

## Quality Payment Program – COVID-19 Response

[Updated 11/10/2021](#)

The Centers for Medicare & Medicaid Services (CMS) is implementing multiple flexibilities across multiple performance years for the Quality Payment Program (QPP) in response to the 2019 Coronavirus (COVID-19) public health emergency (PHE).

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### 2021 Performance Year

As announced through the QPP Listserv on 11/10/2021, the Centers for Medicare & Medicaid Services (CMS) continues to provide relief where possible to clinicians responding to the 2019 Coronavirus (COVID-19) public health emergency (PHE). We're applying the [Merit-based Incentive Payment System \(MIPS\) automatic extreme and uncontrollable circumstances \(EUC\) policy](#) to ALL individually MIPS eligible clinicians for the 2021 performance year (PY). Please note that this announcement is for PY2021 only.

The automatic EUC policy only applies to MIPS eligible clinicians who are eligible to participate in MIPS as individuals. The automatic EUC policy **doesn't** apply to groups, virtual groups, or Alternative Payment Model (APM) Entities.

#### What does this mean for me?

- [Clinicians who are eligible to participate in MIPS as individuals](#)
- [Small practices reporting Medicare Part B claims measures](#)
- [Groups](#)
- [Virtual Groups](#)

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- [APM Entities other than Medicare Shared Savings Program Accountable Care Organizations \(ACOs\)](#)
- [Medicare Shared Savings Program ACOs](#)

## **MIPS eligible clinicians who are eligible to participate in MIPS as individuals**

You don't need to take any action to have the automatic EUC policy applied to you. You'll be automatically identified and will have all 4 MIPS performance categories reweighted to 0% and receive a neutral payment adjustment for the 2023 MIPS payment year unless you 1) submit data in 2 or more performance categories, or 2) have a higher final score from group or APM Entity participation.

## **Small practices reporting Medicare Part B claims measures**

Under current policies, we automatically calculate a quality score from Medicare Part B claims measures at the individual and group level.

- Clinicians in small practices that report Medicare Part B claims measures who are only eligible to participate in MIPS as part of a group **aren't** covered by the automatic EUC policy and will receive the group's final score. (To identify these clinicians, [sign in to gpp.cms.gov](#), navigate to the "Eligibility & Reporting" page and click "View Clinician Eligibility." Clinicians who are only eligible to participate as part of a group will have a green check mark next to "Group"; there **won't** be a green check mark next to "Individual".)
- Some small practices may not be aware of the implications of their PY2021 claims reporting due to some of the policies we introduced at the onset of the COVID-19 PHE.
- As a result, these small practices may wish to request performance category reweighting on behalf of the group through the PY2021 EUC Exception Application, citing COVID-19 as the triggering event.
- PY2021 EUC Exception Applications can be submitted by signing in to [gpp.cms.gov](#) and clicking Exception Applications on the left-hand navigation.

## **Groups**

The automatic EUC policy doesn't apply to groups. You don't need to take any further action if you're not able to submit data for the 2021 performance year. Group participation is optional (specific guidance for small practices noted above), and your individually eligible clinicians qualify for the automatic EUC policy if you don't report at the group-level on their behalf. (If you submit data at the group level on behalf of your MIPS eligible clinicians, the group will receive a MIPS final score based on the data submitted.) Your MIPS eligible clinicians will have all 4 performance categories reweighted to 0% and receive a neutral payment adjustment for the

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2023 MIPS payment year unless 1) they submit data in 2 or more performance categories, or 2) they have a higher final score from group or APM Entity participation.

## Virtual Groups

MIPS eligible clinicians in a virtual group will receive a payment adjustment based on the virtual group's final score, even if no data is submitted. (When no data is submitted for the virtual group, the MIPS eligible clinicians in the virtual group will likely receive the maximum negative payment adjustment of -9% in the 2023 payment year.)

- If you're unable to submit data for the 2021 performance year as a result of the ongoing COVID-19 PHE, you can submit a PY2021 EUC Exception Application on behalf of the virtual group, citing COVID-19, to request reweighting for all 4 performance categories.
- PY2021 EUC Exception Applications can be submitted by signing in to [qpp.cms.gov](http://qpp.cms.gov) and clicking Exception Applications on the left-hand navigation through December 31, 2021.

## APM Entities

The automatic EUC policy doesn't apply to APM Entities. You don't need to take any action if you're not able to submit data for the 2021 performance year. APM Entity participation is optional (specific guidance for small practices noted above), and your individually eligible MIPS eligible clinicians will have the automatic EUC policy applied to them if you don't report at the APM-Entity level on their behalf. (If you submit data at the APM-Entity level on behalf of your MIPS eligible clinicians, the APM Entity will receive a MIPS final score based on data submitted.) Your MIPS eligible clinicians will have all 4 performance categories reweighted to 0% and receive a neutral payment adjustment for the 2023 MIPS payment year unless 1) they submit data in 2 or more performance categories, or 2) they have a higher final score from group or APM Entity participation.

If your APM Entity would like to request performance category reweighting for the 2021 performance year, you must submit an EUC application.


- PY2021 EUC Exception Applications can be submitted by signing in to [qpp.cms.gov](http://qpp.cms.gov) and clicking Exception Applications on the left-hand navigation through December 31, 2021.

## Medicare Shared Savings Program ACOs

The MIPS Automatic EUC policy doesn't apply to Shared Savings Program Accountable Care Organizations (ACOs). You can submit a PY2021 EUC Exception Application if you are unable to report via the Alternative Payment Model (APM) Performance Pathway (APP). In order for you to submit a PY2021 EUC Exception Application, you must demonstrate that greater than 75% of your MIPS eligible clinicians would be eligible for reweighting the Promoting Interoperability performance category. You can submit PY2021 EUC Exception Applications by

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signing in to [gpp.cms.gov](http://gpp.cms.gov) and clicking Exception Applications on the left-hand navigation through December 31, 2021.

Note: [The Shared Savings Program Quality EUC policy](#) for determining shared savings and losses applies to all Shared Savings Program ACOs for performance year 2021. CMS considers all ACOs to be affected by the COVID-19 PHE and the Shared Savings Program EUC policy applies for PY2021. ACOs that are able to report quality data via the APP and meet MIPS data completeness and case minimum requirements will receive the higher of their ACO quality score or the 30th percentile MIPS quality performance category score. ACOs that are unable to report quality data via the APP and meet the MIPS quality data completeness and case minimum requirements, will have their quality score set equal to the 30th percentile MIPS quality performance category score.

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## COVID-19 Response At-a-Glance

2021 Performance Period		
Relief Effort	How Does It Work?	Who Is it Available to?
<a href="#">Automatic Extreme and Uncontrollable Circumstances Policy</a>	<p>Clinicians who don't submit PY 2021 data automatically receive a neutral payment adjustment in 2023.</p> <p>MIPS performance categories will be weighted at 0% for the 2021 performance year for individual clinicians.</p> <p>Data submitted by individual clinicians will void reweighting for that performance category and the data will be scored.</p> <p><a href="#">Appendix A</a> outlines performance category weights and payment adjustment implications based on data submission by individual clinicians.</p>	<p><b>Individual MIPS eligible clinicians</b></p> <p><u>The automatic policy doesn't apply to groups, virtual groups, or APM entities</u></p>
<a href="#">Extreme and Uncontrollable Circumstances Application</a>	<p>Groups and virtual groups (or a third party) can <a href="#">complete an application</a> for one or more performance categories, citing that they have been impacted by COVID-19 pandemic.</p> <p>APM Entities can complete an application to request reweighting of all performance categories.</p>	<p><b>Groups, Virtual Groups and APM Entities</b></p>
<a href="#">COVID-19 Clinical Data Reporting With or Without Clinical Trial Improvement Activity</a>	<p>To receive credit for the new <i>COVID-19 Clinical Data Reporting with or without Clinical Trial</i> improvement activity in 2021, clinicians must attest that they have participated: 1) in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of their study or 2) in the care of a patient diagnosed with COVID-19 and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research.</p>	<p><b>Individuals, Groups, Virtual Groups and APM Entities</b></p>

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**Doubled Complex Patient Bonus**

You can earn up to 10 bonus points for the Complex Patient Bonus for the 2021 performance year (to be added to your 2021 MIPS final score).

**Individuals, Groups, Virtual Groups, and APM Entities**

## 2021 Performance Year

### NEW: MIPS Automatic Extreme and Uncontrollable Circumstance Policy

CMS applied the automatic EUC policy to all individual MIPS eligible clinicians for the 2020 performance period. This policy doesn't apply to clinicians participating as a group, virtual group, or APM Entity.

MIPS eligible clinicians participating as individuals will only be scored on performance categories for which data was submitted. All other performance categories will be reweighted to 0% of their final score. (See [Appendix A](#))

- MIPS eligible clinicians who don't submit 2021 MIPS data by the March 31, 2022 deadline will automatically receive a neutral payment adjustment, unless they have a higher score from group or APM Entity participation.
- MIPS eligible clinicians participating as individuals who submit 2021 MIPS data for 1 performance category by the March 31, 2022 deadline will automatically receive a neutral payment adjustment, unless they have a higher score from group or APM Entity participation.
- MIPS eligible clinicians participating as individuals who submitted 2020 MIPS data for 2 or 3 performance categories by the March 31, 2021 deadline will receive a final score based on the performance categories for which data was submitted and may earn a negative, neutral, or positive payment adjustment. (See [Appendix A](#)) (Note: These MIPS eligible clinicians will receive the highest final score that can be attributed to them from individual, group or APM Entity participation.)

Under the automatic EUC policy (applicable to individual participation only), **the cost performance category will always be weighted at 0%**, even if you submitted data for the other performance categories.

See [Appendix A](#) for more information about individual data submission and performance category weights.

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## Extreme and Uncontrollable Circumstances Exception Application

Groups, virtual groups and APM Entities can submit a PY [2021 EUC Exception Application](#) to request reweighting of MIPS performance categories to 0%.

Applications may be submitted through December 31, 2021 at 8pm ET.

### Groups and Virtual Groups

Individual clinicians didn't need to submit an EUC application because we applied our automatic EUC policy to reweight all of their performance categories to 0%.

Groups, and virtual groups can submit an EUC application, citing COVID-19 in their request to reweight one or more MIPS performance categories to 0%. If approved by CMS, the performance categories selected in your application will be weighted at 0% and won't contribute to your final score unless data is submitted for those performance categories. Any data submitted will be scored.

### APM Entities

MIPS APM Entities can submit an EUC application on behalf of the entire Entity for the 2021 performance year. Please note there are some differences from our MIPS EUC application policy for individuals, groups and virtual groups.

- APM Entities are required to request reweighting for all performance categories (they aren't able to select some, but not all, performance categories).
- At least 75% of the MIPS eligible clinicians in the Entity must qualify for reweighting in the Promoting Interoperability performance category.
- Data submission by an APM Entity won't override performance category reweighting. (APM Entities with an approved application will receive a final score equal to the performance threshold and their MIPS eligible clinicians will receive a neutral payment adjustment even if data were submitted.)

## Doubled Complex Patient Bonus

We recognize the difficulty of managing patients during a pandemic and want to mitigate the increase in patient complexity that COVID-19 brings to patient populations already at risk.

In recognition of this additional difficulty and the effect it may have on a clinician's MIPS score, we're doubling the maximum points available for the complex patient bonus from 5 to 10 points to be added to your MIPS 2021 final score. For more information about this policy, please refer to the [CY 2022 Physician Fee Schedule Final Rule](#).

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## COVID-19 Improvement Activity

In the [March 2020 IFC for COVID-19](#), we added a new high-weighted improvement activity, “COVID-19 Clinical Trials,” for the 2020 performance period to provide an opportunity for clinicians to receive credit in MIPS for the important work they are doing across the country. In the [August 2020 IFC for COVID-19](#), we provided additional clarity about this new improvement activity that applies to CY 2020 and CY 2021, as follows:

- Renamed the improvement activity to *COVID-19 Clinical Data Reporting with or without Clinical Trial*.
- Modified the descriptions of the 2 ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
  - A clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of their study.
  - A clinician must participate in the care of COVID-19 patients and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research.

We intend for this improvement activity to be applicable to MIPS eligible clinicians that are reporting their COVID-19 related patient data to a clinical data registry, such as a registry found on the [National Institutes of Health \(NIH\) website](#), a clinical data repository, such as Oracle’s [COVID-19 Therapeutic Learning System](#) and clinicians participating in clinical trials such as the [COVID-19 clinical trials](#) being conducted by the NIH. Oracle has developed and donated a system to the U.S. government that allows clinicians and patients at no-cost to record the effectiveness of promising COVID-19 drug therapies. (You can also refer to the [2021 MIPS Data Validation Criteria](#) for additional examples of clinical data repositories and clinical trials.)

This improvement activity provides flexibility in the type of clinical trial, which could include designs ranging from the traditional double-blinded, placebo-controlled trial to an adaptive design, or pragmatic design that flexes to workflow and clinical practice context. The goal is to support innovation and improve the collection of COVID-19 related data that clinicians have available to them and develop best practices that can drive improvements in patient care as clinicians monitor and manage the spread of COVID-19 in their practices. Encouraging clinicians to use an open source data collection tool will bring the results of their research to the forefront of healthcare much faster, leading to improvements in care delivery and most importantly the health of COVID-19 patients.

Clinicians could pair the new *COVID-19 Clinical Data Reporting with or without Clinical Trial* activity with the existing *Participation in a 60-day or greater effort to support domestic or international humanitarian needs* (IA\_ERP\_2) activity for full credit for the MIPS improvement activities performance category.

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## General Frequently Asked Questions (PY 2021)

### **The COVID-19 pandemic has affected my ability to perform some patient-facing encounters. Has CMS issued any guidance about quality measure reporting due to the expanded use of technology during the 2021 performance period?**

As the COVID-19 public health emergency has affected the ability to perform patient-facing encounters, the use of telehealth capabilities has expanded.

Some quality measures include interactions occurring via telehealth. We encourage MIPS eligible clinicians, groups, virtual groups, and APM Entities to review other aspects of the quality action within the measure specification, including quality actions that can't be completed by telehealth.

To determine whether the measure includes telehealth within the denominator, you should review the 2021 MIPS quality measures. If you have any questions on the ability to include encounters to report for measures that include telehealth capabilities, please contact the QPP Service Center.

For telehealth guidance related to electronic clinical quality measures (eCQMs), please review the [Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2021 Quality Reporting](#) document posted on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) for more information.

For CMS Web Interface users, please review the [2021 CMS Web Interface Measure Specifications and Supporting Documentation \(ZIP\)](#) to determine if telehealth encounters are accepted for a specific measure.

### **Where Can I Learn More?**

- [Quality Payment Program Website](#)
- [2019 Physician Fee Schedule \(PFS\) Final Rule](#)
- [CMS's Current Emergencies](#)
- [Medicare IFC: Revisions in Response to the COVID-19 Public Health Emergency \(CMS-1744-IFC\)](#)
- [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-5531 IFC\)](#)
- [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-3401-IFC\)](#)
- [2021 PFS Final Rule](#)
- [2022 PFS Final Rule](#)

You can subscribe to the [QPP listserv](#) and you can also contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8a.m. - 8 p.m. ET or by email at:

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[QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

## Version History

Date	Change Description
11/10/2021	<ul style="list-style-type: none"> <li>Updated to reflect COVID policies for PY 2021, including the automatic EUC policy and doubling the Complex Patient Bonus. (Policies affecting previous performance years are available on the <a href="#">COVID-19 Response</a> page of the QPP website)</li> </ul>
5/27/2021	<ul style="list-style-type: none"> <li>Updated Appendix B to reflect a weight of 0% for the cost performance category.</li> </ul>
2/25/2021	<ul style="list-style-type: none"> <li>Updated to reflect that we're applying the automatic extreme and uncontrollable policy to all MIPS eligible clinicians for PY 2020.</li> <li>Updated to reflect that we're extending the deadline for the extreme and uncontrollable exception application to March 31, 2021 to all MIPS eligible clinicians for 2020.</li> <li>Streamlined document to remove duplicative content for PY 2020.</li> <li>Removed policies for PY 2019 and future years; this information can be found in our <a href="#">COVID-19 Response</a> web content.</li> <li>Updated Appendix A to reflect performance category weights under the automatic policy for PY 2020.</li> <li>Added Appendix B to outline or general reweighting policies in PY 2020.</li> </ul>
12/18/2020	<ul style="list-style-type: none"> <li>Updated to note that only COVID-19 related extreme and uncontrollable circumstances will be considered for approval after December 31, 2020 and to reinforce that approved applications for individuals, groups and virtual groups won't override data submission.</li> </ul>
12/2/2020	<ul style="list-style-type: none"> <li>Added PY 2020 application deadline extension.</li> <li>Added policies finalized in CY 2021 Quality Payment Program Final Rule for PY 2020:               <ul style="list-style-type: none"> <li>Open the Extreme and Uncontrollable Circumstances Exception Application for APM Entities.</li> <li>Double the Complex Patient Bonus.</li> <li>Waive CAHPS for ACOs Survey for Shared Savings Program ACOs.</li> </ul> </li> <li>Noted that the Extreme and Uncontrollable Circumstances Exception Application will be available for PY 2021.</li> </ul>
9/8/2020	<ul style="list-style-type: none"> <li>Added 2020 policy finalized in the IFC-3.               <ul style="list-style-type: none"> <li>Clarified the new COVID-19 improvement activity by modifying the activity name and descriptions.</li> <li>Expanded Medicare patient assignment for the CMS Web Interface and CAHPS for MIPS survey.</li> </ul> </li> </ul>

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Date	Change Description
	<ul style="list-style-type: none"> <li>Added 2021 policy finalized in the IFC-3 about the new COVID-19 improvement activity.</li> </ul>
8/17/2020	<ul style="list-style-type: none"> <li>Added 2020 policy proposals from the CY2021 PFS NPRM:               <ul style="list-style-type: none"> <li>Open the Extreme and Uncontrollable Circumstances Exception Application for APM Entities.</li> <li>Double the Complex Patient Bonus.</li> </ul> </li> <li>Added 2020 performance year FAQs.</li> </ul>
6/24/2020	<ul style="list-style-type: none"> <li>Added 2020 policy information about the Extreme and Uncontrollable circumstances application.</li> </ul>
6/11/2020	<ul style="list-style-type: none"> <li>Clarified language on p. 2 about the new COVID-19 clinical trials</li> <li>Removed language on p. 5 about the new COVID-19 clinical trials improvement activity based on stakeholder feedback. (The language implied that participation in a QCDR was required for this activity, which isn't the case.)</li> </ul>
5/29/2020	<ul style="list-style-type: none"> <li>Added clarifying information about the new COVID-19 clinical trials (IA_ERP_3) improvement activity.</li> <li>Added information about the extension for the submission of the DVER report.</li> <li>Added information about the extension of the 2020 Annual Call for Quality Measures.</li> <li>Added information about 2019 MIPS performance category reweighting in preliminary performance feedback due to the automatic extreme and uncontrollable circumstances policy or an approved extreme and uncontrollable circumstances exception application.</li> <li>Added Appendix B as an archive of FAQs related to the multiple flexibilities implemented for the Quality Payment Program.</li> </ul>
4/29/2020	Added information about QCDR measure testing and data collection delay.
4/20/2020	Added information about the new COVID-19 clinical trials (IA_ERP_3) improvement activity.
4/14/2020	<p>We made a number of revisions based on customer feedback to help clarify our policies, including:</p> <ul style="list-style-type: none"> <li>Added a new “at-a-glance” section</li> <li>Added information about the extreme and uncontrollable indicator on the QPP Participation Status lookup tool</li> <li>Consolidated and reorganized information to remove duplicative questions</li> <li>Removed targeted review question (will be addressed in a future resource).</li> </ul>

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Date	Change Description
4/3/2020	<ul style="list-style-type: none"> <li>Added information about extreme and uncontrollable circumstances application reopening as an option</li> <li>Added information about implications for facility-based clinicians</li> <li>Revised the question about Part B claims reporting to indicate that groups should submit an application</li> <li>Revised language to clarify that the automatic extreme and uncontrollable policy does not apply to group participation</li> </ul>
3/27/2020	Original posting

## Appendix A: Automatic Policy

### Performance Category Weights and Payment Adjustment based on Individual Data Submission

The table below illustrates the 2021 performance category reweighting policies that CMS will apply to individual clinicians under the MIPS automatic extreme and uncontrollable circumstances policy.<sup>1</sup> The automatic policy (and the reweighting below) doesn't apply to clinicians who participate in MIPS as a group, virtual group or APM Entity.

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
<b>Submit Data for 1 Performance Category</b>					
Quality Only	100%	0%	0%	0%	Neutral
Promoting Interoperability Only	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
<b>Submit Data for 2 Performance Categories</b>					
Quality <b>and</b> Promoting Interoperability	70%	30%	0%	0%	Positive, Negative, or Neutral

<sup>1</sup> See 42 C.F.R. §414.1380  
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Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
Quality <b>and</b> Improvement Activities	85%	0%	15%	0%	Positive, Negative, or Neutral
Improvement Activities <b>and</b> Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
<b>Submit Data for 3 Performance Categories</b>					
Quality <b>and</b> Improvement Activities <b>and</b> Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

## Appendix B: PY 2021 Performance Category Weights

### Performance Category Reweighting Scenarios

The table below identifies the performance category reweighting scenarios applicable to group, virtual group and APM Entity participation for the 2021 performance year.

Reweighting Scenario	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
<b>No Reweighting</b>					
All categories scored	40%	25%	15%	20%	Positive, Negative, or Neutral
<b>Reweight 1 Performance Category</b>					
No Cost	55%	30%	15%	0%	Positive, Negative, or Neutral
No Promoting Interoperability	65%	0%	15%	20%	Positive, Negative, or Neutral
No Quality	0%	65%	15%	20%	Positive, Negative, or Neutral
No Improvement Activities	55%	25%	0%	20%	Positive, Negative, or Neutral

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Reweighting Scenario	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
<b>Reweight 2 Performance Categories</b>					
No Cost and No Promoting Interoperability	85%	0%	15%	0%	Positive, Negative, or Neutral
No Cost and No Quality	0%	85%	15%	0%	Positive, Negative, or Neutral
No Cost and No Improvement Activities	70%	30%	0%	0%	Positive, Negative, or Neutral
No Quality and No Improvement Activities	0%	80%	0%	20%	Positive, Negative, or Neutral
No Promoting Interoperability and No Quality	0%	0%	50%	50%	Positive, Negative, or Neutral
No Promoting Interoperability and No Improvement Activities	80%	0%	0%	20%	Positive, Negative, or Neutral
<b>Reweight 3 Performance Categories</b>					
No Quality, No Cost, No Improvement Activities	0%	100%	0%	0%	Neutral
No Quality, No Cost, No Promoting Interoperability	0%	0%	100%	0%	Neutral
No Cost, No Improvement Activities, No Promoting Interoperability	100%	0%	0%	0%	Neutral
<b>Reweight 4 Performance Categories</b>					
All performance categories reweighted to 0%	0%	0%	0%	0%	Neutral

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