



CMS Releases 2021 Proposed Rule for the Quality Payment Program

Yesterday, the Centers for Medicare & Medicaid Services (CMS) released its proposed policies for the 2021 performance year of the Quality Payment Program via the Medicare Physician Fee Schedule (PFS) Notice of Proposed Rulemaking (NPRM).

Reminder: As with other rules, CMS is publishing this proposed rule to meet the legal requirements to update Medicare payment policies in the PFS on an annual basis. In recognition of the 2019 Coronavirus (COVID-19) public health emergency and limited capacity of healthcare providers to review and provide comment on extensive proposals, CMS has limited annual rulemaking required by statute to focus primarily on essential policies including Medicare payment to providers, as well as proposals that reduce burden and may help providers in the COVID-19 response.

To learn more about the PFS NPRM and the Quality Payment Program proposals, review the following resources:

- **[Press release](#)** - Provides more details about today's announcement
- **[Fact sheet](#)** - Offers an overview of the QPP proposed policies for 2021 and compares these policies to the current 2020 requirements

To learn more about the Quality Payment Program, visit the **[Quality Payment Program website](#)**.

Key 2021 Proposals for QPP

Key proposals for 2021 performance year of the Quality Payment Program include:

- Beginning Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) implementation in 2022 instead of 2021
- Increasing the performance threshold from 45 points for the 2020 performance year to 50 points for 2021 (10 points less than the 60-point threshold finalized for 2021 in the CY 2020 PFS Rule)
- Revising performance category weights for Quality (decreases from 45% to 40%) and Cost (increases from 15% to 20%)
- Removing the CMS Web Interface as a collection type and submission type for reporting MIPS quality measures beginning with the 2021 performance period
- Sunsetting the Alternative Payment Model (APM) Scoring Standard and allowing MIPS eligible clinicians in APMs the option to participate in MIPS and submit data at the individual, group, or APM Entity level.
- Updating third party intermediary approval criteria as well as remedial action and termination criteria.

New APM Performance Pathway (APP) in 2021

Based on stakeholder feedback, CMS also proposes implementing an APP in 2021 that would be:

- Complementary to MVPs, composed of a fixed set of measures for each performance category
- Available only for MIPS eligible clinicians in MIPS APMs
- Reported by individual eligible clinicians, groups, or APM Entities.

Performance category weights under the APP would be: 50% for Quality, 30% for Promoting Interoperability and 20% for Improvement Activities.

Key proposals for the Medicare Shared Savings Program include:

- For performance year 2020, waiving the requirement for ACOs to field a Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs survey and providing ACOs automatic full credit for CAHPS. In addition we are seeking comment on an alternative scoring methodology approach under the extreme and uncontrollable circumstances policy for performance year 2020
- For performance year 2021, requiring ACOs participating in the Shared Savings Program to report quality via the APP for purposes of determining shared savings and losses, instead of the CMS Web Interface, and reducing the number of measures ACOs are required to

actively report from 10 to 3 while increasing the focus on patient outcomes

- Updating the quality performance standard, requiring ACOs to receive a quality score equivalent to the 40th percentile or above across all MIPS Quality performance category scores, and allowing ACOs that meet or exceed the threshold their maximum sharing rate or avoid owing maximum losses

Complex Patient Bonus COVID-19 Update in 2020

In addition to 2021 policies, this NPRM includes a proposal to increase the complex patient bonus from a 5 to 10 point maximum for clinicians, groups, virtual groups, and APM Entities for 2020 performance only to offset the additional complexity of their patient population due to COVID-19. Learn more about additional flexibilities implemented in response to the public health emergency on the [QPP COVID-19 Response webpage](#).

Submit Comments by October 5

CMS is seeking comment on a variety of proposals in the NPRM. Comments are due by 5 p.m. Eastern Daylight Time (EDT) on October 5, 2020.

You must officially submit your comments in one of the following ways:

- Electronically, through Regulations.gov
- Regular mail
- Express or overnight mail

2021 Proposal Webinar: August 12

Webinar Details

CMS is hosting a webinar on Wednesday, August 12 at 2:00 p.m. ET to provide an overview of proposed policies for the 2021 performance period. Following the presentation, CMS will answer questions from attendees as time permits.

- **Title:** Overview of the 2021 Proposed Rule for the Quality Payment Program
- **Date:** Wednesday, August 12, 2020
- **Time:** 2:00 - 3:30 p.m. ET

- **Registration Link:** <https://engage.vevent.com/rt/cms/index.jsp?seid=1710>

Questions?

Contact the Quality Payment Program at 1-866-288-8292 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.

This material was prepared by Telligen QPP-SURS Resource Center, the Quality Payment Program for Iowa, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. HHSM-500-2017-00012C.

HealthPOINT | Dakota State University | 605.256.5555 | QPP-SURS@dsu.edu | www.healthpoint.dsu.edu

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HealthPOINT, 820 N. Washington Avenue, Madison, SD 57042

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