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MIPS 2021 Final Rule

Hosted By:
The Quality Reporting Engagement Group
January 27, 2021

1

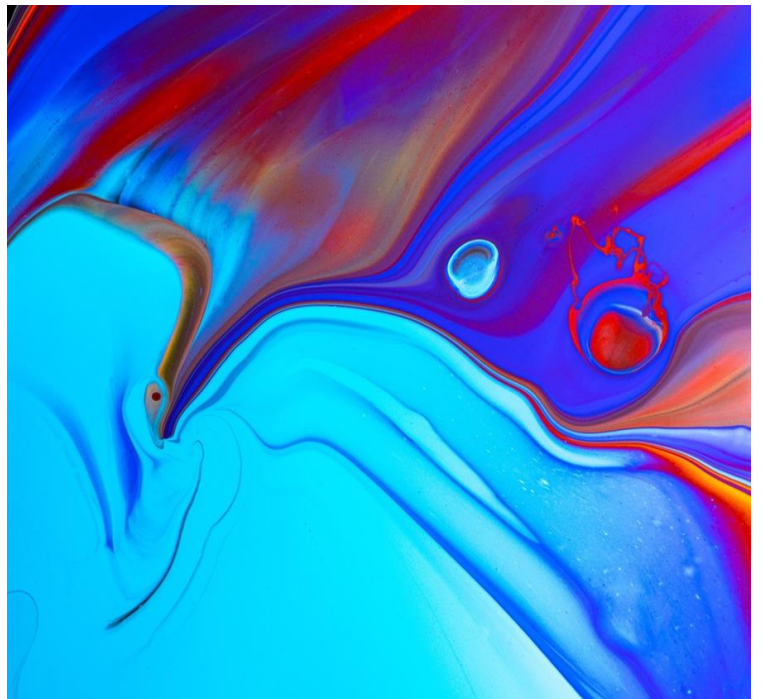
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Agenda

1. Introductions
2. Quality Category
3. Cost Category
4. Promoting Interoperability Category
5. Improvement Activities Category & MVP's
6. Extreme & Uncontrollable Circumstances
7. Other Updates for 2020 and 2021
8. Closing Remarks/Q&A

2 01/26/2021 Confidential

*A recording of this webinar as well as handouts will be available upon completion.



2

Introduction to The Team



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Kate Elam

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QREG Account Manager
PI/IA Categories

Performance Thresholds for 2021

Threshold to Avoid Penalty – Increased

45



60

Exceptional Performer Threshold – No Change

85

Payments Adjustments


Performance Year	Payment Year	Adjustment
2017	2019	-4% to +4%
2018	2020	-5% to +5%
2019	2021	-7% to +7%
2020	2022	-9% to +9%
2021	2023	-9% to +9%

*2022 Performance Year / 2024 Payment Year is the Final Year to earn the Exceptional Performer Bonus



Quality Category Updates

Finalized at 40% of Total Composite Score



40% of MIPS Score

- Proposed Scoring Changes NOT Finalized
- Changes to Benchmarking for 2021
 - Changes to Determining Topped Out measures for 2021

Quality Category Updates



New Measures

- Table Group A
- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate
- Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)



Changes to Measures and Measure Sets

- Table Group D – Measure changes
- 113 Measures with “Substantive” changes
- 7 of those can now not be scored against a benchmark – which means benchmarks will be determined after 2021 reporting.
- Table Group B – Measure Set Changes



Measures Removed

- Table Group C
- 11 Measures Removed including:
- #69 Multiple Myeloma: Treatment with Bisphosphonates
- #49 Urinary Incontinence: Assessment Women 65+ (Part B Claims)

Quality Category Reporting

- Report on 6 measures
- Must report on at least one Outcome or High-Priority measure if no Outcome Measure is available
 - May report additional Outcome or High-Priority measures for bonus points
- Report eQMs (with 2015 Edition CEHRT), MIPS CQMs, QCDR measures, Part B Claims (small practices only), or CMS Web Interface (APMs or groups of 25 or more)
 - Can report via multiple submission methods – CMS will score the best 6 measures reported
- Data Completeness required – 70%

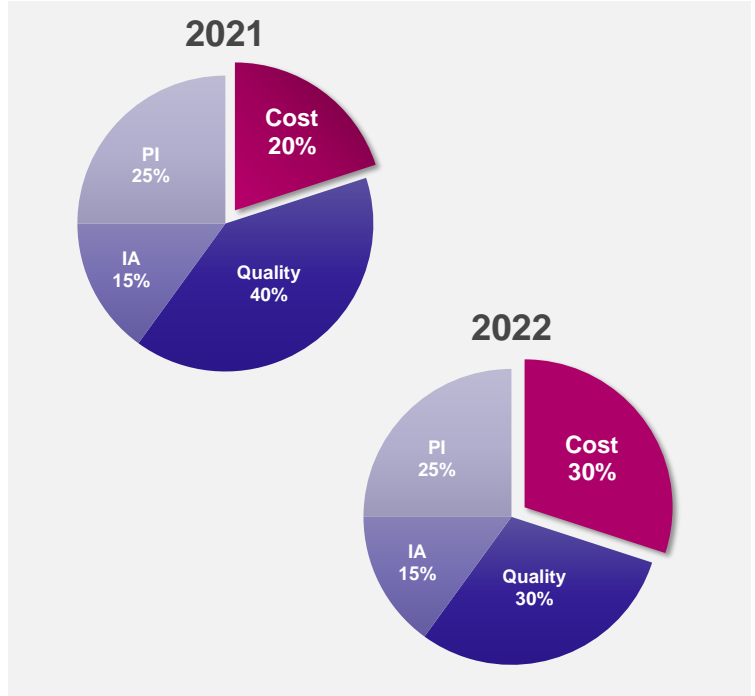


Cost Category

Cost finalized at 20% of the final MIPS score for performance year 2021

MACRA mandates that Cost and Quality must be equally weighted in performance year 2022 (30% for Cost, 30% for Quality)

If a practice or clinician has any MIPS category reweighted, the weight of the Cost category will always remain the same unless Cost & Improvement Activities are the only two categories scored



Cost Measures



Changes to 2021 Cost category measures

There were no new Cost measures proposed OR finalized for the 2021 performance year



Cost measures applicable to 2021 performance year

- o Total Per Capita Cost (TPCC)
- o Medicare Spending Per Beneficiary – Clinician (MSPB-Clinician)
- o 18 episode-based measures
10 of these were new to 2020!



Updates to existing Cost measures

No change to MSPB-Clinician

Adding telehealth services directly applicable to existing episode-based cost measures and TPCC measure

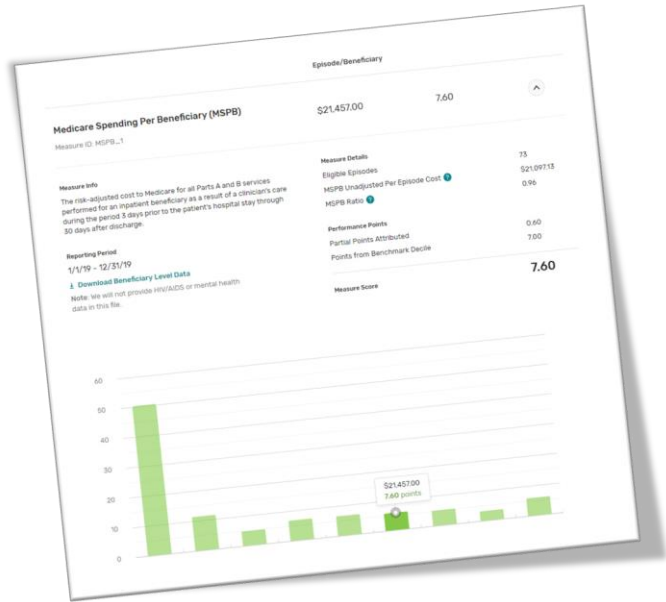
Cost Feedback

REMINDER: Cost category is not a data submission category; it is feedback only

MIPS Feedback comes out summer after submission
(2020 feedback released Summer 2021; 2021 feedback released Summer 2022)

Practices who filed a hardship to have Cost reweighted in 2020 will still have feedback available for this category

Be sure to review the Cost measures that were new & updated for the 2020 performance year



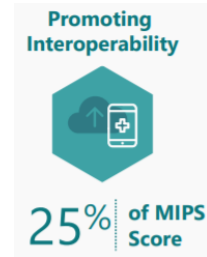
Promoting Interoperability Category

-Continue to require a minimum of a continuous 90 days for reporting

-This category score will be worth 25% of the total MIPS score

-Continue to automatically reweight certain clinician types:

Nurse Practitioners
 Physician Assistants
 Certified Registered Nurse Anesthesiologists
 Clinical Nurse Specialists
 Qualified Audiologists
 Clinical Psychologist
 Registered Dieticians or Nutrition Professionals
 Physical Therapist, Occupational Therapists, Qualified Speech-Language Pathologist



15

Promoting Interoperability Category

-Retain the Query of PDMP measure as optional and finalized to make it worth 10 bonus points (scored at 5 bonus points in 2019 & 2020)



-Changed the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing "incorporating" with "reconciling".

-Finalized to add an optional Health Information Exchange (HIE) bi-directional exchange measure.

- Report with a Yes/No response with attestation statements
- Based on all patient encounters not just new referrals or transitions
- Must use CEHRT criteria



-CEHRT requirements have been updated to the 21st Century Cures Act Final Rule.

-Clinicians may use technology certified to the 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria or a combination of both to collect and report their PI data.

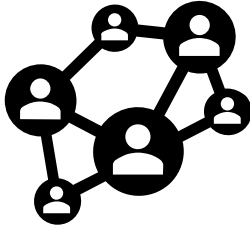
16

Promoting Interoperability Category

Objective	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)	
e-Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	1 – 10 points	
	<i>Bonus: Query of Prescription Drug Monitoring Program (PDMP)</i>	<i>Optional measure (no exclusion available)</i>	10 points	
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	1 – 20 points
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.	1 – 20 points
	Option 2	HIE Bi-Directional Exchange	Any MIPS eligible clinician whose EHR is enabled to allow for querying and sharing data by sending, receiving, and incorporating data via an HIE for every patient.	1 – 40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	<i>No exclusion available</i>	1 – 40 points	
Public Health and Clinical Data Exchange	Report to 2 different public health agencies or clinical data registries for any of the following: <ol style="list-style-type: none"> 1. Immunization Registry Reporting 2. Electronic Case Reporting 3. Public Health Registry Reporting 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting 	Each of the 5 measures has their own exclusions; please refer to the Measure Specifications for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria: <ul style="list-style-type: none"> • Does not diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period. • Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. • Operates in a jurisdiction where no agency/registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period. 	10 points for the objective	



Updates to MIPS Value Pathways (MVPs)



Finalized in 2020, the MIPS Value Pathways (MVPs) is a framework of measures and activities that align elements of the four current MIPS categories to meet the MIPS reporting requirements – along with added goals of increasing data feedback, reducing clinician burden, increasing participation, and improving patient outcomes.

Throughout 2021, CMS will continue to develop the MVPs guiding principles towards the goal of creating quality improvement opportunities for both clinicians and patients.

In response to the COVID-19 Public Health Emergency (PHE) – the implementation timeline for MVPs will be delayed until at least the 2022 performance period.

Improvement Activities Category No changes from PY 2020



Category weight

- Category weight will remain at 15% of the total MIPS score

15% OF FINAL SCORE



Activity weighting

- Achieve full credit by submitting 40 points of weighted activities
- At least 50% of the group must participate in each activity within a continuous 90-day period during the same PY.



Special Status

- If you receive a special status – activities will be worth double points.
- Auto-assigned status types include: ASC-based, Hospital-based, Non-patient facing, Small practice, HPSA, Rural.

Improvement Activity Weight	Standard Scoring	Special Status Scoring: Rural Health Professional Shortage Area (HPSA) Non-Patient Facing Small Practice
Medium-Weighted Activity	10 points	20 points
High-Weighted Activity	20 points	40 points

Improvement Activities Category



Finalized policy to:

- Modify 2 existing improvement activities and remove 1 improvement activity that is obsolete.
- Continue the COVID-19 clinical data reporting improvement activity with modification allowing clinical data registry reporting for COVID-19 care outside of clinical trials.



Finalized policy to:

- Adopt criteria for nominating new improvement activities (one or more criteria must be met to propose)
 - Criteria examples: link to existing and related MIPS quality and cost measures, achieve improved health outcomes, include a public health emergency ...



Finalized policy to:

- Establish policies in relation to the Annual Call for Activities, to include an exception to the nomination period timeframe during a public health emergency
- Establish a process for agency HHS-nominated improvement activities

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Extreme & Uncontrollable
Circumstances Exception

Wendy Renfrow

MIPS Extreme and Uncontrollable Circumstances Exception 2020

- ❖ Allows you to request one or more performance categories be reweighted to 0%.
- ❖ You must apply, it is not an automatic exception.
 - You or a third party intermediary can apply if your practice experienced an extreme and uncontrollable circumstance outside of your control, such as a natural disaster or public health emergency (e.g. COVID-19 pandemic), that prevents you from collecting data for an extended period of time, or that could impact your performance on cost measures.
 - To apply, sign in to qpp.cms.gov with your HCQIS Access and Roles Profile (HARP) account.
 - **Deadline to apply for 2020 is February 1, 2021**
- ❖ You are not required to submit documentation with your application.
 - Even though you are not required to submit documentation with your application, you should retain such documentation describing the circumstances that supports your application for your own records in the event you are selected by CMS for data validation or audit.



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Other Updates for
2020 and 2021

Valerie Hicks

 The slide features a dark blue background with abstract, flowing, multi-colored ribbons in shades of orange, yellow, green, and teal. The text is overlaid on a semi-transparent white rectangular area.

For 2020 ONLY – Complex Patient Bonus

What is it? How is it
calculated?

The Complex Patient Bonus is a bonus added to your Total MIPS Composite Score after the end of the performance period that is based on the Medical Complexity and Social Risk of your patients.

- Medical Complexity is calculated based on the average Hierarchical Condition Category (HCC) risk score of beneficiaries treated.
- Social Risk is determined by the proportion of patients treated who are dually eligible to receive Medicare and either full or partial Medicaid benefits

Normally worth up to 5 points, for 2020 ONLY, due to complexities of treating patients during the COVID PHE – the bonus is worth up to 10 points.



Updates for APMs

APP – APM Performance Pathway

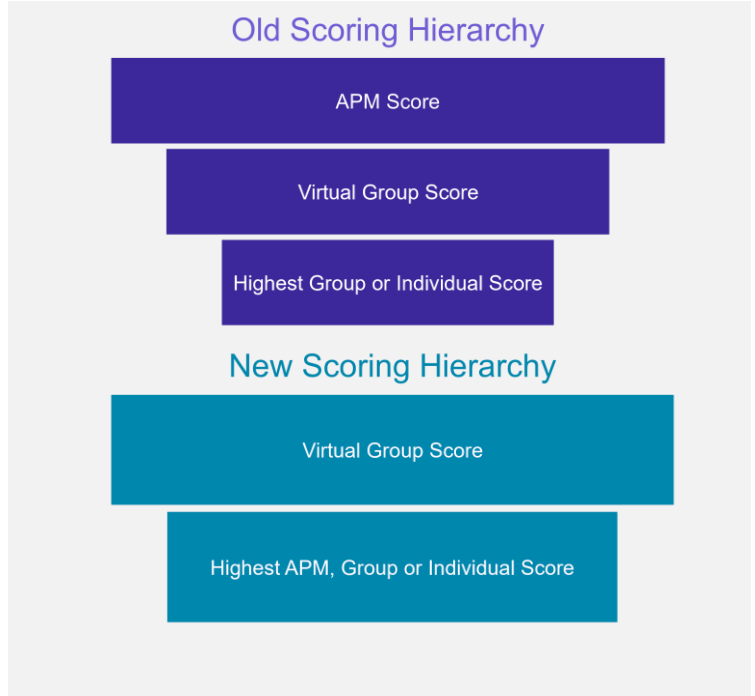
- Available to MIPS Clinicians in APMS
- Required for Medicare Shared Savings Program ACOs
- Fixed set of measures – similar to MVPs
 - 3 eCQM/Part B Claims/MIPS CQMs, CAHPS for MIPS and 2 Administrative Claims measures
 - For 2021 Only – ACOs can choose to report the 10 CMS Web Interface instead of the 3 eCQM/Part B Claims/MIPS CQMs
 - CMS Web Interface will be sunset after the 2021 Performance Year



APM participants could be asked to report on different measures than previous years – reach out to your ACO if you have any questions

Changes to Scoring Hierarchy for 2021 and beyond

Allows more flexibility - Gives Clinicians option to choose how they want to report and be scored



Success with QREG

Exceptional Performer status by year:

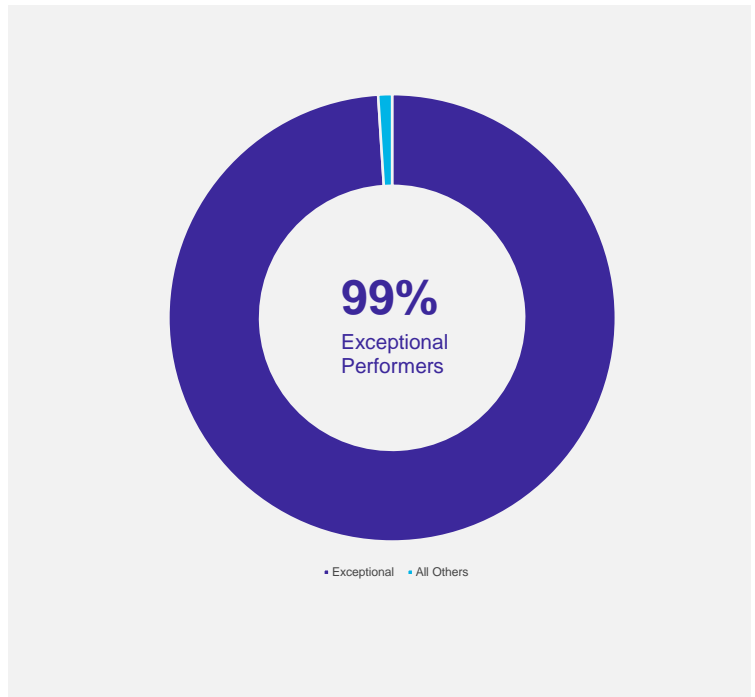
2017- 99.4%

2018- 99.8%

2019- 99%

2020 – submissions in progress

Note: In 2020 and 2021, 85 points or more put Eligible Clinicians into the 'Exceptional Performer' category for MIPS reporting. This makes Clinicians eligible to receive from additional bonus pool of \$500M for all those clinicians who were in this category.

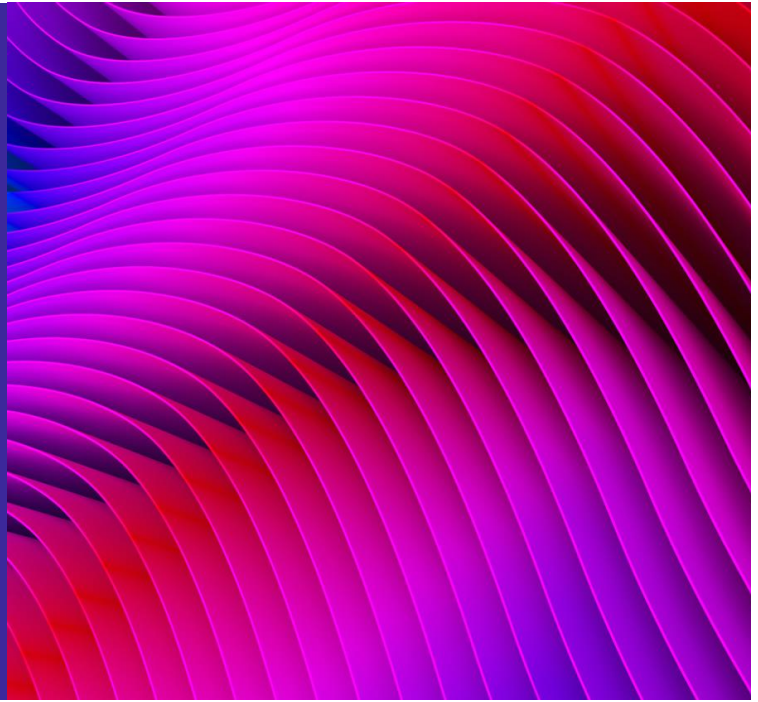


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29



30