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Check Your Initial 2020 MIPS Eligibility on the QPP Website

You can now use the updated CMS [Quality Payment Program Participation Status Lookup Tool](#) to check on your initial 2020 eligibility for the Merit-based Incentive Payment System (MIPS). Just enter your National Provider Identifier, or NPI, to find out whether you need to participate in MIPS during the 2020 performance period.

Low Volume Threshold Requirements

To be eligible to participate in MIPS in 2020, you must:

- Bill **more than $90,000** a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS), **AND**
- Furnish covered professional services to **more than 200** Medicare Part B beneficiaries, **AND**
- Provide **more than 200** covered professional services under the PFS.

If you **do not exceed all three of the above criteria** for the 2020 performance period, you are excluded from MIPS. However, you have the opportunity to opt-in to MIPS and receive a payment adjustment if you meet or exceed one or two, but not all, of the low-volume threshold criteria. Alternatively, you may choose to voluntarily report to MIPS and not receive a payment adjustment if you do not meet any of the low-volume threshold criteria or if you meet some, but not all, of the criteria.

Eligibility Status for Performance Year 2020

- MIPS Eligibility will be finalized in November 2020.
- 3rd Snapshot QP Determinations will be finalized in December 2020.
- APM Eligibility will be finalized in December 2020.
- Shared Savings Program Participation will be finalized in March 2021 (participants that joined between September 1 and December 31).
- Learn more about [determination periods and snapshots](#)

Find Out Today

[Find out](#) whether you're eligible for MIPS today. Prepare now to earn a positive payment adjustment in 2022 for your 2020 performance.

For More Information

- Visit the [How MIPS Eligibility is Determined webpage](#) and the [Eligibility Determination Periods and Snapshots](#) on the [Quality Payment Program website.](#)
- View the [2020 QPP Final Rule Overview Fact Sheet.](#)

Questions?

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, consider calling during non-peak hours—before 10 AM and after 2 PM ET.

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

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Opt-In or Voluntarily Report

Beginning in 2019, there are two ways for clinicians to participate in MIPS if they are not required to participate. Clinicians can either **elect to opt-in** or **voluntarily report.** There are important differences between these two options. Most notably:

- Clinicians who elect to opt-in to MIPS will be subject to a MIPS payment adjustment.
- Clinicians who choose to voluntarily report to MIPS will not be subject to a MIPS payment adjustment.

For more information on the election process, review the

[2019 Opt-In and Voluntary Reporting Election Toolkit.](#) Updated 5/6/2020

[2019 MIPS Opt-In and Voluntary Reporting Policy Fact Sheet](#) Updated 4/28/2020

[Opt-In as a QPP Eligible Clinician](#) Created 1/9/2020

Quality Payment Program: 2019 Performance Period Suppressed MIPS Quality Measures

In the Calendar Year (CY) 2019 Physician Fee Schedule Final Rule (83 FR 59847), the Centers for Medicare & Medicaid Services (CMS) established a policy that provides for the suppression of measures in certain circumstances. Starting with the 2019 performance period, for measures significantly impacted by clinical guideline changes or other changes where we believe that adherence to guidelines in the existing measures could result in patient harm or otherwise cause misleading results as to what is measured as good quality of care, we will reduce the denominator of available measure achievement points for the quality performance category by 10 points for each impacted measure that is submitted by MIPS eligible clinicians and groups. Such policy will "hold harmless" any clinician or group submitting data on a suppressed measure.

The measures identified below have been suppressed under § 414.1380(b)(1)(vii), which is limited to the 2019 MIPS performance period. In order for the impacted measures to reflect the clinical guideline changes, CMS updates the impacted measures through the rulemaking process.

Please direct any questions related to the measures suppressed for the 2019 performance period to the Quality Payment Program Service Center at QPP@cms.hhs.gov.

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2019 Quality Measure Suppression List		
Quality Measure Number/Title	**Collection Type Impacted**	**Guideline Changes and Suppression Rationale**
Measure 69: Hematology: Multiple Myeloma: Treatment with Bisphosphonates	MIPS CQM	**Guideline Change Impact:** The updated National Comprehensive Cancer Network (NCCN) Guidelines for Multiple Myeloma recommend bisphosphonates (Category 1 Recommendation) or denosumab for all patients receiving myeloma therapy for symptomatic disease regardless of documented bone disease. Denosumab is preferred by the NCCN Panel in patients with renal disease. (NCCN, 2020). For the MIPS 2019 performance period, eligible clinicians may utilize the denominator exception of a medical reason for the use of denosumab, as previous guidelines recommended bisphosphonates for all patients receiving myeloma therapy for symptomatic disease, not including the option of prescribing denosumab. **Suppression Rationale:** The clinical guideline change that supported the use of denosumab was made between rulemaking cycles and as a result, the updated clinical guideline is not compatible with the existing guidance in the 2019 measure specification, which could cause misleading results as to what is measured as good quality of care. Therefore, this measure will be suppressed

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Quality Measure Number/Title	Collection Type Impacted	Guideline Changes and Suppression Rationale
Measure 110: Preventive Care and Screening: Influenza Immunization	Medicare Part B Claims, MIPS CQM, eCQM, CMS Web Interface	**Guideline Change Impact:** In 2018, the Centers of Disease Control (CDC)/Advisory Committee on Immunization Practice (ACIP) updated clinical guidelines to include the recommendation that live attenuated influenza virus was acceptable for the 2018-2019 influenza season. The 2019 measure specification states the following: As a result of updated CDC/ACIP guidelines which include the interim recommendation that live attenuated influenza vaccine (LAIV) should not be used due to low effectiveness against influenza A (H1N1) pdm09 in the United States during the 2013-14 and 2015-16 seasons, LAIV or intranasal flu vaccine is no longer an option for numerator eligibility. **Suppression Rationale:** The clinical guideline change that supported the use of LAIV for the 2018-2019 influenza season was made between rulemaking cycles and as a result, the updated clinical guideline is not compatible with the existing guidance in the 2019 measure specification. The 2019 measure specification includes guidance that does not include LAIV and could cause misleading results as to what is measured as good quality of care. Therefore, this measure will be suppressed.

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Quality Measure Number/Title	Collection Type Impacted	Guideline Changes and Suppression Rationale
Measure 450: Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy	MIPS CQM	**Guideline Change Impact:** In January of 2019, the Food & Drug Administration (FDA) approved biosimilar drugs to trastuzumab. **Suppression Rationale:** For the 2019 performance period, guidance for the use of biosimilar drugs to report as a denominator exception was not included as an available option within the measure specification. The clinical guideline change that supported the use of other biosimilar drugs as a treatment for AJCC Stage I (T1c) – III and HER2 Positive Breast Cancer was made between rulemaking cycles and as a result, the updated clinical guideline is not compatible with the existing guidance in the 2019 measure specification, which could cause misleading results as to what is measured as good quality of care. Therefore, this measure will be suppressed.

Upcoming Deadlines

June 30, 2020: Registration Ends for CMS Web Interface and CAHPS for MIPS Survey and Second 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.

Summer, 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 Opens Once Your Payment Adjustment Information is Available

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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 event!

Tuesday June 26, 2020 -- Colorado QPP Coalition Office Hours webinar; Noon to 1 PM.
REGISTER

TMF Resources

Let's Talk QPP! Is an Alternative Payment Model Right for Our Practice?

Register for this TMF webinar on **Wednesday, June 10, at noon CT**. The QPP rewards value and outcomes in one of two ways: MIPS and Advanced Alternative Payment Models (APMs). Clinicians are evaluating if participation in an APM may benefit their practices. TMF consultants will discuss what these practices should assess as they consider this change for their organization.

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.

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.

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Telligen 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

<u>2020 QPP Resources CMS</u>

- 2020 APM Quality Scoring Resources Updated 05/18/2020
- 2020 Qualified Registries Qualified Posting Updated 05/13/2020
- 2020 QPP Final Rule - Updates for QCDRs and Registries Updated 05/08/2020
- MIPS Dear Clinician Letter Updated 04/28/2020
- 2020 MIPS Data Validation Criteria Updated 04/27/2020
- 2020 Improvement Activities Inventory Updated 04/17/2020
- 2020 Registration Guide for the CMS Web Interface and CAHPS for MIPS Survey Created 04/01/2020
- 2020 Cost Quick Start Guide Updated 03/31/2020
- Quality Payment Program Access User Guide Updated 03/24/2020
- 2020 Promoting Interoperability Measure Specifications Updated 03/23/2020
- 2020 CMS Web Interface Measure Specifications and Supporting Documents Updated 03/19/2020
- 2020 Clinical Quality Measure Specifications and Supporting Documents Updated 03/19/2020
- 2020 Medicare Part B Claims Measure Specifications and Supporting Documents Updated 03/19/2020
- 2020 QCDR Measure Specifications Updated 03/18/2020
- 2020 Facility-Based Quick Start Guide Created 03/10/2020
- 2020 Part B Claims Reporting Quick Start Guide Updated 02/25/2020
- 2020 CAHPS for MIPS Survey Overview Fact Sheet Created 02/24/2020
- 2020 CAHPS for MIPS Survey Sample Copy Updated 02/24/2020
- 2020 CAHPS for MIPS Vendor Participation Form Updated 02/24/2020
- 2020 CAHPS for MIPS Survey Vendor FAQs Updated 02/24/2020
- 2020 Quality Quick Start Guide Updated 02/19/2020
- 2020 Quality Benchmarks Updated 02/19/2020
- 2020 Quality Payment Program Final Rule FAQs Updated 02/14/2020

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- 2020 Cross-Cutting Quality Measures Created 02/13/2020
- 2020 MIPS Quick Start Guide Updated 02/12/2020
- 2020 Eligibility and Participation Quick Start Guide Updated 01/29/2020
- 2020 CAHPS for MIPS Minimum Business Requirements Created 01/27/2020
- 2020 SSP and QPP Interactions Guide Updated 01/21/2020
- 2020 Patient Facing Encounter Codes Created 01/15/2020
- 2020 Cost Measure Code Lists Updated 01/15/2020
- 2020 Promoting Interoperability Quick Start Guide Updated 01/14/2020
- 2020 Improvement Activities Quick Start Guide Updated 01/14/2020
- 2020 MIPS APMs Improvement Activities Updated 01/09/2020
- 2020 MIPS Summary of Cost Measures Created 12/31/2019
- 2020 MIPS Cost Measure Information Forms Created 12/30/2019
- 2020 MIPS Quality Measures List Updated 11/27/2019