



## 2021 MIPS Overview – Final version

Below is a quick rundown of some major MIPS changes relevant to what we use in our specialties. Most changes are effective in 2021, unless otherwise specified. Names of measures and activities are abbreviated.

### Overall Top Changes:

- +/- 9% payment adjustment.
- Avoid the penalty at 60 pts, receive exceptional provider bonus at 85 pts.
- Complex Patient Bonus score doubled for 2020.
- Implementation of new optional model “APP” for APM participants in 2021.
- Implementation of new reporting model “MVP” delayed to 2022.

### Top Changes by Category:

<b>Quality (40%)</b>	<ul style="list-style-type: none"> <li>• Historical benchmarks to determine points will continue to be used (same as last year).</li> <li>• 2 new administrative claims-based measures (not relevant to your specialty).</li> <li>• 112 changes to existing measures, mainly global changes such as telehealth.</li> </ul>
<b>PI (25%)</b>	<ul style="list-style-type: none"> <li>• New optional HIE measure for bidirectional exchange. If used, it would replace the other 2 HIE measures.</li> <li>• Query PDMP remains optional, now worth 10 points.</li> <li>• HIE Receive and Incorporate renamed to HIE Receive and Reconcile.</li> </ul>
<b>IA (15%)</b>	<ul style="list-style-type: none"> <li>• Several activities added and removed, not relevant to your specialty.</li> <li>• 2 changes to existing activities (Comprehensive Eye Exams and Improvements in Patient Portal).</li> </ul>
<b>Cost (20%)</b>	<ul style="list-style-type: none"> <li>• Certain telehealth codes will be added to measure specifications.</li> </ul>

### Quality Measure Changes:

#### Global changes that impact many measures (see below):

1. Medical Reason Exclusion Value Set - Remove concepts which do not indicate a medical contraindication, but rather a provider decision, to discontinue or adjust a course of treatment.
2. Telehealth Encounter Removal – Exclude encounters that are not done in-person.
3. Telehealth Encounter Addition – Added encounters that are considered telehealth.
4. Long Term Care Exclusion Value Set - Updated definition as patients staying 90 consecutive days at a long-term care facility.
5. Advanced Illness and Frailty - Added coding to better define this patient population.

### Ophthalmology

ID	Name	Global	Measure Specific
12	POAG Optic Nerve Eval	1, 2	Removed claims and CQM collection types.
14	AMD Dilated Macular Exam		Updated severity options to align with ICD-10 options.
19	DR Communication	1, 2	For eCQM, removed the “sender” and “recipient” attributes from the numerator and reverted to the numerator logic from performance year 2019.
117	Diabetes Eye Exam	4, 5	For claims and CQM collection types, the numerator is stratified into those with and without DR. The numerator option note associated with “Performance Not Met” option is removed.
141	POAG Plan of Care		Removed claims collection type.
191	Cataract Surgery 20/40 VA		For eCQM, added a data element for “Best Correct VA Exam using Snellen Chart.”

## Dermatology

ID		Global	Measure Specific
137	Melanoma Recall	3	No change
265	Biopsy Follow-Up	3	No change
410	Psoriasis Clinical Response to Systemic Meds	3	Updated instructions to submit the most recent denominator eligible encounter. Adds additional clarity that if the psoriasis assessment tool isn't documented on the final eligible encounter of the year but it was documented in an earlier encounter, the most recent encounter should be used to determine if the measure's requirement were met.

## General/Other

ID	Name	Global	Measure Specific
1	Diabetes HbA1C	4, 5	For claims and CQM collection types, patient-reported HbA1C is no longer valid. Numerator options are stratified to better assess hemoglobin A1c levels. Added instructions to only include Type 1 and Type 2 diabetics.
47	Advance Care Plan		Added clinical social workers to denominator-eligible encounters.
110	Flu Immunization	1, 3	LAIV (live attenuated influenza vaccine) will be excluded from the measure due to the CDC/ACIP advising against this vaccine but it will be assessed each flu season.
112	Breast Cancer Screening	4, 5	For eCQM, removed logic and value set related to unilateral mastectomy.
113	Colorectal Cancer Screening	4, 5	Removed coding exclusion not applicable to preventive value sets and not appropriate for inclusion in the measure's denominator eligible patient population. Added exclusion language for diagnosis or past history of total colectomy or colorectal cancer.
128	BMI Screening and Follow-Up	2	Updated description to clarify intent. Patient refusal moved from exclusion to exception. Hospice care encounters are excluded.
130	Documentation of Current Meds		Added more clarity that the intent is to document all known prescriptions since MIPS eligible clinicians should not be held accountable for information not available by utilizing all immediate resources.
226	Tobacco Use	1, 3	Shortened the look back period to 12 months and require tobacco screening and cessation, if patient screened positive, to occur every 12 months. Added physical therapy MIPS eligible clinicians to the denominator eligible encounters. Unlinked the intervention from having to occur after the tobacco status within the measure logic.
236	Controlling High BP	4,5	Hypertension must be present prior to and during the measurement period. Added clarification for values reported by or taken by the patient (with exception of BP taken by a remote monitoring device, which is then reported to provider).

238	Use of High-Risk Meds		Removed submission criteria one from this measure and continue to assess the percentage of patients 65 and older who were ordered at least two of the same high-risk medications. eCQM specifications added medication value sets to the numerator to align with the Beers Criteria for Potentially Inappropriate Medications list. Added and removed certain medications.
317	High BP Screening and Follow-Up	2	Must be reported on every encounter. BP cannot be obtained from external sources. A recommended follow-up plan needs to be documented if BP is pre-hypertensive or hypertensive. Added 2 additional options for exceptions.
318	Falls Screening		Removed the denominator exclusion for non-ambulatory patients due to lack of available documentation for non-ambulatory status.
374	Closing the Referral Loop	3	Updated the logic for “First Referral During Measurement Period” to allow for a referral order in addition to a referral being performed. This provides options to capture the first referral within the EHR. Removed the pathology consult note from the “Consultation Report.”

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