

# Overview of the 2021 Final Rule

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# Discussion Topics

- Provide an overview of the changes in the Merit-based Incentive Payment System (MIPS) for the 2021 Performance Year
- Review each category's key points
- Discuss how to prepare to maximize your MIPS score for the 2021 performance year





**What are some of the changes that affect participation in MIPS for 2021?**

# Overview of Changes

- Performance threshold is **60 points**.
  - Minimum score to avoid a negative payment adjustment on Medicare claims in 2023
  - **Note:** By statute the performance threshold for 2022 is expected to be approximately 74 points
- Exceptional performance is **85 or more points** to receive a performance bonus.

# Overview of Changes (cont.)

- Complex Patient Bonus:
  - **For 2020 performance year only!**  
Bonus doubled to up to **10 bonus points**
- Small Practice Bonus unchanged

# Participation Options

- MIPS-eligible clinicians may participate as:
  - Individual
  - Group
  - Virtual group
  - Alternative Payment Model (APM) entity
    - > The APM Scoring Standard for APM participants has ended
    - > Replaced with the [APM Performance Pathway](#) (APP)

# New Category Weights

- Category weights for 2021:
  - Quality = **40%**
  - Cost = **20%**
  - Promoting Interoperability = **25%**
  - Improvement Activities = **15%**
- By law, the Quality and Cost categories must each be weighted **30%** beginning in **2022**.
- These weights do not apply to the APM Performance Pathway.

# Eligible Clinicians

- No change in eligible clinician types.
- Eligible clinicians must meet this criteria:
  - Bills more than \$90,000 for Part B covered professional services, **and**
  - Sees more than 200 Part B patients, **and**
  - Provides more than 200 covered professional services to Part B patients

# Determining Eligibility

- Use past and current Medicare Part B claims and Medicare Provider Enrollment, Chain, and Ownership System (PECOS) data
- Two 12-month determination segments:
  - **Segment 1:** Oct. 1, 2019 – Sept. 30, 2020
  - **Segment 2:** Oct. 1, 2020 – Sept. 30, 2021
- Initial 2021 eligibility is from Segment 1.
  - Available at [QPP Participation Lookup](#)
  - Use individual clinician's National Provider Identifier (NPI), not practice NPI.

# Opt-in and Voluntary Reporting Remains Available

- Clinicians or groups meeting at least one of three low-volume threshold criteria may opt-in to become eligible clinicians.
- Clinicians may voluntarily report.
  - Will get feedback on measures submitted

# MIPS Value Pathways (MVPs)

- MIPS Value Pathways delayed until 2022.
  - Involves the synergy between the MIPS categories with Promoting Interoperability (PI) as the foundation
- Use 2021 to prepare for MIPS Value Pathways in 2022:
  - Improve PI measures.
  - Capitalize on the synergies of the categories.
  - TMF's [MIPS Synergies Workshop](#) may help.

# Alternative Payment Model Changes

- Creating **APM Performance Pathway (APP)** Reporting
  - Only available to MIPS-eligible clinicians participating in MIPS APMs
  - **Required** for Medicare Shared Savings Program accountable care organizations (ACOs)
    - > Submitting the 10 CMS Web Interface measures is an option for 2021, but it will sunset in 2022.
    - > Cannot do a blend of APP and Web Interface; decided by ACO
  - Includes a fixed set of measures for each performance category

# APP Core Quality Measure Set

- In 2021 ACOs may submit using the APP or the CMS Web Interface. Choose between:
  - APP quality measure set
    - > Three eCQM/MIPS CQM/Medicare Part B claims quality measures
    - > CAHPS for MIPS Survey measure
    - > Two measures calculated by the Centers for Medicare & Medicaid Services (CMS) using administrative claims data
  - The 10 CMS Web Interface measures

# Alternative Payment Model

- When reporting via traditional MIPS, performance threshold remains **60 points**.
  - Quality category = **50%**
  - Cost category = **0%**
  - Promoting Interoperability category = **30%**
  - Improvement Activities = **20%**

# APP = Subset of Measures and Activities

Performance Category	Finalized Weight	Final Changes
Quality	50%	<ul style="list-style-type: none"><li>Measure set consists of six measures, with CMS Web Interface measure flexibilities for ACO participants for 2021 only.<ul style="list-style-type: none"><li>For MSSP ACOs, measure set consists of six or 13 measures, depending on reporting method.</li></ul></li><li>Measures reported through the APP will be used to determine the Quality performance of the ACOs and satisfy report requirements under both the Shared Savings Program and MIPS.</li></ul>
Cost	0%	<ul style="list-style-type: none"><li>Rewighted to 0 to align with MIPS APM current responsibilities</li></ul>

# APP = Subset of Measures and Activities

Performance Category	Finalized Weight	Final Changes
Improvement Activities	20%	<ul style="list-style-type: none"><li>Score would be automatically assigned based on the requirements of participant's MIPS APMs.</li><li>In 2021, <b>all APM participants</b> reporting through the APP will earn a score of 100%.</li></ul>
Promoting Interoperability	30%	<ul style="list-style-type: none"><li>Reported and scored at the individual or group level as required for the rest of MIPS</li></ul>

# Resources Available

- [2021 QPP Final Rule Resources](#) (ZIP) contains multiple documents:
  - 2021 QPP Final Rule Fact Sheet (PDF)
  - 2021 Final Rule External FAQs (PDF)
  - 2021 QPP Final Rule Comparison Table (PDF)



# What changed in the Quality category?

# Changes to the Quality Category

- Weight reduced to **40%**, however:
  - May increase to 65% if exception taken for PI
  - May increase to 60% if no score on Cost measures
- Case minimum remains **20** (generally).
  - Must have 20 cases in the denominator to receive full score

## Changes to the Quality Category (cont.)

- Data completeness remains at **70%**.
  - Quality measures must be reported on at least 70% of the beneficiaries that meet the criteria for the measure.
  - This includes measures reported for the APM Performance Pathway (APP).



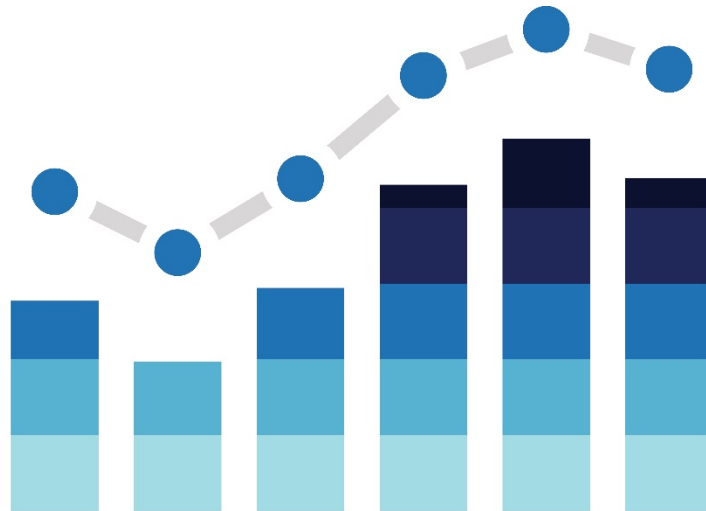
# Change in Benchmark Method

- No change in benchmark method.
  - Sufficient data submitted for 2019 to use historical benchmarks for 2021



# Topped-Out Measures

- Measures identified as topped-out for two or more consecutive years are capped at **7 points**.
  - No change from calendar year 2020



# Quality Measure Changes

- Total of 209 Quality measures:
  - Removed 11 measures
    - > Includes removal of All-cause Hospital Readmission measure
  - Substantive changes to 113 measures
  - Changes to Specialty Measure Sets
    - > Includes removal of some measures
  - Added two new administrative claims-based measures

# New Administrative Claims Measures

1. Hospital-wide, 30-day, all-cause unplanned readmission (HWR) rate for MIPS-eligible clinician groups
  - 200 case minimum
  - One year measurement period
  - Only applies to groups and virtual groups and APM entities with 16 or more clinicians that meet the case minimum

# New Administrative Claims Measures (cont.)

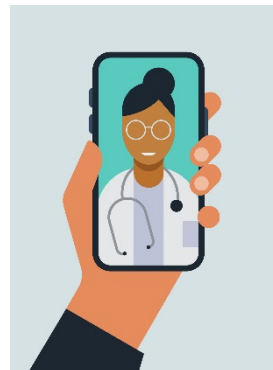
2. Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS-eligible clinicians
  - 25 case minimum
  - Three year measurement period
  - Applies to individual clinicians, groups and virtual groups that meet the case minimum



# What changed in the Cost category?

# Cost Category Changes

- Increased to **20%** of final MIPS score
- No change in the number of measures
- Updated existing measure specifications to include telehealth services:
  - Must be directly applicable to existing episode-based cost measures and the Total Per Capita Cost (TPCC) measure





## What changed in the Promoting Interoperability category?

# Collecting and Reporting Promoting Interoperability Data

- Clinicians can use the following to collect and report data for this category:
  - Technology certified to the existing 2015 Edition, **or**
  - Technology certified to the 2015 Edition Cures Update Criteria, **or**
  - A combination of both

# Changes to Promoting Interoperability Measures

- Remains **25%** of final MIPS score
- Maintains four main objectives:
  - e-Prescribing
  - Health Information Exchange (HIE)
  - Provider-to-Patient Exchange
  - Public Health and Clinical Data Exchange



# E-Prescribing Objective

- Two measures:
  - E-Prescribing
    - > Required measure worth **10 points** in this category
  - Query of the Prescription Drug Monitoring Program (PDMP)
    - > Remains a bonus measure
    - > Points increased from 5 points to **10 points**



# Health Information Exchange Objective

- Two required measures:
  - 1) Support Electronic Referral Loops by Sending Health Information
    - > Worth 20 points
  - 2) Support Electronic Referral Loops by Receiving and **Reconciling** Health Information
    - > Changed from “incorporating” to “reconciling”
    - > Worth **20 points**

# Health Information Exchange Objective (cont.)

- New optional Health Information Exchange (HIE) measure:
  - Allows clinician to attest to participation in bi-directional exchange through an HIE using certified electronic health record technology (CEHRT)
  - Alternative reporting option to the two other HIE measures

# Provider-to-Patient Exchange Objective

- One required measure:
  - Provide Patients Electronic Access to Their Health Information
  - Worth **40 points** in this category
  - No exclusions for this measure



# Public Health and Clinical Data Exchange Objective

- Five measures:
  - Immunization Registry Reporting
  - Syndromic Surveillance Reporting
  - Electronic Case Reporting
  - Public Health Registry Reporting
  - Clinical Data Registry Reporting
- Must report to **two** systems
- Worth **10 points**



# What changed in the Improvement Activities category?

# Improvement Activity Category Change

- Remains **15%** of the final MIPS score
- Minor changes:
  - Modification of two existing improvement activities
  - Continued COVID-19 clinical data reporting activity with modification
  - Removal of one obsolete activity:
    - > IA\_CC\_5: CMS Partner in Patients Hospital Engagement Network



# What changed for Qualifying APM Participants in 2021?

# Qualifying APM Participants

- Qualifying APM Participants (QPs) are clinicians who:
  - Participate in an Advanced APM actively and meet the CMS criteria
- If clinician qualifies as a QP:
  - May be eligible for the **5%** APM incentive payment
  - May be exempt from participating in MIPS

# Qualifying APM Participants (cont.)

- For QP status in 2021, clinicians must meet these thresholds:
  - Payment amount threshold of **75%**
    - > Receives at least 75% of Medicare Part B payments through the Advanced APM
    - > 50% in 2020
  - Patient count threshold of **50%**
    - > Sees at least 50% of Medicare patients through the Advanced APM
    - > 35% in 2020

# Partial Qualifying APM Participants

- For Partial QP status in 2021, clinicians must meet these thresholds:
  - Payment amount threshold of **50%**
    - > Receives at least 50% of Medicare Part B payments through the Advanced APM
    - > 40% in 2020
  - Patient count threshold of **35%**
    - > Sees at least 35% of Medicare patients through the Advanced APM
    - > 25% in 2020

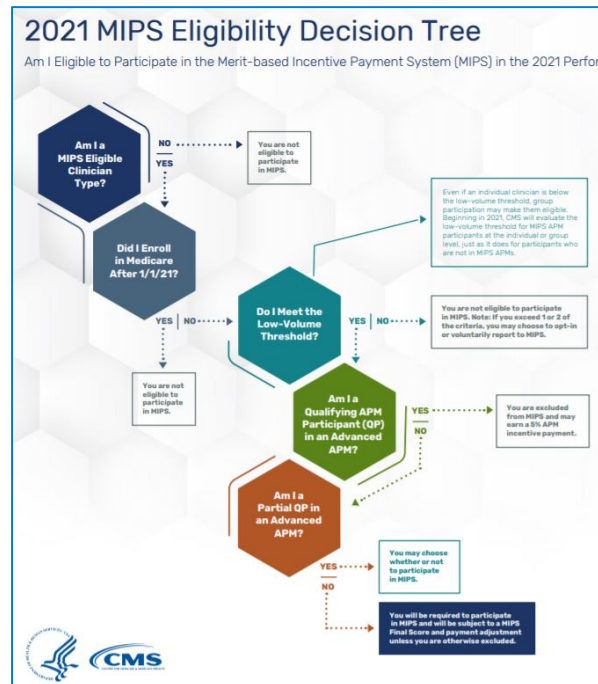
## Partial Qualifying APM Participants (Cont.)

- Partial QPs can choose whether to participate in MIPS
- Will not be eligible for the 5% APM incentive payment



# Resources for 2021 APMs

- [2021 Qualifying Participant Quick Start Guide \(PDF\) CMS](#)
- [2021 MIPS Eligibility Decision Tree \(PDF\) CMS](#)





**How does a clinician know if they are a QP for 2021?**

# CMS Snapshot Dates

- CMS will use three snapshot dates to review data and make QP determinations:
  - **March 31, 2021**
  - **June 30, 2021**
  - **Aug. 31, 2021**
- Determinations are made approximately four months after the end of the snapshot date.
  - Results available on [QPP Participation Status](#).

# Targeted Review

- QPs may request a targeted review of their QP status beginning in 2021 under limited circumstances.

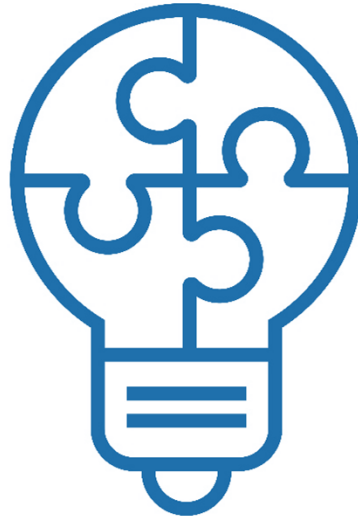




# How can we prepare for the 2021 MIPS Performance Year?

# Preparing for 2021

1. Review 2020 performance in all categories.
2. Review TMF's [MIPS Synergies Workshop](#).
  - To prepare for MIPS Value Pathways, use 2021 to capitalize on the synergies of the MIPS categories.



# Preparing for 2021 (cont.)

## 3. Review the Cost measures:

- Identify measures for which you may be attributed beneficiaries.
- Review the [MIPS Synergies Workshop Implementation Guide](#) to identify quality measures that also improve those cost measures.
- Add those quality measures to your group of quality measures.
  - > They may be additional measures or from your required six measures.

# Preparing for 2021 (cont.)

## 4. Select Quality measures for 2021:

- Include meaningful measures for your specialty.
- Include measures that will improve cost measures.
- Include at least one outcome measure, or if not available, a high-priority measure.
  - > Additional outcome and high-priority measures will earn bonus points if data completeness and case minimums are met.

# Preparing for 2021 (cont.)

## 5. Plan improvement in Promoting Interoperability (PI) measures:

- PI is the foundation of MIPS Value Pathways.
- 2021 is a good year to build strength in this category.
- PI activity may boost Quality and Cost scores.

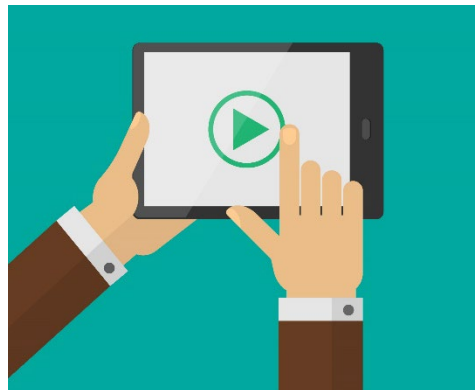
# Preparing for 2021 (cont.)

## 6. Select Improvement Activities.

- Select activities that will benefit the other categories:
  - > Improvement in Quality measures
  - > Reduction in costs
  - > Improvement in PI measures

# Team-Based Activities

- Involves the entire practice in MIPS as much as possible:
  - Post MIPS measure progress monthly.
  - Reward good performance.
  - Show [MIPS Workshop videos](#) to staff to increase their understanding of MIPS.



# TMF MIPS Toolbox

- Free online application\*
  - Select MIPS category measures
  - Monitor MIPS progress throughout the year
  - Calculate a projected final score
  - Submit data to CMS
- Activate your account at <http://www.bizmedtoolbox.com/TMF>

\*If submitting data to CMS through the associated registry, there is a \$75 submission fee per eligible clinician to submit Quality data, but no charge for Improvement Activities and/or Promoting Interoperability submissions. TMF does not receive this fee; it is charged by the qualified registry (QPP Navigator).

# Request Technical Assistance

- Request support any time:
  - Email [QPP-SURS@tmf.org](mailto:QPP-SURS@tmf.org).
  - Submit a [Request for Support](#) form.
- Receive an immediate response Monday – Friday, 8 a.m. – 5 p.m. CT:
  - Call 1-844-317-7609
  - [Live chat](#) at <https://tmf.org/QPP>

# Presenter Contact Information

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[TMF QPP-SURS Fact Sheet](#) (PDF)