Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2021 Quality Performance Category Quick Start Guide: Traditional MIPS

Updated: 08/26/2021

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

Purpose: *This resource focuses on the quality performance category under traditional MIPS, providing the high level requirements and practical information about quality measure selection, data collection, and submission for the 2021 performance period for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource doesn't address quality requirements under the APM Performance Pathway (APP).*

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How to Use This Guide

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Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

Overview

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program changes how we reimburse MIPS eligible clinicians for Medicare Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2021:

- You generally have to submit data for the quality, improvement activities, and Promoting Interoperability performance categories.
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS Final Score from 0 to 100 points.
- Your MIPS Final Score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

To learn more about MIPS eligibility and participation options:

- *Visit the How MIPS Eligibility is Determined and Participation Overview webpages on the Quality Payment Program website.*
- *Check your current participation status using the Quality Payment Program Participation Status Tool.*

What is the Merit-based Incentive Payment System? *(continued)*

Traditional MIPS, established in the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS.

Under traditional MIPS, participants select from over 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks will be available to MIPS eligible clinicians:

The **APM Performance Pathway (APP)** is a streamlined reporting framework beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

MIPS Value Pathways (MVPs) are a reporting framework that will offer clinicians a subset of measures and activities, established through rulemaking. MVPs are tied to our goal of moving away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority. We anticipate the first MVP candidates to be proposed in the CY 2022 Quality Payment Program Proposed Rule.

To learn more about the APP:

- ***To learn more about the APP:*** *Visit the APM Performance Pathway (APP) webpage on the Quality Payment Program website.*
- *View the 2021 APM Performance Pathway (APP) for MIPS APM Participants and 2021 APM Performance Pathway (APP) Infographic resources.*

To learn more about MVPs:

- *Visit the MIPS Value Pathways (MVPs) webpage on the Quality Payment Program website.*

What is the MIPS Quality Performance Category?

The quality performance category measures your performance on clinical practices and patient outcomes. The quality measures are tools that help us assess healthcare processes, outcomes, and patient experiences to ensure they align with our quality goals for healthcare.

Traditional MIPS Performance Category Weights in 2021: Individual, Group, and Virtual Group Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
			
40% of MIPS Score	20% of MIPS Score	15% of MIPS Score	25% of MIPS Score

Traditional MIPS Performance Category Weights in 2021: APM Entity Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
55%	0%	15%	30%

This resource examines quality performance category under traditional MIPS. For information about the quality performance category under the APP, please refer to the APP Quality Requirements webpage.

What's New with Quality under Traditional MIPS in 2021?

- **The quality performance category weight has decreased from 45% to 40% for individual MIPS eligible clinicians, groups, and virtual groups participating in Traditional MIPS.**
  - The quality performance category will be weighted at 55% for MIPS eligible clinicians participating as an APM Entity.
  - By law, the quality and cost performance categories must be equally weighed at 30% beginning with the 2022 performance period whether participation is at the individual, group, or virtual group level.
- **There are 113 existing MIPS quality measures that have substantive changes; 11 MIPS quality measures that have been removed from the program, including the All-Cause Hospital Readmission measure; and a total of 209 MIPS quality measures finalized, including 2 new administrative claims-based measures.**
  - Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinicians Groups; and
  - Risk-standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-Based Incentive Payment System (MIPS).
- **There are revised scoring flexibilities for measures with specification or coding changes that occur during the performance period.**
- **The availability of the CMS Web Interface as a collection and submission type will be extended for one year for the 2021 performance period. Starting with the 2022 performance period, the CMS Web Interface will no longer be available as a collection and submission type.** If you have planned or are currently reporting MIPS quality measures through the CMS Web Interface, please start to prepare for a transition to a new collection type. You can start by reviewing general requirements for other collection types available for the quality performance period in this resource.

We didn't finalize our proposal to use performance period benchmarks exclusively for scoring quality measures in the 2021 performance period.

- *We'll continue to use historical benchmarks to score quality measures for the 2021 performance period. Based on our analysis of 2019 submissions and stakeholder feedback, we believe that we have sufficient data to calculate historical benchmarks.*
- *Performance period benchmarks will still be calculated for new quality measures, quality measures that lack historical data, or when we don't have comparable data from the baseline period.*

Get Started with Quality for Traditional MIPS in 5 Steps

Get Started with Quality for Traditional MIPS in 5 Steps

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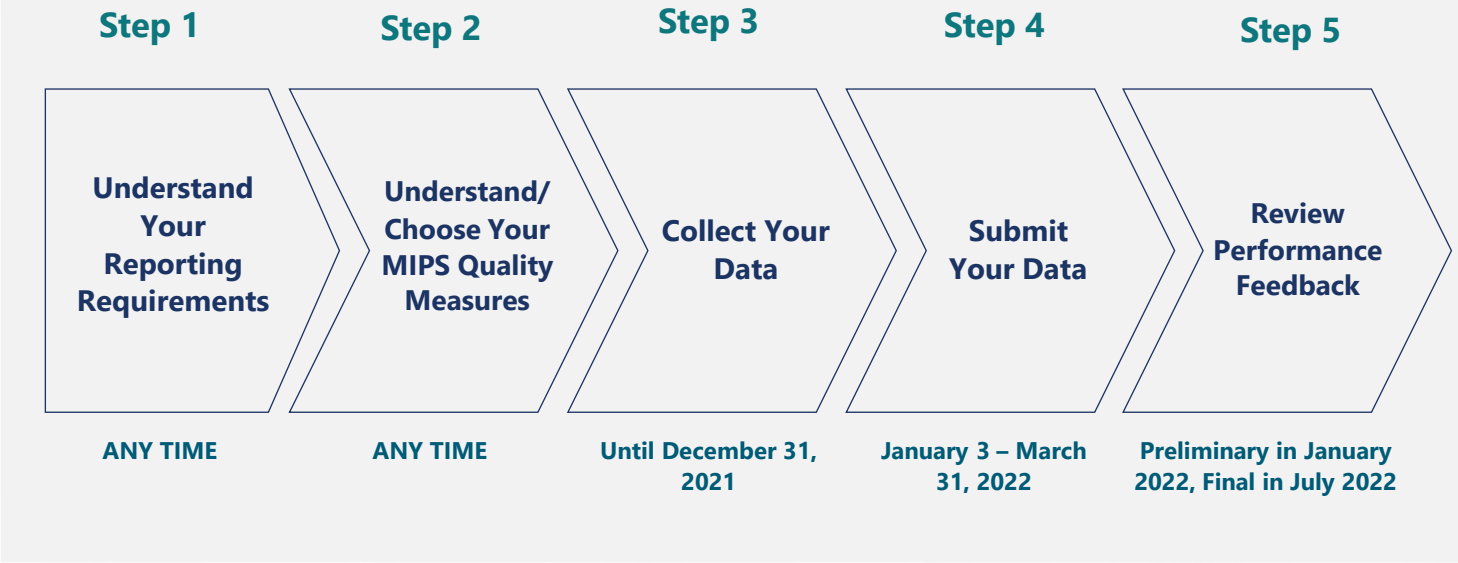

Get Started with Quality for Traditional MIPS in 5 Steps

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Step 1. Understand Your Reporting Requirements

The quality performance category has a **12-month performance period** (January 1 – December 31, 2021), which means you must collect data for each measure for the full calendar year.

To meet the quality performance category requirements, you have to report:

6 quality measures (including at least one outcome measure or high priority measure in absence of an applicable outcome measure).

A defined specialty measure set (if the measure set has fewer than 6 measures, you need to submit all measures within that set).

All quality measures included in the CMS Web Interface (an internet-based application available to groups, virtual groups, and APM Entities with 25 or more eligible clinicians – advanced registration is required).

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Step 1. Understand Your Reporting Requirements *(continued)*

UPDATED August 2021

In response to the impact of the ongoing COVID-19 public health emergency, CMS finalized a measure suppression and special scoring policies for Fiscal Year (FY) 2022 in the Inpatient Prospective Payment System (IPPS) rule for several hospital reporting programs, including the Hospital Value-Based Purchasing (VBP) Program. The outcome of these policies is that we won't calculate FY 2022 scores for the Hospital VBP Program.

We use the total performance score from the Hospital VBP Program to calculate Merit-based Incentive Payment System (MIPS) facility-based scores for facility-based clinicians and groups in the quality and cost performance categories. The FY 2022 total performance score is what we would use to determine these scores for the 2021 MIPS performance year.

- **Because the FY 2022 total performance score from the Hospital VBP Program won't be available, we won't be able to calculate MIPS facility-based scores for the 2021 performance period.**

- **As a result, facility-based clinicians and groups will need to collect and submit 6 quality measures for the 2021 performance period. Facility-based clinicians and groups without available and applicable quality measures can request performance category reweighting by submitting a 2021 extreme and uncontrollable circumstances application (citing COVID-19).**

For more information, review the 2021 Facility-Based Quick Start Guide (PDF) and the 2021 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide (PDF).

Step 2. Choose Your MIPS Quality Measures

There are more than 200 MIPS quality measures available to report for the 2021 performance period of MIPS. The MIPS quality measures are available through different collection types. Some collection types require you to work with a third party such as a Qualified Registry to collect and submit your data, while other collection types allow you to report measures yourself.

The table on the following pages walks you through the different collection types and provides links to the measure specifications that are available within the Quality Payment Program Resource Library. The 2021 MIPS quality measures will be available on the Explore Measures & Activities website in early 2021.

If you plan to work with a Qualified Registry or Qualified Clinical Data Registry (QCDR), check the 2021 Qualified Postings linked in the table on the following pages to see which measures they support.

Helpful Hints

- You can earn measure bonus points if you:
  - Submit an additional outcome or other high priority measure beyond the first required outcome or other high priority measure (as long as case minimum and data completeness are met). These bonus points don't apply to the 10 measures required by the CMS Web Interface.
  - Submit the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey measure in addition to the 10 required CMS Web Interface measures (or in addition to the required outcome or other high priority measure when reporting through other collection types).
  - Use certified EHR technology (CEHRT) to collect your measure data and meet electronic end-to-end reporting requirements.
- Use the 2021 Quality Measures List to identify:
  - The available collection type(s) for each measure.
  - Measure type (outcome, patient experience, etc.).
  - Specialty sets associated with each measure.
- Specialty Measure guides will be released in early 2021 to aid in measure selection if choosing to report on a defined specialty measure set.

Step 2. Choose Your MIPS Quality Measures *(continued)*

Did you know?

Collection Type refers to the way you collect data for a quality measure. While an individual quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. Follow the measure specifications that correspond with how you choose to collect your quality data.

For example: You're looking for a quality measure to report on the Use of High-Risk Medications in the Elderly. The measure is available as both a MIPS Clinical Quality Measure (CQM) and Electronic Clinical Quality Measure (eCQM) (distinct specifications). You would use the measure specification that corresponds with how you choose to collect your data.

You can report measures from multiple collection types to meet quality reporting requirements. (Exceptions are noted in the table below and on the following pages.)

Collection Type	Quality Measures Available for 2021	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
Electronic Clinical Quality Measures (eCQMs)	2021 eCQM specifications 2021 eCQM flows eCQM Implementation and Preparation Checklists	• You can report eCQMs if you use technology that meets the 2015 Edition CEHRT criteria, the 2015 Edition Cures Update criteria, or a combination of both. • You'll need to make sure your CEHRT is updated to collect the most recent version of the measure specification. Please refer to the Implementation Checklist on the Electronic Clinical Quality Improvement (eCQI) website to verify.	✓	✓	✓	✓

Step 2. Choose Your MIPS Quality Measures *(continued)*

Collection Type	Quality Measures Available for 2021	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
Electronic Clinical Quality Measures (eCQMs) ***(continued)***		• If you collect data using multiple EHR systems, you'll need to aggregate your data before it's submitted. • eCQMs can be reported in combination with Medicare Part B Claims measures, MIPS CQMs, QCDR measures, and the CAHPS for MIPS Survey measure.	✓	✓	✓	✓
MIPS Clinical Quality Measures (MIPS CQMs)	2021 Clinical Quality Measure Specifications and Supporting Documents	• MIPS CQMs are often collected by third party intermediaries and submitted on behalf of MIPS eligible clinicians. • If you chose this collection type, you may work with a Qualified Registry, QCDR, or Health IT vendor. To see the lists of CMS-approved Qualified Registries and QCDRs, visit the Quality Payment Program Resource Library. • MIPS CQMs can be reported in combination with Medicare Part B Claims measures, eCQMs, QCDR measures, and the CAHPS for MIPS Survey measure.	✓	✓	✓	✓

Step 2. Choose Your MIPS Quality Measures *(continued)*

Collection Type	Quality Measures Available for 2021	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
Qualified Clinical Data Registry (QCDR) Measures	2021 QCDR Measure Specifications	• QCDRs are CMS-approved entities with the flexibility to develop and track their own quality measures, which are approved along with the entity during their self-nomination period. To see the list of CMS-approved QCDRs, visit the Quality Payment Program Resource Library. • These measures can be a great option for clinicians and practices that provide specialized care or who have trouble finding MIPS quality measures that feel relevant to their practice. • You'll need to work with a QCDR to report these measures on your behalf. • QCDR measures can be reported in combination with eCQMs, MIPS CQMs, Medicare Part B Claims measures, and the CAHPS for MIPS Survey measure.	✓	✓	✓	✓

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Step 2. Choose Your MIPS Quality Measures *(continued)*

Collection Type	Quality Measures Available for 2021	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
Medicare Part B Claims Measures	2021 Medicare Part B Claims Specifications and Supporting Documents	• Medicare Part B Claims measures are reported with the clinician's individual (rendering) NPI when reporting as a group, virtual group, or APM Entity. • Medicare Part B Claims measures can be reported in combination with eCQMs, MIPS CQMs, QCDR measures, and the CAHPS for MIPS Survey measure.	✓ Small practices (less than 16 clinicians) only	✓ Small practices (less than 16 clinicians) only	✓ Small practices (less than 16 clinicians in the virtual group) only	✓ Small practices (less than 16 clinicians in the APM Entity) only
CMS Web Interface	2021 CMS Web Interface Measure Specifications	• If you want to report through the CMS Web Interface, groups, virtual groups, and APM Entities need to register between April 1, 2021 and June 30, 2021. • Reporting via the CMS Web Interface requires that you submit data on a sample of Medicare patients for each measure within the application.	✗	✓ Groups with 25 or more clinicians only	✓ Virtual Groups with 25 or more clinicians only	✓ APM Entities with 25 or more clinicians only

Get Started with Quality for Traditional MIPS in 5 Steps

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Step 2. Choose Your MIPS Quality Measures *(continued)*

Collection Type	Quality Measures Available for 2021	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
CAHPS for MIPS Survey Measure	2021 CAHPS for MIPS Survey Overview Fact Sheet CAHPS for MIPS Survey Measure Specifications	• Groups, virtual groups, and APM Entities can register between April 1, 2021 and June 30, 2021 to administer the CAHPS for MIPS Survey measure, a survey measuring patient experience and care within a group or virtual group. • This survey measure must be administered by a CMS-Approved Survey Vendor. • This measure can be reported in combination with eCQMs, MIPS CQMs, Medicare Part B Claims measures, CMS Web Interface measures, and QCDR measures.	✗	✓ Registered groups with 2 or more clinicians	✓ Registered virtual groups with 2 or more clinicians	✓ Registered APM entities with 2 or more clinicians

There are 2 new quality measures that will be automatically evaluated and calculated through administrative claims, if the following case minimum requirements are met:

- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinicians Groups.
- Risk-standardized Complication Rate (RSCR) Following Electric Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-Based Incentive Payment System (MIPS).

The HWR measure is replacing the All-Cause Readmission measure beginning with the 2021 performance period.

Step 3. Collect Your Data (eCQMs, MIPS CQMs, Medicare Part B Claims Measures, and QCDR Measures)

You should **start data collection on January 1, 2021** to meet data completeness requirements. If you fail to meet data completeness requirements, you'll receive **0 points** for the measure, unless you're a small practice, in which case you'll receive 3 points.

The **data completeness requirement is 70%,** which means that you need to report performance or exclusion/exception data for at least 70% of patients or encounters that are eligible for the measure's denominator.

- Selectively reporting data that misrepresents your performance in a disingenuous manner, commonly referred to as **"cherry-picking,"** results in data that aren't true, accurate, or complete and may subject you to audit.

If you're working with a vendor or third-party intermediary to collect and submit data, make sure you work with them throughout the year on data collection.

Electronic Health Record (EHR)-based Quality Reporting

If you transition from one EHR system to another EHR system during the performance year, you should aggregate the data from the previous EHR system and the new EHR system into one report for the full 12 months prior to submitting the data. If a full 12 months of data is unavailable (for example, if aggregation isn't possible), your data completeness must reflect the 12-month period. If you're submitting eCQMs, both EHR systems must meet the 2015 Edition CEHRT criteria, the 2015 Edition Cures Update criteria, or a combination of both.

Step 3. Collect Your Data (eCQMs, MIPS CQMs, Medicare Part B Claims Measures, and QCDR Measures) *(continued)*

ICD-10 Updates

Each year, the Value Set Authority Center (VSAC) releases updates to ICD-10 coding that take effect October 1st of a given year. We'll identify the measures that are significantly impacted by these updates in the 2021 MIPS Quality Measures Impacted by ICD-10 Code Updates Fact Sheet released in early October of 2021.

Measures that are significantly impacted will have a 9-month performance period, ending September 30th, before the ICD-10 code changes take effect.

ICD-10 updates may affect other measures, but not significantly enough to shorten the performance period. CMS expects that clinicians continue to report on patients that meet the denominator of the 2021 performance period specifications as posted to the QPP website. We do not expect clinicians to adjust reporting based on any newly available ICD-10 coding

Other Code Set or Clinical Guideline Changes

Measures that are significantly impacted by other coding or clinical guideline changes may still be scored provided there are 9 (consecutive) months of reliable data.

If there aren't 9 consecutive months of reliable data, the measure will be suppressed. Suppressed measures won't be scored, and the quality performance category denominator will be reduced by 10 points for each suppressed measure that's submitted.

Step 4. Submit Your Data

We'll assess your performance on the data you submit.

The data submission period will begin on **January 3, 2022,** and end **March 31, 2022**. If reporting Medicare Part B claims, submission will be continuous throughout the performance period.

Who (Submitter Type)	What (Collection Type)	How (Submission Type)	When
You (Individual, Group, Virtual Group, or APM Entity Representative)	Medicare Part B Claims Measures (small practice only)	Through your routine Medicare Part B billing practices	Throughout the performance period (must be processed by your MAC and received by CMS by March 1, 2022)
	eCQMs	Sign in to qpp.cms.gov and upload a QRDA3 file	January 3 – March 31, 2022
	MIPS CQMs	Sign in to qpp.cms.gov and upload a QPP JSON file	January 3 – March 31, 2022
	CMS Web Interface	Manually enter your data and/or upload a file into the CMS Web Interface OR Use the CMS Web Interface Application Programming Interface (API)	January 3 – March 31, 2022
Third Party Intermediaries QCDRs, Qualified Registries, and Health IT Vendors	eCQMs MIPS CQMs QCDR Measures	Sign in to qpp.cms.gov and upload a QRDA3 or QPP JSON file **OR** Use the QPP Submission API	January 3 – March 31, 2022
CMS Approved Survey Vendors	CAHPS for MIPS Survey Measure	Secure method outside of qpp.cms.gov	Following data collection (standardized annual timeframe)

Step 4. Submit Your Data *(continued)*

Did you know?

The level at which you participate in MIPS (individual, group, or virtual group) generally applies to all performance categories. We won't combine data submitted at the individual, group, and/or virtual group level into a single final score.

For example:

- If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your MIPS payment adjustment will be based on the higher score.

Exception: When participating as an APM Entity, the Entity will submit quality measures and improvement activities. However, MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group, and we'll calculate an average score for this performance category.

Step 5. Review Your Performance Feedback

Preliminary scoring information will be available beginning **January 3, 2022,** once data has been submitted.

Your final performance feedback will be available **July 2022**.

You can review your performance feedback by signing in to qpp.cms.gov/login.

Did you know?

Small practices (15 or fewer clinicians, reporting individually, as a group, virtual group, or APM Entity) that submit at least one quality measure will earn 6 bonus points, which will be added to their quality performance category score.

Help, Resources, and Version History

Help, Resources, and Version History

Quality Payment PROGRAM

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time (ET) or by e-mail at: QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Connect with your local Technical Assistance organization. We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Additional Resources

The Quality Payment Program Resource Library houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more. We'll update this table as more resources become available.

Resource	Description
2021 MIPS Quick Start Guide	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2021 performance period.
2021 MIPS Eligibility and Participation Quick Start Guide: Traditional MIPS	A high-level overview and actionable steps to understand your 2021 MIPS eligibility and participation requirements.
2021 MIPS Part B Claims Quick Start Guide	Practical information (including FAQs and examples) for small practices about choosing and submitting quality measures through Part B claims for the 2021 quality performance category.
2021 Qualified Clinical Data Registries (QCDRs) Qualified Posting 2021 Qualified Registries Qualified Posting (Available in the Quality Payment Program Resource Library)	Identify CMS-approved Qualified Clinical Data Registries (QCDRs) and Qualified Registries for the 2021 performance period and the measures they support.
Quality Payment Program Website – Quality Measures Page	Information on quality performance category requirements by performance year.
2021 Quality Measures List	A detailed list of the 2021 Merit-based Incentive Payment System (MIPS) quality measures. The technical measure specifications and supporting documents for the 2021 MIPS quality measures will be posted before the start of the performance year.
2021 Clinical Quality Measure Specifications and Supporting Documents	Provides comprehensive descriptions of the 2021 Clinical Quality Measures (CQMs) for the Merit-based Incentive Payment System (MIPS) quality performance category.
2021 Facility-Based Measurement Quick Start Guide	Updated to indicate that facility-based scoring won't be available for PY 2021.

Additional Resources *(continued)*

Resource	Description
2021 Promoting Interoperability Performance Category Quick Start Guide: Traditional MIPS	A high-level overview and practical information about data collection and submission for the 2021 MIPS Promoting Interoperability performance category.
2021 Improvement Activities Performance Category Quick Start Guide: Traditional MIPS	A high-level overview and practical information about data collection and submission for the 2021 MIPS improvement activities performance category.
2021 MIPS Cost Performance Category Quick Start Guide: Traditional MIPS	A high-level overview of cost measures, including calculation and attribution, for the 2021 MIPS cost performance category.
2021 QPP Final Rule Resources	A zip file containing 2021 QPP final rule resources, including the 2021 QPP Final Rule Fact Sheet, FAQs, and Proposed and Final Rule Comparison Table.

Version History

If we need to update this document, changes will be identified here.

Date	Description
08/26/2021	Updated to reflect that facility-based scoring won't be available for PY 2021.
08/06/2021	PY 2021 performance category weights for APM Entities reporting traditional MIPS were updated due to clarification released in the CY 2022 Physician Fee Schedule Proposed Rule.
3/2/2021	• Updated slide 19 to remove language excluding ACOs around the registration date for reporting through the CMS Web Interface. • Updated slide 20 to remove ACO exclusion language for the CAHPS for MIPS Survey Measure.
2/12/2021	In Appendix B, MIPS Quality ID 141 was removed because the Claims collection type was not finalized for removal in the 2021 Final Rule.
1/14/2021	Original posting

Appendix

Appendix A: Measures Finalized for Removal in the CY2021 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
069	MIPS CQM	Process	Hematology: Multiple Myeloma: Treatment with Bisphosphonates
146	Medicare Part B Claims MIPS CQM	Process	Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms
333	MIPS CQM	Efficiency	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
348	MIPS CQM	Outcome	Implantable Cardioverter-Defibrillator (ICD) Complications Rate
390	MIPS CQM	Process	Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options
408	MIPS CQM	Process	Opioid Therapy Follow-up Evaluation
412	MIPS CQM	Process	Documentation of Signed Opioid Treatment Agreement
414	MIPS CQM	Process	Evaluation or Interview for Risk of Opioid Misuse
435	Medicare Part B Claims MIPS CQM	Patient Reported Outcome	Quality of Life Assessment for Patients with Primary Headache Disorders
437	Medicare Part B Claims MIPS CQM	Outcome	Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure
458	Administrative Claims	Outcome	All-Cause Hospital Readmission

Appendix B: Measures Finalized for Removal of Specific Collection Types in the CY2021 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
012	**Removed:** Medicare Part B Claims, MIPS CQM **Retained:** eCQM	Process	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
048	**Removed:** Medicare Part B Claims **Retained:** MIPS CQM	Process	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years or Older
052	**Removed:** Medicare Part B Claims **Retained:** MIPS CQM	Process	Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
268	**Removed:** Medicare Part B Claims **Retained:** MIPS CQM	Process	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
419	**Removed:** Medicare Part B Claims **Retained:** MIPS CQM	Process	Overuse of Imaging for the Evaluation of Primary Headache

Appendix C: Measures Finalized for Addition in the CY2021 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
479	Administrative Claims	Outcome	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
480	Administrative Claims	Outcome	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)