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- April Faulkner: The Quality Insights QPP Support Center team welcomes you to today's webinar, 2020 Quality Payment Program Requirements. My name is April Faulkner and I would like to take a moment to review a few items before we begin the presentation. All participants enter today's webinar in a listen only mode. Should you have a question during today's presentation, please type it into the Q&A box at the bottom right of your screen. We will address questions at the end of the presentation as time permits. If we do not have time to answer every question, we will provide a follow-up Q&A email to all attendees with the information.
- April Faulkner: Today's webinar is being recorded. The recording, along with the slide deck and a transcript of the webinar will be posted on the Quality Insights QPP Support Center website within the next few days. These resources can be found on the archived events page. I will post the link to that webpage in the chat box momentarily. At this time, I would like to introduce our presenters. Joining us today are two members of the Quality Insights QPP Support Center team, Amy Weiser and Rebecca Dase. I will turn the presentation over to them to get us started.
- Rabecca Dase: Hi everyone and thank you for joining. So this is Rebecca. I'm going to start it off and I'll turn it over to my colleague Amy to handle some of the categories and the rest of the program. Our learning objectives for today are, we're going to talk about the 2020 MIPS performance year and some of the changes that have happened from 2019 to 2020 that may impact you. We're going to start with [crosstalk 00:01:42].
- Kathy Wild: This is Kathy Wild. Oh, I'm sorry.
- Rabecca Dase: Oh, that's all right, Kathy. I was going to kind of get into an overview. If you want, just go to the next slide. I can go ahead and start if you'd like.
- Kathy Wild: Okay. That's what I was going to do is go ahead and say we're going to start with our 2020 MIPS overview.
- Rabecca Dase: Perfect. All right. For 2020 there are four performance categories from MIPS which that's been the same since the inception of the program. We have quality, cost, improvement activities, and promoting interoperability, each one holding a different weight. Each category will then be added together to get your final MIPS score and then they take this final MIPS score and you compare it to the MIPS performance threshold to determine whether or not you'll receive a positive, negative or neutral payment adjustment for 2020.
- Rabecca Dase: This is the timeline that you're probably used to seeing. This has been around, again, since the very beginning of the program. We just wanted to highlight
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some dates here. The performance period for 2020 begins on January 1st, so we're actually already two weeks into the new program or performance year, and it closes out on December 31st of 2020. The MIPS submission period, data submission deadline for the 2020 performance year will be March 31st of 2021. So all of your data would need to be entered into the QPP portal by then in order to be scored and evaluated. And then the last thing we'll note here is January 1st of 2022 is when your payment adjustment will be applied for the 2020 performance year.

Rabecca Dase: For 2020, there were no changes in the reporting period, so what you're required to report will be quality for a full calendar year, promoting interoperability and improvement activities were made at 90 days, a minimum of 90 days or up to 366 days, and then cost as a full calendar year as well, 366 days. And again, there's nothing you submit for this. CMS does collect your data and it's based on administrative claims. And 366 days is not a typo. Don't forget, it's leap year this year.

Rabecca Dase: One of the biggest changes for 2019 to 2020 is the threshold that you must meet in order to avoid a negative payment adjustment. In 2019, you only had to earn 30 points. In 2020, you have to earn at least 45 points and that's just a break even. That's to avoid any type of payment adjustment. And the payment adjustment for failure to participate is actually a negative 9% on your Medicare Part B payments if you don't participate or don't reach a certain threshold.

Rabecca Dase: Here we've just kind of compared 2019 to 2020 performance and you can, again 30 points for neutral payment adjustment in 2019 where it's now 45 points in 2020. In each year, the program continues to get harder and harder. So we also included the 2021 performance year increases down below just you kind of had that to think about as well. Next year it jumps another 15 points and goes to 60, which is huge. Again, it gets harder and harder.

Rabecca Dase: In 2017 when the program began, you had to report one patient one time to get that three points to avoid a penalty. And now, again, it just keeps growing and growing. And you can see on the right hand side of the screen the breakdown between 11.26 points and 44.99, you will receive a payment adjustment but it won't be that full negative 9%. But then if you drop below that 11.26, you will in fact get that entire 9% payment adjustment.

Rabecca Dase: On the positive side of things, from 2019 to 2020 they do still have the exceptional performer bonus. In the very top, you can see it says greater than 85 points on the right hand side, If you earn more than 85 points, a MIPS score of 85, you will be considered an exceptional performer and you actually get put in an additional pool of monies in addition to the regular MIPS incentives. So

you always want to shoot for that 85 if you can get it. And if not, definitely at least get to the 45 points.

Kathy Wild: Okay. Rebecca, can you tell us now about the MIPS eligibility for 2020?

Rabecca Dase: Absolutely. There were no clinician changes from 2019 to 2020, so we did include the list of eligible clinician types here. Again, there's no change from them. So, if you or people in your practice do hold this title, then you would want to make sure that you're checking to determine whether or not you're eligible. And if you're curious if you're eligible to participate or not, you can look up this information on the qpp.cms.gov website. I actually just posted a link in the chat box with a link to the participation lookup tool. This is where you will go and you will enter your clinician's NPI number and it'll bring up their practice, where they're attributed to and what kind of status they have and whether or not they need to participate in MIPS.

Rabecca Dase: And again, the 2020 MIPS eligibility data is there. So if you're curious if you have to participate this year or not, go check out that website, enter in your individual NPI number and you will be able to see the determination. Now again, it's the individual NPI number, not the group NPI number. I know sometimes that's a mistake that people make, but it's each clinician individually that you'll enter for eligibility.

Rabecca Dase: Once you go over and it says if you're eligible or if you're not, these are the three things that you need to meet to be considered MIPS eligible for 2020. It's the same as 2019, that hasn't changed. So you need to meet, again, all three. You need to build more than \$90,000 a year in allowable charges under the physician fee schedule. And you have furnish covered professional services to 200 Medicare beneficiaries a year, and you have 200 or more covered professional services, again, under the physician fee schedule. You must meet all three of these to be considered eligible at the individual level.

Rabecca Dase: And the eligibility status, again, like I said, this was available or is available in the QPP lookup tool and they use two determination periods to determine your eligibility for the 2020 performance year. The first determination period, which is showing your status now, the data used was October 1st of 2018 through September 30th of 2019. So again, that's what your eligibility is based on now. The second look back or the second determination period will occur later in 2020 and that uses data from October 1st of 2019 through September 30th of 2020. And again, so there's two different ones, one now it's updated and then it'll update again later in 2020. So you always want to check back on that. Just because you look once, that's not one and done, you always want to go back and just check your status there as well.

Rabecca Dase: If you go look and you're not eligible and you're curious, can you still participate, the answer is yes. That is completely up to you. In 2019, CMS created what's called the opt-in policy or opt-in scenarios. And this is saying if you meet at least one of the criteria that I mentioned; so you can see here the more than 90,000, more than 200 Medicare beneficiaries or more than 200 services provided, as long as you meet one of those criteria, you can choose to opt-in.

Rabecca Dase: When you opt in, that actually means that you're making yourself MIPS eligible and you are in fact subject to the payment adjustment, whether it's negative or positive. So, if you opted in and then you decided, I'm not going to participate, you'll then receive the 9% payment adjustment, the negative 9% payment adjustment because you did in fact deem yourself eligible to participate. And again, this table here just shows a few of the scenarios. I won't go through every one of them, but if you do want to participate in opt-in, as long as you meet one of those criteria, you can in fact participate.

Rabecca Dase: For 2020, there are no changes in reporting options. You can in fact still choose to report as individual, group or virtual group. If you wanted to report as a virtual group, you did have to designate that by December 31st of 2019. So if you didn't, that obviously is out for the year, but you can always do it for the next performance year. The individual reporting means you report at the end of NPI level. So you would check their status, if they're eligible, you would report for the individual NPI. If you choose the group, you actually take all of the clinicians in your group and you merge their data together and you submit one time for everybody in your group or your tax ID number.

Rabecca Dase: Another thing that we wanted to highlight here is the facility based reporting option. I think this is a way of seeing CMS really trying to reduce the burden and reporting complexity in a sense. Last year they came out with this and what this is is actually a lot of times you hear people say, "Oh, my doctor spend a lot of times in the hospital," and things like that; and potentially that can benefit you. This is available for clinicians who are deemed hospital or facility based, and you can see this in that lookup tool. It's for clinicians and groups that have over 75% of covered services in an inpatient, on-patient campus, outpatient hospital or an ER, and they have at least one service build from an inpatient hospital or ER. And what this does is it actually scores their quality and cost category scores based on the value based purchasing program at the hospitals they're assessed on.

Rabecca Dase: So it would take their numbers in a value based purchasing program and create this MIPS score for the quality and cost category. If your clinician is in fact eligible or holds a special status of facility-based, you'll actually, they'll convert the score for you anyway. And when you, if you report MIPS data or if you don't, they'll actually still give you a score for facility-based. And if it is better than the

MIPS score that you would potentially get from reporting your own data, they actually take the higher of the two. We won't get into too much detail here, but if facility based is something that you're curious about or interested, in Quality Insights we can definitely help you kind of walk through that and see if this is something that could potentially benefit you or your group.

Kathy Wild: Okay. Rebecca, can you tell us about the performance category weights?

Rabbecca Dase: Absolutely. This is, just going to be quick here. Again, there's four categories. Quality is the highest weighted category. There has been no changes for 2019 to 2020, quality is at 45%, cost remains at 15, improvement activities remain at 15 as well, and promoting interoperability again remains at 25%.

Kathy Wild: Okay. Let's dig into the weeds a little and let's start with the quality category in 2020.

Rabbecca Dase: All right. Hopefully we don't go too deep in the weeds. Ultimately, quality, like I mentioned, is the biggest category. It's worth 45% of your total MIPS score in 2020 and the requirements are very similar to what they were in 2018 or 2019. We'll kind of go through those a little bit. The reporting period, like I said, is a full calendar year. You'll report on January 1st through December 31st of this year. You'll collect your data over that time period. There are 218 quality measures that are available. And just like in previous years, you will want to report on six measures.

Rabbecca Dase: One must be an outcome or high priority if an outcome measure is not available. If you're looking, you're like, "Oh, six measures don't apply." If less than six measures don't apply to you, you report on each applicable measure or you can report a specialty measure set. You can see the specialty measure sets on the QPP website when you go through explore measures. If they're not available yet, I don't think for 2020, but I did see that they would be published shortly.

Rabbecca Dase: For 2020, the quality measures, there were some changes. They have removed 42 measures. They've added three measures, and there are 83 measures with some big changes. I've included a link here to the 2020 MIPS quality measures. I always, always encourage my practices to review your measures from year to year. Even if you don't think there were changes or you're just not sure, always review. Even if they haven't been removed, if there were some changes to them, they could potentially have been removed from the way you've already known to report them.

Rabbecca Dase: For instance, if you used claims last year and one of the big changes was they moved that submission method, then you would need to find a new quality

measure. I've worked with practices before that thought they were reporting these measures all year and then come to find out there was a change and it was removed or there was big changes and that submission type was no longer available. So always review your measures and make sure they are still available and what's needed to report on those measures.

Rabecca Dase: All right. Here's where we can kind of get a little more detailed into the measures. Just as in the previous years, there are a few different ways to submit and collect your data to get it to CMS. You can use an EHR which must be 2015 certified. You can use a registry or QCDR. There's also the claims option, which is only available to groups that have 15 or fewer clinicians. And then there's the web interface option, which is available for groups of 25 or more. And that is something you need to register for as well by a certain date.

Rabecca Dase: On the next couple of slides we'll just walk through and talk about the different collection types for the measures. So if you're wondering what collection types are, that's the way you collect your data for a quality measure. And just know each collection type has its own measures and specifications. So you always want to review the collection type and the specifications specific to what you're looking to do.

Rabecca Dase: In the left hand side you can see a collection type and right below it it says electronic clinical quality measures. Those are EHR measures. If you're using an EHR to report, these are the measures that you would want to focus on. And you can see here that we did provide a link to the specifications for each of those measures. So if you click there, it'll bring up all the measures that are available. And even though there's measures available, I think there might be 47 for 2020. You will also want to confirm that your EHR has those measures available to track for you because although they're in the program, not every EHR has every measure available to them. So you always want to confirm with your EHR that that's the case.

Rabecca Dase: You can see in the bottom box MIPS clinical quality measures. Those are your registry measures. If you're going to use a registry to report, those are your specifications there that you want to go in and review. Make sure that the measures are still available, what needs to be done, if there's any workflow modifications that you need and things like that. But these, the next couple of slides do, again, possess a lot of good information, the specifications to each collection type. They have some little of what you need to know about this collection type of thing. So definitely recommend reviewing those.

Rabecca Dase: This slide that we're on now, again, this just highlights the clinical quality data registry measures. So if you're using that, that would be something you'd want to go to there. The Medicare Part B claims measures, which I know is a popular

one that we worked on last year, we do have the specification sheets here, always review those to make sure your quality data codes are correct, that they didn't change from the previous year. And we also did include here the quality measures on quick start guide, which is a great resource and it does break down step by step of how you want to submit your quality measures via claims to CMS. It makes sure they're picked up correctly.

Rabecca Dase: And this again just kind of highlights the information too, like the web interface and things there. And before we go on, I just want to note, you can actually use different collection types to report your measures. For instance, if there was three measures in your EHR that you liked, you could report three measures from your EHR, you can report different measures from claims, you can report six measures out of your EHR and six measures from your claims and figure out which got you the best score.

Rabecca Dase: If you submit the same measure using multiple collection types, like documentation of medication, the medical record, if you reported that with your EHR and claims and maybe you had just a different performance rate, CMS will actually take the one that scored better and apply that to your final MIPS score. So, that is an option there that you can report measures from multiple collection types in 2020, which you also could do in 2019.

Rabecca Dase: All right. How do you maximize your quality score? Once you've identified the measures that you want to report on and you've picked out the six measures or maybe even a little more, I usually encourage my practices to pick a couple extra just to kind of monitor and see what's going to get you the most points. I always tell my groups it's really good to strategize because it's not necessarily just a straight forward program. There's different little turns and twists you can take to make sure that you get that highest score; and as the program evolves, it gets harder, it's really important to maybe look at those different strategies.

Rabecca Dase: Maximizing your quality score. Each measure in most cases is worth between three and 10 points. In order to receive that maximum 10 points or be eligible to receive, you want to achieve three things. You want your measure to have a benchmark, which we'll talk about later. You want to meet data completeness and you also want to make sure that you meet case minimum requirements. And again, that's to be eligible to earn up to 10 points. Again, in most cases you can earn up to 10 points per measure.

Rabecca Dase: Let's break this down a little bit. The benchmarks. If there's no benchmark for your measure, you'll only be able to earn three points. Even if you knocked it out of the park, you had 100% performance, if there was no benchmark, you would only earn three points. Each submission type or collection type which we mentioned, EHR, registry, QCDR, things like that, claims, they have their own

benchmarks. Each collection type has their own benchmark. So again, as you start going into the weeds, that's where it gets confusing. If you report EHR measures, they have one benchmark. If you report claims, it has another benchmark. But we will show you a little example of that in a few slides.

Rabecca Dase: Next, data completeness. In 2019, it was at 60% threshold. For 2020, it has now increased to 70%. You need to report on at least 70% of all of your eligible cases. If you're reporting claims, that's Medicare Part B patients only, but if you are using EHR or registry or QCDR, that's all patients across all payers. In a big change from 2019 to 2020 here that I want to highlight is if you do not meet data completeness and you're in a large practice, so 16 or more clinicians, you will earn zero points. So if you don't reach that 70% threshold, you will earn zero points for that measure. And then small practices, if you do not meet, data completeness still remains at three points.

Rabecca Dase: And then case minimum requirements. Again, you want to make sure you have at least 20 cases in your denominator per measure. They don't want you to submit a measure that only had one patient in the denominator and then, "Oh, well we're compliant. We are one of the new embroider," and then you have 100%. That's not a good sample of your patient population and cares. They definitely want you to have at least 20 patients in your denominator to be eligible to be scored and earn up to that 10 points.

Rabecca Dase: Some other ways to maximize your scores. These bonus points that we're going to talk about here are very similar to what they've been in the past. And I don't think there's any change from 2019 to 2020. For each additional outcome or patient experience measure after your required one, you earn two points. For each additional high priority measure that you submit, you can earn one point. And then one point for each measure submitted electronically using end-to-end reporting. And what that is for instance is if you are using your EHR to report, you generate the EHR report and you submit it directly to the QPP portal on the CMS portal.

Rabecca Dase: There is no manipulation of your data or anything like that. That's considered electronic end-to-end. And for each measure that you do that with, you actually get one additional point. So, if you had 10 points for a medication reconciliation measure and you submitted it electronically, you would actually earn up to 11 points for that measure because you would have those bonus points. And then the last thing here is six bonus points for clinicians and small practices who submit data for at least one quality measure. This is, the six bonus points for small practices, just like last year, is applied to the quality category, not to the MIPS entire score.

Rabbecca Dase: I mentioned benchmarks, I said we'd get into that in a little more detail. In addition to meeting data completeness, case minimum requirements and things like that, you also want to make sure that they have benchmarks. Benchmarking is a process of comparing your performance with external standards to see how you compare to others. CMS collects data and then they create these benchmarks and it's based on historical data that they've collected, they're not just creating these. It's always two years prior.

Rabbecca Dase: 2020 benchmarks that you can see in that file that I've attached there in the hyperlink, those benchmarks are actually based on a 2018 data that CMS did collect based on what you and everyone else who participated in the MIPS program have collected. And again, as I mentioned, benchmarks are specific to the collection type. So EHR has their own, registry has their own and things like that. When you're working on collecting your data and looking at how you score, you always want to look at benchmarks and what's better for your group.

Rabbecca Dase: Here's where you can see the difference. If you in fact use influenza, we'll use that. For example, it's what we have here. If you score 82% and you used your registry to report, it would earn you nine points with a score of an 82%. If you're using claims, it drops all the way down to six. And if you're using a registry, it goes to seven. So you can see there the collection types and submission methods to CMS, it really matters on your points. And typically across the board, what I've seen in the past couple of years is the EHR benchmarks typically are a little bit easier to achieve those higher scores.

Rabbecca Dase: And again, nine points compared to seven, that's two points. That could be a make or break, maybe putting you an exceptional performer category or not. So that's something that you want to consider when you're looking at how you want to report. And again, like I said, you can actually report using multiple collection types or submission methods. You can use EHR and you can use claims to see what can get you the most points. That's okay. And if you submit both, CMS will actually take the higher of the two scores or three scores based on how you submitted information.

Rabbecca Dase: So they did make a slight change to the benchmarking also for 2020. Overall, benchmarking is still pretty much the same but for 2020 they did modify the benchmarking slightly and the modified benchmarks are to actually avoid potential risk to patients. They've identified a couple of measures which we've listed here, the diabetes, hemoglobin A1c poor control and controlling high blood pressure. And they think if they left the historical benchmarks in place like they were, that it could possibly incentivize treatment that may be inappropriate to a patient.

- Rabecca Dase: And so, if you are reporting via claims or registry, so MIPS clinical quality measures, if you are reporting these two measures, they will have flat benchmarks. And based on my understanding and interpretation and kind of reading through everything, in the flat percentage, any performance rate above 90 would be in the top decile. So if you scored 90 points for the controlling high blood pressure, you would automatically be in that top decile and you would receive 10 points.
- Rabecca Dase: Any performance rate between 80% to 89.99% will put you in the second highest decile, which would be nine points. So, it just keeps breaking down like that. There's not like, "Oh well, if I scored 67.5, I could be in this." Nope. It's, if you 90 to 100, you'd be in the top decile; 80 to 89.99, you'd be the second highest decile holding your nine points and things like that. So it's not necessarily based on performance in that sense.
- Rabecca Dase: And then this would be the same for inverse measures, which that your diabetes hemoglobin measure is. It's an inverse measure. So, lower performance equals better scores. Any performance rate at or below 10% would be in the top decile, which we all need the 10 points and anything below the 10. 10.01 to 20 would be in the second decile and so on.
- Rabecca Dase: So again, the benchmarks are very similar. This modified benchmark thing is new for 2020, impacts those two measures. If you are reporting via claims and registry measures or MIPS clinical quality measures and if you are using an EHR to report, it does not impact those electronic clinical quality measures. They will be scored on the historical benchmarks like they have been in the past. Those are some big changes for the quality category and just kind of in a nutshell what needs to be done. And again, anything that you need from Quality Insights in regards to measure selection or anything, don't hesitate to ask.
- Rabecca Dase: Here on this slide, we've just pointed out some of the great resources that have been created for the 2020 performance year. These are live links and in the slide deck you receive in the morning, you can click on them, they'll take you to the resource. You can also find them at the qpp.cms.gov website in the resource library. And now I will turn it over to my colleague Amy who will in fact start with the cost category.
- Amy Weiser: Thanks so much Rebecca for that great information. Cost remains the same in 2020, at 15% of your MIPS final score. And as Rebecca mentioned earlier, there is no clinician reporting required. All of the cost data is pulled by CMS from your administrative claims. Reporting period is again a full calendar year, which Rebecca mentioned is 366 days in 2020 due to leap year. And the cost measures in 2020; we still have the Medicare spending per beneficiary or MSPB measure,

we have the total per capita cost or TPCC measure, and we have 18 episode-based measures.

Amy Weiser: This slide gives you a little bit of a comparison about what changed from 2019 to 2020. The TPCC measure was revised. The MSPB clinician or the MSPB-C measure name and specification was revised. There are still eight existing episode-based measures and they added 10 new episode-based measures which gives you the total of 18, and there are no changes to the case minimum.

Amy Weiser: For cost measure attribution, in order to be scored on a cost measure, the clinician or group must have enough attributed cases to meet or exceed the case minimum for that cost measure. And the method used to attribute beneficiary costs to MIPS eligible clinicians at the TIN-NPI level differs for each measure. In 2020, there will be different measure attributions for individuals and groups. And we've included for you on this slide a list of really great resources for you to access, again on the QPP website. The summary of cost measures, the cost measure information forms, code list, the cost user guide, and the class performance category fact sheets.

Kathy Wild: Thanks Amy for that information. Let's move on to the improvement activities category.

Amy Weiser: Thanks Kathy. Here's a slide with some basic information about the improvement activities. Again, it remains at 15% of your MIPS final score. There is a total of 105 improvement activities for 2020. The reporting period again is 90 consecutive days minimum, up to 366 days. You select an activity and attest 'yes' to completing it for a minimum of 90 consecutive days. You earn 40 points to receive full credit for the category. And I'm going to talk a little bit about the waiting of the improvement activities next.

Amy Weiser: So we still have the two weighted categories. We have the medium weighted, which are 10 points each and we have the high weighted, which are worth 20 points each. But I just want to highlight here that clinicians in small practices, non-patient facing and/or clinicians located in rural or HIPSA areas receive double the number of points, so they don't need to complete more than two activities to receive full category credit.

Amy Weiser: All right. This is an important slide I want to highlight for you. In 2019, groups or virtual groups are able to attest for an improvement activity if at least one clinician in the TIN participated in that activity. There's a big change for 2020. Groups or virtual groups can attest to an improvement activity when at least 50% of the clinicians in the group or virtual group perform the same activity during any continuous 90 day period within the same performance year. What I want to highlight here again is that 50% of your clinicians in your group can

perform that activity at a different 90 consecutive day period throughout 2020. For example, not all of your clinicians have to perform that activity during the first 90 days. If you have a group that wants to perform it at the first 90 days, another clinician or clinicians can perform it another 90 days within the same year.

Amy Weiser:

Okay. As I mentioned, there's 105 total improvement activities available in 2020. So, it still gives you a very broad range of options to select. And in 2020, two new activities have been added, 15 activities have been removed, and I want to highlight this. The annual registration of the PDMP has been removed. That was available in the first three years: 2017, 2018, 2019. It's still available for those of you that are going to submit for 2019, I don't want you to be confused. You can still use that for 2019. However, for 2020, it has been removed. The consultation of the PDMP though remains for 2020. So that is still an option for you if you're interested and utilizing that improvement activity. Seven activities have been modified. So we've included a link here for you to access the improvement activities inventory for 2020 and I encourage you to go ahead and look that over.

Amy Weiser:

As in the past, you can still receive credit for the improvement activities. In fact, you receive full credit for the improvement activities if you attest to being a patient center medical home. However, you need to meet one of the following criteria in order to do that. The first criteria is that you're accredited by a nationally recognized organization such as NCQA or the joint commission as well as the others that are listed here. You're participating in a Medicaid medical home model or a medical home model. You're in a comparable specialty practice that received recognition through a specialty recognition program offered through a nationally recognized accreditation organization, or you've received accreditation from other certifying bodies that have certified a large number of medical organizations. I believe that criteria is 500. That would be the number that they've certified and met national guidelines as determined by the secretary.

Amy Weiser:

And again, we have provided you with some really great resources that are available on the QPP website. The improvement activities quick start guide, the inventory as I mentioned before. And the third one, the MIPS data validation criteria, improvement activities. I can't stress this enough. This is where you get the devil in the details of the improvement activities to know exactly what CMS is looking for as far as completing that activity and meeting all the requirements and making sure that you have all of that documented in case of an audit. And then the MIPS APMs improvement activities resources listed for you as well.

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- Kathy Wild: Thank you Amy. Now we've learned about the quality, the cost and the improvement activity categories. And so, now would you tell us about the last category, promoting interoperability?
- Amy Weiser: Absolutely. I'm going to just go over some of the basics. 25% of your MIPS final score is comprised from the promoting interoperability category. This is the information that comes from your EHR. You must use 2015 edition certified EHR technology. It's based on performance-based scoring at the individual measure level, which I'll highlight in another slide. The reporting period remains 90 consecutive days minimum, up to 365 days. And there are still four objectives. In 2019, they simplified things a little bit, so it continues in 2020. You have e-prescribing, health information exchange, provider to patient exchange, and public health and clinical data exchange.
- Amy Weiser: I also want to stress here that the security risk analysis is still required and must be completed during the calendar year. If you are submitting data for promoting interoperability, you must have an up to date security risk analysis every year. The deadline to do that is December 31st of that year. So December 31st of 2020 is the last day that you could have your security risk analysis updated. I also want to note that there is no place for you to attest, or I should say it does not ask you any more if you've submitted or if you've completed your security risk analysis in the QPP portal. But you must have that information available in case of an audit and you must keep it for a minimum of six years.
- Amy Weiser: As I mentioned, this is a breakdown of the measures, the objectives and the measures and the possible points that you can earn. You can see at the first we have e-prescribing which is worth 10 points. And then the query of the PDMP measure, five bonus points. So it's not mandatory that you are querying the PDMP for the purpose of promoting interoperability, but you can easily earn five bonus points if you are doing so. Then we have our health information exchange measures each worth 20 points. The first one is related to sending health information and the second one is related to receiving and incorporating health information. And there's also the provider to patient exchange objective with the measure of providing patients electronic access to their health information. And this one is big, this is worth 40 points.
- Amy Weiser: And then we have our public health and clinical data exchange objectives and measures, and you need to choose two. Now for the first objective: the e-prescribing, the health information exchange and the provider to patient exchange, those are numerator and denominator based measures. All you need is to have a one in the numerator to pass the measure. For the public health and clinical data exchange measures, you will attest 'yes' in the QPP portal. I just want to also stress that the higher you score though, in those numerator and denominator based measures, the better you will do overall in MIPS. So, we

encourage you to do more than one in the numerator and we're here to help you with that, of course, to help you reach your highest potential for your MIPS scoring.

Amy Weiser: Not a lot of changes for promoting interoperability in 2020, which is nice. CMS has removed the verified opioid treatment measure. They maintained, as I mentioned, the query of the prescription drug monitoring program measure as an optional measure. And again, you can get five bonus points awarded when attesting 'yes' that the PDMP was queried at least one time during the reporting period.

Amy Weiser: I'm going to talk a little bit about the hospital-based clinicians in groups. This slide actually just shows you that there's been a reduction of the threshold for a group to be considered hospital-based. This is a good thing. In 2019, a group was identified as hospital-based and eligible for reweighting when 100% of the MIPS eligible clinicians met the definition. In 2020, a group is identified as hospital-based and eligible for reweighting of the PI category when more than 75% of the NPIs in the group meet the definition of a hospital-based individual MIPS eligible clinician. There was no change to the definition of an individual hospital-based MIPS eligible clinician in 2020.

Amy Weiser: This slide is pretty self explanatory. It's basically just telling you for promoting interoperability and the improvement activities, how you submit your data into the portal and the different options to do that. I just want to highlight that the third party intermediary, that is when someone is submitting on your behalf into the QPP portal, I just want to make sure that we remind you that if a third party intermediary is submitting for you, that you actually go into the QPP portal yourself and view that information to check for accuracy and to make sure that everything has been submitted that was supposed to be submitted, et cetera, before the deadline, which is March 21st, excuse me, March 31st. So, make sure that if someone's doing that on your behalf, that you're aware of everything. And again, just to remind you that the supporting documentation should be kept for a minimum of six years. So, keep that audit binder accurate and available to you for six years.

Kathy Wild: Okay. Thanks Amy. Can you tell us a little bit about reweighting and targeted reviews in 2020?

Amy Weiser: Absolutely. Reweighting due to data integrity issues. This is just showing you that in 2019, CMS didn't have a formal policy to account for data integrity concerns. What they did in 2020 is they have finalized that and CMS will reweight performance categories for MIPS eligible clinicians who have data for a performance category that might be inaccurate or unusable or otherwise compromised due to circumstances outside of the control of the clinician or its

agents. So, basically if you have a vendor and you're having issues with the reporting of some of your information, there's the inaccuracies or they're not upgrading or things along those lines that are beyond your control, CMS has created this now to allow for possible reweighting. What we advise you to do is if you're having issues like this with your vendor and data collection, et cetera, that you need to let CMS know that this is happening.

Amy Weiser: You may be familiar with the targeted review process. Not really a big change for 2020. There will still be a targeted review process available to you after the submission period closes. And all requests for targeted review must be submitted within 60 days of the release of the MIPS payment adjustment factors with performance feedback. Usually, in July we get information from CMS on performance, a final performance feedback. And then you have an ability to... you have that 60 day period where you can request a targeted review if you find that there's an issue with your performance.

Kathy Wild: Okay. Thanks Rebecca and Amy for all that information about MIPS in 2020. Let's go on and talk a little bit about alternative payment models in 2020.

Amy Weiser: Thanks, Kathy. Many of you are probably familiar with the graphic on this slide. APMs are a payment approach that provide added incentives to clinicians to provide high quality and cost efficient care. They can apply to a specific condition, a care episode or a population. You can see in the graphic that there are two types of APMs within the quality payment program. There are MIPS APM and there are advanced APMs. Advanced APMs are a subset of APMs.

Amy Weiser: I want to just let you know that we've been made aware of a resource that was posted on the QPP website on January 9th called the 2019 qualifying APM participants. Notice for APM incentive payment, I know that's a lot to swallow. In October, 2019, CMS announced disbursement of the 2019 5% APM incentive payments to eligible clinicians who were qualifying APM participants or what we call QPs based on their 2017 performance. So what that means is back in 2017 if you were in an APM, in October of 2019 that money became available to you.

Amy Weiser: What happened was when CMS prepared to disperse the payments, which are always, again, two years after the performance year, they were unable to verify the banking information for some of the QPs. The resource includes a list of clinicians who have not received their 2019 5% APM incentive yet. Quality Insights identified 10 physicians on Pennsylvania and 18 in New Jersey on the list. And we are in the process of reaching out to them to ensure that they provide CMS with their banking information by the February 28th deadline. If you were a QP in 2017 and did not receive your 5% APM incentive in 2019, please check the list to make sure that we did not miss identifying you.

- Amy Weiser: Now I'm going to talk a little bit about the scoring and the incentives. The APM scoring standard accounts for activities already required by the APM to reduce duplication of reporting and allows clinicians to focus on the goals of the APM, so category weighting and reporting requirements are different than general MIPS scoring. An advanced APM is a track of the QPP that offers a 5% incentive for achieving threshold levels of payments or patients through the advanced APMs. And if you achieve these threshold levels of payments or patients through the... excuse me, if you achieve these thresholds, you are excluded from the MIPS reporting requirements and payment adjustment. And I just want to stress too that if you're not sure about whether you're in an APM or how it's scored or what your obligations are, please reach out to us and we will help you understand what is required.
- Amy Weiser: The category weights are different if you're in an APM. For 2020, quality is 50% and this score is based on the quality measures reported by the ACO. An ACO is an APM. If you're not aware, an ACO is an accountable care organization, it is also considered an APM. Improvement activities, 20%. You receive full credit based on participation in the ACO. So just by nature of being in the ACO, you get full credit for the improvement activities. For promoting interoperability, that is 30% of your score and data is aggregated and weighted to get a single ACO score that applies to all eligible clinicians in the ACO. They look at everybody's promoting interoperability data within the ACO and that is aggregated to get that score. And then cost is still 0% because it's not applicable under the APM scoring standard.
- Amy Weiser: This slide is nice to help you understand the difference between... or the quality, the improvement activities, of promoting interoperability and cost. Again, the notes tell you like for quality, reported at the ACO level via the CMS web interface. And then we have a resource for you on what the 2020 web interface measures are. So if you're in an APM, especially a Medicare shared savings program, these are the web interface measures that your APM will be using most likely. And we've also supplied for you additional APM resources. We have APM overview, the MIPS alternative payment models, the comprehensive list of APMs, and again, the Medicare shared savings program and QPP interactions.
- Kathy Wild: Excellent. Thank you, Amy. All right. Can we do a quick QPP recap of 2020 talking about some of the policies changes and things that are staying the same?
- Amy Weiser: I sure can. Thanks, Kathy. This slide gives you a nice breakdown of what was not changed for 2020. We know every year we go through what's changed, what stays the same. It gets kind of confusing. But again, we're trying to simplify it for you, to give you resources that are easy to find and identify where the changes have occurred; and now, as you can see, what has not changed for 2020. We go through everything from MIPS eligibility, the data collection and submission,

quality measures, the MIPS scoring, and then information for facility-based clinicians. And those are links that you can click on to get more information.

Amy Weiser: This slide just highlights some of the top six MIPS changes after calendar year 2020. Performance thresholds and financial impacts increase. As Rebecca mentioned, it's getting harder and harder to work through the categories and earn the points that you need to avoid a negative payment adjustment. Improvement activities category is going to become more rigorous. The quality category requirements are strengthening. Promoting interoperability measures are adjusted. Cost category expands and evolves. That will actually start increasing and weight as we go through the MIPS in the next few years. So you want to really start... if you haven't been paying attention to cost, you really need to start paying attention to cost. And then the MIPS value pathways begin in 2021.

Amy Weiser: So, what should you do now? We highly suggest that you visit the CMS QPP website and check your participation status. CMS has made some corrections to the 2019 eligibility status. I know we're talking about 2020, but we're in the 2019 reporting period, submission period, so we can't neglect that. You want to make sure that your eligibility has not changed. It's always wise to review that. As Rebecca mentioned earlier, you should go in periodically throughout the year and make sure your status hasn't changed. You can also check your 2020 eligibility status now, which is, it's a preliminary status, but you still can kind of get a feel of where you stand for 2020.

Amy Weiser: Identify what quality measures you want to report in 2020 and review the measure specifications. The specifications are critical to understanding what is required for you to submit to CMS. They're updated every year. So you want to make sure you're using the right QCD codes, et cetera. Submit MIPS data for 2019 via the QPP portal no later than 8:00 PM on March 31st, 2020; and please reach out to Quality Insights if you need any assistance. And contact Quality Insights for individualized, expert, no cost technical assistance to discuss next steps and create a plan for 2020 and beyond. We would love to help you. And again, it is completely at no cost to you.

Amy Weiser: This is just a reminder as Rebecca mentioned before, very nicely, that you must have 45 points. In 2020 you must earn 45 points in MIPS to receive a neutral payment adjustment. There's really no reason to receive a negative payment adjustment in the quality payment program. We are here, as I mentioned, to help you every step of the way. Again, at no cost. Not having an EHR does not excuse you from MIPS. If you are eligible and you do not participate, you will receive a 9% negative payment adjustment in 2022. And even if you don't have an EHR though, you can still earn enough points through quality improvement

activities and costs to avoid the negative payment adjustment. And we just highly recommend that you work with us to help you plan for 2020 and beyond.

Kathy Wild: Thanks Amy. I heard you mentioned a minute ago that for next year CMS is proposing MIPS Value Pathways. Can you just touch on that briefly for us?

Amy Weiser: Sure. So an MVP or a MIPS Value Pathway is not a most valuable player. It is completely different. CMS has developed this and is committed to the transformation of the merit-based incentive payment system and they've introduced what's called the MIPS Value Pathways or the MVPs, which is a new participation framework that beginning in 2021 will help to remove barriers to APM participation. CMS is strongly encouraging practices to join APMs to promote value-based care and reduce cost. They want to move away from siloed activities and towards an aligned set of measure options that are more aligned with a clinician scope of practice. And that's also meaningful though to patient care because if we're not taking good care of our patients, then this is all pointless.

Amy Weiser: Promoting value by focusing on quality and cost measures, and improvement activities built on a foundation of population health measures calculated from administrative claims-based quality measures and promoting interoperability concepts. If you take time to go in, which I'm going to talk a little bit about in the next slide, the resource for the MIPS Value Pathways, you'll see that promoting interoperability remains the foundation of everything and that will not go away. So that will continue to be a part of this new concept.

Amy Weiser: Really overall CMS is working to reduce the clinician burden to promote participation in the quality payment program, and they've created the MIPS Value Pathways as a means to do that. They want to provide enhanced data and feedback to clinicians and they want to be able to analyze existing Medicare information to provide clinicians and patients both more information to improve health outcomes. Again, they want to reduce that reporting burden by limiting the number of required specialty or condition specific measures. They want to simplify things.

Amy Weiser: For example, all clinicians or groups reporting on a clinical area would be reporting on the same measure sets in the MVP framework. CMS recognizes concerns about the implementation timeline of the MVPs and they're going to establish an incremental implementation that doesn't eliminate the current MIPS framework. And then, again as I mentioned, for more information on the MIPS Value Pathways, we've included the resource link for you here. And we've also included some references that we used to create this presentation for you today.

April Faulkner: Okay. Thank you so much Amy and Rebecca. In the interest of time, what I'm going to do is collect the questions. We did receive several questions through the Q&A and chat boxes during the presentation. We will gather those, answer them and send a Q&A document out to everyone who is on the webinar. We'll also post those on our website along with the recording and slides. So please stay tuned for that. If you did submit a question, we will send it out with an answer to the group. Thank you so much for all of your interest and questions.

April Faulkner: And also I wanted to remind you that when you do close out of today's webinar, you will be automatically directed to a very brief evaluation. Please take just a moment to complete it. Your feedback helps us to plan future programming and we really do take a look at that and appreciate it. Also, just a reminder, we have the next edition of QPP Live coming up this Thursday at 9:30 in the morning and I have posted a registration link in the chat box. Feel free to grab that and register and we'll talk to you at 9:30 on Thursday. But thank you again everyone for joining us today. Please have a great rest of the day. The session has now concluded.