



## CMS Releases 2021 Final Rule for the Quality Payment Program

The Centers for Medicare & Medicaid Services (CMS) published the final policies for the 2021 performance year of the Quality Payment Program (QPP) via the [Medicare Physician Fee Schedule \(PFS\) Final Rule](#).

Note: As with other rules, CMS is publishing this final 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 changes that reduce burden and may help providers in the COVID-19 response.

### 2021 QPP Final Rule Highlights

The key policies included for Quality Payment Program include:

- Beginning Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) implementation in 2022
- Keeping the performance threshold at 60 points for 2021
- Revising performance category weights for Quality (decreases from 45% to 40%) and Cost (increases from 15% to 20%)
- Extending the use of the CMS Web Interface as a collection and submission type for reporting MIPS quality measures in 2021 and sunsetting the option beginning with 2022
- Sunsetting the APM Scoring Standard and allowing MIPS eligible clinicians in APMs the option to participate in MIPS and submit data at the individual, group, virtual group or APM Entity level
- Updating third party intermediary approval criteria as well as remedial action and termination criteria

## Final Rule Webinar

### Final Rule Webinar Details

CMS will host a webinar on Wednesday December 9, 2020 to provide an overview of the final rule for the 2021 performance year. During this webinar, CMS will answer questions from attendees as time permits.

- Title: 2021 Quality Payment Program Final Rule Overview
- Date: Wednesday, December 9, 2020
- Time: 2:00 - 3:30 p.m. ET
- Registration Link: <https://engage.vevent.com/rt/cms/index.jsp?seid=1739>

# CMA Finalizes New APM Performance Pathway for 2021

Based on stakeholder feedback, CMS will implement the APM Performance Pathway (or APP) in 2021. The APM will be:

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

Performance category weights under the APP will be: 50% for Quality, 30% for Promoting Interoperability, 20% for Improvement Activities, and 0% for Cost.

## Complex Patient Bonus COVID-19 Update in 2020

The final rule also increases the complex patient bonus from a 5 to a 10 point maximum for clinicians, groups, virtual groups, and APM Entities for the 2020 performance year only to offset the additional complexity of their patient population due to [COVID-19](#).

## For More Information

To learn more about the [PFS Final Rule](#) and the 2021 Quality Payment Program finalized policies, review the following resources:

- [Press Release](#) - Provides additional details regarding today's announcement
- [QPP 2021 Final Rule Resources Zip File](#) - Contains the following:
  - Fact Sheet and Table - Offers an overview of the QPP final rule policies for 2021; table compares these policies to the requirements for 2020
  - Frequently Asked Questions (FAQs) - Addresses the frequently asked questions for the 2021 QPP final rule policies
  - CMS MVP Submission Template - Provides instructions and a template that stakeholders should use to submit an MVP candidate for consideration.

### Questions

Contact the Quality Payment Program at 1-866-288-8292 or by e-mail 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.

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