

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

### 2021 MIPS Quick Start Guide



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**Purpose:** This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2021 performance year.



## How to Use This Guide



Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

## Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

## Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.

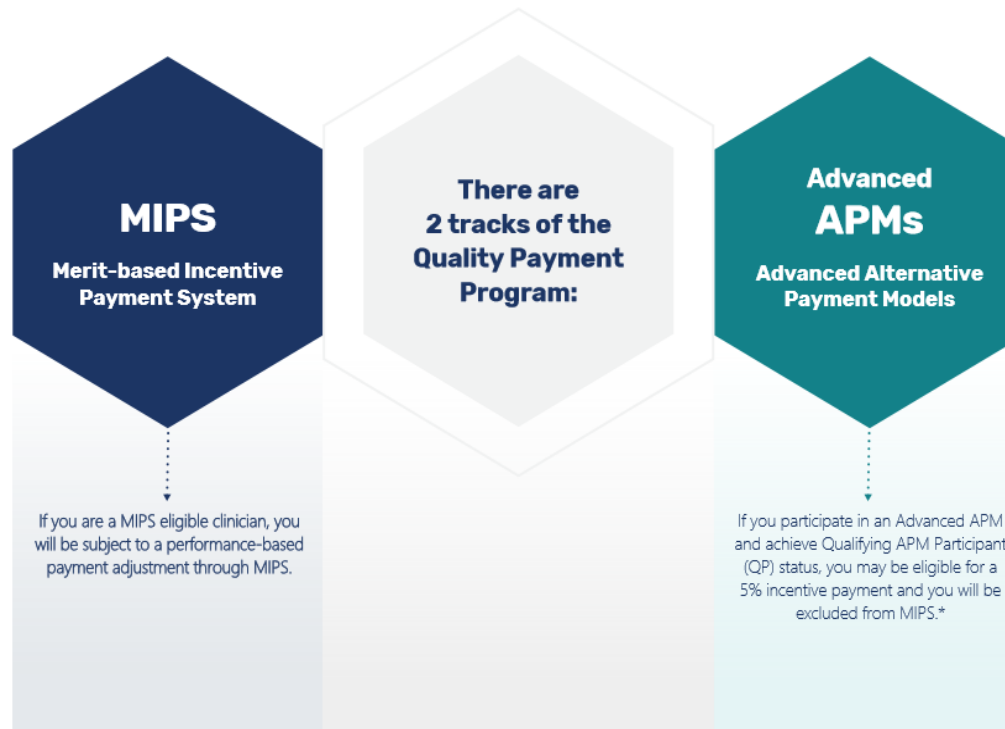


# Overview

## What is the Quality Payment Program?

### What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is composed of 2 tracks:



\*Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

This guide will only cover **MIPS participation in the Quality Payment Program**. For more information on participating in an Advanced APM, visit our [Advanced APM Overview webpage](#) and check out our APM related resources in the [Quality Payment Program Resource Library](#).

## What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.



## What is the Merit-based Incentive Payment System? *(continued)*

If you're [eligible for MIPS in 2021](#):

- You generally have to submit data for the quality, improvement activities, and Promoting Interoperability performance categories.
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS Final Score of 0 to 100 points.
- Your MIPS Final Score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

***To learn more about MIPS eligibility and participation options:***

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on the [Quality Payment Program website](#).
- Check your current participation status using the [Quality Payment Program Participation Status Tool](#).



## MIPS Performance Category Scoring

The MIPS performance categories have different “weights” and the scores from each of the categories are added together to give you a MIPS Final Score.

### Traditional MIPS Performance Category Weights in 2021: Individual, Group, and Virtual Group Participation

#### Quality



40% of MIPS Score

#### Cost



20% of MIPS Score

#### Improvement Activities



15% of MIPS Score

#### Promoting Interoperability



25% of MIPS Score

### Traditional MIPS Performance Category Weights in 2021: APM Entity Participation

50% Quality

0% Cost

20% Improvement Activities

30% Promoting Interoperability

## MIPS Performance Category Scoring (continued)

The MIPS performance categories have different “weights” and the scores from each of the categories are added together to give you a MIPS Final Score.

### APM Performance Pathway (APP) MIPS Performance Category Weights in 2021: Individual, Group, and APM Entity Participation

#### Quality



50% of MIPS Score

#### Cost



0% of MIPS Score

#### Improvement Activities



20% of MIPS Score

#### Promoting Interoperability



30% of MIPS Score

# Get Started with MIPS in 9 Steps



# Get Started with MIPS in 9 Steps

## 9 Steps to Get Started

The 2021 MIPS performance year is from January 1, 2021 to December 31, 2021.

2021 MIPS data is generally submitted after the performance period, through March 31, 2022. MIPS eligible clinicians will receive a positive, negative, or neutral adjustment in the 2023 payment year based on their 2021 MIPS Final Score.

### If you're an eligible clinician, you should:

#### Step 1. Determine if You're Included in MIPS (NOW)

- Check your current eligibility for the 2021 performance year by entering your 10-digit National Provider Identifier (NPI) in the [Quality Payment Program Participation Status Tool](#).
  - Note: Your preliminary eligibility will be available by January 1, 2021 and your final eligibility will be available in December 2021.
- We determine your [eligibility](#) by evaluating: your clinician type, the volume of care you provide to Medicare patients (low-volume threshold), your Medicare enrollment date (you must have been enrolled before Jan. 1, 2021) and your Qualifying APM Participant (QP) status.\*

#### Step 2. Determine How You'll Participate (NOW)

- Individual: Collect and submit data for an individual clinician.
- Group: Collect and submit data for all clinicians in the group.
- Virtual Group: Collect and submit data for all clinicians in the CMS-approved virtual group.
- APM Entity: Collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.

#### Step 3. Determine How You'll Report Data (NOW)

##### Traditional MIPS

- MIPS reporting option available to all MIPS eligible clinicians.
- Can be reported by individuals, groups, virtual groups, and APM Entities.
- You select measures and activities to evaluate your performance across quality, improvement activities, and Promoting Interoperability performance categories. We collect cost data for you.

MIPS Value Pathways ([MVPs](#)) will be available to MIPS eligible clinicians as a MIPS reporting framework in 2022 MIPS performance year.

##### APM Performance Pathway (APP)

- MIPS reporting option available to MIPS eligible clinicians in a MIPS APM.
- Can be reported by individuals, groups, and APM Entities.
  - ACOs participating in the Medicare Shared Savings Program are required to report to MIPS through the APP to assess their quality performance for that program.
- Uses a pre-determined measure set to evaluate your performance across quality, improvement activities, and Promoting Interoperability.

\*Your Qualifying APM Participant (QP) status will be updated throughout the performance period, with final information available in December 2021. If you're determined to be a QP, you aren't eligible for MIPS.



# Get Started with MIPS in 9 Steps

## 9 Steps to Get Started *(continued)*

The 2021 MIPS performance year is from January 1, 2021 to December 31, 2021.

2021 MIPS data is generally submitted after the performance period, through March 31, 2022. MIPS eligible clinicians will receive a positive, negative, or neutral adjustment in the 2023 payment year based on their 2021 MIPS Final Score.

### If you're an eligible clinician, you should:

#### Step 4. Select and Perform Your Measures and Activities *(throughout 2021)*

##### Traditional MIPS

- Quality: Most clinicians must select 6 measures, collecting data for each measure for the 12-month performance period (January 1-December 31, 2021).
- Improvement Activities: Most clinicians must select between 2 and 4 activities, performing each activity for a continuous 90-day period in Calendar Year (CY) 2021 (or as indicated in the activity's description).
- Promoting Interoperability: Most clinicians must collect data using CEHRT on the required measures for the same continuous 90 (+)-day performance period in CY2021.
- Cost: Clinicians don't need to collect or submit any data for cost measures. We collect and evaluate this data for you.

##### APM Performance Pathway (APP)

- Quality: Clinicians must collect data for a set of pre-determined quality measures for the 12-month performance period (January 1-December 31, 2021).
- Improvement Activities: Clinicians who are MIPS APM participants and report to MIPS through the APP will automatically receive full credit for the improvement activities performance category score.
- Promoting Interoperability: Clinicians must collect data on the 6 required measures for the same continuous 90 (+)-day performance period in CY2021.

# Get Started with MIPS in 9 Steps

## 9 Steps to Get Started *(continued)*

The 2021 MIPS performance year is from January 1, 2021 to December 31, 2021.

2021 MIPS data is generally submitted after the performance period, through March 31, 2022. MIPS eligible clinicians will receive a positive, negative, or neutral adjustment in the 2023 payment year based on their 2021 MIPS Final Score.

### If you're an eligible clinician, you should:

#### Step 5. Verify Your Eligibility *(late 2021)*

- Check the [Quality Payment Program Participation Status Tool](#) in December 2021 to confirm that you remain eligible for MIPS and a payment adjustment.

#### Step 6. Submit Your Data *(early 2022)*

- Submit data yourself or with the help of a third-party intermediary, such as a Qualified Registry or Qualified Clinical Data Registry (QCDR), between January 3 and March 31, 2022.
  - Visit the [Quality Payment Program Resource Library](#) to review the lists of CMS-approved [Qualified Registries](#) and [QCDRs](#).

#### Step 7. Review Your Feedback *(mid-2022)*

- Review your preliminary feedback, available once data is submitted.
- Review your final performance feedback and payment adjustment information in July 2022.

#### Step 8. Preview Your Data for Public Reporting *(late 2022 or early 2023)*

- Preview your 2021 MIPS performance data for public reporting in late 2022 or early 2023.

#### Step 9. Note the Application of Payment Adjustments *(throughout 2023)*

- Review your claims to see payment adjustments for your 2021 performance applied to covered professional services billed in 2023.



## Help, Resources, and Version History

## Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time 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.

Connect with your [local Technical Assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.

Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).



## Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more. We'll update this table as more resources become available.

| Resource  | Description  |
|---|--|
| <a href="#">2021 MIPS Eligibility and Participation Quick Start Guide: Traditional MIPS</a>                   | A high-level overview and actionable steps to understand your 2021 MIPS eligibility and participation requirements.  |
| <a href="#">2021 MIPS Quality Performance Category Quick Start Guide: Traditional MIPS</a>                    | A high-level overview and practical information about quality measure selection, data collection, and submission for the 2021 MIPS quality performance category. |
| <a href="#">2021 MIPS Promoting Interoperability Performance Category Quick Start Guide: Traditional MIPS</a> | A high-level overview and practical information about data collection and submission for the 2021 MIPS Promoting Interoperability performance category.          |
| <a href="#">2021 MIPS Improvement Activities Quick Start Guide: Traditional MIPS</a>                          | A high-level overview and practical information about data collection and submission for the 2021 MIPS improvement activities performance category.              |
| <a href="#">2021 MIPS Cost Performance Category Quick Start Guide: Traditional MIPS</a>                       | A high-level overview of cost measures, including calculation and attribution, for the 2021 MIPS cost performance category.                                      |
| <a href="#">2021 Part B Claims Quick Start Guide: Traditional MIPS</a>  | A high-level overview and practical information about reporting quality measures through Medicare Part B claims.   |
| <a href="#">2021 APM Performance Pathway (APP) for MIPS APM Participants Fact Sheet</a>                       | An overview of the new reporting and scoring pathway for MIPS eligible clinicians who participate in MIPS Alternative Payment Models (APMs): the APP.            |
| <a href="#">2021 Quality Payment Program Final Rule Resources</a>   | A zip file containing 2021 QPP final rule resources, including the 2021 QPP Final Rule Fact Sheet, FAQs, and Proposed and Final Rule Comparison Table.           |

## Version History

If we need to update this document, changes will be identified here.

| Date      | Description      |
|-----------|------------------|
| 1/14/2021 | Original posting |