

2020 Performance Year MIPS Checklist

Reporting Deadline: March 31, 2021

MIPS Eligibility

Are you participating in an Advanced Alternative Payment Model? Yes No

Do you receive 25% of your Medicare payments or see 20% of your Medicare patients through an Advanced APM? Yes No

If you answered YES to either of these questions, MIPS does not apply to you

Do you meet any MIPS Exclusion Criteria?

First year of enrollment in Medicare? Yes No

Do not meet the low volume threshold: 1) bill less than \$90,000 to Medicare Part B, 2) provide care to less than 200 Medicare Part B patients per year OR 3) provide less than 200 Medicare Part B services per year? Yes No

If you answered YES to either of these questions, you are not required to participate in MIPS

*In 2020, you have the option to opt-in to MIPS if you exceed one of the three low volume thresholds

Are you participating in a MIPS APM? Yes No

Do you meet any MIPS special status requirements?

- Small practice (15 or fewer than providers)
- Non-Patient Facing (100 or fewer Medicare Part B patient-facing encounters per provider, or 75% of TIN clinicians)
- Health Professional Shortage Area (HPSA)
- Rural Zip Code (as designated by FORHP)
- Hospital-Based (75% of professional services furnished in hospital)
- Ambulatory Surgical Center Based Clinician (75% of professional services furnished at ASC)

How do you plan to participate?

Individual
Submit data individually, payment adjustment is based on individual performance

Group
Two or more eligible clinicians under the same TIN, each clinician will have their scores aggregated and will receive a payment adjustment based on the group's performance

Virtual Group
A virtual group is two or more TINs that consist of either solo practitioners or groups (10 or fewer providers per TIN) that elect to participate in MIPS as a group, regardless of location, specialty, etc. Virtual group elections for 2020 must be made before December 31, 2019.

Planned Submission Method

- Claims (small practices only)
- Registry/QCQR
- EHR with a QRDA III file
- CMS Web Interface (groups of 16 or more only)
- CAHPS for MIPS survey (groups of 16 or more only)

Quality: 45% of total score

Must report data on at least 6 measures – 1 must be outcome or high-priority
Report for the full 12-month period

- Measure #1 _____
- Measure #2 _____
- Measure #3 _____
- Measure #4 _____
- Measure #5 _____
- Measure #6 _____

Bonus Points

- Small practice (15 or fewer providers)
- Submit more than one high priority or outcome measure
- Use end-to-end electronic reporting
- Improvement over 2019 score

Cost: 15% of total score

The Cost score is calculated based on claims for the full performance year
No additional data submission is required

Improvement Activities: 15% of total score

Small, non-patient facing, rural or HPSA practices receive double points for activities so would only need to complete 1 high-weighted or 2 medium-weighted activities for the full 40 points.

All other practices earn the full 40 points by completing 2 high-weighted or 4 medium-weighted activities (or a combination of both).

Activity #1 _____

Activity #2 _____

Activity #3 _____

Activity #4 _____

Promoting Interoperability: 25% of total score

Must use 2015 CEHRT

Earn 100 points for a full score

Security Risk Analysis – Required, but not scored

e-Prescribing:

e-Prescribing - 10 points (possible exclusion)

Query of Prescription Drug Monitoring Program (PDMP) - 5 bonus points

Health Information Exchange:

Support Electronic Referral Loops by Sending Health Information - 20 points (possible exclusion)

Support Electronic Referral Loops by Receiving and Incorporating Health Information - 20 points (possible exclusion)

Provider to Patient Exchange:

Provide Patients Electronic Access to Their Health Information - 40 points

Public Health and Clinical Data Exchange: Choose 2 or more with a 'yes' response - 10 points (possible exclusions)

Immunization Registry Reporting

Electronic Case Reporting

Public Health Registry Reporting

Clinical Data Registry Reporting

Syndromic Surveillance Reporting

Do you qualify for automatic reweighting?

- Hospital-based MIPS eligible clinicians
- Non-patient facing clinicians
- Ambulatory Surgical Center based clinicians
- NP, PA, Clinical Nurse Specialist, CRNA, PT, OT, Clinical Psychologist, Social Worker

Do you qualify for a hardship exemption?

- Small Practice
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT
- Insufficient internet connectivity
- Decertified EHR

Additional Bonus Points

- Complex Patient
Practices can receive up to a 5-point bonus for treating complex patients based on the Hierarchical Condition Category risk scores and social risk based on dual eligibility (Medicare and Medicaid).

Documentation

Review the [MIPS Data Validation Criteria](#) for full information on what needs to be documented for each measure.

- Quality
Save reports with clinicians' names and dates for 6 years
- Improvement Activities
Save documentation of completed activities for 6 years
- Promoting Interoperability
Save security risk analysis and completed measure documentation for 6 years **OR**
Save approval of Hardship Exception Application
- Submission Receipt - Save receipt from vendor/registry or QPP portal upload or attestation

How to Submit Data

Submit data by March 31, 2021

Via the QPP Portal

- On the QPP Portal you can upload your data via a QRDA III file or attest to completion of Improvement Activities and/or Promoting Interoperability measures
- First Sign up for an HCQIS Access Roles and Profile (HARP) account
 - If you need assistance reference the [Quality Payment Program Access User Guide](#)
 - **Creation of new HARP accounts may take longer than expected. Don't wait until March to do this.**
- Sign in to the QPP portal with your HARP credentials
- Upload your QRDA III file and/or attest
- Review your information for accuracy
- View and print your preliminary feedback-Final feedback will be available Summer 2021

Via Claims (Small Practices Only)

- Add applicable Quality Data Codes (QDC) to your Medicare Part B claims filed in 2020
- Claims must arrive at the national Medicare claims system data warehouse no later than 60 days following the close of the performance period to be analyzed
- The Remittance Advice/Explanation of Benefits denial code N620 tells you that the QDC codes are valid for the 2020 MIPS performance period
- For more information, see the [Claims Data Reporting Quick Start Guide](#)

Via Registry

Some registries will submit data on your behalf, others you will work with to create a data file to upload on the QPP portal. Each registry may support different measures and give you varying levels of assistance. To find a list of 2019 approved registries, visit the following links:

CMS Qualified Registries: [2020 CMS-Approved Qualified Registries](#)

Qualified Clinical Data Registries: [2020 CMS-Approved QCDRs](#)

Telligen is Available for Free Assistance with MIPS

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 providing ideas on how to improve your score. Contact us today for free help!

Phone 844-358-4021 Monday-Friday 8am-5pm CST

Email qpp-surs@telligen.com

Web www.telligenqpp.com

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