



MIPS- 2021 Proposed Rule

September 15, 2020
Presented by the Quality Reporting Engagement Group



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- Information should not be relied upon for purposes of regulatory compliance or as a guarantee for increased revenues or practice successes or failures
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Agenda

Jackie Rogers	Introductions, General Overview, Threshold Changes
Valerie Hicks	Quality Category
Kate Elam	Cost Category
Wendy Renfrow	Promoting Interoperability Category
Jacinda Tuley	MVP's, Improvement Activities, and Telehealth
Wendy Renfrow	Exemptions and Hardships
Jackie Rogers	Exceptional Performers, Payment Adjustments, and Closing Comments

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Quality Reporting Engagement Group

Your **Partners** in navigating through Regulatory Information



Jackie Rogers
QREG Director



Wendy Renfrow
Account Manager-
PI/IA



Valerie Hicks
Account Manager-
Quality/Cost



Kate Elam
Account Manager-
Quality/Cost



Jacinda Tuley
Account Manager-
PI/IA

- Over 30 years combined experience
- 2 HIPAA Compliance Officers
- MACRA/MIPS Certified Project Manager
- QRUR Certification
- Over 130 Successful Audits
- Over 8,000 successful MU/PI Attestations completed
- Over 6,000 Successful PQRS submissions
- Client retention rate is over 92%

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Performance Thresholds

Minimum points needed to avoid a downward  adjustment

2018



2019



Points

2020



2021 (Proposed)



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Performance Thresholds

Minimum points needed to earn an **Exceptional Performer Bonus**

2018



2019



Points

2020



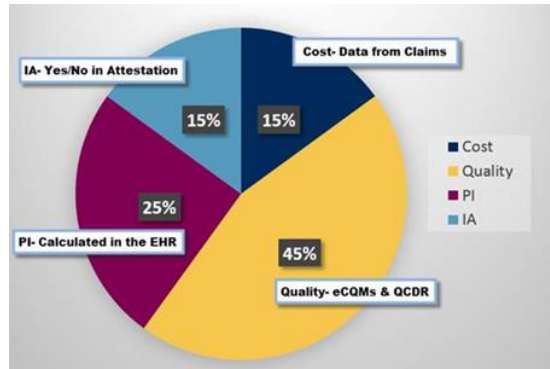
2021 (Final)



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MIPS – 2020

How data is submitted to the Quality Payment Program (QPP)



Quality Category

Valerie Hicks

Quality Category Updates

- Worth 40% of total Composite Score
- Sunsetting CMS Web Interface reporting option
 - [This is not the QPP website](#)
- Collection method for groups, virtual groups, APMs
- Those clinicians can now choose one of the other methods:
 - eQCMs
 - MIPS CQMs
 - Part B Claims
 - QCDR Measures



Quality Category Updates

Proposed Measure Changes

- 2 New measures – Appendix Table A
 - Claims measures – including one that replaces the current All-Cause Hospital Readmission measure
- Addition /removal of measures in Specialty Sets – Appendix Table B
- 14 measures for removal – Appendix Table C
 - #48 – Urinary Incontinence: Assessment Women 65+
 - #69 – Multiple Myeloma: Treatment with Bisphosphonates
- 112 Measures with “Substantive” changes – Appendix Table D



Quality Category Updates

Proposed Scoring Changes – Measure Benchmarks

- Current:

Measures are Benchmarked for scoring based on the performance year 2 years prior to the current. Example: 2020 measure scoring is based on data submitted in 2018

- Proposed:

Due to COVID, CMS is concerned data submitted for 2019 may not provide accurate benchmarking. Proposing to use the 2021 Performance year to benchmark 2021 measures.

- Impact:

This means that you will not be able to reliably score your measures throughout the year in 2021. Measures would not be benchmarked until after submission in 2022.

We encourage you to Comment: [Click Here](#)



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Quality Category Updates

Proposed Scoring Changes – Topped Out Measures

- Current:

Measures are identified as “Topped Out” based on historical data. These measure then can earn a maximum of 7 points starting the 2nd consecutive year they are identified as such.

- Proposed:

Due to COVID, CMS is concerned data submitted for 2019 and 2020 may not provide accurate benchmarking. Proposing to use the 2021 Performance year to identify measures as topped out for the 2021 year.

- Impact:

This means that you will not be able to reliably score your measures throughout the year in 2021. Measures would not be benchmarked and determined to be topped out until after submission in 2022. This means you could report a measure, expect to earn 10 points for a perfect score and only get 7 points.

We encourage you to Comment: [Click Here](#)



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Cost Category

Kate Elam



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Cost Category Updates

- Worth 20% of total Composite Score
 - MACRA law requires Cost to be worth 30% of the total Composite Score by 2022

Performance Year	Proposed Cost Weighting
2021	20%
2022	30%

MANDATED ←

- CMS will not redistribute more weight to the Cost performance category in the final scoring calculation, in the event of a reweighting scenario



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Cost Category Updates

- Include telehealth visits to the measure calculations for Total Per Capita Cost (TPCC) and episode-based measures
- Telehealth was not previously included because
 - It was not billed frequently enough
 - Many codes/modifiers are new as a result of COVID-19



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Other Proposed Updates

- Complex Patient Bonus – **2020 ONLY** – increased to 10 pts
 - Due to additional complexities of treating COVID-19 patients
- Scoring Hierarchy – now takes highest score after virtual group score, rather than just an APM score.



Previous	Proposed
1. APM score 2. Virtual Group 3. Highest Group or Individual score	1. Virtual Group 2. Highest of any score - APM, Group or Individual



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Promoting Interoperability

Wendy Renfrow



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Promoting Interoperability Category



- Continue to require a minimum of a continuous 90 days for reporting
- This category score will be worth 25% of the total MIPS score
- Continue to automatically reweight certain clinician types:



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Promoting Interoperability Category

- Retain the Query of PDMP measure as optional and proposing to make it worth 10 points (scored at 5 bonus points in 2019 & 2020).
- Changed the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing “incorporating” with “reconciling”.
- Propose to add an optional Health Information Exchange (HIE) bi-directional exchange measure.
 - Report with a Yes/No response with attestation statements
 - Based on all patient encounters not just new referrals or transitions
 - Must use CEHRT criteria




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MVP's, Improvement Activities, and Telehealth

Jacinda Tuley



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MIPS Value Pathways

(MVPs)

- Delay of MVP Implementation for at least another year
 - Due to COVID-19 – MVP activities will not be implemented in 2021 performance period.
 - We will continue to monitor and communicate any potential impact on your practices.



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Improvement Activities

- This category will remain weighted at 15% of the total MIPS score
- Minimal updates to the current Inventory of Activities have been proposed.
 - Modifications to 2 existing improvement activities
- Establish policies in relation to the Call for Activities and an exception to the nomination period timeframe during a public health emergency (PHE)
- Establish a new criterion for nominating new improvement activities



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Telehealth/Communications Technology Services

Discontinue Audio-Only Technology

- There were separate coding and payments established in the March 31, 2020 Interim Final Rule (IFC) that cover audio-only telephone evaluation and management services.
- The 2021 proposal does not plan to continue to recognize these codes in the absence of COVID-19 Public Health Emergency (PHE).

Expand Telehealth Service codes (9):

- CATEGORY 1 – Similar to the current list of codes > Office Visit/Outpatient Evaluation and Management, Prolonged Outpatient and E/M Services, Group Psychotherapy, Neurobehavioral Status Exam, Care Planning with Cognitive Impairment, Domiciliary, Rest Home, or Custodial Care services, and Home Visits.
- CATEGORY 3 – Temporarily added to the list – for use during the PHE > Domiciliary, Rest Home, or Custodial Care services – established patients, Home Visits – established patients, Emergency Room Visits, Nursing Facilities – discharge day management, Psychological and Neuropsychological Testing.

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Telehealth/Communications Technology Services -Continued

CMS is seeking public comments on:

- Audio-only – should it be permanent?
- Category 3 Services – should any of these be permanent or are policy provisions needed to keep these in effect until the end of the PHE.
- **Proposed Rule Comments are due by Oct. 5, 2020**



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Exceptions and Hardships for 2020

Wendy Renfrow




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MIPS Extreme and Uncontrollable Circumstances Exception for 2020

- Allows you to request one or more performance categories be reweighted to 0%.
- You must apply, it is not an automatic exception.
- You or a third party intermediary can apply if your practice experienced an extreme and uncontrollable circumstance outside of your control, such as a natural disaster or public health emergency (e.g. COVID-19 pandemic), that prevents you from collecting data for an extended period of time, or that could impact your performance on cost measures.
- To apply, sign in to qpp.cms.gov with your HCQIS Access and Roles Profile (HARP) account.
- You are not required to submit documentation with your application.
 - Even though you are not required to submit documentation with your application, you should retain such documentation describing the circumstances that supports your application for your own records in the event you are selected by CMS for data validation or audit.



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MIPS Extreme and Uncontrollable Circumstances Exception for 2020

- You can still submit data for the MIPS performance categories selected for reweighting in the application.
 - Data submission overrides the performance category reweighting approved through your application on a category-by-category basis.
- An individual clinician, group, or virtual group must be scored on at **least two performance categories** to earn a MIPS final score greater than the performance threshold.
- CMS will consider the length of time the practice was impacted by an extreme and uncontrollable circumstance when reviewing your application.
- Apply now through December 31, 2020 8 p.m. ET. by signing in to qpp.cms.gov with your HCQIS Access and Roles Profile (HARP) account.



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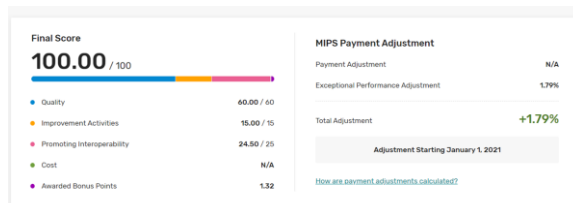
Exceptional Performer, Payment Adjustments, and Closing Comments

Jackie Rogers

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Payment Adjustments

- 2019 Feedback and Payment adjustments are available now on the QPP site
- Because of impacts to submission due to COVID-19 in early 2020 – CMS granted a neutral adjustment to any clinicians who did not submit any data or who applied for a hardship
- Approximately 1% or less of clinicians received a negative adjustment
- MIPS is budget neutral – no negative adjustment = no positive adjustments
- Exceptional Performer Bonus – scores over 75



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Payment Adjustment- 2019 data

Due to COVID Hardships and special considerations that were applied for 2019 – only Clinicians who were Exceptional Performers earned any upward adjustment.

Performance Year 2019 Scores	Anticipated Payment Adjustments	Actual
0 - 7.5	-7%	-7%*
7.5 -29.99	-7% to 0% sliding scale with scores closer to 30 having a smaller negative adjustment	-7% to 0% sliding scale *
30	Neutral	Neutral
30.01 - 74.99	0 - 7% sliding scale with scores closer to 74.99 having a higher percentage	Neutral
75 - 100	0-7% sliding scale, plus an additional percentage from the Exceptional Performer Bonus money - also distributed on a sliding scale	0.01% - 1.79% sliding scale w/scores of 100 earning the maximum 1.79%

*Per CMS approximately less than 1% of providers will be getting a negative penalty due to Covid Exceptions applied to the 2019 Performance Year.

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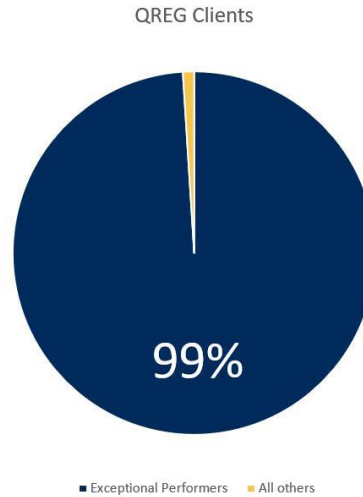
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MIPS Exceptional Performers with QREG

Exceptional Performer status by year:

- 2017- 99.4%
- 2018- 99.8%
- 2019- 99%

Note: In 2020 and 2021, 85 points or more put Eligible Clinicians into the 'Exceptional Performer' category for MIPS reporting. This makes Clinicians eligible to receive from additional bonus pool of **\$500M** for all those clinicians who were in this category.



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It's not too late to get help for 2020!

Let our Team of Experts help you...

- We are approaching the last Quarter of the 2020 Reporting Year. You may find that taking on MIPS data submission and making sure you've dotted all your 'i's and crossed all your 'T's is a lot of pressure.
- It is not too late to have QREG review your data to make sure you're submitting everything required to get the maximum amount of points possible.



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Q & A and Resources

- QREG@intrinsiq.com
- <https://qpp.cms.gov>



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Acronyms

- ACI – Advancing Care Information
- ACO – Accountable Care Organization
- APM – Advanced Payment Model
- CEHRT – Certified Electronic Health Record Technology
- CHPL - Certified Health IT Product List
- CMS – Centers for Medicare and Medicaid Services
- CNS – Clinical Nurse Specialist
- CPS – Composite Performance Score
- CRNA – Certified Registered Nurse Anesthetist
- EC – Eligible Clinician
- EHR – Electronic Health Record
- EP – Eligible Professional
- IA – Improvement Activities
- MACRA – Medicare Access & CHIP Reauthorization Act
- MIPS – Merit-Based Incentive Payment System
- MU – Meaningful Use
- NP – Nurse Practitioner
- NPI – National Provider ID
- ONC – Office of the National Coordinator for Health Information Technology
- PA – Physician Assistant
- PI- Promoting Interoperability
- QCDR – Qualified Clinical Data Registry
- QRDA – Quality Reporting Document Architecture
- TIN – Tax ID Number

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