

## 2018 QPP Performance Period— Data Submission Key Reminders

As the 2018 performance year comes to a close, now is the time to start planning when you will submit your 2018 data. Keep in mind that there may be varying deadlines based on your intended data submission method (known as collection types beginning in 2019).

Important dates to keep in mind this year and early next year include:

- **December 31, 2018:** The 2018 performance year ends, and the QPP Exception Application and Virtual Group election windows close
- **January 2, 2019 (10am ET):** Data submission window opens for the 2018 performance year at [QPP.CMS.gov](http://QPP.CMS.gov)
- **March 2, 2019:** MIPS claims-based data submission deadline
- **April 2, 2019 (8pm ET):** Submission window closes for the 2018 performance year

Thank you for your hard work this year collecting your data! Remember to reach out to your [Technical Assistance Contractor](#) with any questions you have while submitting your 2018 performance year data.

## Disaster Relief Exceptions to MIPS Reporting

Similar to 2017, the Centers for Medicare & Medicaid Services (CMS) is granting automatic extreme and uncontrollable circumstances exceptions to providers located in areas affected by recent natural disasters during the 2018 performance year, including Hurricane Florence, Hurricane Michael, and the recent wildfires in northern California. If you are located in an area that is designated by the Federal Emergency Management Agency (FEMA) as a major disaster county, you may be eligible for an automatic extreme and uncontrollable circumstances exception, and would not be required to submit MIPS data for the 2018 performance period. If CMS identifies you as being impacted by an event, and you do not submit any data during the data submission period, your scores for the Quality, Improvement Activities, Cost, and Promoting Interoperability (PI) performance categories will be automatically reweighted to zero percent of your final score. In this case, CMS will assign a final score equal to the performance threshold, which means you will receive a neutral payment adjustment. For more information on this exemption and a list of applicable counties, click [here](#).

Note that this extreme and uncontrollable circumstances exception is applied automatically, but if you choose to submit data for more than one of the Quality, Improvement Activities, and/or PI performance categories, the data submitted will be scored and you will receive a final score and payment adjustment based on your performance for the 2018 performance period. For FAQs related to exceptions, click [here](#).

### IN THIS ISSUE

**2018 QPP Performance Period—Data Submission Key Reminders**

**Disaster Relief Exceptions to MIPS Reporting**

**Final Rule for Year 3 of the Quality Payment Program**

**SURS Provider Spotlight — Dedra Dyer**

**FAQs from October 2018 National QPP SURS LAN Webinar**

**Monthly Observance—World AIDS Day**

**Emerging Developments—2017 Data on Physician Compare**

**Upcoming Events**

This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor. Questions or suggestions about the newsletter can be sent to [QPPSURS@IMPAQINT.COM](mailto:QPPSURS@IMPAQINT.COM).

## Final Rule for Year 3 of the Quality Payment Program

On November 1, 2018, CMS issued the final rule for Year 3 of the Quality Payment Program, which covers the 2019 performance year. Highlights of the final rule include:

- **Newly Eligible Clinician Types Added:** The final rule expanded the types of providers who are included in MIPS (i.e. eligible clinicians):
  - Physical therapists
  - Occupational therapists
  - Clinician psychologists
  - Qualified speech-language pathologists
  - Qualified audiologists
  - Registered dietitians or nutrition professionals.
- **Minimum Performance Threshold Increased:** To avoid a negative payment adjustment in Year 3, providers must meet the performance threshold of 30 points, up from 15 points in Year 2.
- **Two Performance Category Weights Changed:** In Year 3, a clinician's final score is made up of the following performance category weights:
  - Quality: 45% (down from 50% in Year 2)
  - Cost: 15% (up from 10% in Year 2)
  - PI: 25% (no change)
  - Improvement Activities: 15% (no change)
- **Potentially Larger Payment Adjustments:** Payment adjustments based on performance during Year 3 could be as high as +7% or as low as -7%. Keep in mind that a scaling factor will be applied to MIPS payment adjustments to **retain budget neutrality**, which will likely moderate the 2021 payment adjustments.
- **Third Criterion of the Low-Volume Threshold Added:** Starting in Year 3, the low-volume threshold (LVT) will include a third criterion for determining MIPS eligibility: the number of covered professional services furnished to Medicare beneficiaries under the Medicare Physician Fee Schedule (PFS). To be eligible for MIPS in 2019, clinicians and groups must provide more than 200 covered professional services under the PFS in a year, in addition to billing more than \$90,000 in allowed charges for covered professional services under the PFS and furnishing covered professional services to more than 200 Medicare beneficiaries in a year.
- **New MIPS "Opt-In" Option:** Clinicians who meet one or two, but not all three of the LVT criteria can opt-in to MIPS in Year 3. For those clinicians choosing to opt-in, they will be scored and receive a payment adjustment just like eligible clinicians who exceed the LVT. Note: Voluntary reporting remains an option for those clinicians who do not meet any of the LVT criterion. Clinicians choosing to voluntarily report will receive performance feedback, but will not receive a corresponding payment adjustment.
- **Streamlined MIPS Determination Period:** In Year 3, there will be a unified MIPS determination Period to evaluate clinicians and groups for the low-volume threshold, non-patient facing status, small practice status, and hospital-based and Ambulatory Surgical Center (ASC)-based status.

### WEBSITES

#### Centers for Medicare and Medicaid Services

[cms.gov](https://www.cms.gov)

#### Quality Payment Program

[qpp.cms.gov](https://qpp.cms.gov)

#### Healthcare Communities

[healthcarecommunities.org](https://healthcarecommunities.org)

#### For FREE assistance funded by CMS, clinicians in small practices can contact their Direct Support Organization

[qpp.cms.gov/about/small-underserved-rural-practices](https://qpp.cms.gov/about/small-underserved-rural-practices)

### CONTACT US

#### QPP SURS Central Support Team

(202) 774-1060

[qppsurs@impagint.com](mailto:qppsurs@impagint.com)

#### CMS QPP Service Desk

1 (866) 288-8292

1 (877) 715-6222 (TTY)

[qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)

- **8 Episode-Based Cost Measures Added:** Eight new episode-based measures are being added to the Cost performance category.
- **Restructured the Promoting Interoperability Category:** MIPS-eligible clinicians will have a single, smaller set of Promoting Interoperability objectives and measures with scoring based on performance.
- **Facility-Based Measurement Scoring Option:** Facility-based individuals and groups can now choose to use facility-based Quality and Cost performance measures from the Hospital Value Based Purchasing (VBP) Program towards their MIPS Final Score.

### **How are small practices affected?**

- The small practice bonus will now be added to the Quality performance category score instead of the final MIPS score. Because of this move, the bonus will increase from 5 to 6 points.
- Small practices will continue to receive 3 points for reporting data on Quality measures even if they do not meet full data completeness requirements.
- In Performance Year 2019, Medicare Part B claims measures can only be submitted by clinicians in a small practice (i.e., 15 or fewer eligible clinicians). Reporting via claims is no longer an option for large practices. Additionally, the option to submit MIPS data via claims has been extended to SURS small practices reporting as a group.
- Small practices will continue to have the option of applying for a hardship exception for the Promoting Interoperability performance category (i.e., reweighting the Promoting Interoperability score to the Quality performance category score).

For more details on these policies and to learn more about other policies included in the Year 3 Final Rule, see the fact sheet here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Year-3-Final-Rule-overview-fact-sheet.pdf>. The QPP SURS Central Support Team also held a webinar on the Year 3 Final Rule and its implications for solo practitioners and small practices. For a link to the presentation, see the QPP SURS Central Support website: <https://qppsurs.wordpress.com/resources/>.

## **SURS Provider Spotlight—Debra Dyer**



Dedra Dyer is an office manager for a solo pulmonologist in Atlanta, Georgia who is supported by three staff members, including Dedra. Dedra has been in the medical field for over three decades and has led the Atlanta chapter of the [Professional Association of Health Care Office Management \(PAHCOM\)](#), a professional association of office managers from small practices. Dedra's practice participates in an accountable care organization (ACO), which she says helped tremendously when it came to reporting MIPS data in 2017. Dedra played an important role in fostering participation in MIPS at her practice by taking advantage of a broad range of resources and providing education to her physician and staff to get them on board with the new reporting requirements. Dedra's practice was recognized by her local Technical Assistance Contractor as a high-performing practice in 2018 based on her dedication to MIPS reporting. Dedra has the following advice for small practices on how to succeed in MIPS:

### 1) Start small

Dedra advises other SURS practices to "pick one measure, get really good at it, then move on to the next - don't shoot for the moon. You don't need to be the brightest star in the sky. Get really good with one measure, then add that second measure. Don't try to do it overnight."

### 2) Help providers with documentation

Dedra got her clinician involved with MIPS by creating a printed flow-chart for patient visits that displays the evaluation and management (E&M) codes under each MIPS measure they report. The clinician has to fill out the checklist before Dedra inputs the charges into the system. The charge won't go through until the doctor asks the patient all the necessary questions for each MIPS measure. Dedra says this checklist has been a huge help to get her clinician on board with MIPS reporting.

### 3) Engage office staff

Dedra holds weekly staff meetings where she provides education on MIPS to her clinician and other staff members. She discusses the quality measures that the practice is reporting and how the practice will be scored at the end of the performance year. She runs reports and shows the staff what measures need to be improved and brainstorms how the practice can improve their scores. Dedra also discusses the financial consequences of not reporting to stress the importance of MIPS for the practice.

### 4) Take advantage of resources available

Dedra has found it helpful to view webinars developed by [Georgia HITEC](#), a subcontractor to Alliant, her regional Technical Assistance Contractor. She has also found the resources in the [CMS resource library](#) on the QPP website helpful, especially the fact sheets. In addition, Dedra leverages resources from PAHCOM, including webinars, success stories, and cheat-sheets uploaded by association members. PAHCOM offers a directory of other office managers by location and specialty, which allows office managers in the same area or of the same specialty to talk to each other, ask which measures have worked for them, and share how to use their EHR to track those measures.

As your practice begins plans for the 2019 performance period, consider using one or more of Dedra's tips to improve your score in the next year!

## FAQs from October 2018 National QPP SURS LAN Webinar

The following questions were asked by audience members during the October 2018 QPP SURS LAN Webinar, entitled "Submitting Your 2018 MIPS Data: Advice for Solo and Small Group Practices." For a link to the webinar and presentation slides, click here: <https://qppsurs.wordpress.com/resources>.

#### 1. How do I make sure my EIDM account is set up and current? My practice had one last year, but no one was here for more than 60 days?

You can reach out to the QPP Service Center at 1-866-288-8292 to reinstate your EIDM account.

#### 2. Is the 2018 claims feedback available in the QPP Portal even though we are only three quarters of the way through the year?

Yes, CMS has just announced a new feature in the QPP portal that displays quality performance information submitted via Part B claims so far this year. Clinicians and groups can log into the portal to view their performance feedback on an ongoing basis, updated monthly. The QPP Portal provides a comprehensive overview of their MIPS final score, performance category details, and predicted 2019 MIPS payment adjustment.

**3) For the 2019 MIPS performance year, can I use an EHR that has 2015 Edition functionalities but is still awaiting ONC certification or do I have to use 2015 Edition Certified EHR Technology (CEHRT) throughout the entire 90 day Promoting Interoperability performance period? Can I use 2014 Edition CEHRT at all?**

You must be using the 2015 Edition functionality for the full PI performance period (any continuous 90-day period within calendar year 2019). In many situations the product may be pending ONC certification, but the product has been deployed so as long as the certification is received before the end of the performance period, the clinician will be able to submit data for the PI performance category. Note that small practices (with 15 or fewer clinicians) can apply for a hardship exception to be exempt from the Promoting Interoperability category .

## Monthly Observance — World AIDS Day

World AIDS Day is an internationally recognized global health day dedicated to raising awareness of AIDS and preventing the spread of the HIV virus. According to the CDC, one million people in the U.S. are living with HIV, and one in seven individuals don't even know they are infected. In the U.S. alone, there are over 38,500 new infections every year. For providers, World AIDS Day is an opportunity to encourage your patients to get tested for HIV and provide education on how to prevent new infections.

Several MIPS quality measures are designed to track and improve the care provided for patients with HIV/AIDS. Relevant quality measures include, but are not limited to:

- 1) HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis (Quality ID: 205)
- 2) HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis (Quality ID: 160)
- 3) HIV Medical Visit Frequency (Quality ID: 340)
- 4) HIV Viral Load Suppression (Quality ID: 338)

Your participation in MIPS can help support World AIDS Day by helping patients get tested and helping them receive the treatment they need to combat the virus and prevent further infections. For more information on World AIDS Day, click here: <https://www.cdc.gov/features/worldaidsday/index.html>.

## Emerging Developments—2017 Data on Physician Compare

In early 2019, CMS plans to publicly report the 2017 Quality Payment Program data via the Physician Compare tool. Developed by CMS in 2010 as a result of the Affordable Care Act, Physician Compare is designed to help the public have access to the information they need to make informed health care decisions. The tool allows consumers to search for physicians and other health care professionals and view practice locations, group affiliations, and board certifications. The resource also includes performance data, and will soon include results from the MIPS 2017 performance year. Clinicians and groups will have a 30-day preview period to review their performance information prior to it being publicly reported on Physician Compare. The 30-day preview period will begin in late 2018.

If you have any questions, or would like to learn more about the tool, please visit the Physician Compare Initiative page designed for clinicians: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative>.

## How to Check Your QP Status

To view your QP or MIPS APM status at the individual level:

- Go to: <https://qpp.cms.gov/participation-lookup>
- Enter your 10-digit National Provider Identifier (NPI)

To check your group's 2018 eligibility at the APM entity level:

- Log into the CMS [Quality Payment Program website](#) with your [EIDM credentials](#)
- Browse to the Taxpayer Identification Number affiliated with your group
- Access the details screen to view the eligibility status of every clinician based on their NPI

## Questions?

To learn more about how CMS determines QP and MIPS APM status, be sure to review CMS' [QP Methodology Fact Sheet](#).

If you need additional support, reach out to your region's Technical Assistance Contractor: <https://qpp.cms.gov/about/small-underserved-rural-practices>.

## Resources for Specialists - State Medical Societies

Are you having trouble finding MIPS quality measures relevant to your specialty? Are you searching for local resources that could assist your practice in MIPS reporting? Remember to check out the resources available on your state medical association or society's website. State medical societies offer a variety of QPP webinars, decision guides, EHR resources, and other online tools. They may also provide tailored information for specialists.

For instance, the [Texas Medical Association](#) (TMA) provides links to national specialty societies to help connect practices to the MIPS resources tailored to their specialty, including specialty registries, relevant quality measures, and specialty-specific toolkits and Alternative Payment Models (APMs) resources. Additionally, CMS provides access to specialty measure sets, which can be accessed on the QPP Portal using the "Explore Measures" tool available here: <https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2018#measures>.

State medical societies also provide general QPP educational materials and can serve as a forum for specialists to meet other clinicians and practices. The [Connecticut State Medical Society](#) offers free webinars, as well as an in-person MACRA "Boot Camp," where you can network with other SURS practices. As you continue your 2018 MIPS reporting, don't forget to check out your state medical society's website for additional QPP resources, discounts, and networking opportunities!

# Upcoming Events

INFORMATION REGARDING UPCOMING EVENTS, ALONG WITH REGISTRATION INFORMATION, CAN BE FOUND BELOW:



**JANUARY LAN Webinar:** MIPS 101: An Overview of the Merit-Based Incentive System (MIPS) for Solo and Small Group Practices

Date: [Tuesday, January 15, 2019 3:30pm - 4:30pm ET](#)

Date: [Thursday, January 17, 2019 11:00am -12:00pm ET](#)

**CMS Quality Conference**, January 29-31, 2019. Please visit [www.cmsqualityconference.com](http://www.cmsqualityconference.com) to register.

## **Additional Upcoming Events and Links to Past Events**

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>