Quality Payment PROGRAM

2019 Performance Period: Data Submission FAQs

Updated 5/12/2020

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID 19) pandemic. Refer to the **Quality Payment Program COVID 19 Response Fact Sheet** for more information.*

Updated 5/12/2020

General/Access

1. When can I submit my data for the 2019 MIPS performance period?

The 2019 submission period opens at 10:00 a.m. EST on January 2, 2020 and is extended through 8:00 p.m. EDT on April 30, 2020, including quality measures reported through the CMS Web Interface.

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, 2019)

- We receive your quality data from claims processed by your Medicare Administrative Contractor (MAC).
- These claims must be processed within 60 days after the 2019 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 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 2019 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 during the 2019 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 2019 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 (extended to April 30, 2020).

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Clinician/Practice Information

4. How did you determine which clinicians are displayed on qpp.cms.gov for our practice?

We display the clinicians (identified by NPI) found in your TIN's Part B claims with dates of service between **October 1, 2018 and September 30, 2019**.

This includes clinicians who:

- ✓ Joined your practice during the performance period and are eligible as individuals or as part of the group,
- ✓ Are no longer with your practice; and/or
- ✓ Have terminated the reassignment of their billing rights to your practice's TIN in PECOS.

We will also display any clinicians in your practice who don't have Part B claims but who are identified as a participant in a MIPS APM.

Note: The following clinicians will ***not*** appear on qpp.cms.gov during the submission period:

Clinicians who started billing for services under your Taxpayer Identification Number (TIN) between October 1 and December 31, 2019.

These clinicians will be added to your connected clinicians list in time for performance feedback:

- They will receive a neutral MIPS payment adjustment if your practice reported as individuals; or
- They will receive a MIPS payment adjustment based on the group's final score (provided they are otherwise eligible for MIPS).

5. Why are we being asked to make an opt-in election when we're trying to report data?

Clinicians and groups that are opt-in eligible are required to make an election before PY 2019 data can be submitted. **No action is required if you *don't* want to submit data.**

You are opt-in eligible when you are otherwise eligible for MIPS and exceed one or two (but not all three) elements of the low-volume threshold.

If you are opt-in eligible and want to report, you must make a choice before you can submit your data:

- Opt-in to MIPS and receive a payment adjustment in 2021.
- Voluntarily report and receive performance feedback but no payment adjustment.

Third parties can also make this election on your behalf.

Review the Opt-In and Voluntary Reporting Policy Fact Sheet for more information about this choice.

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6. Can we report for some MIPS performance categories as individuals and others as a group?

No. Individual level submissions and group level submissions will not be combined into a single final score.

> **Exception**: Quality measures reported through Part B claims are always reported at the individual level. We will automatically aggregate this quality data to the group or virtual group level in addition to scoring the individual clinicians.

7. How do we know if our data was reported at the individual or group level?

Sign in to qpp.cms.gov and navigate to Eligibility and Reporting (on the left-hand navigation).

- **When you're reporting as a group:**
  - Click "Report as a Group" next to your practice's name
  - You'll land on the group's **Reporting Overview**, which shows the data and preliminary performance category scores attributed to the group
- **When you're reporting as individuals**:
  - Click "Report as Individuals" next to your practice's name
  - Click "Report as Individual" next to a clinician's name
  - You'll land on the clinician's **Reporting Overview**, which shows the data and preliminary performance category scores attributed to the clinician

If data is reported at both the individual and group level (for any or all performance categories):

- Clinicians who are **MIPS eligible as individuals** at your practice (i.e. individually exceeded the low-volume threshold) will receive **two final scores** – one based on individual level data reported, and one based on the group level data reported. Their payment adjustment will be based on the higher of these two scores.
- Clinicians who are only **MIPS eligible at the group level** at your practice (i.e. did not exceed the low-volume threshold as individuals/did not opt-in as individuals) will receive **one final score and payment adjustment** based on the group level submissions. Their individual level submissions will be voluntary.

8. I'm a solo practitioner. Does it matter if I report as a group or an individual?

You should report all of your data at the individual level, even if you see the option to report as a group. Under MIPS, a group is represented by a Taxpayer Identification Number (TIN) with 2 or more clinicians who have reassigned their billing rights to the TIN, one of whom must be MIPS eligible.

2019 Updates
Solo practitioners that participate in a Shared Savings Program ACO and are subject to MIPS under the APM scoring standard can "Report as an Individual" to attest to their performance or upload a QRDA III file.

2019 policy allows for MIPS APM participants to report Promoting Interoperability data at either the individual or group level.

9. We have MIPS eligible clinicians who left our practice during the performance period. What does this mean for our 2019 performance period reporting and 2021 MIPS payment adjustments?

If your practice (TIN) is participating at the **individual level** (submitting data on behalf of each MIPS eligible clinician):

- We encourage you to submit individual data on behalf of a MIPS eligible clinician (NPI) who left your practice during the 2019 performance period if the data is available.
- If the clinician returns to your practice during the 2021 payment year, he or she will receive a MIPS payment adjustment at your practice based on the data you submit or do not submit.

If your practice (TIN) is participating at the **group level** (submitting aggregated data on behalf of all clinicians in the group):

- You will include data from all clinicians who were part of your practice during the 2019 performance period as appropriate to the measures and activities you're submitting.
- All MIPS eligible clinicians in the group, including those who have left your practice, will receive a final score and payment adjustment based on the group submission.

If a MIPS eligible clinician was part of your practice during the 2019 performance period, but leaves before the 2021 payment year, any payment adjustment associated with that clinician (NPI) will follow the clinician.

The payment adjustment will not impact your practice's payments in 2021 unless the clinician returns to your practice during the 2021 payment year.

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10. When will I be able to see information about reweighting and/or reduced reporting requirements for PY 2019 reflected on qpp.cms.gov?

When the submission period opens on **January 2, 2020**, the system will identify:

Who	What	Why
Clinicians, groups and virtual groups	Qualify for a 0% weighting of the Promoting Interoperability performance category	Clinician type or special status
Clinicians, groups and virtual groups	Receive 2x points for each reported Improvement Activity	Special status
Clinicians	Qualify for 50% credit in the Improvement Activities performance category • After submitting data for another performance category	Participation in an APM (1st, 2nd or 3rd APM snapshot dates) * Not a MIPS or Advanced APM
Clinicians	Scored under the Alternative Payment Model (APM) scoring standard	Participation in a MIPS APM (1st, 2nd or 3rd APM snapshot dates)
Clinicians	Excluded from MIPS because they have Qualifying (or Partial Qualifying) APM Participant status	Participation in an Advanced APM (1st, 2nd or 3rd APM snapshot dates)

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[1] Please note that there is no preliminary scoring information available for clinicians scored under the APM scoring standard. Please see Appendix A for more information.

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We anticipate that additional special scoring considerations will be reflected at some point **during the submission period** as the data becomes available:

Who	What	Why
Clinicians, groups and virtual groups	Qualify for a 0% weighting of the Promoting Interoperability performance category	Approved Promoting Interoperability hardship exception applications
Clinicians, groups and virtual groups	Qualify for a 0% weighting of any performance category(ies)	Approved Extreme & Uncontrollable Circumstance exception requests submitted by December 31, 2020.
Clinicians	Qualify for a 0% weighting in all performance categories for which data is not submitted	Automatic Extreme & Uncontrollable Circumstances policy not triggered by COVID-19.

Finally, there are some special scoring considerations that will only be reflected **after the submission period has closed**, when the data becomes available:

Who	What	Why
Clinicians, groups and virtual groups	Will receive full credit in the Improvement Activities performance category	Successful participation in the CMS Study on Burdens Associated with Reporting Quality Measures.
Clinicians, groups and virtual groups	Qualify for a 0% weighting of any performance category(ies)	Approved COVID-19 Extreme & Uncontrollable Circumstance exception requests submitted by April 30, 2020.
Clinicians	Qualify for a 0% weighting in all performance categories for which data is not submitted	Automatic Extreme & Uncontrollable Circumstances policy triggered by COVID-19.
Clinicians	Will be scored under the Alternative Payment Model (APM) scoring standard	Participation in a Shared Savings Program ACO (4th APM snapshot date)

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Submitting Data: Quality Performance Category

11. What are our Quality measure data submission options at this point?

If you haven't already prepared for the submission of the quality measure data you've collected throughout the 2019 performance period, you have a few options.

- You can export a report (in the QRDA III format) of the eCQM data collected in your 2015 Edition certified EHR technology during the performance period and sign in to qpp.cms.gov to upload your data.
- You can work with a Qualified Registry or Qualified Clinical Data Registry (QCDR) to submit data your behalf. You can find information about CMS-approved Qualified Registries and QCDRs on the QPP Resource Library.

At this point, you will not be able to report your quality measures via Medicare Part B claims or the CMS Web Interface.

12. What happened to the preview of our facility-based scores on qpp.cms.gov?

Facility-based preview scores are no longer available. If you qualify for 2019 facility-based measurement, your 2019 facility-based Quality and Cost performance category scores will be available as part of final performance feedback in July 2020.

A few reminders:

- You can still submit Quality performance category data and we will use whichever measurement set (MIPS measures or Hospital VBP Program score) results in a higher combined score for Quality and Cost.
- The scores displayed in facility-based preview were for informational purposes only.
- If you're reporting as a group, you must submit data in another performance category (Improvement Activities or Promoting Interoperability) to receive facility-based scoring at the group level.

13. When will the Eligible Measure Applicability (EMA) process be applied?

The EMA process will be applied at the point of submission if you are reporting MIPS CQMs.

The EMA process will be applied after the submission period if you are reporting quality measures through Part B Claims to account for the 60-day claims run out period.

Reminders:

- The EMA process is applied to submissions of Part B claims measures
- The EMA process is applied to submissions of MIPS CQMs
- The EMA process is **not** applied to submissions that include eCQMs or QCDR measures

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- 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

14. 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 60% 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) 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).

15. 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 8.43 achievement points for the eCQM version of the measure.
    - You earn 6.94 achievements points for the Part B claims version of the measure.
- We will include the 8.43 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.

Submitting Data: Promoting Interoperability Performance Category

16. What is the certification ID required for the Promoting Interoperability performance category?

CMS EHR Certification ID is a new data submission requirement for Promoting Interoperability in PY 2019. We validate this ID to verify you are using 2015 Edition CEHRT, as required by policy.

If you don't provide this ID, or any of the other required data, you will receive a score of 0 for the Promoting Interoperability performance category.

- If you have multiple products/modules, you will need **a single CMS EHR Certification ID** that reflects all 2015 Edition CEHRT products/modules used to collect Promoting Interoperability data during the performance period.
- Enter your product information in the ONC Certified Health IT Product List (CHPL) website search tool and select all 2015 Edition certified products or certified health IT modules used during the performance period. (**Do not include any 2014 Edition CEHRT products/modules.**)

For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23-25 of the CHPL Public User Guide.

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT will include "**15E**".

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H"** and **will be rejected**.

17. When can we report "yes" for the PDMP measure?

In the PY 2020 Final Rule, we finalized that, beginning with the 2019 performance period, the optional Query of the Prescription Drug Monitoring Program (PDMP) measure would require a Yes/No response instead of a numerator/denominator.

- A "yes" response would indicate that, for at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

Note: The query of the PDMP is not required to be performed by the same eligible clinician who prescribes the Schedule II opioid. MIPS eligible clinicians should determine what is most appropriate, in accordance with applicable law, for the medical staff involved in performing the queries based on their own standard operating procedures, guidelines, and preferences.

18. Why do some Promoting Interoperability measures offer the option to "Report Measure Again"?

The "Report Measure Again" option is specific to the measures within the Public Health and Clinical Data Exchange objective when manually reporting (attesting to) your Promoting Interoperability data.

You can report the same measure twice as long as you are engaged with two distinct organizations.

For example, you engaged with multiple Syndromic Surveillance registries.

- If you're **uploading a file**, you'd include the multiple registry engagement measure ID identified in the specification (screenshot on the subsequent page).

Objective:	Public Health and Clinical Data Exchange
Measure:	Syndromic Surveillance Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.
Measure ID:	PI_PHCDRR_2
Multiple Registry Engagement:	Report as true if active engagement with more than one Syndromic Surveillance registry in accordance with PI_PHCDRR_2.
Multiple Registry Engagement Measure ID:	PI_PHCDRR_2_MULTI

- If you're **manually reporting/attesting**, you'll **1)** attest yes to the measure for the first registry, **2)** select "Report Measure Again", and **3)** attest yes to the Multiple Registry Engagement measure that will appear (screenshot below)

Submitted Data

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

We updated our policy for the 2019 performance period to 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 measure level data when the same measure is reported multiple times.

See Question 15 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 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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20. What if I notice errors in data submitted by our third-party intermediary?

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 cannot 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 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.

21. Can I delete submitted data?

You can delete data submitted by your organization through the “Manage Data” feature at the top of each performance category page.

You cannot delete data submitted on your behalf by a different organization (such as a QCDR or Qualified Registry).

NOTE: If you qualify for reweighting of the Promoting Interoperability performance category to 0% and submit Promoting Interoperability data, your reweighting is cancelled, even if you decide to delete the data.

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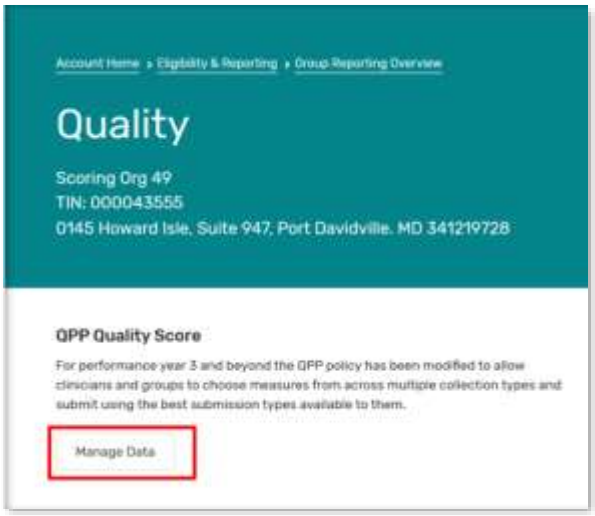

Representatives of a practice or virtual group can delete eCQMs and MIPS CQMs they uploaded in the Quality performance category.

Part B claims measures cannot be deleted.

CMS Web Interface measures can only be edited in the CMS Web Interface application.

22. What is the submission ID?

We've added the 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.

Updated 5/12/2020

Version History Table

Date	Change Description
5/12/2020	• Updated the timing associated with the release of final feedback. • Updated the special scoring considerations reflected during and after the submission period.
4/27/2020	• Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19. •
1/6/2020	Original posting

Updated 5/12/2020

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 2 – April 30, 2020).

With This Access	You CAN	You CANNOT

Staff User or Security Official for a Practice
 	
(includes solo practitioners)
	✓ Submit data on behalf of your practice (as a group and/or individuals)
	  ○ Includes Promoting Interoperability data for MIPS APM participants
	✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals)
	✓ View data submitted on behalf of your practice (group and/or individual)
	✓ View preliminary scoring for claims measures reported throughout the submission period (this data will be updated to account for the 60-day run out)
	✓ View preliminary performance feedback for the group and individual clinicians
		X View your cost feedback
		  ○ Cost data won't be available during the submission period)
		X View facility-based scoring for Quality and Cost (this won't be available until final feedback, July 2020)
		X View data submitted by your APM Entity
		  Example. 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
		X View data submitted by your virtual group

Clinician Role	• *You can't do anything related to PY 2019 submissions with this role* • *This is a view-only role to access final performance feedback in July 2020*	
Staff User or Security Official for a **Virtual Group**	✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View performance feedback for the virtual group	X View your Cost feedback ○ Cost data won't be available during the submission period X View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission)

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With This Access	You CAN	You CANNOT
Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View preliminary scoring for your clients based on the data you submitted for them	X View data submitted by your clients directly X View data submitted by another third party on behalf of your clients X View data collected and calculated by CMS on behalf of your clients ○ Cost measures ○ All-Cause Hospital Readmission measure
Staff User or Security Official for an **APM Entity**	✓ Submit quality data through the CMS Web Interface (Shared Savings Program ACOs and Next Generation ACOs) ✓ Upload a QRDA3 file with your eCQM data (Comprehensive Primary Care Plus practice sites)	X View the Promoting Interoperability data reporting by clinicians and groups in your APM entity