Quality Payment PROGRAM

2019 Quality Payment Program Experience Report

Posted 10/28/2021

Posted 10/28/2021

Table of Contents

Posted 10/28/2021

List of Acronyms

ACO	Accountable Care Organization
API	Application Programming Interface
APM	Alternative Payment Model
BPCI	Bundled Payments for Care Improvement
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CEHRT	Certified EHR Technology
CMS	Centers for Medicare & Medicaid Services
EHR	Electronic Health Record
ESRD	End-Stage Renal Disease
IA	Improvement Activities
MIPS	Merit-based Incentive Payment System
MSPB	Medicare Spending per Beneficiary
NPI	National Provider Identifier
PFS	Physician Fee Schedule
PUF	Public Use File
QCDR	Qualified Clinical Data Registry
QPP	Quality Payment Program
QPs	Qualifying APM Participant (in an Advanced APM)
TIN	Taxpayer Identification Number
TPCC	Total per Capita Costs

Posted 10/28/2021

Introduction

In 2017, the Centers for Medicare & Medicaid Services (CMS) launched the Quality Payment Program (QPP), a new program that aims to reward innovation in improving patient outcomes and drive fundamental movement toward a value-based system of care. The program offers 2 participation tracks: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

The MIPS track streamlined 3 CMS programs (Physician Quality Reporting System (PQRS), Value-Based Payment Modifier, and the Medicare Electronic Health Record (EHR) Incentive (or Meaningful Use) Program) into a single system. Clinicians are evaluated and receive payment adjustments based on their overall performance in 4 performance categories:

- Quality
- Cost
- Improvement Activities
- Promoting Interoperability

Clinicians who were eligible for MIPS in the 2019 performance year will receive a payment adjustment during the 2021 payment year—either positive, neutral, or negative—based on their performance in 2019.

The Advanced APM track provides an opportunity to reward clinicians for significant participation in taking on greater risk and accountability for patient outcomes. Eligible clinicians who participated in an Advanced APM and achieved Qualifying APM Participant (QP) status based on the level of their participation in 2019 will be eligible to receive a 5% APM Incentive Payment in 2021. Beginning in 2019, eligible clinicians were able to become QPs through the All-Payer Option. For this option, eligible clinicians had to participate in a combination of Advanced APMs with Medicare and Other-Payer Advanced APMs; Other-Payer Advanced APMs are non-Medicare payment arrangements that meet criteria that are similar to Advanced APMs under Medicare.

While these tracks are structured to complement each other, one of CMS's foremost goals under the QPP is to encourage movement of clinicians and practices into APMs and Advanced APMs and ultimately toward a value-based system of care.

Purpose

From the start of the QPP, we committed to being transparent with our data and listening to your feedback. The primary goal of this report is to identify trends associated with the clinician experience in the third year of the QPP, while noting progress from performance year 2018.

Based on stakeholder feedback, we have drafted a concise report highlighting the data elements that you have indicated are important. This report is divided into 4 sections:

- Eligibility and Participation: Reviews eligibility requirements, identifies the number of clinicians eligible to participate in the QPP and provides a breakout of participation rates across both MIPS and Advanced APMs.
- Reporting Options: Highlights various ways clinicians could and did submit data, specifically for MIPS, to CMS.

Posted 10/28/2021

- Performance Categories: Reviews MIPS performance category requirements and performance periods and provides trends in measure/activity selection.
- Final Score and Payment Adjustments: Examines MIPS final scores and payment adjustments across clinicians reporting as individuals, clinicians reporting as a group, and clinicians participating through a MIPS APM.

Additional Information

We will release a Public Use File (PUF) that will allow you to drill down into details behind the data in the tables presented in this report. The PUF will be available later in the year with an announcement through the QPP Listserv, notifying clinicians when and where they can access these data.

We believe that this report, along with the PUF, will provide data needed to illustrate the successes and challenges in 2019, and opportunities for future performance years.

QPP follows numerous strategic objectives that helped guide policy and product development in 2019. At a high level, these include:

- Improve patient population health
- Improve care received by Medicare patients
- Lower costs to the Medicare program through improvement of care and health
- Advance use of healthcare information between allied providers and patients
- Educate, engage, and empower patients as members of their care team
- Maximize QPP participation through a flexible and transparent design, and easy-to-use program tools
- Maximize QPP participation through education, outreach and support tailored to the needs of practices, especially those that are small, rural, and in underserved areas
- Expand APM participation
- Provide accurate, timely, and actionable performance data to clinicians, patients, and other stakeholders
- Continuously improve QPP based on participant feedback and collaboration

We believe these strategic objectives are dynamic and should reflect current needs and values of participating clinicians. Therefore, we anticipate the continual refinement of these strategic objectives as we work closely with clinician and stakeholder communities to improve and evolve the QPP.

Eligibility and Participation

The primary starting point for clinicians within the QPP is determining their eligibility and how they intend to report, if required to participate. As previously mentioned, in 2019 the QPP offered 2 participation tracks – MIPS and APMs.

Advanced Alternative Payments Models (APMs)

Eligible clinicians have an opportunity to become QPs and earn a 5% APM incentive payment by sufficiently participating in an Advanced APM during a given performance year. Eligible clinicians who become QPs also are excluded from MIPS reporting, scoring, and payment adjustments. To become a QP, eligible clinicians must meet or exceed specific thresholds for

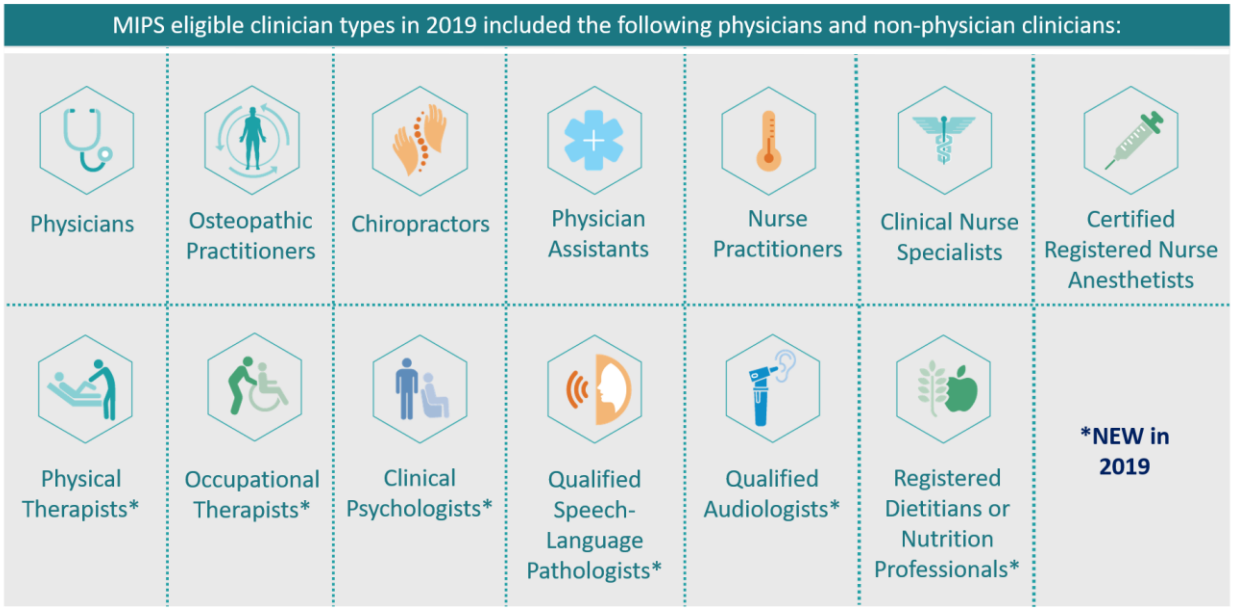
payment amount or patient count based on their participation in the Advanced APM. QP determinations are made at 3 specific dates—March 31, June 30, and August 31 (also referred to as “Snapshots”). Beginning in 2019, clinicians could attain QP status through the All-Payer Option; this required clinicians to participate in a combination of Medicare Advanced APMs with and Other-Payer Advanced APMs. Other-Payer Advanced APMs are non-Medicare payment arrangements that meet criteria that are similar to Advanced APMs.

In 2019, if an eligible clinician or APM Entity participated in an Advanced APM and at least 50% of their payments or 35% of their patients were through an Advanced APM, they became a QP. There are instances where a clinician who participated in an Advanced APM may not have met the QP payment amount or patient count thresholds. In such cases, an eligible clinician could become a Partial QP if the Partial QP payment amount threshold (40% of their payments) or patient count threshold (25% of their patients) were met. Partial QPs do not receive the 5% APM incentive payment; they had the option to elect to participate in MIPS and receive a MIPS payment adjustment or opt out of MIPS entirely. Tables 5, 6, and 7 summarize 2019 QP status determination results.

Participants in an Advanced APM who do not receive QP status were still required to participate in MIPS, unless otherwise excluded.

MIPS

Under the MIPS track, clinicians are included and required to participate if they: (1) are a MIPS eligible clinician type; (2) exceed the low-volume threshold (LVT); and (3) are not otherwise excluded (for example, by becoming QPs). MIPS eligible clinicians are both physicians and non-physician clinicians who are eligible to participate in MIPS. Through rulemaking, CMS defines the MIPS eligible clinician types for a specific performance year. MIPS eligible clinician types in 2019 included the following physicians and non-physician clinicians:



Posted 10/28/2021

The LVT is the second step in determining whether a clinician is included in MIPS for a specific performance period. It's used to determine if a MIPS eligible clinician type saw enough patients and provided enough services to meaningfully participate in MIPS. In 2019, the LVT was based on the amount of allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS), the number of Medicare Part B patients who were furnished covered professional services under the PFS during two distinct determination periods, and the number of covered professional services furnished to Part B patients in the two determination periods. For performance year 2019, the two determination periods were: October 1, 2017 – September 30, 2018 (initial determination period based on historic claims) and October 1, 2018 – September 30, 2019 (second determination based on performance period claims). MIPS eligible clinicians were required to participate in MIPS in 2019 if they met the following three criteria in both determination periods:

- Billed more than $90,000 in Medicare Part B covered professional services.
- Saw more than 200 Medicare Part B beneficiaries in both determination periods.
- Provided more than 200 covered professional services to Part B patients in both determination periods.

Starting in performance year 2019, clinicians, practices, and APM entities could opt-in to report if they exceeded 1 or 2 (but not all 3) of the low-volume threshold criteria if they aren't otherwise exempt. This method of participation required a formal election.

There are several exclusions available to MIPS eligible clinicians. In 2019, clinicians were excluded from MIPS if they met any one of the following conditions:

- Not a MIPS eligible clinician type.
- Enrolled in Medicare for the first time in 2019.
- Did not exceed the LVT in at least one determination period.
- Participated in an Advanced APM sufficiently to either become a QP or become a Partial QP and then elected not to participate in MIPS.
- Clinicians were also able to request an extreme and uncontrollable circumstances exception. The exception for COVID-19 was automatic for performance year 2019 if a MIPS eligible clinician did not submit data. If they had submitted data but were unable to complete their submissions, they were still able to request this exception.

In 2019, MIPS eligible clinicians required to participate in MIPS either could report data as an individual[1], a group, a virtual group, or through an APM Entity. Certain APMs, called MIPS APMs, include MIPS eligible clinicians as participants and hold them accountable for the cost and quality of care provided to Medicare patients. MIPS eligible clinicians participating in a MIPS APM received special MIPS scoring to help account for the activities already required by the APM.

We also employ "special status" designations for certain MIPS eligible clinicians. These designations determine whether special rules will affect the number of total measures, activities, or entire performance categories that an individual clinician, group, or virtual group must report. In 2019, "special status" designations included: small practice, rural practice, non-patient facing,

[1] An individual is defined as a single clinician, identified by their Individual National Provider Identifier (NPI) tied to a single Taxpayer Identification Number (TIN). A group is defined as a single TIN with 2 or more clinicians as identified by their NPI who have assigned their Medicare billing rights to the TIN (at least 1 clinician within the group must be MIPS eligible in order for the group to be MIPS eligible)

health professional shortage area (HPSA), hospital-based, and ambulatory surgical center (ASC)-based. Note that the special status data in this report focuses on small and rural practices. The PUF will include breakouts for clinicians with other special statuses.

Data Tables

Tables 1 – 7 provide high-level eligibility and participation information for the 2019 performance period. In this report, we generally define participation in terms of data submission. In the table below, “MIPS Eligible Clinicians Who Participated” are MIPS eligible clinicians who submitted any amount of MIPS data as an individual, group, or APM entity or who were excepted from data submission in 2019 under the automatic extreme and uncontrollable circumstances policy. “MIPS Eligible Clinicians” are the total number of TIN/NPIs that were eligible for MIPS. This figure (954,664) can also be understood as the total number of final scores assigned to TIN/NPI combinations for performance year 2019, or the total number of clinicians who received a MIPS payment adjustment in payment year 2021 based on their 2019 performance.

Note: QPs and Partial QPs who elected not to participate in MIPS are excluded from all tables except tables 6 and 7.

Key Insights - Table 1

- The total number of MIPS eligible clinicians increased from 889,995 in 2018 to 954,664 in 2019, an increase of 7%.
- Virtually all MIPS eligible clinicians participated or were excepted from data submission in 2019 under the automatic extreme and uncontrollable circumstances policy.

TABLE 1 Overall MIPS Participation

MIPS Eligible Clinicians	954,664
MIPS Eligible Clinicians Who Participated	954,567
Participation Rate	99.99%

Key Insights - Table 2

- The distribution by type of MIPS participation is very similar to 2018.
- The distributions in table 2 reflect the percentage of final scores that came from each specific participation type. In 2018, MIPS APMs accounted for 41% of final scores while group submissions accounted for 53% of final scores. Results for 2019 demonstrate a slight increase in the percentage of final scores coming from MIPS APM Entity participants and a corresponding slight decrease in the percentage of scores coming from group submissions. Individual submissions remained steady at 6% of final scores.

TABLE 2 Type of MIPS Participation

	MIPS Eligible Clinician Count (TIN/NPI)	Percentage of MIPS Eligible Clinicians
Group Participants	477,707	50.04%
Virtual Group Participants	75	0.01%
MIPS APM Entity Participants	416,201	43.60%
Individual Participants	60,681	6.36%
Total MIPS Eligible Clinicians	**954,664**	**100.00%**

NOTE It's possible for an individual clinician to have received a score based on more than one participation type. The data in these tables reflects final scores assigned to TIN/NPIs, based on 2019 scoring hierarchy rules.

In addition to a higher percentage of final scores coming from participants in MIPS APMs Entities, there was a large increase in the number of eligible clinicians obtaining QP status which is highlighted in Table 6.

TABLE 3 MIPS Participation by Clinician Type

Clinician Type	MIPS Eligible Clinicians (TIN/NPI Count)	MIPS Eligible Clinicians Who Participated (TIN/NPI Count)	Participation Rate
Physicians	624,620	624,592	99.99%
Non-Physicians Clinicians	250,309	250,251	99.98%
Unknown	49,676	49,676	100%
Therapists (Qualified Speech-Language Pathologists, Occupational Therapists, Physical Therapists)	26,776	26,772	99.99%
Audiologists	3,283	3,276	99.79%
Total	**954,664**	**954,567**	**99.99%**

Key Insights - Table 3

Physicians made up 65% of MIPS eligible clinicians. The unknown category contains clinicians who were classified as having more than one specialty during the MIPS eligibility determination periods. Specialty determinations are derived from the clinician type listed on MIPS eligible clinicians' Medicare Part B claims. Participation rates were virtually 100% across all clinician types. The following clinician types were newly-added for performance year 2019: physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, registered dietitians, or nutrition professionals. Further breakdowns by specialty will be available in the PUF.

Posted 10/28/2021

TABLE 4 MIPS Participation by Clinicians in Small Practices or Rural Areas

Special Status	MIPS Eligible Clinicians	MIPS Eligible Clinicians Who Participated	Participation Rate
Small	125,705	125,663	99.97%
Rural	120,156	120,153	100.00%

NOTE: Small practices are defined as having 15 or fewer clinicians (NPIs billing under the same TIN). Rural clinicians are defined as MIPS eligible clinicians associated with practices in a zip code designated as rural using the most recent Health Resources and Services (HRSA) data. The small and rural designations are not mutually exclusive.

Key Insights - Table 4

Virtually all eligible small and rural practices participated in 2019; this is an improvement from the 2018 participation rates of 98% for clinicians in rural practices and 88% for clinicians in small practices.

TABLE 5 MIPS Eligible Clinicians Participating in an APM Entity Scored under the APM Scoring Standard

MIPS APM	# of MIPS Eligible Clinicians
Medicare Shared Savings Program	390,423
Bundled Payments for Care Improvement (BPCI) Advanced	19,763
Oncology Care Model (OCM)	4,436
Independence at Home (IAH)	586
Comprehensive Primary Care Plus Model	532
Next Generation ACO Model	88
Comprehensive ESRD Model	52
Maryland Total Cost of Care Model	314
Vermont ACO Model	7

NOTE: A clinician can participate in more than one APM but only received one MIPS final score per TIN/NPI combination.

Key Insights - Table 5

The Shared Savings Program continues to account for 94% of MIPS APM participants. BPCI and the Oncology Care Model account for 4% and 1%, respectively.

Posted 10/28/2021

Key Insights - Table 6

Participation in Advanced APMs increased—specifically the Shared Savings Program—in 2019, which led to a higher number of QPs and Partial QPs. Partial QP status increased significantly from performance year 2018's total of 47. Additionally, 13,229 distinct providers with Partial QP status participated in MIPS reporting and will receive a payment adjustment in 2021 payment year. This table reflects data at the individual clinician level and counts distinct NPIs rather than TIN/NPIs.

TABLE 6 Count of QPs and Partial QPs

	QPs	Partial QPs
Total	195,564	27,995

NOTE: The number of Partial QPs includes all clinicians who achieved Partial QP status, regardless of whether they elected to participate in MIPS or not.

TABLE 7 QP Threshold Scores by Advanced APM

Advanced APM	Average Payment Threshold Score (Required: 50%)	Average Patient Threshold Score (Required: 35%)
Shared Savings Program	46.42	45.18
Next Generation ACO Model	50.00	51.06
Comprehensive Primary Care Plus Model	83.71	76.01
Maryland Total Cost of Care Model	44.68	42.88
Comprehensive ESRD Care Model	70.01	66.87
Comprehensive Care for Joint Replacement Payment Model	10.26	4.44
Oncology Care Model	53	21
Bundled Payment for Care Improvement Advanced Model	4.24	3.58
Vermont ACO Model	68.67	69.15

NOTE: Eligible clinicians participating in more than one Advanced APM have contributed to the average of each model they participated in.

Key Insights - Table 7

Average payment threshold scores for Advanced APMs tended to be close to or greater than the required 50% while most of the Advanced APMs had average patient threshold scores above the required 35%.

Posted 10/28/2021

Reporting Options and Performance Categories

The following section of the 2019 QPP Experience Report pulls together two important aspects of clinician participation in MIPS: measure/activity selection and submission of data to CMS. These two components are complementary, and it's beneficial to review the data elements listed below within this context.

Once clinicians determine their eligibility status and identify how they intend to participate (as an individual, as a part of a group, a virtual group, or through a MIPS APM Entity), the next step is identifying an appropriate submission method based on measure/activity selection and available resources.

Reporting Options

In 2019, there were various methods by which MIPS eligible clinicians (participating either individually or as a part of a group, virtual group or APM Entity) could submit data to CMS:

- Adding quality data codes to Medicare Part B Claims (only available to small practices, participating individually or as a group, for the quality performance category).
- Working with a third-party intermediary (Qualified Registry, Qualified Clinical Data Registry (QCDR), or other health information vendors) to submit data on their behalf.
- Extracting data from their Electronic Health Record (EHR).
- Reporting patient-level quality data through the CMS Web Interface (only available to registered groups and virtual groups of 25 or more clinicians for the quality performance category).
- Working with a CMS-approved survey vendor to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey measure (available for registered groups and virtual groups with 2 or more clinicians).

Data could be submitted by clinicians themselves, or someone authorized to submit on their behalf (including both representatives within the practice or group and third parties like Registries and QCDRs). There were 4 possible ways to submit data, depending on which type of submitter was used; the submission types included Medicare Part B Claims, signing in and uploading data, submitting data through the CMS Web Interface, and direct submission to CMS through a computer-to-computer interaction such as an Application Programming Interface (API).

In addition to the methods listed above, individual clinicians, groups and virtual groups also had the option of "attesting" for the improvement activities and Promoting Interoperability performance categories through the QPP website (https://qpp.cms.gov). This meant that a MIPS eligible clinician or their authorized support staff could sign-in to the QPP website and manually select and report activities and measure data for the improvement activities and Promoting Interoperability performance categories.

Performance Categories

We assess clinician performance based on the measures and activities reported or calculated for the MIPS quality, cost, improvement activities and Promoting Interoperability performance categories. Additional details on each performance category are available below along with direct links to the respective pages on the QPP website. In 2017 we launched the Explore Measures & Activities tool on the QPP website, responding to feedback that it was often difficult and time-consuming to find measure details and identify those that were applicable to their practice. This feature continues to be available to allow clinicians to easily search (via type, specialty set, submission method, etc.) and review both measures and activities in a centralized location. We'll keep working with clinicians and stakeholders to continue enhancing the functionality.

Quality – The quality performance category's intent is to measure health care processes, outcomes, and patient experiences of their care. The requirements of the quality performance category stipulate clinicians must select at least 6 quality measures (in 2019, there were 257 QPP measures available and an additional 536 QCDR measures), 1 of which must be an outcome measure; if an outcome measure wasn't available, a high-priority measure can be submitted instead. The CAHPS for MIPS Survey measure can count as 1 of the 6 measures. Instead of selecting 6 or more quality measures, clinicians also have the option to submit a specialty-specific set of measures or groups may report the 10 measures required by the CMS Web Interface. Groups of 16 or more clinicians who meet the case minimum of 200 are also automatically scored on the administrative claims-based All-Cause Readmission (ACR) measure.

Cost – Cost is an important part of MIPS because it measures Medicare payments made for care provided to patients. Cost measures are calculated from Medicare claims data and don't require any additional data submission. In 2019 there were a total of 10 available cost measures:

- Two cost measures introduced in performance year 2018:
  - Medicare Spending per Beneficiary (MSPB)
  - Total Per Capita Attributed Costs for All Attributed Beneficiaries (TPCC)
- Eight episode-based measures introduced in performance year 2019:
  - Elective Outpatient Percutaneous Coronary Intervention (PCI)
  - Knee Arthroplasty
  - Revascularization for Lower Extremity Chronic Critical Limb Ischemia
  - Routine Cataract Removal with Intraocular Lens (IOL) Implantation
  - Screening/Surveillance Colonoscopy
  - Intracranial Hemorrhage or Cerebral Infarction
  - Simple Pneumonia with Hospitalization
  - ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

Posted 10/28/2021

Improvement Activities – This performance category assesses how much a clinician or group participates in activities intended to improve clinical practice. In 2019, there were a total of 118 Improvement Activities available. To get full credit for this performance category, clinicians could attest to either 2 high-weighted activities, 1 high-weighted and 2 medium-weighted activities, or 4 medium-weighted activities. (Clinicians with certain special statuses had reduced reporting requirements.) MIPS eligible clinicians and their representatives could sign in and attest to these activities or upload their data. Third-party intermediaries could sign in and upload the data on behalf of a clinician or group, but they also had the option to submit directly through an API. Improvement activities are subdivided into the following categories:

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Achieving Health Equity
- Emergency Preparedness and Response
- Integrated Behavioral and Mental Health

Promoting Interoperability – The Promoting Interoperability performance category promotes patient engagement and electronic exchange of health information using CEHRT. Beginning in performance year 2019, MIPS eligible clinicians completed required attestations and submitted a single set of Promoting Interoperability measures that were organized under 4 objectives: electronic prescribing, health information exchange, provider to patient exchange, and public health and clinical data exchange. An illustrative breakout of these measures is available within Table 14.

Performance Categories Weights and Performance Periods

Aside from the basic requirements, each performance category has a specific weight and performance period.

- The weight is the value that a performance category contributes to a MIPS eligible clinician's final score.
- The performance period is the minimum duration (i.e., the timeframe) that a MIPS eligible clinician must collect and report data for the performance category.

In 2019, the following weights and performance periods were applied to the MIPS performance categories unless the clinician qualified for reweighting in 1 or more performance categories:

Performance Category	Quality	Cost	Improvement Activities	Promoting Interoperability
Weight	45%	15%	15%	25%
Performance Period	12 Months	12 Months	90 continuous days or more	90 continuous days or more

The following tables highlight important reporting and performance category data.

Data Tables

Note: Additional details for all submission methods used to report data to CMS will be available in the PUF.

TABLE 8 Submission Methods Used for the Quality Performance Category

Submission Method	Administrative Claims	Certified Survey Vendor (CAHPS)	Medicare Part B Claims	CMS Web Interface	eCQMs	CQM (QCDR)	CQM (Registry)
Quality	11.65%	27.46%	2.05%	28.82%	14.86%	0.25%	14.92%

TABLE 9 Submission Methods Used for the Improvement Activities and Promoting Interoperability Performance Categories

Submission Method	eCQM	CQM (QCDR)	CQM (Registry)	Web Attestation
Improvement Activities	27.16%	0.62%	42.43%	29.79%
Promoting Interoperability	40.53%	0.28%	20.23%	38.96%

Note: Percentages in Tables 8 & 9 relate to submission methods associated with measures used in final scoring.

Posted 10/28/2021

Key Insights - Table 8 & 9

Quality: The CMS Web Interface (patient-level reporting on a specified measure set through qpp.cms.gov) was the most common method for submitting MIPS quality measures (representing 28% of overall quality submissions), largely due to this method being used by many groups and MIPS APMs (primarily ACOs). Registry and EHR submissions each accounted for about 15% of all quality submissions; 12% of quality submissions came from administrative claims (note the administrative claims were used to obtain data for the readmission measures); claims submissions made up just 2% of quality submissions, and QCDR accounts for only .25% of the submissions used in final scoring. It's worth noting the significant decrease in QCDR submissions in 2019 due to implementation of more stringent rules governing what it takes to become a QCDR vs. a Qualified Registry. This resulted in many vendors transitioning from being a QCDR to a Qualified Registry in 2019. Also, more providers reported eCQMs than QCDR measures and eCQM results tended to score higher than QCDR results. As a result, EHR submissions were used more frequently in final scoring. In addition, more reported eCQMs were used for final scoring this year.

Improvement Activities: Registries accounted for over 40% of the IA submissions; Attestation (manually selecting "yes" on qpp.cms.gov for each activity performed), which was only available to eligible clinicians and representatives of a practice, virtual group, or APM entity, made up about 30% of all IA submissions, and EHR submissions were responsible for 27% of IA submissions.

Promoting Interoperability: EHR submissions and Attestation (manually entering measure information, such as numerators and denominators, on qpp.cms.gov) each accounted for roughly 40% of the Promoting Interoperability submissions and Registry submissions were responsible for virtually all other Promoting Interoperability submissions.

Posted 10/28/2021

TABLE 10 Submission Method and Participation Type for Each Performance Category

Performance Category	Submission Method	Participation Type		
		Individual	Group	APM Entity
Quality	Administrative Claims	0%	11.64%	0%
	Certified Survey Vendor	0%	1.32%	26.14%
	Medicare Part B Claims	0.52%	1.53%	0%
	CMS Web Interface	N/A	2.68%	26.14%
	EHR	1.27%	13.56%	0.03%
	QCDR	0.03%	0.22%	0%
	Registry	1.18%	13.74%	0%
Improvement Activities	EHR	1.98%	25.18%	N/A
	QCDR	0.14%	0.48%	
	Registry	3.67%	38.75%	
	Web Attestation	1.80%	27.99%	
Promoting Interoperability	EHR	2.7%	37.83%	N/A
	QCDR	0.06%	0.23%	
	Registry	3.22%	16.99%	
	Web Attestation	1.53%	37.43%	
Cost	Administrative Claims	7.12%	92.86%	N/A

NOTE Percentages used in Table 10 pertain to the submission methods associated with the measures used for final scoring. In other words, only measures that contributed to assigned final scores are included in this table. For APM Entities, promoting interoperability is reported at the group level.

Key Insights - Table 10

Table 10 provides the breakdown of how each performance category was reported, including the type of participant (individual, group, APM Entity) and the submission method. The sum of all percentages shown for a given performance category (all participant types and all submission methods) will add to 100%. For example, the above information can be interpreted as follows: 7.12% of all final cost performance category scores assigned were derived from administrative claims for individual clinician participant while 93% of final cost performance category scores were derived from administrative claims for practices participating as a group. Similarly, 28% of final improvement activity performance category scores were derived from the web attestation submission method for practices participating as a group.

Posted 10/28/2021

TABLE 11 Top 10 Quality Measures Contributing to a Clinician's Quality Performance Category Score Across all Submission Methods

Measure Name	Quality Measure ID	MIPS Eligible Clinicians	Average Reporting Rate %	Average Performance Rate%	Average Measure Score (including bonus points)
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	001	546,647	98.97%	19.14%	10
Controlling High Blood Pressure	236	523,199	99.55%	72.49%	10
Falls: Screening for Future Fall Risk	318	485,865	99.94%	84.70%	11
Breast Cancer Screening	112	470,133	99.80%	73.33%	9
Colorectal Cancer Screening	113	465,688	99.65%	70.41%	9
CAHPS for ACOs Survey	ACO321	388,546	N/A	N/A	11
All-cause Hospital Readmission	458	173,099	N/A	15.26%	4
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan	128	103,219	94.07%	69.64%	8
Documentation of Current Medications in the Medical Record	130	96,571	88.78%	91.80%	7
Pneumococcal Vaccination Status of Older Adults	111	74,930	95.46%	69.99%	8

Key Insights - Table 11

Two of the top measures were used to calculate the final score of more than 500,000 clinicians, representing 55% to 57% of clinicians who participated. The top five measures are CMS Web Interface measures which were required for groups and APMs who submitted through the CMS Web Interface; this is not surprising given the CMS Web Interface was the most popular submission method for quality measures (see Table 8). The top 5 measures had average scores ranging from 9 to 11 points. Note the All-Cause Hospital Readmission measure is calculated automatically for practices with 16 or more clinicians who meet the 200 case minimum; data is obtained through administrative claims and don't require additional data submission. The table includes only measures that contributed to assigned final scores.

Posted 10/28/2021

TABLE 12 Top Quality Measures Contributing to a Clinician's Quality Performance Category Score Excluding CMS Web Interface Submissions

Measure Name	Quality Measure ID	MIPS Eligible Clinicians who Participated	Average Reporting Rate %	Average Performance Rate%	Average Measure Score (including bonus points)
All-Cause Hospital Readmission	458	173,099	N/A	15.26%	4
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	001	118,188	95.30%	38.84%	7
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan	128	103,219	94.07%	69.64%	8
Documentation of Current Medications in the Medical Record	130	96,571	88.78%	91.80%	7
Controlling High Blood Pressure	236	94,740	97.57%	66.46%	8
Pneumococcal Vaccination Status of Older Adults	111	74,930	95.46%	69.99%	8
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	70,037	95.27%	52.67%	8
Falls: Screening for Future Fall Risk	318	57,406	99.62%	77.75%	10
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	56,317	96.08%	66.32%	7
Appropriate Testing for Children with Pharyngitis	066	55,910	99.32%	90.16%	10

Key Insights - Table 12

Table 12 provides the same information as Table 11 except it excludes results from groups and APM Entities who reported through the CMS Web Interface. Three of these measures contributed to the final score of over 100,000 eligible clinicians. Reflected in this table, the highest utilized measure for scoring was the All-Cause Hospital Readmission measure. The top 7 measures in 2019 were also among the top 10 for performance year 2018.

Posted 10/28/2021

TABLE 13 Top 5 Improvement Activities Reported

Activity Name	Activity ID	# of Times Activity was Reported	Subcategory Name	Activity Weighting
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real Time Access to a Patient's Medical Record	IA_EPA_1	153,791	Extended Practice Access	High
Use of decision support and standardized treatment plan protocols	IA_PSPA_16	95,599	Patient Safety and Practice Assessment	Medium
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	IA_BE_6	81,967	Beneficiary Engagement	High
Engagement of patients through implementation of improvements in patient portal	IA_BE_4	78,509	Beneficiary Engagement	Medium
Implementation of improvements that contribute to more timely communication of test results	IA_CC_2	67,417	Care Coordination	Medium

Key Insights - Table 13

Providing 24/7 access to a patient's medical record remains the most reported improvement activity. In fact, the top 4 activities are identical to the top 4 reported for performance year 2018. There were a total of 118 activities available for Performance Year 2019 including 6 new activities (IA_BMH_10: Completion of Collaborative Care Management Training Program, IA_AHE_7: Comprehensive Eye Exams, IA_BE_24: Financial Navigation Program, IA_PSPA_31: Patient Medication Risk Education, IA_CC_18: Relationship-Centered Communication, and IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support); one activity from 2018 was retired (IA_PM_9: Participation in Population Health Research). The PUF will contain details for all improvement activities.

TABLE 14 Promoting Interoperability Base Measuring Reporting

Promoting Interoperability Objectives and Measure (2015 CEHRT) All Measures Required (unless an exclusion can be claimed)				
Objective	**Measure Type**	**Measure Title**	**CMS Measure ID**	**Count of TIN/NPIs Reporting Each Measure**
Electronic Prescribing	Required	E-Prescribing	PI_EP_1	454,288
	Bonus	Query of the Prescription Drug Monitoring Program (PDMP)	PI_EP_2	302,998
	Bonus	Verify Opioid Treatment Agreement	PI_EP_3	181,885
Health Information Exchange	Required	Support Electronic Referral Loops By Receiving and Incorporating Health Information	PI_HIE_4	340,267
	Required	Support Electronic Referral Loops By Sending Health Information	PI_HIE_1	405,200
Provider To Patient Exchange	Required	Provide Patients Electronic Access to Their Health Information	PI_PEA_1	457,779
Public Health And Clinical Data Exchange	Required	Clinical Data Registry Reporting	PI_PHCDRR_5	142,075
	Required	Clinical Data Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_5 _MULTI	12,982
	Required	Electronic Case Reporting	PI_PHCDRR_3	26,247
	Required	Electronic Case Reporting for Multiple Registry Engagement	PI_PHCDRR_3 _MULTI	182
	Required	Immunization Registry Reporting	PI_PHCDRR_1	325,891
	Required	Immunization Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_1 _MULTI	10,558
	Required	Public Health Registry Reporting	PI_PHCDRR_4	149,306
	Required	Public Health Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_4 _MULTI	2,824
	Required	Syndromic Surveillance Reporting	PI_PHCDRR_2	134,933
	Required	Syndromic Surveillance Reporting For Multiple Registry Engagement	PI_PHCDRR_2 _MULTI	228

Posted 10/28/2021

Key Insights - Table 14

For performance year 2019, the 2015 Edition CEHRT was required for the Promoting Interoperability measures. This table includes reporting data for all required Promoting Interoperability measures. Measure exclusions are not included in this table.

Final Score and Payment Adjustment

After MIPS eligible clinicians select and report on measures and activities, they receive MIPS final scores and associated payment adjustments based on their performance. In 2019, MIPS eligible clinicians had their performance scored across the MIPS quality, improvement activities, Promoting Interoperability, and cost performance categories, as applicable. As noted in the Reporting and Performance Category section, each of the MIPS performance categories had an associated weight in 2019, in general: quality was 45% of the MIPS final score, improvement activities was 15%, Promoting Interoperability was 25%, and cost was 15%. The scores from each performance category were added together to assign a clinician a MIPS final score. The MIPS final score was then compared to the MIPS performance threshold (which, for 2019, was 30 points) to determine if a clinician would receive a positive, negative, or neutral payment adjustment in payment year 2021. Final scores that met or exceeded the exceptional performance threshold of 75 points in 2019 resulted in a larger positive payment adjustment.

It's important to note that the performance category weights could differ depending on the specific circumstances of a MIPS eligible clinician. For example, the cost performance category is weighted at 0% for MIPS eligible clinicians in a MIPS APM, and the other categories are reweighted as a result. Additional details for the scoring methodology in 2019 are available in the 2019 MIPS Scoring Guide. The following tables reflect data related to MIPS final scores and payment adjustments.

TABLE 15 Payment Adjustment and Final Scores Assigned to MIPS Eligible Clinicians (Identified by TIN/NPI)

Payment Adjustment Type (Final Score Ranges)	Count TIN/NPI	Percentage of TIN/NPI	Min Final Score (Earned)	Max Final Score (Earned)	Min Adjustment (Earned)	Max Adjustment (Earned)
Exceptional Performance (75.00-100)	800,097	83.81%	75	100	0.09%	1.79%
Positive (30.01-74.99)	109,831	11.5%	30	75	0.00%	0.00%
Neutral (30)	41,816	4.38%	30	30	0.00%	0.00%
Negative (0-29.99)	2,920	0.31%	0	29.98	-7.00%	0.00%

Key Insights - Table 15

Out of 954,664 MIPS eligible clinicians in performance year 2019, 951,744 (99.7%) avoided a negative payment adjustment. Almost 84% achieved exceptional performance and earned positive payment adjustments ranging from +0.09% to +1.79%; these percentages and adjustment amounts are similar to the results for performance year 2018 even though the performance thresholds increased. The minimum final score for a neutral payment adjustment increased from 15 points to 30 and the minimum score for exceptional performance was raised

from 70 points to 75. Only 2,920 MIPS eligible clinicians are receiving a negative payment adjustment in the 2021 payment year; this is only 0.3% of all MIPS eligible clinicians.

It's important to remember that the funds available for positive payment adjustments are subject to budget neutrality requirements in MIPS as established under law by MACRA. This means the law allows for positive payment adjustments up to 7% for the 2019 performance year to apply to payment year 2021; however, we must apply a scaling factor to the positive adjustments to ensure budget neutrality. Additionally, MACRA directed the Secretary of HHS to provider $500 million annually in exceptional performance bonuses for performance years 2017 through 2022. Exceptional performance bonuses are not subject to budget neutrality requirements. However, a scaling factor is also applied to the additional adjustment for exceptional performance based on available funds.

TABLE 16 Final Score and Payment Adjustment for Small and Rural Practices

	Count of MIPS Eligible Clinicians (TIN/NPI)	Minimum Final Score Earned	Maximum Final Score Earned	Minimum Payment Adjustment Earned	Maximum Payment Adjustment Earned
Rural	**120,156 Total**				
Positive Payment Adjustment with Additional Adjustment for Exceptional Performance	100,237	75.02	100	0.09%	1.79%
Positive Payment Adjustment	13,471	30.08	74.97	0.00%	0.00%
Neutral Payment Adjustment	5,874	30	30	0.00%	0.00%
Negative Payment Adjustment	574	0	29.92	-7.00%	-0.02%
Small	**125,705 Total**				
Positive Payment Adjustment with Additional Adjustment for Exceptional Performance	65,654	75	100	0.09%	1.79%
Positive Payment Adjustment	34,969	30.0054	74.9986	0.00%	0.00%
Neutral Payment Adjustment	24,492	30	30	0.00%	0.00%
Negative Payment Adjustment	590	0	29.9800	-7.00%	0.00%

NOTE Minimum and maximum adjustments have been rounded to two decimal places. Note that Small and Rural designations are not mutually exclusive.

Key Insights - Table 16

Among the 120,156 rural clinicians, all but 574 avoided a negative payment adjustment; in fact, 100,237 (83% of rural clinicians) were able to score 75 points or higher, earning them positive payment adjustments ranging from 0.09% to 1.79%. Of the 125,705 clinicians in small practices, 590 avoided a negative payment adjustment and 65,654 (52% of small practice clinicians)

Posted 10/28/2021

received a score that exceeded the performance threshold for exceptional performance, earning positive payment adjustments of up to 1.79%.

TABLE 17 Final Scores by Participation Type

Participation Type	Mean Final Score	Median Final Score
Individual	60.27	59.79
Group	82.57	87.02
APM Entity	92.76	95.75
All Participation Types	85.59	92.29

Key Insights - Table 17

Overall, MIPS eligible clinicians participating in APM Entities earned the highest mean final score (92.76) followed by groups (82.57) and individuals (60.27). The overall mean final score of 85.59% is very similar to the 2018 mean final score of 86.96. Comparing these outcomes to the results from performance year 2018, the mean scores have decreased somewhat for APM Entities (down from 98.77 in 2018); mean final scores for groups are constant (82.88 in 2018); and individual mean scores have improved (up from 52.44% in PY 2018).

Key Insights - Table 18

TABLE 18 Final Scores for Clinicians in a Rural Area or Small Practice

Special Status	Mean Overall Score of MIPS Eligible Clinicians	Median Overall Score of MIPS Eligible Clinicians	Mean Overall Score For MIPS Eligible Clinicians who Participated	Median Overall Score For MIPS Eligible Clinicians who Participated
Rural	85.47	92.71	85.47	92.71
Small	69.07	77.19	69.08	77.19

NOTE The first two columns include all MIPS eligible clinicians, whether they participated or not; the last two columns include only eligible clinicians who participated in MIPS. Small and Rural designations are not mutually exclusive.

Mean overall final scores for Rural clinicians was 85.47%; this is virtually unchanged from the 2018 mean final score of 85.99. Small practice clinicians have seen an improvement from the 2018 mean final score of 65.69. The rural mean is virtually the same as the national mean of 85.59 (See Table 16). These results suggest clinicians in small and rural practices can still successfully participate in the program. CMS continues to work with small and rural practices to reduce barriers, identify areas of improvement, and drive future success in the program.

Posted 10/28/2021

Summary

This report provides high-level summaries of results for the third year of the QPP; we are pleased to see numerous positive changes over the first three years of the program.

- Overall participation rates increased from 95% in 2017 to 98% in 2018. In 2019 the participation rate was up to 99.99%.
- In the second year of the program, the percentage of eligible clinicians receiving a positive payment adjustment increased from 93% to 97.5%, despite the increase in the performance threshold from 3 points in 2017 to 15 points in 2018. In 2019 the minimum score for a positive payment adjustment increased from 15 to 30 points; the percentage of eligible clinicians receiving a positive payment adjustment decreased slightly from 97.5% to 95.3% which is still impressive given the higher threshold.
- The number of clinicians receiving a negative payment adjustment has decreased significantly, from 51,505 in 2017 to 17,847 in 2018 and down to just 2,920 in 2019.
- The number of QPs in Advanced APMs continues to grow. From 2017 to 2018, the number of QPs increased almost twofold from 99,076 to 183,306. In 2019, the number of QPs increased to 195,564.
- Over the first three years of QPP, the participation rate for small practices increased from 81% to 94% in 2018 and 99.97% in 2019. Their average overall score has increased substantially, from 43.16 to 65.69 in 2018 and 69.07 in 2019.
- The rural practice participation rate increased from 94% in 2017 to 98% in 2018 and virtually 100% in 2019. Their average overall score increased substantially, from 63.08 in 2017 to 85.99 in 2018; the score remained steady in 2019 with a final mean of 85.47.

For readers who are interested in examining these results in more detail, there will be a PUF with more detailed data. This will allow you to more easily explore the information that is important to you.

We are committed to continue working with clinicians to increase awareness of program requirements and help clinicians improve with each performance year.

The lessons learned from the first 3 years of the program, coupled with clinicians' experience and feedback, have helped us identify areas in need of improvement. As we look to the future of MIPS, we envision a continued partnership with stakeholders to develop a more streamlined program with better alignment between the measures and activities available for the different performance categories.

Version History

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