

## 2021 MIPS: Key Changes for Ophthalmology Practices

2021 is the fifth performance year of the Merit-Based Incentive Payment System (MIPS). While many of the requirements for 2021 are the same as they were for previous years, there are a few key changes that ophthalmology practices should be aware of to be successful in the program. This guide outlines key changes for 2021. For other resources, including in-depth guides to each of the categories of MIPS, visit the ASCRS ASOA MACRA Center web page at [ascrs.org/macracenter](https://ascrs.org/macracenter).

### Key 2021 MIPS Changes

#### MIPS Performance Threshold

- **The 2021 MIPS performance threshold will increase from 45 points in 2020 to 60 points.** Physicians and practices must score at least 60 total points to avoid a maximum 9% penalty in 2023. This will be subject to variations from final calculations and COVID-19 impacts.
- **Maintaining the exceptional performance threshold:** CMS finalized keeping the exceptional performance threshold at 85 points; no change from the 2020 performance year.
- CMS estimates approximately 92.5 percent of eligible clinicians who submit MIPS data will receive a positive or neutral payment adjustment and between 196,000 and 252,000 eligible clinicians will be Qualifying APM Participants (QPs), excluded from MIPS, and receive a five percent incentive payment in 2023.

#### Cost Category

- **Cost will count for 20% of a physician's final MIPS score in 2021 – increased from 15 points in 2020.**
- Existing measure specifications updated to include telehealth services that are directly applicable to existing episode-based cost measures and the TPCC measure.
- Weigh the Cost performance category at 0% for AMP Entities reporting traditional MIPS.

#### Quality Reporting

- **Lowering the weight of the Quality Category performance score from 45% to 40% of the MIPS final score.**
- Historical benchmarks will be used to score quality measures for the 2021 performance period.
- Revised scoring flexibility for measures with specification or coding changes during the performance year.
- Sunset the CMS Web Interface as a collection and submission type; extending the availability of the CMS Web interface as a collection and submission type for one year for the 2021 performance period.

#### Improvement Activities

- Added 1 new criterion to the criteria for nominating new improvement activities beginning with the CY 2021 performance period and future years:
  - Include activities which can be linked to existing and related MIPS quality and cost measures, as applicable and feasible.
  - Pathways for nominating a new improvement activity:
    - A stakeholder may nominate improvement activities during the Annual Call for Activities; or, as an exception to the Annual Call for Activities nomination period timeframe, during a public health emergency.
    - The agency may nominate improvement activities and would consider HHS-nominated improvement activities all year long in order to address HHS initiatives in an expedited manner. Any HHS-nominated improvement activities would then be proposed through rulemaking.

### Modify two existing IAs:

- Engagement of patient through implementation of improvements in patient portal.
  - To receive credit for this activity, MIPS eligible clinicians must provide access to an enhanced patient/caregiver portal that allows users (patients or caregivers and their clinicians) to engage in bidirectional information exchange. The primary use of this portal should be clinical and not administrative. Examples of the use of such a portal include, but are not limited to: brief patient reevaluation by messaging; communication about test results and follow up; communication about medication adherence, side effects, and refills; blood pressure management for a patient with hypertension; blood sugar management for a patient with diabetes; or any relevant acute or chronic disease management.
- Comprehensive Eye Exams.
  - To receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by any one or more of the following:
    - providing literature,
    - facilitating a conversation about this topic using resources such as the “Think About Your Eyes” campaign,
    - referring patients to resources providing no-cost eye exams, such as the American Academy of Ophthalmology’s EyeCare America and the American Optometric Association’s VISION USA, or
    - promoting access to vision rehabilitation services as appropriate for individuals with chronic vision impairment.
  - **This activity is intended for:**
    - Non-ophthalmologists / optometrists who refer patients to an ophthalmologist/optometrist;
    - Ophthalmologists/optometrists caring for underserved patients at no cost; or
    - Any clinician providing literature and/or resources on this topic.

This activity must be targeted at underserved and/or high-risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams or vision rehabilitation services.

### Promoting Interoperability Performance Category

- Maintaining the Electronic Prescribing objective’s Query of PDMP measure remains as optional but increased the bonus points from **five to 10 points**.
- Changing the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information by replacing “incorporating” with “reconciling”; and
- Adding an optional Health Information Exchange (HIE) bi-directional exchange measure.

### MIPS Value Pathways (MVPs)

- No MVPs will be introduced into the program for the 2021 performance period. Implementation of MVPs will begin in 2022.
- Additions and revisions to the MVP framework’s guiding principles and development criteria to support stakeholder engagement in co-developing MVPs and establishing a clear path for MVP candidates to be recommended through future rulemaking.

### APM Performance Pathway (APP)

- New pathway only for MIPS APMs participants (ACOs) and complementary to MVPs with a fixed set of measures for each performance category
  - Quality: Composed of 6 measures specifically focused on population health, available to all MIPS APM participants; Quality measures reported through the APP would automatically be used for purposes of quality performance scoring under the Shared Savings Program
  - Cost: Weighted to 0% to align with current MIPS APMs responsibilities
  - Improvement Activities: Score automatically assigned based on MIPS APMs respective requirements; in 2021, all APM participants reporting via the APP will receive a score of 100%
  - Promoting Interoperability: Reported and scored at the individual or group level as required in MIPS
- Medicare Shared Savings Program ACOs will be required to report through the APP. Individual physicians participating in an

ACO have the option of reporting outside the APP, through traditional MIPS.

### **MIPS Participation Options**

- All MIPS eligible clinicians, including those in a MIPS APM, may choose to participate in MIPS as:
  - An individual
  - A group
  - A virtual group
  - An APM Entity
- The APM Scoring Standard (reporting requirements and scoring approach for APM participants) will end beginning with the 2021 performance period. MIPS eligible clinicians in a MIPS APM will be able to participate as an individual, as part of group, virtual group, or through their APM Entity.

### **COVID-19 Flexibilities**

- Double the Complex Patient Bonus to 10 bonus points to account for additional difficulty in treating patients during the COVID-19 PHE **(for the 2020 performance period only)**.
- Allow APM Entities to submit an application to reweight MIPS performance categories as a result of extreme and uncontrollable circumstances, such as the public health emergency resulting from the COVID-19 pandemic. This policy would apply beginning with the 2020 performance period.
- Continuing to offer the application-based **Extreme and Uncontrollable Circumstances (EUC) Policy**.
- **The EUC Exception application for calendar year 2020 deadline is extended until February 1, 2021**

### **Additional Resources**

For additional information, contact Jennifer Gallihugh, ASOA Sr. Manager of Strategic Initiatives, at [jgallihugh@asoa.org](mailto:jgallihugh@asoa.org) or 703- 788-5741.

