

What is Opting-in to MIPS?

Beginning in 2019, clinicians who aren't eligible to participate in MIPS due to low-volume thresholds can opt-in.

If you are an eligible clinician and meet at least one of the low volume thresholds, you can opt-in and participate in MIPS.

If you choose to opt-in, data will have to be reported to CMS, or you will receive a negative payment adjustment.

Low-Volume Threshold Criteria

- Bill more than \$90,000 in Medicare Part B charges
- See more than 200 Medicare beneficiaries
- Provide more than 200 Medicare Part B covered professional services

Eligible Clinician Types

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Registered Nurse Anesthetists
- Clinical Nurse Specialists
- Physical Therapists
- Occupational Therapists
- Audiologists
- Speech-Language Pathologists
- Dietitians/Nutritional Professionals
- Clinical Psychologists

Telligen Support

Telligen works with solo and small practice clinicians in Iowa, Nebraska, North Dakota and South Dakota to help them understand and succeed in CMS' Quality Payment Program.

We provide free one-on-one assistance, informative webinars, monthly newsletters and many other great resources.

If you are interested in opting in for the 2019 performance period, contact us and we can help walk you through the process.

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

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Opting-In to MIPS in 2020



 Telligen®

Basics of QPP MIPS

The Quality Payment Program (QPP) was established by the MACRA law and has two tracks, Merit Based Incentive program (MIPS) and Alternative Payment Models (APM). QPP's aim is to improve Medicare by helping clinicians focus on quality of care and making patients healthier.

There are four categories in the program: Quality, Cost, Promoting Interoperability and Improvement Activities. Each category is weighted differently and requires different data to be gathered and submitted to CMS.

QUALITY	COST	IMPROVEMENT ACTIVITIES	PROMOTING INTEROPERABILITY
			
45%	15%	15%	25%

- Quality measures health care processes, outcomes, and patient experiences of their care.
- Cost measures resources clinicians use to care for patients.
- Improvement Activities measures participation in activities that improve clinical practice.
- Promoting Interoperability promotes patient engagement and electronic exchange of information using your EHR.

How do I Opt-in?

Clinicians will complete their opt-in election during the submission period (1/1/2021-3/31/2021) before submitting data to CMS.

Once you choose to opt-in, it is binding and irreversible so you must submit data, or you will receive a negative payment adjustment.

Opt-in elections do not carry over, so you must opt-in every year you wish to participate.

To submit data, you will need to set up an account on the QPP website.

Setting up a QPP Account

When you go to submit your data, you will need to log in to the QPP Portal at <https://qpp.cms.gov/login> and set up a HARP account.

For a step-by-step guide to setting up a HARP account, refer to the QPP Access User Guide which can be found in the resource library at <https://qpp.cms.gov/about/resource-library>

Why Should I Opt-in?

You can earn a positive payment adjustment on your Medicare Part B claims.

You will get feedback on how you are performing compared to other clinicians.

Data will be made available for public reporting on Physician Compare, along with peers' data, for patients to make provider comparisons.

Reap the benefit of your EHR usage.

What Should I Be Doing Now?

First, check your eligibility on the QPP website, <https://qpp.cms.gov/participation-lookup>. This will let you know if you are required to participate or opt-in eligible.

Next, if you plan to opt-in for the 2020 performance period, you need to make sure you are preparing now by collecting data for the Quality and Promoting Interoperability categories. You should also review the Improvement Activity list to find Improvement Activities you can do in your practice.