October 2020 QPP Fast Facts

Reminder: Submit Comments on the 2021 Proposed Rule for the Quality Payment Program by October 5

Provide Feedback on Proposed Changes to the Quality Payment Program by October 5, 2020

On August 3, the Centers for Medicare & Medicaid Services (CMS) released its proposed policies for the 2021 performance year of the Quality Payment Program via the Medicare Physician Fee Schedule (PFS) Notice of Proposed Rulemaking (NPRM).

Note: In recognition of the 2019 Novel Coronavirus (COVID-19) public health emergency, CMS has limited annual rulemaking required by statute to focus primarily on essential policies including Medicare payment to providers.

Submit a Formal Comment by Monday, October 5

CMS is seeking comment on a variety of proposals in the NPRM. **Comments are due no later than 5 p.m. EDT, on Monday, October 5.**

You must officially submit your comments in one of the following ways:

- Electronically, through Regulations.gov
- Regular mail
- Express or overnight mail

More Information on the Quality Payment Program Policies Proposed in the 2021 PFS NPRM

Key proposals for the Quality Payment Program include:

- Increasing the complex patient bonus to a 10-point maximum for the 2020 performance year due to COVID-19
- Postponing the implementation of the Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) until 2022 instead of 2021
- Introducing the Alternative Payment Model (APM) Performance Pathway (APP) for participants in MIPS APMs beginning in 2021
- Increasing the performance threshold to 50 points for the 2021 performance year (10 points less than the 60-point threshold finalized for 2021 in the CY 2020 PFS Rule)
- Decreasing the performance category weight for Quality to 40% and increasing Cost to 20%
- Removing the CMS Web Interface as collection and submission types for reporting MIPS quality measures beginning with the 2021 performance period
- Sunsetting the APM Scoring Standard and allowing MIPS eligible clinicians to participate in MIPS under an APM Entity beginning in 2021

For More Information

To learn more about the PFS NPRM and the Quality Payment Program proposals, review the following resources:

- **Fact Sheet** – Offers an overview of the QPP proposed policies for 2021 and compares these policies to the current 2020 requirements
- **Webinar Recording** – Details the QPP proposed policies for 2021, answers questions from webinar attendees, and shares information on how to comment

- **QPP COVID-19 Response Webpage** – Shares information on the proposed complex patient bonus change and other flexibilities implemented in response to the public health emergency

To learn more about the Quality Payment Program, visit the Quality Payment Program website.

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.

Test Your QPP Website Access Before Network Security Update

To increase network security, a mandatory update will be applied to the Quality Payment Program (QPP) systems in **fall 2020**. As a result, you may not be able to access qpp.cms.gov. CMS encourages you to test your web browser and make any necessary updates to ensure your continued access to the QPP Portal. Click here now to see if your browser will allow you to continue to access QPP. If the page can't be displayed, update your web browser to the most current version. Reference this resource for assistance.

Review Your 2019 MIPS Performance Feedback and Final Score

The Centers for Medicare & Medicare Services (CMS) has released 2019 Merit-based Incentive Payment System (MIPS) performance feedback and final scores. If you submitted data for the 2019 performance period, you can view your MIPS performance feedback and final score on the Quality Payment Program website.

You can access your 2019 MIPS performance feedback and final score by:

- Going to cms.gov/login
- Logging in using your HCQIS Access Roles and Profile (HARP) system credentials; these are the same credentials that allowed you to submit your 2019 MIPS data

If you don't have a HARP account, please refer to the Register for a HARP Account document in the QPP Access User Guide and start the process now.

To learn more about performance feedback, review the 2019 MIPS Performance Feedback Resources:

- **2019 MIPS Performance Feedback FAQs**—Highlights what performance feedback is, who receives the feedback, and how to access it on the Quality Payment Program website.
- **2019 MIPS Performance Feedback Patient-Level Data Reports FAQs**—Provides information on the patient-level data reports for download by those who were scored on a 2019 MIPS cost measure and/or the 2019 30-Day All-Cause Readmission (ACR) measure.

MIPS Eligible Clinicians Participating in MIPS Alternative Payment Model (APM) Entities

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If you participated as a MIPS APM under one of the following models in 2019, your MIPS performance feedback is now available via the Quality Payment Program website:

- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Comprehensive ESRD Care (CEC) Model (LDO arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO one-sided risk arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement)
- Comprehensive Primary Care Plus (CPC+) Model
- Medicare Shared Savings Program (all tracks)
- Next Generation ACO Model
- Oncology Care Model (OCM) (one-sided Risk Arrangement)
- Oncology Care Model (OCM) (two-sided Risk Arrangement)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)
- Maryland Primary Care Program
- Independence at Home Demonstration

Under the MIPS APM Scoring Standard, the performance feedback will be based on the APM Entity score and is applicable to all MIPS eligible clinicians within the APM Entity. Note: Performance feedback is not related to model-specific requirements and assessments outside of the Quality Payment Program.

Individual clinicians and representatives of the APM Entity will be able to access performance feedback directly on the Quality Payment Program website using their HARP account.

COVID-19 Flexibilities

CMS is implementing multiple flexibilities for the Quality Payment Program in response to the COVID-19 pandemic. We determined that the MIPS automatic extreme and uncontrollable circumstances policy would be applied to all individual MIPS eligible clinicians for the 2019 performance period, and we reopened the 2019 extreme and uncontrollable circumstances application to allow requests for reweighting of the MIPS performance categories to 0%.

The 2019 MIPS final scores available on the Quality Payment Program website reflect these COVID-19 flexibilities. Learn more about the COVID-19 flexibilities in the COVID-19 Response Fact Sheet and COVID-19 Response Webpage.

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.

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

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2019 MIPS Targeted Review

If you participated in the Merit-based Incentive Payment System (MIPS) in 2019, you can now review your performance feedback, including your MIPS final score and payment adjustment factor(s), on the Quality Payment Program website.

Your final score will dictate the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS eligible clinician in 2021.

MIPS eligible clinicians, groups, and virtual groups (along with their designated support staff or authorized third-party intermediary), including APM participants, may request CMS to review the calculation of their 2020 MIPS payment adjustment factor(s) through a process called targeted review.

When to Request a Targeted Review

If you believe an error has been made in your MIPS payment adjustment factor(s) calculation, you can request a targeted review until **October 5, 2020**. Some examples of previous targeted review circumstances include the following:

- Errors or data quality issues for the measures and activities you submitted
- Eligibility and special status issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
- Being erroneously excluded from the APM participation list and not being scored under the APM Scoring Standard
- Performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances

Note: This is not a comprehensive list of circumstances. CMS encourages you to submit a request form if you believe a targeted review of your MIPS payment adjustment factor (or additional MIPS payment adjustment factor, if applicable) is warranted.

How to Request a Targeted Review

You can access your MIPS final score and performance feedback and request a targeted review by:

- Going to the Quality Payment Program website
- Logging in using your HCQIS Access Roles and Profile System (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data. Please refer to the QPP Access Guide for additional details.

CMS may require documentation to support a targeted review request that is under our evaluation. If the targeted review request is approved, we may update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. **Please note that targeted review decisions are final and not eligible for further review.**

For more information about how to request a targeted review, please refer to the 2019 Targeted Review User Guide. For more information on payment adjustments please refer to the 2021 MIPS Payment Adjustment Fact Sheet.

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.

CMS Announces Relief for Clinicians Participating in the Quality Payment Program in 2020

In response to the 2019 Coronavirus (COVID-19) public health emergency, the Centers for Medicare & Medicaid Services (CMS) is announcing flexibilities for clinicians participating in the Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) in 2020:

- **Clinicians significantly impacted by the public health emergency may submit an Extreme & Uncontrollable Circumstances Application to reweight any or all of the MIPS performance categories.** Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.
- **Reminder: In April, CMS added a new *COVID-19 clinical trials* improvement activity.** There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
    - A clinician may participate in a COVID-19 clinical trial and have those data entered into a data platform for that study; or
    - A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.

For More Information

- Visit the QPP COVID-19 Response webpage or review the COVID-19 Fact Sheet to learn more about changes to the Quality Payment Program in response to the COVID-19 pandemic.
- Review the 2020 Exception Applications Fact Sheet and QPP Exception Applications webpage for more information about submitting an Extreme & Uncontrollable Circumstances Application.
- Read more about the *COVID-19 clinical trials* improvement activity in the 2020 Improvement Activities Inventory.

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.

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

These flexibilities, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here: www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.

Security Risk Assessment Tool

ONC, in partnership with the Office for Civil Rights (OCR) recently released an update to the HHS Security Risk Assessment (SRA) Tool. This tool provides support for small- and medium-sized health care organizations in their efforts to assess security risks.

Using the SRA Tool When Conducting a Security Risk Assessment

September 24 at 4:00 PM ET **Slides and Presentation**
Hear from ONC, OCR, and security risk analysts on how to leverage the SRA Tool's functionality when conducting a security risk assessment.

SRA Tool: Training & FAQ Session

September 25 at 1:00 PM ET **Register →**
Miss the first set of sessions? Catch us in one last review of the SRA Tool's core functionality and a brief Q&A session as we recap this year's webinar series.

Upcoming Deadlines

2020: Quality Payment Program Exception Applications Window Now Open

If you seek a Quality Payment Program Extreme and Uncontrollable Circumstances Exception or a Hardship Exception to the Promoting Interoperability performance category, you will be able to apply for this between Spring 2020 and **December 31, 2020.**

August, 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 is open. You can submit a targeted review until **October 5, 2020** at 8:00 PM (EDT).

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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

December 2020: PY 2020 Eligibility Finalized

December 31, 2020: PY 2020 Ends
Quality Payment Program Exception Applications Window Closes
Fourth Snapshot for Full TIN APMs (Medicare Shared Savings Program)

Don't miss these upcoming events!

Colorado QPP Coalition Office Hours: 10/27 Cost Performance Category and QPP Exemptions; noon to 1 pm. Register

TMF Resources

Let's Talk QPP! Eligible Measures Applicability: What Is EMA and How Is It Used for MIPS?

Register for this TMF webinar on **Wednesday, Oct. 7, at noon CT**. When clinicians report fewer than the required six quality measures, CMS uses the Eligible Measure Applicability (EMA) process to verify if other measures were available to report. TMF consultants will review how this works and who may be affected by the use of the EMA.

NEW! 2020 MIPS Toolbox Quick-Start Guide
This Quick-Start Guide helps you get started in five easy steps on TMF's MIPS Toolbox, a free online application to help eligible clinicians manage their participation in MIPS.

NEW! 2020 MIPS Toolbox User Guide
Here is a detailed instruction guide to the TMF MIPS Toolbox, a free online application to help eligible clinicians manage their participation in MIPS.

NEW! 2020 MIPS Checklist
This checklist is a tool for eligible clinicians and staff to prepare for and submit data for the 2020 MIPS program.

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

The Telligen QIN-QIO works with clinicians and healthcare facilities to review the legislation, analyze performance data and study reimbursement opportunities to help providers navigate the Quality Payment Program (QPP). Telligen is here to help providers succeed with the new Merit-Based Incentive Payment System (MIPS) by providing a variety of no-cost services and education.

Our work:

- Provides tools and educational resources to succeed in the transition from legacy reporting programs (meaningful use, Physician Quality Reporting System and value modifier) to MIPS.
- Shares timely updates on reporting requirements, submission processes and deadlines.
- Extends technical assistance to healthcare organizations.
- Assists you with finding continuing medical education and continuing education units offered through the Centers for Medicare & Medicaid Services (CMS) focused on eligible clinician reporting requirements.

Download our fact sheet to learn more about this healthcare quality improvement work.

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's latest presentation, *Overview of the 2021 Proposed Rule*, will be posted to the website soon.

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CMS QPP Resources

2020 QPP Quick Start Guides (Recently Updated)

- 2020 MIPS Quick Start Guide Updated 09/01/2020
- 2020 Part B Claims Reporting Quick Start Guide Updated 09/01/2020
- 2020 Improvement Activities Quick Start Guide Updated 09/01/2020
- 2020 Eligibility and Participation Quick Start Guide Updated 09/01/2020
- 2020 Cost Quick Start Guide Updated 09/01/2020
- 2020 Facility-Based Quick Start Guide Updated 09/01/2020
- 2020 Quality Quick Start Guide Updated 09/01/2020
- 2020 Promoting Interoperability Quick Start Guide Updated 09/01/2020
- 2020 CMS Web Interface Quick Start Guide Updated 8/11/2020

Recently Updated or Created

- 2021 MIPS Eligibility Decision Tree Created 09/21/2020
- 2020 Qualified Registries Qualified Posting Updated 09/18/2020
- 2020 MIPS Exceptions Application Fact Sheet Updated 09/18/2020
- 2020 MIPS Group Participation Guide Updated 09/17/2020
- 2020 QP Notice for APM Incentive Payment Updated 09/17/2020
- Quality Payment Program COVID-19 Response Updated 09/08/2020
- MIPS Value Pathways Overview Fact Sheet Updated 09/04/2020
- 2020 MIPS Improvement Activities User Guide Created 09/04/2020
- 2020 Clinical Quality Measure Specifications and Supporting Documents Updated 09/01/2020
- 2020 Virtual Groups Toolkit Updated 09/01/2020
- 2020 Quality Payment Program Final Rule FAQs Updated 09/01/2020
- 2020 Quality Payment Program Final Rule Overview Fact Sheet Updated 09/01/2020
- 2020 Quality Payment Program Final Rule Executive Summary Updated 09/01/2020
- 2020 Learning Resources for QP Status and APM Incentive Payment Created 08/31/2020

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- 2020 QPP All-Payer FAQs Created 08/28/2020