

Quality Payment Program (QPP) 2020 MIPS Checklist

Plan your 2020 MIPS submission strategy

2020 Performance Year Reporting Deadline:

March 31, 2021

2020 MIPS Checklist

Purpose: The checklist is a tool for eligible clinicians and staff to prepare for and submit data for the 2020 MIPS program. The following steps will help you get started with 2020 MIPS reporting.

1. Eligibility – Determine which clinicians are required to report to avoid penalties and earn positive payment adjustments. CMS uses historical claims data from previous calendar years to assess which clinicians and groups exceed the low volume threshold.
2. Understand “Other reporting factors”: Certain factors, including [Special Statuses](#), [QPP Exceptions](#), [Facility-based Determinations](#), can affect your reporting requirements for each performance category. These factors can reduce or eliminate reporting requirements for a specific category.
3. Important Reporting Decisions:
 - a. Decide if you will report as an [individual, group or virtual group](#).
 - b. Decide how you will submit your data. Submission options for 2020 include claims, attestation, registry, qualified clinical data registry and use of a 2015 certified electronic health record (CEHRT).



| Advanced Alternative Payment Model (Advanced APM) | |
|---|--|
| 1. Are you participating in an Advanced APM as a Qualified Participant? <ul style="list-style-type: none"> 2020 CMS qualifying APMs can be found here. Clinicians should monitor if they are a Qualifying APM Participant on the CMS Participation Status Lookup Tool. | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| 2. Do you receive 50% of your Medicare payments or see 35% of your Medicare patients through an Advanced APM? | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| <i>If you answered YES to either of the 2 questions above, you are exempt from MIPS reporting.</i> | |

If you answered no to both questions, continue on through the next steps of our process.



Merit-based Incentive Payment System (MIPS)

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:

Clinician Name: [Click or tap here to enter text.](#)

Place a check mark if the option is applicable to this clinician:

- | | |
|--|---|
| MIPS eligible as an Individual <input type="checkbox"/> | MIPS eligible as a Group <input type="checkbox"/> |
| Opt-in eligible as an Individual <input type="checkbox"/> | Opt-in eligible as a Group <input type="checkbox"/> |
| Works in a small practice (< 16 clinicians) <input type="checkbox"/> | Works in a rural area <input type="checkbox"/> |
| Works in a Health Professional Shortage Area <input type="checkbox"/> | Non-patient facing clinician <input type="checkbox"/> |
| Hospital-based clinician <input type="checkbox"/> | Facility-based clinician <input type="checkbox"/> |
| Ambulatory Surgery Center based clinician <input type="checkbox"/> | |
| Will apply for the Promoting Interoperability Hardship Exception in 2020 <input type="checkbox"/> | |
| Will apply for the Extreme and Uncontrollable Circumstances Exception in 2020 <input type="checkbox"/> | |

There are additional Clinician tables in [Appendix A](#) that you can fill out and print.

Select Individual or Group Reporting

NOTE: Data may be submitted both ways. CMS will review all data and keep the highest MIPS score.

- | | |
|---|---|
| <input type="checkbox"/> INDIVIDUAL | Each clinician submits data individually. Payment adjustment is based on individual performance. |
| <input type="checkbox"/> GROUP | Two or more clinicians (one must be MIPS eligible) who have reassigned their Medicare billing rights to the same TIN have their data and MIPS scores aggregated. Each clinician will receive a payment adjustment based on the group’s performance. All clinicians in a group are billing under the same TIN. |
| <input type="checkbox"/> VIRTUAL GROUP | Two or more TINs with 10 or fewer providers per TIN elect to participate in MIPS as a group, regardless of location or specialty. Virtual groups must notify CMS by December 31 of previous year of their intent to report as a virtual group. |

Select Data Submission Method for Each Category

NOTE: Data for each category can be submitted by an individual, group, or a third party vendor, and can be submitted using more than one method. No data submission is required for the Cost category.

Data Submission Methods for Quality

2020 Submission Methods Available for Groups

| Submission Type | Submitter Type | Collection Type |
|--|-----------------------------------|---|
| Direct Log in and upload to the QPP Portal CMS Web Interface (groups of 25 or more eligible clinicians) Medicare Part B claims (small practices only) | Group Third-party intermediary | eCQMs (EHR measures) MIPS CQMs (formerly Registry measures) QCDR measures CMS Web Interface measures CMS-approved survey vendor measure Administrative claims Medicare Part B Claims (small practices only) |

2020 Submission Methods Available for Individuals

| Submission Type | Submitter Type | Collection Type |
|--|--|--|
| Direct Log in and upload to the QPP Portal Medicare Part B claims (small practices only) | Individual Third-party intermediary | eCQMs MIPS CQMs QCDR measures Medicare Part B claims (small practices only) |

| Category | Data Submission Options | Data Collection Options |
|----------------------------|--|--|
| Promoting Interoperability | <input type="checkbox"/> Direct (EHR, QCDR or Qualified Registry) – direct vendor upload <input type="checkbox"/> Upload a file <input type="checkbox"/> Attestation on QPP portal (manual entry) | <input type="checkbox"/> Promoting Interoperability measures <input type="checkbox"/> Certified EHR Vendor measures |
| Improvement Activities | <input type="checkbox"/> Direct (EHR, QCDR or Qualified Registry) – direct vendor upload <input type="checkbox"/> Upload a file <input type="checkbox"/> Attestation on QPP portal (manual entry) | <input type="checkbox"/> Internal Documentation of Improvement Activities Performed |

B. Select Measures and Activities

QUALITY CATEGORY (45%)

Report on a total of
6 [Quality measures](#)

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:
 1. **[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).
 2. **[Case minimum](#)**: Report data for at least **20** cases.
 3. Report measures that have a **[benchmark](#)** ([2020 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.
 - [2020 Quality Quick Start Guide \(CMS\)](#)
 - [2020 Part B Claims Reporting Quick Start Guide \(CMS\)](#)
- * Fewer than six measures can be reported if reporting a specialty measure set that includes fewer than six measures.

Measure Selection:

- Identify measures applicable to your practice by using your common billing codes (CPT, ICD-10, HCPCS) and using the **2020 Single Source documents** resource. First download the [2020 Medicare Part B Claims Measure Specifications and Supporting Documents](#) resource, and then locate the folder named "Medicare Part B Claims Specs Supporting Docs" to find your common billing codes. For registry reporting use the [2020 Clinical Quality Measure Specifications and Supporting Documents](#).
- Learn more using [Finding Quality Measures Using Single Source Documents](#) created by TMF Health Quality Institute.

Bonus Points:

- 2 points for each additional outcome or patient experience measure reported.
- 1 point for each additional high priority measure reported.
- Note: CMS Web interface reporters are not eligible to receive bonus points for additional outcome or high priority measures.
- **[Small Practice Bonus](#)**: 6 points will be added to the Quality category numerator when a clinician in a small practice submits at least 1 quality measure.

| ID | List Measures | Outcome | High Priority |
|----|---|------------------------------|------------------------------|
| 1 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 2 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 3 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 4 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 5 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 6 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 7 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| 8 | <u>Click or tap here to enter text.</u> | <input type="checkbox"/> YES | <input type="checkbox"/> YES |

Does your practice have at least 6 applicable Quality measures?

If not, CMS will apply the [Eligibility Measure Applicability \(EMA\) process](#). See the 2019 Eligible Measures Applicability (EMA) resources for additional information (will be updated for 2020).

| | |
|--|--|
| <p>IMPROVEMENT ACTIVITIES CATEGORY (15%)</p> <p>PCMH or similar patient-centered specialty recognition earns full Improvement Activity credit</p> | <p>Receive the FULL 15 points for Improvement Activities for earning 40 performance category points.</p> <p>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.</p> <p>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.</p> <p><input type="checkbox"/> Activity #1: <u>Click or tap here to enter text.</u></p> <p><input type="checkbox"/> Activity #2: <u>Click or tap here to enter text.</u></p> <p><input type="checkbox"/> Activity #3: <u>Click or tap here to enter text.</u></p> <p><input type="checkbox"/> Activity #4: <u>Click or tap here to enter text.</u></p> <p>Review the 2020 Improvement Activities Quick Start Guide (CMS)</p> <p>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.</p> |
|--|--|

C. Collect Data

2015 Edition CEHRT must be in place on the first day of the performance period for Promoting Interoperability (check the status/edition of your EHR [here](#)).

PROMOTING INTEROPERABILITY (25%)

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

Application due December 31, 2020

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 Incorporating 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
 - b. Electronic Case Reporting
 - c. Public Health Registry Reporting
 - d. Clinical Data Registry Reporting
 - e. Syndromic Surveillance Reporting

Bonus Measure:

Query of Prescription Drug Monitoring Program (PDMP) for prescribing one Schedule II opioid electronically 5 bonus points
Review the [2020 Promoting Interoperability Quick Start Guide](#) (CMS)

COST CATEGORY (15%)

Full-year time frame

No data submission is required for the Cost Category. The category score is based on administrative claims for the full year.

To learn more:

- [2020 Cost Quick Start Guide](#) (CMS)
- [2020 MIPS Summary of Cost Measures](#)
- [2020 Cost Measure Information Forms](#)

Complex Patient Bonus:

All MIPS eligible clinicians, groups, virtual groups and APM entities caring for complex patients and submitting data for at least one MIPS performance category (Quality, Promoting Interoperability, or Improvement Activities) are eligible for the complex patient bonus of up to 5 points added to their final score.

D. Report Data

**Reporting deadline:
March 31, 2021**

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

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.

Resources

- [QPP Access User Guide](#) (ZIP)
- **Quality Payment Program Help Desk:** 1-866-288-8292 (TTY: 1-877-715-6222)
- **PECOS Help Desk:** 1-888-379-3807

Documentation for Audits

- Save Quality reports with clinician’s names and timeframes when gathering the data.
 - Save on hard paper, cloud-based document back up, or external drive and document where you can find it. It is important to save this information to a file that will be backed-up routinely and is accessible to others.
 - Keep for a minimum of 6 years, 3 months.
- Save documentation of Improvement Activities for a minimum of 7 years.
- Save Security Risk Analysis documentation. Security Risk Analysis should be performed or reviewed once during the year.
- Save Submission receipt: This may be from EHR vendor/registry, saved screens from the QPP Portal attestation, or other.

Appendix A. Additional Clinicians

[Clinician Name:](#) Click or tap here to enter text.

Place a check mark if the option is applicable to this clinician:

| | | | |
|---|--------------------------|------------------------------|--------------------------|
| MIPS eligible as an Individual | <input type="checkbox"/> | MIPS eligible as a Group | <input type="checkbox"/> |
| Opt-in eligible as an Individual | <input type="checkbox"/> | Opt-in eligible as a Group | <input type="checkbox"/> |
| Works in a small practice (< 16 clinicians) | <input type="checkbox"/> | Works in a rural area | <input type="checkbox"/> |
| Works in a Health Professional Shortage Area | <input type="checkbox"/> | Non-patient facing clinician | <input type="checkbox"/> |
| Hospital-based clinician | <input type="checkbox"/> | Facility-based clinician | <input type="checkbox"/> |
| Ambulatory Surgery Center based clinician | <input type="checkbox"/> | | |
| <hr/> | | | |
| Will apply for the Promoting Interoperability Hardship Exception in 2020 | | | <input type="checkbox"/> |
| Will apply for the Extreme and Uncontrollable Circumstances Exception in 2020 | | | <input type="checkbox"/> |

[Clinician Name:](#) Click or tap here to enter text.

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| Ambulatory Surgery Center based clinician | <input type="checkbox"/> | | |
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| Hospital-based clinician | <input type="checkbox"/> | Facility-based clinician | <input type="checkbox"/> |
| Ambulatory Surgery Center based clinician | <input type="checkbox"/> | | |
| <hr/> | | | |
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| Will apply for the Extreme and Uncontrollable Circumstances Exception in 2020 | | | <input type="checkbox"/> |

Appendix B. Acronyms

| Acronym | Meaning |
|----------------|--|
| APM | Alternative Payment Model |
| ACO | Accountable Care Organization |
| ASC | Ambulatory Surgical Center |
| CERHT | Certified Electronic Health Record Technology |
| CQM | Clinical Quality Measure |
| CAHPS | Consumer Assessment for Healthcare Providers and Systems |
| CEHRT | Certified Electronic Health Record Technology |
| EC | Eligible Clinician |
| EHR | Electronic Health Record |
| EIDM | Enterprise Identity Management |
| EMA | Eligibility Measure Applicability |
| HARP | HCQIS Access Roles and Profile |
| HCC | Hierarchical Condition Category |
| HCQIS | Health Care Quality Information System |
| EHR | Electronic Health Record |
| HPSA | Health Professional Shortage Area |
| IA | Improvement Activities |
| JSON | Java Script Object Notification |
| MIPS | Merit-based Incentive Payment System |
| NPI | National Provider Number |
| ONC | Office of the National Coordinator |
| PCMH | Patient-Centered Medical Home |
| PDMP | Prescription Drug Monitoring Program |
| PECOS | Provider Enrollment, Chain and Ownership System |
| PI | Promoting Interoperability |
| POS | Point of Service |
| QCDR | Qualified Clinical Data Registry |
| QP | Qualified Participant |
| QRDA | Quality Reporting Document Architecture |
| TIN | Tax Identification Number |