



QPP Resource Center: MACRA Minute

August 2020



Final Feedback

On August 5th CMS released 2019 MIPS performance feedback and final scores. If you submitted data for the 2019 performance period, you can view your MIPS performance feedback and final score on the [Quality Payment Program](#) website. Your final score will dictate the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS eligible clinician in 2021.

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

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

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

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

COVID-19 Flexibilities

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

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

Questions?

Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours before 10:00 a.m. and after 2:00 p.m. ET.

Targeted Review

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

When to Request a Targeted Review

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

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

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

How to Request a Targeted Review

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

- Going to the [Quality Payment Program website](#)

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

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

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

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2021 Proposed Rule

On August 4th CMS released [the Medicare Physician Fee Schedule Notice of Proposed Rulemaking](#) which includes proposed policies for the 2021 performance year of QPP.

Key proposals for 2021 performance year of the Quality Payment Program include:

- Beginning Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) implementation in 2022 instead of 2021
- Increasing the performance threshold from 45 points for the 2020 performance year to 50 points for 2021 (10 points less than the 60-point threshold finalized for 2021 in the CY 2020 PFS Rule)
- Decreasing the category weight for Quality from 45% to 40%
- Increasing the category weight for Cost from 15% to 20%
- Removing the CMS Web Interface as a collection type and submission type for reporting MIPS quality measures beginning with the 2021 performance period
- Sunsetting the Alternative Payment Model (APM) Scoring Standard and allowing MIPS eligible clinicians in APMs the option to participate in MIPS and submit data at the individual, group, or APM Entity level.
- Updating third party intermediary approval criteria as well as remedial action and termination criteria
- In addition to 2021 policies, this NPRM includes a proposal to increase the complex patient bonus from a 5- to 10-point maximum for clinicians, groups, virtual groups, and APM Entities for 2020 performance only to offset the additional complexity of their patient population due to COVID-19. Learn more about additional flexibilities implemented in response to the public health emergency on the [QPP COVID-19 Response webpage](#).

Submit Comments

CMS is seeking comment on a variety of proposals in the NPRM. Comments

are due by 5 p.m. Eastern Daylight Time (EDT) on **October 5, 2020**.

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

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

NPRM Webinar Details

CMS is hosting a webinar on Wednesday, August 12 at 2:00 p.m. ET to provide an overview of proposed policies for the 2021 performance period. Following the presentation, CMS will answer questions from attendees as time permits.

- **Title:** Overview of the 2021 Proposed Rule for the Quality Payment Program
- **Date:** Wednesday, August 12, 2020
- **Time:** 2:00 - 3:30 p.m. ET
- **Registration Link:** <https://engage.vevent.com/rt/cms/index.jsp?seid=1710>

For More Information

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

- [Press release](#) - Provides more details about today's announcement
- [Fact sheet](#) - Offers an overview of the QPP proposed policies for 2021 and compares these policies to the current 2020 requirements

2018 Experience Report

On July 7th CMS released the [2018 Quality Payment Program \(QPP\) Experience Report](#) to provide insights into participation during the 2018 performance year. This report builds on the 2018 participation results shared in [this CMS blog post](#) by Administrator Seema Verma in January 2020.

The report includes data regarding participation and performance in the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) tracks of QPP during the 2018 performance year. It covers eligibility and participation, reporting options, performance categories, and final score and payment adjustments. Key 2018 findings include:

- 98% of MIPS eligible clinicians participated in the program and avoided a negative payment adjustment, a one-year increase of 3 percentage points.
- 84% of clinicians earned an "exceptional performance" designation by earning 70 points or more.
- 356,353 MIPS eligible clinicians participated in MIPS through a MIPS APM, a 15,000-clinician increase from the 2017 performance year.
- The number of clinicians achieving Qualifying APM Participant (QP)

status nearly doubled in one year, from 99,076 to 183,306 clinicians. This, along with the increase in MIPS APM participation, indicates a desire from clinicians and practices to transition toward value-based arrangements.

- 84% of small practices earned a positive payment adjustment, up 10 percentage points from the year prior.
- The percentage of rural practices earning a positive payment adjustment increased from 93% in 2017 to 97% in 2018.

Upcoming LAN Webinar & Telligen Webinar

September LAN Webinar: Maximizing Your MIPS Score: Advice for Solo and Small Group Practices.

This event will focus on the basic requirements for each performance category, how to use telehealth measures and activities, suggestions for targeting measures and activities that make sense for your practice, and advice on applying for a hardship application.

[September 15th, 2020 2:30 PM to 3:30 PM CST](#)

[September 17th, 2020 10:00 AM to 11:00 AM CST](#)

Telligen Webinar:

Understanding 2019 MIPS Performance Feedback

Please watch for our upcoming presentation "Understanding 2019 MIPS Performance Feedback".

In this presentation, we will walk you through how to access your 2019 MIPS final feedback, explain the details you see for each of the performance categories and describe the targeted review process if you do not believe your score is accurate.

This on-demand presentation will be posted on our website in the upcoming weeks [here](#).

New Resources in the QPP Resources Library

The following resources were updated or added in July

[2021 MIPS Payment Adjustment Fact Sheet](#)

[2019 Targeted Review User Guide](#)

[2021 QPP Proposed Rule](#)

[2021 QPP Proposed Rule Fact Sheet](#)

[2018 QPP Experience Report](#)

[2020 CAHPS for MIPS Approved Survey Vendors](#)

[2020 Quality Measure List with Telehealth Guidance](#)

This material was prepared by Telligen QPP-SURS Resource Center, the Quality Payment Program for Iowa, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health & Human Services. The contents presented do not necessarily reflect CMS policy. HHSM-500-2017-00012C.

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