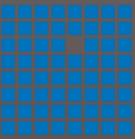


September 23, 2020



The Quality Payment Program Proposed Changes for the 2021 Performance Period

 American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

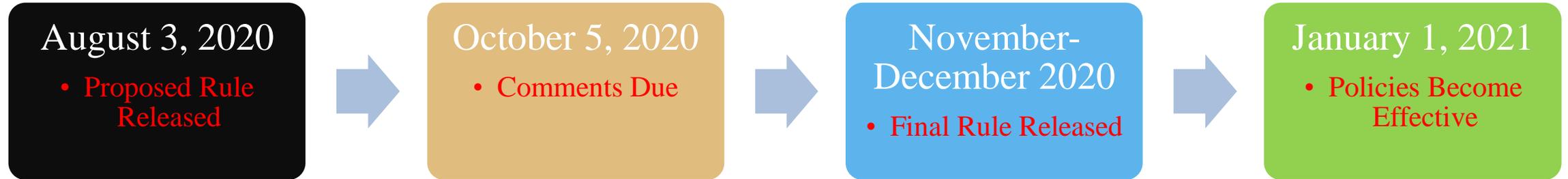
CY 2021 PFS and QPP Proposed Rule

- On August 3, 2020, the Centers for Medicare & Medicaid Services (CMS) released a Medicare annual payment rule for calendar year (CY) 2021 that impacts payments for physicians and other health care practitioners.
- The rule combines proposed policies for the Medicare physician fee schedule (PFS) with those for the Quality Payment Program (QPP)—the performance program established by the Medicare Access and CHIP Reauthorization Act (MACRA).
- **This presentation will focus on *QPP proposals* in the proposed rule.**

Agenda

- Background on Rulemaking and Quality Payment Program
- 2021 MIPS Proposal
- 2021 Advanced APM Proposals
- Brief Overview of PFS Proposals

Overview of Rulemaking

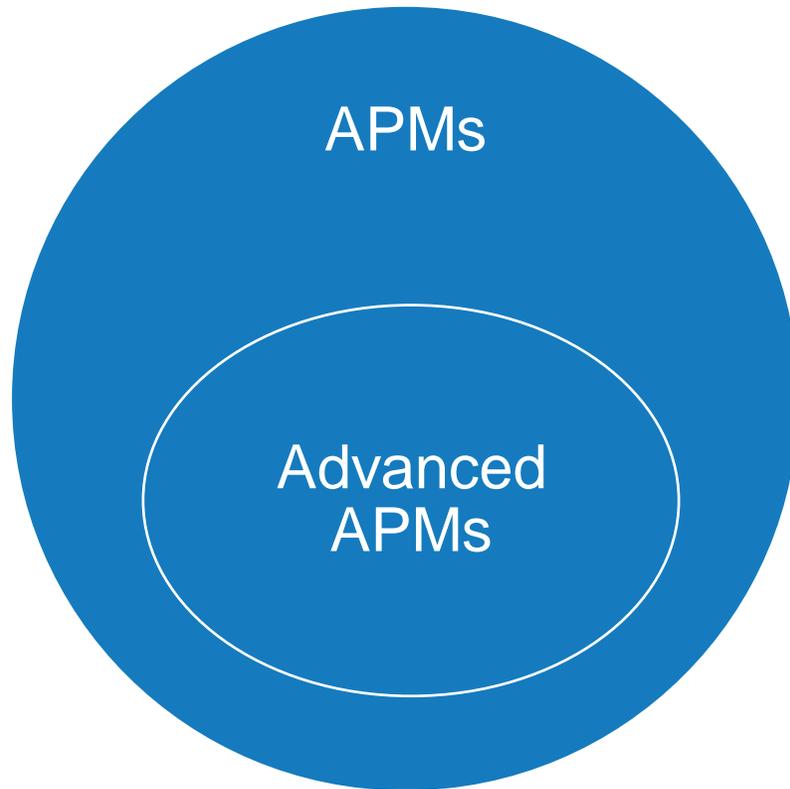


Background on the Quality Payment Program

- The Quality Payment Program is a physician performance program under Medicare. It includes two tracks:
 - ▶ The Merit-based Incentive Payment System (MIPS)
 - ▶ Advanced Alternative Payment Models (APMs)
- Most emergency physicians participate in the first track, MIPS.



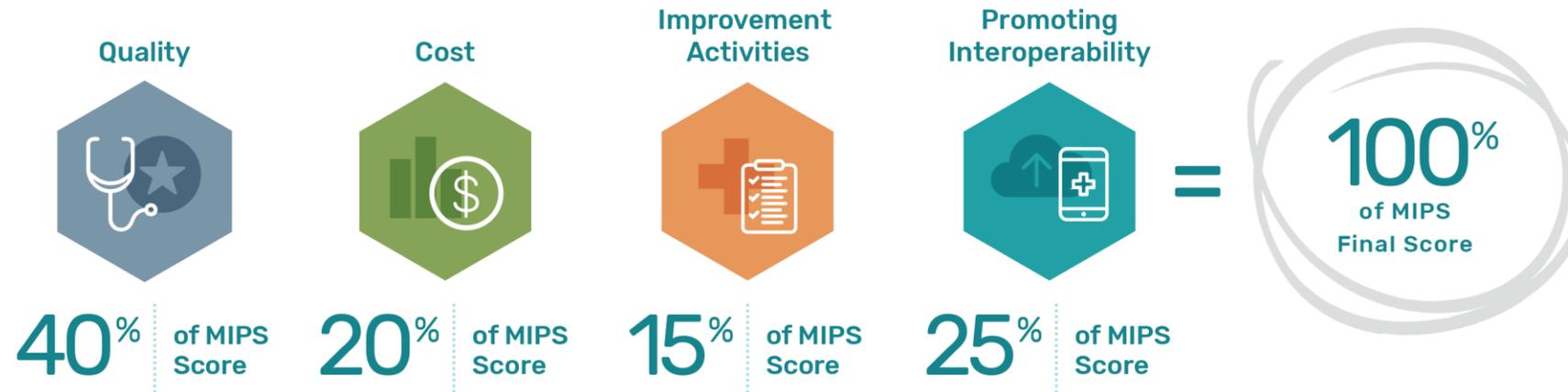
What is an Alternative Payment Model?



- CMS defines an Alternative Payment Model (APM) as a payment approach that gives added incentive payments to provide high-quality and cost-efficient care.
- APMs can apply to a specific clinical condition, a care episode, or a population.

Advanced APMs are a subset of APMs that include specific requirements.

What is MIPS?



- MIPS is comprised of four performance categories: Quality, Cost, Improvement Activities, and Promoting Interoperability
- Performance on these four categories determines you or your group's MIPS Final Score. This score is compared to a performance thresholds to determine if you receive if receive a positive, negative, or neutral payment adjustment.
- Performance in 2021 impacts your Medicare payments in 2023.

2021 MIPS Proposals

MIPS Value Pathways

- CMS has heard feedback, including from ACEP, that MIPS reporting should be streamlined and more meaningful to clinicians.
- Therefore, CMS proposed in last year's rule to create the MIPS Value Pathways (MVPs), an approach that would allow clinicians to report on a uniform set of measures on a particular episode or condition in order to get MIPS credit.
- CMS previously indicated that it would propose the first set of MVPs in this rule, so that some MVPs could be implemented in 2021.
- However, due to the COVID-19 pandemic, CMS did not propose any MVPs for 2021 in this year's rule. Rather, CMS is postponing MVPs to at least 2022 and is seeking comment on proposed revisions to the MVP guiding principles that CMS established in last year's rule.

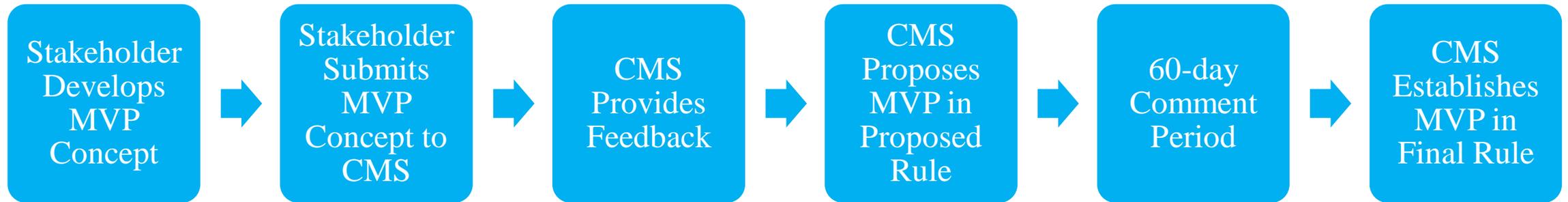
2021 Proposed MVP Changes

Further refine the guiding principles of MVPs.

Propose a set of criteria to consider when creating MVP candidates.

Clarify the process for MVP candidate submission.

MVP Development Process



APM Performance Pathways

- CMS is proposing a new, complementary pathway to MVPs that will be available for clinicians who participate in APMs and who must still report in MIPS.
- The APM Performance Pathway (APP) would be required for participants in the Medicare Shared Savings Program.
- The APP, like an MVP, would be comprised of a fixed set of measures for each performance category.
- As CMS transitions to the APP, CMS is proposing to eliminate the CMS Web Interface as a collection type and submission type beginning with the 2021 performance period.

APP Measures

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID # 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Patient's Experience
Quality ID # 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID # 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Treatment of Mental Health
Quality ID # 236	Controlling High Blood Pressure	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Measure # TBD	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	N/A	Admissions & Readmissions

APP Performance Category Weights

Performance Category	Proposed Weights	Proposed Changes
Quality	50%	<ul style="list-style-type: none"> • Composed of 6 measures • Measures reported through the APP would be automatically used for MSSP quality scoring to satisfy reporting requirements
Cost	0%	<ul style="list-style-type: none"> • Reweighted to 0
Improvement Activities	20%	<ul style="list-style-type: none"> • Score would be automatically assigned based on the requirements of participants' APMs • In 2021, all APM participants reporting through the APP will earn of a score of 100%
Promoting Interoperability	30%	<ul style="list-style-type: none"> • Reported and scored at the individual or group level as required for the rest of MIPS

MIPS Performance Weights

	2020	2021 (Proposed)
Quality *	45% (70%)	40% (65%)
Cost	15%	20%
Improvement Activities	15%	15%
Promoting Interoperability *	25% (0%)	25% (0%)

* Hospital-based clinicians are exempt from the Promoting Interoperability Category, and weight for that performance category is re-weighted to Quality.

Quality Performance Category

- CMS is proposing a total of 206 quality measures for the 2021 performance period.
- Includes:
 - ▶ Substantive changes to 112 existing MIPS quality measures.
 - ▶ Changes to specialty sets (including adding one measure and removing one measure from the emergency medicine specialty set).
 - ▶ Adding: Quality Measure # 418 *Osteoporosis Management in Women Who Had a Fracture*
 - ▶ The removal of 14 quality measures.
 - ▶ The addition of two new administrative claims outcome quality measures.
 - ▶ Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the MIPS Eligible Clinician Groups (to replace the current All-Cause Readmission measure)
 - ▶ Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS eligible clinicians

Quality Performance Category Policy Changes

- Due to the COVID-19 pandemic, CMS is proposing to change how it establishes quality benchmarks. Since CMS held clinicians harmless if they were unable to report data from 2019, CMS believes that 2019 data may be unreliable. Therefore, CMS intends to develop performance period benchmarks for the CY 2021 MIPS performance period using the data submitted during the CY 2021 performance period rather than historic data from 2019.
- Tied to this proposal, CMS is adjusting its policy for topped out measures. If a measure is topped out for 2 or more years, the measure can earn a maximum of 7 achievement points. CMS now include the 2021 MIPS performance period benchmark when determining whether a measure is topped out.
- Finally, CMS is increasing flexibility in the Quality category scoring methodology by expanding the list of reasons that a quality measure may be impacted during the performance period and revising when CMS would allow scoring of the measure with clinicians are unable to report a full 12 months-worth of data.

How does this affect you?

- Since CMS is not using historical data to determine benchmarks, you won't know what the target is for each measure.
- You will also not know if the measure you are reporting will wind up being topped out in 2021.

Cost Performance Category

- CMS is not proposing any new cost measures this year but is proposing to include telehealth services in the current cost measure calculations, as applicable.
- There are currently 18 existing episode measures, none of which apply to emergency medicine. 5 additional ones are in development.
- The two main cost measures include:
 - ▶ Total Per Capita Cost (TPCC) measure Medicare Spending Per Beneficiary - Clinician (MSPB-C) measure

Improvement Activities Performance Category

- CMS is proposing to:
 - ▶ Modify two existing improvement activities
 - ▶ Add the following new criterion for nominating new improvement activities:
“include activities which can be linked to existing and related MIPS quality and cost measures, as applicable and feasible.”
 - ▶ Allow nomination of improvement activities in addition to the Annual Call for Activities in 2 circumstances:
 - ▶ An exception to the nomination period timeframe during a public health emergency
 - ▶ A process for agency-nominated improvement activities

Promoting Interoperability Category

- Remember: Most of you are exempt!
- CMS is proposing to:
 - ▶ Retain the Query of PDMP measure as an optional measure increasing its worth from 5 to 10 bonus points
 - ▶ Add an optional Health Information Exchange (HIE) bi-directional exchange measure
 - ▶ Worth 40 points
 - ▶ An optional alternative to the 2 existing measures - clinicians may report either the new HIE measure OR the 2 existing measures
 - ▶ Reported by attestation with a yes/no response

Performance Threshold

- The performance threshold is the point total a clinician must surpass to be eligible for an upward payment adjustment (bonus).
- CMS is proposing to increase the performance threshold from 45 points in 2020 to 50 points in 2021 (in last year's rule, CMS had stated that the threshold would be 60 points in 2021, but because of the COVID-19 pandemic, CMS is now proposing a lower threshold).
- There is also an additional performance threshold that is applied to reward clinicians for exceptional performance. Clinicians who surpass this threshold can receive an additional bonus on top of their upward payment adjustment. CMS is proposing to maintain the exceptional bonus threshold at 85 points in 2021.

Performance Threshold

2020

Final Score 2020	Payment Adjustment 2022
≥85 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
45.01-84.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
45 points	<ul style="list-style-type: none"> Neutral payment adjustment
11.26-44.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-11.25 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%

2021 (proposed)

Final Score 2021	Payment Adjustment 2023
≥85 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
50.01-84.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
50 points	<ul style="list-style-type: none"> Neutral payment adjustment
12.51-49.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-12.50 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%

Payment Adjustments

- As required by statute, the maximum negative payment adjustment in 2023 (based on performance in 2021) is -9%, and the positive payment adjustment can be up to 9% (before any exceptional performance bonus).
- Since MIPS is a budget neutral program, the size of the positive payment adjustments is ultimately controlled by the amount of money available through the pool of negative payment adjustments. In other words, the 9% positive payment adjustment can be scaled up or down (capped at a factor of + 3%). Likewise, the exceptional performance bonus is capped at \$500 million across all eligible Medicare providers, so the more providers who qualify for the bonus, the smaller it is.
- In the first three years of the program, most clinicians qualified for a positive payment adjustment, so the size of the adjustment was relatively small.

Year	Maximum Payment Adjustment
2017 (affecting payments in 2019)	1.88%
2018 (affecting payments in 2020)	1.68%
2019 (affecting payments in 2021)	1.79%
2020 (affecting payments in 2022)	6.25% (estimated in last year's rule and subject to change due to COVID)
2021 (affecting payments in 2023)	6.9% (estimated in this year's rule and subject to change due to COVID)

Qualified Clinical Data Registries (QCDRs)

- QCDRs are third-party intermediaries that help clinicians report under MIPS.
- ACEP has its own QCDR called the Clinical Emergency Data Registry (CEDR).
- CMS has separate policies governing QCDRs and the approval of QCDR measures.
- Due to the COVID-19 pandemic, CMS has delayed two new requirements finalized in last year's rule:
 - ▶ The QCDR measure testing requirement is delayed until the 2022 performance period.
 - ▶ The QCDR measure data collection requirement is delayed until the 2022 performance period. QCDRs are required to collect data on a QCDR measure prior to submitting the QCDR measure for CMS consideration during the self-nomination period.

New QCDR Policies

- QCDRs must conduct data validation audits on an annual basis
- QCDRs must conduct an additional targeted audit if errors are identified during the data validation audit.
- CMS is proposing the following additional factors for consideration when determining whether to approve a QCDR for future participation in the MIPS program:
 - ▶ The entity's compliance with the requirements for any prior MIPS performance period for which it was approved as a QCDR
 - ▶ Whether the QCDR provided inaccurate information to the clinicians regarding MIPS program requirements.
- QCDRs can support data submission for
 - ▶ the APM Performance Pathway beginning with the 2021 performance period
 - ▶ MVPs beginning with the 2022 performance period
- QCDR measures must be fully tested at the clinician level in order to be considered for inclusion in an MVP.

COVID-19 Flexibilities

- 2020 Reporting Exemptions Due to COVID-19
 - ▶ CMS is granting hardship exemptions on a case-by-case basis due to COVID-19. It is therefore possible for a clinician or group to request to be exempted from all four performance categories in 2020. If clinicians submit a hardship exception application for all four MIPS performance categories, and their application is approved, they will be held harmless from a payment adjustment in 2022—meaning that they will not be eligible for a bonus or potentially face a penalty based on their MIPS performance in 2020.
- Complex Patient Bonus
 - ▶ To account for the additional complexity of treating patients due to COVID-19, CMS is proposing in this rule to double the complex patient bonus for the 2020 performance period only. Clinicians would be able to earn up to 10 bonus points instead of 5 bonus points.

2021 Advanced APM Proposals

Advanced APM Criteria

Requires participants to use certified EHR technology



Bases payment on quality measures comparable to those used in the MIPS

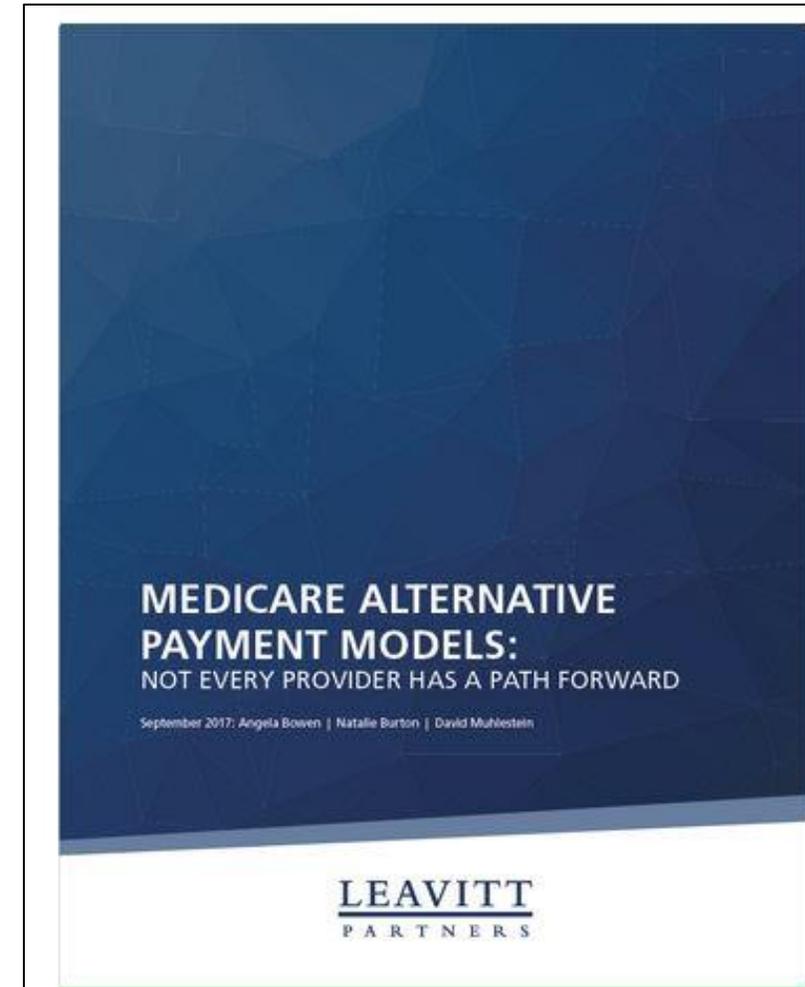


Either: (1) is a Medical Home Model expanded under CMS Innovation Center authority OR (2) requires participants to bear a more than nominal amount of financial risk.

Clinicians who have a certain proportion of their revenue or patient population tied to an Advanced APM (known as the revenue or patient threshold) are classified as a Qualifying APM Participant (QP) and are eligible for a five percent payment bonus. QPs are exempt from MIPS.

There are not many APMs that Emergency Physicians Can Participate in

- Most emergency physicians are not in APMs. There are not any APMs that specifically focus on emergency medicine.
- ACEP convened a task force in 2015 to start developing an APM. ACEP leadership saw that there was a gap in the availability to Advanced APMs that emergency physicians could participate in.



The Acute Unscheduled Care Model (AUCM)

- The ACEP workgroup designed the Acute Unscheduled Care Model (AUCM), which would serve as a viable Advanced APM for emergency physicians.
- ACEP submitted the AUCM to a federal advisory committee called the PTAC for consideration. The PTAC recommended that the Secretary of Health and Human Services fully implement the model.
- In September 2019, HHS Secretary Alex Azar stated that he believes the core concepts of the AUCM should be incorporated into the APMs that CMS is developing. However, CMS has not yet taken action on this model.

Advanced APM proposals

- In the rule, CMS makes a technical modification to how it determines whether clinicians reach this threshold.
- CMS is also proposing to accept targeted review requests for QP determinations under limited circumstances where a clinician believes in good faith CMS made a clerical error.

Looking Forward

ACEP is especially concerned about the lack of Advanced APM options given that the five percent payment bonus for being a QP is expiring in 2024 and the QP threshold is extremely high (the QP payment amount threshold is increasing to 75 percent and the QP patient count threshold is increasing to 50 percent).

Therefore, most emergency physicians will never have the opportunity to receive a 5 percent bonus because they do not have a viable Advanced APM option, and, even if they did, their total payments or patients tied to the Advanced APM probably would not surpass the threshold.

What else is in the PFS and QPP Rule?

- All the Physician Fee Schedule Proposals!
 - ▶ Emergency Medicine Reimbursement Cuts
 - ▶ Telehealth Proposals
 - ▶ Scope of Practice
 - ▶ Payment for Services of Teaching Physicians
 - ▶ Payment for Medication Assisted Treatment (MAT) in the ED
 - ▶ Electronic Prescribing of Controlled Substances
 - ▶ Medicare Coverage for Opioid Use Disorder (OUD) Treatment Services Furnished by Opioid Treatment Programs (OTPs)
 - ▶ And more!

Resources

- [CMS QPP Fact Sheet](#)
- [ACEP's MIPS Page](#)
- [ACEP's Comprehensive Summary of the CY 2021 PFS and QPP Proposed Rule](#)
- [Regs & Eggs Blog](#)
- [CEDR Home page](#)

Questions?