



## March 2021 QPP Fast Facts

### Fast Fact #1: CMS to Apply MIPS Extreme and Uncontrollable Circumstances Policy for the 2020 Performance Period in Response to COVID-19; Reopens Application

CMS continues to offer flexibilities to provide relief to clinicians responding to the 2019 Coronavirus (COVID-19) pandemic. We are applying the [MIPS automatic extreme and uncontrollable circumstances \(EUC\) policy](#) to all MIPS eligible clinicians for the 2020 performance period. We are also **reopening** the [MIPS EUC application](#) for individual MIPS eligible clinicians, groups, virtual groups, and Alternative Payment Model (APM) Entities through March 31, 2021 at 8 p.m. ET.

- Please note that applications received between now and March 31, 2021 won't override previously submitted data for individuals, groups and virtual groups.

This section will review what these flexibilities mean for:

- Individual clinicians, groups, and virtual groups that haven't submitted data;
- Individual clinicians, groups, and virtual groups that have submitted data; and
- APM Entities.

#### Individual clinicians, groups, and virtual groups that haven't submitted data.

- **Individual MIPS eligible clinicians:** You don't need to take any additional action to qualify for the automatic EUC policy. You will be automatically identified and will receive a neutral payment adjustment for the 2022 MIPS payment year unless 1) you submit data as an individual in 2 or more performance categories, or 2) your practice reports as a group, by submitting data for one or more performance category.
- **Groups:** You don't need to take any further action if you're not able to submit data for the 2020 performance period. Group participation is optional, and your individual MIPS eligible clinicians qualify for the automatic EUC policy. They will have all 4 performance categories reweighted to 0% and receive a neutral payment adjustment for the 2022 MIPS payment year unless 1) they submit data in 2 or more performance categories as individuals, or 2) the practice reports as a group, by submitting data for one or more performance category.
- **Virtual Groups:** If you're unable to submit data for the 2020 performance period, **you must submit an EUC application for all 4 performance categories by the deadline.**

#### Individual clinicians, groups, and virtual groups that have submitted data.

- **Individual MIPS eligible clinicians that have submitted data for a single performance category (such as Medicare Part B Claims measures submitted throughout the 2020 performance period):**



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- You don't need to take any additional action to be eligible for the automatic EUC policy.
- You'll be automatically identified and have all 4 performance categories reweighted to 0% and will receive a neutral payment adjustment for the 2022 MIPS payment year unless 1) you submit data for another performance category, or 2) your group submits data for one or more performance category.
- **Individual MIPS eligible clinicians that have submitted data as an individual for 2 or 3 performance categories:**
  - You'll receive a MIPS final score and MIPS payment adjustment for the 2022 MIPS payment year based on the data you've submitted.
  - You'll only be scored in the performance categories for which data are submitted.
  - **You can't submit an application to override previously submitted data.**
- **Groups and virtual groups that have submitted data for a single performance category:**
  - If you're not able to complete data submission for other performance categories, you can [submit an application](#) to request reweighting in all 4 performance categories.
  - **This includes small practices that were automatically scored as a group on Medicare Part B Claims measures submitted throughout the 2020 performance period.**
  - If you don't submit an application, your group will be scored in all performance categories unless you are eligible for reweighting in one or more performance categories.
  - If your application is approved and data isn't submitted for another performance category, your MIPS eligible clinicians will receive a neutral payment adjustment for the 2022 MIPS payment year.
- **Groups and virtual groups that have submitted data for 2 or 3 performance categories:**
  - Your MIPS eligible clinicians will receive a MIPS final score and MIPS payment adjustment for the 2022 MIPS payment year.
  - Your group will be scored in all performance categories unless you qualify for reweighting in one or more performance categories.
  - **You can't submit an application to override previously submitted data.**

## APM Entities

APM Entities participating in MIPS APMs can submit an [EUC application](#) with some differences from the MIPS EUC policy for individuals, groups, and virtual groups:



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- APM Entities are required to request reweighting for all performance categories.
- More than 75% of the MIPS eligible clinicians in the APM Entity must be eligible for reweighting in the Promoting Interoperability performance category.
- **Unlike applications for individuals, groups and virtual groups, an APM Entity's approved application for performance category weighting will override previously submitted data.**

Please note that if an APM Entity doesn't report for the 2020 performance period (or doesn't have an approved EUC application), their MIPS eligible clinicians will receive a negative payment adjustment in the 2022 payment year.

## Additional Resources

- [2020 MIPS Extreme and Uncontrollable Circumstances Application Resources](#)
- [Quality Payment Program COVID-19 Response fact sheet](#)

## Fast Fact #2: The MIPS 2020 Data Submission Period is Now Open

### *MIPS Eligible Clinicians Can Start Submitting Data for 2020 through March 31*

CMS has opened the data submission period for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2020 performance year of the Quality Payment Program (QPP). Data can be submitted and updated from **10:00 a.m. EST on January 4, 2021 until 8:00 p.m. EDT on March 31, 2021.**

## How to Submit Your 2020 MIPS Data

Clinicians will follow the steps outlined below to submit their data:

1. Go to the [Quality Payment Program webpage](#).
2. Sign in using your QPP access credentials (see below for directions).
3. Submit your MIPS data for the 2020 performance year or review the data reported on your behalf by a third party.

## How to Sign In to the Quality Payment Program Data Submission System

To sign in and submit data, clinicians will need to register in the HCQIS Authorization Roles and Profile (HARP) system. For clinicians who need help enrolling with HARP, please refer to the [QPP Access User Guide](#).

**Note:** Clinicians who are not sure if they are eligible to participate in the Quality Payment Program can check their final eligibility status using the [QPP Participation Status Tool](#). Clinicians and groups that are opt-in eligible will need to make an election before they can submit data. (No election is required for those who don't want to participate in MIPS.)



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## Small, Underserved, and Rural Practice Support

Clinicians in small practices (including those in rural locations), health professional shortage areas, and medically underserved areas may request technical assistance from organizations that can provide no-cost support. To learn more about this support, or to connect with your local technical assistance organization, we encourage you to visit our [Small, Underserved, and Rural Practices page](#) on the [Quality Payment Program website](#).

## For More Information

- To learn more about how to submit data, please review the resources available in the [QPP Resource Library](#), including the [2020 MIPS Data Submission FAQs](#).
- Watch [our series](#) of data submission demo videos:
  - [Introduction and Overview of 2020 Data Submission](#)
  - [File Upload and Quality Scoring](#)
  - [Manual Attestation of Improvement Activities](#)
  - [Promoting Interoperability Data Submission](#)
  - [APM Data Submission](#)
  - [Opt-in as a QPP Eligible Clinician](#)
  - [Opting-in as a Registry](#)

## Fast Fact #3: 2021 Quality Payment Program COVID-19 Response

The Centers for Medicare & Medicaid Services (CMS) is implementing multiple flexibilities for the Quality Payment Program (QPP) in response to the 2019 Novel Coronavirus (COVID-19) pandemic public health emergency (PHE).

### 2021 Performance Year Flexibilities

The COVID-19 pandemic continues to impact all clinicians across the United States and territories and we anticipate this public health emergency will continue into 2021. However, we recognize that not all practices are impacted by COVID-19 to the same extent and many practices will be able to participate. We also want to ensure there is relief available to clinicians who are unable to participate. For the 2021 performance year we will be continuing to use our Extreme and Uncontrollable Circumstances policy to allow clinicians, groups, and virtual groups to submit an application requesting reweighting of one or more Merit-based Incentive Payment System (MIPS) performance categories due to the COVID-19 public health emergency. We expect the application to be available in Spring 2021 along with additional resources.



## QCDR Approval Criteria: Measure Testing and Data Collection Delay

The Qualified Clinical Data Registry (QCDR) measure approval criteria necessitates QCDRs collecting data from clinicians in order to assess the measure before including it in the QCDR's self-nomination application. We anticipate that QCDRs may be unable to collect, and clinicians unable to submit, data on QCDR measures due to prioritizing the care of COVID-19 patients. Therefore, we are delaying implementation of the QCDR measure testing and data collection policies by 1 year, from the 2021 performance period to the 2022 performance period.

## COVID-19 Improvement Activity

Due to the anticipated need for continued COVID-19 clinical trials and data collection, MIPS eligible clinicians and groups who meet the activity criteria will be able to receive credit for the COVID-19 Clinical Data Reporting with or without Clinical Trial improvement activity through the MIPS 2021 performance period.

## Where Can I Learn More?

- [CMS's Current Emergencies](#)
- [Medicare IFC: Revisions in Response to the COVID-19 Public Health Emergency \(CMS-1744-IFC\)](#)
- [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-5531 IFC\)](#)
- [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-3401-IFC\)](#)
- [CY 2021 Quality Payment Program Final Rule](#)

## Fast Fact #4: MIPS Value Pathways

### Dedicated to Improving Outcomes

Since the Quality Payment Program launched in 2017, we have taken incremental steps to update both the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) participation tracks to acknowledge the unique variation in clinician practices, further refine program requirements, respond to stakeholder feedback, reduce reporting burden, encourage meaningful participation, and improve patient outcomes.

### The Future of MIPS

We have heard from clinicians and stakeholders that the program, specifically MIPS, remains overly complex. We have attempted to address some of these concerns over the last few years by leveraging our Patients over Paperwork initiative to review MIPS and remove unnecessary elements to help streamline program requirements and reduce clinician burden.



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The goal is to move away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority.

## What are MIPS Value Pathways?

MIPS Value Pathways (MVPs) are a subset of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements.

The MVPs framework aims to align and connect measures and activities across the Quality, Cost, and Improvement Activities performance categories of MIPS for different specialties or conditions. In addition, the MVPs framework incorporates a foundation that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities and reduce reporting.

Implementing the MVP framework honors our commitment to keeping the patient at the center of our work. In addition to achieving better health outcomes and lowering costs for patients, we anticipate that these MVPs will result in comparable performance data that helps patients make more informed healthcare decisions.

We recognize that this is a significant shift in the way clinicians may potentially participate in MIPS, and we are committed to a smooth transition to MVPs that does not immediately eliminate the traditional MIPS framework.

## MVP Guiding Principles

We are currently soliciting MVP candidates to be considered for future rulemaking. MVP candidates need to:

- Consist of limited, connected, complementary sets of measures and activities that are meaningful to clinicians.
- Include measures and activities resulting in comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making decisions about their care.
- Include measures selected using the Meaningful Measures approach and, wherever possible, include the patient voice.
- Reduce barriers to Alternative Payment Model (APM) participation by including measures that are part of APMs, and by linking cost and quality measurement.
- Support the transition to digital quality measures.

**MIPS Value Pathways (MVPs) Development Kick-Off Webinar:** These webinar materials provide an overview of MVP development for the 2022 performance year and beyond:

- [Recording](#)
- [Slides](#)



- [Transcript](#)

[Learn more](#) about the MVP candidate submission process.

[MIPS Value Pathways Overview Fact Sheet](#)

[MIPS Value Pathways Diagrams](#)

[2021 Quality Payment Program Final Rule](#)

## Fast Fact #5: APM Performance Pathway

The APM Performance Pathway (APP) is a MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs.

The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs. Performance is measured across three areas - Quality, Improvement Activities, Promoting Interoperability.

### How it Works

The APP is a single, pre-determined measure set that MIPS APM participants may report on. There are three performance categories that make up your final score. Your final score determines what your payment adjustment will be. These categories are:

- **Quality**

In performance year 2021, MIPS eligible clinicians reporting through APP will be scored on a pre-determined set of six quality measures. This category covers the quality of the care you deliver, based on performance measures created by CMS, as well as medical professional and stakeholder groups. The APP Quality performance category is 50% of the MIPS final score.

- **Promoting Interoperability (PI)**

This performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT). The Promoting Interoperability performance category weight is 30% of the MIPS final score.

- **Improvement Activities**

This performance category covers activities that assess how you improve your care processes, enhance patient engagement in care, and increase access to care. The Improvement Activities performance category weight is 20% of the MIPS final score, and a score of 100% will automatically be applied to MIPS APM participants reporting through the APP.





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## ○ Why

The APP creates a more stable and uniform set of MIPS reporting requirements for MIPS eligible clinicians in MIPS APMs to increase confidence to move into more risk-bearing arrangements without concern about reporting to MIPS if they do not attain QP status.

## ○ When

The APP will be in effect beginning January 1, 2021 and is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during a performance period, beginning in the 2021 MIPS performance period.

### **More Information:**

[APM Performance Pathway FAQ](#)

### **Quality Improvement Network (QIN) Resources for MIPS Participants**

Special resources for MIPS Eligible Clinicians working on meeting MIPS Performance in the following areas.

#### **Behavioral Health and Opioids**

##### [Human Opioid Exposure Can Be Measured Using Wastewater](#)

Wastewater-based epidemiology is a novel approach to study opioid exposure at the community level in order to help public health officials better understand and respond to the current opioid crisis in the United States. In a National Institute on Drug Abuse (NIDA)-sponsored study, robotic technology was used to sample wastewater from municipal sewers and measure the levels of various opioids. In the past, researchers seeking to directly measure opioid exposure were often limited to a universe of people who had some sort of contact with the health care system. Availability of such objective opioid consumption data from different parts of a community could help public health officials more efficiently allocate resources such as community outreach, emergency medical services or medication-assisted opioid use disorder treatment programs.

**Drug-Free Communities** - The Drug-Free Communities (DFC) Support Program is the nation's leading effort to mobilize communities to prevent and reduce substance use among youth. Click Link [Here](#) for CDC Resource.

#### **Patient Safety**

##### [Chartbook on Patient Safety](#)

This Patient Safety chartbook is part of a family of documents and tools that support the National Healthcare Quality and Disparities Report (QDR). This chartbook includes a summary of trends across measures of patient safety from the





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QDR and figures illustrating select measures of patient safety. A PowerPoint version is also available that users can download for presentations. The data in this chartbook show recent gains in safety include declining rates of urinary tract infections and pressure ulcers in nursing homes. While infection rates for most populations have declined, racial, ethnic and gender disparities still persist.

## [Updated Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines](#)

The Centers for Disease Control and Prevention (CDC) has updated its interim clinical considerations for use of mRNA COVID-19 vaccines currently authorized in the U.S. Updates include new recommendations for preventing, reporting and managing mRNA COVID-19 vaccine administration errors; clarification on contraindications and precautions; updated information on delayed, local injection-site reactions after the first mRNA vaccine dose; updated quarantine recommendations for vaccinated persons; and additional information and updated recommendations for testing for tuberculosis (TB) infection.

## **Chronic Disease Management**

### [Inside Chronic Diseases: COVID-19 and Diabetes](#)

One of the hard truths about the COVID-19 pandemic is the disproportionate effect it has on people with diabetes, one of the top four comorbidities associated with mortality due to COVID-19, along with coronary heart disease, obesity and chronic obstructive pulmonary disease. A study published in *The Lancet: Diabetes & Endocrinology* in August 2020 found that one-third of hospital COVID-19 deaths occurred among people with diabetes. Experts have recommended a variety of approaches to improve outcomes for this population, including targeting patients with high A1C levels who haven't been seen in the last six months to set up telehealth appointments, providing free delivery of medications to patients, eliminating copays and coinsurance on care related to COVID-19, maintaining coverage for telehealth-based care and expanding access to diabetes education for the duration of the pandemic.

## **Care Transitions**

### [EHR Adoption in Long Term Care Key to Improving Care Transitions](#)

While electronic health records (EHR) systems are ubiquitous in primary, acute and specialty care settings, long-term care facilities are still lagging in adoption. The biggest reason for this disparity is that long-term and post-acute care facilities (LTPACs) weren't eligible to participate in Medicare and Medicaid incentive programs to adopt EHRs. But it's critical that LTPACs are able to effectively send and receive patient information. Much relevant information is passing among other health care providers, but LTPACs are unable to ingest that information into their recordkeeping systems and use it to better patient care. A study of more than 900 nursing homes found a strong correlation between EHR implementation and facility quality. Long-term care providers should consider upgrades in technology to take advantage of new CMS rules that will soon require hospitals to provide admission, discharge and transfer notifications to the downstream provider team.



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## Reminder: Upcoming MIPS Important Dates and Deadlines

The Centers for Medicare & Medicaid Services (CMS) would like to remind clinicians of important upcoming Merit-based Incentive Payment System (MIPS) dates and deadlines:

- **January 4, 2021** – 2020 MIPS performance year data submission window opened.
- **March 1, 2021** – Deadline for CMS to receive 2020 claims for the Quality performance category. Claims must have been received by CMS within 60 days of the end of the performance period. Deadline dates vary to submit claims to the MACs. Check with the [MACs](#) for more specific instructions.
- **March 31, 2021** – [2020 MIPS Extreme and Uncontrollable Circumstances Application](#) period closes for COVID-19 related applications. This includes EUC Applications for Alternative Payment Model (APM) Entities For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response webpage](#)
- **March 31, 2021** – 2020 MIPS performance year data submission window closes.

## For More Information

To learn more, visit the [QPP website](#) and access the following resources:

- [2020 MIPS Extreme and Uncontrollable Circumstances Application Resources](#) (zip)
- [2020 Data Submission Videos](#)
- [2020 Data Submission FAQs](#)

## Don't miss these upcoming events!

### Telligen Sponsored Events

#### Colorado Community Connect Meeting

**March 16 @ 11:00 am - 12:00 pm MT**

COVID-19 has shown how important community is and the critical role it has in overcoming challenges, sharing resources and working together. As a leader in bringing communities together, Telligen QI Connect™ is hosting Community Connect Calls monthly to share experiences, tools, ideas and challenges.

The goal of these calls is to meet our communities where you are and provide opportunities for you to share in free-flowing and creative ways with other peers who are experiencing similar challenges or issues. Let us be the trusted



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partner you lean on for resources, education, and technical assistance to help ease some of the burdens you're facing daily.

Join your fellow community partners for our monthly call. Click on the registration link below:

[Register now! https://telligenqinio.zoom.us/meeting/register/\\_Yrc-CtqzwiEtIQN-MfNA\\_hVIDvishOxY06](https://telligenqinio.zoom.us/meeting/register/_Yrc-CtqzwiEtIQN-MfNA_hVIDvishOxY06)

## **Telligen QPP Connect Live! Call-in Session**

**March 17 @ 12:00 pm – 1:00 pm**

Join us for our Monthly QPP Connect Live! call-in sessions! Calls are every 3rd Wednesday from 12:00 – 1:00 PM CT with relevant MIPS topics for small practices changing monthly

### **Call-in info for every month's call:**

#### **Join Zoom Meeting**

Phone one-tap: US: +13462487799,,95908897340# or +16699006833,,95908897340#

**Meeting URL:** <https://dsu.zoom.us/j/95908897340?pwd=dkVZSm5CM3EyQUpEQk1BZVFWdzh6UT09>

**Meeting ID:** 959 0889 7340

**Passcode:** 761463

**Join by Telephone:** For higher quality, dial a number based on your current location.

**Dial:** US: 1 346 248 7799 or 1 669 900 6833 or 1 253 215 8782 or 1 312 626 6799 or 1 929 205 6099 or 1 301 715 8592

**Meeting ID:** 959 0889 7340

### **Colorado QPP Coalition Office Hours:**

**March 23 @ 12pm-1pm MT (12pm -1pm MT / 11am – 12 pm CST)**

**Topic: Overview of Reporting For MIPS Performance Year 2021**

[Register](#)

### **TMF Resources:**

[2020 MIPS Synergies Workshop](#)

Download the latest on-demand MIPS Workshop from TMF. The 2020 MIPS Synergies Workshop explores how different categories and measures relate to each other and can therefore improve scores in multiple categories. The workshop includes an informative implementation guide with resources, as well as brief videos that demonstrate examples.



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## [MIPS Hardship Exceptions for the 2020 Performance Year](#)

The events of 2020 may have resulted in challenges for clinicians participating in the MIPS program. The Centers for Medicare & Medicaid Services (CMS) is aware of this and has developed additional opportunities for taking a hardship exception for MIPS reporting.

## [Q&A: Exceptions Versus Exclusions for the Promoting Interoperability Category](#)

Explore the MIPS Promoting Interoperability (PI) category exceptions or the measure-specific exclusions to determine whether any apply to you. The clinician or practice must also consider whether their final MIPS score will be higher by taking an overall exception for the entire PI category or taking selective measure-specific exclusions and receiving a PI score. This PDF helps answer those questions.

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

**Connect with a TMF Consultant**

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

Email [QPP-SURS@tmf.org](mailto: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**

### **New Resources are Now Available on the QPP Resource Library and QPP Webinar Library**

The Centers for Medicare & Medicaid Services (CMS) has posted many new Quality Payment Program (QPP) resources to the [QPP Resource Library](#) and the [QPP Webinar Library](#):

### **Merit-based Incentive Payment System (MIPS)**

#### **2021 Performance Year**

- [2021 MIPS Eligibility Decision Tree](#): Am I Eligible to Participate in the Merit-based Incentive Payment System (MIPS) in the 2021 Performance Year?
- [2021 MIPS Payment Adjustment Fact Sheet](#): The 2021 MIPS payment adjustment, determined by the 2019 final score, will affect payments made for services in calendar year 2021
- [2021 Qualified Registries Qualified Posting](#): This document lists the 2021 Qualified Registries for MIPS.
- [2021 Qualified Clinical Data Registries \(QCDRs\) Qualified Posting](#): This document lists the 2021 Qualified Clinical Data Registries (QCDRs) for MIPS.



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- [2021 Patient-Facing Encounter Codes \(zip\)](#): This resource lists the determinants used to assess the non-patient facing status of 2021 MIPS eligible clinicians.
- [The Medicare Access and CHIP Reauthorization Act of 2015\(MACRA\) Wave 4 Cost Measure Development Presentation](#): This recording provides detailed information about the Wave 4 public comment approach.

## 2020 Performance Year

- [2020 MIPS Opt-In and Voluntary Reporting Election Toolkit \(zip\)](#): This toolkit describes how to elect to opt-in or voluntary report to MIPS for the 2020 performance year.
- [2020 MIPS EMA and Denominator Reduction User Guide](#): This guide provides an overview of the Eligible Measures Applicable (EMA) process and lists related quality measures by clinical topic for both registry and claims data submission.
- [2020 Data Submission Videos](#): These videos provide an overview of 2020 data submission and review processes such as how to opt-in as a QPP eligible clinician and a registry, manual attestation of improvement activities and promoting interoperability measures, and file upload and quality scoring.
- [2020 Data Submission FAQs](#): This document helps answer frequently asked questions about data submission for the 2020 performance year of MIPS.

## **Alternative Payment Models (APMs)**

- [2021 Qualifying APM Participant \(QP\) Quick Start Guide](#): What does it mean to be a QP in 2021?
- [2020 and 2021 Comprehensive List of APMs](#): This resource displays the comprehensive list of APMs for the 2020 and 2021 performance years.
- [2020 APM Quality Scoring Resources \(zip\)](#): These documents describe the APM Scoring Standard and methodology for the quality performance category for MIPS APMs in 2020.

## **For More Information or Questions Regarding the MIPS Quality Payment Program:**

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