

2020 Quality Payment Program Experience Report



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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 Electronic Health Record Technology
CMS	Centers for Medicare & Medicaid Services
CQM	Clinical Quality Measure
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
ESRD	End-Stage Renal Disease
EUC	Extreme and Uncontrollable Circumstances
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
QP	Qualifying APM Participant (in an Advanced APM)
TIN	Taxpayer Identification Number
TPCC	Total per Capita Costs



Introduction

In 2017, the Centers for Medicare & Medicaid Services (CMS) launched the Quality Payment Program (QPP), which aims to reward improved 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 legacy CMS programs (the Physician Quality Reporting System [PQRS], the Value-Based Payment Modifier, and the Medicare Electronic Health Record [EHR] Incentive [or Meaningful Use] Program) into a single program. 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 2020 performance year will receive a payment adjustment during the 2022 payment year—either positive, neutral, or negative—based on their performance in 2020.

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 2020 will be eligible to receive a 5% APM Incentive Payment in 2022. Eligible clinicians were also 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.

COVID-19 and 2020 Participation

On March 13, 2020, the 2019 Coronavirus (COVID-19), already identified as a national public health emergency (PHE), was declared a national emergency. While much of the world shut down around them, clinicians stood at the forefront of the pandemic. The White House announced that elective surgeries and non-essential medical procedures were to be put on hold, and expanded telehealth access for routine healthcare visits, both to limit the spread of COVID-19 and to allow frontline workers to focus on the care



of patients infected with COVID-19. In response, we leveraged our extreme and uncontrollable circumstances (EUC) policies to support MIPS eligible clinicians and reduce or eliminate their reporting burden during this time.

Specifically, for the 2020 performance year, we:

- Applied our automatic MIPS EUC policy to all individual MIPS eligible clinicians. Under this policy, individual MIPS eligible clinicians were assigned a score equal to the performance threshold and neutral MIPS payment adjustment for 2022, unless they chose to submit data for 2 or more performance categories.
- Extended our MIPS EUC application deadline for groups, virtual groups, and APM Entities. This application allowed groups, virtual groups, and APM Entities to request performance category reweighting.
- Created a new improvement activity (COVID-19 Clinical Data Reporting with or without Clinical Trial) for clinicians who were able to report MIPS data to receive credit in MIPS for the important work they were already doing.
 - Almost 33,000 MIPS eligible clinicians, or 5.5% of the clinicians who were scored in this performance category, received credit for this activity.
- Reweighted the cost performance category for all clinicians, groups, and virtual groups, after analysis of the available data.
- Suppressed the calculation of the All-Cause Unplanned Hospital Readmission (ACR) measure in MIPS for groups and virtual groups, after analysis of the available data.

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 fourth year of the QPP, while noting progress from performance year 2019.

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.
- [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 an APM Entity.



Additional Information

We're also releasing the 2020 Experience Report Public Use File (PUF) and data dictionary that will allow you to drill down into details behind the data in the tables presented in this report. Once these are published, we'll update this report with links to these resources.

We believe that this report, along with the PUF, will provide data needed to illustrate the successes and challenges in 2020, and opportunities for future performance years.

QPP follows numerous strategic objectives that helped guide policy and product development in 2020. 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 by expanding new options and program modifications
- 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 reduce challenges experienced by 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 2020 the QPP offered 2 participation tracks –Advanced APMs and MIPS.

Advanced 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 are also 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”). In 2020, eligible clinicians could attain QP status through the All-Payer Option; this required clinicians to participate in a combination of Medicare Advanced APMs and Other-Payer Advanced APMs. Other-Payer Advanced APMs are non-Medicare payment arrangements that meet criteria that are similar to Advanced APMs.


In 2020, 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 didn’t meet 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 aren’t eligible to 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 2020 QP status determination results.


Participants in an Advanced APM who didn’t achieve 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; and (3) are not otherwise excluded (for example, by achieving QP status).

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 2020 included the following physicians and non-physician clinicians:

MIPS eligible clinician types in 2020 included the following physicians and non-physician clinicians:						
						
Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)	Osteopathic Practitioners	Chiropractors	Physician Assistants	Nurse Practitioners	Clinical Nurse Specialists	Certified Registered Nurse Anesthetists
						
	Occupational Therapists	Clinical Psychologists	Qualified Speech-Language Pathologists	Qualified Audiologists	Registered Dietitians or Nutrition Professionals	Physical Therapists



The low-volume threshold is the second step in determining whether a clinician is included in MIPS for a specific performance year. The low-volume threshold evaluates whether a MIPS eligible clinician saw an adequate number of eligible patients and provided enough services to meaningfully participate in MIPS. We review Medicare Part B claims for this information during two 12-month segments—referred to as the MIPS Determination Period—to see if you meet the low-volume threshold criteria. For performance year 2020, these segments were: October 1, 2018 – September 30, 2019 (initial evaluation based on historic claims) and October 1, 2019 – September 30, 2020 (second evaluation which includes claims from the performance year). MIPS eligible clinicians were required to participate in MIPS in 2020 if they met all 3 of the following low-volume threshold criteria in both segments of the MIPS determination period:

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

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

There are several MIPS exclusions available to clinicians. Clinicians were excluded from MIPS in 2020 if they met any one of the following conditions:

- Not a MIPS eligible clinician type.
- Enrolled as a Medicare provider for the first time in 2020.
- Didn't exceed the low-volume threshold.
- Participated in an Advanced APM sufficiently to either become a QP OR become a Partial QP and then elected not to participate in MIPS.

In 2020, MIPS eligible clinicians required to participate in MIPS either could report data as an individual¹, a group², a virtual group³, 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.

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).

² 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).

³ A virtual group is a combination of two or more TINs assigned to one or more solo practitioners or to one or more groups consisting of 10 or fewer eligible clinicians, or both, that elect to form a virtual group for a performance period for a year.

We also employ “special status” designations that apply to 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 2020, “special status” designations included: small practice, rural practice, non-patient facing, 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 engagement information for the 2020 performance year. In this report, we generally define engagement in terms of data submission. In the table below, “MIPS Eligible Clinicians Who Engaged” are MIPS eligible clinicians who submitted any amount of MIPS data as an individual, group, virtual group or APM entity. “MIPS Eligible Clinicians” are the total number of TIN/NPIs that were eligible for MIPS. This figure (933,545) can also be understood as the total number of final scores assigned to TIN/NPI combinations for performance year 2020, or the total number of clinicians who received a MIPS payment adjustment in payment year 2022 based on their 2020 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 decreased from 954,664 in 2019 to 933,545 in 2020, a modest decrease of 2% in line with normal year-to-year variation in the program.

TABLE 1 Overall MIPS Engagement

MIPS Eligible Clinicians	933,545
MIPS Eligible Clinicians Who Engaged	838,464
Engagement Rate	89.82%

Key Insights – Table 2

The distribution of MIPS participation types (individual, group, etc.) is very similar to 2019.

The distributions in Table 2 reflect the percentage of final scores that came from each specific participation type. In 2019, MIPS APM participants accounted for 44% of final scores, group submissions accounted for 50% of final scores and individual submissions accounted for 6% of final scores. Results for 2020 demonstrate a slight decrease in the percentage of final scores coming from clinicians participating at the APM Entity level (44% to 43%) and a slight increase in the percentage of scores coming from group submissions (50% to 52%). Individual submissions remained steady at 6% of final scores.

TABLE 2 Type of MIPS Participation				
Participation Type	MIPS Eligible Clinician Count (TIN/NPI)	Percentage of MIPS Eligible Clinicians	MIPS Eligible Clinicians Who Engaged Count (TIN/NPI)	Percentage of MIPS Eligible Clinicians Who Engaged
Group Participants	481,988	51.63%	448,945	93.14%
Virtual Group Participants	11	0.00%	5	45.45%
APM Entity Participants	398,758	42.71%	361,084	90.55%
Individual Participants	52,788	5.65%	28,430	53.86%
Total MIPS Eligible Clinicians and MIPS Eligible Clinicians Who Engaged	933,545	100.00%	838,464	89.82%
NOTE It's possible for an individual clinician to have received a score based on more than one participation type (for example, from individual and group participation). The data in these tables reflect the final scores assigned to TIN/NPIs, based on the 2020 scoring hierarchy rules.				

In addition to the high percentage of final scores coming from participants in a MIPS APM, there was a large increase in the number of eligible clinicians obtaining QP status which is highlighted in [Table 6](#).

Key Insights – Table 3

Physicians made up 57% 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. Engagement rates were high (between 88% and 99%) across all clinician types. The following clinician types are included for performance year 2020: 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.

TABLE 3 MIPS Engagement by Clinician Type			
Clinician Type	MIPS Eligible Clinicians (TIN/NPI Count)	MIPS Eligible Clinicians Who Engaged (TIN/NPI Count)	Engagement Rate
Physicians	535,144	472,220	89.24%
Practitioners*	218,463	204,126	93.44%
Multiple Specialties	149,950	133,064	88.74%
Therapists	27,108	26,214	96.70%
Audiologists	2,880	2,840	98.61%
Total	933,545	838,464	89.82%
*Practitioners includes the following: certified clinical nurse specialists, certified registered nurse anesthetist, clinician psychologists, nurse practitioners, physician assistants, psychologists, and registered dietitians/nutrition professions.			

Key Insights – Table 4

We observed a decrease in engagement by clinicians in small practices from approximately 85% in 2019 to approximately 78% in 2020. This may be explained by the application of the automatic EUC policy, which meant clinicians could receive a neutral payment adjustment without submitting data. While we also applied the automatic EUC policy in 2019, the 2020 announcement came earlier in the submission period than in 2019.

TABLE 4 MIPS Engagement by Clinicians in Small Practices or Rural Areas			
Special Status	MIPS Eligible Clinicians	MIPS Eligible Clinicians Who Engaged	Engagement Rate
Rural	119,197	105,903	88.85%
Small	120,581	93,907	77.88%

NOTE
Small practices are defined as having 15 or fewer clinicians (identified by NPI) 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 aren't mutually exclusive.

Key Insights – Table 5

The Medicare Shared Savings Program and the Bundled Payment for Care Improvement (BPCI) Advanced Model account for 92% and 7% respectively of MIPS APM participants scored under MIPS.

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	368,153
BPCI Advanced Model	28,628
Oncology Care Model	1,354
Comprehensive Primary Care Plus Model	247
Maryland Total Cost of Care Model	173
Independence at Home	137
Comprehensive ESRD Care Model	49
Next Generation ACO Model	16
Vermont ACO model	1

NOTE
MIPS eligible clinician could have participated in more than one APM but only received one MIPS final score per TIN/NPI combination. This table identifies the number of MIPS eligible clinicians whose final score was attributed to each model.

Key Insights – Table 6

The number of clinicians who achieved QP status increased from 195,564 in 2019 to 235,225 in 2020. The number of clinicians who achieved Partial QP status decreased from 27,995 in 2019 to 10,328 in 2020. The increase in the number of QPs reflects growing

participation in Advanced APMs. The decrease in Partial QPs is a result of higher scores among Advanced APM participants.

This table reflects data at the individual clinician level; these counts reflect distinct NPIs rather than TIN/NPIs.

TABLE 6 Count of QPs and Partial QPs

	QPs	Partial QPs
Total	235,225	10,328

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.

Key Insights – Table 7

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

TABLE 7 QP Threshold Scores by Advanced APM

Advanced APM Model	Average Payment Threshold Score (Required: 50%)	Average Patient Threshold Score (Required: 35%)
Comprehensive Primary Care Plus Model	82	75
Comprehensive ESRD Care Model	71	69
Vermont ACO Model	67	68
Maryland Total Cost of Care Model	77	71
Next Generation ACO Model	52	55
Medicare Shared Savings Program	49	50
Oncology Care Model	64	25
BCPI Advanced Model	8	6

NOT

Eligible clinicians that participated in more than one Advanced APM contributed to the average of each model they participated in.



Reporting Options and Performance Categories

The following section of the 2020 QPP Experience Report pulls together 2 important aspects of clinician participation in MIPS: measure/activity selection and submission of data to CMS. These 2 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 part of a group, a virtual group, or through an APM Entity), the next step is identifying an appropriate submission method based on measure/activity selection and available resources.

Reporting Options

MIPS eligible clinicians (whether participating as an individual, or as a group, virtual group or APM Entity) had several options for submitting data to CMS:

- Self-reporting data to CMS (either by the clinician or an authorized representative of the group/virtual group/APM Entity) by:
 - Adding quality data codes to Medicare Part B claims (only available to small practices for the quality performance category).
 - Reporting patient-level quality data through the CMS Web Interface (only available to ACOs and registered groups/virtual groups with 25 or more clinicians and for the quality performance category).
 - Attesting to their improvement activities and Promoting Interoperability measures.
 - Uploading a file, such as data extracted from their Electronic Health Record (EHR), for the quality, improvement activities and/or Promoting Interoperability performance categories.
- Working with a third party intermediary (Qualified Clinical Data Registry (QCDR), Qualified Registry, or other health information vendors) to submit data on their behalf by:
 - Uploading a file of measure and activity data for the quality, improvement activities and/or Promoting Interoperability performance categories.
 - Directly submitting to CMS through a computer-to-computer interaction such as an Application Programming Interface (API).
- 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).

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, collection type, 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. Clinicians must select and report at least 6 quality measures (in 2020, there were 219 QPP measures available and an additional 412 QCDR measures), one 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, for groups and virtual groups with 25 or more eligible clinicians, report the 10 measures required by the CMS Web Interface.



[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.

While a total of 20 cost measures were finalized for the 2020 performance year, CMS didn't calculate or score cost measures for the 2020 performance year. Analysis of the underlying data for the 2020 performance year, in comparison to prior years' data, showed that the volume of data available to calculate the scores for the cost measures had significantly decreased overall due to the COVID-19 PHE. As a result, CMS didn't believe that scores could be reliably calculated for the cost measures to adequately capture and reflect the performance of MIPS eligible clinicians. Given these circumstances, the cost performance category was reweighted to 0% for all MIPS eligible clinicians, regardless of participation as an individual, group or virtual group. (Under the APM scoring standard, cost was already weighted at 0% for APM Entities.)



Improvement Activities

[Improvement Activities](#) – This performance category assesses how much a clinician or group participates in activities intended to improve clinical practice. In 2020, there were a total of 106 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; they could also receive full credit by participating in a MIPS APM. (Clinicians with certain special statuses had reduced reporting requirements, and clinicians scored under the APM scoring standard automatically received full credit in this performance category.) 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
- Behavioral and Mental Health



Promoting Interoperability

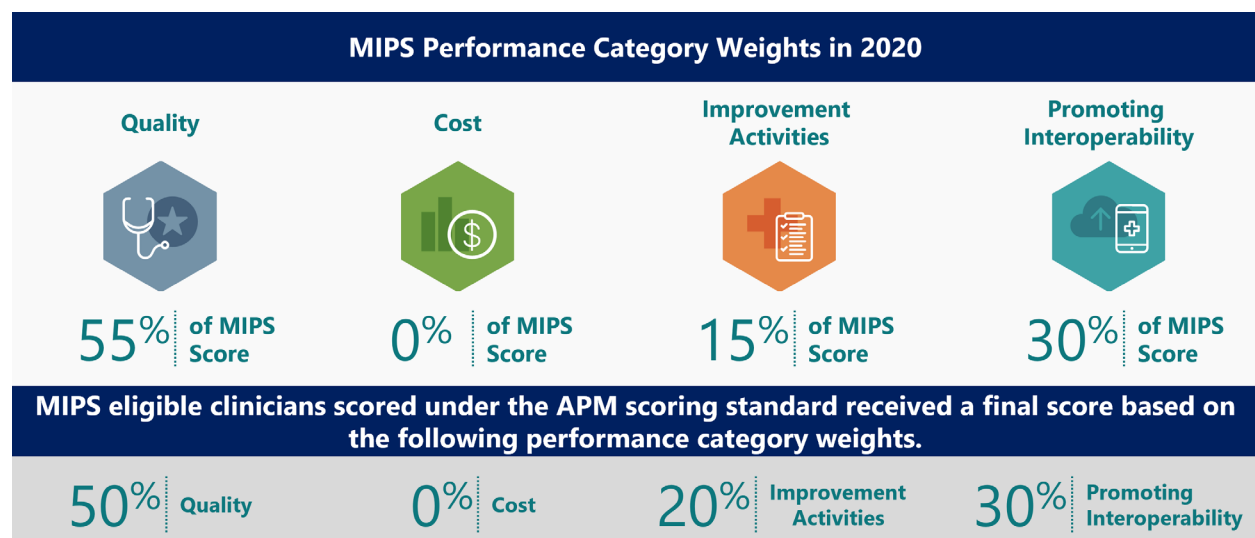
[Promoting Interoperability](#) – The Promoting Interoperability performance category promotes patient engagement and electronic exchange of health information using CEHRT. In performance year 2020, MIPS eligible clinicians completed required attestations and the Security Analysis measure in addition to reporting 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 13](#).

Performance Categories Weights and Performance Periods

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 2020, we reweighted the cost performance category to 0% for all MIPS eligible clinicians. The following weights and performance periods were applied to the MIPS performance categories unless the clinician qualified for reweighting of additional performance categories:



The following tables highlight important reporting and performance category data.

Data Tables

Key Insights – Table 8

CMS Web Interface measures (patient-level reporting on a specified measure set) remain the most common collection type for reporting MIPS quality measures (representing 56% of the measures that counted towards a MIPS eligible clinician's final score), largely due to the requirement that Shared Savings Program ACOs report through the CMS Web Interface. Medicare Part B claims measures are limited to clinicians in small practices and remain the least reported collection type. We saw some shifts from 2019, which can be partially explained by the suppression of the All-Cause Hospital Readmission measure for the 2020 performance period.

TABLE 8 Collection Types Reported for the Quality Performance Category

Collection Type	CAHPS for MIPS Survey Measure	Medicare Part B Claims Measures	CMS Web Interface Measures	eCQMs	QCDR Measures	MIPS CQMs
Percentage	0.33%	1.35%	56.41%	23.57%	8.30%	10.03%

NOTE

The Percentages in Table 8 relate to collection types associated with measures attributed to final scores.

Key Insights – Table 9

We saw an increase from 2019 in attestation submissions for the Promoting Interoperability performance category; in 2020, attestation submissions were roughly equal to file uploads/ Application Programming Interface (API) submissions.

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

Submission Method	File Upload/API Submission	Attestation
Improvement Activities	74.99%	25.01%
Promoting Interoperability	50.87%	49.13%

NOTE

The percentages in Table 9 relate to submission methods associated with measures and activities attributed to final scores.

Key Insights – Table 10

Two of the top 10 measures identified below contributed to the final score of more than 500,000 clinicians, each representing 62% of engaged clinicians. The top 8 measures are CMS Web Interface measures which were required for groups and APM Entities who submitted through the CMS Web Interface; this isn't surprising given that CMS Web Interface measures were the most popular collection type for reporting quality measures (see Table 8).

Measure Name	Quality Measure ID	MIPS Eligible Clinicians	Average Reporting Rate %	Average Performance Rate %	Average Measure Score (Including Bonus Points)
Controlling High Blood Pressure	238	579,837	99.55%	68.59%	9
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	001	577,948	99.26%	22.64%	10
Preventive Care and Screening: Influenza Immunization	110	461,578	99.22%	73.34%	9
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	447,246	99.49%	80.95%	10
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	431,607	99.32%	67.95%	N/A (Measure was suppressed and excluded from scoring in 2020)
Falls: Screening for Future Fall Risk	318	430,780	99.77%	84.68%	10
Breast Cancer Screening	112	428,754	99.58%	73.15%	9
Colorectal Cancer Screening	113	420,807	99.45%	71.14%	9
Pneumococcal Vaccination Status for Older Adults	111	92,154	97.34%	71.27%	8
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	128	83,181	95.32%	72.97%	7

The average scores displayed for these measures include bonus points. Please note that Table 10 only includes measures that contributed to assigned final scores.

Key Insights – Table 11

Table 11 provides the same information as Table 10 except it excludes results from groups and APM Entities who reported through the CMS Web Interface. Two of these measures contributed to the final score of over 100,000 eligible clinicians. As reflected in Table 11, the highest utilized measure for scoring was the Controlling High Blood Pressure measure. The top 7 measures in 2020

Measure Name	Quality Measure ID	MIPS Eligible Clinicians who Participated	Average Reporting Rate %	Average Performance Rate %	Average Measure Score (Including bonus points)
Controlling High Blood Pressure	236	192,820	98.87%	63.42%	10
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	191,901	97.63%	39.24%	10
Pneumococcal Vaccination Status for Older Adults	111	93,871	96.44%	71.41%	8
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan	128	86,334	93.66%	73.29%	7
Documentation of Current Medications in the Medical Record	130	84,214	88.23%	91.33%	7
Preventive Care and Screening: Influenza Immunization	110	75,549	94.79%	56.72%	7
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	59,650	97.36%	72.69%	7
Appropriate Testing for Children with Pharyngitis	66	59,156	99.58%	89.66%	9
Childhood Immunization Status	240	53,881	99.94%	50.47%	9
Use of High-Risk Medications in the Elderly	238	49,878	99.60%	2.30%	8

were also among the top 10 for performance year 2019. Notably absent is the All-Cause Hospital Readmission measure, which was the top measure in this table for performance years 2018 and 2019. This measure was suppressed in MIPS for performance year 2020 as a result of the COVID-19 public health emergency, which explains its absence.

Key Insights – Table 12

Providing 24/7 access to a patient's medical record remains the most popular improvement activity. In fact, the top 4 activities for performance year 2020 are identical to the top 4 for performance year 2019. There was a total of 106 activities available for performance year 2020. The 2020 PUF will contain details for all improvement activities.

TABLE 12 Top 10 Improvement Activities Contributing to a Clinician's Improvement Activities Performance Category Score

Activity Name	Activity ID	# of MIPS Eligible Clinicians	Subcategory Name	Activity Weighting
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	IA_EPA_1	144,679	Expand Practice Access	High
Use of decision support and standardized treatment protocols	IA_PSPA_16	110,386	Patient Safety and Practice Assessment	Medium
Engagement of patients through implementation of improvements in patient portal	IA_BE_4	95,865	Beneficiary Engagement	Medium
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	IA_BE_6	72,823	Beneficiary Engagement	High
Participation in CAHPS or other supplemental questionnaire	IA_PSPA_11	65,651	Patient Safety and Practice Assessment	High
Implementation of improvements that contribute to more timely communication of test results	IA_CC_2	55,068	Care Coordination	Medium
Measurement and Improvement at the Practice and Panel Level	IA_PSPA_18	51,497	Patient Safety And Practice Assessment	Medium
Practice Improvements for Bilateral Exchange of Patient Information	IA_CC_13	48,709	Care Coordination	Medium
Regularly assess the patient experience of care through surveys, advisory councils, and/or other mechanisms	IA_BE_13	46,451	Beneficiary Engagement	Medium
Implementation of medication management practice improvements	IA_PM_16	45,648	Population Management	Medium

Key Insights – Table 13

As in performance year 2019, the 2015 Edition CEHRT was required for the Promoting Interoperability measures.

TABLE 13 Count of Reported Promoting Interoperability Objectives and Measures				
Objective	Measure Type	Measure Title	CMS Measure ID	Count of TIM/NPIs Reporting Each Measure
Electronic Prescribing	Required	e-Prescribing	PI_EP_1	370,085
	Bonus	Query of the Prescription Drug Monitoring Program (PDMP)	PI_EP_2	295,885
Health Information Exchange	Required	Support Electronic Referral Loops By Receiving and Incorporating Health Information	PI_HIE_4	307,892
	Required	Support Electronic Referral Loops By Sending Health Information	PI_HIE_1	324,601
Provider To Patient Exchange	Required	Provide Patients Electronic Access to Their Health Information	PI_PEA_1	374,047
Public Health And Clinical Data Exchange	2 Measures Required to Satisfy This Objective	Clinical Data Registry Reporting	PI_PHCDRR_5	117,239
		Clinical Data Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_5_MULTI	9,630
		Electronic Case Reporting	PI_PHCDRR_3	23,216
		Electronic Case Reporting for Multiple Registry Engagement	PI_PHCDRR_3_MULTI	654
		Immunization Registry Reporting	PI_PHCDRR_1	272,946
		Immunization Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_1_MULTI	9,207
		Public Health Registry Reporting	PI_PHCDRR_4	128,590
		Public Health Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_4_MULTI	1,766
		Syndromic Surveillance Reporting	PI_PHCDRR_2	102,144
		Syndromic Surveillance Reporting For Multiple Registry Engagement	PI_PHCDRR_2_MULTI	19

NOTE

Table 13 includes reporting data for all required Promoting Interoperability measures but doesn't reflect measure exclusions.

Final Score and Payment Adjustment

After MIPS eligible clinicians select and report on measures and activities, they receive a MIPS final score and associated payment adjustment based on their performance. In 2020, MIPS eligible clinicians had their performance scored across the MIPS quality, improvement activities, and Promoting Interoperability performance categories, as applicable. (No MIPS eligible clinician was scored on the cost performance category for performance year 2020.) As noted in the Reporting and Performance Category section, each of the MIPS performance categories had an associated weight in 2020, in general: quality was 55% of the MIPS final score, improvement activities was 15%, Promoting Interoperability was 30%, and cost was 0%. The scores from each performance category were added together, plus any available complex patient bonus points, to determine the final score. The MIPS final score was then compared to the performance threshold (45 points in 2020) to determine if a clinician would receive a positive, negative, or neutral MIPS payment adjustment in payment year 2022. Final scores that met or exceeded the exceptional performance threshold of 85 points in 2020 resulted in an additional payment adjustment for exceptional performance.

It's important to note that the performance category weights could differ depending on the clinician's specific circumstances. For example:

- Under the MIPS automatic EUC policy, performance categories were automatically reweighted for individual clinicians; data submission overrode reweighting on category-by-category basis.
- Groups and virtual groups could request reweighting of one or more performance categories through the EUC Exception application.
- The Promoting Interoperability performance category is automatically weighted at 0% for certain clinician types and for individual clinicians, groups and virtual groups with [certain special statuses](#), and the weight is redistributed to other performance categories as a result.

Additional details for the scoring methodology in 2020 are available in the [2020 MIPS Scoring Guide](#). The following tables reflect data related to MIPS final scores and payment adjustments.

Key Insights – Table 14

Out of 933,545 MIPS eligible clinicians in performance year 2020, 915,994 (98.12%) avoided a negative payment adjustment. Almost 81% achieved exceptional performance and earned positive payment adjustments ranging from +0.001% to +1.87%. Despite a higher performance threshold to avoid a negative payment adjustment (up from 30 points in 2019 to 45 points in 2020), more than 98% of clinicians were able to avoid a negative payment adjustment. The minimum final score needed to receive a neutral MIPS payment adjustment increased from 30 points to 45 and the

minimum score for exceptional performance was raised from 75 points to 85. There are 17,511 MIPS eligible clinicians (1.88%) receiving a negative payment adjustment in the 2022 payment year, while 752,396 MIPS eligible clinicians (80.60%) are receiving an exceptional performance payment adjustment in the 2022 payment year.

MACRA requires MIPS to be a budget neutral program, which, generally stated, means that the projected negative adjustments must be balanced by the projected positive adjustments. The magnitude of the payment adjustment amount is influenced by 2 factors:

- The performance threshold.
- The distribution of final scores in comparison to the performance threshold in a given year.

The modest positive payment adjustments were a result of high participation rates in combination with a high percentage of participating clinicians earning a final score well above the relatively low performance threshold of 45 points. With many clinicians successfully participating, the distribution of positive adjustments was spread across many more people. This year's distribution was further affected by the flexibilities we introduced to reduce burden on those clinicians on the front lines of the COVID-19 response. By extending the automatic extreme and uncontrollable circumstances policy to all MIPS eligible clinicians, clinicians who didn't submit any data received a neutral payment adjustment instead of the maximum negative adjustment.

Exceptional performance adjustments aren't subject to budget neutrality requirements, but a scaling factor is applied to account for available funds. While we saw a slight increase in the maximum exceptional performance adjustment from the 2019 performance year/2021 payment year to the 2020 performance year/2022 payment year, these adjustments remained modest because more than 80% of MIPS eligible clinicians qualified for them.

Payment Adjustment Type (Final Score Ranges)	Count TIN/NPI	Percentage of TIN/NPI	Min Final Score (Earned)	Max Final Score (Earned)	Mean Final Score	Min Adjustment (Earned)	Max Adjustment (Earned)
Exceptional Performance (85-100)	752,396	80.60%	85.00	100.00	96.77	0.10%	1.87%
Positive Only (45.01 – 84.99)	96,568	10.34%	45.01	84.99	75.05	0.00%	0.01%
Neutral (45)	67,030	7.18%	45.00	45.00	45.00	0.00%	0.00%
Negative (0-44.99)	17,551	1.88%	0.00	44.98	25.55	-9.00%	0.00%

Key Insights – Table 15

Among the 119,197 rural clinicians, all but 2,604 avoided a negative payment adjustment; in fact, 96,044 (81% of rural clinicians) were able to score 85 points or higher, earning them positive payment adjustments ranging from 0.0000% to 0.0002%. Of the 120,581 clinicians in small practices, 10,918 (less than 10%) received a

negative payment adjustment while 51,497 (43% of small practice clinicians) received a final score that exceeded the performance threshold for exceptional performance, earning positive payment adjustments of up to 1.87%.

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

	Payment Adjustment Type (Final Score Ranges)	Count of MIPS Eligible Clinicians (TIN/NPI)	Min Final Score Earned	Max Final Score Earned	Average Final Score Earned	Min Adjustment Earned	Max Payment Adjustment Earned
Rural	OVERALL	119,197	2.56	100.00	89.32	-9.00%	1.87%
Rural	Exceptional Performance (85.00-100)	96,044	85.00	100.00	97.08	0.10%	1.87%
Rural	Positive Only (45.01 – 84.99)	11,248	45.01	84.99	74.35	0.00%	0.01%
Rural	Neutral (45)	9,301	45.00	45.00	45.00	0.00%	0.00%
Rural	Negative (0-44.99)	17,551	0.00	44.98	25.55	-9.00%	-0.03%
Small	OVERALL	120,581	2.38	100.00	69.56	-9.00%	1.87%
Small	Exceptional Performance (85.00-100)	51,497	85.00	100.00	96.411	0.10%	1.87%
Small	Positive Only (45.01 – 84.99)	21,024	45.01	84.99	70.33	0.00%	0.01%
Small	Neutral (45)	37,142	45.00	45.00	45.00	0.00%	0.00%
Small	Negative (0-44.99)	10,918	2.38	44.98	25.02	-9.00%	0.00%

NOTE

Minimum and maximum adjustments have been rounded to 2 decimal places. Note that the small practice and rural designations aren't mutually exclusive.

Key Insights – Table 16

Overall, MIPS eligible clinicians participating in APM Entities earned the highest mean final score (96.24) followed by groups (86.59), individuals (64.66) and virtual groups (38.89). The overall mean final score of 89.47% is up from the 2019 mean final score of 85.59. Comparing these outcomes to the results from performance year 2019, the mean scores have increased for APM Entities (up from 92.76 in 2019), for groups (up from 82.57 in 2019) and for individuals (up from up from 60.27% in 2019).

TABLE 16 Final Scores by Participation Type

Participation Type	Mean Final Score	Median Final Score	Mean Payment Adjustment %
Individual	64.66	45.00	0.42%
Group	86.59	93.08	0.82%
APM Entity	96.24	99.30	1.6%
Virtual Group	38.89	45.00	-1.64%
All Participation Types	89.47	96.82	1.13%

Key Insights – Table 17

The mean overall final score for rural clinicians was 89.32; this is an increase from the 2019 mean final score of 85.47. Small practice clinicians have seen a slight improvement from the 2019 mean final score of 69.07. The rural mean is virtually the same as the national mean of 89.46 (See Table 17). 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.

TABLE 17 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 Engaged	Median Overall Score For MIPS Eligible Clinicians who Engaged
Rural	89.32	97.67	91.39	98.09
Small	69.56	75.33	75.11	86.78

NOTE The first 2 columns include all MIPS eligible clinicians, whether they participated or not; the last 2 columns include only eligible clinicians who engaged in MIPS (i.e., submitted data). Small practice and rural designations aren't mutually exclusive.

Summary

This report provides high-level summaries of results for the fourth year of the QPP; we are pleased to see numerous positive changes over the first 4 years of the program.

- Overall engagement rates were 95% in 2017 and 2018, and the engagement rate increased to 97% in 2019. We saw engagement decrease to 90% in 2020, which likely was a result of the EUC policies we extended in response to COVID-19.
- In 2018 (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%. In 2020, the minimum score for a positive payment adjustment increased from 30 to 45 points; the percentage of eligible clinicians receiving a positive payment adjustment decreased slightly from 95.3% to 90.9% which is still impressive given the higher threshold.
- The number of clinicians receiving a negative payment adjustment decreased significantly in the first 3 years of the program, from 51,505 in 2017 to 17,847 in 2018 and down to just 2,920 in 2019. In 2020, this number went up to 17,551, though this still represents less than 2% of all MIPS eligible clinicians.

- We continue to see MIPS eligible clinicians participating in APM Entities earning the highest mean final score (96.24) in 2020, followed by groups (86.59), individuals (64.66), and virtual groups (38.89). Mean final scores attributed to APM Entities and groups have been consistent over the course of the program, while we've seen an increase in the mean final scores for clinicians participating as individuals from 52.44 in 2019 to 64.66 in 2020.
- 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. In 2020, the number of QPs increased to 235,225.
- We continue to see improvement in small and rural practice engagement and outcomes. The average final score for small practices has increased substantially from the first year of the program, from 43.16 in 2017 to 69.56 in 2020, while the average final score for rural clinicians went from 63.08 in 2017 to 89.32 in 2020.

Readers who are interested in examining these results in more detail can review the Public Use File (PUF) to easily explore the information that's 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 4 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

Date	Change Description
07/29/2022	Original Posting