

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 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 31st 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 31st 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 3rd 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): _____

Quality Payment Program: Path to Avoid Penalty for Program Year 2

Step 1: Are you an EC?

The best way to check eligibility is to go to WWW.QPP.CMS.GOV and check every provider's (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).

Keep in mind that a provider can be eligible at the individual level and the practice level.

- If the provider is eligible at the individual/NPI level this means the provider MUST participate in the QPP to avoid the negative payment adjustment.
- If the provider is only eligible at the group/practice level then that provider will only be required to submit if the practice submits.
- If a provider is not eligible at either individual or group level then the provider may choose to participate but will not qualify for a payment adjustment. CMS will provide feedback on performance but will not assess a payment adjustment.

Step 2: Determining Category

For 2018, or program year 2 CMS has set the performance threshold at 15 points or higher to avoid the penalty. For program year 2, there are 2 primary routes that you can take: Meeting the minimum threshold to avoid penalty and a Full Submission. Additionally, providers can participate in Advanced APM Track.

There are several easy paths to avoiding penalties for program year 2018, which will impact payment year 2020. While there are other options, these are some of the most commonly utilized.

- Report on all required Improvement Activities (2-4)
- 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

Option 1: Avoid Penalty by Improvement Activities

Avoiding Penalty Option: Report on all required Improvement Activities, usually taking between 1-4 activities to earn full category points. *Full category points will be required to meet minimum threshold of 15 total MIPS points.*

Example: An EC in a **small** practice (15 or less EC's) can submit using attestation to the improvement activity: Provide 24/7 access to eligible clinician or groups who have real-time access to patient's medical record. This is a highly weighted activity, and as a small practice, this would satisfy the full 40 points for the Improvement Activities Category.

Other sample improvement activities:

Annual registration in the Prescription Drug Monitoring Program (IA_PSPA_5) (Medium Weighted)
Consultation of the Prescription Drug Monitoring Program (IA_PSPA_6) (Highly Weighted)

Option 2: Avoid Penalty by PI and Quality

Avoiding Penalty Option: An EC can use the attestation method to attest to the 4 base objectives or 5 base objectives for at least 90 consecutive days during the program year as well as reporting on at least

one quality measure. You will need at least 5 points in the quality category, in addition to the PI base score pts., to meet the 15 pt. MIPS threshold.

Example: A practice decides to avoid the penalty for their one EC for program year 2. They meet the base score for PI by meeting data completeness standards for Protecting Patient Health Information, E-Prescribe, Provide Patient Access, and HIE (Transitional Measures). To achieve the rest of the MIPS points necessary to avoid penalty, they submit one quality measure (Controlling High Blood Pressure) using a QRDA 3 file upload with a decile score of 8.

Option 3: Avoid Penalty by PI and IA

Avoiding Penalty Option: An EC can use the attestation method to attest to the 4 base objectives or 5 base objectives for at least 90 consecutive days during the program year as well as attesting to 1 medium weighted improvement activity.

Example: For an EC using a 2014 ONC CEHRT to satisfy the base scoring requirements, they would need to satisfy the objectives/exclusions for the following objectives for PI:

1. Protect Patient Health Information: Security Risk Assessment
2. Electronic Prescribing: At least one prescription prescribed electronically or prescribes less than 100 prescriptions during the reporting period.
3. Provide Patient Access: Provide patient electronic access to at least one patient for patient portal during the reporting period.
4. Health Information Exchange: For at least one transition in care or referral an EC creates and sends electronically the summary of care record or EC has less than 100 transitions/referrals during the reporting period.

They would also need to attest to at least one medium weighted activity like: Annual registration in the Prescription Drug Monitoring Program.

Option 4: Avoid Penalty by Quality

Avoiding Penalty Option: A group or EC can submit data on at least 6 quality measures, meeting data completeness requirements, to avoid penalty for program year 2.

Example: An eligible clinician will submit at least 6 quality measures (with one being a high priority or outcome measure) using claims or a QRDA 3 file submission that was measured or tracked for 365 days (the full calendar year).

Things to Keep in Mind

- Your submission options for Quality are based highly off your system capabilities.
 - If you do not have a good way to pull a QRDA 3 file or have missed the opportunity to submit G-codes on claims, then submitting for the Quality category may not be a good way for you to avoid penalty for program year 2.
- Cost will also play a role in your points, but is not a category you are required to submit on. CMS will gather this information from the claims you submit throughout the year.
- The minimum threshold to avoid penalty will rise each year and is slated to be the mean or median of all scores by program year 2020.
- You will need an EIDM account to submit any information on the QPP submission portal.

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