

QPP Resource Center: MACRA Minutes

March 2021



CMS Re-Opens EUC Application for PY 2020

To provide continued flexibilities to ECs responding to COVID-19, CMS is applying the automatic [Extreme and Uncontrollable Circumstances \(EUC\)](#) policy to all MIPS ECs for the 2020 performance period.

CMS is also reopening the [EUC application](#) for individual ECs, groups, virtual groups, and APM entities *through March 31, 2021 at 7 p.m., CT*. Please note that applications received between now and March 31 won't override previously submitted data for individuals, groups, and virtual groups.

What Does This Mean for ECs Who Have Not Submitted Data?

- **Individual ECs:**
 - No additional action is required to qualify for the automatic EUC
 - You will be automatically identified and receive a neutral payment adjustment for the PY 2022 unless:
 1. You submit data as an individual in two or more performance categories or
 2. Your practice reports as a group by submitting data for one or more performance category
- **Groups:**
 1. No further action is required if you're not able to submit PY 2020 data
 2. Group participation is optional and individual ECs will qualify for the automatic EUC policy
 - All four performance categories are reweighted to 0% and ECs

receive a neutral payment adjustment for PY 2022 unless:

1. You submit data in two or more performance categories (as individuals) or
 2. Your practice reports as a group by submitting data for one or more performance category
- **Virtual Groups:**
 - Groups unable to submit PY 2020 data must submit an EUC application for all four performance categories by the deadline

What Does This Mean for ECs Who Have Submitted Data?

- **Individual ECs That Submitted for One Performance Category:**
 - No additional action is required to qualify for the EUC policy
 - You will be automatically identified, have all four performance categories reweighted to 0%, and will receive a neutral payment adjustment for PY 2022 unless:
 1. You submit data for another performance category or
 2. Your group submits data for one or more performance category
- **Individual ECs That Submitted for Two or Three Performance Categories:**
 - You will receive a final score and payment adjustment for the 2022 payment year based on the data submitted
 - You will only be scored in the performance categories your data was submitted for
 - You can't submit an application to override previously submitted data
- **Groups and Virtual Groups That Submitted Data for One Performance Category:**
 - If you're not able to complete data submission for other performance categories, you can submit an application to request reweighting in all four performance categories
 - This includes small practices that were automatically scored as a group on Medicare Part B claims measures submitted throughout the 2020 performance period
 - Groups that don't submit an application will be scored in all categories unless eligible for reweighting in one or more categories
 - If your application is approved and data isn't submitted for another performance category, ECs will receive a neutral payment adjustment for the 2022 payment year
- **Groups and Virtual groups That Submitted Data for Two or Three Performance Categories:**
 - ECs will receive a MIPS final score and payment adjustment for PY 2022
 - Groups will be scored in all performance categories unless they qualify for reweighting in one or more categories
 - Applications can't be submitted to override previously submitted data

For More Information:

- [2020 MIPS EUC Application Resources](#)
- [QPP COVID-19 Response Fact Sheet](#)

- [QPP COVID-19 Response Online](#)
- **Contact the Telligent QPP Resource Center** via phone at 1-844-358-4021 (Monday through Friday 8 a.m. to 4 p.m., CT) or [via email](#)
- **Contact the QPP** at 1-866-288-8292 (TRS: 711) (Monday through Friday, 7:00 a.m. to 7:00 p.m., CT) or by [e-mail](#)

Upcoming Data Submission Deadline

A reminder that 2020 MIPS data for Quality, Promoting Interoperability and Improvement Activities ***must be submitted on or before March 31, 2021 by 7:00 p.m. CT.***

How to Submit Your 2020 MIPS Data:

1. Go to the [QPP webpage](#)
2. Sign in using your QPP access credentials (see [here](#) for directions)
3. Submit your PY 2020 data or review the data reported on your

Data Submission Resources:

- CMS Videos:
 - [Overview of 2020 Data Submission](#)
 - [File Upload and Quality Scoring](#)
 - [Manual Attestation of Promoting Interoperability](#)
 - [Manual Attestation of Improvement Activities](#)
- Telligent Webinar
 - [MIPS Year 4 Data Submission](#)

Suppressed MIPS Measures for PY 2020

As part of the CY 2019 final rule (83 FR 59847), CMS established a policy that provides for the suppression of measures in certain circumstances.

Beginning with the 2019 performance period, measures significantly impacted by clinical guideline or other changes that CMS believes may result in patient harm or cause misleading results, CMS will reduce the denominator of available measure achievement points for the quality performance category by 10 points for each impacted measure submitted. The policy will "hold harmless" any clinician or group submitting data on a suppressed measure.

Measures Impacted in 2020 Include:

- **69:** Hematology: Multiple Myeloma: Treatment with Bisphosphonates, when reported via MIPS CQM
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan, when reported via CMS web interface
- **419:** Overuse of Imaging for the Evaluation of Primary Headache, when reported via Medicare Part B claims
- **458:** All-Cause Hospital Readmission, which is scored via administrative claims for groups of 16 or more clinicians

You can read more about why these measures in [this document](#).

Mark Your Calendar: Webinars & Events

QPP Connect Live!

As part of the Performers of Excellence Award, Telligen is hosting the new call-in series, Telligen QPP Connect Live! A new topic is featured each month followed by participant Q&A session.

Join us **Wednesday, March 17 from noon to 1 p.m.**, CT, for a presentation on Security Risk Analysis.

- [Join via Zoom](#)
 - Meeting ID: 959 0889 7340
 - Passcode: 761463
- Join via Telephone (for best quality, select a number based on your current location):
 - +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782 or +1 312 626 6799 or +1 929 205 6099 or +1 301 715 8592
 - Meeting ID: 959 0889 7340

Archived Webinars

[MIPS Data Submission Year 4](#)

Provides an overview on how to successfully report MIPS data for the Quality, Improvement Activities, and Promoting Interoperability performance categories.

[QPP Connect Live! February Recording](#)

Provides an overview of the data submission process and answers data submission FAQs.

Quality Measures New to MIPS in 2021

- ***480: Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty***
 - Outcome measure collected from claims data for a 3-year performance period
 - For groups and individual clinicians
 - 25 case minimum to be scored on the measure
 - The measure's numerator assesses the occurrence of complications in the 90 days following the index admission date; therefore, ending the 3-year performance period on September 30th of the calendar year will allow time for numerator assessment. This approach balances measure reliability with maximizing the number of clinicians or clinician groups measured.
- ***479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission Rate***
 - Outcome measure collected from claims data for a one-year performance period
 - For groups of 16 or more clinicians
 - 200 case minimum to be scored on the measure
 - Attributes outcomes to MIPS participating clinician groups and assesses

each group's readmission rate. The measure comprises a single summary score, derived from the results of five models, one for each of the following specialty cohorts: medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology

Now Available in the QPP Resource Library

The following resources were updated or added in February:

- [2020 Data Submission User Guide](#)
- [2020 MIPS Exception Application](#)
- [2020 MIPS Scoring Guide](#)
- [2021 Quality Quick Start Guide](#)
- [MIPS Value Pathways Diagrams](#)
- [2021 Call for Measures and Activities](#)
- [2021 eCQM Specifications](#)
- [2021 Improvement Activity Inventory](#)
- [2021 MIPS Data Validation Criteria](#)
- [2020 Suppressed MIPS Quality Measures](#)

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