissions)
- You may submit and update your data any time while the submission window is open.

July 2020
- Performance Feedback available

Getting Ready to Participate in MIPS 2019

- **Confirm participants' eligibility status**
  - Use CMS website QPP Participation Status tool to confirm eligibility

- **Determine how you are reporting and submitting data**
  - Choose if participants are reporting as an individual or a group
  - Confirm participants' submission mechanism
    - Some sites are engaged with a third party intermediary (e.g. Qualified Registries)
    - Attestation – CMS's Data Submission Tool
      - Obtain your HARP credentials
      - Access Quality Payment Program portal

Getting Ready to Participate in MIPS 2019 (2)

- **Choose measure(s) and activities (this should have been done)**

- **Follow reporting requirements (2019)**
  - Follow reporting durations for performance categories
    (e.g., 12 months for Quality and Cost Performance Period)
  - Verify the information needed to report successfully

- **Record data based on participants' care for patients**
  - Measure specifications/measure tool

- **Submit data: QPP Portal**

- **Retain Documentation for potential audit (7 years)**
  - Data validation resources

QPP Related Resources

QPP Website Resources

Resources

- Webpages Measures tool;

- Webinars;

- Help desk

Search Options

- General Resources
  - Quick Start
  - Overview
  - Scoring

- Regulatory Resources

- Keyword search

- Search by filters (year, track, category, resource type)
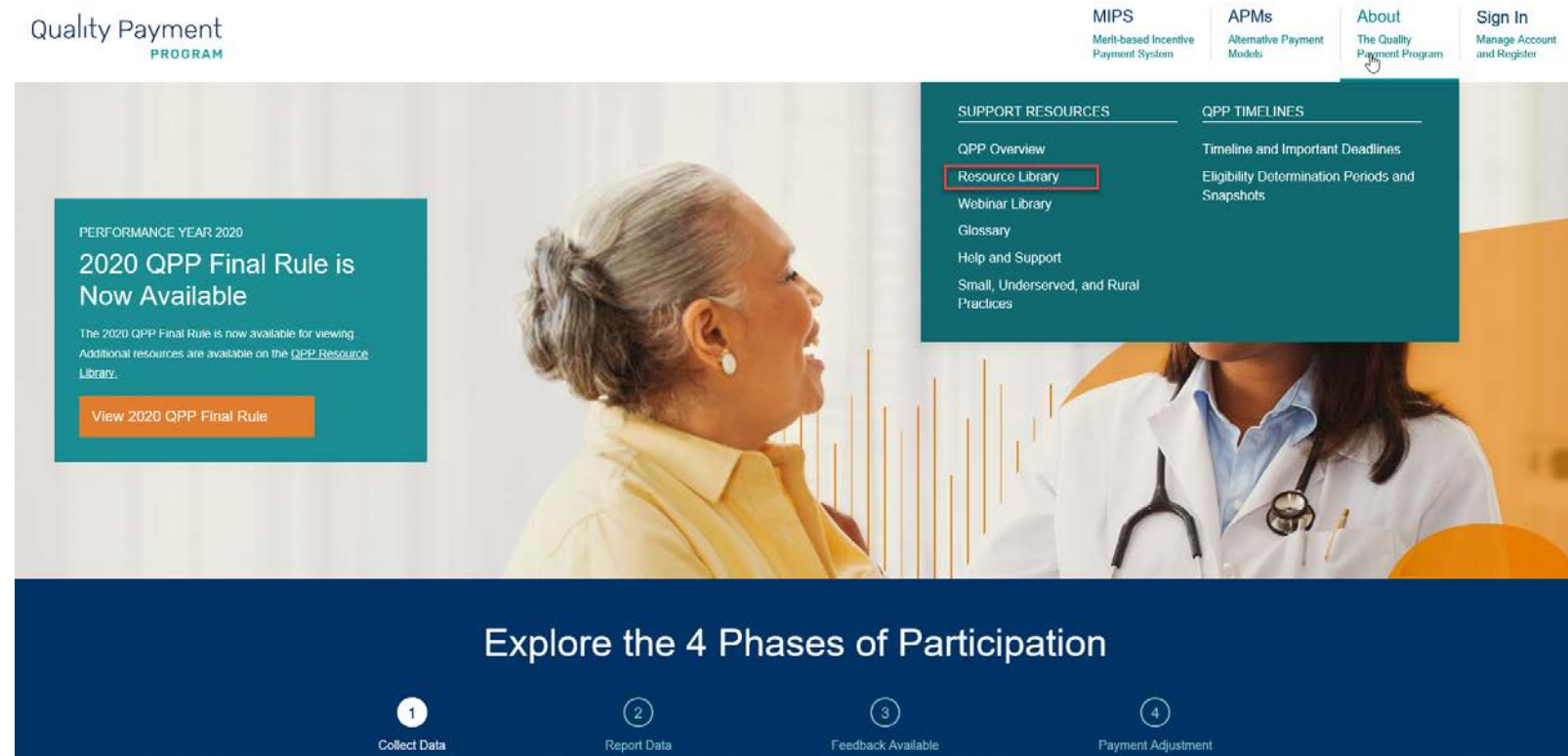
RPMS Training Repository
(filed under Data Entry and Management, Reports and Measures)

Source: https://ihscqpub.cosocloud.com/content/connect/c1/7/en/events/event/shared/1812032102/event_landing.html?sco-id=1812096787&_charset_=utf-8

Office Hours

Ask question during RPMS/EHR Office Hours for FY 2019 except during Holidays

Every Mondays, 11:00 am AKT, 12:00 pm PT, 1:00 pm MT, 2:00 pm CT, 3:00 pm ET

Adobe Connect Link: : https://ihs.cosocloud.com/r45akhjhqfy/

Call: 800-832-0736 Room: 1429651

Every Wednesdays, 7:30 am AKT, 8:30am PT, 9:30 am MT, 10:30 am CT, 11:30 am ET

Adobe Connect Link: : https://ihs.cosocloud.com/r45akhjhqfy/

Call: 800-832-0736 Room: 1429651

IHS QPP – MACRA Resources

- IHS Website: https://www.ihs.gov/qpp/

- LISTSERV Email: MACRA@listserv.ihs.gov

- Subscribe URL: https://www.ihs.gov/listserv/topics/signup/?list_id=357

Source: https://www.ihs.gov/qpp/

QPP/MACRA – Next Steps for IHS

- Continue to Operationalize the Quality Payment Program

- IHS's Quality Payment Program – MACRA National Working Group

- Encourage using resources – IHS Website and LISTSERV

- Provide Community Outreach – training and education
  - Webinar
  - Utilize CMS resources for technical assistance
  - Address care coordination utilizing technology
- Health Information Technology Modernization

Slide prepared by IHS

QPP Resources

Centers for Medicare & Medicaid Services. 2020 Quality Payment Program Final Rule Overview Fact Sheet (November 1, 2019). Available at https://qpp-cm-prod-content.s3.amazonaws.com/uploads/737/2020%20QPP%20Final%20Rule%20Fact%20Sheet.pdf

Centers for Medicare & Medicaid Services. (November 11, 2019).**2020 Quality Payment Program Final Rule FAQs.** Available at https://qpp-cm-dev-content.s3.amazonaws.com/uploads/739/2020%20QPP%20Final%20Rule%20FAQs.pdf

Centers for Medicare & Medicaid Services. A. Abrams. Group and/or Individual data submission for MIPS (January 2, 2018). (video) Available at https://www.youtube.com/watch?v=q0Cvke6fnrg

Centers for Medicare & Medicaid Services. MACRA: What's MACRA. Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html

Centers for Medicare & Medicaid Services. The Merit-Based Incentive Payment Systems (MIPS) Overview. Available at https://qpp.cms.gov/mips/overview

QPP Resources (2)

Centers for Medicare & Medicaid Services. Quality Payment Program: Resource Library. Available at https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html.

Centers for Medicare & Medicaid Services. Quality Payment Program: Resource Library. Available at https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html.

Centers for Medicare & Medicaid Services. CY 2019 Updates to the Quality Payment Program, Executive Summary Final Rule. (November 1, 2018). Available at https://qpp-cm-prod-content.s3.amazonaws.com/uploads/257/2019%20QPP%20Final%20Rule%20Executive%20Summary_FINAL.pdf

Federal Register. Final Rule Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule. (November 15, 2019). Available at https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other

QPP Resources (3)

Federal Register. Final Rule with Comments 42 CFR Parts 414 and 495. Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models. (November 4, 2016) Available at https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm.

Federal Register. Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; Medicaid Promoting Interoperability Program; Quality Payment Program-Extreme and Uncontrollable Circumstance Policy for the 2019 MIPS Payment Year; Provisions From the Medicare Shared Savings Program-Accountable Care Organizations-Pathways to Success; and Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder Under the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. (November 23, 2018). Available at https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions

Indian Health Service Dear Tribal Leader Letter. (November 19, 2018). Available at The Principal Deputy Director provides Tribal Leaders and Urban Indian Organization Leaders with an update on the Agency's progress in certifying the suite of applications that comprise the Indian Health Service Resource and Patient Management System to meet certification criteria and standards specified in the 2015 Edition Health Information Technology published by the Office of the National Coordinator. [PDF – 104KB] [PDF - 104 KB]

Molly MacHarris. (May 30, 2019) IHS QPP-MACRA Working Meeting MIPS 2019 Overview. (Webinar)

QPP Resources (4)

Indian Health Service Dear Tribal Leader Letter. (December 2, 2019). Available at The Principal Deputy Director notifies Tribal Leaders and Urban Indian Organization Leaders about the upcoming deadline to file an application for a hardship exception for not having access to certified Health Information Technology. [PDF - 333 KB]

◦ With enclosure Enclosure: Applying for Centers for Medicare & Medicaid Services Merit-based Incentive Payment System Program Hardship Exceptions [PDF - 127 KB]

Questions

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