

Wrapping Up: Final Recommendations for the 2020 Reporting Year

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Quality Payment Program of Illinois

Visit our website at <https://www.qppresourcecenter.org>! We will help you navigate the complexities of the new CMS payment models so you can focus on what you do best – taking extraordinary care of your patients.

When you sign up for the QPP Resource Center®, you get access to resources that help you learn about program requirements, establish your baseline, and plan to meet your participation goals. Resource Center users also get access to our free MIPScast® tool for monitoring progress and submitting to CMS on your behalf.



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Agenda

- MIPS Basics
- Confirm Participation Status
- Review Performance Data
- Consider Exception Applications
- Prepare for Submission
- Resources and Q&A

MIPS Basics

Why am I included?

- Many believe MIPS does not apply because:
 - “I don’t use electronic health records”
 - “I’m a solo/small practice”
 - “I only treat patients in the hospital/nursing homes”
 - “This doesn’t apply to my subspecialty”
- Inclusion is based on volume thresholds for groups and individuals:

Bill more than \$90k

See more than 200
patients

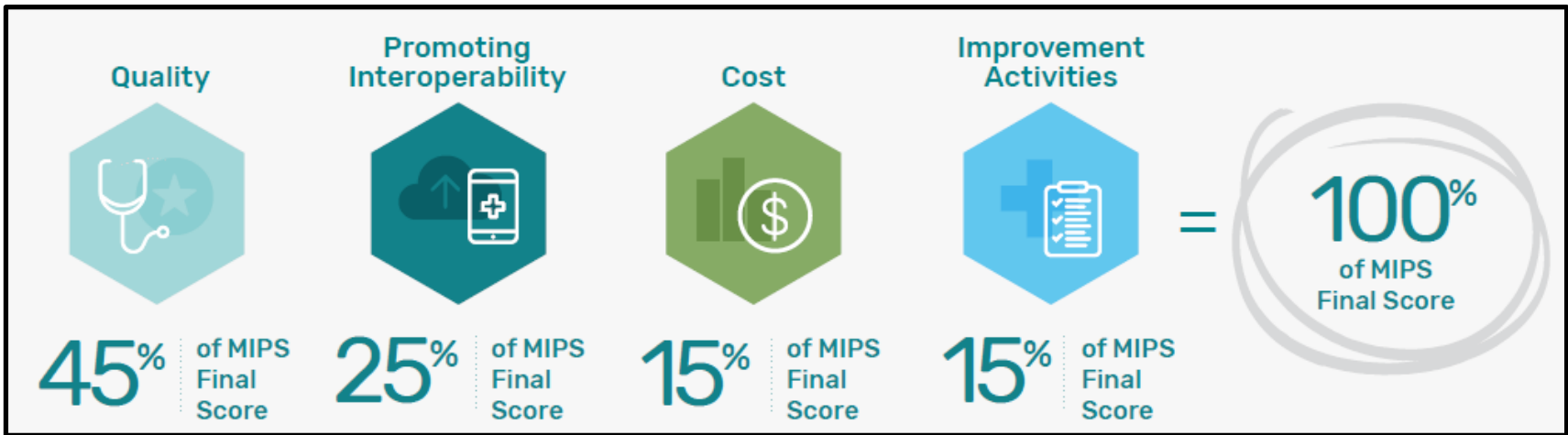
Provide more than 200
services

Visit <https://qpp.cms.gov/participation-lookup> to review MIPS participation status by searching individual NPI

- Clinicians meeting 1 or 2 thresholds can “opt-in”
- Clinicians participating in APM may be exempt (Advanced APM) or included (MIPS APM) regardless of volume thresholds

How do I participate?

- Collect/report data on quality, EHR use, cost and clinical improvements



NOTE: these percentages apply for 2020; category weights change over time (**Cost must be 30% by 2023**)

- Flexible participation requirements:
 - Exemptions from Promoting Interoperability
 - Limited Quality or Cost measures based on specialty
 - Facility-based reporting if primarily at hospital participating in VBP
 - MIPS APM report everything but PI on behalf of participants

What if I don't participate?

- “Negative adjustment” on Medicare payments
- Applied two years later:

2018 Non-Participant

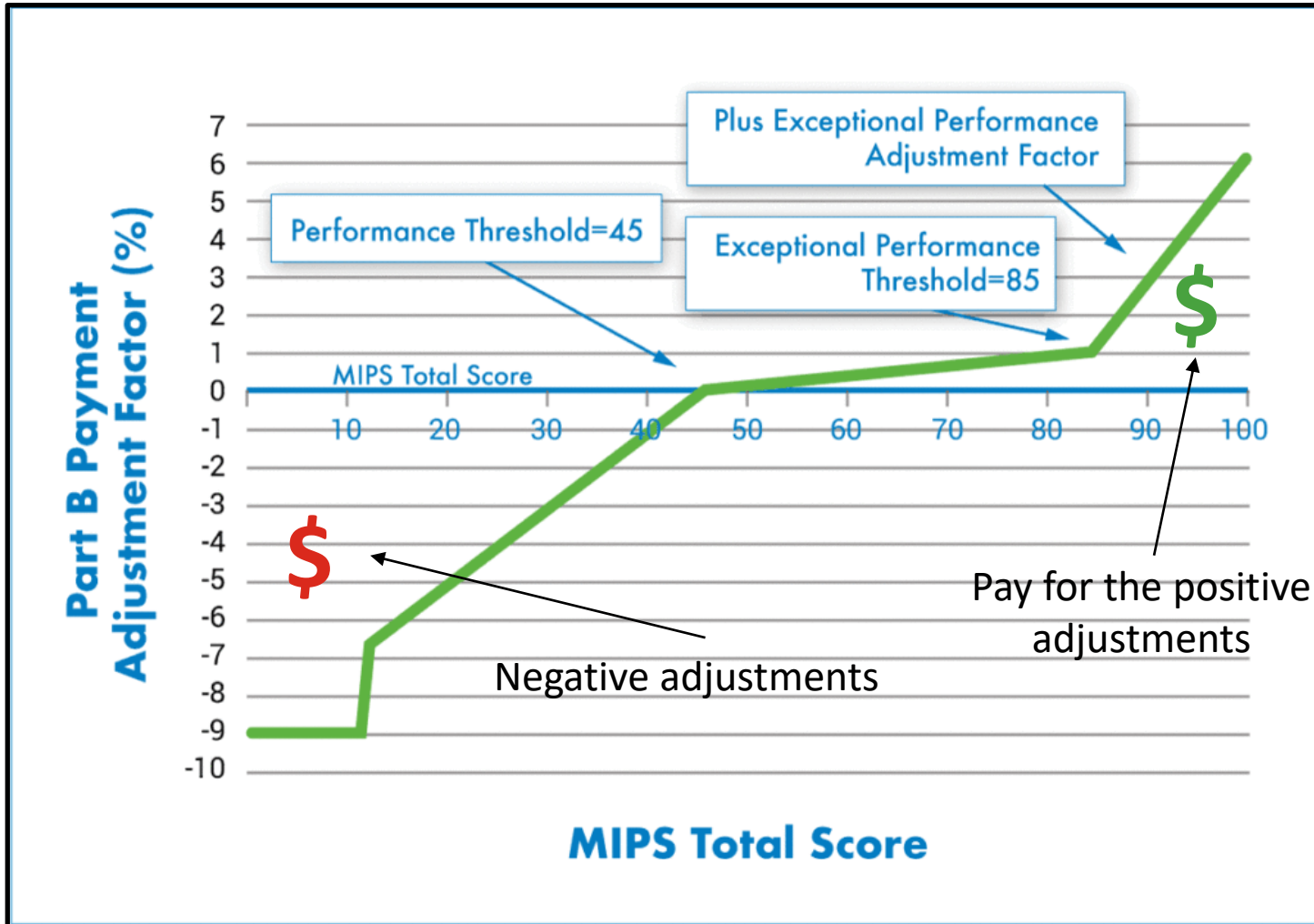
- Adjusted -7% in 2020
 - -5% for MIPS
 - -2% for sequestration

2020 Non-Participant

- Adjusted -11% in 2022
 - -9% for MIPS (maximum)
 - -2% for sequestration

- Adjustment resets each year

Can I get a positive adjustment?



NOTE: this chart applies for 2020 and will change over time

Confirm Participation Status

Participation Status

- Final eligibility now available at <https://qpp.cms.gov/participation-lookup>
- Based on Medicare volume during two “determination periods”:
 - Oct 2018 – Sept 2019 (preliminary eligibility)
 - Oct 2019 – Sept 2020 (final eligibility)
- Status possibilities:
 - Included (required to participate)
 - Opt-in (eligible but not required)
 - Excluded (ineligible)
- Status for clinician who started billing to your TIN during the second determination period is based on claims during second period only
- Status cannot change from excluded to included but may change from excluded/included to opt-in
- Special status change may impact reporting requirements (e.g. exemption from PI)

Alternative Payment Model Status



- Alternative payment model participation can impact MIPS eligibility
- Based on “snapshots”:
 - Predictive: CY2019
 - First: 1/1/20 to 3/31/20
 - Second: 1/1/20 to 6/30/20
 - Third: 1/1/20 to 8/31/20
- Status may have changed:
 - Joined an APM in a later snapshot
 - APM fell below/went above “Qualifying Participant” threshold
 - APM contract with CMS was terminated
- For Shared Savings Program (MSSP) Accountable Care Organizations (ACO) only, clinicians that joined practice after third snapshot will be considered part of ACO

Review Performance Data

Quality

- Must report full year data
- Generate reports in CEHRT/registry:
 - At least six total measures with one high-priority/outcome?
 - At least 20 cases (denominator) for selected measures?
 - Denominator includes at least 70% of qualifying patients?
- If reporting via claims Quality Data Codes (QDC):
 - Preliminary performance results not available in QPP portal
 - May be able to assess via billing report
 - Claims with 2020 date of service may be submitted through March
- Last minute improvement ideas:
 - Review denominator-only patient list for numerator opportunities
 - Submit claims with QDC for additional outcome/high priority bonus

Promoting Interoperability

- Must report data from any 90+ consecutive days
- Generate reports in CEHRT/registry to review measures:
 - All numerators at least 1 (or exclusion available)?
 - Yes/No measures: Query PDMP? Public health registries?
 - HIPAA Risk Analysis is required but not a formal measure
- Identify and document 2015 Edition CEHRT ID
 - Search <https://chpl.healthit.gov/>, click  then 
 - Contact your vendor
- Last minute improvement ideas:
 - Compare reports across 90-day periods to identify best scores
 - Send summaries of care for referrals from earlier in year
 - [Sign up for ILPMP](#) and query at least one patient for bonus

Improvement Activities

- Must have been conducting activity for any 90+ day period
- CEHRT/Registry may support selection of activities but doesn't "know" which were completed
- Two medium-weight measures or one high-weight for full points
- Review [suggested documentation](#) for audit protection
- Potential "course of business" activities:
 - Sending referral notes to specialists/consult notes back to PCP?
 - 24/7 access to clinicians with real-time access to patient records?
 - Used telehealth?
 - Participated in MOC IV for board certification?
 - Used decision support for standardized treatment protocols?

Cost

- Challenging/impractical to replicate MIPS measures via billing data
- Review which [Cost measures](#) are likely to apply:
 - Total Per Capita Cost (overall cost)
 - Medicare Spending per Beneficiary (related to hospitalization)
 - Episode-based:

Elective PCI	Knee Arthroplasty	Revascularization for Lower Extremity Chronic Critical Limb Ischemia
Routine Cataract Removal with IOL Implantation	Colonoscopy	AKI requiring New Inpatient Dialysis
Elective Primary Hip Arthroplasty	Femoral or Inguinal Hernia Repair	Hemodialysis Access Creation
Lumbar Spine Fusion for Degenerative Disease	Lumpectomy Partial Mastectomy, Simple Mastectomy	Non-Emergent CABG
Renal/Uretal Stone Surgical Treatment	Intracranial Hemorrhage or Cerebral Infarction	Simple Pneumonia with Hospitalization
STEMI with PCI	Inpatient COPD Exacerbation	Lower Gastrointestinal Hemorrhage

- May be useful to review Cost category performance from prior years



Consider Exception Applications

Promoting Interoperability Hardship

- Available to all small practices (under 15 NPI billing to TIN)
- Application deadline is 12/31
- Reasons to consider:
 - Not using 2015 Edition CEHRT
 - Using 2015 Edition CEHRT but failing PI measures
 - Passing PI measures but performance is worse than performance in the Quality category
- Steps:
 - Log into qpp.cms.gov
 - Click Exception Applications > Add New QPP Exception > Promoting Interoperability Hardship Exception
 - Choose group or individual and enter TIN or NPI
 - Complete all questions, selecting “small practice” as hardship reason

Extreme and Uncontrollable Circumstances

- Allows re-weighting for any or all MIPS categories
- Application deadline extended until 2/1/21
- Available when circumstances outside of your control:
 - Cause you to be unable to collect information;
 - Cause you to be unable to submit information; and/or
 - Impact your normal processes, affecting your performance on cost measures and other administrative claims measures
- COVID-19 public health emergency is recognized as an extreme and uncontrollable circumstance
- Exception application also available at qpp.cms.gov

Prepare for Submission

Submission Overview

- Submission period is 1/4 - 3/31
- May report as group, individual, or both to maximize scores
- Submission options:
 - Third-party (CEHRT/registry)
 - Log in and upload
 - Log in and attest (IA, PI only)
 - Claims (Quality only)
- If participating in MIPS APM, only PI is reported independently
- If participating as opt-in, must make election through qpp.cms.gov or work with CEHRT/registry vendor that can make election

Submission Planning

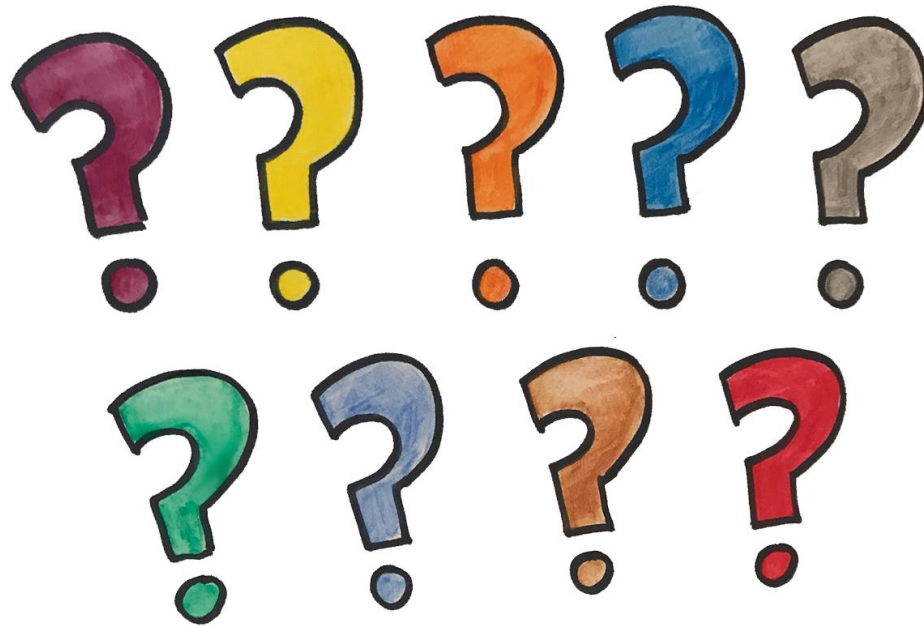
- Contact CEHRT/registry regarding third-party submission:
 - Do you support Quality, PI and IA submission?
 - Are there fees?
 - When is the registration deadline?
- Upload MIPS file (QRDA 3, JSON) provided by CEHRT/registry
 - Generally free of charge
 - Requires access to qpp.cms.gov to log in and upload
 - Contact vendor for file extraction
 - Upload early, as file may have errors vendor needs to repair
- Log in and attest with manual data entry (PI, IA)
- Consider our free MIPScast[®] registry

Resources and Q&A

Resources

- [2020 MIPS Eligibility and Participation User Guide](#)
- [2020 MIPS Scoring User Guide](#)
- [2020 MIPS Exception Applications Fact Sheet](#)
- [2019 QPP Data Submission User Guide](#)
- [CHITREC QPP Webinar Archive](#)

Q&A



THANK YOU!!

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