2021 AAPC MACRA Proficiency Exam

Review Test Submission

User	Andrew Bruce
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Test	2021 AAPC MACRA Proficiency Exam
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Question 1
An Advanced APM must base payment on quality measures comparable to **MIPS quality measures**.

Question 2
Which professional services is CMS making applicable to existing episode-based code measures in the Cost performance category? **Telehealth services**

Question 3
The clinician must have at least **20** case(s) for the Total Per Capita cost measure to be applicable.

Question 4
If a clinician's MIPS final score is low, it may impact their ability to join a new group if that group does not want to **Inherit the provider's low score**.

Question 5
In 2026, the single conversion factor update to professional services will be based on participation in an Advanced APM. QPs will receive **0.75**% and all other clinicians **0.25**%.

Question 6
Due to the public health emergency for COVID-19, CMS finalized which of the following policy revisions for the 2020 performance period? **All the above**

Question 7
To ensure optimum performance in MIPS, Quality performance measures should be selected based on **If the measure can be reliably scored against a benchmark**.

Question 8
What criteria determines patient eligibility for credit in a quality measure's denominator? **All the above**

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Question 9
Quality performance score for an ACO affected by an extreme and uncontrollable circumstance during the performance year is: **30%**

Question 10
How many total points must a MIPS eligible clinician/group score in 2021 to be an exceptional performer? **85 points**

Question 11
The Cost performance category is worth **20**% of the 2021 MIPS final score for applicable providers.

Question 12
The SGR was enacted under **The Balanced Budget Act of 1997** to control the growth in aggregate Medicare spending for physicians' services.

Question 13
What are the QP determination snapshot dates for clinicians not participating in a MIPS APM using the APM Alternate Pathway (APP)? **March 31, June 30, August 31**

Question 14
MACRA provided an automatic, annual payment update of **0.5**% to the single conversion factor for professional services through 2019.

Question 15
Which action(s) may an Advanced APM take on clinicians who are not meeting their agreed responsibility to Medicare claims costs? **All of these**

Question 16
The Quality performance category is worth **40**% of the total MIPS final score for most providers in performance year 2021.

Question 17
A remittance advice from Medicare with code **N620** indicates the **quality reporting data has been accepted**.

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Question 18
How are Improvement Activities data submitted to CMS? **Any of the above**

> *MIPS eligible clinicians/groups can use the following submission types for reporting in this performance category*:
> - *Direct (end-to-end electronic reporting)*
> - *Log in to the QPP and upload*
> - *Log in to the QPP and attest*

Question 19
What does QPP stand for? **Quality Payment Program**

Question 20
What should your practice review to identify its clinicians' most costly patient population conditions and diagnoses? **CMS performance feedback**

Question 21
An Advanced APM has a provision in its 2021 participation agreement that **75**% of its APM Entity's eligible clinicians must use certified electronic health record technology (CEHRT).

Question 22
What is the maximum number of eligible clinicians a group practice can have to join a virtual group for the purposes of MIPS? **10**

> *A virtual group is a combination of two or more TINs assigned to one or more solo practitioners or one or more groups consisting of 10 or fewer eligible clinicians that elect to form a virtual group for a performance period for a year.*

Question 23
The Promoting Interoperability performance category replaced **Meaningful Use**.

> *Promoting Interoperability replaced Meaningful Use to continue the effort for secure exchange of health information and the use of certified EHR technology (CEHRT).*

Question 24
The Promoting Interoperability performance category is worth **25**% of the MIPS final score in performance year 2021.

Question 25
For Year 5, the Quality denominator is reduced by **10** and the measure will receive **0** points for groups that submit five or fewer quality measures and do not meet the CAHPS for MIPS sampling requirements.

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Question 26
The Improvement Activities performance category is worth **15**% of the MIPS final score in performance year 2021.

Question 27
What is the maximum number of points a clinician (not being scored on the All-Cause Hospital Readmission measure) can earn in the Quality performance category? **60**

Question 28
A provider reporting individually is identified as non-patient facing when he/she bills fewer than **100** patient-facing CPT® codes to Medicare in a 12-month period.

Question 29
In the Improvement Activities performance category, high-weighted activities are generally worth **20** points and medium-weighted activities are generally worth **10** points.

Question 30
A provider is "facility-based" when **75**% or more of their Medicare encounters are rendered in POS 21, 22, or 23.

Question 31
What are quality data codes? **CPT® or HCPCS Level II codes**

Question 32
To fully participate in the Quality performance category of MIPS, clinicians need to collect and submit quality data for how long? **12 months**

Question 33
When is a clinician in an Advanced APM scored as an individual? **Either option is correct**

> *A small number of providers will be scored as individuals. This happens when the clinician is on a participation list with more than one Advanced APM, but does not hit these thresholds in any of them. It also happens when a provider is contracted as an "affiliated practitioner" with an Advanced APM Entity and identified by CMS on an "affiliated practitioner list" associated with the APM Entity.*

Question 34
A clinician is exempt from MIPS if _____. **Any of these**

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Question 35
Qualifying APM Participants (QPs) receive a 5% incentive payment based on the estimated aggregate payment amounts for covered professional services for successful participation in **Advanced APM(s)**.

> *As a QP, an eligible clinician is not subject to the MIPS reporting requirements and payment adjustment; and qualifies for a lump sum APM incentive payment equal to 5 percent of their aggregate payment amounts for covered professional services for the year prior to the payment year. For example, a clinician who achieves QP status in 2021 will receive a 5 percent incentive payment in 2023 based on the estimated aggregate payments for covered professional services in 2022.*

Question 36
Attribution-eligible beneficiaries are: **Enrolled in both Parts A and B**

Question 37
Small practices qualify for 6 bonus points in which MIPS performance category? **Quality**

Question 38
How are MIPS eligible clinicians in a MIPS APM scored in performance year 2021?
Any available MIPS reporting mechanism they choose.

> *In place of the MIPS APM scoring standard, CMS will use the following:*
> - ***Cost** – 0%*
> - ***Improvement Activity** – For Year 5 only, all APM participants reporting the APP will be eligible to earn an Improvement Activities performance category score of 100%*
> - ***Promoting Interoperability** – Same as MIPS. The APP has a quality measure set of three eCQM/MIPS CQM/Medicare Part B claims measures, a CAHPS for MIPS Survey measure, and two measures that will be calculated by CMS using administrative claims data. For performance year 2021 only, however, participants in accountable care organizations (ACOs) can continue to report the 10 CMS Web Interface measures in place of the three eCQM/MIPS CQM/Medicare Part B claims measures in the APP.*
>
> *The APP is only available to MIPS eligible clinicians, groups, and APM entities participating in MIPS APMs and is required for Medicare Shared Savings Program accountable care organizations (ACOs). MIPS eligible clinicians participating in ACOs have the option of reporting outside the APP, or within it at an individual or group level.*

Question 39
MIPS eligible clinicians who provide 75% or more of their covered professional services in an inpatient hospital must still submit Cost and Quality data. **False**

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Question 40
Providers earn double points in the Improvement Activities performance category if they are:
All of these

Question 41
MIPS eligible clinicians scored under the APP with at least **16** providers and at least **200** eligible cases are included in the new Hospital-Wide, 30-Day, All-Cause Unplanned Readmissions administrative claims measure.

Question 42
CMS publishes clinicians' performance scores in MIPS through its **Physician Compare** website.

Question 43
All requests for a targeted review of final scores must be submitted to CMS within **60 days** of the release of the MIPS payment adjustment factors with performance feedback.

Question 44
In the context of the QPP, what does MVP stand for? **MIPS Value Pathway**

Question 45
APM Entities must bear financial risk of at least **3**% of expected expenditures.

> *The Medical Home Model includes risk of 2.5% of Medicare Parts A and B revenue. All other models are 8 percent of the estimated average total Medicare Part A and B revenues of participating APM Entities, or 3 percent of the expected expenditures for which an APM Entity is responsible under the APM.*

Question 46
Bonus points in the MIPS Quality performance category can be earned for which of the following? **All of these**

Question 47
Which is not part of the MIPS low-volume threshold for performance year 2021?
In a group or virtual group of 16 or more clinicians

Question 48
To fully participate in the Improvement Activities performance category, a clinician must collect and submit data for how long? **Minimum 90 continuous days**

Question 49
Which of the below payment models is not considered an APM? **Fee-for-Service**

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Question 50
Which codes should clinicians use to ensure an episode of care for a patient is accurately assigned? **Patient-relationship codes**

> *The use of patient relationship codes (X1-X5) ensures the attribution of patients and care episodes to clinicians who serve patients in different roles.*

Question 51
There is a five-year lag between the performance year and the payment year for MIPS payment adjustments. **False**

Question 52
To meet data requirements in the Quality performance category, a provider must report on at least **6** measures, including at least **1** outcome measure(s) or high priority measure(s).

Question 53
In 2021, clinicians can earn up to **10** bonus percentage points in the Quality performance category for improvement scoring compared to last year's performance.

Question 54
CMS will allow for QP determinations under the All-Payer Option to be requested at which level(s)? **All the above**

Question 55
The clinician must have at least **35** case(s) for the Medicare Spending Per Beneficiary cost measure to be applicable.

Question 56
Promoting Interoperability is automatically assigned a weight of 0% and the Quality performance category is increased to 65% for: **All of these**

Question 57
Which of these collection types cannot be used by an individual MIPS eligible clinician to collect quality measures? **CMS-approved survey vendor measure**

Question 58
High performance scores and ratings can become a strategic marketing advantage for providers over their competitors. **True**

Question 59
What did MACRA establish to replace the existing quality initiative(s)? **All the above**

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Question 60
For procedural episode groups, episodes are attributed to the clinician(s) rendering the trigger services. What are “triggers?” **CPT® and HCPCS Level II codes**

Question 61
Eligible clinicians may use either 2014 or 2015 Edition certified electronic health record technology in 2019. **False**

Question 62
What method does CMS use to determine who is a non-patient facing clinician? **Coding**

Question 63
Which collection type does not require individual MIPS eligible clinicians or groups to submit 60% of all eligible encounters to meet data completeness for quality measures?
Administrative claims

Question 64
Patient-facing encounter codes include which of the following? **CPT® codes**

Question 65
How is Cost performance category measure data collected? **Administrative claims**

Question 66
To fully participate in the Promoting Interoperability performance category, you will need to collect data for how long? **Continuous 90 days**

Question 67
As an aggregate from the APM Entity level, **40**% of Medicare Part B payments must be for attributed beneficiaries from the total of all patients that were attribution eligible to earn PQP status under the payment amount threshold.

Question 68
Advanced APMs give practices the potential of earning more money for taking on **Financial risk related to their patients' clinical costs**.

Question 69
MACRA was passed by Congress to: **All the above**

Question 70
Partial Qualifying APM Participant (PQP) status may be earned if **25**% of Medicare Part B patients were attributed beneficiaries from the total of all patients who were attribution eligible.

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Question 71
Which submission type(s) cannot be used for reporting MIPS data as a group of less than 25 clinicians, but more than 15? **Both of these**

> *Data submission types for MIPS eligible clinicians reporting as groups include:*
> - *Direct*
> - *Login and upload*
> - *CMS Web Interface (groups with 25+ eligible clinicians)*
> - *Medicare Part B claims (small practices only (15 or fewer)*

Question 72
In Promoting Interoperability, CMS allows groups to exclude data from exempted providers; however, all clinicians in the group receive the shared MIPS final score. **True**

Question 73
If a MIPS eligible clinician participates in an Advanced APM (other than MSSP) only between Oct. 1, 2019 through December 31, 2019, will he or she need to report MIPS data? **Yes**

Clinicians who are not participating in an APM during the "snapshot" periods will need to submit data to MIPS using the MIPS individual/group option to avoid a negative payment adjustment.

Question 74
2021 is the fifth performance year of the Quality Payment Program. **True**

Question 75
A MIPS eligible clinician who does not participate in MIPS or an APM in 2021 may receive a payment adjustment up to **-9%** in his or her Medicare Part B claims in 2023.

Question 76
QP status may also be earned if **35**% of Medicare Part B patients were attributed beneficiaries from the total of all patients who were attribution eligible.

> *QP status is also earned if 35 percent of Medicare Part B patients are attributed beneficiaries from the total of all patients that were attribution eligible, as determined from providers associated with the APM Entity on the CMS participation list.*

Question 77
Who may opt in to MIPS? **Eligible clinicians who partially fulfill the low-volume threshold criteria**

> *In 2019, CMS finalized an opt-in policy that allows eligible clinicians who meet at least one criterion (but not all three) to participate in MIPS.*

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Question 78
Who are not eligible clinicians in 2021, as defined by the Centers for Medicare & Medicaid Services (CMS) in the 2021 Medicare Physician Fee Schedule and Quality Payment Program final rule? **Social Workers**

Question 79
The MIPS Quality performance category score is calculated by comparing a provider's performance to **A CMS published national benchmark**.

Question 80
A group of clinicians participating in an APM Entity is identified by a/an: **All of these**

Question 81
HCC risk scores used to calculate the Complex Patient bonus are based on what information? **All the above**

Question 82
What does MACRA stand for? **Medicare Access and CHIP Reauthorization Act**

Question 83
For the MIPS Quality performance category, CMS converts each measure into a **10** point scoring system.

Question 84
MACRA sunset which quality initiative(s) on December 31, 2018? **All the above**

Question 85
What are collection types? **The types of quality measure sets**

Question 86
A clinician who provides episodic/focused services for a patient should report which patient-relationship code? **X4**

> *To ensure CMS properly attributes Cost measures, MIPS eligible clinicians should append the following HCPCS Level II modifiers to procedure codes, as applicable:*
> - ***X1****: Continuous/Broad Services*
> - ***X2****: Continuous/Focused Services*
> - ***X3****: Episodic/Broad Services*
> - ***X4****: Episodic/Focused Services*
> - ***X5****: Only as ordered by another clinician*

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Question 87
A clinician who provides continuous/broad services to a patient should report which patient-relationship code? **X1**

Question 88
Earning a MIPS final score of at least **60** points will prevent the maximum negative payment adjustment for the NPI/TIN.

Question 89
CMS defines "value" as _____. **Both of these**

Question 90
Quality measures upon which an Advanced APM bases payment must meet which of the following criteria? **Any of the above**

Question 91
Advanced APMs are **CMS**-approved subsets of APMs that have met specific criteria.

Question 92
Certain clinicians' Medicare Part B payments will be adjusted in 2023 based on their performance in **2021**.

Question 93
When is the MIPS determination period for calculating average HCC risk scores and the proportion of full benefit or partial benefit dual eligible beneficiaries for MIPS eligible clinicians? **October 1 – September 30**

> *In the 2023 MIPS payment year, the second 12-month segment of the MIPS determination period (e.g., Oct. 1, 2020, to Sept. 30, 2021), is used when calculating average HCC risk scores and the proportion of full benefit or partial benefit dual eligible beneficiaries for MIPS eligible clinicians.*

Question 94
As an aggregate from the APM Entity level, **50**% of Medicare Part B payments must be for attributed beneficiaries from the total of all patients that were attribution-eligible to earn QP status under the payment percent option.

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Question 95
For measures that can be reliably scored against a benchmark, a small practice can earn how many points for each quality measure reported? **3-10 points**

> *Small practices will continue to earn a minimum of 3 points for Quality measures that don't meet data completeness requirements.*

Question 96
What is a "topped out" measure? **A measure that earns a maximum of 7 points**

Question 97
Advanced APM participants can check their QP status using CMS' QPP Participation Status Tool. **True**

Question 98
Which of these submission types cannot be used to report quality measures by groups of more than 15 clinicians? **Part B claims**

Question 99
Eligible clinicians may elect to report MIPS data as: **Any of these**

Question 100
What does CQM stand for? **Clinical Quality Measure**

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