Questions?

Your Participation

Grab Tab – Click orange arrow to open/close Control Panel.

Please continue to submit your text questions and comments using the Questions Panel.

**Note:** Today’s presentation is being recorded and will be available on the GIQuIC website in approximately two weeks.

If you have questions, please contact info@giquic.org.
This presentation provides information about the GIQuIC 2021 Qualified Clinical Data Registry (QCDR) as a reporting mechanism for the Merit-Based Incentive Payment System (MIPS) for the 2021 performance year. It will take place in two parts.

Part 1 will address assembling the basic information and resources you need to support your gastroenterologists in successful reporting, if done via the GIQuIC 2021 QCDR.

**Important Note:** To report via the GIQuIC 2021 QCDR a site must be registered and actively participating in GIQuIC (submitting data, generating reports) *no later than June 30, 2021.*
I. Define **Quality Improvement (QI) Registry** and **Qualified Clinical Data Registry (QCDR)**

II. Describe broadly the Merit-based Incentive Payment System (MIPS) [*Details given in Part 2*]

III. Understand a physician’s eligibility status relative to reporting to the Merit-based Incentive Payment System - the need (or lack there of) to submit data to CMS

IV. Assemble your reporting team
Quality Improvement Registry

Quality assessment/improvement registries (QI registries) seek to use systematic data collection and other tools to improve quality of care.


Qualified Clinical Data Registry

A QCDR is an entity that collects medical or clinical data for the purposes of patient and disease tracking to foster improvement in the quality of care provided and that has self-nominated, successfully completed a qualification process, and been approved by CMS as a reporting mechanism.

*Centers for Medicare & Medicaid Services*
# Meaningful Measurement of Specialty Practice

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>ASGE/ACG Quality indicators for GI endoscopic procedures published.</td>
</tr>
<tr>
<td>2006</td>
<td>The Physician Quality Reporting System established by the Tax Relief and Health Care Act.</td>
</tr>
<tr>
<td>2009</td>
<td>Sentara Healthcare pilot project completed.</td>
</tr>
<tr>
<td>2010</td>
<td>GIQuIC quality improvement registry launched by ACG and ASGE.</td>
</tr>
<tr>
<td>2013</td>
<td>CMS qualified clinical data registry (QCDR) reporting option established via rulemaking beginning with the 2014 performance year.</td>
</tr>
<tr>
<td>2014</td>
<td>GIQuIC successfully self-nominated to be a QCDR.</td>
</tr>
</tbody>
</table>
| 2015 | GIQuIC reported to CMS on behalf over 1,000 gastroenterologists* as a free benefit of registry participation for the 2014 performance year.  
* Over 4,000 gastroenterologists participate in the GIQuIC registry |
| 2016 | The Medicare Access and CHIP Reauthorization Act of 2015 established the Quality Payment Program with two pathways for participation: Alternative Payment Models (APM) and the Merit-based Incentive Payment System (MIPS). |
| 2020 | GIQuIC is notified by CMS that has successfully self-nominated to serve as a QCDR for the 2021 performance year. This will be the 8th consecutive year for which GIQuIC can offer the QCDR reporting benefit. |
Quality Improvement Registry

Quality assessment/improvement registries (QI registries) seek to use systematic data collection and other tools to improve quality of care.


Qualified Clinical Data Registry

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Centers for Medicare & Medicaid Services
Quality Payment Program

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is composed of 2 tracks:

- **MIPS**
  - Merit-based Incentive Payment System
  - If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

- **Advanced APMs**
  - Advanced Alternative Payment Models
  - If you participate in an Advanced APM and achieve Qualifying APM Participant (QAP) status, you may be eligible for a 5% incentive payment and you will be excluded from MIPS.

*Note: If you participate in an Advanced APM and don’t achieve QAP or Partial QAP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.*
Merit-Based Incentive Payment System

Merit-based Incentive Payment System
What is the Merit-based Incentive Payment System (MIPS)?

The MIPS is one way to participate in the QPP.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

- **Quality**: Assesses the quality of care you deliver based on measures of performance.
- **Promoting Interoperability**: Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).
- **Improvement Activities**: Assesses your participation in activities that improve clinical practice and support patient engagement.
- **Cost**: Assesses the cost of the care you provide based on your Medicare Part B claims.
## 2021 Final Rule Changes - MIPS
**Performance Threshold and Payment Adjustments**

### 2020 Final

<table>
<thead>
<tr>
<th>Final Score 2020</th>
<th>Payment Adjustment 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥85 points</td>
<td>Positive adjustment greater than 0%</td>
</tr>
<tr>
<td></td>
<td>Eligible for additional payment for exceptional performance—minimum of additional 0.5%</td>
</tr>
<tr>
<td>45.01-84.99 points</td>
<td>Positive adjustment greater than 0%</td>
</tr>
<tr>
<td></td>
<td>Not eligible for additional payment for exceptional performance</td>
</tr>
<tr>
<td>45 points</td>
<td>Neutral payment adjustment</td>
</tr>
<tr>
<td>11.26-44.99 points</td>
<td>Negative payment adjustment greater than -9% and less than 0%</td>
</tr>
<tr>
<td>0-11.25 points</td>
<td>Negative payment adjustment of -9%</td>
</tr>
</tbody>
</table>

### 2021 Final

<table>
<thead>
<tr>
<th>Final Score 2021</th>
<th>Payment Adjustment 2023</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Positive adjustment greater than 0%</td>
</tr>
<tr>
<td></td>
<td>Eligible for additional payment for exceptional performance—minimum of additional 0.5%</td>
</tr>
<tr>
<td>60.01-84.99 points</td>
<td>Positive adjustment greater than 0%</td>
</tr>
<tr>
<td></td>
<td>Not eligible for additional payment for exceptional performance</td>
</tr>
<tr>
<td>60 points</td>
<td>Neutral payment adjustment</td>
</tr>
<tr>
<td>15.01-59.99 points</td>
<td>Negative payment adjustment greater than -9% and less than 0%</td>
</tr>
<tr>
<td>0-15 points</td>
<td>Negative payment adjustment of -9%</td>
</tr>
</tbody>
</table>
Quality Improvement Registry
Quality assessment/improvement registries (QI registries) seek to use systematic data collection and other tools to improve quality of care.

Qualified Clinical Data Registry
A QCDR is an entity that collects medical or clinical data for the purposes of patient and disease tracking to foster improvement in the quality of care provided and that has self-nominated, successfully completed a qualification process, and been approved by CMS as a reporting mechanism.
*Centers for Medicare & Medicaid Services*
Meaningful Measurement of Specialty Practice

GI Quality Improvement Consortium, Ltd. (GIQuIC)

2021 QCDR Measures

Following is an overview of the clinical quality measures in GIQuIC that can be reported to CMS for the Quality performance category of the Merit-Based Incentive Payment System (MIPS) via the GIQuIC Qualified Clinical Data Registry (QCDR) for the 2021 program year. Additional detail on GIQuIC’s QCDR measures available for public reporting follows on the subsequent pages.

The GIQuIC 2021 QCDR has been approved to support individual eligible clinician, group, and virtual group reporting to the Quality, Improvement Activities, and Promoting Interoperability performance categories.

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Title</th>
<th>Outcome/High-Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIQIC22</td>
<td>Screening Colonoscopy Adenoma Detection Rate</td>
<td>Outcome</td>
</tr>
<tr>
<td>GIQIC23</td>
<td>Appropriate follow-up interval based on pathology findings in screening colonoscopy</td>
<td>High-Priority</td>
</tr>
<tr>
<td>NHCR4</td>
<td>Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation</td>
<td>High-Priority</td>
</tr>
<tr>
<td>QPP320</td>
<td>Appropriate follow-up interval for normal colonoscopy in average risk patients</td>
<td>High-Priority</td>
</tr>
<tr>
<td>QPP425</td>
<td>Photodocumentation of Cecal Intubation</td>
<td>N/A</td>
</tr>
<tr>
<td>QPP439</td>
<td>Age Appropriate Screening Colonoscopy</td>
<td>High-Priority</td>
</tr>
<tr>
<td>GIQIC10</td>
<td>Appropriate management of anticoagulation in the peri-procedural period rate – EGD</td>
<td>High-Priority</td>
</tr>
</tbody>
</table>
MIPS Eligibility: Look-Up Tool

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

Want to check eligibility for all clinicians in a practice at once? View practice eligibility in our signed in experience.

Eligibility calculated by CMS at individual clinician and group levels.
Low-Volume Threshold

The low volume threshold includes 3 aspects of covered professional services:

1. Allowed charges
2. Number of Medicare patients who receive services
3. Number of services provided

You must participate in MIPS (unless otherwise exempt) if, in both 12-month segments of the MIPS Determination Period, you:

- Bill more than $90,000 for Part B covered professional services, and
- See more than 200 Part B patients, and;
- Provide 200 or more covered professional services to Part B patients.

MIPS Eligible

If you start billing Medicare Part B claims under a practice’s TIN during segment 2, your eligibility at that practice will be based solely on the results from segment 2.
MIPS Eligibility: Low-Volume Threshold

Merit-based Incentive Payment Systems (MIPS) Determination Period

Initial Eligibility [Segment 1]
Dec. 2020

PY 2021 Begins
Jan. 1, 2021

Final Eligibility [Segment 1 and 2 Reconciled]
Nov. 2021

PY 2021 Ends
Dec. 31, 2021

For the Merit-based Incentive Payment System (MIPS), we review past and current Medicare Part B Claims and PECOS data for clinicians and practices twice for each Performance Year. Each review, or “segment”, looks at a 12-month period. Data from the first segment is released as preliminary eligibility. Data from the second segment is reconciled with the first segment and released as the final eligibility determination.

<table>
<thead>
<tr>
<th>Segment</th>
<th>Release on Quality Payment Program Site</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Segment 1</strong></td>
<td></td>
</tr>
<tr>
<td>Covers October 1, 2019 – September 30, 2020</td>
<td>Initial Eligibility December 2020</td>
</tr>
<tr>
<td><strong>Segment 2</strong></td>
<td></td>
</tr>
<tr>
<td>Covers October 1, 2020 – September 30, 2021</td>
<td>Final Eligibility* November 2021</td>
</tr>
</tbody>
</table>

*Reconciled between the 2 segments; this determination is final unless you’re identified as a Qualifying APM participant (QP) in Snapshot 3.
MIPS Eligibility: Low-Volume Threshold

If you bill Medicare Part B data in both segments, you must exceed the low-volume threshold during both segments to be eligible for MIPS.

<table>
<thead>
<tr>
<th>Segment 1</th>
<th>Segment 2</th>
<th>Final Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below LVT</td>
<td>&amp;</td>
<td>Below LVT</td>
</tr>
<tr>
<td>Below LVT</td>
<td>&amp;</td>
<td>Above LVT</td>
</tr>
<tr>
<td>Above LVT</td>
<td>&amp;</td>
<td>Below LVT</td>
</tr>
<tr>
<td>Above LVT</td>
<td>&amp;</td>
<td>Above LVT</td>
</tr>
</tbody>
</table>
MIPS Eligibility: Low-Volume Threshold

- **Low-Volume Threshold (LVT)**
  - Exempted physicians receive annual fee schedule update but no penalties or bonuses.
  - If an individual clinician or group exceeds at least one, but not all, of the low-volume threshold criteria, the individual clinician or group can *opt* to participate in MIPS by reporting on applicable measures and activities and receive a positive, neutral, or negative payment adjustment.
  - There is also *voluntary* reporting through which an opt-in eligible clinician or exempted clinician can report and receive performance feedback but no payment adjustment.
MIPS Eligibility: Look-Up Tool

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

Want to check eligibility for all clinicians in a practice at once? View practice eligibility in our signed in experience

Eligibility calculated by CMS at individual clinician and group levels.
MIPS Eligibility: 2021 Performance Year

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

2021 Participation Status

Your Performance Year 2021 eligibility status can be updated throughout the year based on:

- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021)
- GP Determinations (snapshot data generally available July 2021, October 2021, December 2021)
- Eligibility to report for MIPS via the APM Performance Pathway (snapshot data generally available July 2021, October 2021, December 2021)
MIPS Eligibility Status: Eligible

2021 Participation Status

Your Performance Year 2021 eligibility status can be updated throughout the year based on:

- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021) [Learn more]
- OP Determinations (snapshot data generally available July 2021, October 2021, December 2021) [Learn more]
- Eligibility to report for MIPS via the APM Performance Pathway (snapshot data generally available July 2021, October 2021, December 2021) [Learn more]

W. CLARK GABLE, MD
NPI: #1234567890

Associated Practices (1)

W. CLARK GABLE, MD at Hollywood Gastroenterology Associates
123 Melrose Avenue, Hollywood, CA 90038

MIPS Eligibility: INDIVIDUAL, GROUP
MIPS Eligibility Status: Eligible

2021 Participation Status

Your Performance Year 2021 eligibility status can be updated throughout the year based on:

- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021) Learn more
- OP Determinations (snapshot data generally available July 2021, October 2021, December 2021) Learn more
- Eligibility to report for MIPS via the APM Performance Pathway (snapshot data generally available July 2021, October 2021, December 2021) Learn more

W. CLARK GABLE, MD
NPI: #1234567890

Associated Practices (1)
W. CLARK GABLE, MD at Hollywood Gastroenterology Associates
123 Melrose Avenue, Hollywood, CA 90038
MIPS Eligibility: INDIVIDUAL, GROUP

Know the NPI/TIN combination(s) under which your physician bills for professional services at your center.

This number could be greater than 1. Know the TIN(s) under which your physician reports.

The TIN is likely NOT your facility TIN.
2021 Participation Status

Your Performance Year 2021 eligibility status can be updated throughout the year based on:

- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021) [Learn more]
- OP Determinations (snapshot data generally available July 2021, October 2021, December 2021) [Learn more]
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W. CLARK GABLE, MD
NPI: #1234567890

Associated Practices (1)

W. CLARK GABLE, MD at Hollywood Gastroenterology Associates
123 Melrose Avenue, Hollywood, CA 90038
MIPS Eligibility: • INDIVIDUAL • GROUP

Now, let’s talk about this.
MIPS Eligibility Status: Eligible

**MIPS Participation**

**MIPS Eligibility:** [ ] INDIVIDUAL  [ ] GROUP

**Reporting Requirements**

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

**Reporting Options**

This clinician can report as part of a group, or as an individual, or both ways. Learn more about this choice.

**Payment Adjustment Information**

If the practice reports as a group, this clinician will receive a payment adjustment based on the group score. If they report as an individual, they will receive a payment adjustment based on their individual score. If they report in both ways, the clinician will receive a payment adjustment based on the higher of the two scores.

Learn more [About MIPS Participation](#)

---

**Clinician Level Information**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds low volume threshold</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare patients for this clinician</td>
<td>Exceeds 200</td>
</tr>
<tr>
<td>Allowed charges for this clinician</td>
<td>Exceeds $90,000</td>
</tr>
<tr>
<td>Covered services for this clinician</td>
<td>Exceeds 200</td>
</tr>
<tr>
<td>MIPS eligible clinician type</td>
<td>Yes</td>
</tr>
<tr>
<td>Enrolled in Medicare before January 1, 2021</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Practice Level Information**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Covered services at this practice</td>
<td>Exceeds 200</td>
</tr>
</tbody>
</table>

---

Exceeds all three elements of the Low-Volume Threshold at the Individual and Practice levels.
MIPS Eligibility Status: Eligible – Other Factors

Other Reporting Factors
Learn more about [how other reporting factors are determined](#) and [special statuses](#).

Clinician Level

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small practice</td>
<td></td>
</tr>
</tbody>
</table>

Practice Level

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small practice</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Center (ASC)-based</td>
<td></td>
</tr>
<tr>
<td>Health Professional Shortage Area (HPSA)</td>
<td></td>
</tr>
<tr>
<td>Non-patient facing</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professional Shortage Area (HPSA)</td>
<td></td>
</tr>
<tr>
<td>Hospital-based</td>
<td>Yes</td>
</tr>
<tr>
<td>Rural</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Be sure to scroll all the way down the page.
MIPS Eligibility Status: Group Eligible

2021 Participation Status

Your Performance Year 2021 eligibility status can be updated throughout the year based on:
- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021) Learn more
- UP Determinations (snapshot data generally available July 2021, October 2021, December 2021) Learn more
- Eligibility to report for MIPS via the APM Performance Pathway (snapshot data generally available July 2021, October 2021, December 2021) Learn more

Rita Hayworth, MD
NPI: #1234567890

Not MIPS eligible at the individual level so no penalty for not reporting, BUT if the practice reports, her data must be included, and she would be subject to the same payment adjustment as other members of the group.

Know the NPI/TIN combination(s) under which your physician bills for professional services at your center.
MIPS Eligibility Status: Opt-in Eligible

2021 Participation Status

Not MIPS eligible at the individual level so no penalty for not reporting, BUT she can choose to report by either opt-in or voluntary reporting.

Opt-in reporting would make her subject to a positive, neutral, or negative payment adjustment.

Voluntary reporting would not result in any payment adjustment and CMS would provide performance feedback.
MIPS Eligibility Status: Voluntary Reporting

2021 Participation Status

Your Performance Year 2021 eligibility status can be updated throughout the year based on:

- MIPS eligibility updates after Segment 2 of the MIPS Determination Period (available December 2021) [Learn more]
- QP Determinations (snapshot data generally available July 2021, October 2021, December 2021) [Learn more]
- Eligibility to report for MIPS via the APM Performance Pathway (snapshot data generally available July 2021, October 2021, December 2021) [Learn more]

Sidney Poitier, MD

NPI: #1234567890

Associated Practices (2)

Sidney Poitier, MD at Empire State Gastroenterology Associates

123 Mulberry Street, New York, NY 10013

MIPS Eligibility: INDIVIDUAL GROUP

Sidney Poitier, MD at Big Apple GI Associates

456 Kenmare Street, New York, NY 10012

MIPS Eligibility: INDIVIDUAL GROUP

Not required to report at the individual or group levels for the second TIN listed. Can voluntarily report for performance feedback from CMS.
Extreme and Uncontrollable Circumstances

We will discuss this more during Part 2.
Assemble Your Reporting Team

- Physician(s)
- GIQuIc Data Manager
- Practice Manager(s)
- Others?
Recognize the decision to report as an **individual** or a **group** is both an administrative as well as strategic one.

The GIQuIC 2021 QCDR supports **individual** and **group** reporting.

Know your NPI/TIN combination(s) under which your physician bills for professional services.

- **NPI**: The individual NPI can be found in form field 24-J of the CMS-1500 claim form. Individual NPIs should be used for reporting to MIPS, not the group NPI.
- **TIN**: The TIN can be found in form field 25 of the CMS-1500 claim form. This is most likely NOT the facility TIN for the endoscopy center.
CMS 1500 Claim Form

[Image of CMS 1500 Claim Form]

**HEALTH INSURANCE CLAIM FORM**

[Form fields and details]

NCCI Instruction Manual available at: www.ncci.org

PLEASE PRINT OR TYPE

APPROVED CMS-0260-H FORM 1500 (02/12)
Know your NPI/TIN combination under which you bill for professional services

- **NPI**: The individual NPI can be found in form field 24-J of the CMS-1500 claim form. **Individual NPIs** should be used for reporting to MIPS, **not the group NPI**

- **TIN**: The TIN can be found in form field 25 of the CMS-1500 claim form
GIQuIC and the MIPS 2021 QCDR Reporting Option – Part 2 of 2

May 18, 2021
2-3 pm Central
Register today!
Questions?

Your Participation

Grab Tab – Click orange arrow to open/close Control Panel.

Please continue to submit your text questions and comments using the Questions Panel.

**Note:** Today’s presentation is being recorded and will be available on the GIQuIC website in approximately two weeks.

If you have questions, please contact info@giquic.org.
Additional Questions

- Quality Payment Program
  https://qpp.cms.gov/
  qpp@cms.hhs.gov

- GIQuIC/ACG
  Laurie Parker, GIQuIC Executive Director
  lparker@gi.org or info@giquic.org

- GIQuIC/ASGE
  Eden Essex, ASGE Asst. Director Quality & Health Policy
  eessex@asge.org