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

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Susy Postal DNP, RN-BC, Chief Health Informatics Officer
Elvira Mosely, BSN, Phoenix Area Clinical Informaticist
Josephine Weston, RHIA, CCS, Promoting Interoperability Coordinator,
Shiprock Service Unit
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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**
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
- Increase adoption of Advanced APMs
- Improve data and information sharing
- Reduce burden on clinicians
- Maximize participation
- Ensure operational excellence in program implementation
- Deliver IT systems capabilities that meet the needs of users
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)
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
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.

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

JOSEPHINE WESTON
**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

<table>
<thead>
<tr>
<th>Dollars</th>
<th>Beneficiaries</th>
<th>Professional Services (New)</th>
<th>Eligible for Opt-in?</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 90K</td>
<td>≤ 200</td>
<td>≤ 200</td>
<td>No – excluded</td>
</tr>
<tr>
<td>≤ 90K</td>
<td>≤ 200</td>
<td>&gt; 200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>&gt; 90K</td>
<td>≤ 200</td>
<td>≤ 200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>≤ 90K</td>
<td>&gt; 200</td>
<td>&gt; 200</td>
<td>Yes (may also voluntarily report or not participate)</td>
</tr>
<tr>
<td>&gt; 90K</td>
<td>&gt; 200</td>
<td>&gt; 200</td>
<td>No – required to participate</td>
</tr>
</tbody>
</table>
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


<table>
<thead>
<tr>
<th></th>
<th>Choose to Opt-IN</th>
<th>Choose to Voluntary Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Available to EC, APM or Groups</td>
<td>Available to Individual Clinicians and Groups</td>
</tr>
<tr>
<td>Low Volume Threshold (LVT)</td>
<td>Meet one or two of LVT in one segment of Determination Period</td>
<td>LVT does <strong>not</strong> apply</td>
</tr>
<tr>
<td>Payment Adjustment</td>
<td>EC subject to payment adjustment</td>
<td>Clinicians <strong>not</strong> subject to MIPS Payment Adj.</td>
</tr>
<tr>
<td>Virtual Groups</td>
<td>Need to have approved election</td>
<td>No</td>
</tr>
<tr>
<td>MIPS-APMs</td>
<td>Able to Opt-in</td>
<td>No</td>
</tr>
<tr>
<td>Physician Compare</td>
<td>Performance results are published</td>
<td>May opt out from public reporting</td>
</tr>
</tbody>
</table>
MIPS Year 3 (2019) and Year 4 (2020)
Final Rule: MIPS Determination Period

**Year 3 (2019)**

<table>
<thead>
<tr>
<th>Segment</th>
<th>Release on QPP Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment 1</td>
<td>Initial Eligibility</td>
</tr>
<tr>
<td>Covers October 1, 2017 – September 30, 2018</td>
<td>February 2019</td>
</tr>
<tr>
<td>Segment 2</td>
<td>Final Eligibility*</td>
</tr>
<tr>
<td>Covers October 1, 2018 – September 30, 2019</td>
<td>November 2019</td>
</tr>
</tbody>
</table>

* Segment 2 data released with final (reconciled) data

Per CMS it will be December 2019

**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)

Quick Tip: MIPS eligible clinicians with a special status are included in MIPS and qualify for special rules. Having a special status does not exempt a clinician from MIPS.
MIPS Reporting Options
Year 3 (2019) & Year 4 (2020) Final Rule

OPTIONS

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

* 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.

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)

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Submission Type</th>
<th>Submitter Type</th>
<th>Collection Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Direct</td>
<td>Individual or Third Party Intermediary</td>
<td>eCQMs, MIPS CQMs, QCDR measures, Medicare Part B claims measures (small practices)</td>
</tr>
<tr>
<td></td>
<td>Log in and upload Medicare Part B claims (small practices)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>No data submission required</td>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>Direct</td>
<td>Individual or Third Party Intermediary</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Log in and upload Medicare Part B claims (small practices) Log in and attest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>Direct</td>
<td>Individual or Third Party Intermediary</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Log in and upload Medicare Part B claims (small practices) Log in and attest</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUSY POSTAL
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

Data reflect all federal and some tribal sites
### CY 2018 Tools Used for Reporting

<table>
<thead>
<tr>
<th>Area</th>
<th>Name of Facility</th>
<th>Federal, Tribal or Urban Facility</th>
<th>APM or MIPS</th>
<th>Registry</th>
<th>Web Interface</th>
<th>Attestation</th>
<th>Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Area</th>
<th>Name of Facility</th>
<th>How Many Eligible Clinicians are required to report for 2019 (per QPP website)</th>
<th>Is the group 2019 Eligible (per QPP website)</th>
<th>From the group, how many Eligible Clinicians are associated in the group Tax Identification Number (TIN) for 2019 (per QPP website)</th>
<th>Are you reporting for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>23</td>
</tr>
</tbody>
</table>

Data reflect all federal and some tribal sites
QPP – MIPS Eligibility

ELVIRA MOSELY
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).

Opt-In Program

- Name of facility
- Address
- Eligibility: MIPS Eligibility: INDIVIDUAL, GROUP
- Opt-in Option: Opt-in eligible as group
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

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
<th>Performance Category Weight 2019</th>
<th>Performance Category Weight 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>12 months</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Cost</td>
<td>12 months</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>* 90 days</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>90 days</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

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

No change from 2019 to 2020 (FINAL)
MIPS Years 1, 2, 3 and 4: Performance Threshold and Payment Adjustment

- **Year 3 (2019) Final**
  - The Final 30 points threshold
  - Exceptional performance bonus set at 75 points
  - Payment adjustment could be set at +/- 4%

- **Year 4 (2020) Final**
  - The Final 45 points threshold
  - Exceptional performance bonus set at 85 points
  - 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
IHS Update: eCQM developed for CY 2019 Eligible Clinicians(EC)

<table>
<thead>
<tr>
<th>Measure Status</th>
<th>CMS ID</th>
<th>MIPS ID</th>
<th>2018 Reporting</th>
<th>2019 Reporting</th>
<th>2020 Reporting</th>
<th>Eligible Provider Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>New '19</td>
<td>CM5014</td>
<td>111</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Diabetes/Malignancy (malignancy)</td>
</tr>
<tr>
<td>New '18</td>
<td>CM5012</td>
<td>119</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Diabetes Medical Attention for Nephropathy</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5017</td>
<td>205</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5011</td>
<td>226</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Preventive Care and Screening: Tobacco Use: Smoking Cessation Intervention</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5019</td>
<td>218</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Falls: Screening for Future Fall Risk</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5014</td>
<td>111</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5015</td>
<td>219</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5016</td>
<td>330</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Use of High Risk Medications in the Elderly</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5019</td>
<td>370</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Depression Remission at Twelve Months</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5020</td>
<td>311</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Depression Utilization of the PHQ-9 Tool</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5021</td>
<td>107</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Adult Major Depressive Disorder: Suicide Risk Assessment</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5025</td>
<td>235</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Controlling High Blood Pressure</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5027</td>
<td>382</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5028</td>
<td>438</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Namin Therapy for the Prevention and Treatment of Cardiovascular Disease</td>
</tr>
<tr>
<td>New '19</td>
<td>CM5049</td>
<td>475</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>HIV Screening</td>
</tr>
</tbody>
</table>

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

JOSEPHINE WESTON
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)
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

SUSY POSTAL
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 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 Health Service's (IHS) health information technology (HIT). For hospitals and clinics programs sponsored by the IHS, the impacts of non-certification in 2019, and mitigation recommendations: the implications for patient care and quality, and the economic impact of non-certification.

By the time this letter is sent, the IHS Office of Information Technology (OIT) will not have met all certification requirements for the 2015 Edition Health IT certification planning at the IHS, the impacts of non-certification in 2019, and mitigation recommendations. The IHS Office of Information Technology (OIT) will not have met all certification requirements by the time 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.

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

SUSY POSTAL
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)
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 MIPS performance periods.

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

<table>
<thead>
<tr>
<th>Measure Topic</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Outpatient Percutaneous Coronary Intervention (PCI)</td>
<td>Procedural</td>
</tr>
<tr>
<td>Knee Arthroplasty</td>
<td>Procedural</td>
</tr>
<tr>
<td>Revascularization for Lower Extremity Chronic Critical Limb Ischemia</td>
<td>Procedural</td>
</tr>
<tr>
<td>Routine Cataract Removal with Intraocular Lens (IOL) Implantation</td>
<td>Procedural</td>
</tr>
<tr>
<td>Screening/Surveillance Colonoscopy</td>
<td>Procedural</td>
</tr>
<tr>
<td>Intracranial Hemorrhage or Cerebral Infarction</td>
<td>Acute inpatient medical condition</td>
</tr>
<tr>
<td>Simple Pneumonia with Hospitalization</td>
<td>Acute inpatient medical condition</td>
</tr>
<tr>
<td>ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)</td>
<td>Acute inpatient medical condition</td>
</tr>
</tbody>
</table>
## CY 2019 Final Score and Payment Impact

<table>
<thead>
<tr>
<th>Your Final Score for the 2019 Performance Period</th>
<th>Payment Impact for MIPS Eligible Clinicians in the 2021 Payment Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 – 7.5 points</td>
<td>-7% payment adjustment</td>
</tr>
<tr>
<td>7.51 – 29.99 points</td>
<td>Negative payment adjustment (greater than -7% and less than 0%)</td>
</tr>
<tr>
<td><strong>30.00 points</strong></td>
<td>Neutral payment adjustment (0%)</td>
</tr>
<tr>
<td>30.01 – 74.99 points</td>
<td>• Positive adjustment greater than 0%</td>
</tr>
<tr>
<td></td>
<td>• Not eligible for additional payment for exceptional performance</td>
</tr>
<tr>
<td>&gt;75.00 – 100.00 points</td>
<td>Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) Additional (positive) payment adjustment (scaling factor applied to account for funding pool)</td>
</tr>
</tbody>
</table>
## CY 2020 Final Score and Payment Impact

<table>
<thead>
<tr>
<th>Your Final Score for the 2020 Performance Period</th>
<th>Payment Impact for MIPS Eligible Clinicians in the 2022 Payment Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 – 11.25 points</td>
<td>-9% payment adjustment</td>
</tr>
<tr>
<td>11.26 – 44.99 points</td>
<td>Negative payment adjustment (greater than -9% and less than 0%)</td>
</tr>
<tr>
<td><strong>45.00 points</strong></td>
<td>Neutral payment adjustment (0%)</td>
</tr>
<tr>
<td>45.01 – 84.99 points</td>
<td>Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements)</td>
</tr>
<tr>
<td>85.00 – 100.00 points</td>
<td>Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) Additional (positive) payment adjustment (scaling factor applied to account for funding pool)</td>
</tr>
</tbody>
</table>
HCQIS Access Roles and Profile System (HARP): Access for Quality Payment Program Reporting

JOSEPHINE WESTON
Quality Payment Program Portal

Been there before?

Use your credentials to set up on the HARP system.
QPP Account Sign In

- Register for an account
- Reset your password
- 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.
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.

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)

| Data Entry & Management, Reports and Measures
| Clinical Quality Measures

|QM Overview
| Meaningful Use Revisited
| Meaningful Use for 2017
| RPMS MU Reports
| CHAQQ Objectives - Health Info
| PHR - Patient electronic access
| Secure Messaging
| MU Audit
| Ad Hoc Questions and Answer Day 1
| QPP Overview and Proposed 2018 L
| MIPS Categories and Scoring QPP
| MIPS Quality Category - QPP
| CMS and QPP
| Advancing Care Info for 2017
| Q & A
| MIPS Participation Scenarios
| RPMS Feedback Enhancement Request
| Improvement Activities Performance
| QPP MACRA Overview and Year 2 U

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/](https://www.ihs.gov/qpp/)
- **LISTSERV Email:** MACRA@listserv.ihs.gov
- **Subscribe URL:** [https://www.ihs.gov/listserv/topics/signup/?list_id=357](https://www.ihs.gov/listserv/topics/signup/?list_id=357)

Source: [https://www.ihs.gov/qpp/](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
QPP Resources


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=qOCvke6fnrg


QPP Resources (2)


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)
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

Susy.Postal@IHS.gov