

Quality Payment Program 2021 Performance Checklist

**2021 Performance Year
Reporting Deadline:
March 31, 2022**

**Use this Performance Checklist
with your team and plan your
strategy for 2021 MIPS submission.**

Our Process

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

Advanced Alternative Payment Model Advanced APM

1. Are you participating in an Advanced APM as a Qualified Participant? (Full list of 2021 CMS qualifying APMs found here .) Clinicians can determine if they are a Qualifying APM Participant by using CMS' Participation Lookup Tool .	<input type="checkbox"/> Yes <input type="checkbox"/> NO
2. Do you receive 25% of your Medicare payments or see 20% of your Medicare patients through an Advanced APM?	<input type="checkbox"/> Yes <input type="checkbox"/> NO

If you answered YES to either of the 2 questions above, you are exempt from MIPS reporting.

Purpose: The purpose of this resource is to educate and provide a succinct tool for eligible clinicians and reporting staff to understand the fundamental basics of the 2021 MIPS program. The ultimate goal of this educational resource is successful participation in the Quality Payment Program.

Here are some simple steps you can take to get started with your 2021 MIPS reporting. Use the sections below to work through each of these 3 steps:

1. Determine Eligibility – Understand which clinicians are required to report in order to avoid penalties and earn positive payment adjustments. CMS uses historical claims data to assess which clinicians and groups exceed the low volume threshold.
2. Become familiar with “Other reporting factors” - the Quality Payment Program, there are certain factors, including [Special Statuses](#), [QPP Exceptions](#), [Facility-based Determinations](#), that can affect your reporting requirements for the different performance categories. These factors can result in fewer or no reporting requirements for a specific performance category.
3. Make Important Reporting Decisions:
 - a. Decide if you will report as an [individual, group or virtual group](#):
 - b. Decide how you will submit your data to CMS. There are several submission options for 2020, including; claims, attestation, registry, qualified clinical data registry and by using you certified electronic health record.

Merit-based Incentive Payment System (MIPS)

A. Determine Eligibility

1. MIPS eligibility can change every year. Check eligibility by entering a clinician's individual NPI in the “QPP Participation Status” field on the QPP website at www.qpp.cms.gov . Click the MIPS tab then Check Participation Status (or use this link [Participation Status Lookup Tool](#)). 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 have the option to voluntarily report MIPS data, but they are not subject to payment adjustments. If clinician is eligible to Opt-in they may wish to prepare to report. They will make the final Opt-in decision during data submission.

Merit-based Incentive Payment System (MIPS)

2. 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. Examples include: special statuses, QPP exceptions, and facility based determinations.

Clinician #1

- | | | |
|---|------------------------------|-----------------------------|
| Eligible as an Individual?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible as a Group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible to Opt-in as an Individual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible to Opt-in as a Group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Small practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Non-patient facing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Health Professional Shortage Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Rural? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Hospital Based? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: ASC-based? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility-based clinician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility-based practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply for Promoting Interoperability Hardship Exception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply for Extreme and Uncontrollable Circumstances Exception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Clinician #2

- | | | |
|---|------------------------------|-----------------------------|
| Eligible as an Individual?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible as a Group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible to Opt-in as an Individual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible to Opt-in as a Group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Small practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Non-patient facing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Health Professional Shortage Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Rural? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Hospital Based? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: ASC-based? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility-based clinician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility-based practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply for Promoting Interoperability Hardship Exception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply for Extreme and Uncontrollable Circumstances Exception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Clinician #3

- | | | |
|---|------------------------------|-----------------------------|
| Eligible as an Individual?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible as a Group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible to Opt-in as an Individual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible to Opt-in as a Group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Small practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Non-patient facing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Health Professional Shortage Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Rural? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: Hospital Based? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Status: ASC-based? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility-based clinician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Facility-based practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply for Promoting Interoperability Hardship Exception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Apply for Extreme and Uncontrollable Circumstances Exception? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Merit-based Incentive Payment System (MIPS)

Select Individual or Group Reporting

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

- INDIVIDUAL** Each clinician submits data individually. Payment adjustment is based on individual performance.
- 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.
- VIRTUAL GROUP** Two or more TINs with 10 or fewer providers per TIN that elect to participate in MIPS as a group, regardless of location or specialty. Virtual groups must notify CMS by December 31 of previous reporting year of their intent to report as a virtual group.

Select How To Submit Data 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.

Category	Data Submission Options	Data Collection Options
Quality	<input type="checkbox"/> Direct (EHR, QCDR or Qualified Registry) <input type="checkbox"/> Upload a file <input type="checkbox"/> Medicare Part B claims <i>*small practice only</i> <input type="checkbox"/> CMS Web Interface <i>*groups of 25 or more</i>	<input type="checkbox"/> Electronic Clinical Quality measures <input type="checkbox"/> Registry measures <input type="checkbox"/> Qualified Clinical Data Registry (QCDR) measures <input type="checkbox"/> CMS approved survey vendor measures <input type="checkbox"/> Administrative claims measures <input type="checkbox"/> Medicare Part B claims
Promoting Interoperability	<input type="checkbox"/> Direct (EHR, QCDR or Qualified Registry) <input type="checkbox"/> Upload a file <input type="checkbox"/> Attestation on QPP portal	<input type="checkbox"/> Promoting Interoperability measures
Improvement Activities	<input type="checkbox"/> Direct (EHR, QCDR or Qualified Registry) <input type="checkbox"/> Upload a file <input type="checkbox"/> Attestation on QPP portal	<input type="checkbox"/> Improvement Activities

B. Select Measures and Activities

QUALITY CATEGORY (40%) Report on a total of 6 Quality measures , including at least 1 outcome or high-priority measure	Measures Selected: Measures Selected: 1 ID _____ 2 ID _____ 3 ID _____ 4 ID _____ 5 ID _____ 6 ID _____ 7 ID _____ 8 ID _____	High Priority: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Outcome Measure?</th> <th style="width: 50%;">High Priority Measure?</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> <tr><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td></tr> </tbody> </table>		Outcome Measure?	High Priority Measure?	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	Outcome Measure?	High Priority Measure?																			
<input type="checkbox"/> YES	<input type="checkbox"/> YES																				
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<input type="checkbox"/> YES	<input type="checkbox"/> YES																				

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 category score.
- Quality measures can be submitted using more than one submission method.
- To receive the maximum number of achievement 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. ([2021 Quality Benchmarks](#))
- If a quality measure cannot be reliably scored i.e., meet the above 3 requirements, the measure will be worth 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 (0) points for measures that do not meet data completeness.
- If 6 quality measures are not reported, CMS will apply the [2019 Eligible Measures Applicability \(EMA\) Process \(will be updated for 2020\)](#)
- [Review the 2020 Quality Quick Start Guide \(CMS\)](#)
- [2021 Part B Claims Reporting Quick Start Guide \(CMS\)](#)

Measure Selection:

- Identify measures that are applicable to your practice by using your common billing codes (CPT, ICD-10, HCPCS) and using the resource called **2021 Single Source documents**, located in the folder called Medicare Part B Claims Specs Supporting Docs when you download the [2020 Medicare Part B Claims Measure Specifications and Supporting Documents](#) resource. For registry reporting it is in the [2020 Clinical Quality Measure Specifications and Supporting Documents](#)
- Learn more by reading the [Finding Quality Measures Using Single Source Documents](#) created by TMF Health Quality Institute

Bonus Points:

- 2 points are available for each additional outcome or patient experience measure reported
- 1 point is available 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 performance category numerator when a clinician in a small practice submits at least 1 quality measure.

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>FULL 15 points for Improvement Activities for earning 40 performance category points. Special Status considerations – small, non-patient-facing, rural or HPSA – report on 1 high-weighted activity OR 2 medium-weighted activities to earn full credit, all others – report 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: _____</p> <p><input type="checkbox"/> Activity #2: _____</p> <p><input type="checkbox"/> Activity #3: _____</p> <p><input type="checkbox"/> Activity #4: _____</p> <p>Review the 2020 Improvement Activities Quick Start Guide (CMS)</p>
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C. Collect Data

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

<p>PROMOTING INTEROPERABILITY (25%)</p> <p>Do you qualify for a Hardship Exception for Promoting Interoperability? Application due December 31, 2021.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Requirements for Promoting Interoperability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prevention of information blocking <input type="checkbox"/> ONC Direct Review <input type="checkbox"/> Security Risk Analysis <p>Required Measures:</p> <p>The first four measures are performance based and scored with a numerator and denominator.</p> <ul style="list-style-type: none"> <input type="checkbox"/> E-prescribing (minimum of one in the numerator) (Up to 10 points) <input type="checkbox"/> Support Electronic Referral Loops by Sending Health Information (minimum of one in the numerator) (Up to 20 points) <input type="checkbox"/> Support Electronic Referral Loops by Receiving and Incorporating Health Information (minimum of one in the numerator) (Up to 20 points) <input type="checkbox"/> Provide Patients Electronic Access to their Health Information (minimum of one in the numerator) (Up to 40 points) <p>Public Health and Clinical Data Exchange 10 points</p> <p>1. Select two of the five below to meet the requirement</p> <ol style="list-style-type: none"> a. <input type="checkbox"/> Immunization Registry Reporting b. <input type="checkbox"/> Electronic Case Reporting c. <input type="checkbox"/> Public Health Registry Reporting d. <input type="checkbox"/> Clinical Data Registry Reporting e. <input type="checkbox"/> Syndromic Surveillance Reporting <p>Bonus Measures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Query of Prescription Drug Monitoring Program (PDMP) 5 bonus points <p>Review the 2020 Promoting Interoperability Quick Start Guide (CMS)</p>
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<p>COST CATEGORY (20%)</p>	<p>No additional data submission is required for the Cost Category. The category score is calculated based on administrative claims for the full performance year.</p> <p>To learn more:</p> <ul style="list-style-type: none"> • 2020 Cost Quick Start Guide (CMS) • 2020 MIPS Summary of Cost Measures • 2020 Cost Measure Information Forms
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Documentation for Audits

- Save Quality reports with clinicians’ names and timeframes at the time of data gathering.
 - Save on hard paper/cloud-based document back-up/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
 - Save for 7 years (minimum 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 performance year.
- Save Submission receipt
 - This may be from EHR vendor/registry, saved screens from the QPP Portal attestation, or other

D. Report Data

<p>Reporting deadline to submit data to CMS: March 31, 2022</p> <p>The Quality Payment Program uses the HCQIS Access Roles and Profile (HARP) system for credential management.</p>	<p>If using the CMS QPP Portal to attest:</p> <ul style="list-style-type: none"> • Must have an account for the HCQIS Access Roles and Profile (HARP) system • New users can sign up for HARP credentials by clicking on the following line Register for a HARP account or you can go to the QPP website and click on <i>Sign In</i> at the top of the page. Select the Register tab. Creation of new accounts may take several days. Do not wait until March to create one. <p>QPP Sign-in for Submission www.qpp.cms.gov</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use your HARP login and password. Test your login: www.qpp.cms.gov <input type="checkbox"/> Review practice information for correctness <input type="checkbox"/> Review provider listing <input type="checkbox"/> Upload a QRDA III or .JSON file type for the Quality Category <input type="checkbox"/> Attest for the PI and IA categories using your EHR or manual entry <p>Resources</p> <ul style="list-style-type: none"> • 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
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Acronyms

Acronym	Meaning
APM	Alternative Payment Model
ACO	Accountable Care Organization
ASC	Ambulatory Surgical Center
CERHT	Certified Electronic Health Record Technology
CQM	Clinical Quality Measures
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