QPP SURS Quality Payment Program

EIDM Transitioning to HARP

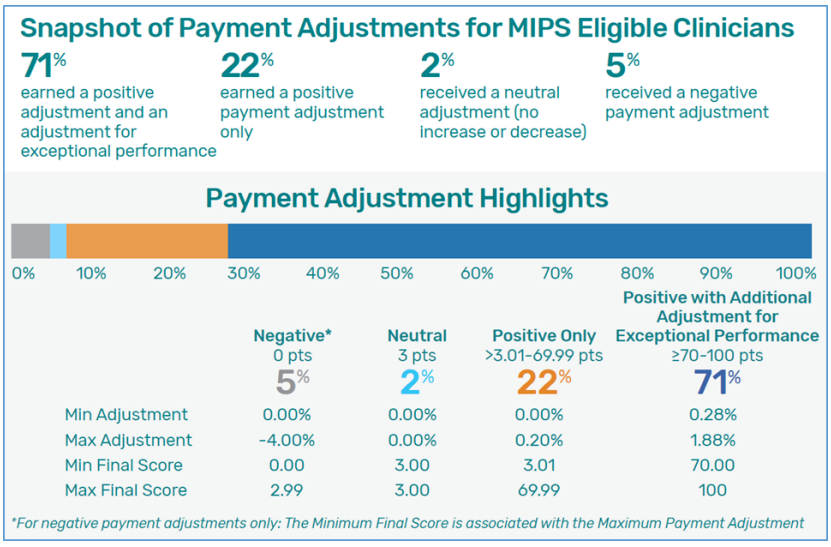
On December 20, 2018, the Centers for Medicare and Medicaid Services (CMS) announced that the Enterprise Identity Data Management (EIDM) system is being transitioned to the HCQIS Access Roles and Profile System (HARP) to streamline the process for eligible clinicians to view, submit, and manage their data.

If you already have an active EIDM account, there is no action required on your part. Your current user ID and password will transfer over to HARP and you should continue using those credentials to sign in to the QPP website. New users will need to enroll with HARP and a step-by-step guide is available on the QPP website. CMS has published a number of HARP-specific resources that are available in the QPP Access User Guide.

2019 Payment Adjustments Have Begun

Clinicians and groups that participated in MIPS during the 2017 performance period and received a positive or negative payment adjustment will begin seeing the adjustment applied to payments made for covered professional services for which payment is made under, or is based on, the Medicare Physician Fee Schedule beginning January 1, 2019 and continuing through December 31, 2019. For reference, final scores and payment adjustments from the 2017 performance period are available on the QPP portal (https://qpp.cms.gov/login). You can also review the Payment Adjustment Factsheet.

The 2019 payment adjustment will apply to your 2019 Medicare Part B payments made for covered professional services under the Medicare Physician Fee Schedule. The adjustment will range from negative 4% to positive 1.88%. The below graphic illustrates how clinicians performed in the first year of MIPS and how the 2017 MIPS final score points will be translated into your MIPS Payment Adjustment. You can find additional details here: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/276/2017%20QPP%20Performance%20Data%20Infographic%20Final.pdf.



Source: CMS

IN THIS ISSUE

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.

It is important to note that MIPS payment adjustments are required to be budget neutral, meaning that total negative payment adjustments will be used to pay for total positive payment adjustments. Because the majority of MIPS eligible clinicians performed strongly in the 2017 performance year, payment adjustments were not as high as anticipated even for those who had a high score.

For more information about 2019 Payment Adjustments, see the CMS fact sheet here: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/70/2019%20MIPS%20Payment%20Adjustment%20Fact%20Sheet_2018%2011%2029.pdf.

Overview of Opt-In Option for 2019

Are you interested in participating in MIPS, but you are currently ineligible? Beginning in 2019, you may be able to "opt-in" and participate in MIPS even if you do not exceed all three elements of the low-volume eligibility threshold. As a reminder, only the following clinician types are eligible for MIPS:

- Physician
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)
- Certified Registered Nurse Anesthetist (CRNA)
- Physical Therapist
- Occupational Therapist
- Speech-Language Pathologist
- Audiologist
- Clinician Psychologist
- Registered Dietician or Nutritional Professional

You are excluded from MIPS if you enrolled in Medicare for the first time in 2018. You are also excluded from MIPS reporting if you participate in an Advanced Alternative Payment Model (APM) and are determined to be a Qualifying APM Participant (QP). If you are a partial QP participating in an APM, you can elect not to participate in MIPS.

Low-Volume Threshold (LVT) Criteria:

To be eligible for MIPS, you must meet or exceed the following criteria:

1) Bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)

2) Furnish covered professional services to more than 200 Medicare beneficiaries a year, and

3) Provide more than 200 professional services covered under the Physician Fee Schedule.

Beginning in the 2019 performance period, clinicians who meet one or two, but not all three of the low-volume threshold criteria above can opt-in to MIPS in 2019. This is a change that resulted from feedback from clinicians who were not able to opt-in during the first two years of the MIPS program.

WEBSITES

Centers for Medicare and Medicaid Services
cms.gov

Quality Payment Program
qpp.cms.gov

Healthcare Communities
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

CONTACT US

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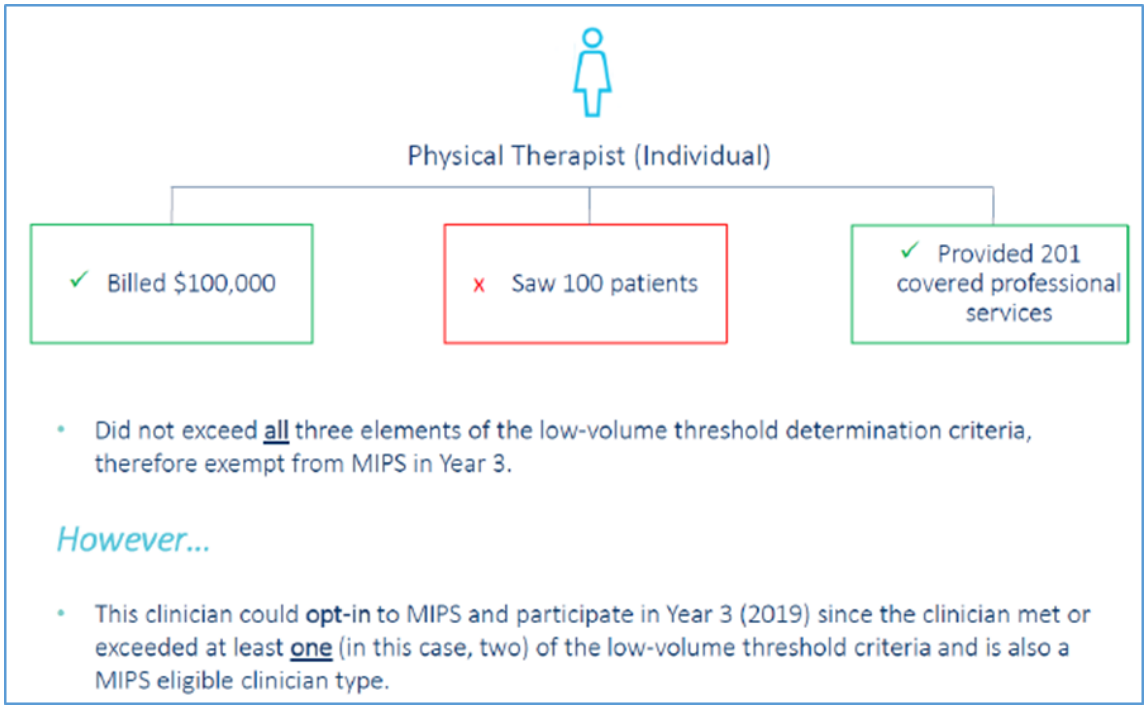
For an example of opt-in scenario, see below:



Source: CMS

Opt-In vs. Voluntary Reporting:

If you are currently ineligible for MIPS reporting, there are two ways to participate in 2019:

1) **Voluntarily Participate**: If you do not meet any of the LVT criteria, you can elect to voluntarily participate in MIPS and receive performance feedback from CMS. However, you will not receive a payment adjustment if you voluntarily report.

2) **Opt-In**: If you exceed one or more of the LVT criteria, you can still voluntarily participate in MIPS in 2019 **or** you can choose to opt-in to MIPS reporting and receive a payment adjustment in 2021, just like MIPS-eligible clinicians.

To check if you're eligible to participate in MIPS in 2019, enter your 10-digit National Provider Identifier in the Quality Payment Program Participation Status Tool on the Quality Payment Program website (https://qpp.cms.gov). In addition, feel free to reach out to your regional Technical Assistance Contractor for free support. For more information on eligibility for MIPS in performance year 2019, see the Year 3 Final Rule Overview factsheet: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/258/2019%20QPP%20Final%20Rule%20Fact%20Sheet_Update_2019%2001%2003.pdf.

SURS Provider Spotlight—Danielle Scoville

Danielle Scoville, Practice Manager at Mindful Medical Care, got a head start on her new year's resolutions for MIPS. Her Massachusetts-based solo dermatological practice is doing well on MIPS reporting because of the promising practices below, which can also help your practice succeed in 2019:

1) Make good use of technical assistance and resources. Danielle received support from three sources: her QPP SURS Technical Assistance Contractor, the health system her practice is affiliated with, and her electronic health record vendor.

2) To do well on MIPS, focus on good patient care. Making sure that patients receive the screenings, counseling, and referrals they need is good for patients. Danielle notes, "if a medical office is organized, this should be simple." Whenever possible, medical assistants at the practice become engaged in MIPS activities; for example, they conduct and document screenings for alcohol abuse and smoking.

3) Consistently document all patient education. Danielle ensures that her practice documents all patient education and counseling efforts, whether or not they are relevant to MIPS, because "if it's not documented, it never happened." For example, while there is no MIPS measure related to counseling patients on sunscreen, her practice counsels all patients on the use of sunscreen and documents it. In her experience, consistent documentation makes reporting easy.

4) Stay on track with regular MIPS check-ins. Danielle's EHR vendor checks in every three months to make sure she stays on top of her MIPS reporting. While Danielle has paid extra for this service and finds it very helpful, you can also set up free regular check-ins with your QPP SURS Technical Assistance Contractor. You can find contact information for your Technical Assistance Contractor here: https://qpp.cms.gov/about/small-underserved-rural-practices.

5) Log in to your EIDM [1] account once a month. Danielle learned this lesson the hard way: if you don't log in to your EIDM account at least every 60 days, it will expire and you'll have to reactivate it. To save time, set a regular appointment on your calendar to log in once a month.

Consider adding some of these practices to your new year's resolutions. We wish you a happy, healthy, and successful new year.

[1] As of December 20, 2018, CMS transitioned the EIDM system to a new HCQIS Access Roles and Profile System (HARP) to streamline the process for eligible clinicians to view, submit, and manage their data.

FAQs from November 2018 National QPP SURS LAN Webinar

The following questions were asked by the audience during the November 2018 LAN webinar titled "Overview of the 2019 Final Rule: Implications for Solo and Small Group Practices." For access to the full Q&A document and previous LAN webinar presentations, see the QPP SURS WordPress website: https://qppsurs.wordpress.com/resources/.

1. Do the scoring requirements for 2019 apply to Physical Therapists even though it is their first year reporting?

Yes, the scoring requirements apply to all newly eligible clinician types, including physical therapists, in addition to the existing clinician types from Year 1 and Year 2 of the program. However, clinician types that are newly eligible for 2019 do not need to submit data for the Promoting Interoperability (PI) category during the upcoming performance year. The points from this category will automatically be reweighted to the quality category unless PI data is submitted. CMS will update the NPI Lookup Tool in early 2019, which is where you can check your eligibility to participate in MIPS for 2019 (and 2018, where applicable). Please reach out to your regional Technical Assistance Contractor for help reaching the score requirements. You can locate your region's Technical Assistance Contractor at https://qpp.cms.gov/about/help-and-support.

2. Do you have any suggestions for how we can get our Medicare patients to obtain and use computers when they have declined or do not have the funds to own one?

It is not always possible to get 100% of patients to obtain and use computers to communicate, especially older adult patients who may be resistant to using technology. That said, practices have identified a number of effective strategies to address this common challenge. Potential strategies include helping to set up a patient's cell phone to receive messages from the patient portal. From there, it is possible to convert a cell phone number to an email to help them enroll. An alternative strategy is to engage the patient's family members or their caregivers.

3. Do you have to submit the G codes with a $0.01 charge? Medicare is acknowledging them with $0.00.

Quality Data Codes should be submitted with either $0.00 or $0.01 charge amounts on the relevant Part B line item service. That said, many billing systems will not populate claims forms with the G-codes you select if you enter a charge amount of $0.00. As a result, this requirement was put in place for systems that were not able to submit a $0.00 claim line. Follow these steps to submit your 2019 Medicare Part B claims data for the MIPS Quality performance category:

1. Append QDC(s): Submit your quality data for MIPS through your Medicare Part B claims by appending a QDC to your claims form with dates of service during the performance period– January 1, 2019 through December 31, 2019.

2. Insert a Charge: When you attach a QDC to your claim, you must include $0.00 line-item charge for the QDC. If your billing software will not accept a code without a charge, attach a $0.01 line-item charge for the QDC. An entry in the line-item charge box on the claim form is a requirement for quality reporting via claims to CMS.

3. Check for Accuracy: CMS encourages clinicians and their staff to review the claims for accuracy prior to submission for reimbursement and reporting purposes.

4. MAC Processing: Claims are processed by the MACs (including claims adjustments, re-openings, or appeals) and must get to the national Medicare claims system data warehouse (National Claims History file) no later than 60 days following the close of the performance period to be analyzed.

5. *Don't wait! For patient encounters that occur towards the end of the performance year (December 31, 2019), be sure to file claims quickly. Medicare Part B claims (with the appropriate QDCs) must be processed no later than 60 days after the close of the performance period to be counted for quality reporting. Please work with your MAC for specific instructions on how to bill.*

For more information on G codes see the claims submission fact sheet, which can be found at

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/155/2018%20Claims%20Data%20Submission%20Fact%20Sheet%202018%2008%2017.pdf.

Monthly Observance — Cervical Health Awareness Month

January is designated as Cervical Health Awareness Month and is a good time to ensure that your patients understand the risks of cervical cancer and receive preventative screenings, including Pap smears and HPV tests, when appropriate. Each year, over 13,000 women in the U.S. are diagnosed with cervical cancer, and 4,000 women lose their lives to this preventable cancer.

Early detection is key to halt invasive cervical cancer, and MIPS rewards clinicians for appropriate use of cervical cancer screenings. MIPS quality measures related to cervical health include:

- **Cervical Cancer Screening (Quality ID: 309):** Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:
    a. Women age 21-64 who had cervical cytology performed every 3 years
    b. Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

- **Non-Recommended Cervical Cancer Screening in Adolescent Females (Quality ID: 443):** The percentage of adolescent females 16-20 years of age screened unnecessarily for cervical cancer. This is an inverse measure, meaning that a lower score indicates higher performance and better clinical care.

If you are already performing these screenings and consultations, you can improve your MIPS score by choosing to report on these quality measures, and double-checking that your patients are receiving appropriate screenings in a timely manner. For more information about Cervical Health Awareness Month, click here: https://healthfinder.gov/NHO/JanuaryToolkit.aspx.

New CMS Resources and Specialty Guides

With the start of the 2019 performance period, be sure to review the information and resources CMS has made available under the Resource Library on the QPP website. In particular, CMS has prepared a number of new Specialty Guides that include MIPS measures and activities for:

Podiatrists
Emergency Medicine Clinicians
Orthopedists
Pathologists
Primary Care
Optometrists
Ophthalmologists

CMS has developed 20 specialty guides and is continually updating the Resource Library to help clinicians and groups find the MIPS measures and activities that are most applicable to their practice. Although these guides describe 2018 measures and activities, they are a great starting point for preparing your practice for the 2019 Performance Year. In addition, if your EHR vendor is not offering measures relevant to your specialty, be sure to take a look at your specialty registry and the measure list available on https://qpp.cms.gov/ to see what measures are available.

These resources and more can be accessed at https://qpp.cms.gov/about/resource-library.

Upcoming Events

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

February 2018 LAN Webinar: MIPS Data Submission for Solo and Small Group Practices

- **Date: Tuesday, February 19, 2019, 11:00 a.m. – 12:00 p.m. ET**
- **Date: Thursday, February 21, 2019, 3:30 p.m. – 4:30 p.m. ET**

CMS Quality Conference, January 29-31, 2019. Please visit www.cmsqualityconference.com to register.

Additional Upcoming Events and Links to Past Events

Upcoming and past CMS events related to MACRA, MIPS, and APMS will be listed here starting in the new year: https://qpp.cms.gov/.

Past QPP SURS events are listed here: https://qppsurs.wordpress.com/resources/