

August 2020 QPP Fast Facts

Now Available: 2019 MIPS Performance Feedback and Final Score

The Centers for Medicare & Medicare Services (CMS) has released 2019 Merit-based Incentive Payment System (MIPS) performance feedback and final scores. If you submitted data for the 2019 performance period, you can view your MIPS performance feedback and final score on the [Quality Payment Program website](#).

You can access your 2019 MIPS performance feedback and final score by:

- Going to cms.gov/login
- Logging in using your HCQIS Access Roles and Profile (HARP) system credentials; these are the same credentials that allowed you to submit your 2019 MIPS data

If you don't have a HARP account, please refer to the Register for a HARP Account document in the [QPP Access User Guide](#) and start the process now.

To learn more about performance feedback, review the [2019 MIPS Performance Feedback Resources](#):

- **2019 MIPS Performance Feedback FAQs**—Highlights what performance feedback is, who receives the feedback, and how to access it on the Quality Payment Program [website](#).
- **2019 MIPS Performance Feedback Patient-Level Data Reports FAQs**—Provides information on the patient-level data reports for download by those who were scored on a 2019 MIPS cost measure and/or the 2019 30-Day All-Cause Readmission (ACR) measure.

MIPS Eligible Clinicians Participating in MIPS Alternative Payment Model (APM) Entities

If you participated as a MIPS APM under one of the following models in 2019, your MIPS performance feedback is now available via the Quality Payment Program [website](#):

- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Comprehensive ESRD Care (CEC) Model (LDO arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO one-sided risk arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement)
- Comprehensive Primary Care Plus (CPC+) Model
- Medicare Shared Savings Program (all tracks)
- Next Generation ACO Model
- Oncology Care Model (OCM) (one-sided Risk Arrangement)
- Oncology Care Model (OCM) (two-sided Risk Arrangement)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)
- Maryland Primary Care Program
- Independence at Home Demonstration

Under the MIPS APM Scoring Standard, the performance feedback will be based on the APM Entity score and is applicable to all MIPS eligible clinicians within the APM Entity. Note: Performance feedback is not related to model-specific requirements and assessments outside of the Quality Payment Program.

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Individual clinicians and representatives of the APM Entity will be able to access performance feedback directly on the [Quality Payment Program website](#) using their HARP account.

COVID-19 Flexibilities

CMS is implementing multiple flexibilities for the Quality Payment Program in response to the COVID-19 pandemic. We determined that the MIPS automatic extreme and uncontrollable circumstances policy would be applied to all individual MIPS eligible clinicians for the 2019 performance period, and we reopened the [2019 extreme and uncontrollable circumstances application](#) to allow requests for reweighting of the MIPS performance categories to 0%.

The 2019 MIPS final scores available on the [Quality Payment Program website](#) reflect these COVID-19 flexibilities. Learn more about the COVID-19 flexibilities in the [COVID-19 Response Fact Sheet](#) and [COVID-19 Response Webpage](#).

Questions?

Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
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Now Available: 2019 MIPS Targeted Review

If you participated in the Merit-based Incentive Payment System (MIPS) in 2019, you can now review your performance feedback, including your MIPS final score and payment adjustment factor(s), on the [Quality Payment Program website](#).

Your final score will dictate the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS eligible clinician in 2021.

MIPS eligible clinicians, groups, and virtual groups (along with their designated support staff or authorized third-party intermediary), including APM participants, may request CMS to review the calculation of their 2020 MIPS payment adjustment factor(s) through a process called targeted review.

When to Request a Targeted Review

If you believe an error has been made in your MIPS payment adjustment factor(s) calculation, you can request a targeted review until October 5, 2020. Some examples of previous targeted review circumstances include the following:

- Errors or data quality issues for the measures and activities you submitted

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- Eligibility and special status issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
- Being erroneously excluded from the APM participation list and not being scored under the APM Scoring Standard
- Performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances

Note: This is not a comprehensive list of circumstances. CMS encourages you to submit a request form if you believe a targeted review of your MIPS payment adjustment factor (or additional MIPS payment adjustment factor, if applicable) is warranted.

How to Request a Targeted Review

You can access your MIPS final score and performance feedback and request a targeted review by:

- Going to the [Quality Payment Program website](#)
- Logging in using your HCQIS Access Roles and Profile System (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data. Please refer to the [QPP Access Guide](#) for additional details.

CMS may require documentation to support a targeted review request that is under our evaluation. If the targeted review request is approved, we may update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. **Please note that targeted review decisions are final and not eligible for further review.**

For more information about how to request a targeted review, please refer to the [2019 Targeted Review User Guide](#). For more information on payment adjustments please refer to the [2021 MIPS Payment Adjustment Fact Sheet](#).

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CMS Releases 2021 Proposed Rule for the Quality Payment Program

On August 3rd, the Centers for Medicare & Medicaid Services (CMS) released its proposed policies for the 2021 performance year of the Quality Payment Program via the [Medicare Physician Fee Schedule \(PFS\) Notice of Proposed Rulemaking \(NPRM\)](#).

Note: As with other rules, CMS is publishing this proposed rule to meet the legal requirements to update Medicare payment policies in the PFS on an annual basis. In recognition of the 2019 Coronavirus (COVID-19) public health emergency and limited capacity of healthcare providers to review and provide comment on extensive proposals, CMS has limited annual rulemaking required by statute to focus

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primarily on essential policies including Medicare payment to providers, as well as proposals that reduce burden and may help providers in the COVID-19 response.

Key proposals for 2021 performance year of the Quality Payment Program include:

- Beginning Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) implementation in 2022 instead of 2021
- Increasing the performance threshold from 45 points for the 2020 performance year to 50 points for 2021 (10 points less than the 60-point threshold finalized for 2021 in the CY 2020 PFS Rule)
- Revising performance category weights for Quality (decreases from 45% to 40%) and Cost (increases from 15% to 20%)
- Removing the CMS Web Interface as a collection type and submission type for reporting MIPS quality measures beginning with the 2021 performance period
- Sunsetting the Alternative Payment Model (APM) Scoring Standard and allowing MIPS eligible clinicians in APMs the option to participate in MIPS and submit data at the individual, group, or APM Entity level.
- Updating third party intermediary approval criteria as well as remedial action and termination criteria

New APM Performance Pathway (APP) in 2021

Based on stakeholder feedback, CMS also proposes implementing an APP in 2021 that would be:

- Complementary to MVPs, composed of a fixed set of measures for each performance category
- Available only for MIPS eligible clinicians in MIPS APMs
- Reported by individual eligible clinicians, groups, or APM Entities

Performance category weights under the APP would be: 50% for Quality, 30% for Promoting Interoperability and 20% for Improvement Activities.

Key proposals for the Medicare Shared Savings Program include:

- For performance year 2020, waiving the requirement for ACOs to field a Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs survey and providing ACOs automatic full credit for CAHPS. In addition they are seeking comment on an alternative scoring methodology approach under the extreme and uncontrollable circumstances policy for performance year 2020.
- For performance year 2021, requiring ACOs participating in the Shared Savings Program to report quality via the APP for purposes of determining shared savings and losses, instead of the CMS Web Interface, and reducing the number of measures ACOs are required to actively report from 10 to 3 while increasing the focus on patient outcomes
- Updating the quality performance standard, requiring ACOs to receive a quality score equivalent to the 40th percentile or above across all MIPS Quality performance category scores, and allowing ACOs that meet or exceed the threshold their maximum sharing rate or avoid owing maximum losses

Complex Patient Bonus COVID-19 Update in 2020

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In addition to 2021 policies, this NPRM includes a proposal to increase the complex patient bonus from a 5- to 10-point maximum for clinicians, groups, virtual groups, and APM Entities for **2020 performance only** to offset the additional complexity of their patient population due to COVID-19. Learn more about additional flexibilities implemented in response to the public health emergency on the [QPP COVID-19 Response webpage](#).

Submit Comments

CMS is seeking comment on a variety of proposals in the NPRM. Comments are due by 5 p.m. Eastern Daylight Time (EDT) on **October 5, 2020**.

You must officially submit your comments in one of the following ways:

- Electronically, through Regulations.gov
- Regular mail
- Express or overnight mail

Webinar Details

CMS is hosting a webinar on Wednesday, August 12 at 2:00 p.m. ET to provide an overview of proposed policies for the 2021 performance period. Following the presentation, CMS will answer questions from attendees as time permits.

- **Title:** Overview of the 2021 Proposed Rule for the Quality Payment Program
- **Date:** Wednesday, August 12, 2020
- **Time:** 2:00 – 3:30 p.m. ET
- **Registration Link:** <https://engage.vevent.com/rt/cms/index.jsp?seid=1710>

For More Information

To learn more about the PFS NPRM and the Quality Payment Program proposals, review the following resources:

- [Press release](#) – Provides more details about today's announcement
- [Fact sheet](#) – Offers an overview of the QPP proposed policies for 2021 and compares these policies to the current 2020 requirements

To learn more about the Quality Payment Program, visit the [Quality Payment Program website](#).

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CMS Announces Relief for Clinicians Participating in the Quality Payment Program in 2020

In response to the 2019 Coronavirus (COVID-19) public health emergency, the Centers for Medicare & Medicaid Services (CMS) is announcing flexibilities for clinicians participating in the Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) in 2020:

- **Clinicians significantly impacted by the public health emergency may submit an [Extreme & Uncontrollable Circumstances Application](#) to reweight any or all of the MIPS performance categories.** Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.
- **Reminder: In April, CMS added a new *COVID-19 clinical trials improvement activity*.** There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
 - A clinician may participate in a COVID-19 clinical trial and have those data entered into a data platform for that study; or
 - A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.

For More Information

- Visit the [QPP COVID-19 Response webpage](#) or review the [COVID-19 Fact Sheet](#) to learn more about changes to the Quality Payment Program in response to the COVID-19 pandemic.
- Review the [2020 Exception Applications Fact Sheet](#) and [QPP Exception Applications webpage](#) for more information about submitting an Extreme & Uncontrollable Circumstances Application.
- Read more about the *COVID-19 clinical trials* improvement activity in the [2020 Improvement Activities Inventory](#).

Questions?

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These flexibilities, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here: www.coronavirus.gov. For information specific to CMS, please visit the [Current Emergencies Website](#).

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Upcoming Deadlines

Spring/Summer 2020: Quality Payment Program Exception Applications Window Now Open

If you seek a Quality Payment Program Extreme and Uncontrollable Circumstances Exception or a Hardship Exception to the Promoting Interoperability performance category, you will be able to apply for this between Spring 2020 and December 31, 2020.

August, 2020: Performance Feedback Available

CMS will provide you with performance feedback based on the data you submitted for Performance Year 2019. You will be able to use this feedback to improve your care and optimize the payments you receive from CMS.

Targeted Review is open. You can submit a targeted review until **October 5, 2020** at 8:00 PM (EDT).

August 31, 2020: Third Snapshot for QP Determinations and MIPS APM Participation

QP determinations are made approximately 4 months after each snapshot date. Check the [Quality Payment Program Participation Tool](#) for updates to your APM status. Learn more in our [QP Methodology Fact Sheet](#).

October 3, 2020: Last Day to Start a 90-day Performance Period for Promoting Interoperability and Improvement Activities

Don't miss these upcoming events!

Tuesday August 25, 2020 -- Colorado QPP Coalition Office Hours webinar; 2021 QPP Proposed Rule; Noon to 1 PM. [REGISTER](#)

TMF Resources

2020 Cost Workshop

TMF's MIPS Cost Workshop is an on-demand series that provides comprehensive information for clinicians and their staff to participate in the Cost category of MIPS. [Sign up here](#) to receive access to the 2020 Cost Workshop and receive emails for future workshops.

2020 Quality Workshop

TMF's MIPS Quality Workshop is an on-demand series that provides comprehensive information to prepare clinicians and their staff to report for the Quality category of MIPS. [Click here](#) to download the Quality Workshop Implementation Guide and watch the accompanying videos.

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TMF Events: Check out upcoming events [HERE](#)

Connect with a TMF Consultant

Submit a [TMF Request for Support](#).

Email QPP-SURS@tmf.org.

Call 1-844-317-7609 or [live chat with a TMF consultant](#), Monday - Friday, 8 a.m. - 5 p.m. CT.

Telligen Resources

The Telligen QIN-QIO works with [clinicians and healthcare facilities](#) to review the legislation, analyze performance data and study reimbursement opportunities to help providers navigate the [Quality Payment Program \(QPP\)](#). Telligen is here to help providers succeed with the new Merit-Based Incentive Payment System (MIPS) by providing a variety of no-cost services and education.

Our work:

- Provides tools and educational resources to succeed in the transition from legacy reporting programs (meaningful use, Physician Quality Reporting System and value modifier) to MIPS.
- Shares timely updates on reporting requirements, submission processes and deadlines.
- Extends technical assistance to healthcare organizations.
- Assists you with finding continuing medical education and continuing education units offered through the Centers for Medicare & Medicaid Services (CMS) focused on eligible clinician reporting requirements.

Download our [fact sheet](#) to learn more about this healthcare quality improvement work.

[Telligen QPP Resources](#)

Six new web presentation on the 2020 requirements for MIPS. There is a presentation for each category and in-depth look at claims-based reporting and multi-strata measures. You can view the presentations any time on the Telligen website using the links below.

- [2020 MIPS Quality Category Review](#)
- [2020 MIPS Improvement Activity Category Review](#)
- [2020 MIPS Promoting Interoperability Category Review](#)
- [2020 MIPS Cost Category Review](#)
- [Submit 2020 MIPS Quality with Claims-Based Measures](#)
- [2020 MIPS Multi-Strata Measures](#)

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CMS QPP Resources

2020 QPP Quick Start Guides

- [2020 MIPS Quick Start Guide](#) Updated 02/12/2020
- [2020 Eligibility and Participation Quick Start Guide](#) Updated 01/29/2020
- [2020 Facility-Based Quick Start Guide](#) Created 03/10/2020
- [2020 Part B Claims Reporting Quick Start Guide](#) Updated 02/25/2020
- [2020 Cost Quick Start Guide](#) Updated 03/31/2020
- [2020 Quality Quick Start Guide](#) Updated 02/19/2020
- [2020 Promoting Interoperability Quick Start Guide](#) Updated 01/14/2020
- [2020 Improvement Activities Quick Start Guide](#) Updated 01/14/2020

Recently Updated or Created

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- [Quality Payment Program Access User Guide](#) Updated 08/04/2020
 - [2021 Quality Payment Program Proposed Rule](#) Created 08/04/2020
 - [2021 Quality Payment Program Proposed Rule Fact Sheet](#) Updated 08/03/2020
 - [2020 CAHPS for MIPS Approved Survey Vendors](#) Created 07/24/2020
 - [2019 MIPS Quality User Guide](#) Updated 07/14/2020
 - [2019 Quality Performance Category Fact Sheet](#) Updated 07/14/2020
 - [2019 CMS Web Interface FAQs](#) Updated 07/14/2020
 - [2019 MIPS Scoring Guide](#) Updated 07/14/2020
 - [2019 CMS Web Interface Fact Sheet](#) Updated 07/14/2020
 - [2020 Qualified Registries Qualified Posting](#) Updated 07/13/2020
 - [2020 Qualified Clinical Data Registries \(QCDRs\) Qualified Posting](#) Updated 07/13/2020
 - [2018 Quality Payment Program Experience Report](#) Created 07/07/2020
 - [2020 CAHPS for MIPS Conditionally Approved Survey Vendors](#) Created 07/06/2020
 - [2020 Quality Measures List with Telehealth Guidance](#) Created 07/02/2020
 - [2019 Learning Resources for QP Status and APM Incentive Payment](#) Updated 06/30/2020
 - [2021 Self-Nomination Toolkit for QCDRs and Registries](#) Created 06/26/2020
 - [2020 MIPS Data Validation Criteria](#) Updated 06/26/2020
 - [2020 MIPS Exceptions Application Fact Sheet](#) Updated 06/24/2020
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Measures and activities for MIPS performance categories that apply to specific clinicians in 2020.

- [2020 Measures and Activities for Anesthesiologists and Certified Registered Nurse Anesthetists](#) Created 06/16/2020
 - [2020 Measures and Activities for Cardiologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Chiropractors](#) Created 06/16/2020
 - [2020 Measures and Activities for Clinical Psychologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Dentists](#) Created 06/16/2020
 - [2020 Measures and Activities for Dermatologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Dietitians and Nutrition Professionals](#) Created 06/16/2020
 - [2020 Measures and Activities for Emergency Medicine Clinicians](#) Created 06/16/2020
 - [2020 Measures and Activities for Family Medicine Clinicians](#) Updated 06/17/2020
 - [2020 Measures and Activities for Gastroenterologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Nurse Practitioners](#) Created 06/16/2020
 - [2020 Measures and Activities for Occupational and Physical Therapists](#) Created 06/16/2020
 - [2020 Measures and Activities for Obstetricians and Gynecologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Ophthalmologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Optometrists](#) Created 06/16/2020
 - [2020 Measures and Activities for Orthopedists](#) Created 06/16/2020
 - [2020 Measures and Activities for Pathologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Physician Assistants](#) Created 06/16/2020
 - [2020 Measures and Activities for Podiatrists](#) Created 06/16/2020
 - [2020 Measures and Activities for Radiologists](#) Created 06/16/2020
 - [2020 Measures and Activities for Speech Language Pathologists and Audiologists](#) Created 06/16/2020
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