

## 2021 Quality Payment Program Final Rule Overview Fact Sheet

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### Future Direction of the Quality Payment Program

As clinicians across the country continue to respond to the 2019 Coronavirus (COVID-19) pandemic, we recognize that ensuring your patients are getting the care they need continues to be the most important priority. We're supporting this focus by listening to your feedback and limiting the number of significant changes to the Quality Payment Program in 2021, continuing a gradual implementation timeline for the Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs), and introducing the Alternative Payment Model (APM) Performance Pathway (APP).

We had previously finalized that participation through MVPs would begin with the 2021 performance period. However, we recognize stakeholder concerns about this timeline, even more so now that clinicians are working hard to address the spread of COVID-19 within their practices and communities. Therefore, we're not introducing any MVPs into the program for the 2021 performance period. Instead, we finalized additions to the framework's guiding principles and development criteria to support stakeholder engagement in collaborating with us to develop MVPs and establishing a clear path for MVPs candidates to be recommended through future rulemaking.

Additionally, as we continue to make strides towards facilitating transition of clinicians from MIPS to APMs, we finalized the APM Performance Pathway (APP), a new reporting framework beginning in 2021, to align with the MVPs framework. We believe working towards a future state of the program that is more aligned through these reporting pathways will achieve our goal of moving away from siloed performance category activities and measures and moving towards sets of measurement options that are more relevant to a clinician's scope of practice and that are meaningful to patient care.



## Quality Payment Program Final Rule CY 2021 Overview

In light of the national public health emergency triggered by the COVID-19 pandemic, we focused our policies on the highest priorities for the program with the intent to be least burdensome for clinicians. In order to help us progress towards the future state of MIPS, we continue to further develop the MVPs framework by finalizing updates to the MVPs guiding principles and providing additional guidance and structure stakeholders should consider when collaborating with us on MVPs creation. In addition, for the 2021 performance period, we finalized some needed updates to both the MIPS and Advanced APM tracks to continue reducing burden and respond to clinician and stakeholder feedback while continuing to align with statutory requirements.

(Note: This section provides a highlight of our finalized policies on the topics below. For more details, refer to the comparison table in the [2021 QPP Final Rule Resources zip file.](#))

- [Reporting Pathways](#)
  - [MIPS Value Pathways \(MVPs\)](#)
  - [APM Performance Pathway \(APP\)](#)
- [MIPS Program Final Policies](#)
  - [Participation Options](#)
  - [Performance Threshold and Performance Category Weights: Traditional MIPS](#)
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### Reporting Pathways

#### ***MIPS Value Pathways (MVPs)***

We finalized updates to the previously finalized set of guiding principles to help us define what MVPs will look like as we implement them in future years. Based on stakeholder comments, we finalized the MVPs guiding principles to include the patient voice, subgroup reporting, and a fifth principle related to promoting digital performance measure data submission. In addition, we heard from stakeholders about the need for criteria to follow as they work to develop MVP candidates. Therefore, we have also finalized a set of criteria to be considered when creating MVP candidates for the 2022 performance period and beyond. We refer readers to the comparison chart for additional details.

#### ***APM Performance Pathway (APP)***

We have finalized a new reporting framework, the APM Performance Pathway (APP), to begin in 2021. This new Pathway is complementary to MVPs. The APP is available only to participants in MIPS APMs and can be reported by the individual eligible clinician, group, or APM Entity.



The APP, like MVPs, is composed of a fixed set of measures for each performance category. In the APP, the Cost performance category will be weighted at 0%, as all MIPS APM participants already are responsible for cost containment under their respective APMs. The Improvement Activities performance category score will be automatically assigned based on the requirements of the MIPS APM in which the MIPS eligible clinician participates; in 2021, all APM participants reporting through the APP will earn a score of 100%. The Promoting Interoperability performance category will be reported and scored at the individual or group level, as is required for the rest of MIPS.

As part of the APP introduction, we proposed to require just 6 quality measures focused on population health. We also proposed a new Shared Savings Program quality strategy that uses APP quality scoring for shared savings determinations. However, we recognize the challenges for ACOs moving away from the CMS Web Interface and preparing to transition to an alternative collection type as clinicians continue to respond to COVID-19. In response to stakeholder comments, we finalized that we are extending the use of the CMS Web Interface as a collection type for MIPS during the 2021 performance period and will sunset the CMS Web Interface beginning with the 2022 performance period.

Additionally, we modified the quality measure set for the APP to add the CMS Web Interface as an additional collection type, as explained below, for participants in ACO entities for the 2021 performance period.

We finalized that the APP will have a quality measure set that consists of:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey measure;
- 2 measures that will be calculated by CMS using administrative claims data; and
- 3 quality measures that can be reported as electronic clinical quality measures (eCQMs), MIPS CQMs, or Medicare Part B claims measures;
  - For the 2021 performance period only, participants in ACOs have the option to report the 10 CMS Web Interface measures in place of these 3 eCQMs/MIPS CQMs in the APP.

Quality scores for ACOs that have been reported through the APP will also be used for purposes of the Shared Savings Program, thus satisfying reporting requirements for both programs. We believe this approach will reduce burden and enhance further alignment across CMS programs. (Please refer to the Appendix in the comparison table located in the [2021 QPP Final Rule Resources zip file](#) for a list of the core quality measures in the APP.)

### **MIPS Program Final Policies**

Traditional MIPS, established beginning with the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS. Traditional MIPS and the APP are the reporting frameworks available for the 2021 performance period, with the intent to add the first MVPs for the 2022 performance period.

## ***Participation Options***

We're continuing to allow MIPS eligible clinicians to participate in MIPS as individuals or as part of a group or virtual group, and we're expanding the use of the APM Entity submitter type to allow its use for all MIPS submission mechanisms.

In past years, MIPS eligible clinicians participating in MIPS APMs were required to participate in MIPS through their APM Entity for scoring under the APM Scoring Standard. We finalized our proposal to sunset the APM Scoring Standard in the 2021 performance period. MIPS eligible clinicians in a MIPS APM will be able to participate as an individual, as part of group, virtual group, or through their APM Entity.

Additionally, we will add the APM Entity as a submitter type which may report to MIPS on behalf of associated MIPS eligible clinicians. The APM Entity is defined by the Participation List or Affiliated Practitioner list of the applicable MIPS APM. The APM Entity will be able to report on the Quality and Improvement Activities performance categories. Quality measures will be selected and reported in the same manner and using the same options that are available to all other MIPS eligible clinicians, or could be reported through the APP.


We note that while we proposed to score the Cost performance category for APM Entities who don't report through the APP, stakeholders commented that the Cost performance category should continue to be weighted at 0% for APM Entities due to current cost containment requirements under their MIPS APMs. We're finalizing that the Cost performance category will be waived and weighted to 0% if the APM Entity reports under traditional MIPS. When an APM Entity chooses to report to MIPS, we will continue to calculate a Promoting Interoperability performance category score for the APM Entity based on data submitted at the individual and group level.

## ***Performance Threshold and Performance Category Weights: Traditional MIPS***

We continue to incrementally adjust the performance threshold and performance category weights to meet the requirements established by the statute. Beginning with Quality Payment Program Year 6 (2022 performance period), the performance threshold must be set at the mean or median of the final scores for all MIPS eligible clinicians for a prior period, and the Quality and Cost performance categories must be equally weighted at 30% each.

In consideration of the COVID-19 public health emergency (PHE) response, we proposed to decrease the 2021 performance period threshold to 50 points from the 60 points we previously finalized. We also recognize that not all practices have been impacted by COVID-19 to the same extent and many clinicians have been able to successfully participate in MIPS.

The performance threshold for the 2021 performance period will remain at 60 points as finalized in the CY 2020 Quality Payment Program Final Rule.



We finalized the following performance threshold and category weights for **individual MIPS eligible clinicians, groups, and virtual groups reporting traditional MIPS** for the 2021 performance period (which equates to the 2023 payment year):

- The performance threshold will remain 60 points.
- The Quality performance category will be weighted at 40% (5% decrease).
- The Cost performance category will be weighted at 20% (5% increase).
- The Promoting Interoperability performance category will be weighted at 25% (no change).
- The Improvement Activities performance category will be weighted at 15% (no change).

We finalized the following performance threshold and performance category weights for **APM Entities reporting traditional MIPS** for the 2021 performance period (which equates to the 2023 payment year):

- The performance threshold will remain 60 points.
- The Quality performance category will be weighted at 50%.
- The Cost performance category will be weighted at 0%.
- The Promoting Interoperability performance category will be weighted at 30%.
- The Improvement Activities performance category will be weighted at 20%.

**By law, the Cost and Quality performance categories generally must be equally weighted at 30% beginning in the 2022 performance period.**

### ***Performance Categories: Traditional MIPS***

For the **Quality performance category**, we finalized policy to:

- Address substantive changes to 113 existing MIPS quality measures (7 of which had substantive changes that don't allow comparison with historical data).
- Remove 11 quality measures from the MIPS program including the All-Cause Hospital Readmission measure (we note that 3 measures originally proposed for removal will be retained in the program based on public comment).
- Add 2 new administrative claims measures, including the Hospital Wide Readmission measure.
- Revise scoring flexibility for measures with specification or coding changes during the performance year; and
- Sunset the CMS Web Interface as a collection and submission type but will extend the availability of the CMS Web Interface as a collection and submission type for one year for 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 the sunset as a collection and submission type during the COVID-19 PHE.
- We believe that the transition to using an alternative collection and submission type starting with the 2022 performance period will provide more flexibility and reduce burden on CMS Web Interface users. Groups, virtual groups and APM Entities will be able to:
  - Select their own quality measures instead of reporting on a pre-determined set of 10 CMS Web Interface measures.
  - Have the ability to select measures more meaningful to their scope of practice, including specialty specific measures, which could help groups, virtual groups, and APM Entities prepare for participation in an MVP.
  - Report fewer measures (6 as opposed to 10 CMS Web Interface measures) with the ability to report on all-payer data.
  - Have the option to report the eCQM or MIPS CQM version of the same primary care measures previously reported through the CMS Web Interface.
    - There are currently 10 electronic clinical quality measures (eCQMs) and 9 MIPS CQMs that are the same as the previously reported CMS Web Interface measures, though this could change through rulemaking for the 2022 performance period.

We didn't finalize our proposals for the Quality performance category to:

- Use performance period benchmarks exclusively to score quality measures for the 2021 performance period, or the related policy to allow 2021 performance period benchmarks to inform whether a topped out measure is capped at 7 points.
  - Based on our analysis of 2019 submissions and stakeholder feedback, we believe that we have sufficient data to calculate historical benchmarks for measures that can be compared to historical data.

For the **Cost performance category**, we finalized policy to:

- Update existing measure specifications to include telehealth services that are directly applicable to existing episode-based cost measures and the Total Per Capita Cost (TPCC) measure.
- Weight the Cost performance category at 20% for individuals, groups, and virtual groups reporting traditional MIPS.
- Weight the Cost performance category at 0% for APM Entities reporting traditional MIPS.



For the Improvement Activities performance category, we 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 as outlined in the September Interim Final Rule with Comment (IFC).
- Establish policies in relation to the Annual Call for Activities including an exception to the nomination period timeframe during a public health emergency (PHE) and an additional new criterion for nominating new improvement activities (“Include activities which can be linked to existing and related MIPS quality and cost measures, as applicable and feasible”).
- Establish a process for agency-nominated improvement activities.

For the Promoting Interoperability performance category, we finalized policy to:

- Retain the Query of Prescription Drug Monitoring Program (PDMP) measure as an optional measure and finalized to make it worth 10 bonus points.
- Change the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing “incorporating” with “reconciling.”
- Add an optional Health Information Exchange (HIE) bi-directional exchange measure as an alternative reporting option to the 2 existing measures for the HIE objective.
- Update certified electronic health record technology (CEHRT) requirements in response to the ONC 21st Century Cures Act Final Rule.

### ***Third-Party Intermediaries***

We’re also focused on improving partnerships with third-party intermediaries to help reduce clinician reporting burden and improve the services clinicians receive.

For third-party intermediaries, such as Qualified Clinical Data Registries (QCDRs) and Qualified Registries, we are finalizing policy to:

- Allow QCDRs, Qualified Registries, and health IT vendors to support:
  - MVPs, beginning with the 2022 performance period.
  - The APM Performance Pathway (APP), beginning with the 2021 performance period.
- Establish specific data validation requirements for QCDRs and Qualified Registries.

- Consider the following additional factors when determining whether to approve a third-party intermediary for future participation in the MIPS program:
  - Whether the entity failed to comply with the third-party intermediary requirements for any prior MIPS performance period for which it was approved as a third-party intermediary.
  - Whether the entity provided inaccurate information to any eligible clinician regarding Quality Payment Program requirements.
- Require that all third-party intermediaries attend and complete training and support sessions in the form and manner, and at the times, specified by CMS.
- Update the standards for QCDR measures (details in the comparison table in the [2021 QPP Final Rule Resources zip file](#)):
  - Modifications to the QCDR measure testing requirement.
  - QCDR measures must be fully tested at the clinician level in order to be considered for inclusion in an MVP.
  - Modifications to the QCDR measure data collection requirement.
  - Finalized that the QCDR measure data collection and testing requirements would be delayed until the 2022 performance period, as outlined in the March IFC.
- Require that additional information be submitted to CMS as part of the corrective action plans under the remedial action and termination policies applicable to all third-party intermediaries.

### ***Scoring Policies (COVID-19 Flexibilities for PY 2020)***

- We finalized our proposal to double the number of points available for the complex patient bonus to account for the additional complexity of treating patients during the COVID-19 PHE. As finalized, clinicians, groups, virtual groups, and APM Entities can now earn up to 10 bonus points toward their final score for the 2020 performance year. This increase is finalized for the 2020 performance period only.
- We have also finalized our proposal to allow APM Entities to submit an application to reweight MIPS performance categories as a result of extreme and uncontrollable circumstances, such as the public health emergency resulting from the COVID-19 pandemic. This policy will apply beginning with the 2020 performance period.



## **Advanced APMs**

We finalized a policy related to calculating Qualifying APM Participant (QP) Threshold Scores used in making QP determinations, beginning in the 2021 QP performance period. Medicare patients who have been attributed to an APM Entity during a QP performance period will not be included as attribution-eligible Medicare patients for any APM Entity where the Medicare patient could not actually be attributed to the APM Entity, in other words, where the APM's attribution rules do not allow for attribution to an APM Entity of Medicare patients who have already been attributed to other APM Entities.

The effect of this finalized policy would be to remove such attributed Medicare patients from the denominator of the QP Threshold Score calculations for APM Entities or individual eligible clinicians in APMs that do not allow for attribution of Medicare patients who have already been prospectively attributed to another APM Entity. This will prevent potential dilution of the QP Threshold Score for the APM Entity or individual eligible clinician.

We also finalized a targeted review process through which an eligible clinician or APM Entity may request review of a QP or Partial QP determination if they believe in good faith that, due to a CMS clerical error, an eligible clinician was omitted from a Participation List used for purposes of QP determinations.

## Medicare Shared Savings Program

For the 2020 performance year, all ACOs are considered to be affected by the PHE for the COVID-19 pandemic, and the Shared Savings Program extreme and uncontrollable circumstances policy applies. In addition, for 2020 performance year only, we have finalized our proposal to waive the requirement for ACOs to field a CAHPS for ACOs Survey. Consequently, ACOs will receive automatic full credit for the patient experience of care measures.

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. 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, 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.<sup>1</sup>
- 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. The CMS Web Interface will no longer be available as a collection type for performance year 2022 and subsequent performance years. In addition, ACOs will be required to field the CAHPS for MIPS survey, and CMS will calculate two measures using administrative claims data. All 6 measures will be included in the calculation of the ACO's MIPS Quality performance category score.

Please refer to the Appendix in the comparison table located in the [2021 QPP Final Rule Resources zip file](#) for a list of the core quality measures in the APP.

We also 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 Shared Savings Program 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 30<sup>th</sup> percentile across all MIPS Quality performance category scores; and

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<sup>1</sup> 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 40<sup>th</sup> 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 future rulemaking in order to promote an attainable standard and degree of improvement evidenced by initial performance under the new methodology.

In response to comments, we finalized a modification to retain the pay-for-reporting year for new ACOs. 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 3 eCQM/MIPS CQM measures and fields the CAHPS for MIPS Survey via the APP.

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 losses under certain payment tracks, and avoid quality-related compliance actions for that performance year. We finalized our proposed approach to determining shared savings and shared losses based on an ACO's 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 two-sided models share in losses based on their quality score or at a fixed percentage based on track. Under Track 2 and the ENHANCED track, losses are scaled using the MIPS Quality performance category score, while under the BASIC track and the Track 1+ ACO Model, we apply a fixed 30% loss sharing rate. ACOs that do not meet the quality performance standard are ineligible to share savings and owe the maximum amount of shared losses, if applicable.

In conjunction with our finalized changes to the quality performance standard, we finalized policies strengthening our Shared Savings Program requirements regarding compliance with the quality performance standard by broadening the conditions under which CMS may terminate an ACO's participation agreement when an ACO demonstrates a pattern of failure to meet the quality performance standard.

## Contact Us

We will continue to provide support to clinicians who need assistance. While our support offerings will reflect our efforts to streamline and simplify the Quality Payment Program, we understand that clinicians will still need assistance to help them successfully participate. We will continue offering direct, customized technical assistance to clinicians in small practices through our [Small, Underserved, and Rural Support initiative](#).

We also encourage clinicians to contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m. - 8 p.m. Eastern Time or by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant. You can also visit the [Quality Payment Program website](#) for educational resources, information, and upcoming webinars.

## Version History

Date	Change Description
12/1/2020	Original version