2018 Medicare Quality Payment Program: Technical Assistance

This document provides technical assistance to help physicians navigate the Quality Payment Program ("QPP") in 2018. Visit the AMA website for more QPP specifics.

In 2018, clinicians and groups participating in the QPP will be engaging in two concurrent activities:

1. Successful reporting for Year 2 of the QPP (2018); *and*

2. Review and appeal, if warranted, of Year 1 of the QPP (2017) performance and scoring.
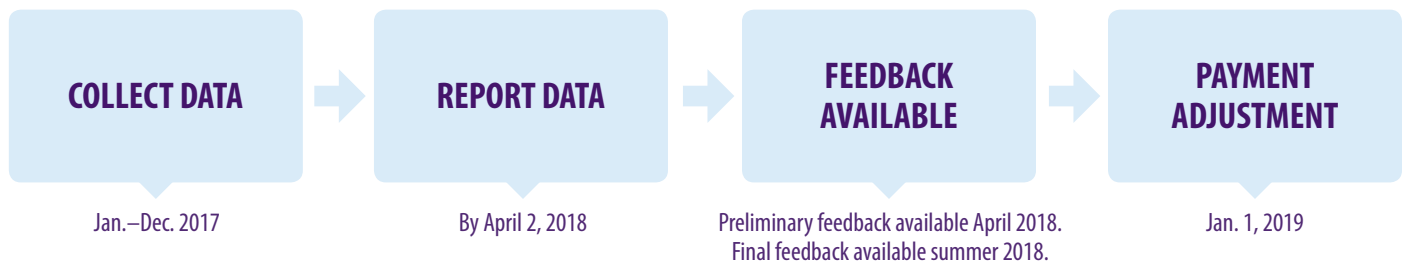
This resource contains technical guidance related to both of these tasks and is based on the AMA's review of

material produced by the Centers for Medicare & Medicaid Services ("CMS") to date. CMS is expected to produce additional guidance on an ongoing basis, so it is important to also check www.qpp.cms.gov for updates.
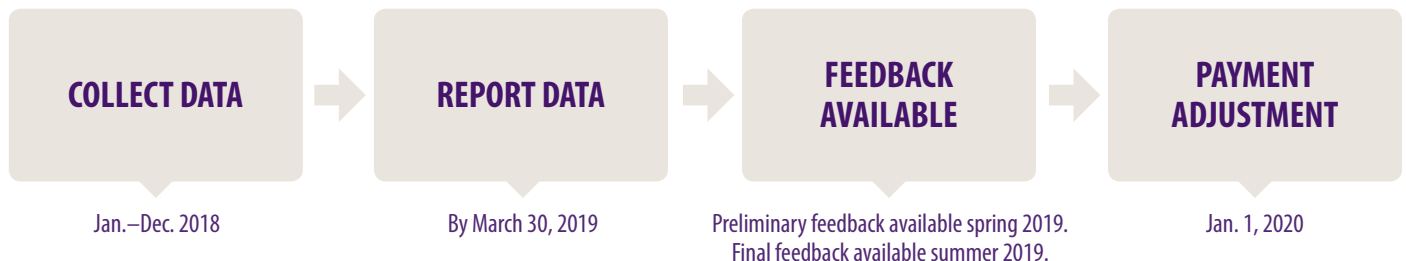
QPP Phased Timeline

CMS has identified four stages of QPP participation: 1) Collect Data; 2) Report Data; 3) Feedback Available; and 4) Payment Adjustment. Because the QPP adjustment is based on a two year look-back, the phases of QPP participation extend over the course of two years. For example, the QPP implementation proceeds as follows:

QPP Year 1 Implementation: (2017 performance period; 2019 payment adjustment period)

COLLECT DATA	→	REPORT DATA	→	FEEDBACK AVAILABLE	→	PAYMENT ADJUSTMENT
Jan.–Dec. 2017		By April 2, 2018		Preliminary feedback available April 2018. Final feedback available summer 2018.		Jan. 1, 2019

QPP Year 2 Implementation: (2018 performance period; 2020 payment adjustment period)

COLLECT DATA	→	REPORT DATA	→	FEEDBACK AVAILABLE	→	PAYMENT ADJUSTMENT
Jan.–Dec. 2018		By March 30, 2019		Preliminary feedback available spring 2019. Final feedback available summer 2019.		Jan. 1, 2020

This document provides information as to what you should be doing and when.

Collect Data

The data collection period is already underway for the Year 2 performance period of January – December 2018.

Q. What data do I need to collect in 2018?

A. Clinicians who are eligible for the Medicare Incentive Payment System ("MIPS") in 2018 will be scored on four categories: Quality (50%); Cost (10%); Advancing Care Information ("ACI") (25%); and Improvement Activities ("IA") (15%). The AMA Action Plan for MIPS participation in 2018 provides information about these categories and what is required for each. Participants in advanced Alternative Payment Models ("APMs") are subject to different data collection requirements.

You should review the exemptions and exclusions established for clinicians in small practices and others to determine if you are exempt from collecting data in Year 2. The AMA's 2018 MIPS Strategic Scoring Guide provides additional information to help you formulate your 2018 MIPS strategy. If you are unsure whether you are MIPS eligible or except for Year 2, you can check your status using CMS' MIPS-eligibility look-up tool.

Q. I've collected some data but I'm not sure if it is enough—how can I find out?

A. CMS has instituted certain "data completeness" standards for data collection. For example, in 2018, Quality data is only considered complete if the practice reported on at least 60% of denominator eligible patients and a minimum of 20 patients to be included in the measure during the performance period. The performance period for Quality measures in 2018 is 12 months. If you do not meet this threshold, you will receive a lower score.

During the data submission period, the CMS data portal tools will help you determine whether you meet the data completeness standard for each measure that you report. If you are working with a third party vendor, you should inquire as to how they check for data completeness and whether they will notify you in advance if you will or will not meet data completeness standards.

Q. I haven't begun to collect 2018 MIPS data. Is that a problem?

A. Not necessarily. While the Quality category requires a full year of data, you may be able to go back and collect data covering earlier parts of the year. If you plan to report data through a vendor (for example, through an Electronic Health Record ("EHR"), a Qualified Registry, or a Qualified Clinical Data Registry ("QCDR"), your vendor may be able to review your medical record documentation and collect this information. You should seek to rectify the issue promptly.

Q. I have heard about "patient relationship" codes—what are these and do I need to use them?

A. To facilitate the attribution of patients and episodes to one or more clinicians, CMS is developing patient relationship codes that define the relationship and responsibility of a clinician with a patient at the time of service. For 2018, use of such codes (which are HCPCS modifiers) is voluntary and the use and selection of such codes will not be a condition of payment.
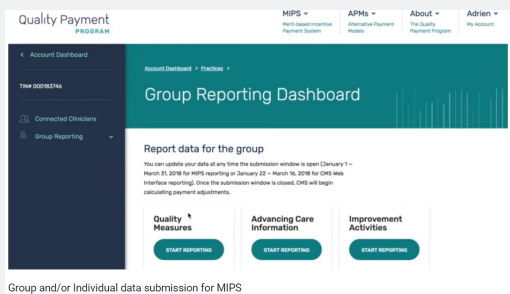
Report Data

The window to report data for the Year 2 MIPS performance period of January – December 2018 should be open from January 2, 2019 through March 30, 2019 (unless extended by CMS). CMS continues to introduce more technical capabilities on its website for reporting. A 30-minute video tutorial on how to submit individual or group data for the Year 1 MIPS performance period is available here.
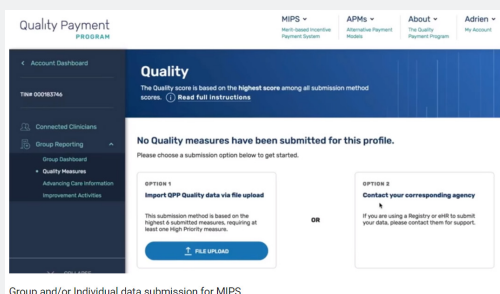
Snapshot: CMS Data Submission*

1. Go to QPP.CMS.GOV.

2. If you do not already have one, sign up for an Enterprise Identity Management ("EIDM") account – select the role that most appropriately describes your relationship to the individual clinician or group submitting data. You can check CMS' EIDM user guide or call 1-866-288-8292 for assistance.

3. You will be asked to provide a phone number when you create the EIDM account. Make sure that this phone is accessible when you sign in to the system, as CMS uses a multi-factor identification process which requires you to retrieve a code that they will send to your phone in order to sign in to QPP.CMS.GOV.

3. Sign in to QPP.CMS.GOV using your EIDM account.

4. Navigate through the reporting dashboards to upload your data and see your results.

*Note that as of the date of publication of this document, data submission for Year 2 (2018) is not yet available.

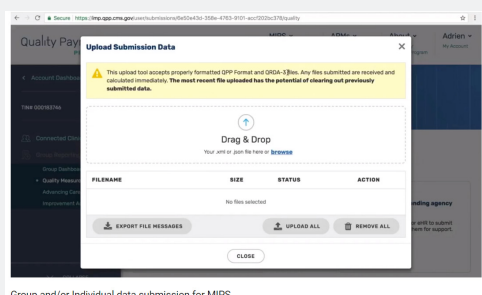**Snapshot: Navigating the Data Submission Portal**
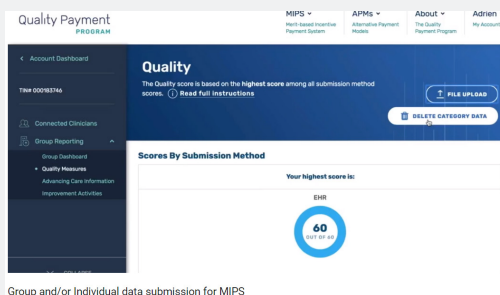

Group and/or Individual data submission for MIPS

Group and/or Individual data submission for MIPS

In this example, the Group Reporting Dashboard allows you to navigate to the Quality, ACI, and IA categories. From the Group Reporting Dashboard, you may access the Quality data upload page. Under Option 1, you can import your own Quality data file. Under Option 2, you can contact your third party vendor to request that they upload your data to the site.
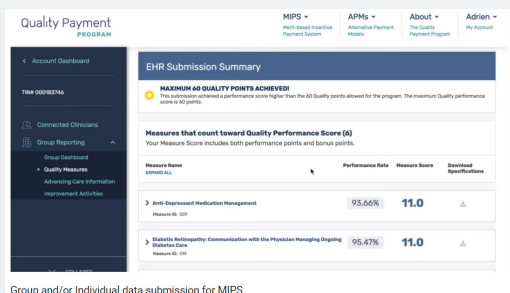

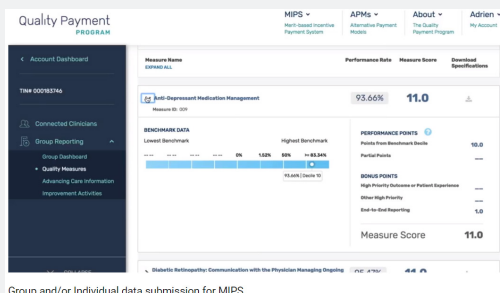Group and/or Individual data submission for MIPS

Group and/or Individual data submission for MIPS

If you are uploading your data directly, you will be asked whether your files are in a QPP or QRDA-3 format; note that EHR data is in a QRDA-3 format. Once you upload your data, CMS will check the file to ensure that it meets the requisite specifications that allow CMS to pull measure data and calculate a score.

Group and/or Individual data submission for MIPS

Group and/or Individual data submission for MIPS

The site allows you to review each measure, the performance rate, and the measure score. You can also drill down to see the specifications for and performance on that measure.

The following are technical questions that you may have when it's time to report data for Year 2:

Q. I went on to CMS' QPP website but I'm confused about how to report data. What should I be looking for?

A. CMS has published a 30-minute video tutorial on how to submit individual or group data for the QPP program. This tutorial will help you understand how to navigate the website and the functionality available.

Q. How are the "CMS Web Interface" and the "CMS Data Submission Portal" different?

A. The CMS Data Submission portal allows all MIPS-eligible clinicians and groups to track their overall MIPS performance based on data submitted using any mechanism (e.g. claims, EHR, quality registry, QCDR). If you submit through claims the data will automatically be uploaded into the portal and the practice will be able to see preliminary results. The portal is also where practices attest to measures under ACI and IA. The CMS Web Interface allows certain MIPS-eligible groups to manually submit data on a set of specific Quality measures to CMS. CMS has attempted to streamline the process by creating a single portal, available here, covering these two functions.

Q. My group registered to use the CMS Web Interface for data reporting in Year 1 of MIPS. Do we need to re-register?

A. No. If a group registered through the Web Interface in Year 1 of MIPS, CMS will automatically register it for the Web Interface in Year 2. If a group would like to use the Web Interface for the first time in Year 2, it must register between April 1, 2018 and June 30, 2018 in order to submit data in early 2019. You can register as a group for Web Interface purposes through the CMS Enterprise Portal here.

Q. What if CMS receives data from multiple submission mechanisms? How will CMS calculate my individual score or GPROs score?

A. Currently, CMS uses information from one data submission mechanism to calculate a score for each MIPS category. When a practice or individual EC submits data for a single category using multiple submission mechanisms (e.g., using EHR as well as claims-based reporting to submit Quality data), CMS will use the mechanism that results in the highest score for that category. As a result, the information seen through the data submission portal may change over the course of the reporting period as the agency receives different sets of data.

CMS receives data from clinicians/groups at different rates based on the submission mechanism. For example, the agency receives claims-based reporting data continuously throughout the year. It receives Web Interface data based on data entered by the practice during the reporting period. Some EHR data submissions depend on a one-time data upload from the practice or a vendor. During the data submission period, you will be able to view changes to your scores based on additional data inputted by your practice or received by CMS.

Q. What other capabilities did CMS implement to help practices get the most value out of the Web Interface / Data Submission site?

A. For Year 2, CMS has implemented a number of useful features on its QPP website. For example, the site includes options that allow you to assess data completeness, identify and resolve potential reporting errors, and understand the impact of specific measures on your MIPS category score.

Q. Can I download a copy of the current CMS data for testing/validation purposes?

A. Yes. CMS supports downloading and exporting your MIPS data during the reporting period. However, this download is not available after the close of the reporting period (e.g., after April 3, 2018 for the Year 1 reporting period). If you are working with a third party vendor or registry, you should ask them about their testing and validation processes to ensure that your data is submitted on time.

Q. I have used the Group Practice Reporting Option/Web Interface previously in the Physician Quality Reporting System ("PQRS"). However, for my MIPS data submission for Year 1, I didn't see a "Submit" button on the data submission portal, although I did in prior years. What does this mean?

A. While the PQRS program has sunsetted, CMS offers a similar online submission portal for uploading MIPS data. Unlike in previous years, however, there was no option in Year 1 to manually confirm that you completed your data submission process. Rather, CMS automatically used the most recent data uploaded to the site as of 8pm ET on the last day to report.

Q. Can I change any data in the Web Interface?

A. Yes. The Web Interface allows you to manually enter numerator data on patients in your sample, so long as you have documentation indicating that the patient meets the criteria. The practice can also change patient information on fields like gender, date of birth, and beneficiary name. This must be done through a manual edit, and cannot be accomplished through another uploaded Excel file.

Q. How do I report Cost category data?

A. While Cost category data will be part of your Year 2 score, you are not required to submit additional data to CMS on this category. CMS will calculate your Cost category performance using administrative claims data. You can find more information on the Cost category in the AMA's Cost Category FAQ resource.

Q. I see references to a "data submission" period. Is that different from a "reporting" period and what's the difference?

A. The data submission period is the period of time during which you will input or transmit data to CMS in order to calculate your MIPS score. For the 2018 performance year, the data submission period will occur in January-March 2019. The reporting period refers to the period of time that you are collecting information about your MIPS performance. For example, for the Quality category, the reporting period refers to January 1, 2018 – December 31, 2018.

Feedback Available

In April 2018, CMS made preliminary feedback on Year 1 (2017) MIPS performance available on its website. CMS has stated that final feedback will be available in summer 2018.

Q. How do I access feedback on my Year 1 performance?

A. To access preliminary feedback, sign in to CMS' system using your Enterprise Identity Management ("EIDM") username and password. For assistance with opening a new EIDM account or accessing an existing account, see CMS' user guide, which outlines usage of the EIDM for QPP participants.

Q. My Year 1 preliminary feedback doesn't look good and I'm not sure that CMS calculated my score correctly. What should I do?

A. CMS has created a Targeted Review process to allow MIPS-eligible clinicians to request a review of their MIPS score determination. See the AMA's Targeted Review FAQ for more information about the how to request a Targeted Review of your Year 1 performance.

Q. I don't like the feedback that I've received for Year 1 and I'm concerned about participating with my Accountable Care Organization for another year. What should I do?

A. See the AMA website for resources on negotiating and renegotiating your value-based arrangements, including in pay-for-performance and episodic models as well as strategies and examples of contractual terms.

Q. How can I get feedback on the Cost category?

A. Even though the Cost category was weighted at zero for Year 1, CMS includes information about Cost category performance in its feedback for Year 1. MIPS-eligible clinicians or groups can review their Cost category results in Year 1 to gauge how they might perform in Year 2, when the Cost category will count for 10 percent of the MIPS score.

Payment Adjustment

Q. Where should I go with questions about my payment adjustment?

A. The CMS QPP website has educational resources, including email and phone mechanisms to request technical assistance. The QPP Help Desk can be reached to discuss technical questions at 1-866-288-8292.

Q. My practice has experience getting feedback reports and requesting targeted review through PQRS and VM. Can I rely on that process to guide my response to the MIPS feedback report process?

A. No. For the QPP, CMS has a targeted review process wherein MIPS-eligible clinicians and groups can request a review of a MIPS score determination. The AMA has a Targeted Review FAQ which outlines the process and CMS has said that it will publish guidance on how to request a Targeted Review on its website.

Q. Will CMS include the costs of Part B drugs in its analysis of Cost data?

A. No. CMS proposed and finalized a policy including Part B drugs in the Cost category its 2018 QPP Final Rule. However, in the Bipartisan Budget Act of 2018 Congress mandated that CMS could only use "covered professional services" as a basis for measuring Cost under MIPS. While CMS has not issued revised regulations, this change means that Part B drugs (and potentially other Medicare Part B-covered items) will not be counted towards the Cost category and impact your payment adjustment.

Snapshot: Technical Assistance for Certain Providers

The Medicare Access and CHIP Reauthorization Act ("MACRA") includes specific funding to help small and rural practices comply with MIPS. CMS has contracted with a number of regional "Assistance Providers" to help practices navigate the law. Your practice is eligible if you have 15 or fewer eligible clinicians and CMS will give priority to practices in rural areas, Health Professional Shortage Areas ("HPSAs"), and Medically Underserved Areas ("MSAs"). You can get more information about technical assistance resources and identify your State's in-person Assistance Provider here. Or, you can e-mail CMS's dedicated small practice assistance mailbox at QPPSURS@IMPAQINT.com.

If you don't find what you're looking for in this document, see the AMA's Payment Hub for additional guidance or contact CMS through their Help & Support tools.