



Welcome Audiologists to the QPP

What is the Quality Payment Program (QPP)?

The QPP (previously called MACRA) improves Medicare by helping clinicians focus on care, quality and making patients healthier. The QPP has two tracks you can choose: The Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). Both have payment implications based on quality of care results. Visit QPP.CMS.GOV for more information on program basics, including submission timelines and how to participate.

How Does CMS Define “Eligible Clinician” (EC)?

For 2019, CMS added Physical Therapists, Occupational Therapists, Audiologist, Speech-Language Pathologists, Registered Dieticians or Nutritional Professionals and Clinical Psychologists participating in Medicare Part B to QPP eligible clinician types. The provider types listed must ALSO bill more than \$90,000 in Medicare Part B allowed charges, provide care to more than 200 Medicare Part B patients per year and provide more than 200 Medicare Part B services per year to be eligible.

How Do I Report?

Clinicians may choose to report as an individual, group or virtual group. An individual is defined as a single clinician. A group is defined as a single TIN with 2 or more clinicians. A virtual group is a combination of two or more TINs. More information about virtual groups can be found in the [QPP resource library](#); search virtual groups.

When Do I Collect and Submit My MIPS Data?

The MIPS Performance Year 3 begins on January 1, 2019 and ends on December 31, 2019. Program participants must report data collected during 2019 by March 31, 2020. Payment adjustments for data collected in 2019 will begin January 1, 2021 on all Medicare Part B claims.

How Will the QPP Change My Medicare Payments?

ECs who do not participate in 2019 will receive a negative 7% payment adjustment on Medicare Part B claims in 2021. If you do participate by submitting enough data to receive at least 30 points in 2019, you will avoid the negative payment adjustment and receive either a neutral or positive payment adjustment. The amount of the payment adjustment depends on your performance compared to other eligible clinicians.





There is a total of 100 points possible to earn. To receive a neutral payment adjustment in 2021 clinician must earn 30 points out of 100 total points. A score of less than 30 points will result in a negative payment adjustment. Those earning more than 30 points will receive a neutral or positive payment adjustment in 2021; and those with more than 75 points qualify for an exceptional performer bonus.

Potential Payment Adjustment Based on QPP Score

QPP SCORE	0-7.5 POINTS	7.5-29.99 POINTS	30 POINTS	30.01-74.99 POINTS	75+ POINTS
POTENTIAL PAYMENT ADJUSTMENT	Negative payment adjustment of -7%	Negative payment adjustment greater than -7% and less than 0%	Neutral payment adjustment	Positive payment adjustment - not eligible for exceptional performer bonus	Positive payment adjustment - eligible for exceptional performer bonus (min. of additional .5%)

What Must I Submit to Successfully Participate in MIPS?

The four components of MIPS are Quality, Cost, Improvement Activities and Promoting Interoperability. Audiologists are exempt from the Promoting Interoperability category for the 2019 reporting year since it is their first year in the program. Therefore, the Quality category will be reweighted to 70% for audiologists in 2019.

QUALITY	COST	IMPROVEMENT ACTIVITIES	PROMOTING INTEROPERABILITY
			
45%	15%	15%	25%
Scoring After Reweighting of Promoting Interoperability Category			
70%	15%	15%	0%
<ul style="list-style-type: none"> • 250+ measures • Select at least 6 measures • 1 measure must be outcome or high-priority • Report for the full year • Submission via: claims (small practices), direct, log in & upload, CMS Web Interface (groups 25+ ECs only) 	<ul style="list-style-type: none"> • 10 measures that will be evaluated • All data will be gathered from Medicare claims for the full year • Performance is compared to other clinicians during the year; not the previous year's data 	<ul style="list-style-type: none"> • 100+ activities • Medium weighted - 10 points • High weighted - 20 points • 40 points for a full score • Submission via: direct, log in & attest, log in & upload • Special status practices (small, HPSA, rural, or non-patient facing) receive double points for each activity 	<ul style="list-style-type: none"> • 4 objectives that promote patient engagement and the electronic exchange of information via EHR • 5 measures • 2 bonus measures • Submission via: direct, log in & attest, log in & upload

What Measures Do I Submit for Each Category in 2019?

This resource provides a non-exhaustive sample of measures that may apply to audiologists. Make sure to consider your reporting method, practice size, patient mix, and performance period to choose the measures that best suit you. See a full list of measures here: [Quality](#), [Improvement Activities](#), [Cost](#), [Promoting Interoperability](#).

Quality Measures (examples)

- Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
- Falls: Risk Assessment
- Falls: Plan of Care
- Documentation of Current Medications in the Medical Record
- Pain Assessment and Follow-Up

Improvement Activities (examples)

- Provide Specialist Reports Back to The Referring MIPS Eligible Clinician or Group
- Participate in a Qualified Clinical Data Registry (QCDR)
- Use Decision Support and Standard Treatment Protocols to Manage Workflow and Meet Patient Needs
- Implement Formal Quality Improvement Methods, Practice Changes, Or Other Improvement Processes
- Use Evidence-Based Decision Aids to Support Shared Decision-Making
- Collect and Follow-Up on Patient Experience and Satisfaction Data
- Provide 24/7 Access to Eligible Clinicians Who Have Real-Time Access to A Patient's Medical Record
- Improved Practices That Engage Patients Pre-Visit
- Improved Care Coordination

Cost

- No submission necessary; all data will be gathered from Medicare claims

Promoting Interoperability (2015 CEHRT Required)

Audiologists will be exempt in 2019, but you may voluntarily report

FOR VOLUNTARY REPORTERS ONLY

- Security Risk Analysis, Prevention of Information Blocking and ONC Direct Review Attestation are required, but not scored
- E-Prescribing
 - Bonus: Query of Prescription Drug Monitoring Program
 - Bonus: Verify Opioid Treatment Agreement
- Health Information Exchange
 - Support Electronic Referral Loops by Sending Health Information
 - Support Electronic Referral Loops by Receiving and Incorporating Health Information
- Provide Patients Electronic Access to their Health Information
- Public Health and Clinical Data Exchange: Choose 2
 - Immunization Registry Reporting, Electronic Case Reporting, Public Health Registry Reporting, Clinical Data Registry Reporting, Syndromic Surveillance Reporting

About the Telligen QPP Resource Center

Telligen works with solo & small group practice clinicians in Iowa, Nebraska, North Dakota, and South Dakota to help them understand & succeed in the Centers for Medicare & Medicaid Services' Quality Payment Program. We are here to help you with all aspects of MIPS, from data collecting and reporting to ideas on how to improve your score.



Contact us today for free help!

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Web www.telligenqpp.com

On our website you will find fact sheets, webinars, and the latest news on QPP MIPS.

CMS National QPP Resource Center 866-288-8292 | www.qpp.cms.gov