Quality Payment PROGRAM

2021 Quality Payment Program Final Rule FAQs

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Merit-based Incentive Payment System (MIPS) FAQs

General

Where can I find the policies finalized for the 2021 performance period?

We provide an overview of the major policies we finalized for the 2021 performance period in the 2021 QPP Final Rule Resources zip file, which includes a table comparing the previous policy to the newly finalized policy.

We'll also host a public webinar in December that reviews the major changes in the final rule. This webinar and registration link will be announced through the QPP listserv; you can also monitor the QPP Webinar Library on qpp.cms.gov for information about all of our upcoming and past webinars.

Finally, the Electronic Code of Federal Regulations, Subpart O, will be updated to reflect newly codified regulations. (Please note that this resource identifies policies by the payment year instead of the performance period. The 2023 payment year equates to the 2021 performance period.)

Are there any policies to provide flexibility and support to clinicians during the COVID-19 pandemic for the 2021 performance period?

We anticipate that the national public health emergency (PHE) for COVID-19 will continue into and through 2021, and therefore, we will continue to offer the application-based Extreme and Uncontrollable Circumstances Policy.

The Extreme and Uncontrollable Circumstances Exception Application allows clinicians, groups, and virtual groups significantly impacted by the COVID-19 PHE to request reweighting for any or all MIPS performance categories. Those requesting relief will need to complete the application and state that their practice has been significantly impacted by the PHE. If a clinician later decides to submit data, the data submission will override the application and the clinician

will be scored on the data submitted. We believe this approach maintains a balance of encouraging participation in the Quality Payment Program while still allowing those clinicians that are affected by the COVID-19 pandemic to have relief from program participation through the Extreme and Uncontrollable Circumstance Application.

Please refer to the QPP COVID-19 Response Webpage for more information.

Are there any policies that weren't finalized as proposed?

Yes. We didn't finalize the following proposals:

- Using performance period, not historical, benchmarks to score quality measures for the 2021 performance period, and the related proposal to use 2021 performance period benchmarks to determine whether a topped out measure would be capped at 7 points.
    - We determined that we have sufficient data for the 2019 performance period to calculate historical benchmarks for the 2021 performance period.
- Setting the performance threshold at 50 points.
    - Instead, we are retaining the previously finalized performance threshold of 60 points.
- Scoring the Cost performance category for APM Entities who don't report to MIPS through the APM Performance Pathway (APP). The Cost performance category will be waived and weighted at 0% for APM entities that report traditional MIPS.
    - However, MIPS eligible clinicians in a MIPS APM who participate in traditional MIPS as an individual or group will be scored on the Cost performance category.

We did finalize our proposal to sunset the CMS Web Interface as a collection and submission type but are extending its availability through the 2021 performance period. While stakeholders were generally supportive of the proposal to sunset the CMS Web Interface, they had concerns about the timing of sunsetting it as a collection and submission type during the COVID-19 public health emergency. We believe that the transition to using an alternative collection and submission type starting with the 2022 performance period will provide more flexibility to clinicians and reduce burden on for CMS Web Interface users.

Are there any MIPS Value Pathways (MVPs) available for reporting for 2021?

No, we didn't propose any MVP candidates for implementation in 2021. We continue to make strides in furthering the MVPs framework for implementation beginning with the 2022 performance period. We updated the MVPs guiding principles and provided additional guidance and structure stakeholders should consider in the creation of MVPs, including a process of collaboration, solicitation, and evaluation. We believe outlining MVPs stakeholder collaboration and engagement methods and establishing a consistent set of parameters and criteria will help lay the groundwork to ensure that MVPs are constructed and implemented in a uniform manner

to further high-value healthcare. These updates will also establish a clear path for MVP candidates to be recommended through future rulemaking.

Is the APM Performance Pathway (APP) available for reporting for 2021?

Yes. The APP is a reporting pathway that is complementary to the MVPs and designed to streamline reporting and scoring requirements for clinicians in MIPS APMs. For these clinicians in MIPS APMs, the APP can be reported by an individual, group, or APM Entity, and the resulting score is applied to any MIPS eligible clinician that is on a Participation List or Affiliated Practitioner list of any MIPS APM on one of the 4 snapshot dates.

The APP will:

- Have a defined set of 6 quality measures, designed to be broadly accessible to APM participants. The Quality performance category will be weighted at 50% of the MIPS Final Score;
    - The CMS Web Interface will be an optional, alternative collection type for a sub-set of quality measures in the APP for the 2021 performance period only.
- Have a Cost performance category weight of 0%;
- Automatically apply an Improvement Activities performance category score up to 100% based on the Improvement Activities performance category requirements of the MIPS APMs. This category will be weighted at 20% of the MIPS Final Score;
    - For the 2021 performance period, all APM participants reporting the APP will earn an Improvement Activities performance category score of 100%.
- Have a Promoting Interoperability performance category weight of 30%.

TABLE 1: Measures Included in the Final APM Performance Pathway Measure Set[1]

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third-Party Intermediary	Patient's Experience
Quality ID#: 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 480	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	N/A	Admissions & Readmissions
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third-Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third-Party Intermediary	Treatment of Mental Health
Quality ID#:236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface*	APM Entity/Third-Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface*	APM Entity/Third-Party Intermediary	Preventable Healthcare Harm
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	APM Entity/Third-Party Intermediary	Preventive Care

[1] We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	APM Entity/Third-Party Intermediary	Prevention and Treatment of Opioid and Substance Use Disorders
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface*	APM Entity/Third-Party Intermediary	Preventive Care
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface*	APM Entity/Third-Party Intermediary	Preventive Care
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	APM Entity/Third-Party Intermediary	Mgt. of Chronic Conditions
Quality ID#: 370	Depression Remission at Twelve Months	CMS Web Interface*	APM Entity/Third-Party Intermediary	Treatment of Mental Health

* ACOs will have the option to report via the CMS Web Interface for the 2021 MIPS performance year only.

What are the Certified Electronic Health Record Technology (CEHRT) requirements for the 2021 performance year?

We are finalizing changes to align CEHRT requirements in response to the ONC 21st Century Cures Act Final Rule. Clinicians may use technology meeting the existing 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of the 2 to report data for the Promoting Interoperability performance category, and to report eCQMs for the Quality performance category.

We're scheduled to transition to a new EHR system during the 2021 performance period. What does this mean for our quality measure reporting and meeting the data completeness threshold?

We have heard from stakeholders throughout the performance period of instances where eligible clinician, groups, and/or their practices or hospitals may undergo a mid-year transition from one EHR system to another EHR system, which may impact a clinician or group's ability to submit a full 12 months of data for the quality performance period. We want to emphasize that the 12-month data completeness threshold is applicable regardless of whether a stakeholder undergoes an EHR transition mid-year. Furthermore, in this situation, the 12-month data

completeness threshold may be met by running and supplying reports in each of the EHR systems used before and after the transition and aggregating the data into a single 12-month report for submission to CMS. Please note, this is only possible if the previously utilized EHR systems and the currently used EHR system is certified to the 2015 Edition certification criteria referenced in the CEHRT definition. In instances where data for the full 12 months is unavailable (for example, if aggregation of EHR reports isn't possible), the measure score will reflect the inability to meet the 12-month data completeness threshold.

Eligibility and Participation

How do I know if I'm eligible for MIPS in 2021?

The only change to eligibility that we proposed and finalized was to no longer evaluate APM Entities for the low-volume threshold. This means that a clinician in a MIPS APM would need to be eligible at the individual or group level to be included in MIPS.

To be eligible for MIPS, you must:

- Be an eligible clinician type;
- Exceed the low-volume threshold as an individual or group; and
- Not be otherwise excluded because of your Medicare enrollment date or as a Qualifying APM Participant (QP), or as a Partial QP that has elected not to participate.

We anticipate that the QPP Participation Status Tool will be updated with initial 2021 MIPS eligibility results in December.

MIPS Eligible Clinician Types	Low-Volume Threshold	Other Exclusions
• Physician (including doctor of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry) • Osteopathic practitioner • Chiropractor • Physician assistant • Nurse practitioner • Clinical nurse specialist • Certified registered nurse anesthetist • Physical therapist • Occupational therapist	You exceed the low-volume threshold and are a MIPS eligible clinician if you: • Bill more than $90,000 in Part B covered professional services; AND • See more than 200 Part B patients; AND • Provide more than 200 covered professional services to Part B patients. We evaluate individuals and groups on the low-volume threshold. We are continuing our policy that allows clinicians and groups that exceed 1 or 2 of	You are excluded from MIPS in 2021 if you: • Enrolled as a Medicare provider on or after January 1, 2021. • Are a Qualifying APM Participant (QP).

MIPS Eligible Clinician Types	Low-Volume Threshold	Other Exclusions
• Clinical psychologist • Qualified speech-language pathologist • Qualified audiologist • Registered dietitian or nutrition professional	these thresholds to **opt-in** to MIPS eligibility and participation.	

Are clinical social workers eligible for MIPS? Why is there a Clinical Social Worker Specialty Measure Set?

No. Clinical social workers continue to be excluded from MIPS in the 2021 performance period. However, we initially finalized a Clinical Social Worker measure set in the 2020 Quality Payment Program Final Rule to help these clinicians prepare in the event that they are added to the definition of a MIPS eligible clinician through future rulemaking.

What changes were made that affect clinicians participating in a MIPS APM in the 2021 performance period?

Clinicians participating in a MIPS APM will have more flexibility and greater alignment with MIPS reporting options by:

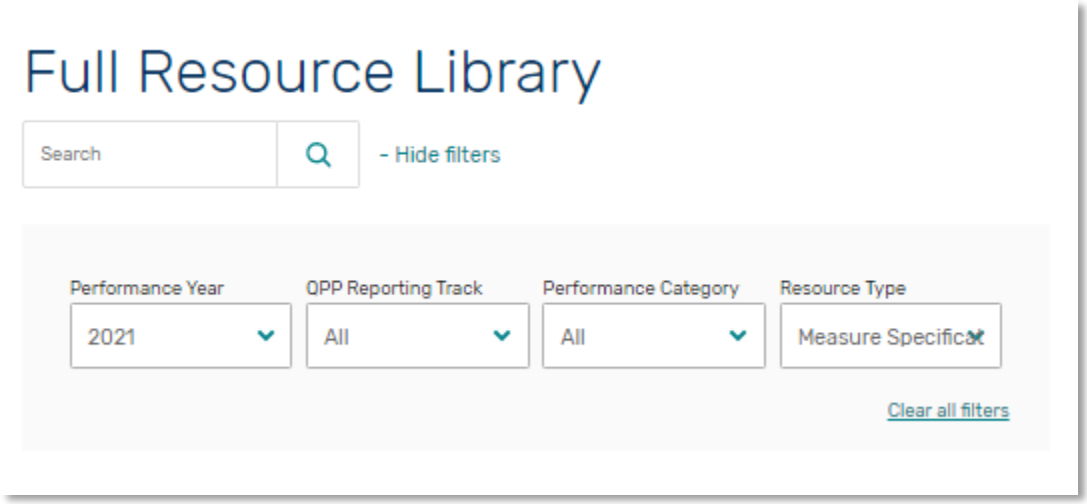
- Eliminating APM Entity level low-volume threshold determinations; MIPS eligibility will be determined only at the individual or group level.
- Introducing the APM Performance Pathway (APP).
- Sunsetting the APM Scoring Standard.
- Allowing APM participants to report to MIPS as an individual, group, or APM Entity.
- Allowing APM participants to collect and submit data through the same options that are available to individuals, groups, and virtual groups.

Measures and Activities

When will measure specifications/supporting documentation and activity descriptions be available for finalized measures/activities?

Measure specifications and supporting documentation (such as single source documentation that lets you search for codes that qualify for a given measure) will be posted on the QPP Resource Library before the performance period begins on January 1, 2021. We know these are critical resources for planning your participation and we'll make these resources available as soon as possible.

(When searching in the QPP Resource Library, filter by the 2021 Performance Year and choose Measure Specifications and Benchmarks as the Resource type.)



The Explore Measures & Activities Tool on the QPP website will be updated for the 2021 performance period in early 2021.

When will historical quality benchmarks be available for the 2021 performance period?

The 2021 Quality Benchmarks zip file will be posted on the QPP Resource Library, shortly before the performance period begins on January 1, 2021.

Where can I find a list of topped out quality measures for the 2021 performance period?

We identify topped out measures through the benchmarking process. The 2021 Quality Benchmarks zip file will be posted on the QPP Resource Library, shortly before the performance year begins on January 1, 2021.

Are there any policies to address data issues outside of a clinician's control?

Yes. Beginning with the 2018 performance period and the 2020 payment year, we finalized a policy to reweight performance categories for a MIPS eligible clinician who we determine has data for a performance category that are inaccurate, unusable, or otherwise compromised due to circumstances outside the control of the clinician or its agents, if we learn the relevant information prior to the beginning of the associated MIPS payment year. MIPS eligible clinicians and third-party intermediaries should inform CMS of events that they believe have resulted in compromised data. (We may also independently learn of such circumstances.) If we determine

that the conditions for reweighting are met, we'll follow our existing policies for redistributing performance category weights.

Please see §414.1380(c)(2)(ii)or Tables 51-52 in the CY 2021 Quality Payment Program Final Rule for more information on our final policies to redistribute performance category weights.

Scoring and Payment Adjustments

Are there any finalized policies to provide flexibility and support to clinicians during the COVID-19 pandemic for the 2020 performance period?

Yes. We're doubling the complex patient bonus and increasing the maximum points available to 10 points for the 2020 performance period only. This bonus is available to clinicians, groups, virtual groups, and APM Entities that submit data for at least one MIPS performance category in the 2020 performance period. This scoring policy provides additional support to those clinicians who can collect data but are dealing with a more complex patient population during the pandemic.

We also finalized our proposal to allow APM Entities to apply to reweight all MIPS performance categories to 0% based on extreme and uncontrollable circumstances, on behalf of all MIPS eligible clinicians in the APM Entity group. This policy is similar to our policy for individuals, groups, and virtual groups, with 2 important distinctions:

- An APM Entity can only request reweighting of all performance categories; and
- An APM Entity can't void an approved application by submitting data.

How does scoring work in 2021?

In general, our scoring policies are the same as performance period 2020 with some exceptions:

- For APM Entity reporting, **at least 50% of the clinicians in the APM Entity must perform an improvement activity** for the APM Entity to be able to attest to it.
- The **Quality performance category** weight is **40% for individuals, groups, and virtual groups.**
- The **Cost performance category** weight is **20% for individuals, groups, and virtual groups.**
- **We retired the APM Scoring Standard, but retained the same performance category weights for APM Entities reporting traditional MIPS.**
- The **performance threshold** is set at **60 points.**
- The **complex patient bonus** is **doubled** for the 2020 performance period only, increasing the maximum points available from 5 to 10 points.

Has anything changed about the policy for groups attesting to improvement activities?

No, this policy hasn't changed from the 2020 performance period. 50% of the clinicians in the group must perform the same activity but clinicians can perform the activity during **any continuous 90-day period** during the performance year. (Everyone doesn't need to perform the activity at the same time.)

What's the maximum negative payment adjustment for the 2021 performance period/2023 payment year?

As specified in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the maximum negative payment adjustment for the 2022 payment year and beyond is **-9%**. The actual adjustment you'll receive in the 2023 payment year will be based on your MIPS Final Score from the 2021 performance period and may be subject to a scaling factor to ensure budget neutrality as required by MACRA.

How many points do I need to avoid a negative payment adjustment for the 2021 performance period/2023 payment year?

The performance threshold is the number against which your final score is compared to determine your payment adjustment. The performance threshold for the 2021 performance period is 60 points. See the table below for more information about the relationship between 2021 final scores and 2023 payment adjustments. Direct support is still available for clinicians in small and rural practices at no cost from our SURS technical assistance organizations.

Your Final Score for the 2021 Performance Period	Payment Impact for MIPS Eligible Clinicians in the 2023 Payment Year
0.00 – 15.00 points	-9% payment adjustment
15.01 – 59.99 points	Negative payment adjustment (greater than -9% and less than 0%)
60.00 points (Performance threshold=60.00 points)	Neutral payment adjustment (0%)
60.01 – 84.99 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements)
85.00 – 100.00 points (Additional performance threshold=85.00 points)	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) AND Additional positive payment adjustment (scaling factor applied to account for funding pool)

Public Reporting FAQs

What type of MIPS aggregate data will be publicly reported?

Aggregate MIPS data that is publicly reported on Doctors & Clinicians on Medicare Care Compare (formerly Physician Compare) will include the minimum and maximum MIPS performance category and final scores, as technically feasible, beginning with CY 2018 data.

Who will have the facility-based clinician indicator on their Doctors & Clinicians profile page on Medicare Care Compare?

Beginning with the Quality Payment Program 2019 performance period, if a MIPS eligible clinician is scored using facility-based measurement, we'll include an indicator that they were scored this way and will link from Doctors & Clinicians on Medicare Care Compare (formerly Physician Compare) to Hospitals (formerly Hospital Compare) where facility-based measure information that applies to the clinician or group would be available, as technically feasible.

Alternative Payment Model and Advanced Alternative Payment Model FAQs

How many QPs do you expect for the 2021 QP Performance Period? How does this compare with previous QP Performance Periods?

We expect to see between 196,000 and 252,000 eligible clinicians become Qualifying APM participants (QPs) in the 2021 Performance Period. Our previous estimate indicated that between 210,000 and 270,000 eligible clinicians would achieve QP status for the 2020 QP Performance Period. The projected decrease is due to the statutorily required increase in the QP Thresholds from the 2020 QP Performance Period to the 2021 QP Performance Period.

Medicare Shared Savings Program (Shared Savings Program) FAQs

Do Shared Savings Program ACOs have to submit CAHPS for ACOs for the 2020 Performance Year?

No. We finalized policies to waive the CAHPS for ACOs reporting requirement and to provide automatic full credit to ACOs for the CAHPS patient experience of care survey for PY2020 to provide relief to ACOs because of the COVID-19 public health emergency.

Is the APP required for Shared Savings Program ACOs?

Yes. We finalized, with modifications, our proposed revisions to the quality reporting requirements under the Shared Savings Program effective for the 2021 performance year and subsequent performance years. These revisions will align the Shared Savings Program quality reporting requirements with the requirements that will apply under the APP under the Quality Payment Program as Shared Savings Program ACOs will be required to report quality data for purposes of the Shared Savings Program via the APP. The quality measures reported for

purposes of the APP will be used to determine the quality performance of the ACO for purposes of calculating shared savings and shared losses, where applicable. In order to meet the quality reporting requirements under the Shared Savings Program, ACOs must meet the requirements described below.

- For the 2021 performance year 2021, ACOs will be required to report quality data via the APP, and can choose to actively report either the 10 measures under the CMS Web Interface or the 3 eCQM/MIPS CQM measures. In addition, ACOs will be required to field the CAHPS for MIPS Survey, and CMS will calculate 2 measures using administrative claims data. Based on the ACO's chosen reporting option, either 6 or 10 measures will be included in the calculation of the ACO's MIPS Quality performance category score.[2]
- For the 2022 performance year and subsequent performance years, ACOs will be required to actively report quality data on the 3 eCQM/MIPS CQM measures via the APP. In addition, ACOs will be required to field the CAHPS for MIPS Survey, and CMS will calculate 2 measures using administrative claims data. All 6 measures will be included in the calculation of the ACO's MIPS Quality performance category score.

The APP core measure set is listed in Table 1.

Will ACOs be able to continue to use the CMS Web Interface?

Yes, ACOs will be able to continue to use the CMS Web Interface to report 10 quality measures for the 2021 performance year only. The CMS Web Interface will sunset after the 2021 performance year and ACOs must report the 3 eCQMs/MIPS CQMs via registry or EHR.

What is the new quality performance standard that Shared Savings Program ACOs must meet in order to qualify to share in savings or avoid owing maximum shared losses?

We finalized a modified version of our original proposal to allow for a gradual phase-in of the increase in the level of quality performance that would be required for all ACOs to meet the Shared Savings Program quality performance standard. Specifically, we finalized that an ACO would meet the quality performance standard if:

- For performance years 2021 and 2022, the ACO achieves a quality performance score that is equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores; and

[2] We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

- For the 2023 performance year and subsequent performance years, the ACO achieves a quality performance score that is equivalent to or higher than the 40th percentile across all MIPS Quality performance category scores.

We will continue to monitor emerging performance to determine the impact of a measured increase to the quality standard threshold and may revisit the policy in a future rulemaking in order to promote an attainable standard and degree of improvement evidenced by initial performance under the new methodology.

Achieving the applicable quality performance standard for a performance year will enable the ACO to share in the maximum amount of savings based on their track, potentially avoid maximum shared losses under certain payment tracks, and avoid quality-related compliance actions for that performance year.

Is pay-for-reporting available for new ACOs in the Shared Savings Program?

Yes. We modified our original proposal, which would have removed the pay-for-reporting year for new ACOs. We finalized that, beginning January 1, 2022, for ACOs in the first performance year of their first agreement period under the Shared Savings Program, an ACO would meet the quality performance standard if it meets the MIPS data completeness and case minimum requirements on all 3 of the eCQM/MIPS CQM measures and fields the CAHPS for MIPS Survey via the APP.

How will Shared Savings Program ACOs share in savings or losses based on their quality performance?

For the 2021 performance year, and subsequent performance years, ACOs that meet the quality performance standard are eligible to share in savings at the maximum sharing rate, and ACOs in 2-sided models share in losses based on their quality score or at a fixed percentage based on Track. ACOs that do not meet the quality performance standard are ineligible to share savings and owe the maximum amount of shared losses, if applicable.

Will there be new compliance monitoring for the Shared Savings Program?

Yes. We finalized proposed policies to strengthen monitoring for compliance with the Shared Savings Program quality performance standard including updated ACO renewal eligibility criteria.

If the ACO fails to meet the quality performance standard, CMS may take one or more of the actions prior to termination specified in § 425.216. Depending on the nature and severity of the noncompliance, CMS may forgo pre-termination actions and may immediately terminate the ACO's participation agreement under § 425.218.

CMS will terminate an ACO's participation agreement under any of the following circumstances:

- The ACO fails to meet the quality performance standard for 2 consecutive performance years within an agreement period.
- The ACO fails to meet the quality performance standard for any 3 performance years within an agreement period, regardless of whether the years are in consecutive order.
- A renewing ACO or re-entering ACO fails to meet the quality performance standard for the last performance year of the ACO's previous agreement period and this occurrence was either the second consecutive performance year of failed quality performance or the third nonconsecutive performance year of failed quality performance during the previous agreement period.
- A renewing ACO or re-entering ACO fails to meet the quality performance standard for 2 consecutive performance years across 2 agreement periods, specifically the last performance year of the ACO's previous agreement period and the first performance year of the ACO's new agreement period.

Where Can I Get More Information?

If you have questions, the Quality Payment Program can help and will be able to direct your call to the staff to best meet your needs.

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. Eastern Time or by e-mail at QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Additional Resources

Resource	Description
2021 QPP Final Rule Resources Zip File	In addition to these FAQs, the zip file contains a fact sheet and comparison table covering the 2021 QPP Final Rule policies. It also includes the CMS MVP Submission Template, which stakeholders should use to submit an MVP candidate for consideration.

Version History

Date	Change Description
12/1/2020	Original version