

## QPP: 2018 Participation Checklist



### Step 1: Determining Eligibility

The first step is to determine whether your clinicians have to participate in the QPP. The best way to check eligibility is to go to [WWW.QPP.CMS.GOV](http://WWW.QPP.CMS.GOV) and check every provider (Physician, PA, NP, CNS, & CRNA) NPI. Make sure to scroll down to see any additional TINs and special considerations for each NPI (National Provider Identifier, XXXXXXXXXX).

- Eligible at Individual Level (Provider Bills  $\geq$  90K in Medicare Part B &  $\geq$  200 Medicare Patients)
  - o # of NPI's \_\_\_\_\_
- Eligible at Practice Level (TIN Bills  $\geq$  90K in Medicare Part B &  $\geq$  200 Medicare Patients)
  - o # of NPI's \_\_\_\_\_
- Exempt  $\rightarrow$  less than \$90,000 OR less than 200 Medicare patients OR 1st year billing to Medicare

### Step 2: Determining Level- Group (TIN) or Individual (NPI)

The next step is to determine whether to report data at group or individual level. Many practices will likely submit data at the group level but we encourage you to examine available resources. Keep in mind that a provider can be eligible at the individual level and the practice level. Depending on your practice and number of providers, the best fit for level of reporting will differ.

Things to consider in selecting your level: <https://qpp.cms.gov/mips/individual-or-group-participation>

- # Of EC's required to Submit
  - o # of NPI's \_\_\_\_\_
- Method of historical submission
  - o Web Interface
  - o Registry
  - o EHR Direct

- Special Considerations
  - HPSA/Rural
  - Non Pt Facing
  - Hospital Based
  - Small
- Report at NPI Level: \_\_\_\_\_
- Report at TIN Level: \_\_\_\_\_

### Step 3: Reporting Requirements

Once you have determined who must report and at what level, the next step is to determine the level of participation for program year 2018. For the 2018 program year CMS has set the performance threshold at 15 points or higher to avoid Part B payment penalties in 2020. There are 2 primary routes that you can take: Meeting the minimum threshold to avoid penalty and a Full Submission. You could also participate in an Advanced APM Track. Additional information available at: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>

2018 Category Requirements:

Quality:	IA:	PI:	Cost:
Reporting Requirement:  365 days	Reporting Requirement:  At least 90 days in program year	Reporting Requirement:  At least 90 days in program year	*Reporting Requirement:  365 days  *no reporting required

**Must Submit by March 31<sup>st</sup> 2019**

Minimum Submission Requirements Options to Achieve 15 points:

- Report on all required Improvement Activities (2-4 activities)
- Meet the PI base score & submit 1 Quality Measure that meets data completeness
- Meet the PI base score & submit 1 Medium weighted IA
- Submit 6 Quality Measures that meet data completeness

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### Step 4: Determining Submission Methods

Now that you have identified who is eligible and how you are planning on submitting the next step is to choose what method you will use to report on for year 2 of the program. Under the QPP an EC or TIN can choose to report Quality, Improvement Activities and Promoting Interoperability using different methods and timeframes. Additional information available at: <https://qpp.cms.gov/mips/what-to-report>.

- Web Interface: \_\_\_\_\_
- Qualified Clinical Data Registry/ Registry: \_\_\_\_\_
- EHR Direct: \_\_\_\_\_
- Claims: \_\_\_\_\_

### Step 5: Determining Measures

Now that you have identified the level and submission method, you can identify the measures to monitor and report on across one or more reporting categories for program year 2018.

**A. Quality:** Replaced the Physician Quality Reporting System (PQRS). <https://qpp.cms.gov/measures/quality>

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**B. Improvement Activities:** A new category where EC's or practices chose from a list of 112+ clinical and process activities to perform for at least 90 consecutive days within the program year.

<https://qpp.cms.gov/measures/ia>

- Special Status: Small, Rural, HPSA (Allows for increased weighting of activities)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**C. Promoting Interoperability (PI):** Replaced the EHR Incentive Program also known as the Medicare Meaningful Use Program (MU). Additional information available at: <https://qpp.cms.gov/measures/aci>

- Reweight/Exceptions:

- o Hospital Based Clinician \_\_\_\_\_
- o Non Patient Facing Clinician \_\_\_\_\_

- Most EC's will report on Base, Performance and Bonus objectives for at least 90 consecutive days during the program year.

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**Base Objectives:** Fulfill the 4/5 required measures for a minimum of 90 days

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Health Information Exchange:
  - Send Summary of Care
  - Request/Accept Summary of Care (Available with 2015 CEHRT system)

**Submit up to 8 additional measures under the Performance and Bonus sections of PI:**

- Medication Reconciliation
- Immunization Registry Reporting
- Patient-Specific Education
- Public Health Registry Reporting
- Secure Messaging
- Syndromic Surveillance Reporting
- View, Download and Transmit (VDT)
- Improvement Activity Bonus

**Step 6: Report before March 31<sup>st</sup> 2019**

Now that you have chosen the best measures it is time to submit, keep in mind this is dependent on the method of submission and may require you to work with your 3<sup>rd</sup> party vendor(s). Documents should be kept for at least 6 years. Reports and other documentation may be kept in a binder and/or electronic files. If reports are not available from the system, take a screenshot and paste on a word document.

- EC List: Keep list of Clinician NPI's that you attested for.
- Special Consideration List: For any special status used take a screenshot or print the screen from the QPP website NPI Participation Status with the providers Name and Special status.
- Reporting Methods & Supporting Documentation: For each category document the method and level of submission to keep in your records as well as any receipts from submission.
  - o Quality Submission Method \_\_\_\_\_
  - o PI Submission Method \_\_\_\_\_
  - o IA Submission Method \_\_\_\_\_
  - o Submission Receipt(s) \_\_\_\_\_
  - o Date of Submission(s): \_\_\_\_\_