

2021 QPP Updates

Minor updates to the APM track;
CMS introduces APM Performance Pathway in MIPS

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On December 28th, 2020, the Centers for Medicare and Medicaid Services (CMS) published the 2021 Medicare Physician Fee Schedule (MPFS) final rule, which includes updates to Medicare Part B reimbursement rates. The MPFS rule also updates requirements for the Medicare Quality Payment Program, including the MIPS and APM tracks.

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What is the Quality Payment Program?



The Quality Payment Program (QPP) is a CMS pay-for-performance program that affects Medicare Part B reimbursement. There are two payment tracks under the QPP that can clinicians participate in:

- Advanced Alternative Payment Models (APM)
- Merit-based Incentive Payment System (MIPS)

Key changes at a glance

The 2021 final rule includes several changes for eligible clinicians participating in the Quality Payment Program (QPP). CMS offers short-term flexibility in response to the Covid-19 public health emergency while pushing forward several long-term goals of the QPP. There were minor updates to the APM track policies. The introduction of the APM Performance Pathway (APP) reporting framework in the MIPS track signals CMS’s intention to reduce the reporting burden and make quality reporting more meaningful to providers.

The table below shows where the key changes fall within the tracks of the Quality Payment Program.

TRACKS	POLICIES
 <p>APM</p>	<ul style="list-style-type: none"> • Updated Qualifying APM Participant (QP) threshold score calculation to remove patients who cannot be attributed to the APM entity • Created a targeted review process to fix errors in QP determination • Established a hierarchy to identify appropriate incentive payout recipient when clinicians change Tax Identification Numbers (TINs) • QP thresholds were slated to rise in 2021, but the Consolidated Appropriations Act of 2021 delayed the increase until 2023
 <p>MIPS</p>	<ul style="list-style-type: none"> • MIPS Value Pathways (MVPs) implementation delayed until 2022 • 2021 MIPS Performance Threshold set at 60 points, with exceptional performance set at 85 points • Optional, alternative Bi-Directional HIE measure introduced in the Promoting Interoperability performance category • APP created as an optional reporting framework for MIPS APM participants that replaces the APM Scoring Standard • CMS Web Interface will no longer be available for Quality measures submission beginning in 2022

Five highlights in the final rule

01 **HIGHLIGHT**
Minor APM track updates

02 **HIGHLIGHT**
MVPs delayed to 2022

03 **HIGHLIGHT**
APP available in MIPS

04 **HIGHLIGHT**
Few updates to MIPS categories

05 **HIGHLIGHT**
Covid-19 relief extended through 2021

01 Minor APM track updates

CMS continues to refine policies in the APM track. Overall, the changes for 2021 are relatively minor adjustments to address highly specific issues.

To prevent potential dilution of the QP threshold score, CMS will remove patients who are not allowed to be attributed to the APM entity. The rule also created a targeted review process through which clinicians can request that CMS address errors in QP determination. In situations when clinicians who earn QP status later change TINs, the incentive payment will be paid out according to a hierarchy that identifies the appropriate recipient.

QP thresholds remain the same after Congressional intervention

According to the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, the QP thresholds were slated to increase substantially in 2021. This increase would have made it harder for APM participants to qualify for the APM track and receive the 5% lump-sum bonus.

At the end of 2020, Congress intervened to delay the scheduled increase. The Consolidated Appropriations Act of 2021 froze the QP thresholds at their performance year 2020 levels for performance years 2021 and 2022. Because of this, organizations that previously met the threshold and qualified for the APM track will likely qualify again in 2021.



02 MVPs delayed to 2022

CMS intends to establish MVPs as a new MIPS reporting framework, but the rule delayed implementation until 2022. MVPs are a reporting framework that group related quality, cost, and improvement activities measures for MIPS by condition or specialty. CMS will continue to allow traditional MIPS reporting as it begins to introduce MVPs as a new reporting framework.

The rule didn't include exact details of which MVPs will be available and how they will work. But CMS did finalize several **guiding principles** to steer future MVP development. MVPs should:

- Include connected and complementary sets of measures and activities
- Generate comparative performance data
- Use the Meaningful Measures approach and include patient voice
- Reduce barriers to APM participation by including existing APM measures where feasible and linking cost and quality measurement
- Support the transition to digital quality measures

CMS is seeking stakeholder feedback as it finalizes implementation details. There will be several opportunities for stakeholders to participate in the MVP development process across 2021, and as CMS continues to roll out MVP options in future years.

03 APP available in MIPS

The APP is a new, optional reporting framework for MIPS APM participants that replaces the APM Scoring Standard. Clinicians can report the APP at the individual, group, or APM entity level. The performance category weights are Quality: 50%, Improvement Activities: 20%, and Promoting Interoperability: 30%. The APP does not score clinicians on cost.

The APP Core Quality Measure Set includes six total measures. Three measures must be reported through either eCQM¹ or MIPS CQM² submission, which includes all-payer data. The remaining measures are scored by CMS based on Medicare claims or through data submitted through a survey vendor.

CMS Web Interface no longer available starting 2022

For 2021 only, clinicians can choose to report the ten CMS Web Interface measures. This allows some flexibility and time, if needed, to implement the three measures in the APP Core Quality Measure Set highlighted in red below.

APP Core Quality Measure Set		CMS Web Interface measures allowed in 2021 only
CAHPS for MIPS		Diabetes Hemoglobin A1C (HbA1c) Poor Control
Diabetes: Hemoglobin A1c (HbA1c) Poor Control	-OR-	Preventive Care and Screening: Screening for Depression and Follow-up Plan
Preventive Care and Screening: Screening for Depression and Follow-up Plan		Controlling High Blood Pressure
Controlling High Blood Pressure		Falls: Screening for Future Fall Risk
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS EC Groups		Preventive Care and Screening: Influenza Immunization
Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOS		Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
		Colorectal Cancer Screening
		Breast Cancer Screening
		Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
		Depression Remission at Twelve Months

1. eCQM: Electronic Clinical Quality Measure
2. CQM: Clinical Quality Measure

Source: CMS; Advisory Board research and analysis.

04 Few updates to MIPS categories

The rule finalized a few changes to the traditional MIPS categories, in keeping with typical updates expected in annual rulemaking. The table below outlines the most important changes in each category.

CATEGORIES AND WEIGHTS	POLICIES
Quality 40%	<ul style="list-style-type: none"> • Continue to use historical benchmarks, rather than the proposed performance-year benchmarks • 2 new administrative claims, 113 existing measures modified, and 11 measures removed
Cost 20%	<ul style="list-style-type: none"> • Telehealth services incorporated where directly applicable to TPCC¹ and episode-based measures • Retains existing Total Per Capita Cost (TPCC), Medicare Spending Per Beneficiary Clinician (MSPB-C), and 18 episode-based measures
IA 15%	<ul style="list-style-type: none"> • 2 existing improvement activities modified and 1 removed • New process for nominating improvement activities linked to existing quality and cost measures
PI 25%	<ul style="list-style-type: none"> • Optional Query of Prescription Drug Monitoring Program (PDMP) measure now worth 10 bonus points, an increase from 5 points • New, optional Health Information Exchange (HIE) Bi-Directional Exchange measure added

New HIE measure may boost PI performance, reduce reporting burden

The optional new HIE Bi-Directional Exchange measure is an alternative to the two existing HIE send-and-receive/reconcile measures. Clinicians need not submit performance data for the bi-directional measure. Reporting a “yes” earns 40 points. This could be an attractive option for clinicians who engage in bi-directional exchange through an HIE. See how it fits into existing PI requirements on the next page.

1. TPCC: Total Per Capita Cost.
2. MSPB-C: Medicare Spending Per Beneficiary Clinician.

Source: CMS; Advisory Board research and analysis.

4. FEW UPDATES TO MIPS CATEGORIES

2021 MIPS PI measure guide

Score capped at 100 points to receive full PI category credit

REQUIRED
Security risk analysis completed during the calendar year

UP TO
40pts

PROVIDER-TO-PATIENT EXCHANGE

- Provide patients electronic access to their health information
All three functionalities—view, download, and transmit (VDT)—and Application Programming Interface (API) must be present and accessible to meet the measure.

UP TO
40pts

HEALTH INFORMATION EXCHANGE

- Support electronic referral loops by **sending** health information (**up to 20pts**)
 - Support electronic referral loops by receiving and **reconciling** health information (**up to 20pts**)
- OR
- NEW:** Bi-Directional Health Information Exchange (**40pts**)

UP TO
20pts

ELECTRONIC PRESCRIBING

- e-Prescribing (**up to 10pts**)

OPTIONAL¹ (10pt bonus)

- Query of Prescription Drug Monitoring Program (PDMP)

10pts

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE

Any TWO measures:

- | | |
|--|---|
| <input type="checkbox"/> Immunization registry | <input type="checkbox"/> Public health registry |
| <input type="checkbox"/> Syndromic surveillance | <input type="checkbox"/> Clinical data registry |
| <input type="checkbox"/> Electronic case reporting | |

To earn 10 points, report “yes” to active engagement for two measures, or “yes” to one measure and claim an exclusion for a second measure. If two exclusions are claimed, points are redistributed to the Provide Patients Electronic Access measure.

1. The 2021 MPFS Final Rule doubled the bonus points offered for this measure, from 5 to 10 points

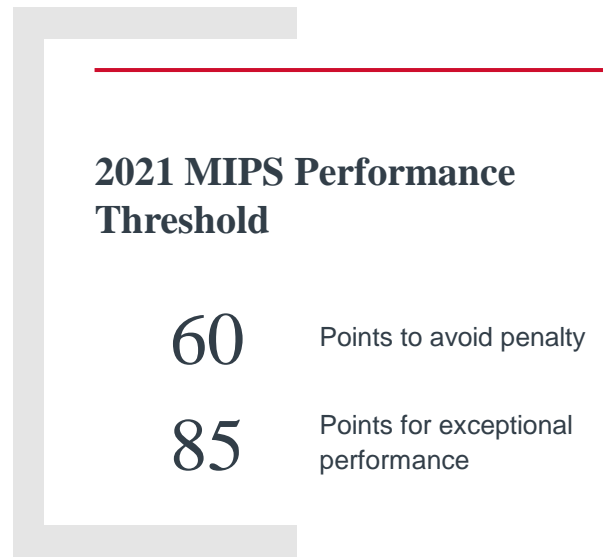
Source: CMS; Advisory Board research and analysis.

4. FEW UPDATES TO MIPS CATEGORIES

MIPS Performance Threshold

CMS did not make significant changes to its overall scoring methodology for MIPS. But by design, MIPS requirements are intended to get harder each year.

The performance threshold (PT), or number of points clinicians must achieve to avoid a penalty, is set at 60 points for the 2021 performance year. This is an increase from 45 points in 2020. Exceptional performance, or the points needed to qualify for additional incentives, remains at 85 points.



Maximum MIPS incentives may remain low

MIPS is a budget-neutral program, where penalties collected are used to fund positive adjustments. Generally, increasing the PT would mean more penalties. However, due to Covid-19, CMS extended its Extreme and Uncontrollable Circumstances policy to help impacted clinicians avoid penalties.

That means high-performing MIPS clinicians can expect positive adjustments to remain low. It's likely that only clinicians who achieve exceptional performance will receive incentives, funded by an additional \$500 million set aside by law to reward the highest performers.

05 Covid-19 relief extended through 2021

The rule acknowledges that the Covid-19 pandemic continues to impact clinicians due to extreme and uncontrollable circumstances. CMS has used the Extreme and Uncontrollable Circumstances (EUC) Exception application as the primary way to provide clinicians relief from potential penalties during the Covid-19 public health emergency (PHE). The EUC policy for Covid-19 was extended through the 2021 performance year.

Individuals, groups, and virtual groups

In 2021, individuals and groups can apply to **reweight one or more performance categories**, as was the case in 2020. This applies to clinicians who are prevented from collecting or reporting MIPS data due to Covid-19, or whose cost performance has been impacted. Subsequent MIPS reporting overrides any reweighting on a per-category basis, with the exception of the cost category, since clinicians don't report cost data to CMS.

APM Entities

Beginning in 2021, APM entities are allowed **to apply for reweighting of all categories**. APM entities cannot pick and choose which categories to reweight, and cannot override their reweighting by submitting data later on. If an APM entity is approved to reweight all categories, it would receive a MIPS final score equal to the performance threshold, resulting in a neutral adjustment.

What you should do in response

Use this checklist to guide your 2021 QPP strategy. These are the main areas on which to focus in response to this year's final rule, based on whether you participate in an Advanced APM, MIPS APM, or traditional MIPS.

1 Advanced APM

- Confirm whether you'll be a QP through the [QPP Participation Status Tool](#). Results from first QP determination snapshot for 2021 are expected in July.
- Prepare a MIPS reporting backup plan should you not achieve QP status.
- To prepare for rising QP thresholds in 2023, monitor your QP threshold scores and implement initiatives to engage patients to boost attribution.

2 MIPS APM

- Decide on either APP or traditional MIPS reporting for 2021.
- Evaluate whether to report APP quality measures through eCQMs or MIPS CQMs. To estimate your performance score, use our [APP Reporting Method Comparison Tool](#).
- Plan for CMS Web Interface to sunset in 2022.

3 Traditional MIPS

- Evaluate opportunities to boost your score across performance categories. For example, consider attesting to the new HIE Bi-Directional Exchange measure to boost your PI performance.
- Aim for the exceptional performance threshold of 85 points to maximize your positive payment adjustment.
- Consider applying for an Extreme and Uncontrollable Circumstances Exception if you've been significantly impacted by Covid-19 and expect to score below 60 points.
- Participate in the [MVP development process](#).


What this means for the program

CMS is balancing long-term policy goals while remaining **responsive to the unprecedented challenges providers are facing with the Covid-19 public health emergency**.

The rule included minimal program updates compared to pre-Covid rulemaking. Several planned changes were postponed, such as implementing MVPs and sunsetting the CMS Web Interface. CMS also continues to lean on the EUC exception policy to help impacted clinicians avoid negative payment adjustments.

At the same time, CMS has pushed forward on certain MIPS updates in support of how the program will evolve:

- The performance threshold continues to increase year over year. By law, CMS must use the historical mean or median score to establish the performance threshold beginning in 2022.
- Performance category weights continue to move toward their mandated levels in 2022. By then, both quality and cost categories are required to be weighted 30%.
- While the MVP framework was delayed until 2022, the introduction of the APP serves an indicator for how CMS envisions clinicians will use MVPs.
- Medicare Shared Savings Program policies will evolve in alignment with MIPS changes, resulting in a significant impact on ACOs.

Looking ahead, we can expect that QPP updates will reflect CMS's goal to move clinicians toward value-based care models. 

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