Important year-end CMS deadlines approaching on 12/31/2018

As 2018 comes to an end, physician practices should be aware of important quality reporting deadlines that all fall on Dec. 31, 2018.

The Merit-based Incentive Payment System (MIPS) eligible clinicians and groups have until Dec. 31 to apply for the 2018 Promoting Interoperability (PI) Hardship or an Extreme and Uncontrollable Circumstances Exception. The PI hardship exception qualifies approved applicants for a reweighting of their PI performance category score to 0 percent of the final MIPS score. Applications can be submitted based for one of several reasons through the Quality Payment Program (QPP) website, including clinicians in a small practice or clinicians whose EHR technology has been de-certified. See below for application:

QUALITY PAYMENT PROGRAM EXCEPTION APPLICATIONS (ENDS)

The 2018 QPP Exception Applications for MIPS Promoting Interoperability performance category and for Extreme and Uncontrollable Circumstances are available. Submit your hardship application by December 31, 2018.

QRUR’S AND PQRS FEEDBACK REPORTS ACCESS ENDS DECEMBER 31ST (ENDS)

The final payment adjustment year for the Value Modifier and Physician Quality reporting System (PQRS) is 2018. Quality and Resource Use reports (QRURs) and PQRS Feedback Reports will no longer be available after the end of 2018. If you need these reports, download them through December 31, 2018, from the CMS Enterprise Portal using an Enterprise Identity Management (EIDM) system account. Visit the How to Obtain a QRUR webpage for more information. For additional information, please visit:

- PQRS Analysis and Payment webpage: Information on PQRS Feedback Reports
- Value-Based Payment Modifier webpage: Information on QRURs
- QualityNet Help Desk at 866-288-8912: Assistance with EDIM or PQRS Feedback Reports
2018 (YEAR 2) QUALITY PAYMENT PROGRAM (QPP) PERFORMANCE PERIOD (ENDS)

The 2018 performance period for QPP runs from January 1, 2018, through December 31, 2018. For the MIPS track, the Quality performance category requires a full year of data to be scored against benchmarks in 2018. The Improvement Activities and Advancing Care Information performance categories require performance during any continuous 90-day period in 2018. Advanced APM participation will be evaluated January 1 through August 31. Payment adjustments based on 2018 performance will be applied in 2020. More information on QPP for 2018.

The final payment adjustment year for the Value Modifier and Physician Quality reporting System (PQRS) is 2018. Quality and Resource Use reports (QRURs) and PQRS Feedback Reports will no longer be available after the end of 2018. If you need these reports, download them through December 31, 2018, from the CMS Enterprise Portal using an Enterprise Identity Management (EIDM) system account. Visit the How to Obtain a QRUR webpage for more information. For additional information, please visit:

- PQRS Analysis and Payment webpage: Information on PQRS Feedback Reports
- Value-Based Payment Modifier webpage: Information on QRURs
- QualityNet Help Desk at 866-288-8912: Assistance with EDIM or PQRS Feedback Reports
- Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 4): Assistance with the QRURs or Value Modifier
LAST 90-DAY PERIOD FOR IMPROVEMENT ACTIVITIES AND ADVANCING CARE INFORMATION PERFORMANCE (ENDS)

The last day to begin a 90-day performance period in 2018 is October 2. Both the Improvement Activities and Advancing Care Information performance categories require a minimum of a 90-day performance period in 2018 to receive credit.

2017 MIPS SCORES AND PERFORMANCE FEEDBACK REPORTS NOW AVAILABLE (ENDS)

MIPS performance feedback reports and final scores for the first year of the Quality Payment Program (QPP) are now available for review via the QPP portal using Enterprise Identity Data Management (EIDM) credentials.

QUALITY PAYMENT PROGRAM PARTICIPATION STATUS TOOL NOW INCLUDES SNAPSHOT OF 2018 QUALIFYING APM PARTICIPANT AND MIPS APM DATA (ENDS)

CMS updated its QPP Participation Status Tool to include the 2018 Qualifying APM Participant and MIPS APM status. The first snapshot includes data from Medicare part B claims with the dates of services from January 1, 2018 to March 31, 2018.
OPEN PAYMENTS PROGRAM UPDATES (ENDS)

Physicians and teaching hospitals have until the end of the calendar year to review and dispute data credited to them that they believe to be inaccurately or incompletely reported. To initiate a dispute, the covered recipient must be registered in the Open Payments system. For more information on the registration process and to review and dispute actions please visit the Open Payments Resources.