

## Part B Insider (Multispecialty) Coding Alert

### Part B Reimbursement: Feds Push Back MIPS Value Pathways to 2022

#### Expect more focus on APMs next year.

The pandemic's impact on Medicare policy over the last nine months can't be denied. So it should come as no surprise that the feds' 2021 Quality Payment Program (QPP) proposals are relatively tame compared to those in past years.

**Context:** In its calendar year (CY) 2021 Medicare Physician Fee Schedule (PFS) proposed rule, the Centers for Medicare & Medicaid Services (CMS) focus heavily on CMS' plans to extend the COVID-19-inspired telehealth expansion beyond the public health emergency (PHE). The agency also finalized its office/outpatient E/M policy updates - juxtaposed with a proposed 11-percent cut to the conversion factor (CF).

The weighty fee schedule also includes scaled-back QPP proposals for performance year 2021/payment year 2023. CMS offers updates on the Merit-Based Incentive Payment System (MIPS) Value Pathways program as well as new policies for Advanced Alternative Payment Models' (APMs) threshold scores.



#### Consider These 5 Takeaways

If you were looking forward to major QPP policy shifts in 2021, then you may be disappointed. Though there are a few surprises, some of the big changes that CMS promised are now on hold or pushed out a year to accommodate COVID-19.

"The proposed rule includes notable proposed changes to the MIPS and Advanced APM participation options and requirements for 2021," says **Miranda Franco**, senior policy advisor with Holland & Knight LLP in Washington D.C., in a blog post. "The tenor of these proposed changes is that providers will not recover from COVID overnight and will need support," she writes.

Here's a breakdown of five things to know:

**1. MVP delays:** In the 2020 PFS final rule, CMS promised to launch the MIPS Value Pathways (MVP) program the next year. "We intended to begin transitioning to MVPs in the 2021 MIPS performance year," explains the proposed rule. "However, due to the 2019 Novel Coronavirus (COVID-19) pandemic public health emergency and resultant need for clinician focus on the response, our timeline has changed accordingly such that the proposal for initial MVPs will be delayed until at least the 2022 performance year," CMS says.

**Reminder:** Provider groups weren't particularly excited about MVPs when CMS released the policy outline last year. MVPs are supposed to "simplify" MIPS and put a specialty-focused spin on scoring and measures under the four MIPS performance categories.

Many in the industry are heaving a sigh of relief that this MIPS upgrade is being slow walked, allowing for more implementation time. Additionally, the proposed rule tweaks the program further and "update[s] the MVP guiding principles to say that MVP measures should be selected to include the patient's input or voice whenever possible," Franco points out.



**2. Thresholds and category weights:** "By law, the Cost and Quality performance categories must be equally weighted at 30 percent beginning in the 2022 performance period," reminds a QPP 2021 fact sheet. And due to this

requirement, CMS proposes to make these changes over time with the following threshold and category weights for performance year (PY) 2021:

- Cost is slated to increase by 5 percent to 20 percent.
- Improvement Activities will remain status quo at 15 percent.
- Promoting Interoperability will not be changed from its PY 2020 level at 25 percent.
- Quality is scheduled for a 5 percent decrease to 40 percent.
- The performance threshold will be set at 50 points.

**3. Web interface removal:** The QPP proposed rule suggests getting rid of the CMS Web Interface. Though the agency recognizes that nixing this reporting mechanism may pose some issues, it feels providers would have more input into quality measures' selection.

This "would be a big change for groups and virtual groups using the CMS Web Interface measures, especially those that have reported through this collection type for the first 3 years of the program and through a similar reporting mechanism in our legacy programs," the fact sheet notes. "However, we believe that the transition to using an alternative collection type for the 2021 performance period would reduce reporting requirements for these groups and virtual groups," CMS says.

In fact, the agency insists that "groups and virtual groups would be able to select their own quality measures instead of reporting on predetermined" ones like they currently do with the CMS Web Interface. Plus, clinicians could report fewer measures and take advantage of reporting using the easier-to-use eCQM or MIPS CQM versions, the fact sheet suggests.

**4. New APP:** In addition to ending the CMS Web Interface, the proposed rule wants to cancel the MIPS APM scoring standard. These streamlining efforts align Accountable Care Organization (ACO) policies with current MIPS and the Medicare Shared Savings Program (MSSP) measures' requirements, the fact sheet says. And they all segue into the next big program: the APM Performance Pathway (APP).

For PY 2021, CMS proposes that "ACOs would only need to report one set of quality metrics to meet requirements for MIPS and MSSP. In addition, the total number of measures included in the ACO quality measure would be reduced from 23 to 6," Franco says.

**5. Third-party updates:** CMS aims to give third-party intermediaries like health IT vendors, Qualified Clinical Data Registries (QCDRs), and Qualified Registries, a boost in the 2021 QPP proposed rule. The agency hopes to allow these partners to support "MVPs beginning with the 2022 performance period [and] the APM Performance Pathway (APP) beginning with the 2021 performance period," mentions the fact sheet.

The QPP proposed rule also lays out the framework for compliance for these intermediaries as well as standards' suggestions, testing mandates, and measures' collection requirements.

**Resource:** View the PFS in the Federal Register at [www.govinfo.gov/content/pkg/FR-2020-08-17/pdf/2020-17127.pdf](http://www.govinfo.gov/content/pkg/FR-2020-08-17/pdf/2020-17127.pdf).