



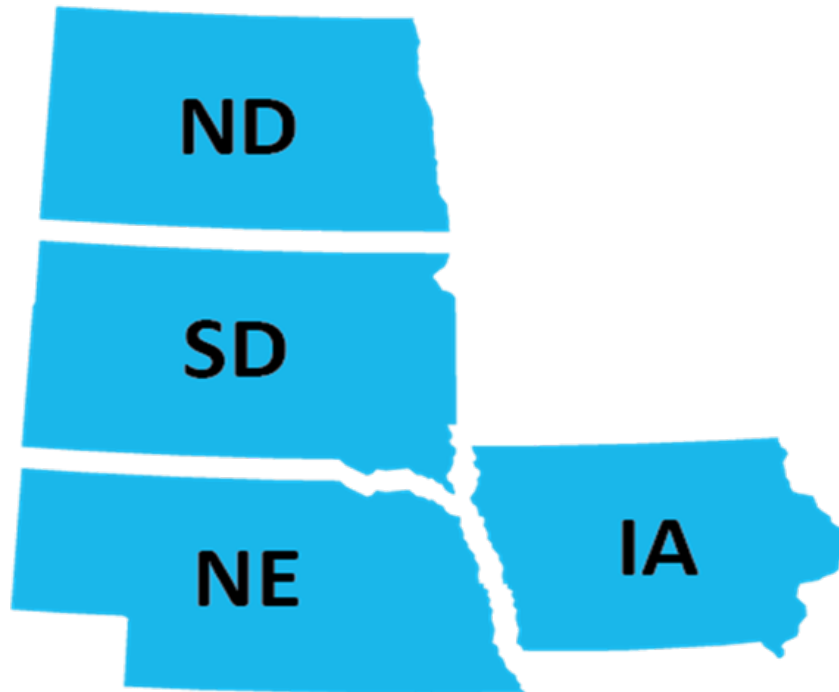
2021 Proposed Rule

Michelle Brunsen and Kelly Smith



Telligen QPP SURS

SURS 15 or fewer



Agenda

- Review the proposed policy changes for QPP in 2021
- Review each category's changes
- Explain in detail the new measures proposed for 2021
- Provide information on how to submit comments



Summary

- The 2021 PFS Proposed Rule was released on August 4th, 2020
- Includes proposed policies for QPP
- CMS is seeking comments on the proposals

[2021 QPP Proposed Rule](#)

[2021 QPP Proposed Rule Factsheet](#)



2020 Changes

- Complex Patient Bonus Increase to 10 points



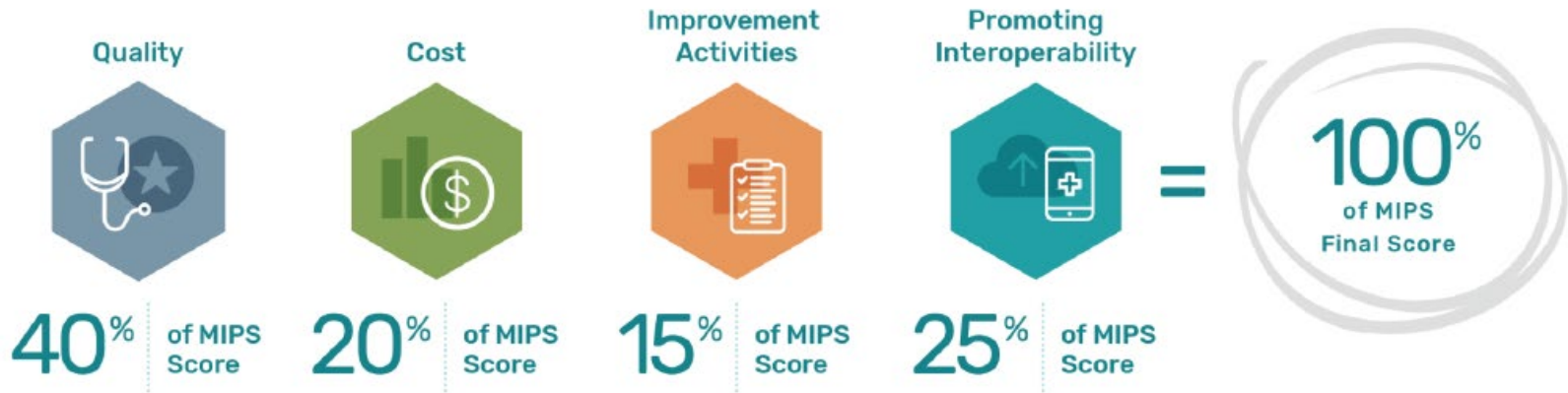
MIPS Value Pathways (MVPs)

- MVP implementation will be delayed until 2022
- New APM Performance Pathway (APP) for APM participants will begin in 2021
- CMS is still seeking comments and feedback on the MVPs



Category Weights

MIPS 2021 Proposed Performance Categories



Performance Thresholds

2021 Proposed

Performance
Threshold – 50 points

Exceptional Performer
Bonus – 85 points

Final Score 2021	Payment Adjustment 2023
>85 points	<ul style="list-style-type: none"> • Positive adjustment greater than 0% • Eligible for additional payment for exceptional performance—minimum of additional 0.5%
50.01-84.99 points	<ul style="list-style-type: none"> • Positive adjustment greater than 0% • Not eligible for additional payment for exceptional performance
50 points	<ul style="list-style-type: none"> • Neutral payment adjustment
12.51-49.99 points	<ul style="list-style-type: none"> • Negative payment adjustment greater than -9% and less than 0%
0-12.50 points	<ul style="list-style-type: none"> • Negative payment adjustment of -9%

Quality

- Decrease to 40% Weight
- Sunset of Web Interface submission method
- Remove 14 measures
- Add 2 new measures
- Benchmarks for the 2021 performance year will be based on performance year data rather than historical data



New Quality Measures

- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the MIPS Eligible Clinician Groups
 - Replace the All-Cause Hospital Readmission measure
 - Outcome Measure collected from claims data
 - For groups with 16 or more clinicians, 200 case minimum



New Quality Measures

- Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS eligible clinicians
 - Outcome Measure collected from claims data
 - For groups and clinicians, 25 case minimum
 - 3-year performance period



Cost

- Increase to 20% weight
- Adding telehealth services directly applicable to existing episode-based cost measures and TPCC measure
- [2021 Cost Measure code lists](#)

Improvement Activities

- Slight modification to two activities
- Establish one new criterion for nominating new improvement activities beginning with the 2021 performance period:
 - Include activities which can be linked to existing and related MIPS quality and cost measures, as applicable and feasible
- Proposed nomination option changes:
 - Allow nomination of improvement activities in addition to the Annual Call for Activities in two circumstances:
 1. An exception to the nomination period timeframe during a public health emergency
 2. A process for agency-nominated improvement activities

COVID-19 Clinical Trials (IA_ERP_3)

- High weight
- Two ways to receive credit
 - Participate in COVID-19 trial and have those data entered into a data platform for that study
 - Submit clinical COVID-19 patient data to a clinical data registry for purposes of future study



Promoting Interoperability

- Query of Prescription Drug Monitoring Program
 - Remains optional
 - Increase to 10 bonus points
- Name change for Health Information Exchange (HIE) “Support Electronic Referral Loops by Receiving and Incorporating Health Information”
 - Replacing “incorporating” with “reconciling”
- New HIE Bi-Directional Exchange Measure



HIE Bi-Directional Engagement Measure



- Clinicians choose to report on this new measure **OR** the two existing HIE measures
- Attest yes/no to three statements

- *I participate in an HIE to enable secure, bi-directional exchange to occur for every patient encounter, for every patient transition or referral, and record stored or maintained in the EHR during the performance period.*
- *The HIE that I participate in is capable of exchanging information across broad network of unaffiliated exchange partners including those using disparate electronic health records (EHRs); and does not engage in exclusionary behavior when determining exchange partners.*
- *I use the functions of Certified EHR Technology (CEHRT) for this measure, which may include technology certified to criteria at 45 CFR 170.315(b)(1), (b)(2), (g)(8), or (g)(10).*

Comments

- CMS is seeking comment on all proposals
- Comments are due 10/5/2020
- Submit comments electronically through:
 - Regulations.gov
 - Regular mail
 - Express or overnight mail
 - By hand or courier



Resources

[2021 QPP Proposed Rule](#)

[2021 QPP Proposed Rule Factsheet](#)

[Final Performance Feedback Resources](#)

[2019 Payment Adjustment Factsheet](#)

[2019 MIPS Scoring Guide](#)

QPP Resource Center:

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