

MIPS 2020 Data Collection Quick Guide

Prepare for 2020 Data Collection

- Assess your low-volume threshold status [here](#) or by signing into your [QPP portal](#) – **2020 status information is not currently available, CMS will announce when system has been updated.**
 - Find low-volume threshold definition and criteria [here](#) (2019 and 2020 threshold criteria are the same).
 - 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 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 (same as 2019 noted above).
- 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 2020 you selected in 2019, [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 2020.
 - **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-weight 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](#).

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- 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 2020 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.