Tips to Prepare for 2020 MIPS Reporting and How to Avoid the MIPS Penalty

Transcript from Live Session

Thursday, July 23, 2020

April Faulkner:

The Quality Insights QPP Support Center team welcomes to you to today's webinar, Tips to Prepare for 2020 MIPS Reporting and How to Avoid the MIPS Penalty. We will review just a few items before we begin the presentation. All participants enter today's webinar in a listen-only mode. Should you have any questions during today's presentation, please type them into the Q&A box at the bottom right of your screen, we will address as many questions as time allows. Today's webinar is being recorded. The recording, along with the slide deck and a transcript of the webinar, will be posted on the QPP Support Center website within the next few days. These resources can be found on the archived events page. I have posted a link to that webpage in the chat box. At this time, I would like to introduce our presenters. Joining us today are two members of the Quality Insights QPP Support Center team: Kathy Wild and Rabecca Dase. I will turn the presentation over to them to get us started.

Rabecca Dase:

Hi, good afternoon everyone, and thank you April. So today we have a lot on our plate. My colleague Kathy and I are going to walk you through some of the things you can do to prepare for MIPS 2020, look at some different scenarios on how to earn 45 MIPS points and briefly cover eligibility and reporting, and present a high level overview of the MIPS categories to set the framework for where we need to be. For 2020, the MIPS performance threshold is 45 points. So if you do not receive 45 points, if you're below that, you'll receive some type of negative payment adjustment. And if you don't participate at all or earn between 0 and 11.25 points, you will receive a 9% negative payment adjustment, which can definitely impact your practice. So the goal is 45 for 2020. And again, if you can earn above 45, even better.

Rabecca Dase:

So we're going to talk here a little bit about the performance categories, and I want to highlight the weight so you can see how important each category is. Since the inception of the MIPS program, Quality has always had the highest weight and it still maintains that for 2020. For 2020, the Quality category is worth 45% of your total MIPS score, Cost is at 15, Improvement Activities is at 15 and then Promoting Interoperability is at 25%. And what happens is they take all of those categories and add them together to get your MIPS final score. And then the final score is used to determine if you'll receive a positive payment adjustment, a negative payment adjustment or a neutral payment adjustment.

Rabecca Dase:

So last week, I'm hoping that you had the opportunity to join our QPPLive! event, where my colleagues demonstrated how to look up your eligibility in the QPP participation lookup tool. And if you weren't able to join, April is posting in the chat box the link to our archived events. And I would highly suggest checking it out if you're new to MIPS. They did a fantastic job introducing what we're trying to achieve and what you can gain from the website. So, looking at determining eligibility, you're probably thinking, okay, well, how does CMS come up with if I'm eligible or not? I can look it up, but where does that information come from?

Rabecca Dase:

CMS looks at two different things. First, they look at if you are a MIPS eligible clinician type. And then they set some low volume threshold criteria where they look at your Medicare Part B claims and things like that. If you meet that criteria, you'll be required to participate in MIPS. So on the next slide, I'm going to highlight the information. We're not going to read these all to you. These are your MIPS eligible condition types in 2020, they're the same as they were in 2019. So if you're one of those clinician types, you should go out to the QPP participation tool and look up your eligibility status.

Rabecca Dase:

So when I mentioned the low volume threshold criteria, CMS looks at three different things. They look at your Medicare Part B allowable charges. They look at the number of Medicare beneficiaries who receive services at your practice, and then the number of services that you provide to these patients. So in order to be MIPS eligible, you have to meet the low volume threshold criteria of all three of those. You must have billed more than $90,000 in Medicare Part B covered professional services. You must see more than 200 Medicare patients, and then you must provide more than 200 covered professional services to these Medicare patients. This slide has a link to the Participation Lookup Tool and also the Participation Eligibility User Guide that CMS created, which does a great job of giving you detailed information of your eligibility and where they're pulling that information from. I highly suggest looking at that.

Rabecca Dase:

CMS actually looks at two different timeframes to determine your eligibility. The first timeframe is October 1st of 2018, and that concluded on September 30th of 2019. And now we're in the second segment or the second determination period, which started October 1st of 2019 and will conclude September 30th of 2020. After September 30th, CMS will work their magic on the back-end to determine your eligibility status and they'll update the QPP Lookup Participation Tool again. So even if you look today, I still suggest that you check it again when the final eligibility is released.

Rabecca Dase:

So after you check to see if you're eligible or you're not eligible, and you're like, "Hey, I still want to participate, we've been tracking certain things," you do have that option. Last year CMS came out with what's called opt-in eligible or the opt-in option. So if you met any one of those criteria but you didn't meet all three, you can choose to report. If you take the opt-in eligible designation, you are saying, "I want in the game." And that means you must earn 45 MIPS points in order to avoid a penalty. You make yourself again, MIPS eligible. You do not have to determine if you want to participate or not until the participation window opens in the beginning of 2021. So you can monitor your data throughout 2020, you can see if it is going to be beneficial to you to report. And if it is, you can opt in. If that's not something that you want to do, but you want some feedback, you can voluntarily report and you'll receive feedback but you won't receive a payment adjustment.

Rabecca Dase:

This next slide might be hard to read as the font is small, but we wanted to reiterate what each level of eligibility means. So in the first box, you have individual and group, which means you're eligible at the

individual levels. You definitely want to report or you're going to have a payment adjustment for that clinician that you don't report for. The second one, you're not eligible at the individual level but are at the group level. That means you can pick or choose if you are going to report or not. Same thing for the next one. And then the virtual group is another option. You have to register for that. You would have had to register by the end of 2019, and then you would have to report as a group. And then, if you're eligible, MIPS APM is part of an APM. Check your APM status. We encourage the participants or practices we work with to always check to see what your APM's requirements are.

Rabecca Dase:

So after you look up your eligibility and determine how you're going to participate, if you need to participate, consider how you will report. So solo practitioners, you must report data at the individual level. If there are no other clinicians in your group, you can't report as a group. There's only one doctor, so you will need to report as an individual. But if you are in a group of two or more providers, you can choose to report as an individual or as a group. And something I don't have on the slide is that you could actually do both if it would be advantageous to your practice. And, as I mentioned on the previous slide, there are virtual groups. If you register to report as a virtual group, you would need to report that data as a group for the virtual group that you registered with.

Rabecca Dase:

During last week's QPPLive! event, someone asked about the benefits of reporting as a group. So I thought that I would highlight that here. These are just a couple of situations that I thought of off the top of my head. And I know my colleague, Lisa, touched on these last week too. The benefits of reporting as a group, first off, you reduce your administrative burden. If you do group reporting, you can do one submission. You would report your Quality once, your Promoting Interoperability once, Improvement Activities once, and you wouldn't have to do it for each individual clinician. Another benefit would be all of the clinicians in your group will receive the same performance score. So if you have some low performers and then some higher performers, they'll balance each other out and all get the same performance score.

Rabecca Dase:

All clinicians in that group under your tax ID number will receive the same MIPS payment adjustment. So as it stands now, and I'll use an example, say you have a clinician group of five clinicians and only two of those clinicians are MIPS eligible at the individual level. If you choose individual reporting and you only reported for those two providers, when the payment adjustment comes out in 2022, only those two providers that you reported on will actually receive that payment adjustment. If you did group reporting and you exceeded the payment threshold of 45 points and you earned some type of positive payment adjustment, again, if you reported as a group, all of those clinicians would in fact get that payment adjustment. So you could increase your revenue from those payment adjustments on the clinician that maybe weren't eligible at the individual level.

Rabecca Dase:

If this is something you're considering, reach out to us at Quality Insights. We're more than happy to look at the different scenarios. And no practice situation is the same. So we would be happy to look at the options for you and maybe help you decide what would be best for your practice. So I'm going to take a break and hand it over to my colleague, Kathy. Kathy, can you walk us through getting your data to CMS and if there's any specific timeframe that they need to report for?

Kathy Wild:

Thank you, Rabecca. And yes, I will. So the reporting periods for 2020 are exactly the same as they were in 2019. And that means that the full calendar year is used to collect data for both the Quality and Cost categories, all 366 days. This year is a leap year, and that's why it's 366. However, the other two categories, Promoting Interoperability and Improvement Activities, their reporting period is a 90-day minimum. However, clinicians and groups can report longer than that up to the full calendar year for those time periods also.

Kathy Wild:

So now we're going to talk about submission options. CMS uses the term you may have heard, collection type, to describe how they are going to receive data. I'm going to use the term submission method interchangeably with collection type today. I think it's a little clearer. So there are six different ways to submit the data to CMS: EHR, registry, qualified clinical data registry, claims, manual data entry also referred to as attestation, and the CMS web interface. So CMS is allowing flexibility so that when you do your MIPS reporting, you do not have to report all of your data for all of your categories the same way. You can submit data for each category using a different method. It doesn't mean you can't do them all the same way, but you have that option. And then they further provide more flexibility so that within the Quality and Improvement Activity categories, you can actually submit data for each measure or Improvement Activity using a different method. And as a matter of fact, you can report a quality measure using more than one method. We'll get into how it may be advantageous to your score to do that. And then you do have to know that for the Promoting Interoperability category, there isn't as much flexibility. All of that PI data has to be submitted one way.

Kathy Wild:

This slide includes a table of the different submission methods, or collection types, for the three categories: Promoting Interoperability, Improvement Activities, and Quality. So you can see that all data for all three of them can either be submitted by an individual, which is probably someone delegated in the practice or by a third party intermediary. You may ask what a third party intermediary is. They are organizations that submit MIPS data on behalf of a clinician or group. So, in addition to an EHR vendor or a health IT vendor, we stated that you could use a registry or a qualified clinical data registry. Now, one thing to know is that they have to be approved by CMS on an annual basis. And on the QPP website, you will find a list of qualified registries and qualified clinical data registries that identify who you could use to submit data for 2020. And it's very important that you pick one of those. If you use someone else, CMS will not accept that data. So the table also shows that the Promoting Interoperability and Improvement Activity categories have the same three options available: namely you can submit data

directly from your EHR or use a registry, or you can log into the portal and either upload a QRDA III file, which is something your EHR vendor will provide for you, or you can log into the QPP portal and manually enter your data. As I said, that's attestation. So you can do that for those two categories. The Quality category is a little different. And the reason for that is manual data entry for quality measures is not allowed. So the replacement for that, in addition to submitting data directly from your EHR or registry or uploading a QRDA 3 file, is that practices that are small, which means that they have 15 or fewer clinicians in them, have an option to use claims, Medicare part B claims, to report their quality measures. We held a webinar, you can check that on the Archived Events page of our website, that explains how to attach a Quality Data Code, also called a QDC, to the claim. And once again, I want to stress that is only available for small practices. If you have 16 or more clinicians, you cannot use claims reporting for quality measures.

Kathy Wild:

So this is a table that represents the options available if you want to submit your data at the group level. So basically they have all the same options available, the clinicians do, but there is one additional choice for the Quality category. And that only applies to practices that have 25 or more clinicians, it's called the CMS web interface. And there are 10 CMS specific, CMS web interface measures that they have to report using that. Another requirement is that practices would have had to register for this option before the end of last year, on December 31st so that CMS knows that they are going to report that option this year.

Kathy Wild:

So regarding certified EHR technology requirements, I stated that one of the options to report data is using your EHR. Now, if you are thinking of doing that, the EHR has to be 2015 edition. If you're unsure of this, you can confirm it with your vendor. One thing that's also required during the submission period is you will have to give CMS a CMS EHR certification ID number specific to your products that you use during 2020. There is a link on the slide for a Quality Insights' resource, and it provides step-by-step instructions on how to find that ID number. Basically that link is going to take you to the CHPL website. CHPL stands for Certified Health IT Product List. And it's very easy, they have a search field. You'll enter the name of your vendor or your product in there. It will produce a list of applicable items. You'll find the exact product and version that you used. And then when you find that, at the end of each row there's a button, a gold button, that says plus sign, cert ID. When you click on that, the unique ID will appear. And that is the ID that you'll be submitting with your submission. It might sound a little confusing but it really isn't, and we are here to help you. And now, Rabecca, would you mind providing us with some details for each of the MIPS categories?

Rabecca Dase:

Sure, Kathy. So ultimately each category can be complex, especially as there are so many little nuances. And like I said earlier, all of our practices are different. In most cases, for the practices that we help, there's not one situation that's the same. So I just want to highlight a couple of things to know about the Quality category. And we'd love to work with you to make sure that you have the right approach for your practice. I was actually working with a group this morning and I thought of something that I said to

them. She laughed and she said, "You know you're right." I said, "MIPS is definitely not a one-size-fits-all approach." And that is absolutely true because again, each scenario is different. What can earn you the best score isn't the same as what might earn the practice across town the best score. So let us work with you, let us help strategize and really find out what is needed for your practice to achieve 45 points or even more.

Rabecca Dase:

As I mentioned at the very beginning, Quality is the highest weighted category, it's at 45% for 2020, and it can go up to 70% if the Promoting Interoperability category is reweighted, but we'll talk about that in a little bit. As Kathy mentioned, the reporting period is a full year. In order to earn full credit in this category and earn all 45 points, you need to earn at least 60 performance points. To get to those points, you need to report six measures or measure specialty stats. And in those six measures, one of those must be an outcome measure. If an outcome measure is not available for your reporting type, you can use a high priority measure.

Rabecca Dase:

In most cases, the quality measures that you're reporting are between 3 and 10 points. Now, there are some scenarios where they're worth less. And that's where we kind of strategize on how we can get you the most points. So here are a couple of reasons that we came up with that you don't earn, that you're not eligible for, all 10 points: 1) First off, there's fewer than 20 cases that are eligible for that measure. For instance, you had only five patients that qualified for a measure. You can't say, "Oh, well, we had five out of five," and then get 10 points. If you don't have 20 cases for the measure, you can only receive three points. Same thing if you don't meet data completeness, which we'll talk about on the next slide. 2) Capped measures, which are available are between three and seven points. CMS determines capped measures as measures where they're not seeing any more performance. And they're saying, okay, your performance increased, so you can't earn more than seven points. Those are common measures, for instance, like medication reconciliation and things like that. So even if you had a score of 100% on certain measures, if it's capped at seven, even performance rate of 100%, you can't earn more than seven points. So you'd be leaving three points on the table. 3) Another thing would be no benchmark. If the measures that you're looking at don't have benchmarks, you could only earn three points. And I'll kind of describe what the benchmarks are on the next slide. And something to highlight here, if you're a small practice and you report at least one quality measure, CMS has given you six points. So that's a good place to be when you're a small practice that kind of helps you a little bit there, especially if you struggle to sometimes handle these programs. At least they're giving six bonus points in the Quality category.

Rabecca Dase:

So building on what we just talked about, ways to maximize your Quality score. You want to look for quality measures that have a benchmark that meet data completeness and case minimum requirements again to be able to earn those 10 points. And again, you want to select quality measures that are advantageous to your collection type. And like Kathy said, we're using the terms collection type and submission method interchangeably. We'll talk about that in a later slide. So data completeness, that is

saying that you are going to report or you have to report at least 70% of eligible cases. If you're using claims as your collection type, you need to report on 70% of Medicare Part B patients. If you're using an EHR, registry or a QCDR, you want to report on all patients across all payers. And when we're saying 70%, that doesn't mean you can pick and choose and cherry pick. CMS was very specific to say in the 2020 Final Rule, "We have these data completeness threshold of 70%, but that's not for you to cherry pick your information." That would be, hey, I've missed submitting a claim or I missed picking up a patient on accident and not intentionally. So again, just keep that in mind, you want to try to report on all the patients that you can. And again, for claims, it's Medicare Part B patients only. And like Kathy said, we do have a resource for how to code and put those specific codes on there. An EHR, registry, or QCDR would require all patients across all payers. And then the case minimum requirement, again, you need to have at least 20 cases per quality measure in order to be eligible to receive the 10 points for each measure.

Rabecca Dase:

So data completeness, that's a big portion of Quality, especially when you're using claims. We want to make sure that you can get to 70% and then even past that. The more patients you can report on, hopefully the better scores you can receive. So ways that you can make sure that you're meeting data completeness, especially for claims, verify your claims and records and make sure you're coding them correctly to capture the quality measures for the patients that qualify for those measures. How do I know if the patients qualify? You want to make sure that you can review those measure specification sheets that are specific to your collection type. Again, if you're using claims, you don't want to look at specification sheets for a registry. You want to look at the one that's, again, specific to your collection type. You want to develop workflows to capture the data. So from the time the patient comes in, who's responsible for what, what buttons do you need to click if you're using an EHR? Who's capturing these codes, who's asking these specific questions? So again, develop workflows and then verify completeness by auditing. So whether it's claims, EHR, registry or something like that, run your report, validate the information. Are you capturing what you think you're capturing? And look at those. I would hate for someone to think they were capturing a measure for an entire year, and trust me, we do see it, and then all of a sudden, we look at a report at the end of the year, and there was just something missed, a click in the EHR or we were tracking the wrong code or something like that. So you always want to make sure that you're monitoring your data to make sure that you are picking up what you think you are picking up.

Rabecca Dase:

So here we've been talking collection types, submission methods, same thing. I just wanted to highlight the number of measures that are available for each collection type. I think this is a good place to introduce collection types and submission methods. They're not all created equal. You can see here if you're using claims, there's only 55 measures available and 17 that are telehealth eligible. And same thing, eCQMs has 47. MIPS CQMs, which are your registry measures, there's almost 200. So again, not every collection type is created equal, there's different amounts of measures. What's required for each are probably pretty similar but you always want to review those specification sheets.

So here on this slide, we've included a couple of resources. The first one is *What are Quality Measure Collection Types*? This is a resource we created to help break down what the different collection types are, what the benefits are, who could use these collection types and things like that. The second resource is *2020 Quality Measures by Collection Type*. My colleagues worked on this resource and it breaks out what measures are available by claims and what measures are available by EHR. It is all right there without you having to go out to the QPP website to search for it. And we added a column this year to suggest what clinician types and specialties are applicable. And the last resource, which was just created, talks about the *2020 Telehealth Quality Measures*, which I'm sure telehealth is something we're all getting familiar with now.

Rabecca Dase:

So on the next slide, you can see considerations when you're selecting your collection type or submission method and your quality measures. Clinicians and groups, as Kathy mentioned, can use more than one method to submit your Quality data to CMS with the exception of the CMS web interface. If you're a small practice, you're probably not using that unless you're an ACO. But you can use claims to report, you can use EHR to report. Whatever's going to get you the best score, you can pick and choose. So when you're selecting your quality measures, you want to look at performance benchmarks. They're based on the collection type that you choose. CMS creates these benchmarks based on historical data. And then they take your current performance and compare it to these benchmarks to determine how many MIPS points you can earn.

And again, the benchmarks that they create are based on the collection type. So if you submit EHR using your eCQM, you're not going to be compared to a registry, you're going to be compared apples to apples, EHR to EHR. So another thing you want to look at is what is available to you. On the previous slide, we saw there were 55 measures for claims, there were 47 for EHR. What measures are available based on what collection type you want to use, those are things you need to consider too. Is there an additional cost? Some of those third party vendors have fees associated with them. If you have an EHR, sometimes they charge you for reporting packages. Is that something you want to spend money on? Registry licensing, is that something you want? So those are all things you need to take into account.

Another thing, will you have at least 20 patients? I included this one just because I was thinking if you only can report Medicare patients for claims and they're not picking up, do you have enough patients for that collection type if that was the way that you took it? It'd probably be easier to meet the 20 patient minimum if you're reporting on all patients from all payers. Another thing to consider is can you meet the data completeness criteria? Just again, all things to think about when you're looking at quality measures and collection types. And I just wanted to highlight again, for Quality, you cannot log in and manually enter your quality measure data. You have to have some type of quality collection type, whether it be claims, EHR, registry or something, but you cannot log it and manually enter numerators and denominators.

Rabecca Dase:

So just to highlight again, benchmarks are what CMS uses to determine how many MIPS points you can earn for your performance on a quality measure. And again, benchmarks are based on collection types that are going to compare apples to apples. So here I worked on the benchmark. I took this out of the

2020 sheet. You can see, we have the influenza measure, which is a common measure that we see reported. The first line is Medicare Part B claims. Then we have EHR measures or eCQMs, and then MIPS CQM, which are your registry measures. And if we took a score of say 60%, you had a 60% performance rate for this measure, and you were reporting via claims, you would only earn somewhere in the middle of the fifth decile. So you would earn somewhere around five points. If you had a 60% score on an EHR measure of the influenza, you would earn seven points. Going to CQM, if you had a 60% score again, you'd be at the top of the fifth decile almost to the sixth decile range. So again, not every collection type is created equal. The benchmarks are not apples to apples, it's always based on your collection type and how those benchmarks are. So if you start looking at your benchmarks, always take into account how you're collecting your data and getting it to CMS. So Kathy, can you tell us some other ways groups can earn extra points or bonus points in the Quality category besides just performance on their quality measures?

Kathy Wild:

Sure, I will. So we've got a couple of tips here with the goal to help you earn some extra points for that Quality category, which as we know has the highest weight for the MIPS score. So the first one is try to report more than six quality measures. CMS has said that is what is required. But the more you report, the more points you can get. So what they'll do is they'll actually score each measure individually, and then they'll take the scores of the six highest measures together to calculate the Quality category score regardless of the collection type. So it definitely is advantageous. If possible, also submit the measures electronically straight from your EHR or registry or QCDR directly to CMS. And the reason for that is that CMS has created what's called an electronic end-to-end bonus, and you can get one extra point for each measure that is reported electronically. So even if you report six measures using claims and those are the ones that are scored, if you have extra measures reported but they were reported electronically, you won't get achievement points for those, but you will get one point for each of those that are submitted that way.

Kathy Wild:

I've got a couple more tips for you. One is to choose measures that are not capped. Capped is the same as topped out. And as Rebecca said, that basically means that everyone has done well on those measures historically, they have a rate usually higher than 95%. So CMS is not going to give you the potential maximum 10 points. Most of them are topped out or capped at seven points. However, there are some that are even capped at three points. So when looking at the measures, you try to avoid those if possible. One thing to note is that since measures can be reported using more than one method, when you look at the collection type you will see how some measures will get different scores based on that. And I'm going to give you three examples of measures that are capped out if they're reported via claims, but they're worth the full 10 points if they're reported via your EHR or registry. So one of the common measures, is the BMI Screening ID 128, Screening for Depression, which is ID 134; and the Advanced Care Plan measure, number 47. So if you report them via claims, the maximum number of points you can get is seven. But if you reported that via your EHR or registry, you have the potential to earn up to 10 points. So it's something to look out for.

Kathy Wild:

Another thing is to choose a measure with a small population, that might make it easier for you to earn a higher score, especially if you're compliant with the measure. So remember, as Rabecca has said, you have to have at least 20 patients to report data for. So let me give you an example. If you pick a measure like medication reconciliation or BMI screening, that's collected, the patient population, which is in the denominator, is just about every patient that's seen in your practice. However, if you pick something that is more individualized such as the diabetes eye exam, your denominator population is reduced. So for that example, it would be those people that have diabetes, and then there's also a factor of them being within a certain age range. The same with like breast cancer screening. You would take out all the males, they would not count, and you would be looking at females in a certain age range. So that might be a helpful tip. And then the other thing is to report extra high priority or outcome measures. So you will get those extra bonus points for each measure as I said earlier, after the first mandatory outcome or high priority measure. So you can get one extra point for all of those over six, but there is a cap, and bonus points are capped at 10%. Now we're going to move on to the Improvement Activity category. Rabecca, can you tell our practices what they need to do to earn full credit for the Improvement Activity category?

Rabecca Dase:

Absolutely. So ultimately the Improvement Activity category when I'm working with my practices, I say, "Do not stress about this category." I know a lot of times when we start working with practices and we're like, "There's four categories, there's requirements of each," it can be overwhelming. So I always try to encourage people to say, "Don't worry about the Improvement Activity category, that's something that we'll be able to handle with minimal work and minimal effort." And here's why. So the Improvement Activity category is worth 15% of your total MIPS score. You should have no problem earning that 15%. You need to earn at least 40 points in this category. But as small practices, that means you only need to report one high weighted activity or two medium weighted activities.

In the past CMS has always said if you report as a group, only one provider would need to report or perform the activity to get credits. For 2020, they're saying if you're reporting as a group or a virtual group, in order to receive credit for the activity, at least 50% of the clinicians in your group or virtual group need to perform the same activity, *during any 90-day continuous period during the performance year. So again, for the Improvement Activity category, I promise it's not that bad and we can help you through it. Let's talk about it, let's talk about your practice. What are some things that you're doing? You are not required to submit supporting documentation when you test these activities, whether it be you logging into a test or your vendor testing for you. *clarification from script*

Rabecca Dase:

You do not have to supply any documentation, but what you still need to do is collect that documentation for your benefit because CMS can come back and audit you for up to six years. If you ask me in five years what I was doing today, chances are I'm probably not going to remember. So when you attest to the activities, you want to make sure you have that supporting documentation in your MIPS binder, which we always encourage our practices to keep so you have everything right there if they were to come back and say, "Hey, we need your information. Can you provide it for us?" You could flip to the

binder for 2020, and you'd be able to pull out what they were requesting. So there are lists of over 100 Improvement Activities for 2020, and we included the inventory list here. And then also we talk about the documentation. You might think, okay, well, what do I need to collect? This document here has the suggested documentation that CMS would like you to collect if you were saying that you were doing those activities. And as I mentioned before, it's not a one-size-fits-all. You might not collect the same thing that somebody across town collected. So let us help determine what would best support the activities that you are doing.

Rabecca Dase:

So tips for the Improvement Activity category. Again, never leave these points on the table, we can help you. No need to reinvent the wheel. Chances are, within your practice you're already doing some of these things. You want to consider some activities that can help you improve your quality measures, increase your PI score, and hopefully reduce cost because ultimately the goal of your improvement would be to improve the performance of your practice. So again, most practices have processes in place to capture some of these things already, especially with the pandemic that's been happening, such as the use of telehealth services to expand practice access. Has your group been using telehealth to reach patients or been using evidence-based decision tools within your systems? A lot of those are already in place. Tobacco use screening for behavioral health, things like that. Patient-centered medical home, are you a patient-centered medical home? A lot of times those can earn you full credit as well for being certified. Some of the other popular ones that we don't have listed here include 24/7 access to care. Do you have evening hours? Are you open on the weekends? Especially here in Pennsylvania, consultation of the Prescription Drug Monitoring Program, it's required. So that could be one. Are you querying the PDMP for a majority of your patients? These could be things that we could look at with you and help. Again, no need to reinvent the wheel. A lot of these things you're already doing, we just need to collect the documentation and maybe refine a few things to be able to get credit for those.

Rabecca Dase:

So we're going to jump into the Promoting Interoperability category, which you'll also hear referred to as the PI category. This is formerly advancing care information and before that was meaningful use. The PI category is 25% of your total MIPS score unless it's reweighted to zero. There could be certain situations where you have this category reweighted. Some of them happen automatically, for instance, if you're hospital-based, maybe non-patient facing. In the QPP Participation Lookup Tool that we referenced earlier and that they demoed how to look it up last week, that's where you can see what kind of special status you have and if the PI category does need to be reported on or if you qualify for a reweight.

So in order to earn full performance points in this category, you must earn 100 points. If you earn 100 points, you get the 25% toward your total MIPS score. You must report for a minimum of 90 consecutive days. You can report more than 90 if you choose to, but no less than 90. I just want to point out, sometimes more isn't always better. So you want to look at your scores, maybe you think you want to report a full year. But if you look at your data for 90 days, maybe the scores are a little bit higher because there are a lot of fluctuations throughout a year, vacation and things like that. So always look at the different reporting periods. Again, they give you 90 days to report, they say you can do more but no

less. All of the PI measures for 2020 must be reported or an exclusion claimed. And a big highlight here is a security risk analysis must be completed in 2020. This is not listed as a measure, but it is a requirement of the category. And if you don't complete a security risk analysis, you can't perform the PI category.

Rabecca Dase:

Some of the PI category basics, are data must be collected for all patients seen during the performance period, whether it be, again, if you select 90 days or a full year. Again, you collect data for all patients. Clinicians and groups that do not have an EHR cannot report the Promoting Interoperability category. And as Kathy mentioned earlier, she was talking about how to find your EHR certification number. Again if you're reporting PI, you must have a 2015 edition certification. And here again is a resource on how to find them.

Rabecca Dase:

Here are the 2020 Promoting Interoperability measures and the possible points that are available. We have e-prescribing. The optional measure, you can earn some bonus points, is *Query of the Prescription Drug Monitoring Program*. Those are for your prescriptions that are prescribed electronically for your controlled substances, so obviously you query the prescription drug monitoring program. You have the electronic referral-the sending of health information electronically, that's using those direct messaging addresses. Same thing with receiving the information, you're receiving those clinical care documents back electronically again with those direct messaging addresses.

Providing patients electronic access to their health information. This is the one that's worth the most, it's worth 40 of your points. This is offering the patient portal to your patients. Something that we commonly hear, that we've been hearing it from the very beginning, is: "My patients are elderly, they don't use the portal. Our patients aren't really into it." But the good thing about this measure is that, as long as you are doing your due diligence and offering the patient portal to your patients, you can still get credit for this measure. If they don't sign up, that does not impact your performance score. You are still offering the portal, you are still giving them the information to log in and access their information if they choose. But again, them not using the portal does not impact your score. So you want to, again, make sure that you're talking with your EHR vendor to know what the workflow is. Even if your patients decline the portal, and you are offering it, and you made it available. They chose not to use it, that's on them.

The last one is the public health and clinical data exchange where you need to report to two different public health agencies or clinical data registries. We've listed here a couple of options, such as the immunization registry. In Pennsylvania, a public health registry that you could use is the prescription drug monitoring website if you have the integration to your EHR. Unfortunately it's not for Delaware and New Jersey, and I don't think for West Virginia. But if in Pennsylvania if you have the integration, that could be something that's available. Another example would be the cancer registry. So again, we have here the specification sheets. Each specifications sheet, just like the quality measures, spells out what needs to be done for you to get credit or what's required for each measure. And then also the 2020 PI measures for MIPS, that's a tool that we created at Quality Insights that highlights all of the measures on a few pages rather than opening up all the different specification sheets. It includes exclusions and other

information. And before we go on, one of the things that I had mentioned a couple of slides ago was all of these measures have to be reported or an exclusion claimed. Unfortunately, the providing patients electronic access to their health information measure, that is the only measure that does not have an exclusion. So you cannot claim an exclusion for that. So if you're reporting it, you have to have a patient portal to be able to offer the patients the electronic access.

Rabecca Dase:

To maximize your EHR, and a lot of these things could be applied to the Quality category as well, work with your vendor, know what the workflows are, ask for demonstrations to better understand. So sometimes like I mentioned about Quality, people think that they're tracking things all along because they're probably having the conversations and things like that, but they could be missing one simple click in their EHR. So you always want to talk to your vendor. What are the workflows to capture the information? And then again, make sure you know how to run reports so you can monitor that. So if you implement a new workflow to improve, make sure you can monitor those reports. Are your numbers going up? Are they staying the same or are they going down? We want to make sure that we can run those reports and again, monitor your data.

And again, understand how to calculate those measures. Who's being pulled into them, what's required? Maintain consistent documentation between clinicians or staff, who's responsible for what? Make sure that everybody knows what the workflows are so you can get from point A to point B. And if there's something broken, you don't have to figure out all the little different broken pieces. You could look at your workflow for the group and then figure out where the breakdown occurs. Again, offer the patient portal to all of your patients. If they don't use it, that's up to them. As long as you're offering the patient portal to all of your patients and tracking in your EHR that it's being done, you can get credit.

Another thing, and these are both measures that I think we're trying to promote and improve access to is the sending of the CCDs electronically, either receiving it or sending it. But a lot of practices say, "We don't have direct messaging addresses." Pick up the phone, call the practices that you commonly refer to or that refer to you, have the discussion about these direct messaging addresses. Chances are if they have a certified EHR, they do have a direct messaging address. So it's worth having those conversations. So Kathy, I mentioned if a small practice didn't have an EHR they couldn't report the PI category. Is there anything that they can do? And then another thing that I've kind of mentioned throughout here, what if they're impacted by COVID-19, is there anything that they can do?

Kathy Wild:

Yes, there are actually two different hardship exception applications, and they are both now open and available to be submitted through the end of the calendar year, December 31. So the first one is the Promoting Interoperability category hardship exception. So if approved, this will reweight the PI category to zero points and then CMS will redistribute the 25 points to the Quality category. CMS also has an automatic PI hardship exception. And that is just for certain clinician types, such as hospital-based, ambulatory surgery-based, non-patient facing and then all the new clinician types from 2019, such as physician assistants and nurse practitioners. That is something where CMS automatically allows those providers to have that category reweighted and it will stay reweighted unless they submit data.

Kathy Wild:

What I'm talking about now is actually when a clinician or practice will have to submit an application. The other one that I'm going to talk about briefly is called the extreme and uncontrollable circumstance exception application. And this is when a clinician or a practice would like to request reweighting for any or all of the categories because they've encountered some extreme and uncontrollable circumstance or a public health emergency outside of their control. So examples are hurricanes, fires, theft, and now this year COVID-19. So this slide has a link for the 2020 Exception Application Fact Sheet, a 10-page document that CMS created on June 24th. And it gives a lot of the details that I'm going to just briefly go over in the next two slides.

Kathy Wild:

So the first one is the PI hardship exception. This slide identifies the five circumstances that qualify a clinician to submit a PI hardship exception application. So the first one shows that everyone in a small practice, and once again, that's 15 or fewer clinicians in the practice, they are eligible to get this PI category reweighted to zero. And this may or may not be beneficial to you depending on how you perform in the Quality category and how you would perform in the PI category. This is something for us to talk about with you. There are four other reasons to go ahead and submit this application. One would be if your EHR becomes de-certified during 2020, you could go ahead and submit this application. Another one is you have insufficient Internet connectivity. Three, you suffered a disaster, your practice closed, you had severe financial distress, or you had EHR vendor issues. And the last one is you lost control over the availability of technology in your area, if you're in a very rural area and are unable to do that. So those are the reasons that you would have to select one and CMS would review your application and tell you if it's approved or not. And I just want to stress again that if you do not have an EHR because you choose not to, it is not an acceptable reason to submit this application.

Kathy Wild:

The second application is the extreme and uncontrollable circumstances one. CMS recently announced that the COVID-19 public health emergency is a valid reason to submit this application if you are unable to collect 2020 data for an extended period of time or you fear the impact of COVID-19 could impact your cost quality category score. So what they did for 2019, if you recall, is if a clinician did not submit any data before the end of the reporting period on March 31st of this year, they automatically applied this so that you would not have a penalty. This is being changed for 2020 and they are requiring that you need to submit this application. Due to COVID, you do have to submit the application. And once again, I said that it is due by the end of the year. CMS is going to review each application individually, and then they're going to consider the length of time when assessing the ability of the MIPS clinician to submit data for each category selected. So once again, you may select all the categories or you can select one or two, that's going to be up to you. So I'll give you an example. So what CMS has stated in their resources is that we know that data for the PI and the Improvement Activities categories only has to be reported for 90 days. COVID has been around for most of this year and we don't know what's in store for us for the rest of this year. But there might be more likelihood that you could collect data and submit data for the PI and IA categories because of the shorter timeframe. However, when you think about the Quality category that has a reporting period of the full calendar year, it is less likely that you will be able to do

that to your fullest potential. So it looks like when they start evaluating these applications, that will be their logic. We do not have any more details about how they are going to review and approve these. It doesn't appear that they're going to be blanket approvals or anything like that.

And one of the things I did want to point out is that CMS does have a chart, and it shows the reweighting of categories based on your data submitted. So if you do select to, just say, only report Improvement Activities but not the others and request this, then there's a chart. It's actually an appendix on pages 9 and 10 of the 2020 QPP Exception Application Fact Sheet. And that will show you what your new weight would be for that category. What we're saying is that at this point that you shouldn't go ahead and submit this application. We don't know what the rest of the year will bring. We feel that if we work with you, we can come up with a goal and you can try to submit at least some data, hopefully get above the 45 points and get a positive payment adjustment. But definitely reach out to us and talk to us about this. Also, CMS is exploring similar flexibilities for APM entities, we don't have that information yet. Rabecca, I think it would be really helpful if we review how the MIPS categories are scored. Can you help us with that?

Rabecca Dase:

All right. So we're running short on time, so I'll try to keep it short for the next couple of slides. I already talked about this slide at the very beginning, just looking at the different categories. They take four categories, add them together to get your final MIPS score. Again, you can see the category weight all added together and they equal the MIPS score, 100%. So you want to do as well as you can in each category to get that final score as close to 100 as possible. Or if you want to just remain neutral, at least get to 45.

Rabecca Dase:

So this slide here, I just want to show what it looks like with the PI category reweighted whether you qualify for an automatic reweighting or maybe you filed for that PI hardship as Kathy just mentioned, Quality would move to 70, PI goes to zero, so you're not negatively impacted. You're not leaving those points on the table. And then again IA, 15 and Cost as well. That would equal 100% even with a reweight.

Rabecca Dase:

So as I have mentioned several times, each practice and the scenarios are different. Every practice operates a little bit different. So you want to report based on your circumstances. So in scenario one we have here, you don't have an EHR. This does not exclude you from the program, you would still need to participate, but there's some different things that you could do to make sure that you achieve 45 points. In scenario number two you have an EHR. So you can report data for all the categories or maybe you want to file a PI hardship exception. So again, there's a different scenario. In scenario three, the PI category is automatically reweighted so you can report Quality and Improvement Activities and then PI could move to Quality. Again, this is if you're hospital-based, if you are non-patient facing and things like that.

Rabecca Dase:

Scenario four, Kathy did a great job explaining the differences here. Scenario four, the PI category is reweighted due to an improved hardship. And then scenario five, if you need to file an extreme and uncontrollable circumstance application and have that approved, some category reweighting would exist there too. So now Kathy is going to get into more detail. We have a resource that's called *How to Avoid the 9% Penalty by Reporting MIPS in 2020*. It gets into those scenarios a little more detailed, and then it'll actually break down the next few slides that Kathy is going to talk about in regards to the scoring and what needs to be done to get the 45 points. So Kathy, can we get right into those so they know what they need to do?

Kathy Wild:

Sure. And I see that we're approaching our time, but I think this part is important for those of you who made the decision that you just want to avoid the penalty but you do want to submit data. The link for the resource that was on the previous slide has these, but I thought I'd just go over them to explain it for you. So the next few slides are going to have a couple of examples to show you how you can earn just the 45 points. And once again, we would love the opportunity to work with you individually so we can customize your plan and help you earn even more. So remember, the 9% penalty will be imposed for MIPS scores of 0 to 11.25 points. And if you score between 11.26 and 44.99, you will have a negative payment adjustment, but it will be between 0.01 and 8.99%.

So this example here shows someone who does not have an EHR and they did submit the PI hardship exception application we talked about earlier. They're only going to report Quality and Improvement Activities. As Rabecca said, the IA category is pretty, fairly simple to accomplish and get the full 15 points. So we're going to assume the practice will get that. So doing the math, we know that we need to get at least 30 points for the Quality category to get to that magic number of 45. In this example, we know that the PI category was reweighted, so that makes our Quality category weight 70% for this person. So if the measures don't meet the 20 case minimum, they don't meet the 70% data completeness requirement and don't have a benchmark, as Rabecca said, you're going to earn three points for each measure if you're in a small practice. And unfortunately, if you are in a large practice and don't meet those three criteria, you will not get any points for that quality measure. So we're going to pretend in all these examples you're in a small practice. So for this example, if you earned just the three points for four of the measures, then you will still have to earn a minimum of four points for two of the quality measures. And what I want to demonstrate now is how to calculate the Quality category points and convert them to MIPS points for your final score. You do not simply add the number of points for each measure together. That would be very simple, but unfortunately there is some complexity to doing this calculation.

Kathy Wild:

So what you have to do is to remember to divide the total number of points that you earned by the total points possible, and then you have to multiply it by the category weight. So that's the rule of thumb for figuring out your Quality category score. And I'll show you in this demonstration. So you'll see where in the little box below quality measure one and two, they each earn four points, but quality measures three through six each earn three points. We know that everyone in a small practice will get the six

additional points because they reported quality data. And then what we'll do is add those six points to the points that we earned and we get 26 quality achievement points. We know that there's a total of 60 points available for the Quality category. Rebecca went over that. And this is based on the fact that we're reporting six measures and they're each worth a maximum of 10 points even though we know some of them are not. So that would be 6 times 10 is 60.

So you take the 26 points that you earned and you divide it by the 60 possible points. You get a 0.43 because you earned less than half of it. But then the next step that you do is you multiply that by the category weight, which in this case is 70%. So when you take 0.43 times 70%, you'll get 30.1. So that is how many MIPS points you get for the Quality category. And yes, it is a complex calculation there, but I wanted to show you how to do it. So up here in the blue, in the middle, you'll see we took the 30.1 points for Quality and then 15 points for the IA, you would have 45.1 MIPS points for this example. And you would avoid the penalty.

Kathy Wild:

Now, for this next example on slide 46, it's the same as the previous one with one exception, we're going to pretend that the data is being submitted via an EHR, registry or QCDR. And what does that mean? That means that they earn additional bonus points. It's called the electronic end-to-end reporting bonus. So they're going to get six extra points. So the math is basically done the same, you're going to report the measures and you add the two bonuses. So as shown in the box here, 3 points for each measure plus the 12 extra points for the two bonuses, you get 30 achievement points. Divide that by the total possible points of 60 which equals 0.5 and then multiply that times 70% weight because our PI category is reweighted again. This person then got 35 points for the Quality category, which makes your overall MIPS score now 50 points if you just report Quality and IA. So in this example, this person will actually get a positive payment adjustment because they're above the 45. So this just shows the advantage and benefit of reporting electronically if you can.

Kathy Wild:

In the next example, the clinician or practice forgets to report PI data or does not submit a PI category hardship exception, and they do not report the PI category. But they are going to report the Quality and Improvement Activity categories. So what does that mean? That means that the category weight is reduced to 45% instead of 70. So what's the impact on that? The impact is that they will have to score better on each of their individual quality measures. They're going to need to meet the case minimum, and they're going to need to meet the data completeness criteria. And look as I show on the screen that you have to earn at least six points for each measure to be able to do this. So when you do that and you add the 6 times 6 is your 36 points, plus the small practice bonus, you get 42 achievement points. Divide that by the total possible points of 60 and you get 0.7. And now here's where the change is, you multiply that 0.7 that you earn times the category weight of 45%, you'll earn 31.5 points, and you add your Improvement Activity and you'll be above the threshold. So you've got 46.5 MIPS points, you will get a positive payment adjustment, but you really had to do well with your quality measures. So that's why if you think you need to submit a PI hardship exception, if you can't submit that category or you don't do well, then you really have to do well with the Quality category.

Kathy Wild:

One more example here. So this is the same example as the previous one, but what we're going to show you is if you submit them electronically using that end-to-end reporting, you'll get those extra bonus points again. So you'll get those six points. And once again, you don't have to do as well with your performance of each quality measure. So in this example, the clinical quality measures had to earn at least five points each to get you to the 6 times 5, would be 30 points, plus the small practice bonus of 6. Plus we're adding the electronic end-to-end bonus for six points to come up with your 42 achievement points. So you're going to have the same score as the previous one. The benefit of reporting electronically just meant that you didn't have to perform as well with your quality measure. And once again, this was just if you're reporting those two categories. Now, there are so many different options you have for what you're going to report and how you're going to report it. And that's where we would love to work with you to come up with a plan.

Kathy Wild:

So this last table just has some more scenarios. This shows that maybe you do want to report all three categories. And what we did is we broke it down to show you how many quality measures you have to report and how many points you would need for that category in order to get just that minimum MIPS score of 45 points. And not surprisingly, as we've shown before, if you submit them electronically, you do not have to do as well in your other categories. So this one, just for purpose of these demonstrations, you had to do well, get 22.5 points in your Quality and then 7.5 in your PI category if you did six measures. If you're a specialist and you absolutely cannot come up with six measures and you can only report two, then here's an example where you would only need 10.5 points in your Quality category, but you would have to do really well in your PI category and get 19.5 points there. So once again, there's all kinds of options and we would really urge you to reach out to us so we can work together and customize a plan for you.

And also note that we did not include in any of these scenarios the fact that you probably or may have a Cost category score also. That is something that CMS collects, and we will not know that until they give you your preliminary scores in the following year. So if you have hope that you'll at least gain a couple more points toward your next MIPS score for the Cost category, you can take that into consideration also. So half of 2020 is almost over, but it's not too early to think about your data submission for this year. So Rabecca, do you have any last minute tips to help our practices get organized?

Rabecca Dase:

Of course. So ultimately, even though we're toward the end of July, you can still start collecting your documentation, get it out of the way so you don't have that end of the year rush with the holidays. Everything else is closing out, start now. If you're working on your Improvement Activities, you can start collecting your documentation and things like that. In the past, Quality Insights created a guide to help collect this documentation and how to keep it organized. It's not ready yet for 2020, but I promise you it is coming. So keep an eye on our newsletters and check our website and our resource library. We will get that to you.

Rabecca Dase:

And again, you can start recording your information now, tracking your data. It's important to keep this information because CMS can audit you for up to six years. And maybe you're going to leave the practice, maybe you're going to retire. I mean, there are so many different scenarios where somebody else may take over the MIPS reporting. It would be great if you got audited, they could open up a MIPS binder. They would have our resource right in the front and tell you who handled what, what was done and just have a one-stop guide to the reporting year. So keep your eyes out for the 2020 QPP Data Validation and Audit document that we have coming out.

Rabecca Dase:

Thank you so much for hanging with us as we have gone over our time, but it's such a good topic, MIPS and how to avoid a penalty. I took some highlights from the QPPLive! event last week. First off, Quality Insights is here to assist you. And as my colleague Lisa said last week, we're here to help you now, tomorrow, next week, and in the future. Whenever you need us, we're here to help you. Something we didn't really talk about during the presentation today is making sure you have a HARP account so you can access that qpp.cms.gov portal previously known as an EIDM account. This is where you're going to log in, manage your reporting, manage your attestation and be able to see feedback.

The next thing is to check your participation status. Check it now, check it in the future, check it in the fall when the final status comes out. Determine what you want to accomplish, and then what you can accomplish. What kind of scenarios do you have at your practice? What do you have to work with? And again, let us help you select these quality measures, let us help you navigate these different scenarios. Like I said, MIPS is not one-size-fits-all. And trust me, we've seen a lot in the practices we help. So let us use our expertise to assist you and make sure you can achieve that 45 points or avoid the penalty for not reaching that 45 MIPS points in 2020. And Kathy, if you have nothing else to add, I'll hand it back to April to close it out, but thank you everybody so much for joining. If there are any questions in the chat box or Q&A box, we will compile a document and share that with you also.

April Faulkner:

All right. Thank you. And I'll just second what Rabecca said, you can still post questions in that Q&A box and we will compile them and send them out. But thank you to Kathy and Rabecca for sharing this informative presentation, and thanks to everyone for joining us today. Please note that when you close out of today's session, you will automatically be directed to a very brief evaluation. Please take just a moment to complete it, we greatly appreciate your feedback and comments. And please note the next edition of QPPLive! will be held on Thursday, August 20, at 9:30 a.m. You will see a registration link posted in the chat box. Thanks again for joining us today and have a great rest of the day. The session has now concluded.