

QPP Year 3: Options to Avoid Penalty

Step 1: Are you Eligible?

- ✓ The best way to check eligibility is to go to WWW.QPP.CMS.GOV and check **every** provider's NPI at least once a year!
- ✓ If you are not an Eligible Clinician (EC) Type (see list, right), you are not subject to MIPS.
- ✓ If you are a Qualified Provider in an Advanced APM, you can avoid MIPS altogether.

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

- ✓ If the provider is eligible at the individual/NPI level this means the provider **MUST** participate in the QPP to avoid 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 group submits.

Eligible Clinician Types

- Physician
- Physician Assistant
- Nurse Practitioner
- Certified Nurse Specialist
- Certified Registered Nurse Anesthetist
- Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Audiologist
- Clinical Psychologist
- Registered Dietitian/ Nutrition Professionals

Step 2: Examine Your Capabilities

30 Point Options

There are a few easy paths to avoid penalties for Program Year 2019, impacting Payment Year 2021. While there are other options to score additional points, these are some of the minimum submissions you can do to avoid payment penalties:

1. Report on 2-4 Improvement Activities (IA) & submit 6 Quality measures for full year
2. Report on 2-4 IAs & fully submit Promoting Interoperability (PI)
3. Fully submit PI & submit 6 Quality measures for full year
4. Submit 6 Quality measures for full year

Submission Options for 2019



Option 1: Avoid Penalty by IA & Quality

Avoiding Penalty Option: Report on all required Improvement Activities, usually taking between 1-4 activities to earn full category points, in addition to submitting at least 6 quality measures under the Quality category.

Example: An EC in a **Small** practice (15 or less ECs) can submit using attestation to the improvement activity: Provide 24/7 Access to EC 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.

Additionally, the eligible clinician will submit at least 6 quality measures (with one being a high priority or outcome measure) using claims (if within a small practice only) or a QRDA-III file submission that was measured or tracked for 365 days (the full calendar/performance year).

Option 2: Avoid Penalty by IA & PI

Avoiding Penalty Option: A group or individual EC can attest to 1-4 Improvement Activities to gain the maximum points available under the IA category. Additionally, the submitter would also need to report as much as possible under the PI category for each measure to reach the 30 points required to avoid penalty.

Example: An EC (who must be using a 2015 ONC CEHRT), needs to perform within the objectives/exclusions for the following objectives for PI:

1. Protect Patient Health Information: Security Risk Assessment is performed within Performance Year 2019.
2. Electronic Prescribing: At least one prescription prescribed electronically or prescribes less than 100 prescriptions during the reporting period.
3. Provider to Patient Exchange: Provide patients electronic access to their health information.
4. Health Information Exchange: Support Electronic Referral Loops by Sending Health Information & Support Electronic Referral Loops by Receiving and Incorporating Health Information. Can take exclusion on one or the other if there are fewer than 100 transitions of care or referrals or fewer than 100 patient encounters during performance period. Exclusion also available for Receiving and Incorporating Health Information if unable to implement the functionality.
5. Public Health and Clinical Data Exchange: Must report to 2 options (Includes Immunization Registries, Electronic Case Reporting, Public Health Registries, Clinical Data Registries, and Syndromic Surveillance Reporting).

The submitter would also need to fully attest to the IA category using 1-4 activities that the EC or group performed for at least 90 days during the program year. See Option 1 for an example of these activities.

Option 3: Avoid Penalty by PI & Quality

Avoiding Penalty Option: A group or individual EC may submit fully to both the PI and Quality categories as an option to reach 30 MIPS points.

Example: An EC will submit at least 6 quality measures using claims (if within a small practice only) or a QRDA-III file submission that was measured or tracked for 365 days (the full calendar year). The EC can submit additional outcome or high priority measures for potential bonus points. Some examples of common high priority or outcome measures include:

1. Controlling High Blood Pressure
2. Poor Control of Diabetes Hemoglobin A1c
3. Depression Remission After 12 Months

Additionally, an EC who must be using a 2015 ONC CEHRT and submit data on all PI measures for at least 90 consecutive days during the program year.

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, which include at least one high priority or outcome measure, to avoid penalty for program year 3.

Example: The submitter will need to submit at least 6 quality measures (with one being a high priority or outcome measure) using claims (if within a Small practice only) or a QRDA-III file submission that was measured or tracked for 365 days (the full calendar year). *See Option 3 for Addition Details.

Things to Consider

We recommend that a plan or pathway to avoid penalty is developed as early in the performance year as possible to give you the opportunity to capture all necessary information and data.

- Quality is a performance-heavy category, and poor performance on all 6 measures could potentially result in a score of only 13.5 out of a possible 45 points, resulting in the need for an additional 16.5 points to avoid a penalty. That's possible if you do well with submitting PI, but IA will only provide 15 points.
- Your submission options for Quality are based on your systems'/processes capabilities. For example, the process to collect and submit data will impact your ability to perform well in Quality. Not having the capability to generate a QRDA-III file or submit G-codes will prevent you from being able to fully participate in the Quality category unless a registry option is used.
- Cost will also play a role in your points but is not a category for which you are required to send data. 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 a HARP account to gain access to the QPP Submission Portal where you will be able to connect to a group or provider using their TIN and associated PTAN information.

Funding for this document was provided by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not represent the official views of HHS or any of its agencies. The information contained in this presentation is for general information purposes only. The information is provided by UK HealthCare's Kentucky Regional Extension Center and while we endeavor to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to content.