MIPS 2020 Reporting Quick Guide

Prepare for 2020 Data Reporting
☐ Assess if you have an active QPP Portal log-in to sign into the QPP site.
  ➢ If not create one ASAP. Download the QPP Access User Guide for assistance.
  ➢ This account will be used to report MIPS via the QPP portal. It is important to have an account set-up even if not reporting through the QPP portal, as this is where reporting results, final scores and payment adjustment are posted.

☐ Decide how you will report MIPS (use multiple methods per category, one method for each category, or the same method for all).
  ➢ **QPP Portal**: If reporting though the portal, check your account and physician information to ensure it is correct. Review and request changes if corrections need to be made through PECOS.
    ▪ Quality category submission through the QPP portal requires the upload of a QRDA III file of data, check with your EHR to retrieve this file type.
  ➢ **Claims**: If you have been submitting claims data for the Quality category, you can check your progress on the QPP portal. Claims must have date of services in 2020 and is only available for Quality category. Only solo and small practices (15 or fewer clinicians) are eligible for claims reporting.
  ➢ **Registries**: If you want to report through a registry contact your specialty society to check for recommendations or member discounts. Find “MIPS Qualified Registries List” and “MIPS Qualified Clinical Data Registry (QCDR) Vendors” here for approved registry vendor lists.
  ➢ **EHR**: Verify with your EHR vendor that they can report all categories and in the way you choose (group or individual submission) and to ensure they know how to appropriately capture the Quality measures you have selected in the EHR system.

☐ Know the performance period for each category (period in which data collection is required):
  ➢ **QUALITY** – 12 months (Jan. 1 – Dec. 31 of performance year)
  ➢ **COST** – 12 months (this category requires no data submission, is automatically calculated by CMS using administrative claims data)
  ➢ **IMPROVEMENT ACTIVITIES** – at least 90 consecutive days within performance year
  ➢ **PROMOTING INTEROPERABILITY** – at least 90 consecutive days within performance year

☐ Deadline for MIPS 2020 data submission to CMS is **March 31, 2021 7 PM CT**. If using a third-party submitter such as a registry be sure to check its submission deadline.

☐ Refer to the following resources for additional assistance with submitting 2020 data.
  ➢ MIPS reporting guides at www.hcms.org/MIPSGuide
  ➢ CMS 2020 MIPS Quick Start Guide
  ➢ Introduction and Overview of 2020 Data Submission (video)
  ➢ 2020 Data Submission FAQs
  ➢ Additional 2020 resources in the QPP Resource Library

Contact HCMS at 713-524-4267 or quality@hcms.org for additional assistance.
MIPS 2021 Data Collection Quick Guide

Prepare for 2021 Data Collection

☐ Assess your low-volume threshold status here or by signing into your QPP portal.
  ➢ Find low-volume threshold definition and criteria here.
  ➢ If you do not exceed all three of the low-volume threshold criteria as an individual or as a group, you are considered automatically exempt from MIPS and are not required to report.
  ➢ If you do exceed the low-volume threshold as a group, but not as an individual, you are required to report if reporting as a group, but not required if the whole group chooses to report as individuals.
  ➢ If you do exceed the low-volume threshold (even just one of the three criteria) as both an individual and a group, you are required to participate in MIPS no matter how you choose to participate.
  ➢ If a practice is MIPS eligible, it may report for all clinicians in the practice as a group. In that case, you will receive a score and a payment adjustment based on that group reporting (unless you also report as an individual, in which case you will receive the higher of the 2 scores).

☐ If you do not exceed the low-volume threshold and are therefore exempt from reporting 2020 MIPS, you may still be eligible to opt-in to report MIPS if you so choose.
  ➢ Before opting-in be sure to evaluate the benefits of participating in MIPS.
  ➢ If you choose to opt-in it is irrevocable, and you will be subject to scoring and payment adjustments based upon the data you submit (positive, negative or neutral payments depending upon final score).
  ➢ Opt-in process will be available through the QPP portal through the data submission process.

☐ Decide how you want to report and note performance periods for each category.

☐ Select and review your measures for each category.
  ➢ QUALITY – report on 6 measures, one of which must be an outcome measure. Select measures and review information here.
    ▪ Claims: Identify Quality measures you want to submit that are eligible to be submitted via claims and review the specifications for each measure (found under “Collection Type and Documentation”). Identify necessary quality codes required to report each measure, and ensure your biller is aware of these codes and is appropriately adding them to claims, DO NOT assume your biller is already doing this. Begin adding quality codes ASAP. Groups of more than 15 providers cannot report Quality via claims submission.
    ▪ EHR & Registries: Be sure your selected Quality measures are eligible for electronic submission via EHR or registry.
    ▪ If you would like to continue reporting on measures in 2021 you selected in 2020, use this chart to see if any of your measures have been deleted or modified to help you make appropriate changes. This chart also includes newly added measures for 2021.

  ➢ PROMOTING INTEROPERABILITY (EHR) – report on all required measures from 4 objectives.
    ▪ Contact your EHR vendor to check your EHR certification edition – practices must have 2015 edition CEHRT to report. Review measures and requirements here.

  ➢ IMPROVEMENT ACTIVITIES (IA) – report on 2 high-weighted activities, or 4 medium-weighted, or 1 high-weighted and 2 medium-weighted. For small practices (15 or fewer clinicians) this requirement is cut in half.
    ▪ Review activities and requirements here.

  ➢ COST – this category requires no data submission and is automatically calculated by CMS using administrative claims data. Find additional information and cost measures here.

☐ Review 2021 resources in the QPP Resource Library.
☐ Find additional MIPS guidance at www.hcms.org/MIPS.

Contact HCMS at 713-524-4267 or quality@hcms.org for additional assistance.