Quality Payment Program
Performance Year 2019
Who are we?

We are a multi-state alliance under contract with the Centers for Medicare & Medicaid Services (CMS) to assist providers with the Quality Payment Program (QPP).
Quality Payment Program (QPP) Tracks

- **MIPS**
  - Merit-based Incentive Payment System
  - If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

- **Advanced APMs**
  - Advanced Alternative Payment Models
  - If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

There are two ways to participate in the Quality Payment Program:
MIPS Year 3 (2019)
Who is Eligible?

Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)

- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals
MIPS Year 3 (2019)

Who is Exempt?

If you are...

- Newly-enrolled in Medicare
- Below the low-volume threshold
- Significantly participating in Advanced APMs

...then you are excluded from MIPS
MIPS Year 3 (2019)
Low Volume Threshold

CMS conducts MIPS determination periods to see if individual eligible clinicians exceed the following criteria:

- Bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)
  AND
- Furnish covered professional services to more than 200 Medicare beneficiaries
  AND
- Provide more than 200 covered professional services under the PFS
MIPS Year 3 (2019) Check Your Participation Status

- Go to qpp.cms.gov & select the MIPS drop-down
- Click “Check Your Participation Status”
- Enter your NPI
MIPS Year 3 (2019)
Updates to the Quality Payment Program

- Quality: 45%
- Promoting Interoperability: 25%
- Clinical Practice Improvement Activities: 15%
- Cost: 15%
MIPS Year 3 (2019)
Quality (45%)

Select 6 out of 257 available quality measures
Submit data through Claims, EHR or Registry
MIPS Year 3 (2019)
Promoting Interoperability (25%)

- Previously named Meaningful Use and/or Advancing Care Information
- Comprised of 4 objectives in 2019
  - e-Prescribing
  - Provider to Patient Exchange
  - Health Information Exchange
  - Public Health and Clinical Data Exchange
- 2015 Edition CEHRT is required for participation in this performance category
- Security Risk Analysis still required
- Hardship Exception available for practices with <16 ECs
MIPS Year 3 (2019)
Improvement Activities (15%)

118 Improvement Activities available
- 2 Medium Weighted (Practices with <16 ECs)
- 2 High or 4 Medium Weighted (Practices with >16 ECs)
Eligible clinician and group’s cost will be calculated using administrative claims data to compare ECs
MIPS Year 3 (2019)
Timeline for Year 3

- Performance Period: Jan. 1 - Dec. 31, 2019
- Submission Period: Jan. 2 - Mar. 31, 2020
- Feedback Reports: Summer 2020
- Payment Adjustments to Fee Schedule: Jan. 1, 2021
MIPS Year 3 (2019)

How can I achieve the 30 point minimum?

- Multiple ways to get at least 30 points
  - Points from Cost category (15%)
  - Partial submission from Quality category
  - Attest to Improvement Activities
Additional Tips

- Create your HCQIS Access Roles and Profile (HARP) account early
- Review 2018 Final Feedback report
- Check and update your PECOS information
- Don’t forget your yearly Security-Risk Analysis
- Keep hard copies of all records in case of an audit
- Check eligibility before final submission
- Call AQAF for free assistance – 1-800-760-4550
CMS Online Resources

- CMS dedicated website for the QPP [https://qpp.cms.gov](https://qpp.cms.gov)

- Resource library includes webinars and documentation on each element of the program

- Contact the CMS Quality Payment Program at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292 (Monday-Friday 7AM - 7PM CST).