

Q&A: MIPS in 2019

As the third year of the Merit-based Incentive Payment System (MIPS) begins, clinicians must report data for 2018 and begin collecting data and adjusting workflows for 2019. The 2019 performance year holds some changes for reporting as well as the actual measures for 2019. The following Q&A covers common questions for reporting for 2018 and preparing for 2019.

Reporting Data for 2018

Question: How long do we have to submit data for 2018?

Answer: The Centers for Medicare & Medicaid Services (CMS) opened the data submission window on Jan. 2. Data may be submitted between Jan. 2 and April 2, 2019, with the exception of CMS Web Interface users. For that submission type, Quality data can be reported between Jan. 22 and March 22, 2019. Clinicians submitting Medicare Part B claims data for Quality have submitted these throughout the year, and claims for services furnished during the 2018 performance year must be processed within 60 days after the end of the performance period.

Q: What steps must we take to be ready to report our data and verify our scores?

A: First, you should verify your credentials for the [QPP Portal](#). You need your user ID and password from your Enterprise Identity Management (EIDM) account if you had an existing account. EIDM has now been replaced by the HCQIS Authorization Roles and Profile (HARP) system. If you have an EIDM account, your credentials transferred. For all other clinicians, you will need to [register with HARP](#). For a step-by-step guide on how to sign up for a HARP account, refer to the [QPP Access User Guide](#) (ZIP).

Q: What if I have a HARP account but cannot log in to the QPP Portal?

A: Your password must be changed every 60 days. If you are locked out, click the “Recover ID or reset password” link on the [QPP Sign In](#) page and reset your password. For additional help, call the CMS QPP Support Team at 1-866-288-8292.

Q: What can I do if the correct clinicians are not listed on the QPP Portal for my practice?

A: Information on the QPP Portal is pulled from your Provider Enrollment Chain and Ownership System (PECOS) account. You can check your data and request updates in PECOS at <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>. If you need additional support, call the PECOS help desk at 1-866-484-8049.

Q: Is there somewhere I can verify that a sufficient number of claims were submitted successfully for Quality in 2018?

A: Yes, you may now see your current Quality score for claims submission by logging in to your [QPP Portal](#).

Q: As I review my Quality progress for Part B claims, I noted the biller did not code all the measures we wish to use. Can I go back and resubmit those claims with the correct Quality Data Codes (QDCs)?

A: Unfortunately not. You may, however, ensure that the biller is submitting all remaining 2018 claims using the codes so that you have as much data as possible for your score. You can also educate them now for 2019 using the [2019 Medicare Part B Claims Measure Specifications and Supporting Documents](#) (ZIP) file which will guide their coding for 2019.

Q: For 2018 reporting, may I report using a different method for each category or must they all be the same?

A: Although when reporting a category you must submit all data using the same submission type, you may use a different submission type for each category. For example, if you submitted Quality data using Part B claims, you could submit Improvement

Activities using the QPP Portal attestation, Qualified Registry, QCDR or electronic health record (EHR). You could do the same with Promoting Interoperability. The Cost category is automatically scored by CMS using administrative claims.

Q: How much data must I submit for each category?

A: Both Quality and Cost require a full year of data. There is no Test option in 2018. Promoting Interoperability and Improvement Activities require 90 consecutive days of data. To avoid a negative payment adjustment for 2018, a clinician must reach a performance threshold of 15 points or greater.

Q: Is it too late to decide to report using a Registry?

A: No, some registries are still accepting new clinicians and are able to pull your data from your EHR or Practice Management System or let you manually enter it for 2018 reporting. Your professional organization may have a registry that is designed for your specialty, which are often low or no cost for members. Registries that have been approved by CMS are listed in these links: [2018 CMS-Approved Qualified Registries](#) and [2018 CMS-Approved QCDRs](#). The TMF MIPS Toolbox has an associated Qualified Registry available. The TMF MIPS Toolbox is available at no cost to clinicians in the TMF region. The associated registry, QPP Navigator, is optional. You may use this registry to submit Improvement Activities and Promoting Interoperability measures at no cost, with a fee to BizMed Solutions of \$75 per eligible clinician for submission of Quality data. Learn more here: [TMF MIPS Toolbox](#) (PDF).

Q: If we are reporting via our electronic health record (EHR), do we need to do anything?

A: Verify that your EHR is capable of accurately reporting all of your selected Quality, Promoting Interoperability and Improvement Activities measures for 2018.

- Quality category – Verify your EHR is reporting directly to CMS or is able to produce a QRDA III file of your measures to submit via the QPP Portal. You may be able to use a registry to report if your EHR is not capable of reporting for you or producing the file for submission.
- Promoting Interoperability and Improvement Activities – If your EHR is not submitting this data, you may attest to these measures/activities using a registry or on the QPP Portal.

Q: Where can I learn more about the 2018 performance period data submission?

A: Details can be found in CMS' [2018 Performance Period: Data Submission FAQs](#) in their [Resource Library](#).

Preparing for 2019

Q: What big requirements have changed for 2019?

A: The performance threshold has increased from 15 points to 30 points. To avoid a negative payment adjustment for the 2019 performance year, a clinician must score at least 30 points. In addition, to obtain an exceptional performance bonus a clinician must score 75 or more points (up from 70 points in 2018). The Promoting Interoperability category now requires 2015 Edition CEHRT, and the available objectives and measures have been updated to match that requirement and reduce clinician burden.

Q: Did the eligibility criteria change in 2019?

A: In 2019 there are three thresholds. You must participate in MIPS if, during the MIPS determination period, you

- Bill more than \$90,000 for Medicare Part B covered professional services AND
- See more than 200 Part B patients AND
- Provide 200 or more covered professional services to Part B patients (NEW)

If you are not required to participate as an individual due to not meeting one of the low-volume thresholds, you may still be required to participate (and receive a payment adjustment) if the following applies:

- Your practice chooses to participate as a [group](#)
- You are part of an approved virtual group
- You participate in a type of Alternative Payment Model (APM) called a [MIPS APM](#)

Q: What is the opt-in option for 2019?

A: If you exceed one or two of the three performance thresholds, you can

- Elect to opt-in – If you elect to opt-in to MIPS, you’ll receive a payment adjustment (positive, negative or neutral) in 2021.
- Voluntarily report – If you choose to voluntarily report, you will not receive a payment adjustment in 2021.

If you don’t exceed any of the three threshold criteria above, you can voluntarily report but are not able to opt-in. Opt-in information will be available on the QPP Portal once released by CMS. The decision to opt in is irrevocable. Once you opt in, you are required to report and will receive a payment adjustment in 2021 based on your final 2019 score.

Q: Which additional clinicians are now eligible clinician types for MIPS?

A: Six new clinicians are added in 2019: clinical psychologists, physical therapists, occupational therapists, qualified speech-language pathologists, qualified audiologists and registered dietitians and nutrition professionals.

Q: How can I find if I am an eligible clinician for 2019?

A: CMS updates the [QPP Participation Status](#) tool at the beginning of each performance year. Enter the clinician’s National Provider Identifier (NPI) to identify his or her status for 2019 and previous years of MIPS. Remember to note whether the clinician is eligible as an individual or group, and whether he or she is a member of an Alternative Payment Model (APM).

Q: Have the performance periods for each category changed in 2019?

A: No, they remain the same (see table below). Clinicians are required to provide data for the performance period identified.

Category	Performance Period
Quality	12 months
Cost (administrative claims only)	12 months
Promoting Interoperability	90 days
Improvement Activities	90 days

Q: How can I be prepared to collect 12 months of data for Quality and Cost for 2019?

A: Cost requires no data collection as it is calculated by CMS with administrative claims, but Cost may be impacted by improvement in the Quality category. Quality measures may be reported in 2019 by Part B claims (clinicians in small practices only), [Qualified Registry](#), [QCDR](#) and EHR. Groups of 25 or more clinicians may also report using the [CMS Web Interface](#) (ZIP). Identify how you will report your Quality measures for this performance year and begin documenting appropriately for your submission type. Remember, you are required to report six Quality measures or one full specialty set in 2019, with one measure an outcome or other high-priority measure if an outcome measure is not available.

Q: We have been submitting using Part B claims in the past, but there are not a sufficient number of measures for our specialty that can be submitted for MIPS using this method. What can we do?

A: In the 2019 performance year, a clinician may report Quality measures using more than one submission type. The exception to this are those submitting data via Web Interface, who must use only that method. Therefore, you could enhance your ability to report a variety of measures by reporting some via Part B claims and others using another collection type such as Qualified Registry, QCDR or EHR. If the same measure is submitted via multiple collection types, the one with the greatest number of measure

achievement points will be selected for scoring. The key is to get started right away on data collection using whatever type of collection type you will use for your selected measures.

Q: Do billing companies automatically code all Part B claims with Quality codes for MIPS?

A: They generally do not automatically add QDCs when submitting claims. The billing company or office biller is a part of your QPP team. They need to know exactly which Quality measures you wish to report; we recommend giving them the updated [Measure Specifications for 2019](#) (ZIP) right away so that they can submit your data correctly.

Q: What are facility-based Quality and Cost measures?

A: Facility-based measurement scoring will be used for your Quality and Cost performance category scores when

- You are identified as a facility-based clinician; and
- You are attributed to a facility with a Hospital Value-Based Purchasing (VBP) Program score for the 2019 performance period; and
- The Hospital VBP score results in a higher score than MIPS Quality measure data you submit and MIPS Cost measure data CMS calculates for you.

Additional details are available by reviewing the CMS [2019 Quality Performance Category Fact sheet](#) (PDF).

Q: What help can I get to succeed in the Quality and Cost categories? They seem very complex.

A: You can contact a TMF Quality Improvement Consultant by submitting a [Request for Support form](#) or calling our TMF QPP call center at 1-844-317-7609. In addition, TMF is holding a [Quality and Cost Workshop](#) beginning Feb. 14. All are welcome! Sign up [here](#).

Q: In 2019 the Promoting Interoperability category requires the use of 2015 Edition CEHRT. What does that mean?

A: To meet this requirement, clinicians must have 2015 Edition CEHRT in use prior to the beginning of the 90-day performance period used to gather data. The EHR must be certified by Dec. 31, 2019. If you are currently using 2014 Edition CEHRT, work with your vendor as soon as possible to update no later than October 2019.

Q: Should I wait to do Improvement Activities?

A: It is suggested to use the Improvement Activities to improve the other categories. Review the available [Improvement Activities for 2019](#) (ZIP). Many of these activities are projects you may already be working on to accomplish your goals. You may simply need to retain the documentation for the 90-day period. Still others could be employed to improve your score in the other categories. Don't wait to start! Let the Improvement Activities work in your favor.

Q: Where can I find additional resources to get me started?

A: CMS has published a number of resources for 2019. Start with the [2019 MIPS Quick Start Guide](#) (PDF). Many other applicable resources are available in the [QPP Resource Library](#). Scroll down on that page to the Full Resource Library and filter for the 2019 Performance Year. These resources are updated frequently.

Get Free Support for QPP

To learn more about free MIPS support, whether reporting for 2018 or working on Year 3, visit www.tmfqin.org/qpp. To request technical assistance with MIPS for practices or systems with 16 or more eligible clinicians, contact QualityReporting@tmf.org. To request support for small and rural practices, contact QPP-SURS@tmf.org. You can also submit a [Request for Support form](#).



www.TMFQIN.org • qualityreporting@tmf.org • 1-844-317-7609