

# December QPP Fast Facts

## 2019 Merit-Based Incentive Payment System (MIPS) Opt-In and Voluntary Reporting

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.

Not familiar with MIPS participation and eligibility requirements for the 2019 performance period? Start by reviewing [this fact sheet](#) and visiting the [QPP website](#).

### **What is the 2019 Low-Volume Threshold Opt-in Policy?**

The opt-in policy, new for 2019, allows some clinicians who would otherwise be excluded from MIPS the opportunity to participate and earn a payment adjustment.

MIPS eligible clinicians, groups and Alternative Payment Model (APM) entities can elect to opt-in if they exceed one or two, but not all three, elements of the low-volume threshold.

- Clinicians and groups are evaluated on the low-volume threshold in two 12-month segments called the MIPS Determination Period.
- Clinicians and groups that do not exceed any elements of the low-volume threshold in either segment of the MIPS Determination Period are not eligible to opt-in.

If an individual, group, and/or MIPS APM Entity elects to opt-in, they will:

- Be considered MIPS eligible clinicians if they are not otherwise excluded ;
- Receive a MIPS payment adjustment;
- Be eligible to have their data published on Physician Compare; and

### **What is the 2019 MIPS Voluntary Reporting Policy?**

Clinicians who are either excluded from MIPS or not required to participate in MIPS can choose to voluntarily report MIPS measures and activities. If a clinician or group chooses to voluntarily report measures and activities for MIPS, they will receive performance feedback, allowing them to prepare for future years. However, they will not receive a payment adjustment based on the data submitted. Please note that if an individual clinician or group has the option to either elect to opt-in to MIPS or voluntarily report but chooses to do nothing, then they will continue to be excluded from MIPS and will not receive a MIPS payment adjustment.

You can find more details of the new Merit-based Incentive Payment System (MIPS) opt-in policy as well as the existing voluntary participation option, with a specific focus on the key differences between the two options as it relates to general participation, scoring, and payment adjustments in the [2019 MIPS Opt-In and Voluntary Reporting Policy Fact Sheet](#).

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The [2019 Opt-in and Voluntary Reporting Election Process Toolkit](#) provides a fact sheet and guide with an overview of the MIPS opt-in and voluntary reporting participation options including information on eligibility, how to submit elections, and what to do to prepare.

### Upcoming Deadlines

#### **Performance year 2020 Virtual Group Election Period is Now Open**

Clinicians interested in participating in MIPS as a Virtual Group in 2020 must follow an election process and submit an election to CMS by **December 31, 2019**. [Download Toolkit](#)

#### **Performance Year 2019 Promoting Interoperability Hardship Exception and Extreme and Uncontrollable Circumstances Exception Applications**

The QPP Exception Applications Window Closes on **December 31, 2019** for the 2019 performance year. Exception Applications are available [here](#).

The [2019 Exceptions FAQs](#) updated 11/20/19 lists questions and answers on topics related to the 2019 Promoting Interoperability (PI) hardship exception and extreme and uncontrollable circumstances exceptions.

### Don't miss this upcoming event!

Tuesday January 28, 2020 -- Colorado QPP Coalition Office Hours webinar;  
QPP 2019 Performance Year Reporting; Noon to 1 PM. [REGISTER](#)

### New QPP Resources Released!

#### **MIPS Resources**

[2019 Assignment Methodology Specifications for the CMS Web Interface and CAHPS for MIPS Survey](#) Updated 11/14/2019

Describes the process for assigning patients to a group or virtual group participating in MIPS that has elected to report Quality performance category data via the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey.

[2019 Promoting Interoperability Measure Specifications](#) Updated 11/26/2019

Provides a detailed overview of the requirements for the 2019 Promoting Interoperability performance category objectives and measures

[2019 Cost Measure Information Forms](#) Updated 11/29/2019

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Details the measure methodology for each of the 8 episode-based cost measures that are new for the Cost performance category in 2019 and provides an overview of the 2019 TPCC and MSPB cost measures that were established for the Merit-based Incentive Payment System (MIPS) in 2018.

### [2019 Cost Measure Code Lists](#) Updated 11/29/2019

Details the cost measure code lists for each of the 8 episode-based cost measures that are new for the Cost performance category in 2019.

### [2019 QCDR Measure Specifications](#) Updated 11/29/2019

Details 2019 Qualified Clinical Data Registry (QCDR) measures and corresponding calculations.

### [Quality Payment Program Access User Guide](#) Updated 12/02/2019

The resources in this zip file will guide users through the process of obtaining a user ID and password, connecting to an organization, and managing their access to view, submit, and update their Quality Payment Program (QPP) data.

## Advanced APM and QPP Resources

[2019 All-Payer Data Submission Form Guide](#) – Shares step-by-step instructions for submitting payment amount and patient count data for consideration under the All-Payer Combination Option.

[QPP Glossary](#) – New webpage that contains brief definitions of QPP terms and acronyms.

## For More Information

Visit the [QPP Resource Library](#) to review new and existing QPP resources.

Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222). To receive assistance more quickly, consider calling during non-peak hours—before 10 AM and after 2 PM ET.