The Physicians Advocacy Institute's
Medicare Quality Payment Program (QPP)
Physician Education Initiative

2020 Merit-Based Incentive Payment System (MIPS)
Reporting Mechanisms
MEDICARE QPP PHYSICIAN EDUCATION INITIATIVE

2020 Merit-Based Incentive Payment System (MIPS)

Reporting Mechanisms

Under MACRA’s Quality Payment Program (QPP), physicians may choose to participate in an Advanced Alternative Payment Model (APM) or submit data to the Merit-Based Incentive Payment System (MIPS).

MIPS consolidates and sunsets the previous quality reporting programs by the Centers for Medicare and Medicaid Services (CMS), including the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and the Electronic Health Records (EHR) Incentive program (Meaningful Use), into one program. In 2020, MIPS has four weighted performance categories: quality (45%), based on PQRS; cost (15%), based on VM; promoting interoperability (PI) (25%), previously advancing care information (ACI); and improvement activities (15%).

This resource provides an overview and guidance on the different reporting mechanisms available for reporting MIPS data, including Medicare Part B claims, CMS Web Interface, Log-In and Attest, Log-In and Upload, and Direct.
Physicians and other eligible clinicians (ECs)\(^1\) can participate either as individuals, as a group, or as part of a Virtual Group, but they must participate the same way across all four categories.

- **Participate individually**
  - Physician would report under an national provider identification (NPI) number and the tax identification number (TIN) of the practice to which they reassign their benefits
  - Physician receives score and corresponding payment adjustment based on his/her individual performance

- **Participate as a group**
  - 2 or more ECs (2 or more NPIs) who are part of the same practice with the same TIN
  - Specific reporting requirements and certain reporting options are available for groups of 25 or more physicians and other clinicians
  - All ECs in the group would receive the same aggregated scoring and corresponding payment adjustment across the practice-level group

- **Participate as a Virtual Group**
  - A combination of 2 or more TINs made up of solo practitioners or groups of 10 or fewer clinicians who come together "virtually" (regardless of specialty or location)
  - All ECs part of the Virtual Group would receive the same aggregated scoring and corresponding payment adjustment across the Virtual Group

**Individual Reporting**

If you are electing to report as an individual, no registration is required, and payment adjustments will be based on your individual performance across the MIPS categories.

**Group Reporting**

If you are reporting as a group, payment adjustments will be based on group performance. Group registration is required only if you elect to report data via the CMS Web Interface and/or if you report the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measure. **The registration deadline for these reporting options is June 30, 2020.** If your group or Virtual Group reported through the CMS Web Interface for 2019 performance year, then you are automatically register for the 2020 performance year.

The CMS Web Interface is only an option for groups with 25 or more clinicians. The CAHPS for MIPS survey is only an option for groups with 2 or more clinicians. Per CMS, the survey is not appropriate for practices that do not provide primary care services.

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\(^1\) For 2019, eligible clinicians are defined as physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified nurse anesthetists, physical therapists, occupational therapists, qualified speech-language pathologist, clinical psychologist, registered dietitian or nutrition professionals.
Virtual Group Reporting\(^2\)

Virtual Groups represent a separate participation option made effective in 2018. Virtual Groups are defined as a combination of 2 or more TINs assigned to 1 or more solo practitioners or 1 or more groups consisting of 10 or fewer clinicians. Physicians and other ECs can elect to form a Virtual Group regardless of their geographic location or specialty, and there are no limits on the number of solo practitioners and groups that can come together to form a Virtual Group.

Unlike the group participation option which is limited to physicians under the same TIN/practice, the Virtual Group participation option allows multiple solo practitioners and small practices to come together “virtually” with each other to participate. Similar to group participation, Virtual Group participants will have their performance assessed collectively as a group in all four MIPS categories.

**Participation Must be the Same Across All MIPS Categories**

Additionally, all physicians and other eligible clinicians in a practice must participate the same way—either individually, as a group, or as part of a Virtual Group. The practice cannot split the physicians so that some physicians are participating individually while others are participating as a group or as part of a Virtual Group, or while some physicians are participating as a group and others are participating as part of a Virtual Group. For example, in a practice of 10 physicians all under the same TIN, the practice has the following participation options.

\[\text{Individual Participation}\]
\[\text{Group Participation}\]
\[\text{Virtual Group Participation}\]

- Each of the 10 physicians would report as individual physicians and each physician would have to meet the specific requirements for each category.
- The group of 10 physicians would collectively have to meet the specific requirements for each category.
- The 10 physicians would be part of a Virtual Group that would collectively have to meet the specific requirements for each category.

\(^2\) Virtual Group election must be made prior to the beginning of the performance period; therefore, physicians and other clinicians must have elected to form a Virtual Group by the December 31, 2019 deadline for 2020 MIPS participation.
The exception to this is when a group practice has some ECs who are participating in an APM Entity under a MIPS APM and/or an Advanced APM, and others as part of the Virtual Group.

In the case where some ECs are participating in a MIPS APM, the scores and related payment adjustments for ECs will be tied to the APM Entity’s performance in the MIPS APM, and the other ECs in the practice would have their scores and related payment adjustments tied to the Virtual Group’s participation in MIPS.

- For example, in a practice of 10 physicians all under the same TIN, 5 of the physicians may participate as part of a Medicare Shared Savings Program Level A Accountable Care Organization (ACO), while the other 5 may only participate as part of a Virtual Group with other ECs and practices. The 5 in the ACO will have their performance assessed under the Virtual Group and the ACO (i.e., the MIPS APM), however, their scores and payments will be tied to the ACO’s performance; and the 5 participating only in the Virtual Group will have their scores and payments tied to the Virtual Group’s performance.

Similarly, in the case where some ECs are participating in an Advanced APM, the scores and related payment adjustments for ECs will be tied to the APM Entity’s performance in the Advanced APM. If the EC achieves a Qualifying APM Participant (QP) status, they will be assessed under MIPS as part of the Virtual Group but will be excluded from the MIPS payment adjustment and eligible for the 5% Advanced APM incentive payment. If the EC achieves Partial QP (PQ) status, they will be excluded from the MIPS payment adjustment unless the EC elects to report under MIPS by agreeing to participate in a Virtual Group prior to the start of the performance year.

**Reporting Mechanisms Available**

There are generally five collection type options via which physicians can submit their MIPS data: Medicare Part B claims, CMS Web Interface, Log-In and Attest, Log-In and Upload, and Direct.

<table>
<thead>
<tr>
<th>Medicare Part B claims</th>
<th>Direct</th>
<th>CMS Web Interface</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality measures are reported through routine billing processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only available to small practices (15 or fewer ECs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third-party intermediaries transmit data through a computer-to-computer interaction (e.g., an API)</td>
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<td></td>
</tr>
<tr>
<td>Third-party intermediaries include qualified clinical data registries (QCDRs), qualified registries, and EHR vendors</td>
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<tr>
<td>Web-based application with a required set of measures</td>
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<tr>
<td>Only available to groups of 25 or more clinicians</td>
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</tbody>
</table>
Reporting mechanisms that can be used to submit your MIPS data depend on the category and whether you participate as an individual, group, or Virtual Group. You can report different categories using different collection types and reporting mechanisms; you are not required to submit MIPS data using one collection type or reporting mechanism across all the categories. Additionally, you can submit quality measures and improvement activities data using multiple reporting mechanisms.

<table>
<thead>
<tr>
<th>Category</th>
<th>Reporting Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td>Individual (themselves or working with a Qualified Registry, QCDR, or CEHRT)</td>
<td>Medicare Part B Claims; Direct; Log-In and Upload</td>
</tr>
<tr>
<td>Group or Virtual Group (themselves or working with a Qualified Registry, QCDR, or CEHRT)</td>
<td>Medicare Part B Claims (only for those with small practice designation); Direct; Log-In and Upload; CMS Web Interface (for 25 or more ECs); CAHPS for MIPS Survey; Administrative Claims</td>
</tr>
<tr>
<td><strong>Improvement Activities</strong></td>
<td></td>
</tr>
<tr>
<td>Individual, Groups, Virtual Groups, and Third-Party Intermediaries (e.g., Qualified Registry, QCDR, CEHRT, CMS-approved survey vendor)</td>
<td>Direct; Log-In and Upload; Log-In and Attest (via qpp.cms.gov)</td>
</tr>
<tr>
<td><strong>Promoting Interoperability</strong></td>
<td></td>
</tr>
<tr>
<td>Individual, Groups, Virtual Groups, and Third-Party Intermediaries (e.g., Qualified Registry, QCDR, CEHRT,)</td>
<td>Log-In and Upload; Log-In and Attest (via qpp.cms.gov)</td>
</tr>
<tr>
<td>Third-party Intermediaries</td>
<td>Direct</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>No submission required. CMS will use administrative claims data.</td>
</tr>
<tr>
<td>Group or Virtual Group</td>
<td></td>
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</tbody>
</table>

What’s the difference between the “claims” and “administrative claims” mechanisms?

Claims reporting for the MIPS quality category requires ECs to append quality data codes (QDCs) to denominator eligible Medicare Part B claims to indicate the required quality action or
exclusion occurred. This mechanism is only an option if you are participating as an individual or small practice to report data for the quality category. Whereas, administrative claims data is data that is already included in Medicare claims billings. The administrative claims mechanism is used by CMS for the 30-day all-cause readmission measure for groups of 16 or more eligible clinicians, as well as for the cost category measures.

**How do I select the best option to report?**

<table>
<thead>
<tr>
<th>Reporting Option</th>
<th>Pros/Cons</th>
</tr>
</thead>
</table>
| Medicare Part B Claims | • No additional administrative cost; an affordable option  
• Only available to solo practitioners and small practices  
• Quality data codes/G-codes may be reported by billing staff or billing companies  
• Confusion and inaccurate reporting of quality data codes/G-codes for the quality measures  
• Only available for the quality category for certain measures (not an option for reporting all MIPS measures) |
| Log-in and Upload or Attest via CMS QPP Submission Portal | • Affordable options  
• Must have an HCQIS Access Roles and Profile (HARP) system account  
• Allows ECs to attest and upload their electronic files from an EHR qualified registry, or QCDR for the categories  
• More real-time scoring provides insight into performance  
• Attestation does not require submission of data |
| Qualified Clinical Data Registry (QCDR) / Qualified Registry | • Most MIPS measures are reportable via registries and QCDRs  
• QCDRs include MIPS and non-MIPS measures (eligible for MIPS credit that can be specialty-specific and may be more applicable to some physicians)  
• Participants must pay a registration fee and additional costs (varies per registry/QCDR vendor). However, some national specialty societies offer registries/QCDRs at no or low cost  
• Performance feedback may be provided within the performance period  
• Difficulty linking to EHR systems and automatically extracting the data  
• Manual data entry option may be time consuming |
| 2015 Edition Certified Electronic Health Record Technology (CEHRT) | • Many practices already use EHRs in daily practice, but not all practices may have access to EHRs  
• Convenient collection of data captured directly from CEHRT system  
• CEHRT vendors may submit the data on your behalf, but you must trust that the vendor will correctly and accurately submit the information  
• Limited availability of applicable quality measures that can be reported via an CEHRT |
<p>| CMS Web Interface | • Only available for groups of 25 or more ECs |</p>
<table>
<thead>
<tr>
<th>Reporting Option</th>
<th>Pros/Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Higher reporting thresholds for quality measures (must report data on more measures)</td>
</tr>
<tr>
<td></td>
<td>• Must register with CMS by June 30, 2020</td>
</tr>
<tr>
<td></td>
<td>• May enter data manually or upload data directly from EHR system</td>
</tr>
<tr>
<td>CAHPS</td>
<td>• Takes place of one quality measure for the MIPS quality category</td>
</tr>
<tr>
<td></td>
<td>• Must register with CMS by June 30, 2020</td>
</tr>
<tr>
<td></td>
<td>• Must pay a CMS-certified survey vendor to conduct CAHPS for MIPS survey</td>
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<tr>
<td></td>
<td>• Must be reported in conjunction with another reporting mechanism</td>
</tr>
<tr>
<td>Administrative Plans</td>
<td>• No submission is required</td>
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<tr>
<td></td>
<td>• Uncertainty about your performance and how CMS will use the data in its calculations</td>
</tr>
</tbody>
</table>

Note: You must keep records for all data submitted to MIPS for audit purposes.

**What are my reporting deadlines?**

- **Claims reporting**
  - Claims for services provided in 2020 must be processed by March 1, 2021
  - Contact your local MAC for additional guidance

- **CMS Web Interface**
  - January 2 - March 31, 2021

- **QCDR, qualified registry, CEHRT, Log-In and Attest, Log-In and Upload**
  - March 31, 2021 (or sooner depending on your vendor’s own deadlines)

- **CAHPS for MIPS survey**
  - Will be administered to beneficiaries from October 2020 through January 2021
  - Will be communicated to you by your CMS-approved vendor of choice

**Where can I go for more information?**

Please see the following CMS resources on the various reporting mechanisms to learn more.

- [CMS Reporting Factors Overview](#)
- [CMS Overview of Virtual Groups](#)
- [CMS Web Interface User Guide](#)
- [CEHRT Product List](#)
- [CMS 2020 Qualified Registries](#)
- [PAI QPP Resource Center](#)
- [CMS QPP Resource Library](#)
- [CMS 2020 Part B Claims Reporting Quick Start Guide](#)