

Stay on Track for Success – Use a MIPS 2021 Checklist



January 26, 2021



South Carolina Office of
Rural Health

Housekeeping



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- The presentation slide deck is available through the link in chat.
- If you have questions during the presentation, please enter them in Chat
- Please let us know of others who would like to receive invitations to our future Quickinars
- We would appreciate you completing the WebEx survey after the presentation

About Alliant Quality



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Georgia—Hi-Bridge Solutions

Florida—Health Services Advisory Group

- Alliant Quality provides no cost technical assistance for MIPS
 - Florida, Georgia, South Carolina & North Carolina
 - Small practices with 15 and fewer clinicians
 - Funded by CMS since 2017 to provide MIPS technical assistance
- Contact us at - qppsurs@allianthealth.org

MIPS Technical Assistance



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- Examples
 - How to apply for a HARP account or hardship exceptions
 - How to find resources and webinar opportunities
 - How to subscribe to the QPP listserv
 - How to understand and comment on the proposed 2021 rule
 - Any questions or concerns about MIPS
 - How to identify relevant quality measures & improvement activities
 - How to understand measure specifications
 - What documentation to retain in the event of an audit
 - How to report MIPS without an EHR



February 2021 LAN Webinar

Key Insights for Success in MIPS and Lessons Learned for Solo and Small Group Practices

[Tuesday February 9, 2020 -11am-12pm ET](#)

[Thursday February 11, 2020 -4pm-5pm ET](#)

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Upcoming Important Deadlines

February 1, 2021 – *Deadline to submit the 2020 Extreme and Uncontrollable Hardship Exception application*

March 1, 2021 – Deadline for CMS to receive 2020 claims for the Quality performance category.

March 31, 2021 – 2020 MIPS performance year data submission window closes



Introductions



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Agenda



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- Using the MIPS 2021 Checklist tool
 - Value and strategies
 - Review of tool
- Quality Category Measures for 2021
 - Example modified measures
- Resources
- Q & A

Value of Using a Checklist



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The MIPS 2021 Checklist is a tool used to help clinician practices comply with MIPS requirements.

- Comprehensive list of critical tasks
- Developed by MIPS content experts
- User-friendly format
- Records progress
- Prevents missing important steps
- Contains active links

Checklist Strategies



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- Use for planning & preparation
- Begin using early in the performance year
- Revisit periodically
- Share among MIPS team members
- Retain for your records

Quality Payment Program (QPP) 2021 MIPS Checklist



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Quality Payment Program (QPP) 2021 MIPS Checklist

Version 1.0

Plan your 2021 MIPS submission strategy



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2021 Performance Year Reporting Deadline:

March 31, 2022

4 Steps to Success



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Our Process

- A. Determine Eligibility**
- B. Select Measures and Activities**
- C. Collect Data**
- D. Report Data**

A. Determine Eligibility



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A. Determine Eligibility

MIPS eligibility can change every year.

1. Go to www.qpp.cms.gov and check eligibility by entering an NPI in the “QPP Participation Status” field and then click on the orange “Check All Years” button (or use the [Participation Status Lookup Tool](#)).
2. Click on the tab for the current calendar year to see if you are MIPS eligible as an individual, group, or eligible to opt-in as an individual or group.
 - Only clinicians who are MIPS eligible as an individual are REQUIRED to participate.
 - Clinicians who are not eligible to participate at the individual or group level have the option to voluntarily report MIPS data, but they are not subject to payment adjustments.
 - Clinicians who are eligible to opt in as an individual or group can report MIPS data and will be eligible for payment adjustments.
3. Check the “other reporting factors” section located after MIPS participation for each NPI.
 - These factors may result in the clinician having fewer reporting requirements for a specific performance category.
4. Record information from the QPP Participation Status tool below:

A. Determine Eligibility



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2021 MIPS Eligibility Decision Tree

Am I Eligible to Participate in the Merit-based Incentive Payment System (MIPS) in the 2021 Performance Year?



MIPS eligible clinician types:

Physicians (includes doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry; osteopathic practitioners; and chiropractors (with respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function)). Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, Clinical Psychologists, Physical Therapists, Occupational Therapists, Qualified Speech-Language Pathologists, Qualified Audiologists, Registered Dietitians or Nutrition Professionals, groups or virtual groups that include one or more of these MIPS eligible clinician types

Low-Volume Threshold Criteria for 2021:

- Bill more than \$90,000 for Part B covered professional services under the Physician Fee Schedule; AND
- See more than 200 Part B patients; AND
- Provide more than 200 covered professional services to Part B patients

To achieve QP status in 2021, you must:

- Receive at least 75% of Medicare Part B payments; OR
- See at least 50% of Medicare patients through and Advanced APM Entity.
- Additionally, 75% of practices need to be using CEHRT within the Advanced APM Entity.

To achieve partial QP status in 2021, you must:

- Receive at least 50% of Medicare Part B payments; OR
- See at least 35% of Medicare patients through an Advanced APM Entity.



A. Determine Eligibility



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PERFORMANCE YEAR 2021

Preliminary Eligibility

Preliminary MIPS information is available. You can now [view](#) your eligibility for PY 2021. If you're currently eligible, start collecting quality measure data now.

[Check Your Eligibility](#) >

QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#) [↗](#) number to view your QPP participation status by performance year (PY).

NPI Number

[Check All Years](#) >

Want to check eligibility for all clinicians in a practice at once?

[View practice eligibility](#) in our signed in experience

A. Determine Eligibility



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PY 2017

PY 2018

PY 2019

PY 2020

PY 2021

2021 Participation Status

! Your Performance Year 2021 eligibility status can be updated throughout the year based on:

- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021) [Learn more](#)
- QP Determinations (snapshot data generally available July 2021, October 2021, December 2021) [Learn more](#)
- Eligibility to report for MIPS via the APM Performance Pathway (snapshot data generally available July 2021, October 2021, December 2021) [Learn more](#)

B. Select Measures and Activities - QUALITY



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QUALITY CATEGORY (40%)

Report on a total of
6 quality measures
from the [2021 MIPS
Quality Measures
List](#)

B. Select Measures and Activities

Category Overview:

- Report **6 [Quality measures](#)**, including one outcome or high priority measure, or a specialty measure set*, or the CMS Web Interface measures. If more than 6 measures are reported, CMS will add the scores of the 6 highest measures together to calculate the quality performance score.
- Quality measures can be submitted using more than one submission method.
- To receive the maximum number of points for each measure:
 - Data completeness: Report data for at least **70%** of all measure eligible patients (70% of Medicare patients if submitting a Medicare Part B claims measure).
 - Case minimum: Report data for at least **20** cases.
 - Report measures that have a benchmark ([2021 Quality Benchmarks](#)).
- If a quality measure cannot be reliably scored i.e., meet the 3 requirements above, the measure will earn 3 achievement points for clinicians in a small practice (≤ 15 clinicians) and 1 point for clinicians in a large practice (≥ 16 clinicians). Large practices will receive zero points for measures that do not meet data completeness.

* Fewer than six measures can be reported if reporting a specialty measure set that includes fewer than six measures.

There are two new administrative claims measures –

B. Select Measures and Activities – QUALITY



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Make sure your MIPS quality measures are still available reviewing the changes for 2021 including:

- changes to 113 existing MIPS quality measures
- removal of 11 quality measures
- and the addition of two new administrative claims measures (one of which has a 3-year measurement period)

Modified Quality Measures for 2021



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There are a total of 17 quality measures in which the ONLY change was that telehealth was added to eligible encounters in the denominator.

EXAMPLES:

- Melanoma: Continuity of Care – Recall System
- Biopsy Follow-Up

2021 Modified Quality Measure – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)



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Stratified the Performance Not Met numerator option into three:

- Performance Not Met: Most recent hemoglobin A1c (HbA1c) level < 7.0%
- Performance Not Met: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
- Performance Not Met: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

Updated numerator instructions: For the MIPS CQM Specifications and Medicare Part B Claims Measure Specifications collection type:

Added: Do not include HbA1c levels reported by the patient.

Added: Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure; patients with a diagnosis of secondary diabetes due to another condition should not be included.



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B. Select Measures and Activities – PROMOTING INTEROPERABILITY (PI)

PROMOTING INTEROPERABILITY (25%)

Do you qualify for a [Hardship Exception](#) for Promoting Interoperability?

Application due
December 31, 2021

☐ YES ☐ NO

Minimum continuous
90-day period
required

Requirements for Promoting Interoperability:

- ☐ Prevention of information blocking
- ☐ ONC Direct Review
- ☐ Security Risk Analysis

Required Measures:

The first four measures are performance scored with a numerator and denominator.

1. E-prescribing (minimum of one in the numerator; exclusion available) ☐ up to 10 points
2. Support Electronic Referral Loops by Sending Health Information (minimum of one in the numerator; exclusion available) ☐ up to 20 points
3. Support Electronic Referral Loops by Receiving and Reconciling Health Information (minimum of one in the numerator; exclusion available) ☐ up to 20 points
4. Provide Patients Electronic Access to their Health Information (minimum of one in the numerator) ☐ up to 40 points
5. Public Health and Clinical Data Exchange ☐ 10 points

Select **two** below to meet the requirement (Two may be selected within the same category)

a. Immunization Registry Reporting	<input type="checkbox"/>
b. Electronic Case Reporting	<input type="checkbox"/>
c. Public Health Registry Reporting	<input type="checkbox"/>
d. Clinical Data Registry Reporting	<input type="checkbox"/>
e. Syndromic Surveillance Reporting	<input type="checkbox"/>

Bonus Measure:

Query of Prescription Drug Monitoring Program (PDMP) for prescribing one Schedule II opioid electronically 10 bonus points ☐

QPP Resources on Promoting Interoperability:

[2021 Promoting Interoperability Measure Specifications](#)

B. Select Measures and Activities – IMPROVEMENT ACTIVITIES



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IMPROVEMENT ACTIVITIES CATEGORY (15%)

PCMH or similar
patient-centered
specialty recognition
earns full
Improvement Activity
credit

Receive the FULL 15 points for Improvement Activities for earning 40 performance category points.

Special Status considerations: small, non-patient-facing, rural or HPSA earn full credit for reporting on 1 high-weighted activity OR 2 medium-weighted activities.

All others: earn full credit for reporting on 2 high-weighted activities OR 4 medium-weighted activities OR 1 high-weighted and 2 medium-weighted activities.

☐ **Activity #1:** [Click or tap here to enter text.](#)

☐ **Activity #2:** [Click or tap here to enter text.](#)

☐ **Activity #3:** [Click or tap here to enter text.](#)

☐ **Activity #4:** [Click or tap here to enter text.](#)

Review the [2021 Improvement Activities Inventory](#) (CMS)

NOTE: Must report for a continuous 90-day period. If reporting as a group, then at least 50% of the clinicians must perform the same activity, which can be different continuous 90 day periods during the program year.

C. Collect Data



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C. Collect Data

MIPS eligible clinicians may use:

- Technology certified to the existing 2015 Edition certification criteria,
- Technology certified to the 2015 Edition Cures Update certification criteria, or
- A combination of both to collect and report their Promoting Interoperability data and ~~eCOMs~~ for the Quality performance category (check the status/edition of your EHR [here](#)).

D. Report Data



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**Reporting deadline:
March 31, 2022**

The Quality Payment Program uses the HCQIS Access Roles and Profile (HARP) system for credential management.

D. Report Data

If using the CMS QPP Portal to attest:

- Must have a HARP account.
- New users can sign up for HARP credentials by using the this link, [Register for a HARP account](#), or use the [QPP website](#) and click on *Sign In* at the top of the page. Select the Register tab. **Creation of new accounts may take several days, so do not wait until March.**

QPP Sign-in for Submission www.qpp.cms.gov

Go to “Sign in” on the top of the page:

- ☐ Use your HARP login and password. Test your login: www.qpp.cms.gov
- ☐ Review practice information for correctness
- ☐ Review provider listing
- ☐ Upload a QRDA III or .JSON file type for the Quality Category (May also contain PI and IA data)
- ☐ Attest for the PI and IA categories using your EHR or manual entry if not contained in the QRDAIII or .JSON.

Retain & Organize all MIPS Documents



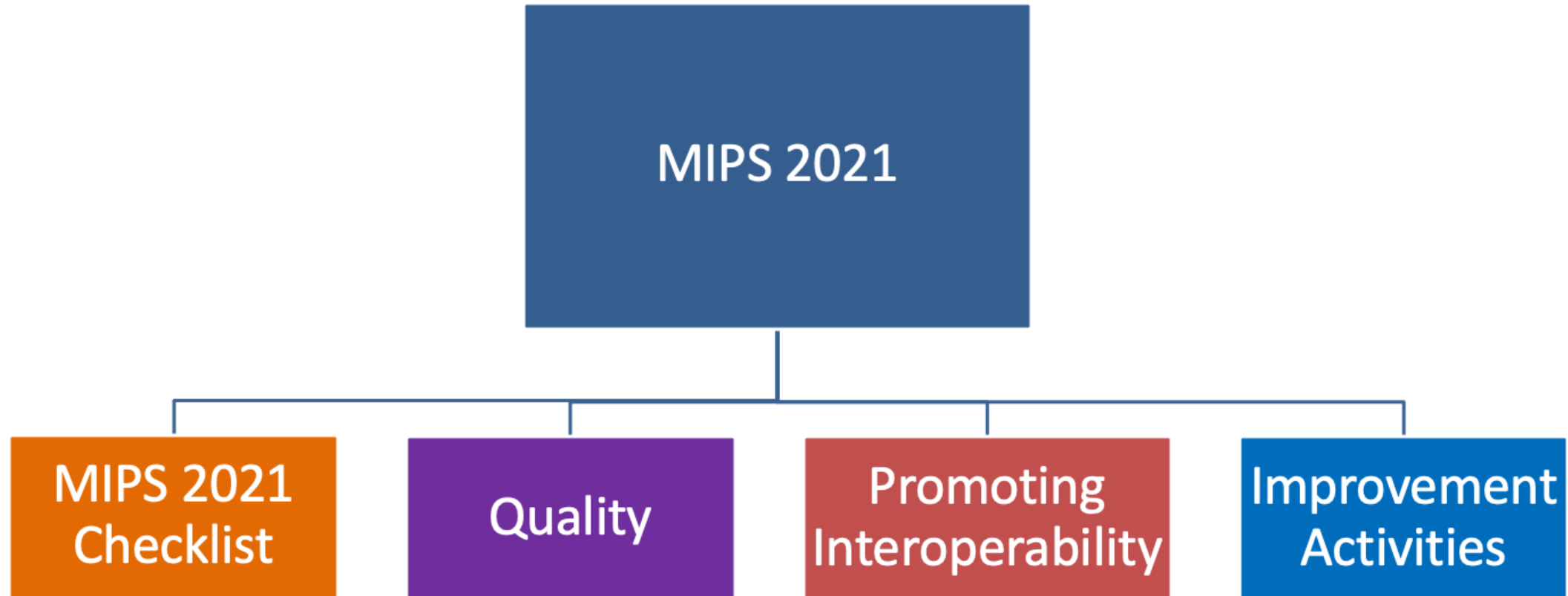
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<https://www.alliantquality.org/topic/quality-payment-program/>



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Questions?



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Thank you for spending time with us today!

Please Join us Again

February 23, 2021

12pm ET/ 1pm CT



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