Comagine Health

Quality Payment Program
Small, Underserved and Rural Support

Q&A: Data Submission Methods in 2020 MIPS

The Merit-based Incentive Payment System (MIPS) has provided the same data submission mechanisms since it began in 2017. The guidance regarding reporting with more than one submission method has changed. MIPS also uses new terminology to describe these changes. Below are the new terms:

- A **collection type** is a set of Quality measures with comparable specifications and data completeness criteria including, as applicable, electronic clinical quality measures (eCQMs), MIPS clinical quality measures (CQMs) (formerly referred to as registry measures), Qualified Clinical Data Registry (QCDR) measures, Medicare Part B claims measures, the Centers for Medicare & Medicaid Services (CMS) Web Interface measures, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measure and administrative claims measures.
- A **submitter type** is the MIPS-eligible clinician, group or third-party intermediary acting on behalf of a MIPS-eligible clinician or group, as applicable, who submits data on measures and activities.
- A **submission type** is the mechanism by which the submitter type submits data to CMS, including, as applicable, direct, log in and upload, log in and attest, Medicare Part B claims and the CMS Web Interface. Cost data does not have a submission type because the data is collected and calculated by CMS from administrative claims data submitted for payment.

Submission Types for Quality Measures

Question: What methods of collection and submission may clinicians use to submit Quality data?

Answer: In the fourth year of MIPS, eligible clinicians can submit measures via the following collection and submission types: MIPS CQM, eCQM, QCDR measures, Medicare Part B claims (small practices only) and CMS Web Interface measures (large practices in a group of 25 or more only).

The 2020 Quality submission types are listed below:

- **Direct** – Authorized third-party intermediaries (such as QCDRs, qualified registries and EHR vendors) can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an Application Programming Interface (API). A third-party intermediary is an entity that has been approved to submit data on behalf of a MIPS-eligible clinician, group, or virtual group for one or more of the Quality, Improvement Activities and Promoting Interoperability categories. Such intermediaries can be a qualified registry, a QCDR, a health IT vendor or other authorized third party who obtains data from a MIPS-eligible clinician's certified electronic health record technology (CEHRT) or a CMS-approved survey vendor.
- **Log in to the QPP Portal and upload** – Individual clinicians, groups, virtual groups and third-party intermediaries can log in and upload Quality measure data in an approved file format on QPP.CMS.gov.
- **Medicare Part B claims** – Individuals, groups and virtual groups who are small practices (15 or fewer clinicians) can submit their Quality measures via Medicare Part B claims throughout the performance period.
- **CMS Web Interface** – Registered groups and virtual groups, with 25 or more clinicians, can submit their Quality measures using the CMS Web Interface.

Q: How much Quality data must the clinician or group submit?

A: The collection type determines how much data must be submitted. Below are the data completeness requirements for 2020.

Collection Type	Performance Period	Data Completeness
Medicare Part B claims measures	Jan. 1 – Dec. 31	70% of the individual MIPS-eligible clinician's or group's Medicare Part B patients for the performance period
Administrative claims measures	Jan. 1 – Dec. 31	100% of the individual MIPS-eligible clinician's Medicare Part B patients for the performance period

Collection Type	Performance Period	Data Completeness
QCDR measures, MIPS CQMs and eCQMs	Jan. 1 – Dec. 31	70% of the individual MIPS-eligible clinician's or group's patients **across all payers** for the performance period
CMS Web Interface measures	Jan. 1 – Dec. 31	Sampling requirements for the group's Medicare Part B patients: populate data fields for the first 248 consecutively ranked and assigned Medicare beneficiaries in the order in which they appear in the group's sample for each module/measure. If the pool of eligible assigned beneficiaries is less than 248, then the group would report on 100% of assigned beneficiaries.
CAHPS for MIPS survey measure	Jan. 1 – Dec. 31	Sampling requirements for the group's Medicare Part B patients

Q: Can a clinician or group use more than one submission type for the Quality category?

A: Yes, you can choose measures across all of the collection types available to you in order to find the measures most meaningful to your practice (for example, you can submit two eCQMs and four Medicare Part B claims measures (if you are a small practice) and the data across both collection types can count toward your Quality category score. The CMS Web Interface submission type is an exception to this and cannot be combined with any other submission method.

Q: What happens if we submit the same measures using multiple submission types? Does CMS add them together?

A: CMS will aggregate unique Quality measures collected through multiple collection types for the 2020 performance period. However, if the same measure is collected via multiple collection types, the collection type for that measure with the greatest number of achievement points will be used for scoring. CMS will not add two collection types for the same measure together to get a score. CMS Web Interface measures cannot be scored with other collection types other than the CMS-approved survey vendor measure for CAHPS for MIPS and/or administrative claims measures.

Q: What are the advantages of submitting data using more than one submission type?

A: Measure availability and benchmarks vary by submission type, so the flexibility to use multiple submission types allows practices to both maximize their score and find measures most meaningful to their practice. For example, the Quality ID 110: Preventive Care and Screening: Influenza Immunization measure is able to be submitted using Medicare Part B claims, MIPS CQMS (qualified registry or QCDR) and EHR. The benchmarks are different. The benchmark data below demonstrates the potential points when the clinician or group scores 72%. EHR submission would result in a score of 7-7.9 points for the measure. Claims submission would result in a measure score of 5-5.9 points and registry submission would result in 6-6.9 points. A practice that is able to submit data using a submission method that would result in a higher score for a measure should consider that option.

Measure Title	Measure ID	Collection Type	Ave	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Preventive Care and Screening: Influenza Immunization	110	Medicare Part B Claims	64.746	1.1 - 16.14	16.15 - 34.76	34.77 - 72.83	72.84 - 98.82	98.83 - 99.99	--	--	100
Preventive Care and Screening: Influenza Immunization	110	eCQM	39.641	0.11 - 3.34	3.35 - 16.95	16.96 - 36.49	36.5 - 58.4	58.41 - 81.09	81.1 - 92.41	92.42 - 99.99	100
Preventive Care and Screening: Influenza Immunization	110	MIPS CQM	58.519	0.21 - 11.43	11.44 - 32.82	32.83 - 61.63	61.64 - 88.07	88.08 - 99.43	99.44 - 99.99	--	100

Q: If a practice does not have an EHR, is the only option to submit using the Medicare Part B claims method (which is only available to small practices in 2020)?

A: Although the practice would not be able to submit using the EHR method, it may be able to use a registry to submit data. Registries might be able to interface with the practice management system or billing system to gather data. Some registries require manual input using the data obtained from the claims submission system. This may be a good option to consider if your practice is able to use its billing system to gather data for all payers for your measures. Using a registry may enable you to submit additional meaningful measures that are not an option with Part B claims.

Q: Can a practice that gets a new EHR submit its data in separate files from those systems?

A: Absolutely. However, CMS will not add data for a measure together to get a more complete score on that single measure. CMS will only use the one with the highest number of achievement points. If the practice uses a data aggregator to combine the data from both EHRs, it may be submitted as one file or reported using a registry.

Submission Types for Promoting Interoperability Measures

Q: What methods of submission can clinicians use to submit the Promoting Interoperability (PI) measures?

A: The available submission types for reporting data to the PI category are listed below:

- **Direct** – Authorized third-party intermediaries (such as QCDRs and qualified registries) can perform a direct submission, transmitting data through a computer-to-computer interaction such as an API on behalf of individual clinicians, groups and virtual groups.
- **Log in and upload** – Individual clinicians, groups, virtual groups and third-party intermediaries can log in and upload data in an approved file format on QPP.CMS.gov.
- **Log in and attest** – Individual clinicians, groups, virtual groups and their authorized representatives can log in and attest to their performance on PI objectives and measures (along with compliance with attestations and performance periods) on QPP.CMS.gov.

Q: Can we submit these measures using two different submission types for the PI category?

A: Using multiple submission types is **not** allowed for the PI category. You must submit all data for the clinician or group using one submission method. If submitted using multiple methods, CMS will score the most current submission.

Q: What happens if I report on these measures using the QPP Portal and then my EHR also sends them?

A: CMS will keep and score the most recent file submitted by someone connected to your organization. Note that data can be submitted by anyone who has been authorized to access your organization, including third-party intermediaries. CMS will not overwrite files uploaded on your behalf by someone connected to a different organization (such as a registry). Data submitted through a file upload will not overwrite data submitted through another method, such as attestation. Discuss the method of submission you prefer with your EHR vendor.

Submission Types for Improvement Activities

Q: What methods of submission may be used for Improvement Activities in 2020?

A: Improvement activities may be submitted using the following submission types:

- **Direct** – Individuals, clinicians, groups, virtual groups and third-party intermediaries can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an API.
- **Log in and upload** – Allows individual clinicians, groups, virtual groups and third-party intermediaries to upload and submit data in the form and manner specified by CMS with a set of authenticated credentials. Currently, this occurs on QPP.CMS.gov.
- **Log in and attest** – Individual clinicians, groups, third-party intermediaries and virtual groups with a set of authenticated credentials can log in and manually attest to their improvement activities data on QPP.CMS.gov. For each improvement activity that is performed for at least a continuous 90 days during the performance period, individuals, groups and/or virtual groups using the log in and attest submission mechanism must attest to the improvement activity by submitting a "yes" response for each of these improvement activities within the IA Inventory. Groups and virtual groups can attest to an improvement activity if at least 50% of the clinicians in the group or virtual group participated in the improvement activity for a continuous 90 days during the performance period. Clinicians may participate in different 90-day periods for most activities.

Q: Can we attest to these using more than one submission method?

A: Beginning in the 2019 MIPS performance period, MIPS-eligible clinicians, groups and virtual groups could submit IA data using multiple data submission types provided that the individual clinician, group or virtual group uses the same and consistent identifier(s) for all performance categories and all data submissions.

Q: What happens if I attest to more improvement activities than are required?

A: The IA category has a maximum of 40 points, and no bonus points will be awarded for additional measures reported. A practice may submit more activities than needed if they choose. Maintain validation documentation for your activities in case of an audit.

Q: If I attest to my improvement activities on the QPP Portal and my EHR or registry also submits them, what does CMS do?

A: If the same measures are submitted using multiples files, CMS will keep and score the most recent file submitted.

Submission for Cost Measures

Q: How is data submitted for the Cost measures?

A: The Cost category does not have a separate data submission requirement, as these measures are calculated automatically using claims data submitted to Medicare.

Contact Comagine Health for Free Assistance

Comagine Health provides free technical assistance for the Quality Payment Program. Contact the team:

- Call 1-877-560-2618
- Email QPP@comagine.org
- Complete a QPP Assessment