

2021 MIPS Reporting: What You Need to Know

We're here to help you understand what is new with the Centers for Medicare & Medicaid Services (CMS) traditional Merit-based Incentive Payment System (MIPS) program so you can improve patient care, satisfy MIPS regulatory requirements and avoid a negative payment adjustment.

Who Qualifies to Report for MIPS?

- + Physicians*
- + Physician Assistants
- + Nurse Practitioners
- + Clinical Nurse Specialists
- + Certified Registered Nurse Anesthetists
- + Speech-Language Pathologists
- + Occupational Therapists
- + Physical Therapists
- + Audiologists
- + Clinical Psychologists
- + Registered Dieticians or Nutrition Professionals

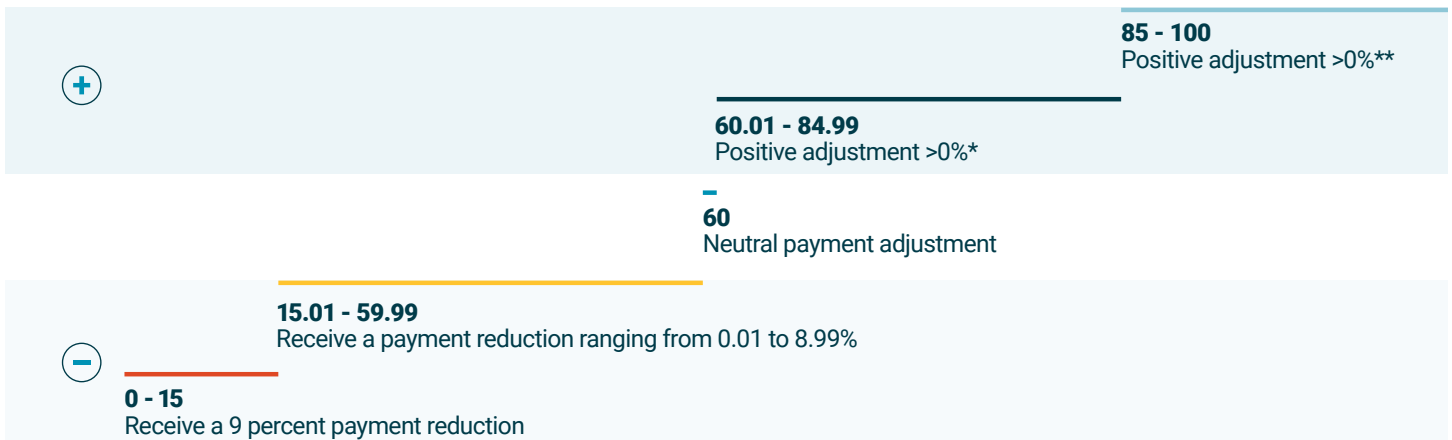
**With respect to certain specified treatment, a doctor of chiropractic must be legally authorized to practice by a State in which he/she performs this function. For more information about MIPS 2021 eligibility, [Click Here](#).*

How Does the Eligibility Work?

Traditional MIPS Eligibility:

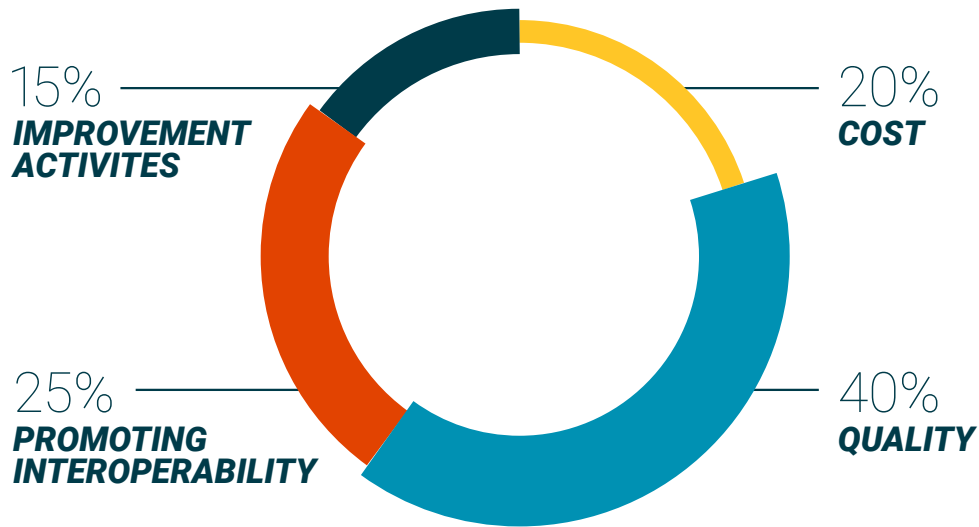
If, as an individual clinician, you bill more than \$90,000 for Part B covered professional services, and see more than 200 Part B patients, and provide 200 or more covered professional services to Part B patients, you may be subject to MIPS and should satisfy requirements to avoid up to a 9% negative payment adjustment. In 2021 the minimum performance threshold is 60 points, so developing a MIPS strategy early is key. Premier's MIPS solution guides you through steps to report data, review your performance, select measures for reporting, identify areas for improvement, and track progress to meeting 2021 requirements.

Note: Reporting as a group is optional.



* Not eligible for additional payment for exceptional performance

** Eligible for additional payment for exceptional performance – minimum of additional 0.5%



Improvement Activities [15%]

Individuals or Groups:

Most participants require 40 total points for satisfactory category submission of a minimum of 90-day participation.

- High Weight Activities = 20 points
- Medium Weight Activities = 10 points
- PCMH participants satisfy category without additional attestations

MIPS Year 4 (2020)	MIPS Year 5 (2021)
15% of MIPS Final Score	15% of MIPS Final Score
Over 100 activities	Over 100 activities
Increased participation threshold for group reporting from a single clinician to 50% of the clinicians in the practice needing to perform the same improvement activity	Modified 2 existing improvement activities IA_BE_4 and IA_AHE_7
CMS requirement for groups modified the group members must perform the same activity during any continuous 90-day period within the same performance year	COVID-19 clinical data reporting improvement activity is continued
	Removed obsolete activity: CC_5 CMS Partner in Patients Hospital Engagement Network

Cost [20%]

- Category calculated via Administrative Claims
- No data submission is required

MIPS Year 4 (2020)	MIPS Year 5 (2021)
15% of MIPS Final Score	Weight increased to 20% of MIPS Final Score
CMS revised existing Medicare Spending Per Beneficiary Clinician and Total Per Capita Cost measures	Add codes for certain telehealth services to episode-based cost measures and TPCC and MSPB measures
Added 10 new episode-based measures	2021 Cost Measure Code Lists Cost Measure Specification Forms

continued

Quality [40%]

Individuals or Groups:

- Collect measure data for the 12-month performance period (Jan. 1, 2021 - Dec. 31, 2021)
- Report on at least 6 Quality Measures, including at least one Outcome Measure (High Priority if Outcome is Unavailable) OR report a Specialty Measure Set (if the set has less than 6 measures, need to submit all measures within that set)

MIPS Year 4 (2020)	MIPS Year 5 (2021)
45% of MIPS Final Score	Weight reduced to 40% of MIPS Final Score
Data Completeness is 70% of patients across all payers	Unchanged in 2021
Use historical data to establish quality measure benchmarks. When a historical benchmark cannot be created, CMS will attempt to create a benchmark using data submitted for the performance period.	Unchanged in 2021
	For Clinician Groups with 16 or more members replaced All-Cause Readmission measure with Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) rate
	For MIPS eligible clinicians added Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

Promoting Interoperability [25%]

Individuals or Groups:

- Report data for all required measures for at least 90 continuous days of calendar year 2021
- Use the any of the following to collect and report:
 - Technology certified to existing 2015 Edition, or
 - Technology certified to the 2015 Edition Cures Update criteria, or
 - A combination of both
- Receive a score based on the six required measures in addition to required attestations

MIPS Year 4 (2020)	MIPS Year 5 (2021)
25% of MIPS Final Score	Unchanged in 2021
Some eligible clinicians and groups do not have to report this category and the category weight is assigned to the Quality category	Unchanged in 2021
Hospital-based groups threshold reduced. For a group to be considered hospital-based more than 75% of the clinicians in a group must be a hospital-based individual MIPS eligible clinician for the group to be excluded from Promoting Interoperability category.	Retain Query of PDMP measure as an optional measure and increased its worth from 5 to 10 bonus points
Query of Prescription Drug Monitoring Program (PDMP) measure as an optional measure to earn bonus points	Revised Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing "incorporating" with "reconciling" measure name
	Added a new, optional Health Information Exchange (HIE) Bi-Directional Exchange measure

Is Your MIPS Final Score Important?

Your MIPS final score has a significant impact on both the reputation and the finances of your practice.

- **Reputation** – CMS publishes MIPS results to Care Compare to help consumers evaluate and compare clinicians.
- **Financial** – The MIPS final score results determine a negative, neutral or positive financial adjustment for clinicians on each Medicare Part B claim.

Be aware that not participating in MIPS in 2021 could result in a 9 percent negative payment adjustment in 2023.

On the other hand, successful MIPS data reporting means you will avoid the 9 percent penalty and could potentially earn a small incentive. Top performers will find themselves eligible for additional bonus money.

LEARN MORE

For more information about the Premier's MIPS Registry Portfolio, contact [**registrysolutions@premierinc.com**](mailto:registrysolutions@premierinc.com).