

QPP RY 2021 Final Rule

SHP Lunch 'n' Learn Series

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Speaker – Aaron Higgins

- Data & Quality Manager - SHP
- 11+ years experience with Federal Quality programs:
 - Meaningful Use
 - PQRS
 - QPP/MIPS
- Joined SHP in the Spring 2019



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Topics

1. QPP 2019 Results
2. Exceptions
 1. Automatic
 2. Application Process
3. Final Rule
 1. MVPs
 2. Scoring Changes
 3. Category Changes
 4. APMs
4. Q&A



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Poll 1 - Did you submit RY 2019 data in Spring 2020?



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Results of QPP 2019



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QUALITY PAYMENT PROGRAM PARTICIPATION IN 2019: RESULTS AT-A-GLANCE

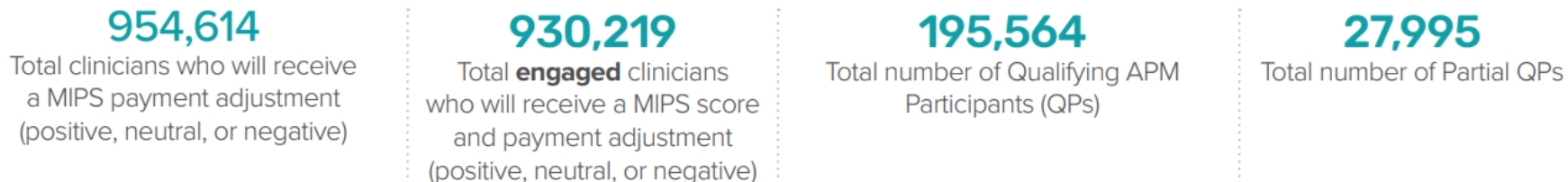
In the 2019 performance year for the Quality Payment Program:



Snapshot of 2021 Payment Adjustments for MIPS Eligible Clinicians



General Participation Numbers in 2019

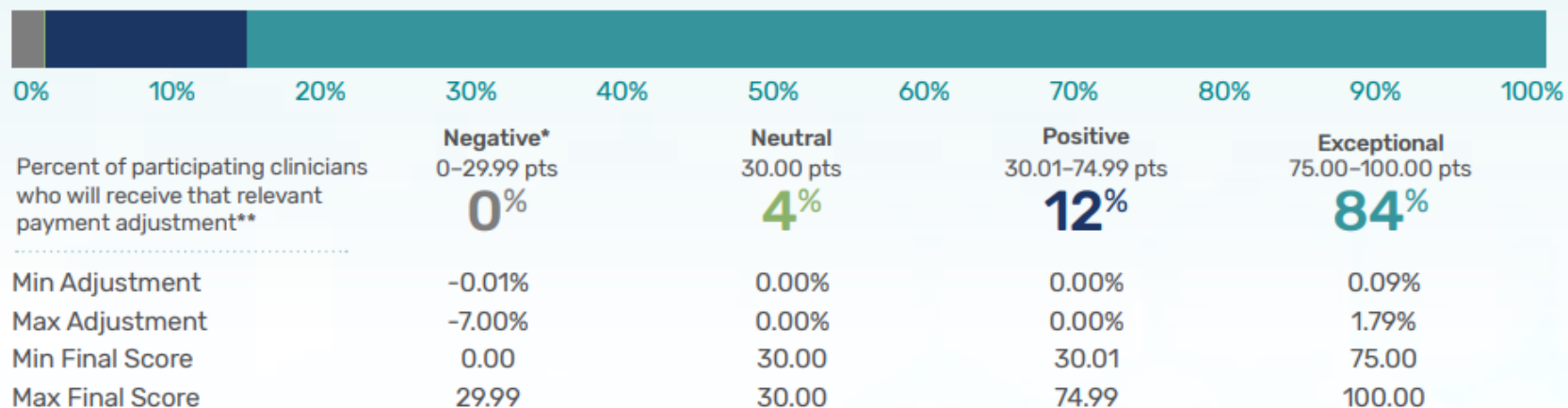


Source: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1190/QPP%202019%20Participation%20Results%20Infographic.pdf>

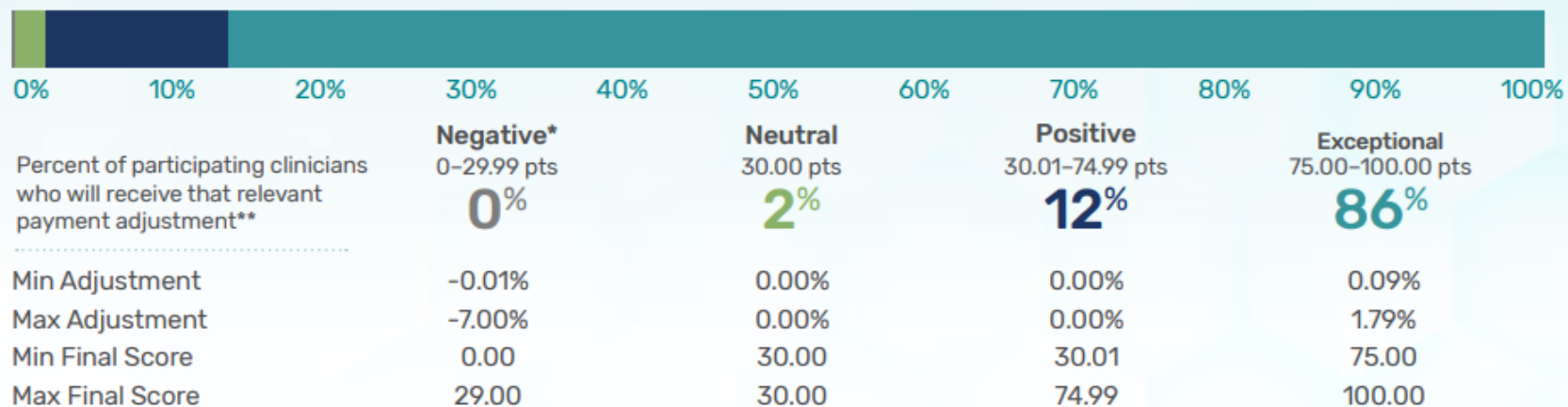


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Payment Adjustment Highlights for MIPS Eligible Clinicians who participated in QPP:



Payment Adjustment Highlights for MIPS Eligible Clinicians who were engaged in QPP:



Score Averages

	2018	vs.	2019
Mean Score (out of 100 points)	86.96		85.55
Mean score for small practices	65.69		68.99

Source: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1190/QPP%202019%20Participation%20Results%20Infographic.pdf>



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Poll 2 - What Category did you find challenging in 2019?



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The Easy Way Out?



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Automatic Exemptions

- Automatic Extreme and Uncontrollable Circumstances (AEUC)
 - Will NOT apply to Groups or Virtual Groups
 - Virtual Groups will be scored regardless
 - Group scores will be applied to individuals including those who qualify



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How does it work?

- CMS will identify clinicians eligible for the AEUC
- AEUC Clinicians will receive the minimum threshold score
- Unless...
 - Two or more categories were submitted to CMS as an individual (except Cost)
 - The individual was a part of a group that submits data
 - The individual is a part of a virtual group



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Triggering Events for AEUC

- FEMA Emergency Disaster Declaration
 - Hurricane Laura
 - Louisiana
 - Wildfires
 - California
 - Oregon
- The COVID-19 Pandemic IS NOT an automatic qualifying event (for 2020)



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EUCE Application

- The Extreme and Uncontrollable Circumstances Exception application
 - COVID-19
 - Events that prevent you from collecting data for a MIPS category(ies)
 - Events that impact your normal processes that would affect Cost or Claims measures
- Reweights all or some categories to zero
- Application deadline Dec 31, 2020
- Open to individuals, groups, VGs, & MIPS APMs (as of this Final Rule).
 - Regular APMs included in Final Rule



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Hardship Exception

- Exempt from Promoting Interoperability Only
 - 15 or fewer eligible clinicians
 - Decertified EHR (CEHRT)
 - Insufficient Internet connectivity
 - Extreme circumstance (practice closure, disaster, financial distress, vendor issues)
 - Lack control over availability of CEHRT
- Application deadline Dec 31, 2020



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How to Apply

- Apply with an authorized HARP Account:
 - <https://qpp.cms.gov/user/exception/>
 - May take several days or even weeks to receive confirmation
- Document everything, CMS will want proof of exception if audited
- **Deadline:** December 31st @ 8pm
 - Don't wait until 7:50pm to start!



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Poll 3 - Will you be applying for the EUCE or Hardship Exception?



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Final Rule RY 2021



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MVPs

- Proposed in 2020 as an opt-in option
- “Lite” APM model
- Pre-selected, complementary measures & activities in all 4 categories

Final Changes:

- Start MVPs in 2022
- Revise Guiding Principles
- Create MVP development criteria for the public
- Create a process to create/propose MVPs



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MVP Guiding Principles for 2021

MVPs should...

1. ...consist of limited, connected, complementary sets of measures and activities that are meaningful to clinicians, which will reduce clinician burden, align scoring, and lead to sufficient comparative data.
2. ...include measures and activities that would result in providing comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care; MVPs will enhance this comparative performance data as they allow subgroup reporting that comprehensively reflects the services provided by multispecialty groups.
3. ...include measures selected using the Meaningful Measures approach and, wherever possible, the patient voice must be included, to encourage performance improvements in high-priority areas.
4. ...reduce barriers to APM participation by including measures that are part of APMs where feasible, and by linking cost and quality measurement. (No change.)
5. ...support the transition to digital quality measures, to the extent feasible.



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Participation & Reporting Options

- Participation as:
 - An individual
 - A group
 - A virtual group
 - **An APM Entity**
- End of APM Scoring Standard



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Scoring Changes



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Weights & Performance Threshold

- Weights
 - Decreasing Quality from 45% - 40%
 - Increasing Cost from 15% to 20%
 - No change to PI (25%) and IA (15%)
 - Reiterating the 2022 MACRA weight requirements
- Performance Threshold
 - Penalty avoidance score will be moved up to **60** points from 45 in RY 2020
 - Exceptional performance remains at 85 points
 - Exceptional performance is to be retired in 2022

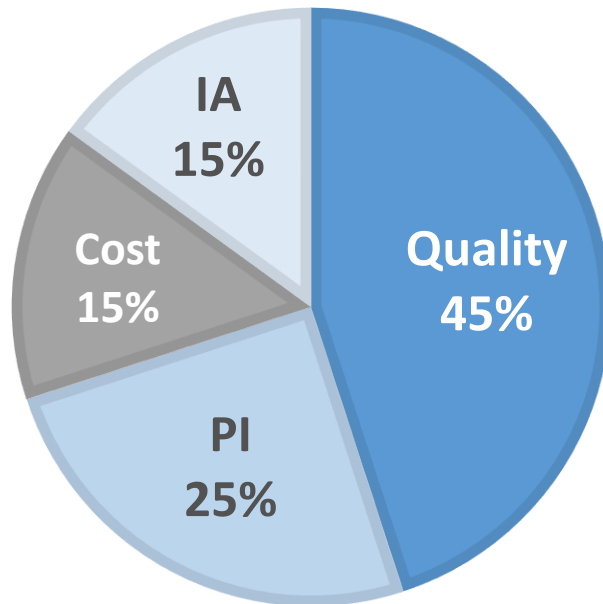


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Final MIPS Weight Changes

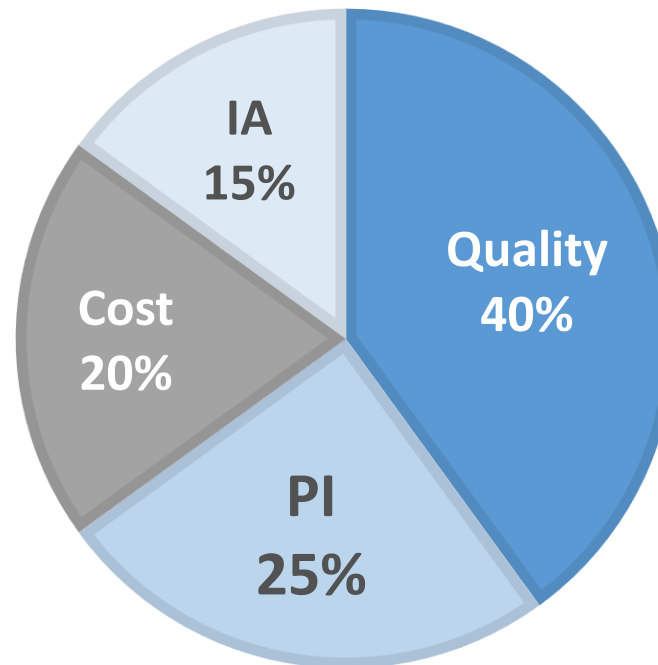
2020 WEIGHTS

■ Quality ■ PI ■ Cost ■ IA



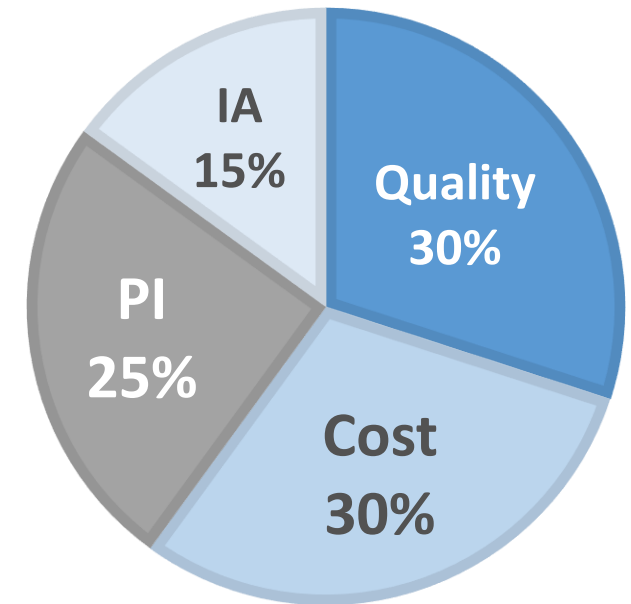
2021 WEIGHTS

■ Quality ■ PI ■ Cost ■ IA



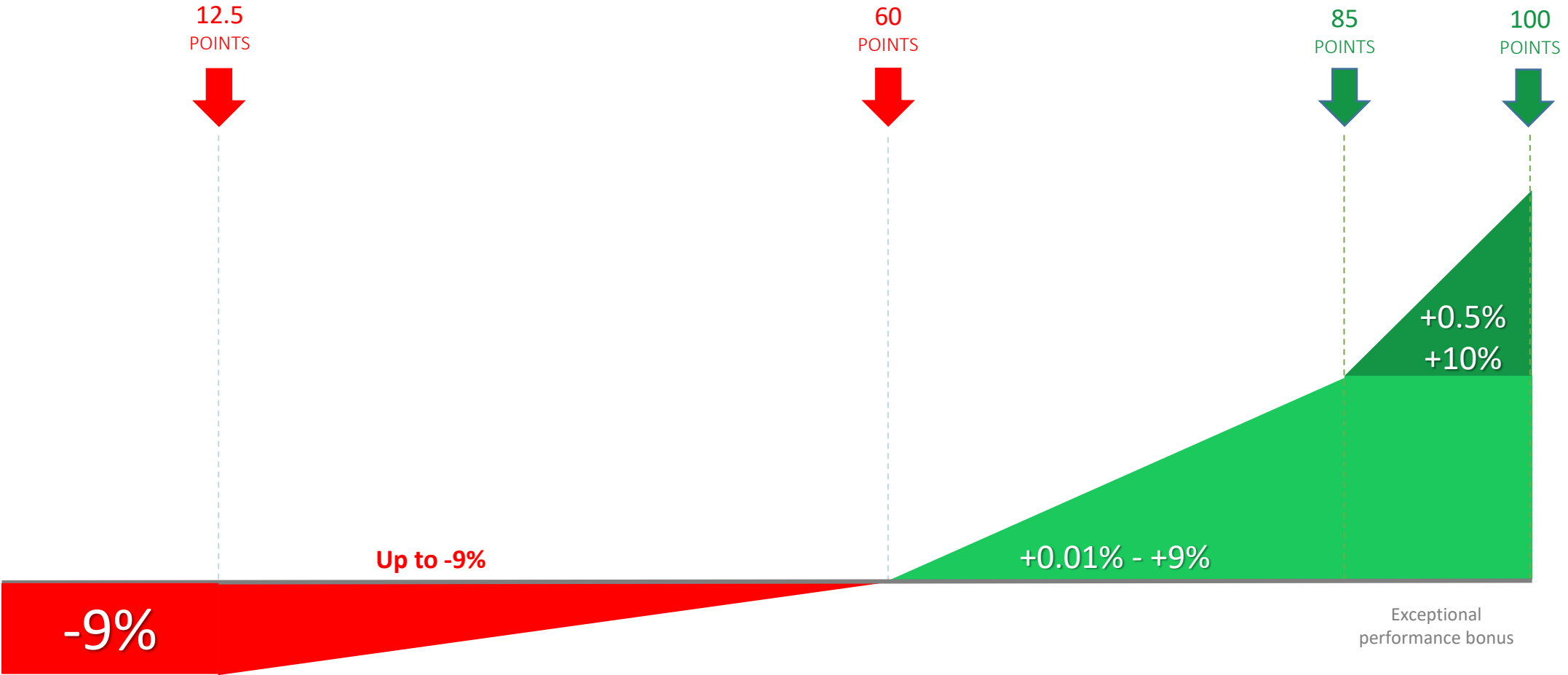
2022 MACRA WEIGHTS

■ Quality ■ Cost ■ PI ■ IA



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Ry 2021 Performance Thresholds



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Poll 4 - With the change in scoring, do you think you'll score higher or lower in 2021?



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Category Changes



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Quality Category Changes

1. 206 measure changes, including 14 removals
2. Changes to specialty sets
3. Changes to Collection Types
4. Benchmarks & Scoring Flexibilities



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New & Removed Measures

- **New Measures** (Admin Claims only, no CQM #) – Table Group A Page 1662 Final Rule
 - Hospital-Wide, 30-Day, All-Cause Unplanned Readmission Rate (HWR) – CQM #479
 - Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) – CQM #480
- **Removed Measures** (CQM #) – Table Group C Page 1836 Final Rule
 - 69, 146, 333, 348, 390, 408, 412, 414, 435, 437, & 458
 - 24, 48 & 337 kept for at least one more year
 - Measure 479 is recommended as replacement for 458



Changed Measures

- **Substantively changed** (CQM #) – Table Group D Page 1850 Final Rule

- 001, 005, 006, 007, 008, 012, 014, 019, 047, 052, 065, 066, 093, 107, 110, 112, 113, 116, 117, 118, 119, 126, 127, 128, 130, 134, 137, 141, 143, 144, 145, 147, 176, 178, 180, 181, 182, 191, 195, 217, 218, 219, 220, 221, 222, 226, 236, 238, 243, 265, 268, 277, 281, 282, 283, 286, 288, 290, 291, 293, 305, 309, 317, 318, 326, 331, 332, 335, 336, 364, 370, 374, 377, 378, 379, 382, 383, 385, 386, 387, 391, 394, 395, 400, 405, 410, 415, 416, 418, 419, 431, 438, 439, 444, 450, 451, 452, 453, 455, 457, 459, 460, 461, 462, 464, 468, 469, 470, 471, 473, 476, & 478

Collection Types

Remove in 2022:

- CMS Web Interface Measures

Keep:

- Electronic Clinical Quality Measures (eCQMs)
- Medicare Part B Claims Measures
- MIPS Clinical Quality Measures (MIPS CQMs)
- QCDR Measures



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Benchmarks & Scoring Flexibilities

Proposed

- Using 2021 Reporting Period vs 2021 Performance Period for Benchmarking

Final

- No change from prior years, so 2019 data will be used after all

Flexibilities

- Truncate 12-month measure periods to 9



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Improvement Activities

- **Modified** – Appendix 2 – Table A Page 1987 of the Final Rule
 - IA_BE_4 - Engagement of patient through implementation of improvements in patient portal
 - Adding in caregivers as qualified users of the portal
 - IA_AHE_7 - Comprehensive Eye Exams
 - Clarifying that this activity is for:
 - Non-ophthalmologists / optometrists
 - Ophthalmologists/optometrists caring for underserved patients at no cost; or
 - Any clinician providing literature and/or resources on the importance of comprehensive eye exams



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Improvement Activities

- **Removing** — Appendix 2 – Table B 1990 of the Final Rule
 - IA_CC_5 – Membership and participation in a CMS Partnership for Patients Hospital Engagement Network.
 - After publication of the Proposed Rule, it was discovered the program behind this IA had ended. Thus, it is not possible to complete this IA and it is being removed.
- **Creating** – Appendix 2 – Table C Page 1991 of the Final Rule
 - IA_ERP_3 - COVID-19 Clinical Data Reporting with or without Clinical Trial



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Promoting Interoperability Change

1. Query of PDMP – Optional worth 10 Points
2. Changed Support Electronic Referral Loops by Receiving and Incorporating Health Information to Support Electronic Referral Loops by Receiving and *Reconciling* Health Information
3. Adding Health Information Exchange Bidirectional Data Exchange as an alt. measure



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Cost Category Changes

- **Total Per Capita Costs (TPCC)**
 - Adding Telehealth services



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Poll 5 - What changes represents the biggest change for your organization?



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Complex Patient Bonus

- **For 2020 Only**
 - Worth 10 bonus points
- “Complex” = higher HCC coding levels
 - You are coding HCC appropriately, right?



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APMs and Advanced APMs



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APM Performance Pathway

- “APP”
- Requires valid participation in a MIPS APM
- Reportable on the individual, group or APM-level
- Fixed set of measures
- Cost category weighted at 0%
- IA auto-completed
- PI required
- Quality would be 6 measures only, no extras



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Adv. APMs

- Threshold Scoring
 - Tweaking the formula to allow a more-fair attribution of patients in an APM entity
- Targeted Review of Qualifying APM Participants
 - Introducing a process that will allow APMs to request a review of an eligible clinician's participation status



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Poll 6 - Do you or have you considered participating in QPP via an APM?



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What You Need to Do Next

- Read the Final Rule Fact Sheet (in Handouts)
- Update your 2021 QPP Plan, including any Quality Measure changes
- Or Alternatively: submit your Hardship/EUCE before Dec 31st
- Don't know what to do next? Contact us for a consult!



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Official Resources

- QPP.CMS.GOV Resource Library:
<https://qpp.cms.gov/about/resource-library>
 - 2020 MIPS EUCA Resources Zip
 - QPP COVID-19 Response Fact Sheet PDF
 - 2020 MIPS Exceptions Application Fact Sheet
 - How to Apply for the EUCA video
- QPP Help Desk:
 - 1-866-288-8292 (M-F 8a-8p Eastern)



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Got Questions?

Send us your QPP questions:
quality@shpllc.com

Complete our webinar survey!



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Who is SHP?



Performance Analytics

We offer real-time data dashboard backed by a team of analysts to deliver actionable information for better financial, operational, and population health management.



Provider Enrollment

Maintaining provider enrollment is an important and often time consuming process. We can get you enrolled and take the burden off your practice with ongoing enrollment maintenance.



Managed Care Contracting

Our contracting team has relationships with insurance companies and can help you negotiate the best fee schedules.



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