

# 2020 Quality Payment Program Requirements

## Questions & Answers from the Live Webinar on January 14, 2020

**Q: I met another podiatrist yesterday that says he doesn't have to do anything this year because he remains "neutral" – what does that mean and how can I do the same?**

**A:** MIPS eligibility is determined on an individual basis. It is possible that the other clinician does not meet the low-volume threshold criteria and in that case he/she would not be considered MIPS eligible. CMS determines your eligibility by evaluating: your clinician type, the volume of care you provide to Medicare patients (low-volume threshold), your Medicare enrollment date (you must have been enrolled before January 1, 2020) and the degree to which you participate in an Advanced APM\*

The three components of the low-volume threshold are:

- Bill more than \$90,000 for Part B covered professional services, **and**
- See more than 200 Part B patients, **and;**
- Provide 200 or more covered professional services to Part B patients.

Review the [2020 Eligibility and Participation Quick Start Guide](#) for more information.

**Q: Must 50% of our providers attest to a 90 day activity? Is that the same for small practices?**

**A:** Yes. In 2020 this is a change for the Improvement Activity Category. Regardless of the size of the practice, if you're reporting to MIPS as a group (or virtual group), at least 50% of the clinicians in the group (or virtual group) must perform the activity for the group to attest and receive credit for that activity. **NOTE:** Individual clinicians within the group or virtual group can perform the same activity during different continuous 90-day periods, or as specified in the activity description, during CY 2020 (they don't have to perform the activity during the same continuous 90-day period, or as specified in the activity description). See page 12 of the [IA Quick Start Guide](#) for additional information.

**Q: If we are exempt from PI, can we still earn points for doing electronic prescribing and checking PDP as well as registration in that program?**

**A:** You can always report data, BUT if you are exempt and do submit PI category data, your exempt status goes away and you will be scored in this category. **NOTE:** If choosing to submit PI data you will need to report **on all** measures in the category, not just electronic prescribing and checking the PDP. If you want to look at the measures and decide if this is something that is advantageous to your MIPS score, Quality Insights can help you with this.

**Q: You mentioned being able to combine submission methods. We're radiology, so our applicable quality measures are limited and we're considering the ACR QCDR, but we're very comfortable with the registry. So, can I report some via registry and some via QCDR?**

**A:** Yes, that is correct. This change was made in 2019 to offer more flexibility. See page 12 of the [Quality Quick Start Guide](#) to learn more.

**Q: Are non-patient facing practices still excluded from having to report PI in 2020?**

**A:** Yes, the non-patient facing special status does qualify for an automatic re-weight of the PI category to quality. Be sure to confirm your special status at the Clinician/Group level (depending on how you report) in the QPP Participation look-up tool.

**Q: Our practice does not participate with any Public Health and Clinical Exchange so how can we choose 2 or what can we do with that objective to qualify for the PI category?**

**A:** If there are no registries that apply to your practice in the Public Health and Data Exchange objective, it may be possible to claim an exclusion(s). You can review the exclusions within the measure specification sheets posted on the QPP website or follow this direct link: [2020 Promoting Interoperability Measure Specifications](#). Quality Insights would be happy to review these with you as well.

**Q: Is MVP replacing the current MIPS program in 2021? Do we have to participate in it?**

**A:** The MIPS Value Pathways (MVPs) is not replacing MIPS in 2021, but giving clinicians and groups another option for reporting.

In the Medicare Physician Fee Schedule Final Rule, CMS finalized its MIPS Value Pathways (MVPs), a participation framework to begin with the 2021 performance period. CMS recognizes stakeholder concerns about this timeline and are committed to a smooth transition to the MVPs that does not immediately eliminate the current MIPS framework. Learn more by reviewing the [MVPs Overview Fact Sheet](#).



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