

## 2021 MIPS – Avoiding a Penalty

### For Practices with 15 or fewer Eligible Clinicians

#### 1 MIPS Minimum Reporting Requirements and Small Practice Considerations – did you know?

- The minimum reporting requirement for a neutral payment adjustment, i.e. no penalty, is increasing year-to-year: it started at 3 points in 2017 and has **increased to 60 points for 2021**. Check if you're required to report [HERE](#).
- **60 points in the MIPS final score** for a neutral adjustment is **not the same as 60 points in a performance category**.
- The maximum payment adjustment is +/- 9% and becomes effective 2 years after the corresponding performance year, i.e. 2023.
- Small practices get double points in Improvement Activities (IA), up to category max of 40 points. Clinicians can submit 1 high-weighted activity, or 2 medium-weighted activities for the category max of 40 points, which translates to 15 points in the final score. *Your practice most likely has workflows in place that qualify as Improvement Activities.* **Note:** For group reporting, at least 50% of the group's Eligible Clinicians (EC) must perform the reported activity for a continuous 90-day period in the performance year. **Check available Improvement Activities [HERE](#).**
- Choose quality measures with benchmarks if possible. Those without may only receive 3 points. **2021 Benchmarks are [HERE](#).**
- If you are a MIPS eligible clinician in a small practice (15 or fewer clinicians), you can file a PI hardship exception application to reweight your PI to 0% and your Quality category score from 40% to 65% of your final score. Select the reason "Small Practice". *The PI Hardship Exception applications will be available mid-summer 2021 and must be filed by December 31, 2021.* **Note: To [file a hardship exception application](#), you must log in to [qpp.cms.gov](https://qpp.cms.gov) with your HARP credentials.**
- Reasons which allow for a PI exception include but are not limited to:
  - MIPS eligible clinicians using decertified EHR technology
  - Insufficient Internet connectivity

**Check your MIPS Participation Status at: <https://qpp.cms.gov/participation-lookup>**  
**2021 MIPS PI Hardship Exception Applications will be available mid-summer at: <https://qpp.cms.gov/mips/exception-applications>**

#### 2 Minimum Reporting Options for a Neutral Payment Adjustment

##### In 2021, 60 points are needed for a neutral payment adjustment:

- The Improvement Activity category maximum is 15 points of the MIPS final score.
- A minimum of 45 additional points is needed from Quality, PI, and Cost categories to achieve 60 points in the final score.
- Quality can be reweighted from 40% to 65% if you file a [PI hardship exception application](#).
- Your Cost score is unknown during the performance year.
- Small practices that submit data on any clinical quality measures (CQMs) automatically earn a **6-point small practice bonus** in that category, which adds 2.4 net points, or 3.9 net points with reweighting PI, to the individual or group MIPS final score.
- Small practices get a minimum of 3 points per quality measure reported. To achieve more than 3 points, the minimum case threshold (20 cases) must be met, data completeness must be at least 70%, and [benchmark data](#) must be available.
  - Claims based reporting → is evaluated based on Medicare patient claims only
  - EHR and Registry reporting → is evaluated across all patients and payers

##### Tips

- Where possible, choose quality measures most applicable to your practice, not topped out or capped, and [with benchmarks](#).
- Report more than 1 outcome and/or high priority measure to yield up to 6 bonus points.
- If you don't have an EHR, do not forget to file the [PI hardship application](#) to reweight that 25% to your quality score.
- Access additional quality measures and potentially improve your Quality category score by reporting through a Qualified Registry (QR) such as [MIPScast®](#). Reporting data through MIPScast® is **free** for small practices.
- Plan early and start documenting now!

#### OPTION 1 - Report 2 categories, Quality and IA, and have the PI category reweighted to 0

##### Option 1A

- File the PI hardship exception application [HERE](#), to reweight your Quality to 65% of the MIPS final score. Submit by Dec 31, 2021.
- Report a minimum of 6 quality measures:
  - 6 CQMs must meet minimum case reporting, data completeness of 70%, and have benchmarks.
  - 6 CQMs must average at least 6 points each:
    - CQM1 + CQM2 + CQM3 + CQM4 + CQM5 + CQM6 + small practice bonus = 42 points
    - (6+ pts) + (6+ pts) + (6+ pts) + (6+ pts) + (6+ pts) + (6+ pts) + (6 bonus pts)
    - 42/60 = .7 x 65% (reweighted from 40%) = **45.5 MIPS points for the Quality Performance Category**
- You must earn full IA points by submitting 1 high-weighted or 2 medium-weighted activities.

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- **45.5 points (Quality) + 15 points (IA) = 60.5 MIPS final score, plus whatever points you score in the Cost category.**

### Option 1B

- File the PI hardship exception application [HERE](#), to reweight your Quality to 65% of the MIPS final score. Submit by Dec 31, 2021.
- Report a minimum of 6 quality measures:
  - Submit measures from your EHR or Registry to receive the electronic end-to-end reporting bonus of 1 point per measure.
  - 6 CQMs must meet minimum case reporting, data completeness of 70%, and have benchmarks.
  - 6 CQMs must average at least 5 points each:
    - CQM1 + CQM2 + CQM3 + CQM4 + CQM5 + CQM6 + small practice bonus + end-to-end bonus = 42 points
    - (5+ pts) + (5+ pts) + (5+ pts) + (5+ pts) + (5+ pts) + (5+ pts) + (6 bonus pts) + (6 bonus pts)
  - $42/60 = .7 \times 65\%$  (reweighted from 40%) = **45.5 MIPS points for the Quality Performance category**
- You must earn full IA points by submitting 1 high-weighted or 2 medium-weighted activities
- **45.5 points (Quality) + 15 points (IA) = 60.5 MIPS total score, plus whatever points you score in the Cost category.**

**IMPORTANT: For Option 1A & 1B, you must ensure that the QRDAll or JSON file extracted from the EHR does NOT contain PI data. Any PI data in the file will override your PI hardship exception application and be scored accordingly, reweighting the Quality back to 40% of your final score!**

### OPTION 2 - Report all 3 categories, Quality, IA, and PI

*For the options below, you will not file a PI hardship exception application, and the Quality category weight will remain at 40%*

#### Option 2A

- Report a minimum of 6 quality measures:
  - Submit measures from your EHR or Registry to receive the electronic end-to-end reporting bonus of 1 point per measure.
  - 6 CQMs do not need to meet minimum case reporting, data completeness of 70%, or have benchmarks, yielding 3+ pts/ea
    - CQM1 + CQM2 + CQM3 + CQM4 + CQM5 + CQM6 + small practice bonus + end-to-end bonus = 30 points
    - (3+ pts) + (3+ pts) + (3+ pts) + (3+ pts) + (3+ pts) + (3+ pts) + (6 bonus pts) + (6 bonus pts)
  - $30/60 = .5 \times 40\% = 20$  MIPS points for the Quality Performance category
- You must earn full IA points by submitting 1 high-weighted or 2 medium-weighted activities
- You must earn full points 100/100 in the PI category; get a 10-point bonus in PI if you query the Prescription Drug Monitoring Program (PDMP) as part of your e-prescribing workflow.
- **20 points (Quality) + 15 points (IA) + 25 points (PI) = 60 MIPS total score, plus whatever points you score in the Cost category.**

#### Option 2B

- Report a minimum of 6 quality measures:
  - Submit measures from your EHR or Registry to receive the electronic end-to-end reporting bonus of 1 point per measure.
  - 6 CQMs need to minimum case reporting, data completeness of 70%, and have benchmarks, yielding 4+ points/each
    - CQM1 + CQM2 + CQM3 + CQM4 + CQM5 + CQM6 + small practice bonus + end-to-end bonus = 36 points
    - (4+ pts) + (4+ pts) + (4+ pts) + (4+ pts) + (4+ pts) + (4+ pts) + (6 bonus pts) + (6 bonus pts)
  - $36/60 = .6 \times 40\% = 24$  MIPS points for the Quality Performance category
- You must earn full IA points by submitting 1 high-weighted or 2 medium-weighted activities
- You must earn at least 21 points ( $84/100 \times 25\% = 21$ ) in the PI category; get a 10-point bonus in PI if you query the Prescription Drug Monitoring Program (PDMP) as part of your e-prescribing workflow.
- **24 points (Quality) + 15 points (IA) + 21 points (PI) = 60 MIPS total score, plus whatever points you score in the Cost category.**

#### OTHER OPTIONS:

- Increasing your Quality score will then require fewer points in the PI category to still achieve a MIPS final score of 60+.
- Adding registry reporting through a Qualified Registry (QR) such as [MIPScast®](#) provides access to additional quality measures that may better suit your scope of practice, and have better [benchmarks](#). Reporting data through MIPScast® is **free** for small practices.

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<b>3</b>	<p><b>Some Options for Medium and High Weighted Improvement Activities (IA)</b>  <i>If possible, look for Improvement Activities that are already being performed within the practice!</i></p> <ul style="list-style-type: none"> <li>• <b>HIGH PRIORITY Improvement Activities (choose 1 for small practices to achieve maximum points in IA category)</b> <ul style="list-style-type: none"> <li>○ Collection and follow-up on patient experience and satisfaction data on beneficiary engagement (<a href="#">IA_BE_6</a>)</li> <li>○ Completion of CDC Training on Antibiotic Stewardship: <a href="https://www.train.org/cdctrain/course/1075730/compilation">https://www.train.org/cdctrain/course/1075730/compilation</a> (<a href="#">IA_PSPA_23</a>)</li> <li>○ Consultation of the Prescription Drug Monitoring Program (<a href="#">IA_PSPA_6</a>)</li> <li>○ COVID-19 Clinical Trials (IA_ERP_3 ) <a href="https://clinicaltrials.gov/ct2/results?cond=COVID-19">https://clinicaltrials.gov/ct2/results?cond=COVID-19</a></li> <li>○ Engagement of New Medicaid Patients and Follow Up (<a href="#">IA_AHE_1</a>)</li> <li>○ Engage Patients and Families to Guide Improvement in the System of Care (<a href="#">IA_BE_14</a>)</li> <li>○ Provide Education Opportunities for New Clinicians (<a href="#">IA_AHE_6</a>)</li> <li>○ Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (<a href="#">IA_EPA_1</a>)</li> </ul> </li> <li>• <b>MEDIUM PRIORITY Improvement Activities (choose 2 for small practices to achieve maximum points in IA category)</b> <ul style="list-style-type: none"> <li>○ Collection and use of patient experience and satisfaction data on access (<a href="#">IA_EPA_3</a>)</li> <li>○ Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments (<a href="#">IA_PSPA_10</a>)</li> <li>○ Comprehensive Eye Exams (<a href="#">IA_AHE_7</a>)</li> <li>○ Cost Display for Laboratory and Radiologic Orders (<a href="#">IA_PSPA_25</a>)</li> <li>○ Depression Screening (<a href="#">IA_BMH_4</a>)</li> <li>○ Evidence-based techniques to promote self-management into usual care (<a href="#">IA_BE_16</a>)</li> <li>○ Glycemic Referring Services (<a href="#">IA_PM_20</a>)</li> <li>○ Improved Practices that Engage Patients Pre-Visit (<a href="#">IA_BE_22</a>)</li> <li>○ Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes (<a href="#">IA_CC_19</a>)</li> <li>○ Use of telehealth services that expand practice access (<a href="#">IA_EPA_2</a>)</li> </ul> </li> </ul> <p style="text-align: center;"><i>Check the <a href="http://qpp.cms.gov">qpp.cms.gov</a> for a complete list of available <a href="#">Improvement Activities</a></i></p>
<b>4</b>	<p><b>Available Bonus Points:</b></p> <ul style="list-style-type: none"> <li>• <b>Small Practice Bonus:</b> 6 points for ECs or groups in small practices (15 or fewer billing clinicians).</li> <li>• <b>Electronic Submission:</b> 1 point each up to 6 points for end-to-end electronic submission of quality data.</li> <li>• <b>Additional Quality Measures:</b> Up to 6 points for reporting extra Outcome (2 points) and High Priority (1 point) measures.</li> <li>• <b>Complex Patient Bonus:</b> Up to 5 points. For clinicians who work with patients that have more complex cases.</li> <li>• <b>Improvement Bonus:</b> Up to 10 points for improving quality category score from previous year.</li> <li>• <b>PDMP Bonus:</b> Get 10 points in the PI category if you query your state's Prescription Drug Monitoring Program as part of your e-prescribing workflow.</li> </ul>
	<p><b>Questions?</b></p> <p>Contact the QPP Resource Center® with any questions you may have! 844-777-4968 or email us at <a href="mailto:QPP.TA@altarum.org">QPP.TA@altarum.org</a>.</p>

**Reference links:**

- [QPP Resource Center® for the Midwest](#)
- [CMS QPP Website](#)
- [CMS QPP Attestation Portal](#)
- [CMS QPP Exception Applications](#)

*The [QPP Resource Center® for the Midwest](#) provides **FREE** MIPS resources and support to help you prepare for successful MIPS reporting. Join the QPP Resource Center® [HERE](#). You can also contact a QPP Advisor at 844-777-4968 or email us at [QPP.TA@altarum.org](mailto:QPP.TA@altarum.org). We are available M-F, 9am-5pm (ET).*