

Quality Performance Year 2021

What to expect from the Quality Payment Program in 2021





2021 Updates to CMS the Quality Payment Program

Relevant Updates

New Category Scoring

New Performance Requirements

Increased Penalty/Bonus

Advanced APMs



Program Requirements



Providers and groups are required to measure data for the entire performance year starting in January 2021. This data may be selected for validation after reporting.

70%

In order to meet the program requirements, providers and groups must report on 70% of the eligible data available. This means all encounters regardless of insurance.



MIPS Performance Year 2021: Category Scoring

40%

Quality Measures:

Select 6 of the 209+ measures to report data on for PY 2021.

25%

Promoting Interoperability:

Submit data on each of the 4 objectives for a Certified EHR.

15%

Improvement Activities:

Report on 1 to 4 of the available activities depending on eligibility.

20%

Cost Measures:

Administrative claims measure. CMS will determine this score.



12 Quality Measures Removed

Quality Measures

12: Primary Open-Angle Glaucoma: Optic Nerve Evaluation (still available as eCQM)

69: Hematology: Multiple Myeloma: Treatment with Bisphosphonates

146: Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms

333: Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)

348: Implantable Cardioverter-Defibrillator (ICD) Complications Rate

390: Hepatitis C: Discussion and Shared Decision-Making Surrounding Treatment Options

408: Opioid Therapy Follow-up Evaluation

412: Documentation of Signed Opioid Treatment Agreement

414: Evaluation or Interview for Risk of Opioid Misuse

435: Quality of Life Assessment For Patients With Primary Headache Disorders

437: Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure

458: All-Cause Hospital Readmission (Administrative Claims Measure)



Payment Adjustment Thresholds

The threshold to avoid a penalty has been increased from **45** points in 2020 to **60** points in 2021. Officially making 2021 the most challenging year of MIPS.

Classification	10	20	30	40	50	60	70	80	90	100
Penalty up to: – 9%	Penalty Avoidance Threshold is 60									
Bonus up to: + 9%						Positive Adjustment				
Exceptional Performance: Max									Top Performers	



Financial Opportunity

Eligible Provider Criteria

EP Criteria: Minimum of
\$90,000 in Medicare
Claims or 200 Part B
Patients Per Provider

\$1 Million In Medicare Part B

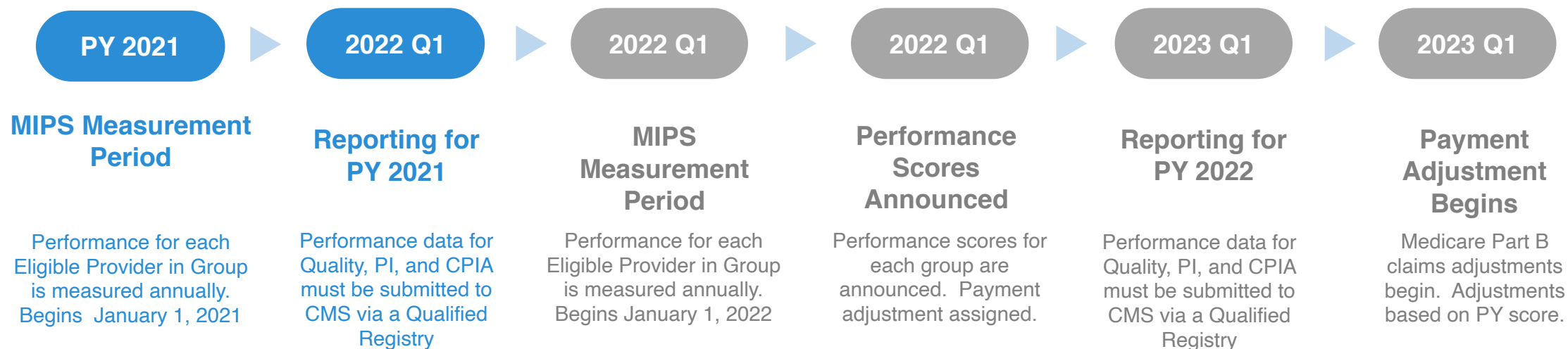
\$1 Million + 9% =
\$90,000 Bonus

\$1 Million - 9% =
-\$90,000 Penalty



MIPS Timeline

Performance Year 2021 and Beyond



What happens in 2021 can significantly impact revenue long term



Advanced Alternative Payment Models

There is an array of Advanced APMs that CMS offers



Select an APM, maximize participation efforts.



Supported Quality Programs

Solutions

Analytics

Consulting

Workflow

Data Exchange (API)

Quality Program

Primary Care First

Comprehensive Primary Care Plus

ESRD Treatment Choices

MSSP

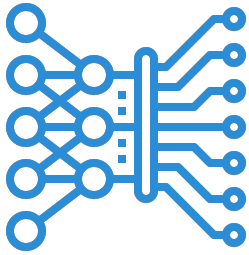
HEDIS

Direct Contracting Model Options

MIPS

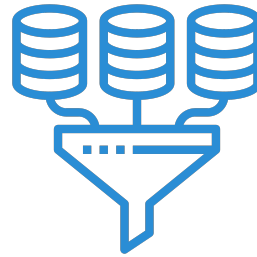


Prepare to Perform



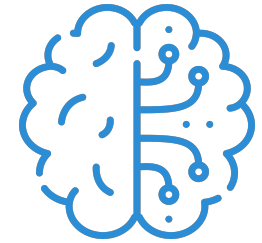
Data Measurement:

Begin measuring data ASAP. Quantifying performance will allow groups to control scores and outcomes.



Streamline Efforts:

Implement workflows that reduce friction on clinicians. Focus on the areas that need improvement the most.



Report Data:

Regularly monitor performance data and adjust throughout the period. Report accurate data to CMS.

Quantician Solutions



Quantician offers technology and services that maximize Quality Performance

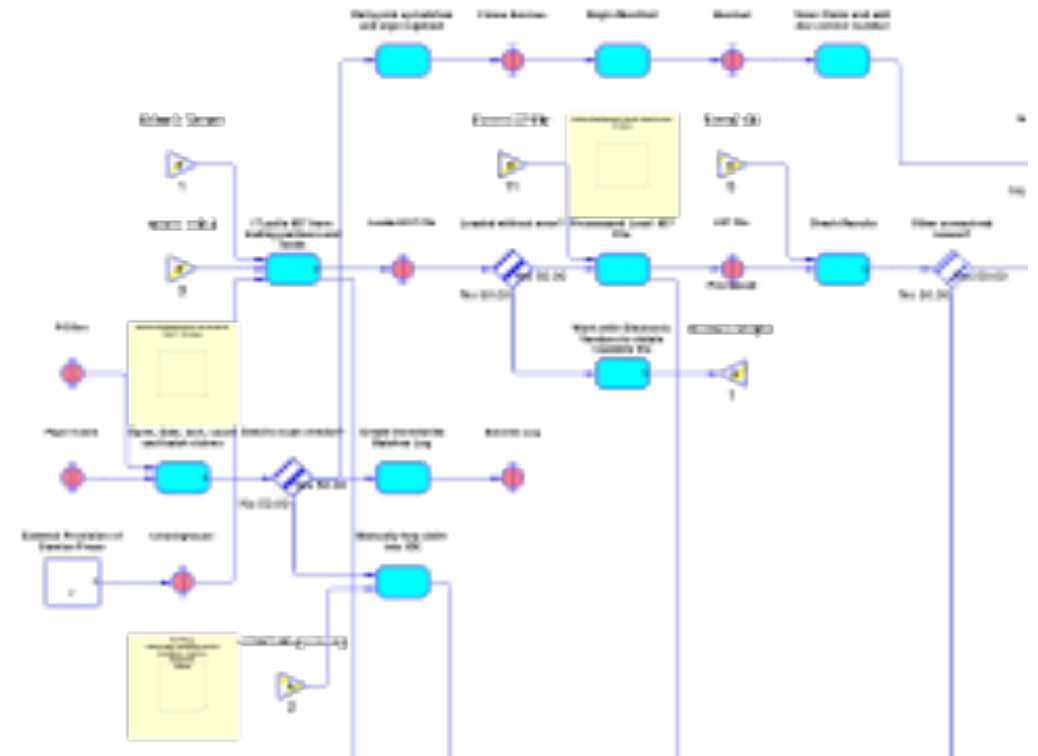
- Dashboards to help providers and groups manage their performance scores.
- Recommendations Engine to predict applicable measures per patient encounter.
- APIs that can integrate with any EHR
- Qualified Registry that can report data directly to CMS on behalf of providers and groups.
- AI to accommodate workflow automation and intelligent performance opportunities.



Quantician Services

Our experts work with each practice or group to ensure success

- Measures Selection
- Monthly Performance Review
- Workflow Modification
- Strategic Consulting
- Data Validation Audits
- Custom Data Analysis



Quantician by the Numbers 2019*

**88.5 Average Quantician Provider Score.
Exceptional Performers must exceed 75.**

- 100% of Quantician providers avoided a negative payment adjustment
- 100% of Quantician providers that submitted data qualified for a positive payment adjustment.



*2020 performance metrics are not available until Q2 of 2021



Thank You



Please visit www.quantician.com or contact sales@quantician.com to learn more about maximizing reimbursements

