MIPS 2021 – Year 5

A Review of the Program Requirements

Today's Presenter

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Agenda:

- Review the changes in Year 5
- Understand who is eligible for MIPS
- Define the reporting requirements for Quality, PI, IA & Cost in 2021
- Discuss APM changes
- Provide tips and resources for preparing your clinicians for a successful reporting year

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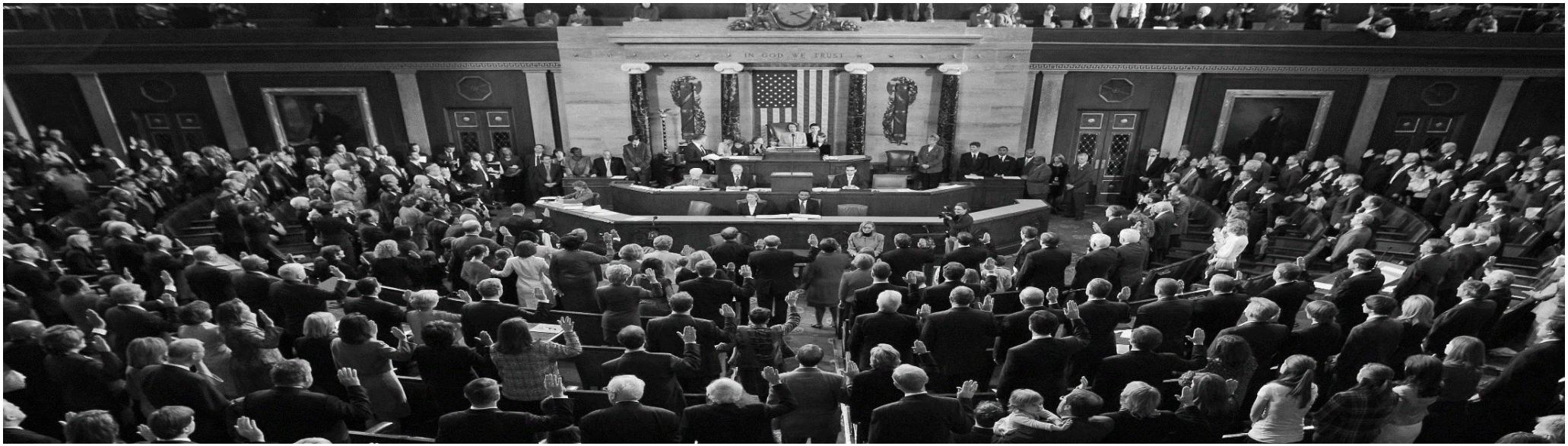
MACRA

Medicare **A**ccess and **C**HIP **R**eauthorization **A**ct

- Signed into law April 14, 2015
- Bipartisan support
- Changes the way providers are reimbursed
- Advances focus on paying for quality vs quantity



Quality Payment Program

MIPS

- Streamlined Medicare incentive programs
- Expands participants
- Adds flexibility

APMs

- Sets thresholds for revenue and risk
- MIPS APMs
- Advanced APMs

Eligibility Requirements

Medicaid EHR Incentive Program

- Registered for Medicaid MU
  - Continue to participate through your state Medicaid
  - Collect incentives (Maximum 6 years)
  - Participate in MIPS if also eligible for Medicare
  - Check with your state – submission deadline **October 2021**
  - Last payment must be distributed by **12/31/2021**

MIPS Eligibility

MIPS Eligible Clinicians

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Specialists
- CRNAs
- Physical Therapists
- Occupational Therapists
- Qualified Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dieticians/ Nutrition Professionals

No Changes for 2021

Eligibility Requirements

NOT Subject to MIPS

- EC in first year of Medicare participation
- Hospitals & Facilities (Medicare Part A)
- Medicare Advantage Plans (Medicare Part C)
- Certain APM participants
- Medicaid

No changes for 2021

Eligibility Requirements

No Changes for 2021

Have >$90,000 in Part B allowed charges for covered Professional Services

AND

Provide care for >200 Medicare Part B enrolled beneficiaries

AND

Provide >200 covered professional services under PFS

Opt-In to MIPS

Providers or groups

can "opt-in" to participate in MIPS 2021

- ✓ Meet at least 1, but not all 3 of the eligibility criteria
- ✓ Will be subject to +/- or neutral payment adjustment

OR – Voluntarily report – no PFS adjustment

Must log into QPP and "opt-in"

Opt-in is irrevocable!

Eligibility Requirements

Determination dates

- **October 1, 2019 – Sept 30, 2020**

  ***If exempt after first period, remain exempt
  ***Special status applies if determined in either period

- **October 1, 2020 – Sept 30, 2021 (no claims runout)**
  - 2nd determination period used to determine Complex Patient Care bonus

Eligibility Requirements

New provider joins your practice in the last 3 months of the year

- Eligibility for the NPI will not be available on QPP – last determination period ends September 30
- If reporting as individual – can be excluded from 2020 reporting
- If billing Medicare Part B with their NPI and group TIN, and the established TIN is reporting as a group – **cannot be excluded**

Reporting Options

- **Individual –** Unique NPI/TIN
- **Group -** 2 or more ECs/NPIs who reassigned billing rights to a TIN
- **Virtual Group -** 2 or more TINs of 1-10 ECs who form a Virtual Group to report MIPS *(must form group and apply by Dec 31, 2021)*
- **MIPS APM**
- **3rd Party Intermediary –** acting on behalf of ECs or groups to submit data on measures and activities

Collection Types

- Medicare Part B Claims
- CMS Web Interface **– Sunsets after 2021**
- Electronic Clinical Quality Measures (eCQMs)
- MIPS Clinical Quality Measures (CQMs)
- Qualified Clinical Data Registry (QCDR)
- CAHPS Survey for MIPS

Submission Type

- Direct Submission
- Log in and Attest
- Log in and Upload
- Administrative Claims
- CAHPS for MIPS

Reporting 2021– Collection Type

Submitter Type	Individual MIPS EC	Group	3rd Party Intermediary
Quality	• Part B Claims (Only if part of small practice) • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) • Electronic Clinical Quality Measures (eCQMs)	• Part B Claims (Small practices only) • Web Interface ≥25 Sunsets in 2021 • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) • Electronic Clinical Quality Measures (eCQMs) • CAHPS Survey	• Web Interface ≥25 Sunsets in 2021 • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) • Electronic Clinical Quality Measures (eCQMs) • CAHPS Survey for MIPS

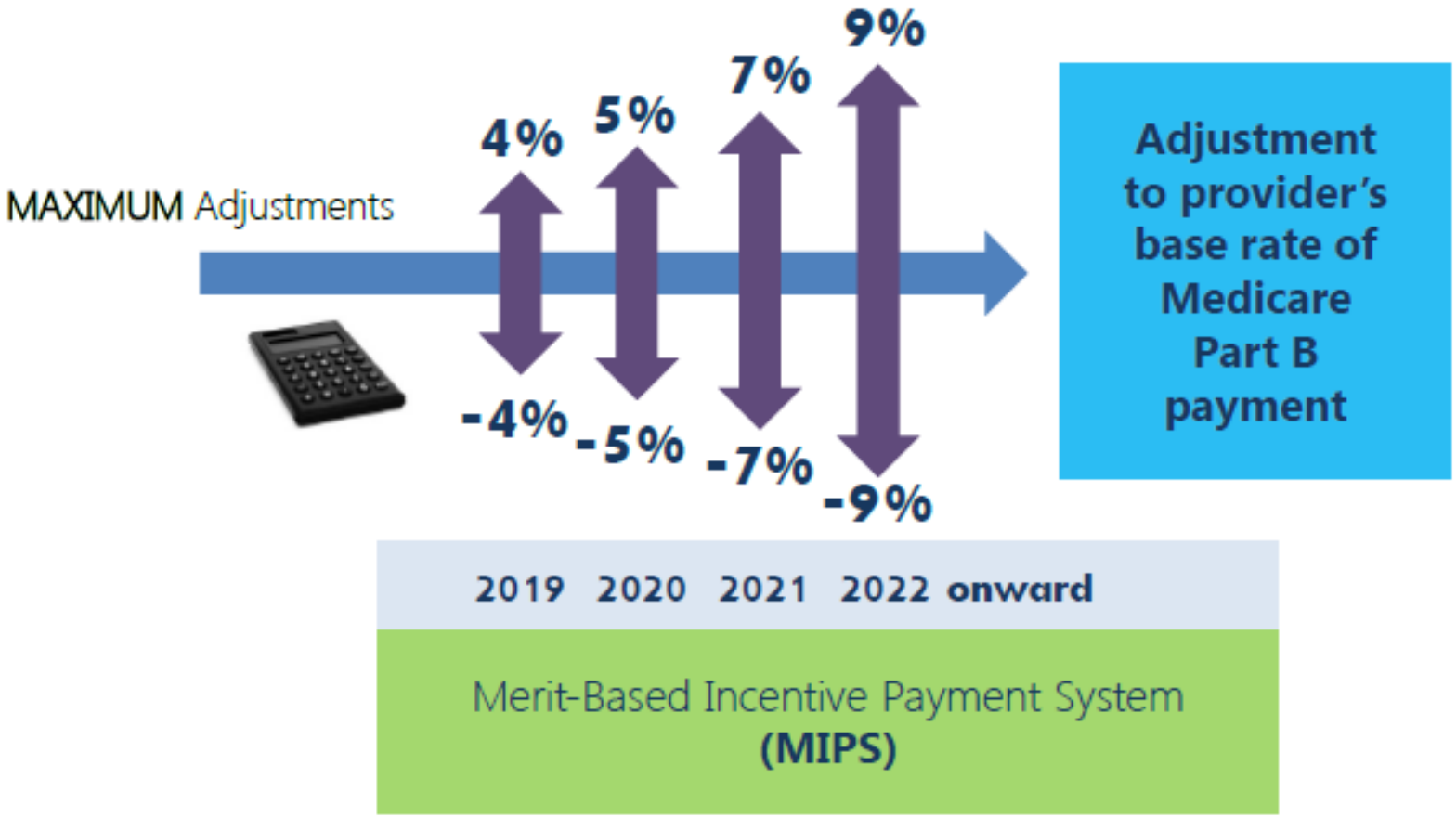
Reporting – Submission Type

Submitter Type	Individual MIPS EC	Group	3rd Party Intermediary
Improvement Activities **Promoting Interoperability**	Direct Log in and Attest Log in and Upload	Direct Log in and Attest Log in and Upload	Direct Log in and Attest Log in and Upload

Reporting - Cost

Submitter Type	Individual MIPS EC	Group	3rd Party Intermediary
Cost	**Administrative Claims** (No submission needed)	**Administrative Claims** (No submission needed)	**None**

Payment Year Adjustments



Source: Center for Medicare & Medicaid Services

Deadlines

Dates to Remember

- 2021 Reporting Impacts 2023 Reimbursement
- Performance period:
  January 1 - December 31, 2021
- Submission deadline: March 31, 2022

- Extreme & Uncontrollable Circumstances Exception
  Deadline to apply Feb.1, 2021 for **2020 Reporting**

- EUC Exception is available for 2021 Performance Year

MIPS Scoring

A single MIPS **composite performance score** will factor in performance in **4 weighted performance categories**:

Center for Medicare & Medicaid Services

Category Performance Period

- **Quality**
  - 365 days – Calendar year
- **PI**
  - 90 consecutive day minimum
- **IA**
  - 90 consecutive day minimum
- **Cost**
  - 365 days – Calendar year

No Changes

Reporting MIPS 2021

- **Performance Threshold = 60 points**
- **“Penalty Avoidance”**
  - Quality Measures: performance to meet threshold
  - Quality + PI measures + IA (or cost)
  - Full participation in all categories
  - EUC Exception

MIPS Reimbursements

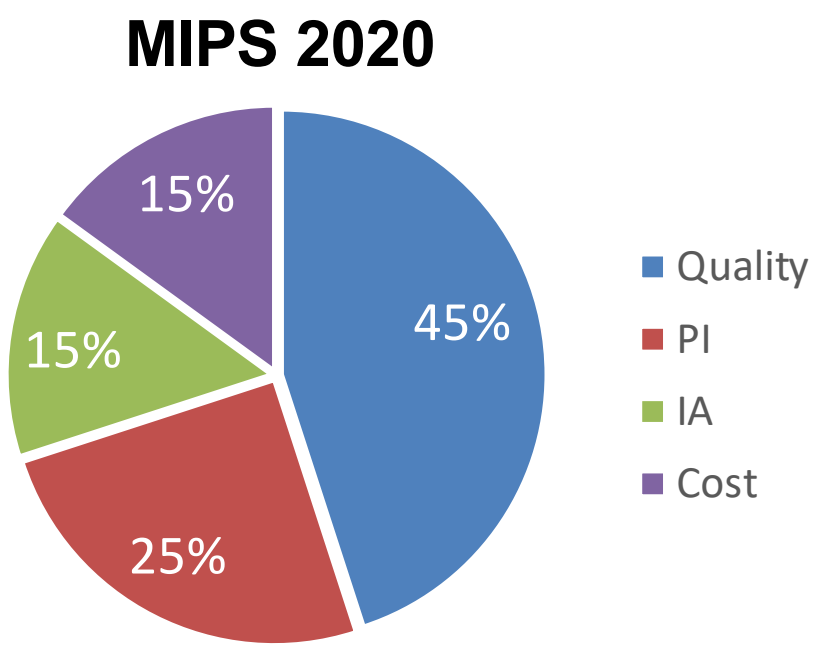
Reimbursement in 2023

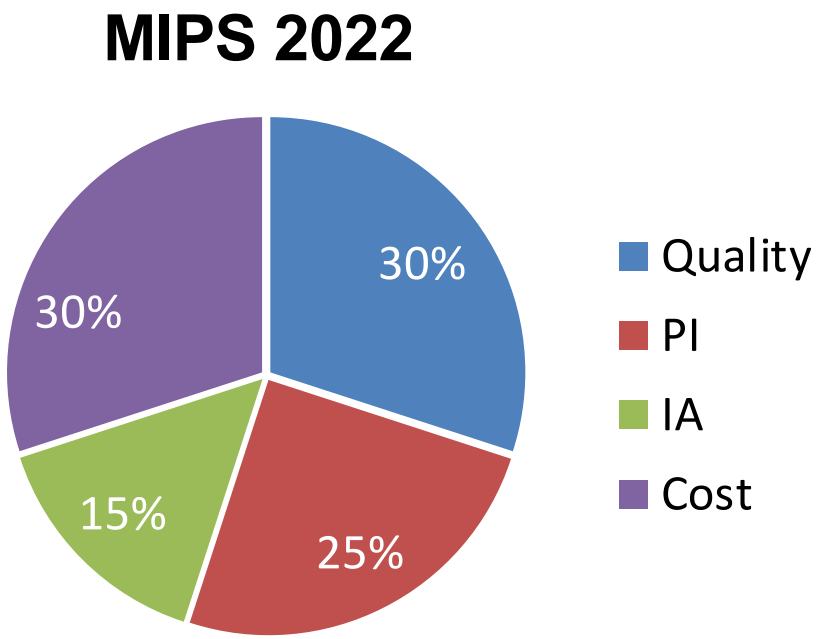
- **Budget neutral program**
  - Penalties fund incentives
- **60 point floor**
  - Score to avoid a negative adjustment
- **85 points**
  - Performance threshold for 2021 for exceptional performance incentives

****Exceptional Performance ends with 2023 Payment year**

Positive adjustments are based on performance data submitted.

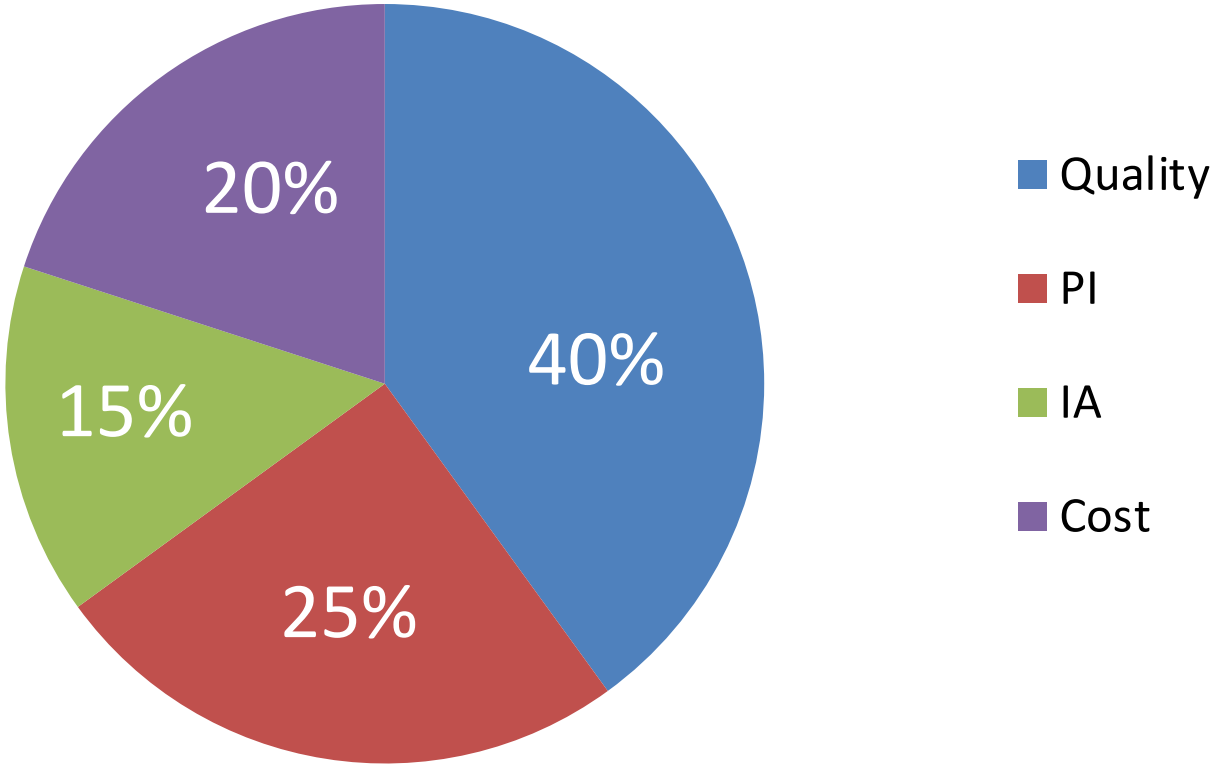
Phase in of Cost Category





Category Weights

MIPS 2021



MIPS Scoring

Points Available

MIPS Category	Maximum Denominator	Percent of Composite Score
Quality	60 (or 70)	**40%**
PI	100	25%
IA	40	15%
Cost	N/A	**20%**

Cost Category

- Administrative Claims: Calculated by CMS
  - Total per Capita Cost (TPCC)
  - Medicare Spending per Beneficiary – Clinician (MSPB-C)
  - Total of 18 Episode-based measures
  - **2 New Cost Measures**

***Goal**: Reduce cost of care while increasing quality of care*

WEIGHT

Tips for Cost Category

1) No submission needed – **20% of score**
2) Analyze your 2019 & 2020 results on QPP before deciding categories to claim for EUC Exception
3) Review any interim reports from CMS
4) Develop plan for 2021

Improvement Activities

105 Improvement Activity options

Reward clinical practice innovation & improvement activities such as:

- Care Coordination
- Beneficiary Engagement
- Patient Safety
- Expanded Patient Access
- Population Management

Rewards PCMH & APM participation

15%

WEIGHT

IA Category

Improvement Activity Measures

- Requirements
  1. Choose from 104 Improvement Activities Measures
  2. Report on up to 4 measures for 90 consecutive days each
  3. At least 50% of providers in group must participate in the IA

- For Maximum performance
  - Report on a combination of measures that = 40 points
    - High weight measures = 20 pts
    - Medium weight measures = 10 pts

- For small practices (<15 ECs) / rural health, HPSA
  - Double points
    - High weight = 40 pts
    - Medium weight = 20 pts

Tips for Improvement Activities

1) Confirm that >50% of providers per TIN were active participants in each IA
2) Focus your improvement efforts on quality measures that you are already working on or measures pertinent to your group - **prepare for MVPs**
3) Document your starting point
4) Evidence that you worked on each IA for 90 consecutive days and the improvements made **– Keep for 6 years**
5) **Easiest points to get in 2021**

   40 points = 15 MIPS total score points

Promoting Interoperability

Use of *2015 CEHRT* required

- Must meet Protect Pt Health Information/ SRA
- 4 Objectives
- 4-5 Required Measures
- 100% performance based
- **NEW HIE Measure**

PDMP Bonus Available – **10 points**

WEIGHT

PI Category

Automatic Reweighting of PI

- Hospital-based Clinicians (>75% NPIs in TIN)
- Nurse Practitioners
- Physician Assistants
- CRNAs
- Clinical Nurse Specialists
- Ambulatory Surgical Centers
- PT, OT, Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dietician/Nutrition Professionals

No Changes

2015 CEHRT PI Measures

OBJECTIVE	MEASURES	REPORT TYPE	Max. Points
Protect Patient Health Information	Security Risk Analysis	**Required**	None
Electronic Prescribing	e-Prescribing	Numer/Denom	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP) (*Optional 2021)*	Yes/No	**10 point bonus**
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Numer/Denom	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Numer/Denom	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Numer/Denom	40 Points
Public Health and Clinical Data Exchange	Report to <u>two</u> different public health agencies or clinical data registries for any of the following: Immunization Registry ** Electronic Case Reporting ** Public Health Registry ** Clinical Data Registry ** Syndromic Surveillance **	Yes/No	10 points

NEW Optional HIE Measure

2021 Performance Period

Objective:	**Health Information Exchange**
Measure:	**Health Information Exchange (HIE) Bi-Directional Exchange** The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.
Measure ID:	**PI_HIE_5**

- Would replace HIE 1 - Send a Summary of Care
  HIE 4 - Receive & Reconcile

- **40 Points**
- **Attestation**

Statement #1 - Attest Yes or True

I participate in an HIE in order to enable bi-directional exchange to occur for every patient encounter, transition or referral and record (is)stored or maintained in the EHR during the performance period in accordance with applicable law and policy.

Statement #2 – Attest Yes or True

The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners, including those using disparate EHRs, and does not engage in exclusionary behavior when determining exchange partners.

Statement #3 Yes or True

I use the functions of CEHRT to support bi-directional exchange with an HIE.

Tips for Promoting Interoperability

1) Easier to get full category credit in 2021
2) **NEW Bi-directional HIE measure option – 40 points**
3) Reweighting available – Hardship, EUC or automatic
4) Hospital-based – 75% of NPIs in TIN defined as hospital based
5) Must start 90 days by October 2, 2021

Quality Category

Claims – 46 EHR - 47

Registry -185 Web - 10

Measures determined annually by Nov 1st

Choose 6 measures to report

- 1 Outcome or another High Priority measure (Pt outcomes, appropriate use, pt safety, efficiency, pt experience, care coordination)
- Or report a specialty measure set

Bonus points available

40%

WEIGHT

Common eCQMs without Benchmarks in 2021

- **CMS 22:**
  - Screening for High Blood Pressure and Follow Up Documented
- **CMS 138:**
  - Tobacco Use Screening & Cessation Intervention
- **CMS 156:**
  - Use of High-Risk Meds in Older Adults

eCQMs also without benchmarks for 2021

- CMS 129v10, 249v3, 645v4, 771v2

MIPS Benchmarks

Measure_Name	CMS ID	NQF ID	Measure ID	Submission Method	Measure Type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out
Childhood Immunization Status	117v8	0038	240	EHR	Process	Y	4.76 - 6.51	6.52 - 9.08	9.09 - 13.00	13.01 - 18.17	18.18 - 23.80	23.81 - 29.32	29.33 - 41.66	>= 41.67	No
Diabetes: Hemoglobin A1c Poor Control	122v8	0059	1	EHR	Outcome	Y	54.67 - 35.91	35.90 - 25.63	25.62 - 19.34	19.33 - 14.15	14.14 - 9.10	9.09 - 3.34	3.33 - 0.01	0	No
Cervical Cancer Screening	124v8	0032	309	EHR	Process	Y	8.89 - 15.08	15.09 - 21.79	21.80 - 28.83	28.84 - 36.66	36.67 - 44.99	45.00 - 54.77	54.78 - 68.99	>= 69.00	No
Breast Cancer Screening	125v8	2372	112	EHR	Process	Y	12.41 - 22.21	22.22 - 32.30	32.31 - 40.86	40.87 - 47.91	47.92 - 55.25	55.26 - 63.06	63.07 - 73.22	>= 73.23	No
Pneumonia Vaccination Status for Older Adults	127v8	0043	111	EHR	Process	Y	14.13 - 23.25	23.26 - 33.02	33.03 - 43.58	43.59 - 53.96	53.97 - 63.60	63.61 - 74.54	74.55 - 85.52	>= 85.53	No
Anti-depressant Medication Management	128v8	0105	9	EHR	Process	Y	0.97 - 1.27	1.28 - 1.52	1.53 - 1.84	1.85 - 2.37	2.38 - 3.99	4.00 - 61.47	61.48 - 80.62	>= 80.63	No
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	129v9	0389	102	EHR	Process	N	--	--	--	--	--	--	--	--	--
Colorectal Cancer Screening	130v8	0034	113	EHR	Process	Y	7.35 - 15.97	15.98 - 24.66	24.67 - 33.45	33.46 - 44.39	44.40 - 56.19	56.20 - 67.91	67.92 - 82.28	>= 82.29	No

Quality Category

Quality Data Completeness

- When reporting quality measures, must meet data completeness criteria:
  - **Claims** – **70%** of all Medicare patients eligible for a measure
  - **eCQMs, MIPS CQMs, QCDR** – at least **70%** of all patients eligible for the measure across all payers

Quality Category

Bonus Points Still Available

Category	Measures	Bonus Points	Maximum
Quality	Additional Outcome or Patient Experience Measure	2 points each	6 point max
Quality	Additional High Priority Measure	1 point each	
Quality	CEHRT Submission	1 point each	6 point max
Quality	Improvement		Up to 10 percentage points

Additional Bonus Points

- **Small Practice Bonus**
  - 6 points added to quality numerator (<15 ECs)
- **Complex Patient Care Bonus**
  - **Up to 10 points** (Added to Total Score) **for 2020 ONLY**
  - **Up to 5 points for 2021**
- **Quality Improvement Bonus**
  - Up to 10 percentage points (Added to Quality Score)

MIPS 2021 Exceptions

- **PI hardship exception**

  Deadline to apply: December 31, 2021

- **Extreme & Uncontrollable Circumstances Exception**

  - Available for PY 2021 due to PHE COVID 19
  - Reweighting available

Composite Score vs Performance Threshold

Final Total Score	MIPS 2023 Fee Schedule Adjustment
0 – 15	-9% (Most likely those individuals or groups scoring zero)
15.01– 59.99	>-9% up to 0% (Negative adjustment)
60	**0% (No adjustment – 2021 performance threshold)**
60.01- 84.99	0.1- 8.9%x to maintain budget neutrality (Positive adjustment)
85.0 -100	Up to 9%x plus exceptional performance adjustment of 0.5%-10% (Positive adjustment)

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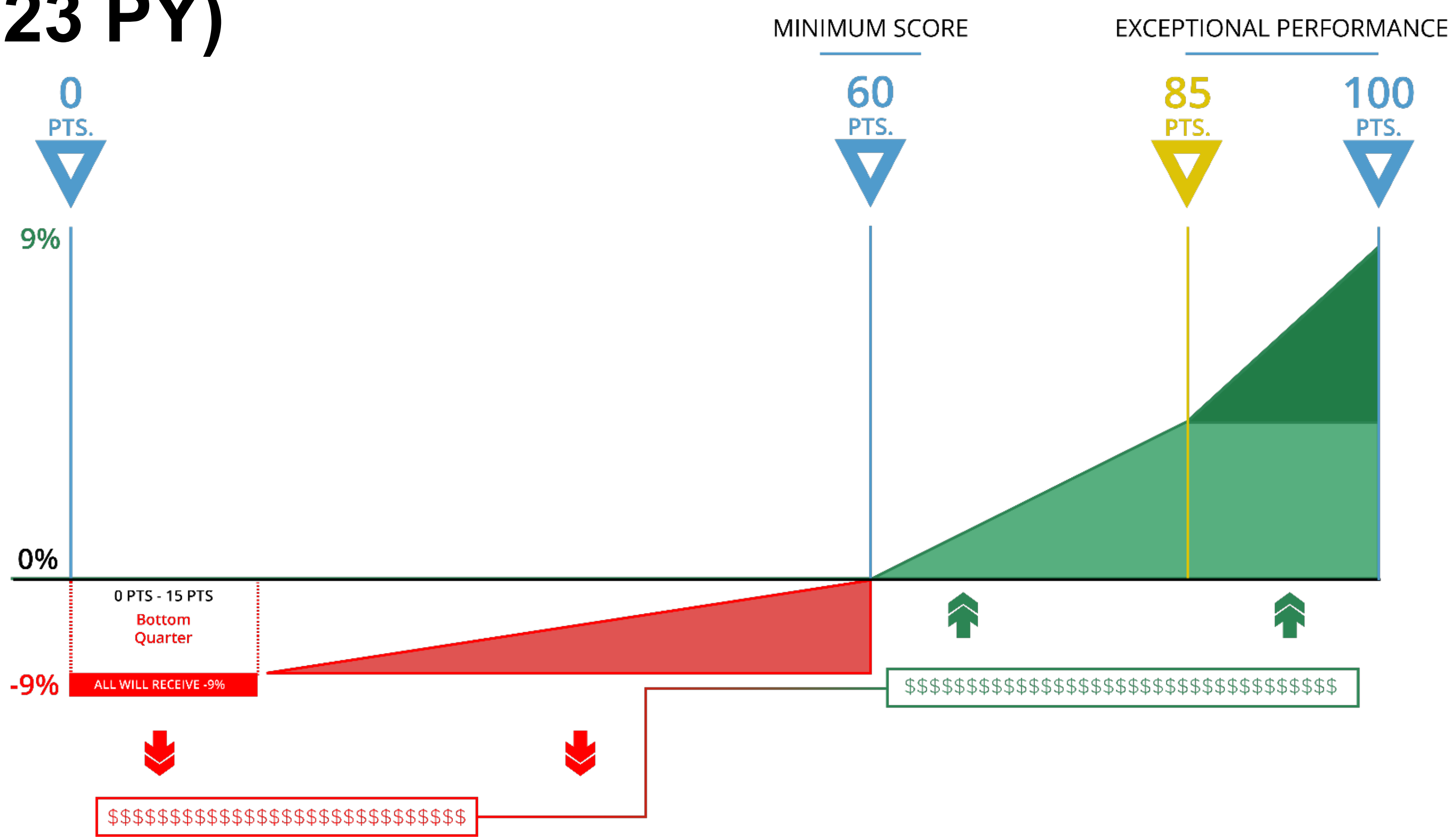
Payment Adjustments

2021 Positive & Negative Adjustments (2023 PY)



Tips & Resources

- If you receive reweighting of the PI category and you submit PI data, you will be scored on the data submitted
- Read 2019 & 2020 QPP report – determine which special statuses and bonuses were earned for 2019 & 2020 and which cost measures were calculated (good prediction for 2021)
- 2019 MIPS Performance will be posted on Physician Compare - **Review available now prior to posting**
- Targeted review must be requested within 60 days of release of 2020 performance feedback

APM Performance Pathway

The APP is required for Shared Savings Program ACOs in 2021

- The ACO can choose to report 10 Web Interface measures or APP pre-determined measures in 2021
- MIPS Eligible Clinicians in those ACOs/APMs must report to MIPS

Clinicians participating in a MIPS ACO/APM can:

1) Report through their ACO/APM entity that will use APP to report
2) Report through APP outside of the ACO (on QPP)
3) Participate in traditional MIPS outside of APP at the individual level
4) Participate in traditional MIPS outside APP at the group level

APM Performance Pathway (APP)

Who is eligible to report through the APP?

- Any MIPS eligible clinician participating in a MIPS APM
- On a participation list, or affiliated practitioner list, of any APM Entity
- They are on the list in **1** of the **4** snapshot dates **in 2021**

March 31 ***June 30*** ***August 31*** ***December 31***

APM Performance Pathway (APP)

What does reporting through the APP mean?

QPP is where the APP submission will be done.

Report a group of 6 measures to CMS:

3 Quality Measures

Depression &Tobacco Screen & HbA1c

2 Administrative Claims Measures

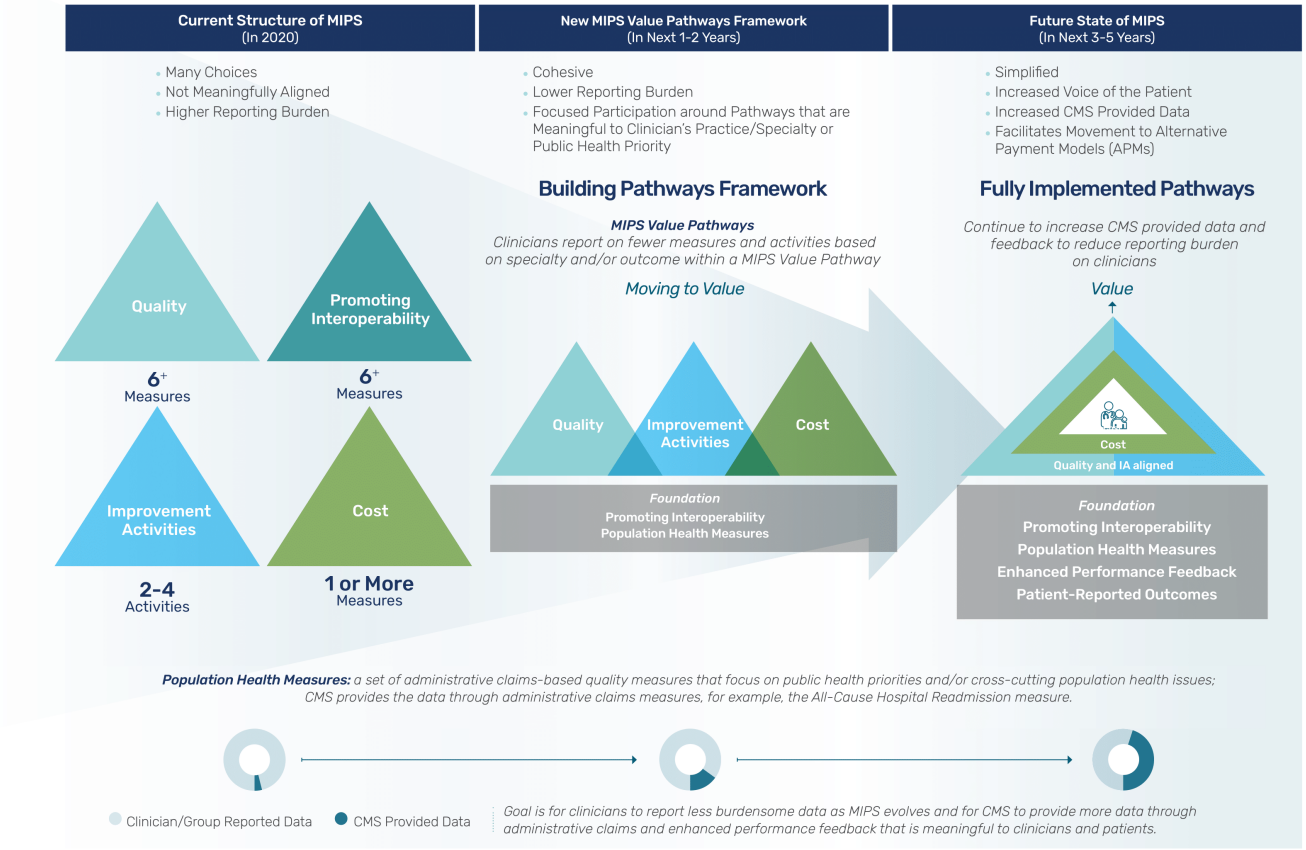
1 CAHPS Survey

APM Performance Pathway (APP)

- Your ACO is required to use the APP framework for reporting for 2021
- MIPS APM Participants can submit MIPS data as individuals or groups, or through APM Entity, using the APP or using their 3rd party vendor or registry
- If APM reports for your TIN, you can also do a full MIPS submission – Higher score prevails for your TIN

MIPS Value Pathways

MIPS Value Pathways



We Need Your Feedback on:

Pathways:
What should be the structure and focus of the Pathways?
What criteria should we use to select measures and activities?

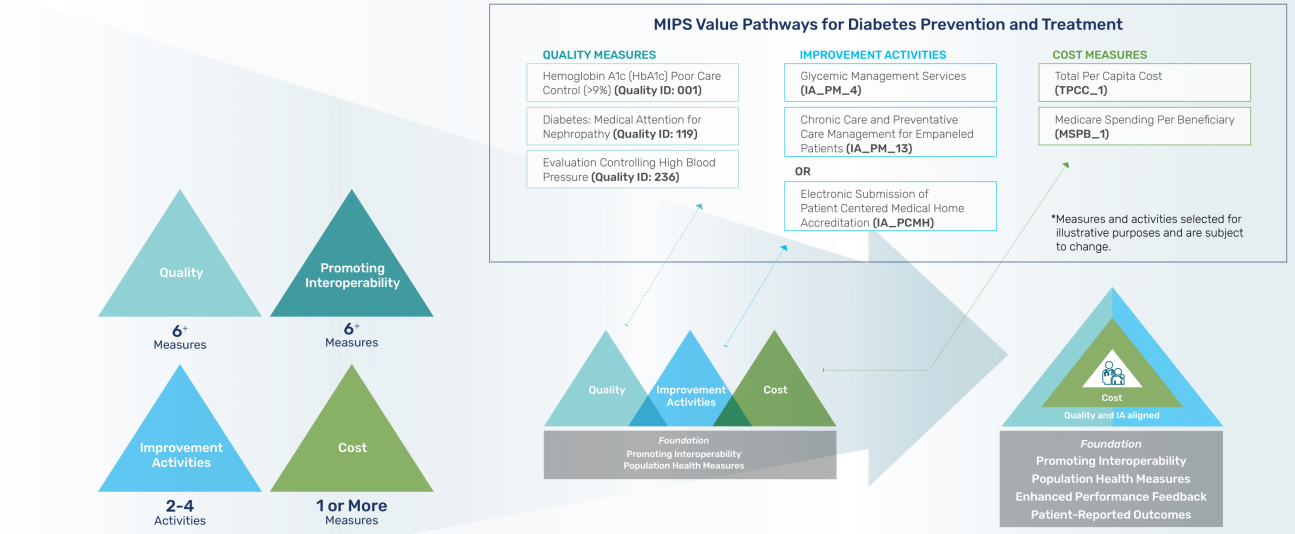
Participation:
What policies are needed for small practices and multi-specialty practices?
Should there be a choice of measures and activities within Pathways?

Public Reporting:
How should information be reported to patients?
Should we move toward reporting at the individual clinician level?

Sample Diabetes MVP

MIPS Value Pathways: Diabetes Example

Current Structure of MIPS (In 2020)	New MIPS Value Pathways Framework (In Next 1-2 Years)	Future State of MIPS (In Next 3-5 Years)
MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track		
Endocrinologist chooses from same set of measures as all other clinicians, regardless of specialty or practice area	*Endocrinologist reports same "foundation" of PI and population health measures as all other clinicians but now has a MIPS Value Pathway with measures and activities that focus on diabetes prevention and treatment*	*Endocrinologist reports on same foundation of measures with patient-reported outcomes also included*
Four performance categories feel like four different programs	*Endocrinologist reports on fewer measures overall in a pathway that is meaningful to their practice*	*Performance category measures in endocrinologist's Diabetes Pathway are more meaningful to their practice*
Reporting burden higher and population health not addressed	*CMS provides more data; reporting burden on endocrinologist reduced*	*CMS provides even more data (e.g. comparative analytics) using claims data and endocrinologist's reporting burden even further reduced*
Clinician/Group CMS	Clinician/Group CMS	Clinician/Group CMS



Population Health Measures: *a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.*

What's to come?

By Law

-**Cost and Quality** categories must be worth 30% each of total MIPS score by 2022

- MIPS Value Pathways (MVPs) PY 2022
  - Expect to introduce some MVPs in NPRM
  - Traditional MIPS reporting option will continue
  - MVPs – Will be optional at this point
- CMS Web Interface reporting not available in 2022

How will you report in 2022?

Tips & Resources

- **CMS QPP website – (qpp.cms.gov)**
  - Measure Selection Tools
  - Program Information
  - Participation Status Look –up
  - **Resource Library**

- **Medisolv.com**
  - Blogs
  - Educational Webinars
  - Regulatory Updates
  - Customer Stories and More….

Started 21 years ago by our CEO / physician

- Partnered with Hospitals for regulatory reporting
- Quality & Financial Dashboards
- Abstracted Measures
- Expanded to Ambulatory regulatory reporting
- Predictive Value Maximizer
- Personal partner/consultant for each client
- Regulatory Updates & Education
- Measure selection & performance/score optimization
- Submission support for eCQMs, CQMs, Hybrid Measures, MU/PI
- Audit assistance

eCQMs, CQMs, Promoting Interoperability, Improvement Activities
Coming soon – MVPs, APM/ACO submissions

Questions & Answers

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