February 2021 QPP Fast Facts

Fast Fact #1:

• 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 Into 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.)

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

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, consider calling during non-peak hours—before 10 a.m. and after 2

p.m. ET. We also encourage you to contact us earlier in the year, as response times often increase with heavier demand as the March 31 data submission deadline approaches.

Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant

Fast Fact #2:

• 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

You can subscribe to the QPP listserv and you can also contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Time or by email at: QPP@cms.hhs.gov. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Fast Fact #3:

• Doctors and Clinicians Preview Period is Now Open

The Doctors and Clinicians Preview Period is officially open as of January 25, 2021 at 10 a.m. ET (7 a.m. PT). You can now preview your 2019 Quality Payment Program (QPP) performance information before it will appear on clinician and group profile pages on Medicare Care Compare and in the Provider Data Catalog (PDC). You can access the secured Preview through the QPP website.
Please refer to the resources below on how to preview your information:

- Pre-recorded Presentation: Preview Period: Performance Information for Doctors and Clinicians
- Doctors and Clinicians Preview Period User Guide

To learn more about the 2019 QPP performance information that is available for preview as well as the 2018 clinician utilization data that will be added to the PDC, download these documents from the Care Compare: Doctors and Clinicians Initiative page:

- Clinician Performance Information on Medicare Care Compare: 2019 Doctors and Clinicians Public Reporting
- Group Performance Information on Medicare Care Compare: 2019 Doctors and Clinicians Public Reporting

Accountable Care Organizations (ACOs) can preview their performance information via their 2019 MIPS Performance Feedback Reports. A list of ACO performance information targeted for public reporting is available on the Care Compare: Doctors and Clinicians Initiative page.
The Preview Period will close on March 25, 2021 at 8 p.m. ET (5 p.m. PT).
Please note the 2019 QPP performance information is targeted for public reporting in 2021 and will be added to Care Compare and/or the PDC after all Targeted Reviews are completed. If you have an open Targeted Review request, you will still be able to preview your 2019 Quality Payment Program performance information during the Doctors and Clinicians Preview Period.
If you have any questions about public reporting for doctors and clinicians or the Doctors and Clinicians Preview Period, please contact us at QPP@cms.hhs.gov.

Fast Fact #4:

• Qualifying APM Participant (QP) Threshold Update

On December 27, 2020, the Consolidated Appropriations Act, 2021 was signed into law. Under this law, the Quality Payment Program's Qualifying Alternative Payment Model (APM) Participant (QP) thresholds for payment years 2023 and 2024 are frozen at 50% for the payment amount threshold and 35% for the patient count threshold for performance years 2021 and 2022.

The partial QP thresholds have also been frozen at the same levels used for the 2022 payment year and 2020 performance year.

Performance Year	2020	2021	2022
Payment Year	2022	2023	2024
QP Payment Amount Threshold	50%	50%	50%
QP Patient Count Threshold	35%	35%	35%

As a reminder, if you qualify as a QP, you may be eligible for the 5% APM incentive payment and be exempt from participating in MIPS.

How do I know if I am a QP in 2021?

CMS will use three snapshot dates—March 31, June 30, and August 31, 2021, to review data to make QP determinations. CMS will make determinations approximately 4 months after the end of each snapshot date, at which point you will be able to check the Quality Payment Program Participation Status Tool for updates to your APM status.

How do I know if I'm required to participate in MIPS in 2021?

If you are MIPS eligible and not determined to be a QP or a Partial QP, you will be required to participate in MIPS and will receive a MIPS Final Score and payment adjustment. To learn more about MIPS, visit qpp.cms.gov.

For more information

- Review the 2021 QP Quick Start Guide for an overview of what it means to be a QP and how determinations are made. For additional details, reference the Learning Resources for QP Status and APM Incentive Payment.
- Answer the questions in the 2021 MIPS Eligibility Decision Tree to help you understand if you will need to participate in MIPS.
- Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: 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).

Fast Fact #5:

• 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.
- **February 1, 2021** – 2020 MIPS Extreme and Uncontrollable Circumstances Application period closes for COVID-19 related applications only. Clinicians, groups, and virtual groups who believe they are eligible for this exception may apply, and if approved, will qualify for a re-weighting of one or more MIPS performance categories. CMS will notify applicants via email whether their requests are approved or denied. If approved, the exception will be added to the QPP Participation Status Tool.
    - **New:** CMS has finalized that for the 2020 performance year, Alternative Payment Model (APM) Entities may submit Extreme and Uncontrollable Circumstances applications as a result of COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program COVID-19 Response webpage.

- **March 1, 2021** – Deadline for CMS to receive 2020 claims for the Quality performance category. Claims must be 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 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

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 a.m. and after 2 p.m. Eastern Time.

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NEW

➢ Quality Improvement Network (QIN) Resources for MIPS Participants

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

Care Transitions

Transitioning Patients to Postacute Facilities: Challenges and Steps to Take

Throughout the COVID-19 pandemic, hospital case managers have faced many challenges when trying to find placements for patients who need to transfer from the hospital to a lower level of care, such as a skilled nursing facility (SNF). Post acute placement challenges will likely continue as we enter 2021 due to other factors outside the pandemic, says Alan Cudney, MBA, MHS, RN-BC, CPHQ, PMP, FACHE, of Healthcare Impact LLC in Concord, North Carolina. These factors include a growing elderly population and an increasing number of older adults with dementia. The challenge will be to find beds, keep patients moving through the system efficiently and keep hospital staff members from experiencing burnout that leads to staff absenteeism and attrition. However, there are several steps case managers and hospitals can take to address these problems.

Chronic Disease Management

When Perception is Reality: Readmission Rates Higher Among CVD Patients Who Think They'll Be Back

In health care, sometimes perception truly is reality. New research out of Duke University suggests that cardiovascular disease (CVD) patients who think they have a high risk of readmission are more likely to be readmitted within 30 days than those who think they have a low risk of readmission. These findings, published in ***Circulation: Cardiovascular Quality and Outcomes***, are based on data from more than 700 patients who received treatment for CVD from January 2015 to August 2017. Each patient filled out a standardized survey before

discharge, documenting their perceived risk of readmission. The readmission rate among patients who thought they had a high risk of readmission within 30 days was 22.8 percent. The readmission rate among patients who thought they had a low risk of readmission, meanwhile, was 15.8 percent.

Behavioral Health and Opioids

Physician-Pharmacist Collaboration May Increase Adherence to Opioid Addiction Treatment

Buprenorphine is a medication that has been used in opioid addiction treatment for nearly two decades, but providers must complete training and receive a special waiver in order to prescribe it. In the U.S., fewer than 10 percent of primary care providers are authorized to prescribe buprenorphine, and more than 20 million people live in a county without a buprenorphine-waivered physician. A collaborative approach to treating opioid use disorder that relies heavily on community pharmacists may help address treatment gaps, according to a pilot study published January 11 in ***Addiction***. Investigators studied the transfer of care of 71 participants using buprenorphine from waivered physicians to trained community pharmacists. The researchers concluded that the pilot study offers strong support for advancing physician-pharmacist team-based approaches.

HHS is eliminating the X-waiver requirement for DEA-registered physicians

The U.S. Department of Health and Human Services (HHS) announced that it will publish Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder, to expand access to MAR by exempting physicians from certain certification requirements needed to prescribe buprenorphine for opioid use disorder (OUD) treatment.
https://www.hhs.gov/about/news/2021/01/14/hhs-expands-access-to-treatment-for-opioid-use-disorder.html

➢ Don't miss these upcoming events!

Telligen Events

Colorado Community Connect Meeting

February 16 @ 10:00 am - 11:00 am CST (9-10 am MT / 10 am – 11am CST)
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 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:

February 16, 11am – 12pm MT – Register now!
https://telligenqinqio.zoom.us/meeting/register/tJYrc-CtqzwiEtIQN-MfNA_hVIDvIshOxY06

February 2021 QPP Fast Facts

COVID-19 in LTC Office Hours: Vaccinations are Underway – What Next?

February 11 @ 2:00 pm - 3:00 pm CST (1pm - 2pm MT / 2 pm - 3pm CST)

We are pleased to announce that Dr. Renée Marquardt, Chief Medical Officer for the Colorado Department of Human Services (CDHS), will be presenting for Telligen's interactive LTC Office Hours on Thursday February 11th at 2pm CT. Please join us to discuss questions related to next steps after nursing homes' scheduled vaccination visits. You will learn how to support staff who remain hesitant or have changed their minds and want the vaccine. In addition, you will understand changes within your infection prevention and control programs. Participants will also hear successful strategies from a Colorado nursing facility on how to continue to work to maximize vaccination rates among both staff and residents.

Dr. Marquardt oversees the pandemic management in CDHS's nineteen 24/7 facilities, including four state veteran's nursing homes. She is currently one of the lead members of the Governor's Residential Care Strike Team.

Objectives:

1. Participants will understand the need for ongoing infection prevention practices and how things may change over time.
2. Participants will be able to identify tools for increasing vaccine acceptance among their staff and residents.

Click here to register
https://telligenqinqio.zoom.us/meeting/register/tJMrdeuqrzwsH9eqM_p6KddfHhGSNeV7SJmV

Telligen QPP Connect Live! Call-in Session

Feb 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 information for every month's call:
Join Zoom Meeting
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.
1 346 248 7799
1 669 900 6833
1 253 215 8782
1 312 626 6799
1 929 205 6099
1 301 715 8592
Meeting ID: 959 0889 7340

Colorado QPP Coalition Office Hours:

Overview: MIPS Quality Performance Category for Performance Year 2021
February 23 @ 12pm-1pm MT (12pm -1pm MT / 11am – 12 pm CST)
Register

February 2021 QPP Fast Facts

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.

TMF Resources:

2020 MIPS Synergies Workshop
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. The 2021 MIPS Synergies Workshop will be available on March 3, 2021.

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.

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)

- **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

2021 Performance Year

- **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.
- **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)

- **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
Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: 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).

Recently Updated or Created QPP Resources

- 2021 Promoting Interoperability Measure Specifications
  Updated 01/26/2021

Provides a detailed overview of the requirements for the 2021 Promoting Interoperability performance category objectives and measures.

- Performance Year 2021 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs
  Created 01/25/2021

This document describes methods for calculating the CMS Web Interface benchmarks for ACOs reporting the CMS Web Interface measures for the 2021 performance year. The benchmarks for the 10 CMS Web Interface measures are displayed in Appendix A of this document.

- 2021 MIPS Overview Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians get started participating in the Merit-based Incentive Payment System (MIPS) during the 2021 performance period.

- 2021 Eligibility and Participation Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians get started with determining their eligibility for the Merit-based Incentive Payment System (MIPS) for the 2021 performance period.

February 2021 QPP Fast Facts

- 2021 Quality Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians get started participating in the Quality performance category of the Merit-based Incentive Payment System (MIPS) during the 2021 performance period.

- 2021 Part B Claims Reporting Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians in small practices get started with using Medicare Part B claims to report participation in the Quality performance category of the Merit-based Incentive Payment System (MIPS) during the 2021 performance period.

- 2021 Improvement Activities Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians get started participating in the Improvement Activities performance category of the Merit-based Incentive Payment System (MIPS) during the 2021 performance period.

- 2021 Promoting Interoperability Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians get started participating in the Promoting Interoperability performance category of the Merit-based Incentive Payment System (MIPS) during the 2021 performance year.

- 2021 Cost Quick Start Guide
  Updated 01/15/2021

A guide to help clinicians get started participating in the Cost performance category of the Merit-based Incentive Payment System (MIPS) during the 2021 performance period.
This guide can help APM participants who may be QPs in 2021.

- 2021 MIPS Eligibility Decision Tree
  Updated 01/14/2021

This resource will help clinicians determine if they are eligible to participate in the Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program (QPP) in the 2021 performance period.

- 2021 Patient Facing Encounter Codes
  Created 01/05/2021

Lists the determinants used to assess the non-patient facing status of 2021 MIPS eligible clinicians.

- 2021 Quality Benchmarks
  Created 12/31/2020

Lists and explains 2021 benchmarks used to assess performance in the Quality performance category.

- 2021 APM Performance Pathway (APP) for MIPS APM Participants
  Updated 12/30/2020

This Fact Sheet provides an overview of the new reporting and scoring pathway for Merit-based Incentive Payment System (MIPS) eligible clinicians who participate in MIPS Alternative Payment Models (APMs): the APM Performance Pathway (APP).

- 2021 MIPS Cost Measure Codes Lists
  Created 12/30/2020

Details the codes used in the specifications for each of 18 episode-based cost measures and the revised MSPB Clinician and TPCC measures in use for the MIPS Cost performance category in 2021.

- 2021 MIPS Summary of Cost Measures
  Updated 12/30/2020

February 2021 QPP Fast Facts

This document provides a summary of cost measures in use for the MIPS Cost performance category in 2021, as well as measures under development.

- 2021 MIPS Cost Measure Information Forms
  Created 12/30/2020

Details the measure methodology for the 18 episode-based cost measures and the revised MSPB Clinician and TPCC measures in use for the MIPS Cost performance category in 2021.

- 2021 CMS Web Interface Measure Specifications and Supporting Documents
  Created 12/29/2020

Provides comprehensive descriptions of the 2021 CMS Web Interface measures for the Merit-based Incentive Payment System (MIPS) Quality performance category.

- 2021 Clinical Quality Measure Specifications and Supporting Documents
  Created 12/28/2020

Provides comprehensive descriptions of the 2021 Clinical Quality Measures (CQM) for the Merit-based Incentive Payment System (MIPS) Quality performance category.

- 2021 Medicare Part B Claims Measure Specifications and Supporting Documents
  Updated 12/23/2020

Provides comprehensive descriptions of the 2021 claims measures for the Merit-based Incentive Payment System (MIPS) Quality performance category.