January 2021 QPP Fast Facts

2020 MIPS Extreme and Uncontrollable Circumstances Exception Application Deadline for COVID-19 has been Extended to February 1, 2021

Extreme and Uncontrollable Circumstances Application

To further support clinicians during the COVID-19 public health emergency, CMS has extended the deadline for COVID-19 related 2020 Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances Exception applications to **February 1, 2021**.

For the 2020 performance year, CMS will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to submit an application requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency.

If you have any concerns about the effect of the COVID-19 public health emergency on your performance data, including cost measures, for the 2020 performance period, submit an application now and be sure to cite COVID-19 as the reason for your application.

If you have an approved application, you can still receive scores for the Quality, Improvement Activities and Promoting Interoperability performance categories if you submit data. If the Cost performance category is included in your approved application, you will not be scored on cost measures even if other data are submitted. **IMPORTANT**: Individuals, groups and virtual groups can't submit an application to override PY2020 data that has already been submitted. Any data submitted as an individual, group or virtual group before or after an application has been approved will be scored. Learn more in the 2020 Exceptions Applications Fact Sheet.

Note: The deadline to submit a MIPS Promoting Interoperability Performance Category Hardship Exception application or an Extreme and Uncontrollable Circumstances application not related to COVID-19 will remain December 31, 2020. Remember, if you're already exempt from reporting Promoting Interoperability data, you don't need to apply.

How do I Apply?

You must have a HCQIS Access Roles and Profile (HARP) account to complete and submit an exception application on behalf of yourself, or another MIPS eligible clinician, group, virtual group or APM Entity. For more information on HARP accounts, please refer to the Register for a HARP Account document in the QPP Access User Guide.

Once you register for a HARP account, sign in to qpp.cms.gov, select "Exceptions Applications" on the left-hand navigation, select "Add New Exception," and select "Extreme and Uncontrollable Circumstances Exception" or "Promoting Interoperability Hardship Exception."

How do I Know if I'm Approved?

If you submit an application for either of the exceptions, you will be notified by email if your request was approved or denied. If approved, this will also be added to your eligibility profile on the QPP Participation Status Tool, but may not appear in the tool until the submission window is open in 2021.

For APM Entities Only

January 2021 QPP Fast Facts

In the 2021 Medicare Physician Fee Schedule (PFS) Final Rule, CMS has finalized its previous proposal to allow Alternative Payment Model (APM) Entities to submit an application to reweight Merit-based Incentive Payment System (MIPS) performance categories as a result of extreme and uncontrollable circumstances. In addition, CMS has extended the application deadline to **February 1, 2021**.

If an APM Entity's application is approved, that APM Entity will receive a final score equal to the performance threshold for the 2020 MIPS performance year, and the MIPS eligible clinicians in the APM Entity group would receive a neutral payment adjustment in 2022.

Who is Eligible to Submit an Application?

APM Entities affected by extreme and uncontrollable circumstances in the following models are able to submit an application:

- Medicare Shared Saving Program (SSP)
- Next Generation ACO Model
- Vermont Medicare ACO Model
- Comprehensive Primary Care Plus (CPC+)
- Comprehensive ESRD Care (CEC)
- Bundled Payments for Care Improvement (BPCI)
- Oncology Care Model (OCM)
- Maryland Primary Care Program
- Independence at Home Demonstration

What are the Application Requirements?

Unlike those who choose to apply as individual clinicians, groups, or virtual groups, APM Entities must apply to reweight all MIPS performance categories to 0%. Additionally, 75% of the MIPS eligible clinicians in the APM Entity must qualify for reweighting in the MIPS Promoting Interoperability performance category. They may qualify automatically or through a MIPS Promoting Interoperability Hardship Exception Application (due December 31, 2020).

CMS does not require APM Entities to submit documentation with their applications. However, APM Entities should retain documentation of the circumstances supporting their application for their own records in the event they are selected by CMS for data validation or an audit.

Will Submitting Data Void the Exception?

Data submitted for an APM Entity will not override performance category reweighting from an approved application. This differs from the policy for individual, group, and virtual group applications.

Will an Approved Application Affect Model-Specific Reporting Requirements?

If an APM Entity's application is approved, the approval would only affect MIPS reporting, and that APM Entity would still be required to meet its model-specific reporting requirements.

For More Information

- View this step by step video and guide that walk you through how to submit the application.
- Visit the Extreme and Uncontrollable Circumstances Exception QPP webpage for more information and link to the application.

- Check out the Exceptions Application Fact Sheet to learn more about these exceptions.

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.

QPP Participation Status Tool Now Includes Third Snapshot of 2020 Qualifying APM Participant and MIPS APMs Data

The Centers for Medicare & Medicaid Services (CMS) updated its Quality Payment Program Participation Status Lookup Tool based on the third snapshot of data from Alternative Payment Model (APM) entities.

The third snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2020 and August 31, 2020**. The tool includes 2020 Qualifying APM Participant (QP) and Merit-based Incentive Payment System (MIPS) APM participation status.

To learn more about how CMS determines QP and APM participation status for each snapshot, please view the 2020 Learning Resources for QP Status and APM Incentive (zip) or visit the Advanced APMs webpage on the QPP website.

What Does QP Status Mean?

If you qualify as a QP, this means you are:

- Eligible for the 5% APM incentive bonus; and
- Exempt from participating in MIPS.

How Do I Check My QP or APM Participation Status?

To view your QP or APM participation status at the individual level:

- Visit the Quality Payment Program Participation Status Lookup Tool.
- Enter your 10-digit National Provider Identifier (NPI).

To check your 2020 eligibility at the APM entity level:

- Log into the CMS Quality Payment Program website. Learn how by downloading the QPP Access User Guide.
- Browse to the Taxpayer Identification Number(s) affiliated with your entity.
- Access the details screen to view the eligibility status of every clinician based on their NPI.

A Look Ahead at 2021: QP Thresholds

What are the QP Thresholds for 2021?

For QP status:

- The **payment amount threshold** is increasing from 50% in 2020 to **75%** in 2021.
- The **patient count threshold** is increasing from 35% in 2020 to **50%** in 2021.

For Partial QP status:

- The **payment amount threshold** is increasing from 40% in 2020 to **50%** in 2021.
- The **patient count threshold** is increasing from 25% in 2020 to **35%** in 2021.

If you qualify as a Partial QP, you will be able to choose whether or not you want to participate in MIPS, but you will not be eligible for the 5% incentive payment. To learn more, please view the 2021 QP Quick Start Guide.

Learn More

For more information on APMs, visit the QPP APM webpages. For a comprehensive list of APMs and additional materials, visit the QPP Resource Library.

For more information on QP thresholds:

- For additional details, reference the Learning Resources for QP Status and APM Incentive Payment.

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.

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2021 CMS-Approved Qualified Registries and Qualified Clinical Data Registries (QCDRs)

On December 16, CMS posted the 2021 approved Qualified Registries and Qualified Clinical Data Registries (QCDRs) Qualified Postings in the Quality Payment Program Resource Library. The Qualified Postings assist clinicians in the selection of a Qualified Registry or QCDR which will collect and report clinical data to the MIPS program on their behalf. Qualified Postings provide the names of approved Qualified Registries and QCDRs and the MIPS measures and/or activities they are approved to support for the 2021 MIPS performance period. A description of these files is provided below.

- **2021 Qualified Registries Qualified Posting** – Included in this posting is a list of Qualified Registries who have been approved to participate in reporting Merit-based Incentive Payment System (MIPS) measures and/or activities for the 2021 performance period. A Qualified Registry is a CMS-approved entity that collects clinical data from an individual clinician, group, and/or virtual group and submits the data to CMS on their behalf as a part of the MIPS. These approved Qualified Registries report data (measures and/or activities) for the Quality, Promoting Interoperability, and Improvement Activities performance categories.

- **2021 QCDRs Qualified Posting** – Included in this posting is a list of QCDRs who have been approved to participate in reporting QCDR measures and/or MIPS measures and activities for the 2021 performance period. A QCDR is also a CMS-approved entity that collects clinical data from an individual clinician, group, and/or virtual group and submits the data to CMS as a part of MIPS. A QCDR is defined as an entity that demonstrates clinical expertise in medicine and quality measurement development. QCDRs collect medical or clinical data on behalf of clinicians, groups, and/or virtual groups to track patients and diseases and foster improvement in the quality of care provided to patients. QCDR reporting is different from a Qualified Registry as it is not limited to MIPS quality measures. QCDRs may also report on approved QCDR measures.

For More Information

- Visit cms.gov to check your participation status, explore measures, and review guidance on MIPS, Alternative Payment Models (APMs), what to report, and more.
- Go to the Quality Payment Program Resource Library on CMS.gov to review new and existing Quality Payment Program resources.

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 (ET).

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Now Available: 2021 CMS-Approved QCDR Measure Specifications

On December 16, 2020, CMS posted the 2021 approved Qualified Clinical Data Registry (QCDR) measure specifications file in the Quality Payment Program Resource Library.

Clinicians, groups, and virtual groups can use this resource to identify CMS approved QCDRs and search for available QCDR measures applicable to their specialty for the 2021 performance period. The fourth tab of this file, “QCDR Specifications”, includes the full set of QCDR measures that have been approved by CMS for the 2021 performance period. QCDR measures are only available for reporting through a CMS-approved QCDR and not a Qualified Registry.

For More Information

- Visit cms.gov to check your participation status, explore measures, and review guidance on MIPS, Alternative Payment Models (APMs), what to report, and more.
- Go to the Quality Payment Program Resource Library on CMS.gov to review new and existing Quality Payment Program resources.

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 (ET).

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Business Associate Agreement & Clinician Consent Reminder

This message is a reminder that Qualified Clinical Data Registries (QCDRs) and Qualified Registries must enter into and maintain with its participating Merit-based Incentive Payment System (MIPS) clinicians, groups, and virtual groups, an appropriate Business Associate Agreement (BAA) that complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules (as specified in 81 FR 77367 through 77369, 81 FR 77384 through 77385).

BAA Requirements

QCDRs and Qualified Registries must ensure that the BAA:

- Provides for the receipt of patient-specific data from individual clinicians, groups, and virtual groups.
- Provides for the disclosure of quality measure results and numerator and denominator data or patient specific data on Medicare and non-Medicare beneficiaries on behalf of individual clinicians, groups, and virtual groups.

Clinician Consent

QCDRs and Qualified Registries must obtain and keep on file signed documentation that each National Provider Identifier (NPI) holder whose data are submitted to the QCDR or Qualified Registry has authorized the QCDR or Qualified Registry to submit:

- Quality measure results.
- Improvement Activities activity results.
- Promoting Interoperability measure and objective results.
- Numerator and denominator data or patient-specific data on Medicare and non-Medicare beneficiaries to the Centers for Medicare & Medicaid Services (CMS) for the purpose of MIPS participation.

This documentation should be obtained at the time the individual clinician, group, and virtual group sign up with the QCDR or Qualified Registry to submit MIPS data to the QCDR or Qualified Registry and must meet the requirements of any applicable laws, regulations, and contractual BAAs.

A practice administrator may give consent on behalf of a group or virtual group reporting as a group, but not for an individual clinician reporting as an individual. This process needs to comply with the requirements of the BAA to ensure that it provides for your receipt of patient-specific data from individual clinicians, groups, and virtual groups, as well as the QCDR's or Qualified Registry's disclosure of quality measure results and numerator and denominator data and/or patient-specific data on Medicare and non-Medicare beneficiaries on behalf of MIPS clinicians, groups, and virtual groups.

January 2021 QPP Fast Facts

CMS requires signed and dated electronic or written BAA and clinician consent provided that electronic signatures or authorization are legal in your jurisdiction. QCDRs and Qualified Registries must keep their BAA and clinician consent records as proof of consent in the event CMS requests that vendors substantiate that they have obtained necessary contracts and consents.

Questions?

Contact the Quality Payment Program at 1-866-288-8292 or by email at: QPP@cms.hhs.gov, Monday-Friday 8 a.m.- 8 p.m. Eastern Time (ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

Upcoming Deadlines

- **December 31 - 2020: PY 2020 Ends; Fourth Snapshot for Full TIN APMs (Medicare Shared Savings Program)**
- **December 31** – PY **2021** virtual group election period closes.
- **January 4, 2021** – 2020 MIPS performance year data submission window opens.
- **February 1, 2021** – Deadline for 2020 MIPS Extreme and Uncontrollable Circumstances Exception Application for COVID-19
- **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.

Don't miss these upcoming events!

Colorado QPP Coalition Office Hours: January 26; Reporting for 2020 Performance Year; noon to 1 pm. Register

CMS LAN Webinar

The next LAN Webinar, **Implications of the Year 5 Final Rule for Solo and Small Group Practices**, will now be held January 12th and 14th. If you already registered for this event, you will be automatically registered for the corresponding January date and will receive an email notification from Adobe Connect (you can also register for the other date if needed).

Tuesday January 12th 10-11am CT
Thursday January 14th 2:30-3:30pm CT

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.

January 2021 QPP Fast Facts

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 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

Telligen QPP SURS Performers of Excellence Award Program
Announcement and details of Telligen's new QPP SURS Performers of Excellence award program for the 2021 MIPS performance year. Watch the recording or download the slides here.

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
- Understanding 2019 MIPS Performance Feedback

Telligen Webinar:
2020 MIPS Hardship Exceptions
This webinar provides detailed information on 2020 Hardship Exceptions for both Promoting Interoperability and Extreme and Uncontrollable Circumstances. It includes details on when each application is applicable and the steps to fill out an application. Watch the recording or download the slides here.

Overview of the 2021 Proposed Rule

January 2021 QPP Fast Facts

This webinar explores the key proposed changes to the QPP MIPS program for the 2021 performance year. Watch the recording or download the slides here.

Resources Available on the QPP Resource Library

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

2020 Merit-based Incentive Payment System (MIPS) User Guides: These guides provide details on a variety of topics to help clinicians understand the MIPS 2020 performance period requirements. The guides cover the following:

- MIPS 101
- Participation and Eligibility
- Group Participation
- Scoring
- Quality Performance Category
- Promoting Interoperability Performance Category
- Improvement Activities Performance Category
- Cost Performance Category

2020 MIPS Measure Specialty Guides: These guides provide a detailed sample of measures and activities for the 2020 MIPS performance categories relevant to various eligible specialists. Each guide explains how measures and activities are applicable to the individual specialty, includes the weight of each performance category for the MIPS Final Score, and provides information about submitting data.

All guides posted in 2019 have been updated for the 2020 performance period. Additionally, CMS has finalized the following **new** guides:

- Dermatology Specialty Guide
- Gastroenterology Specialty Guide
- OB/GYN Specialty Guide

The guides can be found in the QPP Resource Library by using the drop down menu "Resource Type" and sorting by "Specialty Guides."

2020 CMS Web Interface Quick Start Guide: This guide shares information to help stakeholders understand and report their data via the CMS Web Interface.

2020 Quality Measures List with Telehealth Guidance: This resource provides a list of quality measures that currently include telehealth for the 2020 performance period.

2020 CAHPS for MIPS Approved Survey Vendors: This resource contains the list and contact information of survey vendors who are approved to administer the CAHPS for MIPS Survey for 2020.

January 2021 QPP Fast Facts

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).

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Recently Updated or Created

- 2021 MIPS Quality Measures List Created 12/18/2020
- 2021 Hip Arthroplasty and Knee Arthroplasty Complication Measure Created 12/18/2020
- 2021 Hospital-Wide All-Cause Unplanned Readmission Measure Created 12/18/2020
- 2020 APM Quality Scoring Resources Updated 12/18/2020
- 2021 APM Performance Pathway (APP) for MIPS APM Participants Created 12/18/2020
- MIPS Value Pathways (MVPs) Town Hall Preparation Guide Created 12/17/2020
- 2020 CMS Web Interface User Demo Videos Created 12/17/2020
- 2021 Qualified Registries Qualified Posting Created 12/16/2020
- 2021 Qualified Clinical Data Registry (QCDR) Measure Specifications Created 12/16/2020
- 2021 Qualified Clinical Data Registries (QCDRs) Qualified Posting Created 12/16/2020
- 2020 CMS Web Interface Support Call Schedule and Registration Created 12/16/2020
- 2021 Improvement Activities Inventory Updated 12/14/2020
- 2021 Cross-Cutting Quality Measures Created 12/10/2020
- MIPS Value Pathways (MVP) Candidate Submission Template Created 12/10/2020
- 2020 CMS Web Interface Telehealth Guidance Created 12/10/2020
- 2021 Quality Payment Program Final Rule Created 12/09/2020
- Quality Payment Program COVID-19 Response Updated 12/08/2020
- 2020 MIPS Extreme and Uncontrollable Circumstances Application Resources Created 12/02/2020
- 2020 MIPS Exceptions Application Fact Sheet Updated 12/02/2020

January 2021 QPP Fast Facts

- How to Apply for the Extreme and Uncontrollable Circumstances Application Created 12/02/2020
- 2020 and 2021 Comprehensive List of APMs Created 12/01/2020
- 2021 Quality Payment Program Final Rule Resources Updated 12/01/2020
- Quality Payment Program Access User Guide Updated 11/30/2020
