

## 2020 Performance Period: Data Submission FAQs

### COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency has impacted all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2020 performance year, we will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. We've extended the deadline for COVID-19 related applications to February 1, 2021 at 8pm ET.

We've already introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS for the important work they're already doing across the country.

Additionally, in the CY 2021 QPP Final Rule, we finalized our proposals for the 2020 performance year to 1) allow APM Entities to submit Extreme and Uncontrollable Circumstances applications and 2) to increase the complex patient bonus from a 5- to 10-point maximum for MIPS participants to offset the additional complexity of their patient population due to COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response](#) webpage.

### Table of Contents

#### [General/Access](#)

1. [When can I submit my data for the 2020MIPS performance period?](#)
2. [How do I sign in to \[qpp.cms.gov\]\(http://qpp.cms.gov\) to submit my data?](#)
3. [Do I need to sign in to \[qpp.cms.gov\]\(http://qpp.cms.gov\) during the 2020 submission period?](#)

#### [Extreme and Uncontrollable Circumstances Exception Application](#)

4. [Can I still submit an extreme and uncontrollable circumstances exception application?](#)
5. [We've already reported quality measures through Medicare Part B Claims. Can we complete an application?](#)
6. [Will an approved extreme and uncontrollable circumstances exception application override data I've already submitted?](#)
7. [How do I know if our extreme and uncontrollable circumstances exception application was approved?](#)

[Updated 1/20/2021](#)

### **Clinician/Practice Information**

8. [How did you determine which clinicians are displayed on qpp.cms.gov for our practice?](#)
9. [Why are we being asked to make an opt-in election when we're trying to report data?](#)
10. [Can we report some MIPS performance categories as individuals and others as a group?](#)
11. [How do we know if our data was reported at the individual or group level?](#)
12. [I'm a solo practitioner. Does it matter if I report as a group or an individual?](#)
13. [We have MIPS eligible clinicians who left our practice during the performance period. What does this mean for our 2020 performance period reporting and 2022 MIPS payment adjustments?](#)
14. [When will I be able to see reweighting and/or reduced reporting requirements for PY 2020 on qpp.cms.gov?](#)

### **Submitting Data: Quality Performance Category**

15. [What are our Quality measure data submission options at this point?](#)
16. [We reported quality measures through Medicare Part B claims. When will this data be available?](#)
17. [When will we see our facility-based scores on qpp.cms.gov?](#)
18. [When will the Eligible Measure Applicability \(EMA\) process be applied?](#)
19. [What is a collection type?](#)
20. [What happens if we submit the same quality measure through multiple collection types?](#)

### **Submitting Data: Promoting Interoperability Performance Category**

21. [What is the certification ID required for the Promoting Interoperability performance category?](#)
22. [When can we report "yes" for the PDMP measure?](#)
23. [Why do some Promoting Interoperability measures offer the option to "Report Measure Again"?](#)

### **Submitted Data**

24. [What happens if I have multiple submissions over the course of the submission period?](#)
25. [Can I delete inaccurate data submitted by our third-party intermediary?](#)
26. [What is the submission ID?](#)

### **Version History Table**

[Appendix](#): What you can expect to see (or not see) with your QPP access

Contact the Quality Payment Program, Monday through Friday, 8:00 AM - 8:00 PM ET  
By Phone: 1-866-288-8292 (Hearing impaired customers can dial 711)  
By Email: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

## General/Access

### 1. When can I submit my data for the 2020 MIPS performance period?

The 2020 submission period opens at 10:00 a.m. ET on January 4, 2021 and closes at 8:00 p.m. ET on March 31, 2021.

#### Exception

Quality measures reported through Part B claims are submitted throughout the performance period and into the submission period (for dates of service January 1 – December 31, 2020).

- We receive your quality data from claims processed by your Medicare Administrative Contractor (MAC).
- These claims must be processed **and received by CMS** within 60 days after the 2020 performance period to count for quality reporting.
- Contact your MAC for the specific date by which they must receive your claims in order to meet this processing timeline.

### 2. How do I sign in to [qpp.cms.gov](https://qpp.cms.gov) to submit my data?

You will need to create an account and connect to an organization(s), such as your practice (for individual or group reporting).

[Appendix A](#) provides a snapshot of what you can expect to see and do (related to PY 2020 submissions) based on your role and organization type.

For more information, please refer to the [QPP Access User Guide](#), available on the Resource Library.

### 3. Do I need to sign in to [qpp.cms.gov](https://qpp.cms.gov) during the 2020 submission period?

You will need to sign in to submit data on behalf of:

- Yourself (solo practitioners),
- Individual clinicians or the group (practice representatives)
- Your virtual group (virtual group representatives)
- Your APM Entity (APM Entity representatives submitting quality data)

**If a third party submitted your PY 2020 data, we strongly encourage you to sign in during the submission period so you can review the data submitted.**

**You can't submit new data or correct errors on previously submitted data once the submission period closes.**

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## Extreme and Uncontrollable Circumstances Applications

### 4. Can I still submit an extreme and uncontrollable circumstances exception application?

Yes, we've extended the deadline for COVID-19 applications to February 1, 2021 at 8pm Eastern Time.

### 5. We've already reported quality measures through Medicare Part B Claims. Can we complete an application?

Yes. If you, or any of the clinicians in your small practice (fewer than 16 clinicians), are eligible to participate in MIPS and are already reporting your quality measures through Medicare Part B claims, you can submit an extreme and uncontrollable circumstances exception application for the 2020 performance period. If you are approved for reweighting in all 4 performance categories and don't submit any other data, your final score would be equal to the performance threshold which would result in a neutral payment adjustment (unless you have another, higher score).

### 6. Will an approved extreme and uncontrollable circumstances exception application override data I've already submitted?

No, individuals, groups and virtual groups can't submit an application to override previously submitted data. If you submit data and then apply for an exception, we will score the data you have already submitted.

Exception: APM Entities with an approved extreme and uncontrollable circumstances exception application will receive a final score equal to the performance threshold (which equates to a neutral payment adjustment for its MIPS eligible clinicians) even if data are submitted.

### 7. How do I know if our extreme and uncontrollable circumstances exception application was approved?

#### Group applications:

When you sign in to [qpp.cms.gov](http://qpp.cms.gov) and navigate to the Eligibility and Reporting page, you will see a message when the Practice has an approved application for the group. You will need to click **Report as a Group** to access the Overview page to confirm which performance categories were approved for reweighting in the group's application. The practice's application applies to all MIPS eligible clinicians in the group.

#### Individual applications:

To access information about an individual clinician's extreme and uncontrollable circumstances application, sign in to [qpp.cms.gov](http://qpp.cms.gov) and navigate to the Eligibility and Reporting page. Click **View Clinician Eligibility** or **Report as Individuals** to get to the Practice Details. From this page, you can

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## Reminders:

- The EMA process is applied to qualifying submissions of Medicare Part B claims measures or MIPS CQMs. The EMA process is **not** applied to submissions that include eCQMs or QCDR measures
- The Targeted Review process is available to those who believe they qualify for a denominator reduction but don't see it applied to their Quality submission when final performance feedback is available in July 2021.

## 19. What is a collection type?

A collection type refers to a set of quality measures that have comparable specifications and data completeness requirements.

For example, Medicare Part B Claims measures are one collection type.

- All of the specifications for Medicare Part B claims measures have a similar structure and framework
- All of the Medicare Part B claims measures must be reported for 70% of the denominator-eligible Part B patients

You may see some instances within the submission experience (when you're signed in to [qpp.cms.gov](http://qpp.cms.gov)) where the term "collection type" is used for the Promoting Interoperability and Improvement Activities performance categories. In these instances, the term is referring to your submission type (for example, a file upload vs. manual entry).

## 20. What happens if we submit the same quality measure through multiple collection types?

We will only include achievement points from one collection type for a single measure in your Quality performance category score.

Let's look at an example:

- You're a small practice reporting the breast cancer screening measure (Quality ID 112) as an eCQM and through Part B claims.
  - You earn 8.4 achievement points for the measure through the eCQM collection type.
  - You earn 6.9 achievements points for the measure through the Medicare Part B claims collection type.
- We will include the 8.4 achievement points from the eCQM in your Quality performance category score and this version will count as one of your 6 required measures.
- The Part B claims version of the measure will not contribute to your Quality performance category score or count as one of your 6 required measures.

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**Syndromic Surveillance Reporting**

Measure ID: PI\_PHCDRR\_2

The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

**MEASURE SPECIFICATIONS**

[Download Specifications](#)

**Measure Exclusion:** Check the box to be excluded from the required Syndromic Surveillance Reporting measure. The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

Report measure again

Completed

**Syndromic Surveillance Reporting for Multiple Registry Engagement**

Measure ID: PI\_PHCDRR\_2\_MULTI

Report as true if, active engagement with more than one Syndromic Surveillance registry in accordance with PI\_PHCDRR\_2.

## Submitted Data

### 24. What happens if I have multiple submissions over the course of the submission period?

We allow quality measures to be submitted through multiple collection types for a single Quality performance category score.

**For Quality**, if the same quality measure is reported multiple times through the same collection type, the system will save the most recently reported data for that specific measure. We will not aggregate data between submissions when the same measure is reported multiple times.

See [Question 20](#) for information about reporting the same measure through different collection types.

We also allow for multiple submission types across all performance categories.

**For Improvement Activities**, we will aggregate activities submitted through attestation, file upload, and/or direct submission for a single performance category score (not to exceed 100%).

**For Promoting Interoperability**, we recommend using a single submission type (file upload, API or attestation) for reporting.

**Any conflicting Promoting Interoperability data** for a single measure or required attestation submitted through multiple submission types **will result in a score of 0 for the Promoting Interoperability performance category.**

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## 25. Can I delete inaccurate data submitted by our third-party intermediary?

No. If you notice an error in data submitted on your behalf, you should contact the third party about deleting the data they previously submitted and resubmitting your corrected data before the submission period closes.

- You can't delete data submitted by another organization such as a QCDR or Qualified Registry,
- You also can't correct inaccurate Promoting Interoperability data submitted by a third party by attesting to the correct data. **Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.**

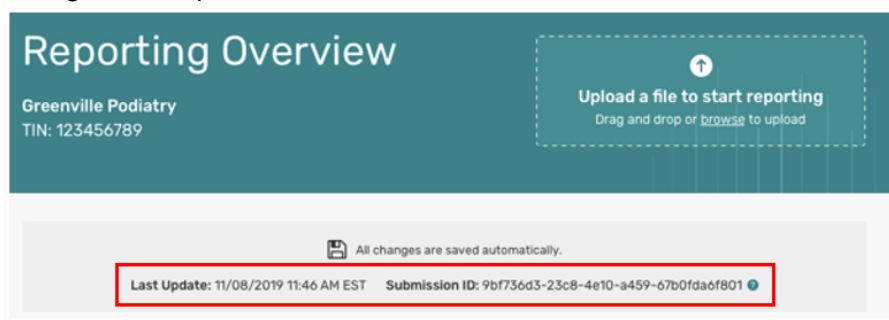
You cannot submit or re-submit data once the submission period has closed.

If the third-party intermediary is unable or unwilling to correct your data:

- Contact the Quality Payment Program at 1-866-288-8292 or via email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) to report data inaccuracies on the part of a CMS-approved Qualified Registry, Qualified Clinical Data Registry or Health IT vendor.
  - Customers who are hearing impaired can dial 711 to be connected to a TRS communications Assistant.
- If you have concerns about a health IT vendor, you can also register your concern by completing the Health IT Feedback Form (<https://www.healthit.gov/form/healthit-feedback-form>). More information on the certified health IT complaint process can be found here: <https://www.healthit.gov/topic/certified-health-it-complaint-process>.

## 26. What is the submission ID?

We've added a submission ID to the Reporting Overview page. This is a unique number we use to identify all of your submission information – data submitted by you and/or by a third party. Once assigned, this ID will not change, even as new data is submitted. If you're reporting as both an individual and a group, there will be one submission ID for your individual data and a separate submission ID for your group's data. If you don't see the data you're expecting to see, contact the Quality Payment Program and provide this number.



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## Contact the Quality Payment Program

If you have additional questions please contact the Quality Payment Program at 1-866-288-8292 (TRS: 711), available Monday through Friday, 8:00 AM-8:00 PM ET or by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). We will also have a more comprehensive user guide with screenshots available soon.

## Version History Table

Date	Change Description
1/20/2021	Updated to adjust hyperlinks and revise the submission period dates in Appendix A.
1/4/2021	Original posting

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## Appendix A

This table provides a snapshot of what you can and can't do/view based on your access and organization type during the submission period (January 4 – March 31, 2021).

With This Access	You CAN	You CANNOT
<p>Staff User or Security Official for a Practice  (includes solo practitioners)</p>	<ul style="list-style-type: none"> <li>✓ Submit an Extreme &amp; Uncontrollable Circumstances application citing COVID-19 through February 1, 2021 at 8pm ET</li> <li>✓ Submit data on behalf of your practice (as a group and/or individuals)               <ul style="list-style-type: none"> <li>○ Includes Promoting Interoperability data for MIPS APM participants</li> </ul> </li> <li>✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals)</li> <li>✓ View data submitted on behalf of your practice (group and/or individual)</li> <li>✓ View preliminary scoring for claims measures reported throughout the submission period (this data will be updated to account for the 60-day run out)</li> <li>✓ View preliminary performance feedback for the group and individual clinicians</li> </ul>	<ul style="list-style-type: none"> <li>X View your cost feedback               <ul style="list-style-type: none"> <li>○ Cost data won't be available during the submission period)</li> </ul> </li> <li>X View facility-based scoring for Quality and Cost (this won't be available until final feedback, July 2021)</li> <li>X View data submitted by your APM Entity               <p><b>Example.</b> If you're a Participant TIN in a Shared Savings Program ACO, you will not be able to view the quality data reported by the ACO through the CMS Web Interface</p> </li> <li>X View data submitted by your virtual group</li> </ul>
<p>Clinician Role</p>	<ul style="list-style-type: none"> <li>• <i>You can't do anything related to PY 2020 submissions with this role</i></li> <li>• <i>This is a view-only role to access final performance feedback in July 2021</i></li> </ul>	

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