

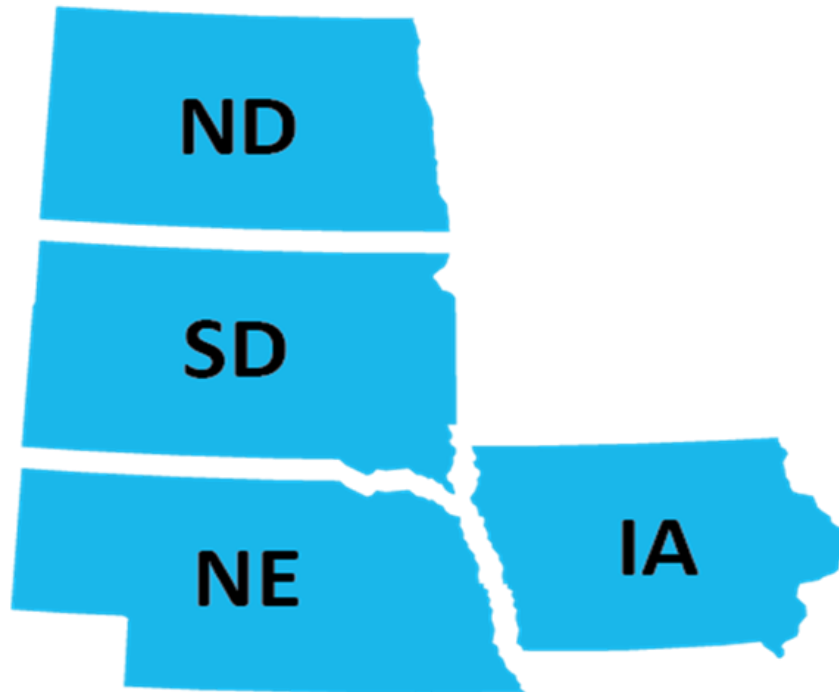


Changes to the 2021 MIPS Quality Measures

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Healthcare Intelligence

SURS 15 or fewer



Today's Agenda

- General Quality Performance Category Updates
- New Quality Measures for 2021
- Removed Quality Measures for 2021
- Quality Measures with Substantive Changes for 2021
- Additional Resources

Performance Thresholds

QPP SCORE	0-15 POINTS	15.01-59.99 POINTS	60 POINTS	60.01 – 84.99 POINTS	85+ POINTS
POTENTIAL PAYMENT ADJUSTMENT	Negative payment adjustment of -9%	Negative payment adjustment greater than -9% and less than 0%	Neutral payment adjustment	Positive payment adjustment - not eligible for exceptional performer bonus	Positive payment adjustment - eligible for exceptional performer bonus (min. of additional .5%)

General Quality Performance Category Updates

Category Summary

Category Weight	Points for Full Score	Measure Points	Collection Period
40%	60	0-10 based on benchmarks	Full year

- Report at least 6 measures or an entire specialty measure set
- Report at least 1 high-priority or outcome measure
- Must have at least 20 cases for each measure with 70% data completeness
 - Measures will receive 0 points (3 for small practices) if data completeness is not met

Bonuses
<p>Small practices who submit at least one quality measure will receive 6 bonus points for quality</p> <p>End to end electronic reporting 1 point per measure, capped at 10% of the score</p> <p>Additional High-priority measures 1 point, Outcome measures 2 points for each additional reported, capped at 10% of score</p> <p>Improvement up to 10 percentage points for improvement at the performance category level</p>



- CMS will use historical data to establish quality measure benchmarks
 - CMS has determined that sufficient data were submitted for the 2019 performance period to allow historical benchmarks to be calculated for the 2021 performance period.
- No change in topped out measure calculation or scoring
 - When the published historical benchmarks are topped out for 2 or more years, the measure can earn a maximum of 7 achievement points beginning in the second consecutive year the measure is identified as topped out

New Quality Measures for 2021

479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups

- Replaces the All-Cause Hospital Readmission measure
- For groups with **16 or more clinicians**
- Outcome Measure
- Collected from claims data
- 1 year performance period (Jan. 1st – Dec 31st)
- 200 case minimum

New Quality Measures for 2021

480: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)

- Replaces the Hospital-level Risk-standardized Complication rate following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty
- Outcome Measure
- Collected from claims data
- For groups and clinicians, 25 case minimum
- 3-year performance period

Removed Quality Measures for 2021

Removed Quality Measures for 2021

- 48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- 69: Hematology: Multiple Myeloma: Treatment with Bisphosphonates
- 146: Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms
- 333: Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
- 348: Implantable Cardioverter-Defibrillator (ICD) Complications Rate
- 390: Hepatitis C: Discussion and Shared Decision-Making Surrounding Treatment Options

Removed Quality Measures for 2021

- 408: Opioid Therapy Follow-up Evaluation
- 412: Documentation of Signed Opioid Treatment Agreement
- 414: Evaluation or Interview for Risk of Opioid Misuse
- 435: Quality of Life Assessment for Patients With Primary Headache Disorders
- 437: Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure
- 458: All-Cause Hospital Readmission

Quality Measures with Substantive Changes in 2021

Substantive Changes to Quality Measures 2021

- Substantive changes to 113 existing MIPS quality measures (total 209 quality measures)
- More than 50% of existing quality measures have substantive changes
- Complete list on Table Group D of the Final Rule
- Be sure to check the Final Rule or ask advisor for assistance to ensure you are billing properly
- Many have updated denominator exclusions or exceptions, added telehealth as an eligible encounter, or removed the collection type for submission

Quality ID for Quality Measures with Substantive Changes in 2021



001	066	127	180	226	286	332	386	419	457	476
005	093	128	181	236	288	335	387	431	459	478
006	107	130	182	238	290	336	391	438	460	
007	110	134	191	243	291	364	394	439	461	
008	112	137	195	265	293	370	395	444	462	
012	113	141	217	268	305	374	400	448	464	
014	116	143	218	277	309	377	405	450	468	
019	117	144	219	279	317	378	410	451	469	
047	118	145	220	281	318	379	415	452	470	
052	119	176	221	282	326	382	416	453	471	
065	126	178	222	283	331	383	418	455	473	

Substantive Change Example

- Diabetes: Hemoglobin A1c Poor Control (001)
- Updated denominator exclusions living in long term care facility for more than 90 consecutive days during measurement period.
- Updated numerator options (*for Claims and MIPS CQMs collection types*) with stratified performance not met numerator option into three:
 - Performance Not Met: Most recent A1Cc level < 7.0%
 - Performance Not Met: Most recent A1c level $\geq 7.0\%$ and $< 8.0\%$
 - Performance Not Met: Most recent A1c level $\geq 8.0\%$ and $\leq 9.0\%$
- Do not include A1c levels reported by the patient

Substantive Change Example

- Diabetes: Eye Exam (117)
- Numerator options revised (for Claims and MIPS CQMs collection types)
 - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed.
 - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy.
 - 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed.
 - 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy.
 - Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed.
 - Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed, without evidence of retinopathy.
 - Low risk for retinopathy (no evidence of retinopathy in the prior year)*.

- Preventive Care and Screening: BMI Screening and Follow-Up Plan (128)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (226)
- Documentation of Current Medications in the Medical Record (130)
- Preventive Care and Screening: Influenza Immunization (110)
- Controlling High Blood Pressure (236)
- Use of High-Risk Medications in the Elderly (238)

Additional Resources

- [2021 Final Rule for the Quality Payment Program](#)
- [QPP 2021 Final Rule Resources Zip File](#)
 - Fact Sheet - Overview of the QPP final rule policies for 2021
 - Table - compares these final rule policies for 2021 to the requirements for 2020
 - FAQs for the 2021 QPP final rule policies
- [Explore Measures and Activities Tool](#)
- [2021 MIPS Quality Measure List](#)

NEW AWARD PROGRAM STARTING IN 2021!



- Telligen QPP SURS Performers of Excellence Award Program
- Formally recognize physician practices that demonstrate excellence in quality improvement
- Actively participating in CMS' Quality Payment Program (QPP)
- Quality strategies align with four performance categories
- Telligen QPP Connect *Live!* monthly call attendance
- Participate in other QPP-related webinars (CMS, Telligen, other organizations)
- Find out more by contacting Kelly or Michelle or complete [Telligen online form](#)



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