

Quality Payment
PROGRAM

**2021 QUALITY
PAYMENT PROGRAM
FINAL RULE
OVERVIEW**

DECEMBER 9, 2020



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2020 Extreme and Uncontrollable Exception Application Deadline Extended



- For the 2020 performance period, the **Extreme and Uncontrollable Circumstances policy** allows MIPS eligible clinicians, groups, virtual groups, and APM Entities to submit an application requesting reweighting of MIPS performance categories to 0% due to the current COVID-19 public health emergency.
 - **New:** APM Entities may submit an application to reweight MIPS performance categories as a result of extreme and uncontrollable circumstances.
- The Extreme and Uncontrollable Circumstances Exception application deadline is extended until **February 1, 2021**.
 - **IMPORTANT:** Even though we are extending the application deadline into the PY 2020 submission period, individuals, groups, and virtual groups can't submit an application to override PY 2020 data they've already submitted. **Any data submitted before or after an application has been approved will be scored.** Data submission for an APM Entity won't override performance category reweighting.
 - Note: The deadline for the Promoting Interoperability Hardship Exception application remains **December 31, 2020**.

Learn more about how to [submit an application](#) by visiting the QPP Resource Library and reviewing the zip file of related resources: <https://qpp.cms.gov/about/resource-library>

Quality Payment Program

Topics



- Quality Payment Program Overview
- Merit-based Incentive Payment System (MIPS) Overview
 - 2021 Final Rule – MIPS Value Pathways (MVPs)
 - 2021 Final Rule – APM Performance Pathway (APP)
 - 2021 Final Rule – MIPS Updates
- 2021 Final Rule – Advanced APMs Updates
- 2021 Final Rule – Medicare Shared Savings Program (Shared Savings Program) Updates
- Help & Support
- Q&A



QUALITY PAYMENT PROGRAM

Overview

Quality Payment Program



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides 2 participation tracks:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you participate in an Advanced APM and achieve QP status, you may be eligible for a 5% incentive payment and you will be excluded from MIPS.

Quality Payment Program

Considerations



Improve patient population health

Improve beneficiary care

Lower costs through care and health improvement

Advance use of health information between providers and patients

Educate, engage, and empower patients in their care

Maximize QPP participation with design and easy-to-use tools

Maximize QPP participation with education, outreach, and support

Expand Alternative Payment Model (APM) participation

Provide actionable performance data

Continuously improve QPP

Quick Tip: For additional information on the Quality Payment Program, please visit qpp.cms.gov

Alternative Payment Models (APMs)

Overview

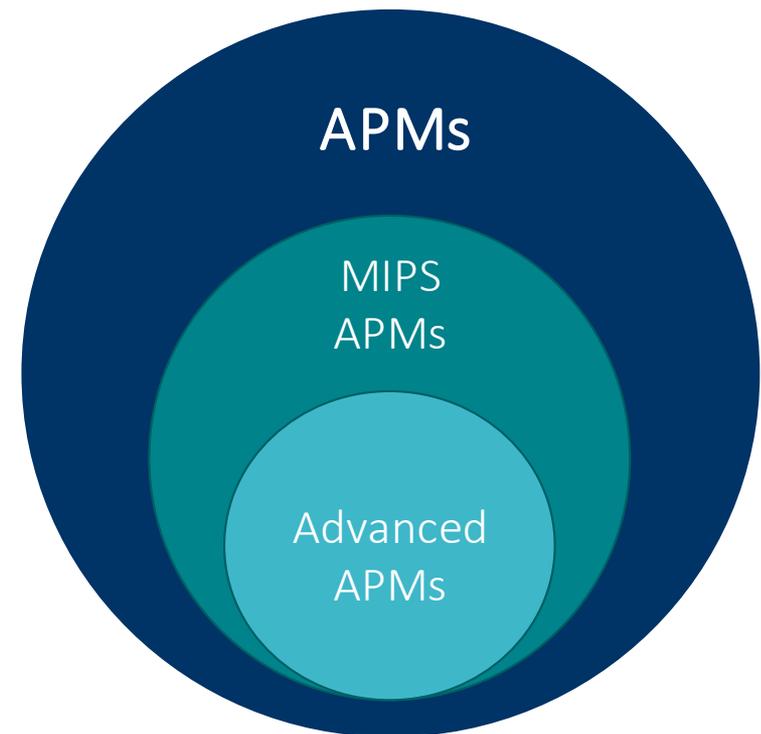


- APMs reward healthcare providers for delivering value-based care. They can apply to a specific:
 - Health condition, like end-stage renal disease
 - Care episode, like joint replacement
 - Population, like primary care providers in Maryland

Types of APMs

- APMs
- Advanced APMs
- MIPS APMs

Please note: The designation of the APM does not affect a clinician's eligibility for MIPS. APM participants will still need to participate in MIPS unless they receive QP status or are otherwise exempt.

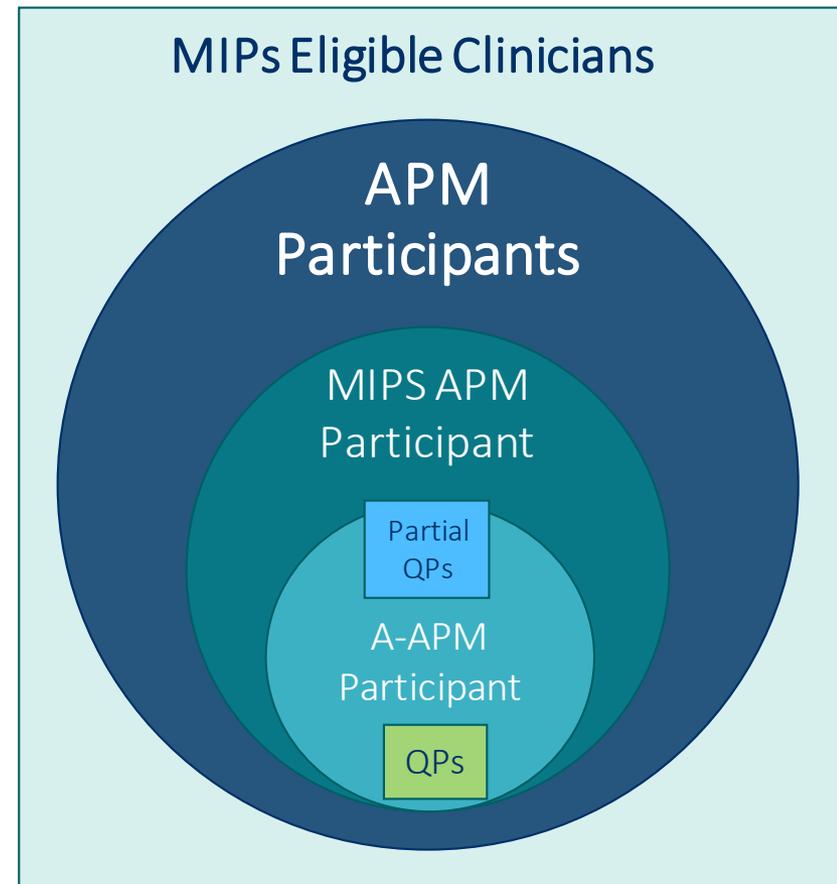


Alternative Payment Models (APMs)

Overview



- **Qualifying APM Participants (QPs)** are eligible clinicians who have met or exceeded the payment amount or patient count thresholds based on participation in an Advanced APM
 - They are exempt from reporting in MIPS and earn a 5% payment on Part B claims
- **Partial QPs** can choose whether or not to participate in MIPS



Please note: The designation of the APM does not affect a clinician's eligibility for MIPS. APM participants will still need to participate in MIPS unless they receive QP status or are otherwise exempt.



MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

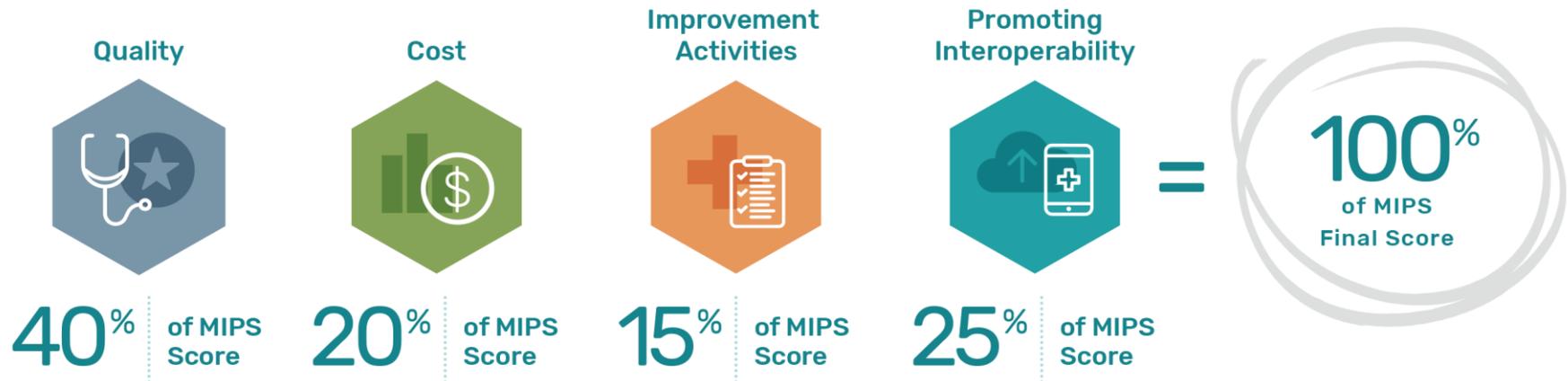
Overview

Merit-based Incentive Payment System (MIPS)



Quick Overview

MIPS 2021 Final Performance Categories



- Comprised of 4 performance categories,
- **So what?** *The points from each performance category are added together to give you a MIPS Final Score.*
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment.**
- **Note:** In 2022, the Quality and Cost performance categories weight will each be **30%**

Merit-based Incentive Payment System (MIPS)



Terms and Timelines

As a refresher...

- TIN - Tax Identification Number
 - Used by the Internal Revenue Service to identify an entity, such as a group medical practice, that is subject to federal taxes
- NPI – National Provider Identifier
 - 10-digit numeric identifier for individual clinicians
- TIN/NPI
 - Identifies the individual clinician and the entity/group practice through which the clinician bills services to CMS

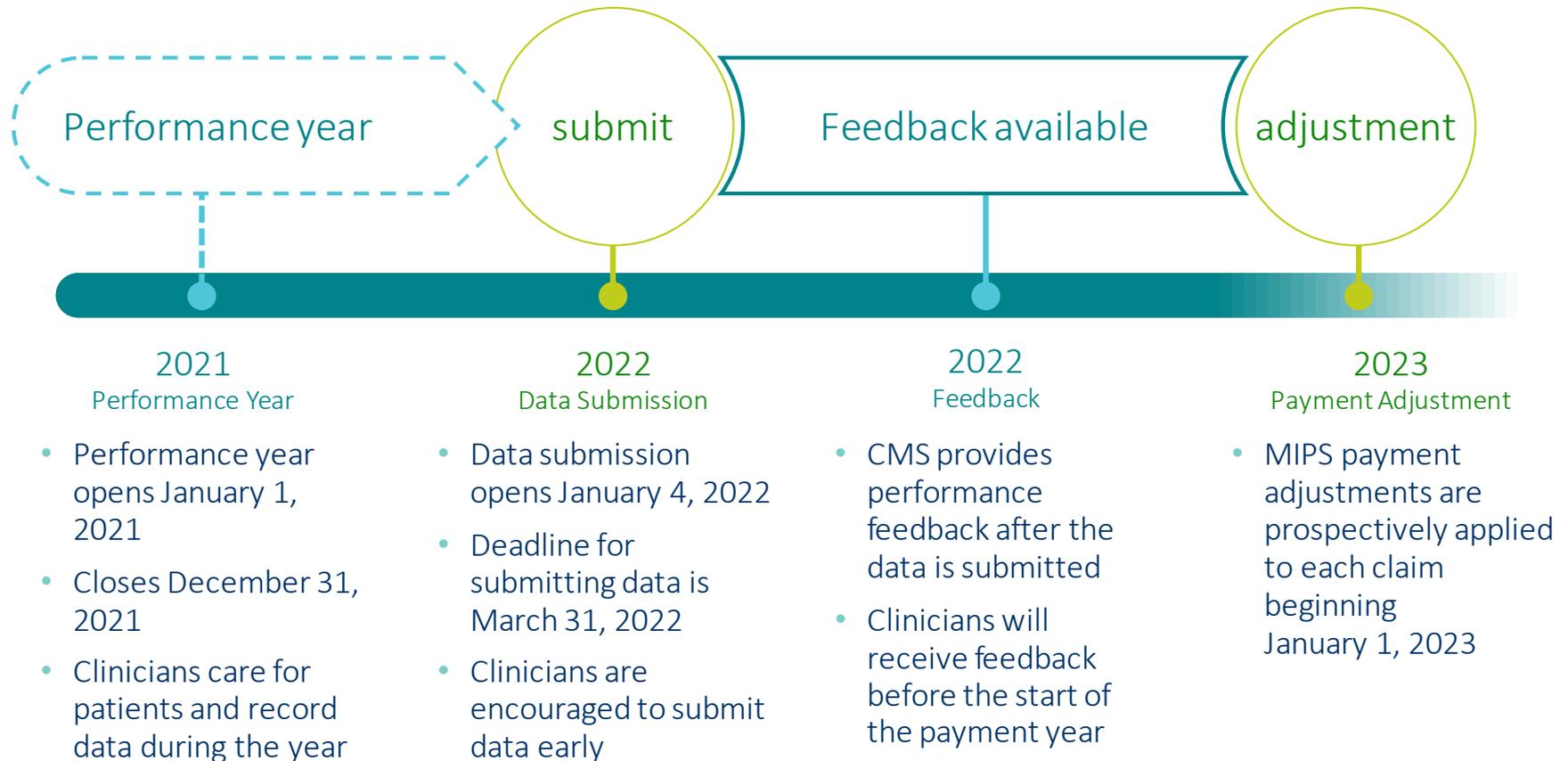
Performance Period	Corresponding Payment Year	Payment Adjustment*
2018	2020	Up to 5%
2019	2021	Up to 7%
2020	2022	Up to 9%
2021 and beyond	2023 and beyond	Up to 9%

*To ensure budget neutrality, positive MIPS payment adjustment factors will be increased or decreased by an amount called a “scaling factor.” The amount of the scaling factor depends on the distribution of final scores across all MIPS eligible clinicians.

Merit-based Incentive Payment System (MIPS)



Timelines





2021 FINAL RULE - MIPS

MIPS Value Pathways (MVPs)

MIPS Value Pathways (MVPs)

Overview of Updates



We are not introducing any MVPs into the program for the 2021 performance period. The earliest MVP implementation will be the 2022 performance period.



Recognizing stakeholder comments, we finalized the **MVPs guiding principles** to include:

- The patient voice
- Subgroup reporting
- A fifth principle related to promoting digital performance measure data submission

Also finalized is a **set of criteria** to be considered when creating MVP candidates for the 2022 performance period.

To review the entire set of MVP updates, please refer to the [2021 Quality Payment Program Final Rule zip file](#) on the Quality Payment Program Resource Library.

MIPS Value Pathways (MVPs)

MVP Guiding Principles



2021 MVP Guiding Principles (*italics indicate finalized updates*)

1. MVPs should consist of limited, *connected complementary* sets of measures and activities that are meaningful to clinicians, which will reduce clinician burden, *align* scoring, and lead to sufficient comparative data.
2. MVPs should include measures and activities that would result in providing comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care; *MVPs will enhance this comparative performance data as they allow subgroup reporting that comprehensively reflects the services provided by multispecialty groups.*
3. MVPs should include measures *selected using the Meaningful Measures approach and, wherever possible, the patient voice must be included*, to encourage performance improvements in high-priority areas.
4. MVPs should reduce barriers to APM participation by including measures that are part of APMs where feasible, and by linking cost and quality measurement. (No change)
5. *MVPs should support the transition to digital quality measures.*

MIPS Value Pathways (MVPs)

MVP Development Criteria



Finalized MVP Development Criteria:

- Use measures and improvement activities across all 4 performance categories (Quality, Cost, Improvement Activities, and Promoting Interoperability).
- Have a clearly defined intent of measurement.
- Align with the Meaningful Measure Framework.
- Have measure and activity linkages within the MVP.
- Be clinically appropriate.
- Be developed collaboratively across specialties in instances where the MVP is relevant to multiple specialties.
- Be comprehensive and understandable by clinicians, groups, and patients.
- To the extent feasible, include electronically specified quality measures.
- Incorporate the patient voice.

MIPS Value Pathways (MVPs)

MVP Development Criteria



Finalized MVP Development Criteria:

- Ensure quality measures align with existing MIPS quality measure criteria, and consider:
 - Whether the quality measures are applicable and available to the clinicians and groups, and
 - The available collection types for the measures
- May include QCDR measures that have been fully tested.
- Ensures that the cost measure is related to the other measures and activities included in the MVP, and if a relevant cost measure for specific types of care isn't available, includes a broadly applicable cost measure that is applicable to the clinician type, and considers what additional cost measures should be prioritized for future development and inclusion in the MVP.

MIPS Value Pathways (MVPs)

MVP Development Criteria



Finalized MVP Development Criteria:

- Include improvement activities that can improve the quality of performance in clinical practice, that complement and/or supplement the quality action of the measures in the MVP and uses broadly applicable improvement activities when specialty or sub-specialty improvement activities aren't available.
- Must include the entire set of Promoting Interoperability measures.
- Include the administrative-claims based measure, Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Eligible Clinician Groups.

MIPS Value Pathways (MVPs)

Process for Candidate Submission



Finalized Process for Candidate MVP Development and Evaluation:

- Hold public MVP Development Kick-Off webinar to review development criteria, timelines, and submission process (December 14)
- Stakeholders will formally submit candidates using the standardized MVP Submission Template (*now available on the [QPP Resource Library](#)*)
- CMS will review and evaluate candidates as received against the finalized MVP development criteria
- Once identified as feasible, CMS will schedule feedback meetings with stakeholders to discuss feedback and possible revisions
- CMS will not communicate to stakeholder whether an MVP candidate has been approved, disapproved, or is being considered for a future year prior to publication of the proposed rule.

January 7 MVPs Town Hall



- CMS will host a virtual Town Hall in January to share policy considerations for MVPs
- Town Hall agenda topic(s) to be addressed and discussed with stakeholders include:
 - Subgroups
 - MVP Design
 - MVP Reporting Requirements, Choice, and Scoring
- CMS will use feedback provided to evaluate policies on MVP framework
- While the event is full, some additional spots may become available based on interest
 - Please email CMSMVPFeedback@ketchum.com to be added to waitlist



2021 FINAL RULE – MIPS APMS

APM Performance Pathway (APP)

MIPS APMs



- We have finalized our policy to sunset the APM Scoring Standard beginning with the 2021 performance year
- We are finalizing our policy to allow APM Entities to submit to MIPS using any MIPS submission type and measures available to groups
- In addition, in consideration of public comment and the need to avoid conflicting incentives between the MIPS and APM participation rules, we are finalizing a policy to reweight the cost performance category for all APM Entities, regardless of submission type

APM Performance Pathway (APP)



We have finalized the **APM Performance Pathway (APP)** as a new reporting framework beginning with the 2021 performance year.

The APP is:

- Only available to **MIPS APMs participants**
- **Required** for all Medicare Shared Savings Program ACOs
 - Please note: ACOs report quality measures on behalf of their MIPS eligible clinicians
- Reported by the individual eligible clinician, group (TIN), or APM Entity
 - *CMS will award the highest available score*
- Complementary to MVPs
- Composed of a fix set of measures for each performance category



APM Performance Pathway (APP)



Similar to MVPs, the APP is a subset of measures and activities:

Performance Category	Finalized Weights	Final Changes
Quality	50%	<ul style="list-style-type: none"> Measure set consists of 6 measures, with CMS Web Interface measure flexibilities for ACOs for the 2021 performance period only <ul style="list-style-type: none"> For Medicare Shared Savings Program ACOs, measures set consists of 6 or 13 measures depending on the reporting method used. Measures reported through the APP will be used to determine the quality performance of ACOs and satisfy reporting requirements under both the Shared Savings Program and MIPS
Cost	0%	<ul style="list-style-type: none"> Rewighted to 0 to account for consideration of cost in MIPS APMs
Improvement Activities	20%	<ul style="list-style-type: none"> Score would be automatically assigned based on the requirements of participants' MIPS APMs In 2021, all APM participants reporting through the APP will earn of a score of 100%
Promoting Interoperability	30%	<ul style="list-style-type: none"> Reported and scored at the individual or group level as required for the rest of MIPS



2021 FINAL RULE – MIPS UPDATES

Eligibility

2021 Final Rule Changes - MIPS

MIPS Eligibility Requirements



No changes to

- MIPS eligible clinician types
- Low-volume-threshold criteria
- MIPS determination period, or
- The opt-in policy for MIPS eligible clinicians who are excluded from MIPS based on the low-volume threshold determination

Please review current [MIPS eligibility criteria](#) for further information.

2021 Final Rule Changes - MIPS

MIPS Participation and Reporting



2020 Final

MIPS eligible clinicians may participate in MIPS as:

- An individual clinician
- A group
- A virtual group

Eligible clinicians in a MIPS APM participate in MIPS through their APM Entity under the APM Scoring Standard

Clinicians in a MIPS APM are only evaluated for MIPS eligibility at the Entity level.



2021 Final

MIPS eligible clinicians may participate in MIPS as:

- An individual clinician
- A group
- A virtual group
- An APM Entity

Clinicians in a MIPS APM will be evaluated for MIPS eligibility at the **individual and group levels**. CMS will no longer evaluate Entities for the low-volume threshold.

The **APM Scoring Standard will not be used** beginning with the 2021 performance period.



2021 FINAL RULE – MIPS UPDATES

Performance Categories

2021 Final Rule Changes - MIPS

Traditional MIPS Performance Category Weights
Individuals, Groups, and Virtual Groups



Performance Category	2020 Performance Category Weights	2021 Performance Category Weights	2021 Performance Category Weights <i>APM Entities</i>	2022 Performance Category Weights
 Quality	45%	40%	50%	30%
 Cost	15%	20%	0%	30%
 Improvement Activities	15%	15%	20%	15%
 Promoting Interoperability	25%	25%	30%	25%

Please note: these weights do not apply to the APM Performance Pathway.



2021 FINAL RULE – MIPS UPDATES

Quality Performance Category

2021 Final Rule Changes - MIPS

Quality Performance Category



Basics:

- Sunset CMS Web Interface in the 2022 performance period
- Added, changed, and removed quality measures



Quality Performance Category Collection Types

2020 Final	2021 Final
<ul style="list-style-type: none">• CMS Web Interface Measures• Electronic Clinical Quality Measures (eCQMs)• Medicare Part B Claims Measures• MIPS Clinical Quality Measures (MIPS CQMs)• QCDR Measures	<p>No change in policy from CY 2020.</p> <p>CMS will extend the availability of the CMS Web Interface as a collection and submission type for groups and virtual groups through the 2021 performance period.</p> <p>The CMS Web Interface will sunset as a collection/submission type beginning with the 2022 performance period.</p>

2021 Final Rule Changes - MIPS

Quality Performance Category



Basics:

- Sunset CMS Web Interface in the 2022 performance period
- Added, changed, and removed quality measures



Quality Measures:

There are a total of **209 quality measures** for the 2021 performance period that reflect:

- Substantive changes to 113 existing MIPS quality measures
- Changes to specialty sets
- Addition/removal of measures from specific specialty sets
- Removal of 11 quality measures and the addition of the following 2 administrative claims-based measures:
 - **Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the MIPS Eligible Clinician Groups** (to replace the current All-Cause Readmission measure)
 - **Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS eligible clinicians**

2021 Final Rule Changes - MIPS

Quality Performance Category



Basics:

- Sunset CMS Web Interface in the 2022 performance period
- Added, changed, and removed quality measures



Quality Measure Benchmarks and Topped Out Measures

2020 Final	2021 Final
<p>Use historical data to establish quality measure benchmarks</p> <p>When a historical benchmark cannot be created, CMS attempts to create a benchmark using data submitted for the performance period.</p>	<p>No change from CY 2020 policy.</p> <p>CMS has determined that sufficient data were submitted for the 2019 performance period to allow historical benchmarks to be calculated for the 2021 performance period.</p>
<p>When the published historical benchmarks identify a measure as topped out for 2 or more years, the measure can earn a maximum of 7 achievement points beginning in the second consecutive year the measure is identified as topped out</p>	<p>No change from CY 2020 policy.</p>



2021 FINAL RULE – MIPS UPDATES

Cost Performance Category

2021 Final Rule Changes - MIPS

Cost Performance Category



Basics:

- **No changes** to existing measures:
 - TPCC measure
 - MSPB Clinician measure
 - 18 episode-based cost measures
- **No changes** to measure attribution
- Updated measure specifications to include telehealth services

Measures:

2020 Final	2021 Final
<p>Measures:</p> <ul style="list-style-type: none">• Total Per Capita Cost (TPCC) measure (Revised)• Medicare Spending Per Beneficiary - Clinician (MSPB-C) measure (Name and specification Revised)• 8 existing episode-based measures• Added 10 new episode-based measures	<p>Updates</p> <ul style="list-style-type: none">• Adding codes for certain telehealth services to episode-based cost measures and TPCC and MSPB measures• Updated specifications available for review on the MACRA feedback page



2021 FINAL RULE – MIPS UPDATES

Improvement Activities
Performance Category

2021 Final Rule Changes - MIPS

Improvement Activities Performance Category



Basics:

- Minimal Inventory updates
- Established policies in relation to the Annual Call for Activities for nominating new improvement activities
- Established a process for agency-nominated improvement activities



Improvement Activities Inventory:

2020 Final	2021 Final
<ul style="list-style-type: none">• Added 2 new Improvement Activities• Modified 7 existing Improvement Activities• Removed 15 existing Improvement Activities	<ul style="list-style-type: none">• Modification of 2 existing improvement activities• Continuation of the COVID-19 clinical data reporting improvement activity with modification as outlined in the September Interim Final Rule with Comment (IFC)• Removal of 1 obsolete activity:<ul style="list-style-type: none">○ CC_5 CMS Partner in Patients Hospital Engagement Network

2021 Final Rule Changes - MIPS

Improvement Activities Performance Category



Basics:

- Minimal Inventory updates
- Established policies in relation to the Annual Call for Activities for nominating new improvement activities
- Established a process for agency-nominated improvement activities



Criteria and Pathway for Nominating a New Improvement Activity:

Finalized Criteria Changes:

- Added 1 new criterion for nominating new improvement activities beginning with the 2021 performance period and future years:
 - Include activities which can be linked to existing and related MIPS quality and cost measures, as applicable and feasible

Finalized Nomination Option Changes:

- A stakeholder may nominate improvement activities during the Annual Call for Activities, or, as an exception, during a public health emergency
- The Agency may nominate improvement activities and would consider HHS-nominated improvement activities all year long.
 - *All HHS-nominated improvement activities would then be proposed through rulemaking.*



2021 FINAL RULE – MIPS UPDATES

Promoting Interoperability
Performance Category

2021 Final Rule Changes - MIPS

Promoting Interoperability Performance Category



Basics:

- Retained the Query of Prescription Drug Monitoring Program (PDMP) measure as an optional measure
- Changed measure name and added an optional Health Information Exchange Bi-Directional Exchange measure
- CEHRT flexibility
- *No changes* to current automatic reweighting policies



Objectives and Measures:

2020 Final	2021 Final
<p><u>Beginning with the 2020 performance period:</u></p> <ul style="list-style-type: none">• Removed the Verify Opioid Treatment Agreement measure• Included the Query of PDMP measure as optional with yes/no response	<ul style="list-style-type: none">• Retained the Query of PDMP measure as an optional measure and increased its worth from 5 to 10 bonus points• Changed the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing “incorporating” with “reconciling”• Added a new, optional Health Information Exchange (HIE) Bi-Directional Exchange measure

2021 Final Rule Changes - MIPS

Promoting Interoperability Performance Category



Basics:

- Retained the Query of Prescription Drug Monitoring Program (PDMP) measure as an optional measure
- Changed measure name and added an optional Health Information Exchange Bi-Directional Exchange measure
- CEHRT flexibility
- *No changes* to current automatic reweighting policies



CEHRT Flexibility

2020 Final	2021 Final
MIPS eligible clinicians must use technology certified to the 2015 Edition to collect and report their Promoting Interoperability data and eCQMs for the Quality performance category	MIPS eligible clinicians can use the following to collect and report their Promoting Interoperability data and eCQMs for the Quality performance category: <ul style="list-style-type: none">• Technology certified to the existing 2015 Edition, or• Technology certified to the 2015 Edition Cures Update criteria, or• A combination of both

2021 Final Rule Changes - MIPS

Promoting Interoperability Performance Category



Basics:

- Retained the Query of Prescription Drug Monitoring Program (PDMP) measure as an optional measure
- Changed measure name and added an optional Health Information Exchange Bi-Directional Exchange measure
- CEHRT flexibility
- *No changes* to current automatic reweighting policies



Reweighting:

2021 Final

Continue our automatic reweighting policies related to the following clinician types through 2021:

- Nurse practitioners (NPs)
- Physician assistants (PAs),
- Certified registered nurse anesthetists (CRNAs),
- Clinical nurse specialists (CNSs),
- Physical therapists,
- Occupational therapists,
- Qualified speech-language pathologist,
- Qualified audiologists,
- Clinical psychologists, and
- Registered dietitians or nutrition professionals



2021 FINAL RULE – MIPS UPDATES

Third-Party Intermediaries

2021 Final Rule Changes - MIPS

Third-Party Intermediaries



Data Submission

QCDRs, Qualified Registries, and health IT vendors must be able to submit data for all of the following MIPS performance categories:

- Quality, except
 - the CAHPS for MIPS survey and
 - QCDR measures for Qualified Registries and health IT vendors
- Improvement Activities
- Promoting Interoperability
 - However, a third-party intermediary may be excepted from this requirement if its MIPS eligible clinicians, groups, or virtual groups are eligible for reweighting

Health IT vendors that do not support MVPs must be able to submit data for at least 1 of the MIPS performance categories.

QCDRs, Qualified Registries, and health IT vendors may support data submission for:

- the **APM Performance Pathway** beginning with the 2021 performance period
- **MVPs** beginning with the 2022 performance period (**Note:** *health IT vendors can only support MVPs and APPs if they support the Quality, IA, and PI performance categories*)

2021 Final Rule Changes - MIPS

Third-Party Intermediaries



Data Validation

QCDRs and Qualified Registries will conduct data validation audits, with specific obligations, on an annual basis, including:

- QCDRs and Qualified Registries will conduct each data validation audit using a sampling methodology that meets certain requirements
- QCDRs and Qualified Registries must conduct data validation for the performance period prior to submitting any data for that performance period to CMS for purposes of the MIPS program
- QCDRs and Qualified Registries must conduct data validation on data for each submitter type for which it will submit data, including if applicable MIPS eligible clinicians, groups, virtual groups, voluntary participants, and opt-in participants.
- QCDRs and Qualified Registries must conduct data validation on data for each performance category for which it will submit data, including if applicable the Quality, Improvement Activities, and Promoting Interoperability performance categories.

2021 Final Rule Changes - MIPS

Third-Party Intermediaries



Remedial Action and Termination Processes:

CMS finalized additional guidance on what will be required in a corrective action plan (CAP):

- The CAP must detail the issues that contributed to the non-compliance
- The CAP must detail the impact to individual clinicians, groups, or virtual groups, regardless of whether they're participating in the program because they're MIPS eligible, voluntarily reporting, or opting in to participating in the MIPS program
- The CAP must detail the corrective actions implemented by the third-party intermediary to ensure that the non-compliance issues have been resolved and will not reoccur in the future
- The CAP must include a detailed timeline for achieving compliance with the applicable requirements

Approval Criteria

Additional factors were finalized for consideration when determining whether to approve a third-party intermediary for future participation in the MIPS program:

- The entity's compliance with the requirements for any prior MIPS performance period for which it was approved as a third-party intermediary
- Whether the entity provided inaccurate information to the clinicians regarding Quality Payment Program requirements.

All third-party intermediaries must attend and complete training and support sessions in the form and manner, and at the times, specified by CMS

2021 Final Rule Changes - MIPS

Third Party Intermediaries



QCDR Measure Requirements

CMS finalized policies in the Medicare and Medicaid Interim Final Rule with Comment (IFC):

- **Delaying** the QCDR measure testing requirement until the 2022 performance period in light of the pandemic
- **Delaying** the QCDR measure data collection requirement until the 2022 performance period in light of the pandemic. QCDRs are required to collect data prior to submitting the QCDR measure for CMS consideration during the self-nomination period.

Beginning with the 2022 performance period:

- QCDR measures must be fully tested at the clinician level in order to be considered for inclusion in an MVP.
- We are modifying the QCDR measure testing requirement to be a two-step process that first requires face validity testing and eventually full measure testing (beta testing).
- Existing QCDR measures previously approved for CY 2020, they must be face valid prior to being self-nominated for the CY 2022 MIPS performance period.
 - QCDR measures that were approved for the 2022 performance period with face validity are required to be fully tested prior to being self-nominated for any subsequent performance periods in order to be considered for inclusion in the MIPS program.



2021 FINAL RULE – MIPS UPDATES

COVID-19 Flexibilities

2021 Final Rule Changes - MIPS

Complex Patient Bonus



Existing policy:

- Clinicians, groups, virtual groups, and APM Entities can earn up to **5 bonus points** to offset the complexity of their patient population



For the 2020 performance period only:

- The complex patient bonus will be doubled
- Clinicians, groups, virtual groups, and APM Entities will be able to earn up to **10 bonus points** to account for the additional complexity of treating patients due to COVID-19

2021 Final Rule Changes - MIPS

Extreme and Uncontrollable Circumstances Exception Application



Individual clinicians, groups and virtual groups can submit an application to reweight 1 or more MIPS performance categories due to extreme and uncontrollable circumstances, outside the clinician's control, that either:

- Prevents them collecting data for a sustained period, or
- Could impact performance on cost measures

Data submission would override approved reweighting on a category-by-category basis.



No change to policy for individual clinicians, groups and virtual groups

Beginning with the 2020 performance period:

- APM Entities can submit an application to request reweighting of all MIPS performance categories
- If the application is approved, the APM Entity will receive a score equal to the performance threshold even if data are submitted. This would apply to all clinicians in the APM Entity (***note: this differs to our policy for individuals, groups, and virtual groups.***)



2021 FINAL RULE – MIPS UPDATES

Performance Threshold and
Payment Adjustment

2021 Final Rule Changes - MIPS

Performance Threshold and Payment Adjustments



2020 Final

For the 2020 performance period (2022 payment year):

- 45 point performance threshold
- Additional performance threshold for exceptional performance set at 85 points.
- Payment adjustment could be up to +9% or as low as -9%.

For the 2021 performance period:

- 60 point performance threshold
- Additional performance threshold for exceptional performance set at 85 points.



2021 Final

For the 2021 performance period (2023 payment year):

- 60 point performance threshold
(no change from the previously finalized threshold for 2021)

No changes to the additional performance threshold for exceptional performance; remains at 85 points.

- *Note that the 2022 performance period/2024 payment year will be the final year of the additional adjustment for exceptional performance*

*To ensure budget neutrality, positive MIPS payment adjustment factors will be increased or decreased by an amount called a “scaling factor.” The amount of the scaling factor depends on the distribution of final scores across all MIPS eligible clinicians.

2021 Final Rule Changes - MIPS

Performance Threshold and Payment Adjustments



2020 Final

Final Score 2020	Payment Adjustment 2022
≥85 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
45.01-84.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
45 points	<ul style="list-style-type: none"> Neutral payment adjustment
11.26-44.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-11.25 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%



2021 Final

Final Score 2021	Payment Adjustment 2023
≥85 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
60.01-84.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
60 points	<ul style="list-style-type: none"> Neutral payment adjustment
15.01-59.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-15 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%

Note: for the 2022 performance period, the performance threshold will be based on a prior year's mean/median. CMS estimates this will be approximately 74 points.

2021 Final Rule Changes - MIPS

Application of Final Score to Payment Adjustment



2020 Final

When a clinician has multiple final scores associated with a single TIN/NPI combination, we will use the following hierarchy to assign the final score that will be used to determine the 2022 MIPS payment adjustment applicable to that TIN/NPI combination:

- APM Entity final score (highest of these if more than one)
- Virtual group final score
- Group or individual score (whichever is higher)



2021 Final

When a clinician has multiple final scores associated with a single TIN/NPI combination, CMS will use the following hierarchy to assign the final score that will be used to determine the 2023 MIPS payment adjustment applicable to that TIN/NPI combination:

- Virtual group final score
- Highest available final score (*based on the APP or traditional MIPS reporting*) from APM Entity, group, and/or individual participation



2021 FINAL RULE – ADVANCED APMS

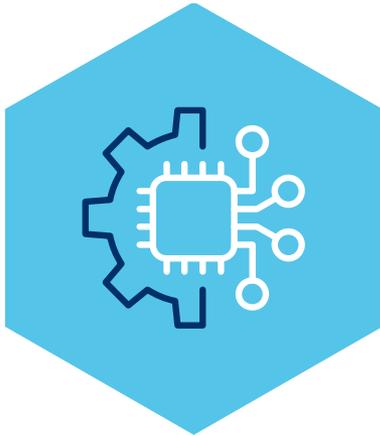
Overview

Advanced APMs

Advanced APM Criteria



To be an Advanced APM, the following 3 requirements must be met:



**Use of certified EHT
technology (CEHRT)**



**MIPS-comparable quality
measures, including an
outcome measure, tied to
payment**



**More than nominal
financial risk**

2021 Final Rule Changes – Advanced APMs

QP Threshold Scores and Targeted Reviews



2020 Final

QP Threshold Scores

Calculated as a ratio of attributed patients to attribution-eligible patients. Likewise, payment amount scores are calculated as a ratio of service for attributed patients to services for attribution-eligible patients.

Targeted Review

CMS has no statutory obligation to perform targeted reviews of QP determinations, and so has not maintained a policy of performing reviews.



2021 Final

QP Threshold Scores

Beginning in 2021, Medicare patients who have been attributed to an APM Entity during a QP Performance Period will not be included as attribution-eligible Medicare patients for any APM Entity that is participating in an Advanced APM that does not allow attributed Medicare patients to be attributed again.

Targeted Review

Beginning with the 2021 QP Performance Period, CMS will accept Targeted Review requests under limited circumstances when an eligible clinician or APM Entity believes, in good faith, CMS has made a clerical error such that an eligible clinician(s) wasn't included on a Participation List of an APM Entity participating in an Advanced APM for purposes of QP or Partial QP determinations.



MEDICARE SHARED SAVINGS PROGRAM (SHARED SAVINGS PROGRAM)

Overview

2021 Final Rule Changes

Shared Savings Program



For performance year 2020:

- All ACOs are considered to be affected by the PHE for the COVID-19 pandemic, and the Shared Savings Program extreme and uncontrollable circumstances policy applies.
- CMS will waive the requirement for ACOs to field a CAHPS for ACOs Survey for 2020 only - ACOs will receive automatic full credit for patient experience of care measures.

2021 Final Rule Changes

Shared Savings Program



APP Requirements

Finalized, with modifications, revisions to the quality reporting requirements under the Shared Savings Program to align with APP reporting requirements:

- **For performance year 2021**, ACOs will be required to report quality data via the APP and can choose to actively report either the 10 measures under the CMS Web Interface or the 3 eCQM/MIPS CQM measures.
 - Based on the ACO's chosen reporting option, either 6 or 10* measures will be included in the calculation of the ACO's quality performance score.
- **For performance year 2022 and subsequent performance years**, ACOs will be required to actively report quality data on the 3 eCQM/MIPS CQM measures via the APP.
 - The CMS Web Interface *will no longer be available* as a collection type
 - All 6 measures will be included in the calculation of the ACO's quality performance score.

* For performance year 2021, if ACOs choose to report via the CMS Web Interface, they will be required to report all 10 measures, but will be scored on only 7 of those measures (3 of the measures do not have a benchmark).

2021 Final Rule Changes

Shared Savings Program



CMS finalized a gradual phase-in of the increase in the level of quality performance required for all ACOs to meet the Shared Savings Program quality performance standard:

- **For performance years 2021 and 2022:** A quality performance score that is $\geq 30^{\text{th}}$ percentile across all MIPS Quality performance category scores.
- **For performance year 2023 and beyond:** A quality performance score that is $\geq 40^{\text{th}}$ percentile across all MIPS Quality performance category scores.

Quality Performance Standard	Performance Year 2021 And Subsequent Performance Years
Met	<ul style="list-style-type: none">• ACOs are eligible to share in savings at the maximum sharing rate; ACOs in two-sided models share in losses based on their quality score or at a fixed percentage based on Track.• Track 2/ENHANCED track: losses scaled using the MIPS Quality score• BASIC track (Levels C, D, and E)/Track 1+ Model: CMS would continue to apply a fixed 30% loss sharing rate
Not Met	<ul style="list-style-type: none">• ACOs are ineligible to share savings and owe the maximum amount of shared losses, if applicable.



HELP & SUPPORT

2021 Final Rule Resources



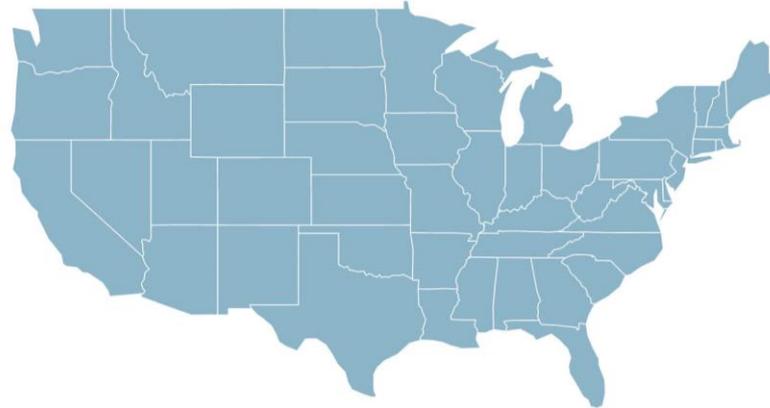
- **QPP 2021 Final Rule Resources Zip File on the QPP Resource Library** contains the following:
 - **Fact Sheet and Table** – Offers an overview of the QPP final rule policies for 2021; table compares these policies to the requirements for 2020
 - **Frequently Asked Questions (FAQs)** – Addresses the frequently asked questions for the 2021 QPP final rule policies
 - **CMS MVP Submission Template** – Provides instructions and a template that stakeholders should use to submit an MVP candidate for consideration
- Visit <https://qpp.cms.gov/about/resource-library>
- Sign up for the [QPP Listserv](#) on the bottom of the QPP website

Technical Assistance

Available Resources



CMS has no-cost resources and organizations on the ground to provide help to clinicians who are participating in the Quality Payment Program:



Small & Solo Practices

Small, Underserved, and Rural Support (SURS)

- Provides virtual outreach, guidance, and technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or assistance getting connected, contact QPPSURS@IMPAQINT.com.

Technical Support

All Eligible Clinicians Are Supported By:

- **Quality Payment Program Website: qpp.cms.gov**
Serves as a starting point for information on the Quality Payment Program.
- **Quality Payment Program Service Center**
Assists with all Quality Payment Program questions.
1-866-288-8292 QPP@cms.hhs.gov
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- **Center for Medicare & Medicaid Innovation (CMMI) Learning Systems**
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

Learn more about technical assistance for SURS: <https://qpp.cms.gov/about/small-underserved-rural-practices>

Q&A Session



To ask a question, please dial:

1-833-376-0535

If prompted, use passcode: **129 5435**

Press *1 to be added to the question queue.

You may also submit questions via the chat box.

Speakers will answer as many questions as time allows.

Questions

