



QPP Resource Center: MACRA Minute

November 2019



CMS Issues Final Policies for 2020 QPP

On November 1, CMS issued its final policies for the 2020 performance year of the Quality Payment Program via the [Medicare Physician Fee Schedule Final Rule](#).

Key finalized policies for 2020 include:

- Maintaining the weights of the Cost (15 percent) and Quality (45 percent) performance categories
- Increasing the performance threshold from 30 points to 45 points
- Increasing the data completeness threshold for the quality data that clinicians submit to 70 percent
- Increasing the Improvement Activity performance category participation threshold for group reporting from a single clinician to 50 percent of the clinicians in the practice
- Revising the specifications for the Total Per Capita Cost and Medicare Spending Per Beneficiary Clinician measures

- Updating requirements for Qualified Clinical Data Registry measures and the services that third-party intermediaries must provide (beginning with the 2021 performance period)

Additionally, CMS is finalizing its [MIPS Value Pathways](#) participation framework that begins in the 2021 performance year. MVPs will move us away from siloed activities and measures toward a set of measures options that are more relevant to a clinician's scope of practice and more meaningful to patient care.

We will begin to implement the MIPS Value Pathways framework gradually, beginning in the 2021 performance year. Over the coming months, we will continue to collaborate with stakeholders to create and implement the MVPs framework using an incremental approach.

For more information, please reference the following documents or attend the CMS webinar on November 19.

- [Fact Sheet](#) - offers an overview of the QPP policies for 2020 and compares these policies to the 2019 requirements
- [Frequently Asked Questions](#) - addresses frequently asked questions about 2020 QPP final rule policies
- [MVPs Video](#) - provides an overview of the MVPs participation framework
- Register for the [2020 Quality Payment Program Final Rule Webinar](#) on November 19, 2019 at 1:00 p.m. CST.

2015 CEHRT - Certification ID

For the 2019 performance year, 2015 CEHRT is required. You must attest to using 2015 CEHRT and enter the certification ID when you submit data for the Promoting Interoperability category. This certification ID can be obtained from the ONC website at <https://chpl.healthit.gov/#/search>

We recommend you contact your EHR vendor to get the correct version number and/or product name. You can watch our [short video](#) on how to obtain your certification ID for more information.

Promoting Interoperability Public Health Registry Category

In 2019, there is one measure for the Promoting Interoperability category that requires you to report to two public health registries (or claim an exclusion if one or both registries do not apply).

You need to register with a public health registry no later than 60 days after the first day of the performance period. If you chose to report for the last 90-day period, (October 3 -December 31, 2019), you must be registered with the public health registry by December 3, 2019.

If you need assistance finding public health registries to report to, contact your state health department and/or specialty society, or reach out to us for

help.

PI Hardship Applications Due December 3

CMS realizes there may be circumstances out of your control that make it difficult for you to meet requirements for the Promoting Interoperability category. They are providing you with the opportunity to apply for a hardship exception. The application is now available on the QPP website's [Exception page](#).

MIPS eligible clinicians, groups and virtual groups may submit a Promoting Interoperability Hardship Exception Application citing one of the following specified reasons:

- You're a small practice
- You have decertified EHR technology
- You have insufficient internet connectivity
- You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues
- You lack control over the availability of CEHRT

Just simply lacking CEHRT does not qualify you for re-weighting.

NOTE: If you're already exempt from submitting Promoting Interoperability, you don't need to apply for this application.

If you have questions about the hardship exceptions, please refer to the [2019 Exceptions: Frequently Asked Questions document](#).

Applications must be submitted by December 31, 2019.

QPP Tool Includes Second Snapshot of 2019 APM Data

The [QPP Participation Status Tool](#) is now updated based on the second snapshot of data from Alternative Payment Model entities. The second snapshot includes data from Medicare Part B claims between January 1 and June 30, 2019. The tool includes 2019 Qualifying APM Participant and Merit-based Incentive Payment System APM participation status.

To learn more about how CMS determines QP and APM participation status for each snapshot, please view the [QP Methodology Fact Sheet](#).

What Does QP Status Mean?

If you qualify as a QP, you are:

- Eligible for the 5 percent [APM](#) incentive bonus
- Exempt from participating in MIPS

How Do I Check My QP or APM Participation Status?

- Visit: <https://qpp.cms.gov/participation-lookup>
- Enter your 10-digit National Provider Identifier

To check your 2019 eligibility at the APM entity level:

- Log into the [QPP website](#)

Browse to the Taxpayer Identification Number(s) affiliated with your entity. Access the details screen to view the eligibility status of every clinician based on their NPI.

Learn More About APMs and Earn CME Credit

CMS has posted five continuing medical education modules on Alternative Payment Models. You can access them by logging into your [Medicare Learning Network account](#), or creating one [here](#).

Once logged in, type the name of the module into the search bar at the top of the website to find it. The new APMs CME modules include:

- QPP 2019 Overview
- Transitioning to an Advanced APM: 2019 Update
- QPP MIPS APMs in 2019
- QPP for Advanced APMs in 2019
- QPP: All-Payer Combination Option in 2019

You can also find modules on participating in QPP MIPS outside of an APM, along with category specific trainings.

CMS Webinars

2020 Quality Payment Program Final Rule Webinar

[November 19, 2019, 1:00 p.m. CST](#)

December 2019 LAN Webinar: Implications for the Year 4 Final Rule

[Tuesday, December 10, 2019, 10:00 - 11:00 a.m. CST](#)

[Thursday, December 12, 2019 2:30 - 3:30 p.m. CST](#)

Telligen Presentations

Obtain Your CMS EHR Certification ID for MIPS Attestation

For the 2019 performance year, 2015 CEHRT is required. You must attest to using 2015 CEHRT and enter the certification ID when you submit data for the Promoting Interoperability category. Watch our [short video](#) on how to obtain your certification ID for more information.

New Resources in the QPP Resources Library

The following resources were updated or added in October:

- [Improvement Activities Guide](#)
- [List of Alternative Payment Models](#)
- [Improvement Activities Performance Category Fact Sheet](#)
- [Improvement Activities Quick Start Guide](#)
- [All Payer Data Submission Guidance](#)
- [QCDRs](#)

- [Qualified Registries](#)
- [QCDR Measure Specifications](#)
- [Facility-Based Measurement Fact Sheet](#)

We encourage you to explore the resource library, and check out all the great resources that are available.

November Quality Measures Tip

November 21 marks the official start of the Great American Smokeout, an annual event to encourage smokers to make a plan to quit.

If you are screening your patients for tobacco use and providing those who smoke with information on how to quit you can report Quality Measure 226, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention. This measure is a multi-strata measure meaning you report multiple performance rates for the measure.

While you need to report all three performance rates, measure 226 will only be scored based on the 2nd performance rate, the number of smokers who received tobacco cessation intervention.

- Performance Rate 1: Denominator-All patients age 18 and older seen for at least two visits or a at least one preventive visit during the measurement period.
 - Numerator-Patients who were screened for tobacco use at least once with 24 months.
- Performance Rate 2: Denominator- Denominator-All patients age 18 and older seen for at least two visits or a at least one preventive visit during the measurement period **and identified as a tobacco user**.
 - Numerator-Patients who received tobacco cessation intervention.
- Performance Rate 3: Denominator-All patients age 18 and older seen for at least two visits or a at least one preventive visit during the measurement period.
 - Numerator-Patients who were screened for tobacco use at least once with 24 months **and who received tobacco cessation intervention if identified as a tobacco user**.

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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