2021 MIPS & QPP Reporting Requirements

February 3, 2021
Today’s Presenters

Kathy Wild

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Agenda

• MIPS
  – What Stays the Same
  – What Has Changed
  – Category Specifics

• Alternative Payment Model (APM) Changes
  – APM Performance Pathway (APP)
  – Medicare Shared Savings ACO Changes

• MIPS Value Pathways (MVPs)

• Tips for Success
High Level Overview

• 2021 is the 5th year of the QPP
• CMS limited the number of significant changes so clinicians can continue to focus on COVID-19
• New pathway available for Alternative Payment Model (APM) participants, but MIPS Value Pathways (MVPs) delayed until 2022 at the earliest
• 2021 MIPS Quick Start Guide
MIPS: What Stays the Same
What Stays the Same in 2021

• MIPS eligible clinician types
• Low volume threshold criteria (determines eligibility)
• MIPS determination periods
• Opt-in policy
• Submission methods
What Stays the Same in 2021, cont’d

• Category performance periods
• Exceptional performance threshold
• Maximum negative payment adjustment
• Small practice flexibility
  – Eligible to reweight PI category
  – Earn double points for Improvement Activities
  – Earn 6 Quality points for reporting at least 1 quality measure
• No-cost assistance (now through February 2022)
MIPS Changes in 2021
Increased Participation Options

• 4 choices are available in 2021:
  – Individual Clinician
  – Group
  – Virtual Group
  – APM Entity *NEW

• CMS will no longer evaluate APM entities for the low-volume threshold; clinicians will be evaluated for eligibility at the individual and group levels
MIPS Category Weight Changes

- Quality category weight decreased to 40% (-5%)
- Cost category weight increased to 20% (+5%)
Performance Threshold Increased

- **60 points** are needed to avoid a negative payment adjustment (15 point increase)
- A score of **15 points or lower** will result in the full negative 9% payment adjustment (was 11.25 points in 2020)

<table>
<thead>
<tr>
<th>Final MIPS Score in 2021</th>
<th>Payment Adjustment in 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 85 points</td>
<td>Positive payment adjustment &gt; 0% AND exceptional performance bonus, with a minimum positive adjustment of 0.5%</td>
</tr>
<tr>
<td>60.01 – 84.99 points</td>
<td>Positive payment adjustment &gt; 0%</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 between 0 and -9%</td>
</tr>
<tr>
<td>0 – 15 points</td>
<td>Negative payment adjustment of -9%</td>
</tr>
</tbody>
</table>
Policy Change in Application of Payment Adjustments

• If a clinician has more than one MIPS score associated with a single TIN/NPI combination, CMS will use the highest available score to determine the payment adjustment

• **One exception:** Virtual group final scores always take precedence over the highest available score
Complex Patient Bonus Reduced

• The complex patient bonus will be worth **5 bonus points** in 2021 (was temporarily increased in 2020 due to additional complexity of treating patients with COVID-19)
Third Party Intermediaries

- New intermediaries face increased criteria for consideration, including the capability to submit data for all MIPS categories (except Cost).
- Registries and QCDRs are required to conduct annual data validation audits and address remedial action for inconsistencies.
- They can be terminated from the QPP if non-compliant.
- **2021 Qualified Registries Qualified Posting**
- **2021 Qualified Clinical Data Registries (QCDRs) Qualified Posting**
MIPS Category Changes
Quality Category Changes

• Decreased number of quality measures to 209
  – Medicare claims 47
  – eCQM 47
  – Registry 185
  – CMS web interface 10

• Removed 11 measures
• Made substantive changes to 113 existing measures
• Added, removed and modified specialty measure sets
• Added 2 administrative claims measures
### 11 Quality Measures Removed for 2021

<table>
<thead>
<tr>
<th>ID #</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>012</td>
<td>Primary Open-Angle Glaucoma: Optic Nerve Evaluation *only available as an eCQM in 2021</td>
</tr>
<tr>
<td>069</td>
<td>Hematology: Multiple Myeloma: Treatment with Bisphosphonates</td>
</tr>
<tr>
<td>146</td>
<td>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms</td>
</tr>
<tr>
<td>333</td>
<td>Adult Sinusitis: Computerized Tomography for Acute Sinusitis</td>
</tr>
<tr>
<td>348</td>
<td>Implantable Cardioverter-Defibrillator Complications Rate</td>
</tr>
<tr>
<td>390</td>
<td>Hepatitis C: Discussion and Shared Decision-Making Surrounding Treatment Options</td>
</tr>
<tr>
<td>408</td>
<td>Opioid Therapy Follow-Up Evaluation</td>
</tr>
<tr>
<td>412</td>
<td>Documentation of Signed Opioid Treatment Agreement</td>
</tr>
<tr>
<td>414</td>
<td>Evaluation or Interview for Risk of Opioid Misuse</td>
</tr>
<tr>
<td>435</td>
<td>Quality of Life Assessment for Patients with Primary Headache Disorders</td>
</tr>
<tr>
<td>437</td>
<td>Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure</td>
</tr>
</tbody>
</table>
2 New Administrative Claims Measures

• One measure is applicable to large practices (16 or more clinicians) and the other is applicable to orthopedic surgeons
• Both measures have a 3-year performance period and require a minimum of 25 cases to be reported

<table>
<thead>
<tr>
<th>New Administrative Claims Measures for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-wide 30 day, all-cause unplanned readmission rate for MIPS groups of 16 or more (replaces “All-cause readmission” measure)</td>
</tr>
<tr>
<td>Risk-standardized complication rate following elective primary total hip arthroplasty and/or total knee arthroplasty</td>
</tr>
</tbody>
</table>
Examples of Substantial Change Measures

• ID 001 – Diabetes Hemoglobin A1c Poor Control (> 9%)
• ID 128 – Preventive Care and Screening: Body Mass Index Screening and Follow-up Plan
• ID 130 – Documentation of Current Medications in the Medical Record
• Located in Table Group D on page 762 of the Final Rule
Diabetes Hemoglobin A1c Poor Control (> 9%)

- Measure description (no change): % of patients 18-75 with diabetes who had an HbA1c > 9 during measurement period
- Updated denominator exclusions
- Updated numerator instructions not to include HbA1c levels reported by patient
- Stratified NOT MET numerator options
  *only when reported via claims or registry*
  - Most recent HbA1c < 7
  - Most recent HbA1c ≥ 7 and < 8
  - Most recent HbA1c ≥ 8 and ≤ 9
- Page 763 of Final Rule
Preventive Care and Screening: Body Mass Index Screening and Follow-up Plan

• Revised description: % of patients ≥ 18 with a BMI documented during the current encounter or within the previous 12 months AND who had a follow-up plan documented if the most recent BMI was outside normal parameters

• Added: Normal BMI parameters ≥ 18.5 and < 25

• Updated exclusions and exceptions

• Page 793 of Final Rule
Documentation of Current Medications in the Medical Record

• Revised description: % of visits for patients ≥ 18 for which the EC attests to documenting a list of current medications using all immediate resources available on the day of the encounter

• Updated numerator note section to include: This list must include all known prescriptions, OTC products, herbals, vitamins, minerals, dietary supplements AND must contain the medication name, dosage, frequency and route of administration

• Page 795 of Final Rule
Specialty Quality Measure Sets for 2021

- Allergy/Immunology
- Anesthesiology
- Audiology
- Cardiology
- Chiropractic Medicine
- Clinical Social Work
- Dentistry
- Dermatology
- Diagnostic Radiology
- Electrophysiology Cardiac Specialist
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- General Surgery
- Geriatrics
- Hospitalists
- Infectious Disease
- Internal Medicine
- Interventional Radiology
- Mental/Behavioral Health
- Nephrology
- Neurology
- Neurosurgical
- Nutrition/Dietician
- Obstetrics/Gynecology
- Oncology/Hematology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine
- Physical/Occupational Therapy
- Podiatry
- Preventive Medicine
- Pulmonology
- Radiation Oncology
- Rheumatology
- Skilled Nursing Facility
- Speech Language Pathology
- Thoracic Surgery
- Urgent Care
- Urology
- Vascular Surgery
- Geriatrics
- Hospitalists
- Infectious Disease
- Internal Medicine
- Interventional Radiology
- Mental/Behavioral Health
- Nephrology
- Neurology
- Neurosurgical
- Nutrition/Dietician
- Obstetrics/Gynecology
- Oncology/Hematology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine
- Physical/Occupational Therapy
- Podiatry
- Preventive Medicine
- Pulmonology
- Radiation Oncology
- Rheumatology
- Skilled Nursing Facility
- Speech Language Pathology
- Thoracic Surgery
- Urgent Care
- Urology
- Vascular Surgery
Quality Category Resources

- 2021 Quality Measure List
- 2021 Quality Quick Start Guide
- 2021 Quality Benchmarks
- 2021 Cross-cutting Quality Measures
**Improvement Activity Category Changes**

- Removed 1 activity: CC_5 CMS – ‘CMS partner in Patients Hospital Engagement Network’ (network became obsolete March 2020)

- Modified 2 medium weight activities:
  - Engagement of patient through implementation of improvements in patient portal: IA_BE_4
    - Proposed change: Add language to include caregivers as additional potential users and clarify that the portal should be used for clinical, not administrative, bi-directional information exchange
  - Comprehensive Eye Exams: IA_AHE_7
    - Proposed change: Expand the types of services that can be promoted to underserved and/or high-risk populations
COVID-19 Improvement Activity

- **COVID-19 Clinical Data Reporting with or without Clinical Trial (IA_ERP_3)** modified activity description:
  - MIPS EC or group must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of the study
  - OR
  - MIPS EC or group must participate in the care of patients diagnosed with COVID-19 and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research
IA Category Resources

• Established policies for new activities – they must be linked to existing MIPS quality and cost measures

• 2021 IA Quick Start Guide

• 2021 IA Inventory List
Promoting Interoperability Category Changes

- Increased points awarded for the optional bonus measure ‘Query of PDMP’ to 10 points
- Changed name of ‘Support Electronic Referral Loops by Receiving and Incorporating Health Information’ by replacing the word “Incorporating” with “Reconciling”
- Added a new optional measure for HIE exchange
New Optional PI Measure

• New HIE bi-directional exchange measure can be reported instead of the 2 existing HIE measures

• 3 requirements must be met to earn credit:
  – Must participate in an HIE to enable secure, bi-directional exchange for **EVERY** patient encounter, transition of care, referral and record in the EHR during the reporting period
  – The HIE must be capable of exchanging information across a broad network of unaffiliated partners without exclusionary behavior
  – Must use Certified EHR technology

• Measure is worth 40 points

• Must report measure via attestation
Optional HIE Measure Considerations

• If you report the 2 existing HIE measures (worth a maximum of 20 points each), your score is based on performance, so you may earn less than 40 points of the new measure.

• If you exclude the 2 existing HIE measures, 40 points will be reallocated to the ‘Provide Patients Access to their Health Information’ measure.

• Only one submission method can be used for the PI category, so if you report the new HIE measure, you must report all PI measures via attestation.
PI Category: CEHRT Update

• 21st Century Cures Act Final Rule requires technical updates to 2015 Edition CEHRT
• Deadline to implement updated version of 2015 Edition is **August 2, 2022**
• For 2021, you can use:
  – 2015 Edition
  – Updated 21st Century Cures Act version
  – A combination of both
PI Category Resources

- 2021 PI Category Quick Start Guide
- 2021 PI Measure Specifications
Cost Category Changes

• Increased weight: **20%** of MIPS final score

• Added codes for telehealth services for the:
  – 18 episode-based cost measures
  – Medicare Spending Per Beneficiary (MSPB) measure
  – Total Per Capita Costs (TPCC) measure

• **2021 Cost Measure Specifications**
Cost Category Resources

• 2021 Cost Category Quick Start Guide
• 2021 MIPS Summary of Cost Measures
• 2021 Cost Measure Code Lists
Alternative Payment Model (APM) Changes
APM Overview

- 3 types of APMs
  - APMs, MIPS APMs, Advanced APMs
- APM participants need to participate in MIPS unless they are in an Advanced APM and receive Qualifying Participant (QP) status (they meet or exceed the payment amount or patient count thresholds)
- Partial QPs can choose whether or not to participate in MIPS
- **2020 and 2021 Comprehensive List of APMs** (list of APMs as of November 2020)
APM Changes

- APM scoring standard eliminated
- APM entities can now use any MIPS submission type and report any measures available to groups
- MIPS ECs in an APM can report at the individual, group or APM entity level
- Individuals and groups can submit MIPS data even when they are included in ACO-level reported data (CMS will award the highest score)
- CMS will reweight the Cost category for all APM entities, regardless of submission type
Additional APM Changes

- CMS will accept targeted review requests when there is evidence that CMS has made a clerical error in determining the participation lists associated with an Advanced APM for purposes of QP or partial QP determinations.

- Medicare patients prospectively attributed to an APM will not be included as attribution-eligible if the Advanced APM does not allow them to be attributed again.
Extreme and Uncontrollable Circumstances

- APM entities can submit an EUC application to request reweighting of all MIPS categories
- If approved, all clinicians in the APM entity will receive a score equal to the performance threshold even if data is submitted
  - This is different than the policy for individuals and groups
  - The EUC hardship applies to all clinicians in the APM entity
QP Thresholds for 2021

- The **Consolidated Appropriations Act, 2021**, signed into law on 12/27/20, froze the QP thresholds for payment amount and patient count for performance years 2021 and 2022, so they are the same as last year.

<table>
<thead>
<tr>
<th>Performance Year</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>QP Payment Amount Threshold</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>QP Patient Count Threshold</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Payment Year</td>
<td>2023</td>
<td>2024</td>
</tr>
</tbody>
</table>
APM Performance Pathway (APP)
New Optional Reporting Method for APMs

- MIPS APM participants have an option to report in the new **APM Performance Pathway (APP)**
- Required for ACOs participating in the Medicare Shared Savings Program
- Composed of a fixed set of measures for each category
- Can be reported at individual, group and/or APM entity level (CMS will award the highest score)
- [2021 APP Fact Sheet](https://example.com/2021APPFactSheet)
## APP Category Weights

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Proposed Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>50%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>30%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>20%</td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
</tr>
</tbody>
</table>
APP Category Description

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>
| Quality                       | • In 2021, can report the set of 6 measures or the CMS web interface measures  
                                 | • Medicare Shared Savings Program ACOs will report 6 or 13 measures, depending on the reporting method used  
<pre><code>                             | • Measures reported through the APP will be used to determine the quality performance of the ACOs and satisfy both SSP and MIPS requirements |
</code></pre>
<p>| Promoting Interoperability    | • Reported and scored at individual or group level as required by MIPS                                                                 |
| Improvement Activities        | • In 2021, all APM participants reporting through the APP will earn full credit                                                            |
| Cost                          | • Reweighted to zero (APMs already responsible for cost containment)                                                                           |</p>
<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Collection Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>eCQM, MIPS CQM</td>
</tr>
<tr>
<td>134</td>
<td>Preventive Care and Screening: Screening for Depression and Follow-up Plan</td>
<td>eCQM, MIPS CQM</td>
</tr>
<tr>
<td>236</td>
<td>Controlling High Blood Pressure</td>
<td>eCQM, MIPS CQM</td>
</tr>
<tr>
<td>321</td>
<td>CAHPS for MIPS</td>
<td>CAHPS Survey</td>
</tr>
<tr>
<td>TBD</td>
<td>Hospital-Wide, 30 day, All Cause Unplanned Readmission Rate for MIPS Eligible Clinician Groups</td>
<td>Administrative Claims</td>
</tr>
<tr>
<td>TBD</td>
<td>Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs</td>
<td>Administrative Claims</td>
</tr>
</tbody>
</table>
Medicare Shared Savings ACO Changes
New Reporting Requirement for MSSP ACOs

- For 2021, MSSP ACOs are required to report quality data via the APP.
- Can report the 10 CMS web interface measures or the 3 APP measures that aren’t based on administrative claims and the CAHPS survey.
  - Diabetes: Hemoglobin A1c Poor control (ID 1), Screening for Depression and Follow-up (ID 134), and Controlling High Blood Pressure (ID 236) are in both sets.
- If MSSP ACOs choose to report the CMS web interface measures, they must report all 10, but will be scored on only 7 because 3 do not have a benchmark.
- If MSSP ACOs choose to report the APP quality measures, they will be scored on all 6 APP measures.
- Beginning in 2022, MSSP ACOs will be required to report the 3 eCQM/MIPS CQM measures because the CMS web interface measures will be eliminated.
MSSP Quality Performance Standard

• CMS finalized a gradual phase-in of the increase in level of quality performance required for all ACOs to meet the MSSP quality performance standard

• For 2021 and 2022, the quality performance standard needed to share in savings is \( \geq 30^{\text{th}} \) percentile across all Quality category scores
  – Not eligible to share in earned savings if < 30% and will owe the maximum amount of shared losses, if applicable
  – Threshold increases to 40% beginning 2023

• ACOs must improve quality: If the ACO is non-compliant meeting the quality performance standard, it may be terminated from the program
MIPS Value Pathways (MVPs)
MVPs Delayed

- Delayed implementation until 2022 (at the earliest)
- CMS refining guidelines, criteria and clarifying process to submit MVP candidates
- Will be a slow roll-out over 3-5 years as CMS and stakeholders create new MVPs to cover all clinician specialties
- MVPs Town Hall (1/7/21)
  - Slides
- MVP Development Kick-Off Webinar (12/14/20)
  - Slides
  - Transcript
  - Recording
Tips for Success
Tips for Success

• Select measures and submission method now  
  – Are you going to report the same measures? Are they still available?
• Review results from last year to see where you can improve
• Capitalize on synergies between performance categories
• Focus on patient engagement to improve outcomes
• Review HCC coding and be sure to implement the new 2021 CPT and E/M codes
• Include all office staff in MIPS education
• Take advantage of our free assistance!
2021 QPP Final Rule Resources

- 2021 QPP Final Rule
- 2021 QPP Final Rule Resources
Questions
Thank You for Joining Us

• **Quality Insights QPP Support Center**
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  – Phone: **1.877.497.5065**
  – Website: [www.qppsupport.org](http://www.qppsupport.org)

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