

Quality Payment PROGRAM



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CMS Updates 2020 MIPS Performance Feedback and 2022 MIPS Payment Adjustments

Recently, the Centers for Medicare & Medicaid Services (CMS) released performance feedback for clinicians included in the Merit-based Incentive Payment System (MIPS) for the 2020 performance year (PY).

Along with releasing performance feedback, we opened the targeted review period. A targeted review provides the opportunity for clinicians, groups, virtual groups or those participating in certain Alternative Payment Models (APMs) to request review of their MIPS payment adjustment factor(s), if they believe there is an error with their final score and associated MIPS payment adjustment.

The requests that we received through PY 2020 targeted review process caused us to take a closer look at a couple of prevailing concerns. The targeted review process worked as intended, as the incoming requests quickly alerted us to these issues and allowed us to take immediate action. Based on these requests, we reviewed the concerns and identified 2 issues that we needed to correct so that final scores align with our policies. In response, we corrected MIPS scoring logic which resulted in changes to performance feedback, including 2020 final scores and 2022 MIPS payment adjustments.

From the onset of QPP, our goals have included creating a program that is fully transparent and provides accurate information. We believe that the corrections identified below are essential to achieving that goal. We will continue to work closely with the clinician community to learn from one another and ensure operational excellence in implementation.



Complex Patient Bonus Correction for Medicare Shared Savings Program ACOs

Specifically, we determined that the complex patient bonus wasn't added to the final scores of Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs). This issue affected every Shared Savings Program ACO with MIPS eligible clinicians. In their updated performance feedback Shared Savings Program ACOs will see up to 10 complex patient bonus points reflected in their performance feedback and added to their final scores, if applicable. (There are approximately 20 ACOs that didn't qualify for any complex patient bonus points.) As a reminder, your final score can't exceed 100 points.

Patient-Reported Outcome Measure Correction

We also determined that our system didn't recognize patient-reported outcome measures as outcome measures. We corrected our scoring logic, which resulted in 2 potential changes to quality performance category scoring for approximately 30,000 MIPS eligible clinicians:

- Patient-reported outcome measures submitted in addition to another outcome measure became eligible for 2 high priority bonus points. (As a reminder, these bonus points are capped at 10% of your quality denominator.)
- Patient-reported outcome measures became eligible to fulfill the requirement to report an outcome measure.


The majority of affected clinicians will see a modest increase in their quality performance category score and MIPS final score as a result of this correction. However, approximately 4,400 clinicians will see a decrease in their quality performance category score and MIPS final score. This occurred when a lower-scoring patient-reported outcome measure replaced a higher-scoring high priority measure in their top 6 measures, fulfilling the requirement to report an outcome measure. (A high priority measure is only selected for the top 6 measures in the absence of an available outcome measure.)

Impact to MIPS Payment Adjustments

The statute requires MIPS to be a budget neutral program, which, means that the projected negative adjustments must be balanced by the projected positive adjustments. As a result of changes to MIPS final scores from these 2 corrections, we reassessed the associated MIPS payment adjustments to maintain budget neutrality. Some clinicians that weren't affected by the issues identified will see slight changes in their payment adjustment due to the reapplication of budget neutrality.

Additional Adjustment for Exceptional Performance

In addition to the standard MIPS payment adjustment, MIPS eligible clinicians with a final score between 85 and 100 points receive an additional adjustment for exceptional performance. This



adjustment isn't subject to budget neutrality but is scaled to ensure the appropriate distribution of available funds. When we corrected final scores for alignment with our existing policies, more clinicians moved into the exceptional performance pool, causing a slight decrease in the exceptional performance adjustment.

Sign-In to View Updated Feedback

The 2020 final scores and 2022 MIPS Payment Adjustments revisions were made to the performance feedback on the Quality Payment Program (QPP) website on September 27, 2021. We encourage you to [sign-in to the Quality Payment Program website](#) as soon as possible to review your performance feedback. If you believe an error still exists with your 2022 MIPS payment adjustment calculation, the targeted review process is available to you.

Targeted Review Extension

To offer additional time for clinicians, groups, virtual groups and APM entities and their participants to access and review their performance feedback, we're extending the targeted review deadline to November 29, 2021 at 8:00pm (ET). You can submit a targeted review by signing in to the Quality Payment Program website.

Additional Resources

We also have a number of resources available on our QPP Resource Library to help you understand your performance feedback and the targeted review process, including:

- [2020 MIPS Performance Feedback FAQs](#) (PDF)
- [2020 Targeted Review User Guide](#) (PDF)
- [2020 MIPS Scoring Guide](#) (PDF)


Questions?

Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

PY 2020 Performance Category Reweighting Requests Due to COVID-19 Will Be Accepted Through 11/29/2021

The COVID-19 pandemic continues to impact all clinicians across the United States and territories, and we recognize that not everyone may have been able to submit an Extreme and



Uncontrollable Circumstances (EUC) Exception Application for performance year (PY) 2020 before the March 31, 2021 deadline. As part of our ongoing support for clinicians who are on the front lines of this public health emergency (PHE), we're allowing clinicians, groups, virtual groups, and Alternative Payment Model (APM) Entities to request Merit-based Incentive Payment System (MIPS) performance category reweighting for PY 2020 under our EUC policy **now through November 29, 2021 at 8 p.m. ET.**

There will be a different process for submitting these requests, so please keep reading for more information about:

- [Who Can Request Reweighting?](#)
- [How Does Performance Category Reweighting Work?](#)
- [How Can I Request PY 2020 Performance Category Reweighting?](#)
- [What About Automatic EUC Performance Category Reweighting?](#)


Who Can Request Reweighting?

While any clinician, group, virtual group or APM Entity can request performance category reweighting during this time period due to the COVID-19 PHE, the following types of groups in particular may want to consider submitting a request:

- **Small practices that reported Medicare Part B claims measures for the quality performance category but didn't report group-level data for other performance categories.** Some small practices may not have fully understood the implications of their PY 2020 claims reporting in the context of some of the PY 2019 policies we introduced at the onset of the COVID-19 PHE. As a result, these small practices may wish to request performance category reweighting on behalf of the entire group.
- **Virtual groups that weren't able to submit an EUC application by the March 31st deadline or their PY 2020 data due to the ongoing COVID-19 PHE.** Clinicians that were approved to participate as a virtual group will be scored as a virtual group, regardless of data submission. Some virtual groups with clinicians on the front lines of the COVID-19 PHE may have missed the March 31st deadline for submitting an EUC Exception Application or were unaware that the automatic EUC policy didn't apply to their MIPS eligible clinicians.

How Does Performance Category Reweighting Work?

In accordance with our EUC policies for individuals, groups and virtual groups, we won't reweight any performance category for which we've received data. This applies to clinicians who report as individuals and are covered by our automatic EUC policy and to groups and virtual groups that request and receive reweighting. Please note that when fewer than 2 performance categories are scored (for example, one category is weighted at 100% of the final score, and the others are weighted at 0%), the clinician or group will earn a PY 2020 final score equal to the performance threshold and the MIPS eligible clinician(s) will receive a neutral



payment adjustment in payment year 2022, unless a higher final score is available. As a reminder, we've reweighted the cost performance category to 0% for all clinicians, groups, and virtual groups in PY 2020.

- **Example:** A small practice received a group score in the quality performance category from reporting Medicare Part B claims measures under our existing policies. The quality performance category can't be reweighted because we've received data. However, if the improvement activities and Promoting Interoperability performance categories were approved for reweighting to 0% (and no data was submitted for either of those categories), the quality performance category would be weighted at 100% of the final score. As a result, the group would receive a final score equal to the performance threshold and the MIPS eligible clinician(s) in the group would receive a neutral payment adjustment in payment year 2022, unless a higher final score is available.

In accordance with our EUC policies for APM Entities, data submission for an APM Entity won't override performance category reweighting. If approved, the MIPS eligible clinicians in the APM Entity will receive a score equal to the performance threshold and a neutral MIPS payment adjustment in the 2022 payment year.

How Can I Request PY 2020 Performance Category Reweighting?


Due to technical limitations, we're unable to reopen the 2020 EUC Exception Application form in our systems. Because of these technical limitations, we're allowing stakeholders to submit 2020 EUC reweighting requests **through the Targeted Review form** until 11/29/2021. You can access this form by signing in to qpp.cms.gov. (The EUC Exception Application form currently accessible when you sign in to qpp.cms.gov is for PY 2021 applications only. **Don't use the Exception Application form to request PY 2020 reweighting.**)

When using the Targeted Review form to submit an EUC reweighting request for PY 2020, you'll need to:

- Select the Performance Categories for which you're requesting reweighting.
- Select "Extreme and uncontrollable circumstances" in the Issue Selection.
- State explicitly in the Description that you're submitting an EUC application due to the continuing COVID-19 PHE. (In addition, we encourage you to reiterate the performance categories for which you are requesting reweighting: quality, improvement activities, and/or Promoting Interoperability.)

Please review [2020 Extreme and Uncontrollable Circumstances: Reweighting Requests Extension Guide](#) (PDF) for step-by-step instructions with screenshots.

What About Automatic EUC Performance Category Reweighting?



We applied our automatic EUC policy to all individual MIPS eligible clinicians for PY 2020. Under this policy, we've reweighted to 0% any performance category for which data wasn't submitted, and these performance categories don't contribute to the clinician's individual final score. However, the automatic EUC policy only applies to those clinicians who were eligible to participate in MIPS as individuals; it doesn't apply to clinicians who were only eligible to participate as a group or APM Entity, or who elected to participate as a virtual group.

There's no need to request reweighting for PY 2020 for a clinician who was eligible to participate in MIPS as an individual because we've already applied reweighting under the automatic EUC policy.

Questions?

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