COOPERATIVE OF AMERICAN PHYSICIANS

MACRA, MIPS, QPP: Maximizing Your Participation and Reimbursement

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For more on this topic, please view the on-demand webcast.

Q: With the COVID 19 pandemic, is Medicare thinking of delaying this year?

A: CMS made several concessions when the pandemic was declared early in 2020 for MIPS 2019—they delayed the reporting deadline for 2019 by a month, and they reopened the Extreme and Uncontrollable Circumstances Exception to allow providers to apply for 2019. They also announced that physicians and other providers would have the option to opt-out completely or partially from the 2020 MIPS program by completing the hardship exemption application and indicating that it was due to the COVID-19 Public Health Emergency (PHE). Individual clinicians and group practices have until 12/31/2020 to complete the hardship application. There are a couple of options on the hardship application:

1. A practice may submit a hardship application and indicate that they do not want to be scored on Cost and Quality and have their score calculated based on just Promoting Interoperability and Improvement Activities;
2. Alternatively, practices may submit a hardship application and opt-out of all four performance categories and be held harmless from a 2022 payment adjustment.

Submitting any MIPS data to CMS will override the hardship exception application and physicians will be scored on their submission.

No exceptions or exemptions have been announced for 2021 at this time. However, if the pandemic continues further into 2021, there will likely be some concessions made allowing for flexibility, but it is unknown at this time what the exceptions or exemptions might be. We will all need to stay tuned!

Q: Does the QPP portal allow me to check eligibility for participation? If not, is there one where I can check based on my NPI or Tax ID?

A: You can check eligibility on the QPP website (**www.qpp.cms.org**). Select "MIPS" on the toolbar on the top right of the page. One of the options on the drop-down menu is "Check Participation Status". Use your 10-digit type 1 NPI to check eligibility.

Q: Can you please explain what "qualifying participant" status means?

A: The Quality Payment Program encourages participation in Advanced Alternative Payment Models (APMs). Depending on the type of APM, clinicians may or may not need to participate in MIPS. Clinicians determined to be Qualifying APM Participants (QPs) are exempt from MIPS. This is different than being an Eligible Clinician/Professional (EC/EP)—that determines your eligibility to participate in MIPS. You can check your status by using the CMS QPP Participant Tool on the QPP website.

Q: Our practice participates in an Advanced Alternative Payment Model (APM) in conjunction with our local hospital and surgery center, but we still show as MIPS eligible and have also attested to MIPS measures for 2019. Are we eligible for both adjustments?

A: It appears that you are part of a "MIPS APM"—an APM that has MIPS-eligible clinicians as part of the organization. As such, the participants receive special MIPS scoring under the APM scoring standard and are eligible for those adjustments which are basically a combination of both MIPS and APM. There is additional information available about MIPS APMs and the scoring mechanism on the QPP website.

Q: How does QPP apply to specialty services such as neurosurgery?

A: All physicians and all specialties are potentially eligible to participate in MIPS. First, check your eligibility on the QPP website. If your practice is eligible to participate, select your quality measures to report (you may want to look at the specialty-specific quality measures—there is a specialty set for neurosurgical that contains 13 measures). Finally, additionally select your Clinical Improvement Measures, and your Promoting Interoperability measures. There are no specialties that are exempt from reporting MIPS.

Q: Are you required to opt-in for MIPS after moving to a new state and starting a new practice? I did not see patients in 2020. I am starting a new practice in 2021. I wasn't required to report in 2018 and 2019 (in a different state) as I was a QP working at a practice that was a MSSP ACO-Track One.

A: You only "opt-in" to MIPS if you are not considered an eligible participant because of the low-volume exclusion thresholds. Eligibility is based on your type 1 (individual) NPI which goes with you whenever to change practices. If you did not see any patients in 2020, it is likely you will not be eligible to or required to participate in 2021. However, it is still advisable to check your eligibility by entering your 10-digit type 1 NPI number into the QPP Participation Status lookup tool on the QPP website.

Q: What does it mean by less than 200 professional services?

A: This is one of the determining factors when considering the low-volume threshold exemption for MIPS reporting. "Less than 200 professional services" means that you have performed 200 or less professional services on Medicare patients during the eligibility period of the previous year. Professional services are any service billed and paid for on the Medicare Physicians Fee Schedule (MPFS) which excludes medications, supplies, lab and/or DME.

Q: Why are NPs/PAs exempt from Promoting Interoperability?

A: Beginning in 2021 these clinicians will no longer be exempt from this Measure Category. Prior to this, they have been exempt—primarily because they are employees of someone else and have had little, if any, control over if or what system is being used. This is basically the same reason hospital-based clinicians are exempt from this category—it is out of their control.

Q: If you are a hospital-based physician who is not part of a group and you are 90% hospital based, 10% outpatient, does this qualify for exemption for EHR?

A: Yes, generally you would be exempt from having to report Promoting Interoperability (EHR) because you would be considered a small practice (<5 providers). You would need to apply for that exemption however, which you can do on the QPP website. If you are identified on the QPP Participation Status Tool as either ASC, hospital-based or non-patient facing, then you do not need to apply and are automatically exempt.

Q: I received MIPS payment from United Medicare Advantage. How is that calculated?

A: Medicare Advantage Plans do not typically participate in MIPS, so if you received an incentive payment of any kind from UHC, you would need to check with them to see how it was calculated. MIPS adjustments (+ or -) do not come as a single payment—they are posted to line items (per patient) on your EOBs from Medicare.

Q: My cost category was removed in 2019 for extreme hardship even though I didn't apply for that—why would that be?

A: There is no extreme hardship exemption for the Cost Category. However, you may have been exempt from reporting that category or being scored in that category for a couple of reasons:

- Clinicians who do not see patients in the hospital will not be attributed and not scored on this measure
- Clinicians must be attributed to at least 35 cases to be scored on this measure
- Episodes will be attributed to the clinician who provided the plurality of Medicare Part B services to a beneficiary during an index admission

If an individual or group does not receive a cost score, the weight for the Cost Category is re-distributed to the Quality Category.

Q: In 2019 my PI seems miscalculated—what should I do?

A: If you disagree with anything on your feedback report (calculations, etc.), you are entitled to request a "Targeted Review" of your results, which you can do on the QPP website. Targeted review closes 60 days after the release of your payment information, and it closed for the 2019 reporting year on October 5, 2020. Since you have missed that deadline, you might still call the QPP 1-866-288-8292 (8 a.m. - 8 p.m. ET) and ask about the calculation so you have a better understanding of how the category was calculated, and you'll know if there is a change you need to make when reporting in the future.

Q: What if we have an older patient population that can't sign up for the patient portal? It is difficult for us to meet that measure.

A: This is a common comment about patient base and patient portal, and practices have been creative when addressing this issue. Remember, the patient only needs to access once for the

measure to count. Some practices have assigned someone in the practice to work with older patients walking them through the patient portal access process. For instance, when the patient is scheduled for an appointment, someone calls them before that appointment and asks them to come in early so they can spend time with an assistant to learn how to access the patent portal. A username and password are usually assigned during that session and a few of the features of the portal are reviewed. The patient is sent home with this information clearly documented or written out for them. Often, it is suggested that the patient bring a family member with them for this instruction. Even if a patient does not have a computer at home to access the portal, libraries and Senior Centers have computers that can be utilized by the Senior. Many phones enable the patient to sign into the patient portal as well, so suggest the patient bring their phone with them when coming for this session. While it does take extra effort to satisfy this measure, many practices have been able to do it successfully, and staff members usually enjoying working with the Senior to help them become accustomed to your system. You may want to set a target of how many patients you'd like to train on the portal per week, so that the task doesn't become overwhelming for your staff; a few at a time works and eventually you'll make it through a lot of patients.

Q: Is there a resource for doctors and staff getting trained and more familiar with this very complex reporting system? Any websites with detailed information?

A: The QPP website has a plethora of information about the program: what to report, how to report, what to consider when first participating in the program, how the bonus and/or adjustment is calculated, etc. Any specialty professional organization to which you belong might have useful information related to your specialty. Many of the registries that are a reporting mechanism for MIPS are also a good reference such as Healthmonix, Alpha II, or MDInteractive. Your software vendor could also be a good resource for you as they help you understand how to use both your EHR and PM systems to report MIPS.

For ongoing personalized assistance, a Medical Practice Management Consultant can assist with educating you on the program, what needs to be reported, and how to report. If you are a CAP member, you have access to free practice management support with CAP's Director of Practice Management Services, Andie Tena, who can provide personal assistance on reimbursement and a range of other practice management issues. You can reach Ms. Tena at 213-473-8630 or atena@CAPphysicians.com.

About the Author As founding principal and Senior Consultant of The Sage Associates, Mary Jean Sage is a speaker, consultant, and educator with over 30 years of experience in healthcare. As a healthcare management specialist, Ms. Sage assists healthcare professionals address and resolve management and business development issues. She is recognized nationally for her expertise in coding, billing, healthcare compliance, and Medicare audit response. She received her degree in Business Administration from the University of Redlands and her degree in Allied Health from Ferris State University.