

# 2021 MIPS Participation



**2021 MIPS Participation is as  
Easy as 1-2-3!**

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# 2021 MIPS Participation is as easy as 1-2-3!

Successfully submitting data to the Merit Based Incentive Payments System (MIPS) in 2021 will help you avoid up to a -9% penalty, and or earn up to +9% adjustment on professional fees submitted on your Part B Medicare claims in 2023.

## 1 Be familiar with the [QPP/MIPS Resource Information](#)

Centers for Medicare and Medicaid Services (CMS) recognizes these Eligible Clinician Types: **Physicians, Physician Assistants, Nurse Practitioners, Certified Nurse Specialists and Certified Registered Nurse Anesthetists, Physical Therapists, Occupational Therapists, Speech-Language Pathologists, Audiologists, Clinical Psychologists and Registered Dietitians or Nutritional Professionals** who bill Part B professional fees to Medicare.

- **Low Volume Threshold (LVT)** – Eligible clinician types who meet all three criteria are required to participate. The criteria for the LVT is as follows:
  - Bill more than \$90,000 a year in allowed charges for covered professional services billed to the Medicare Physician Fee Schedule (PFS).
  - Furnish covered professional services to more than 200 Medicare beneficiaries a year.
  - Provide more than 200 covered professional services under the PFS.
- **Opt-in** – If a clinician meets at least one of the LVT Criteria, they can opt-in to participate. Once a clinician has registered to opt-in, they are required to participate. If you are considering opting-in, [Visit](#)
- **2021 Performance Thresholds** – The MIPS final score can range from 0 to 100. Your final score determines how much of a payment adjustment will be applied to Part B Professional claims in 2023. CMS sets thresholds for penalty avoidance and for exceptional performance.
  - The performance threshold (points needed to avoid penalty) is set at **60** points.
  - The exceptional performance threshold is set at **85** points.

## 2 Eligibility and Special Status

Check eligibility and special status for 2021 and decide whether to report as an individual, group or virtual group.

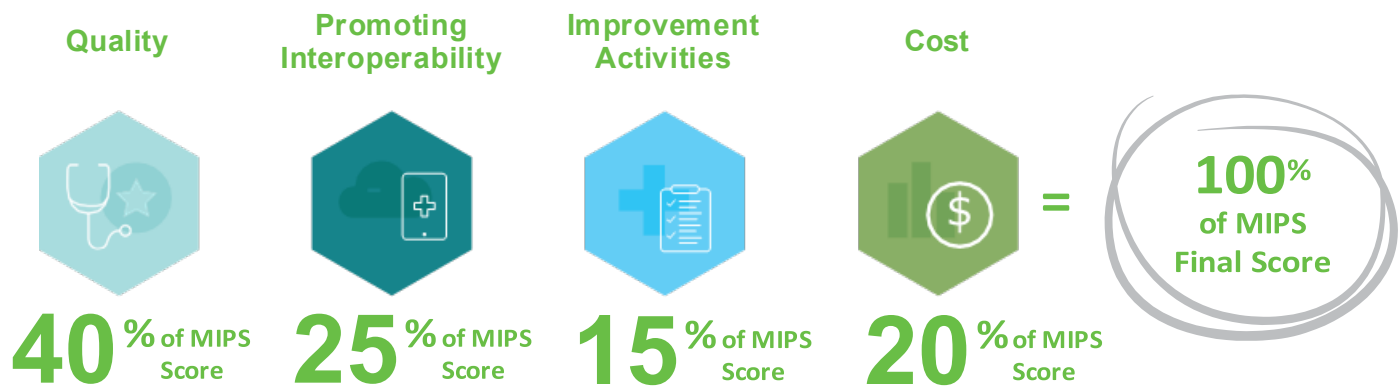
- To check eligibility for 2021, enter your 10-digit National Provider Identifier in the [Quality Payment Program Participation Status Lookup Tool](#) on the Quality Payment Program website. Become familiar with “other reporting factors”. There are certain factors (including [Special Statuses](#), [QPP Exceptions](#), and [Facility-based Determinations](#), that can affect your reporting requirements for the different performance categories. These factors can result in fewer or no reporting requirements for a specific performance category.
- Next, decide whether you will send in MIPS data as an individual, group, or virtual group. Here are some useful resources:
  - [An Overview of Participation in MIPS](#)
  - The 2021 Virtual Groups Toolkit in the [QPP Resource Library](#).

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## 3 Performance in MIPS

Create a strategic MIPS reporting plan. Performance in MIPS is measured through the data clinicians report in four areas: Quality, Promoting Interoperability, Improvement Activities, and Cost.

The performance categories have different “weights”. The category scores are added together to give you a MIPS final score that ranges from 0 to 100.



*\*Adapted from the Centers for Medicare and Medicaid Services*

### Quality (40%)

Report up to six quality measures for a full year

1. Read the [Quality Category Quick Start Guide](#)
2. Data completeness remains at **70%**
3. Choose up to six measures to report for the performance period of Jan 1 – Dec 31, 2021.
4. Total of 209 quality measures
  - Substantive changes to 113 measures
  - Changes to Specialty Measure Sets, including removal of some measures
  - Added two new administrative claims-based measures.
5. No change in benchmark method (see [Resource Library](#)).
  - Sufficient data submitted for 2019 to use historical benchmarks for 2021.

### Promoting Interoperability (25%)

Report on at least a 90 consecutive day period during 2021.

1. Clinicians can use the following to collect and report data for this category:
  - Technology certified to the existing 2015 Edition, **OR**
  - Technology certified to the 2015 Edition Cures Update Criteria, **OR**
  - A combination of both
2. New optional Health Information Exchange (HIE) measure:
  - Allows clinician to attest to participation in bi-directional exchange through an HIE using certified electronic health record technology (CEHRT)
  - Alternative reporting option to the two other HIE measure

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3. Read the [Promoting Interoperability Quick Start Guide](#)
4. Download the [Promoting Interoperability Measure Specifications](#)

## Improvement Activities (15%)

Most Practices will report up to four activities for at least 90 days. Small practices will report up to two activities because this special status doubles the points for this category.

1. Read the [Improvement Activities Quick Start Guide](#)
2. Choose your [Improvement Activities](#) taking into account any special statuses.
3. Choose your 90 consecutive day reporting period in 2021 (for most activities).
4. Earn a 10% bonus in the Promoting Interoperability category by selecting an activity that involves using your Certified Electronic Health Record.
5. Begin to prepare documentation of your Improvement Activities (IA) for your QPP documentation files.

## Cost (20%)

No data submission required; CMS will calculate your performance using claims data. CMS will calculate, if applicable, the following cost measures:

1. Total Per Capita Costs for All Attributed Beneficiaries (TPCC).
2. Medicare Spending Per Beneficiary Clinician (MSPB-C).
3. No change to the number of measures
4. Updated existing measures specifications to include telehealth services:
  - Must be directly applicable to existing episode-based measures and the Total Per Capita Cost (TPCC) measure.
5. Read the [Cost Measure Quick Start Guide](#)
6. Review the updated [Summary of Cost Measures](#)

In conclusion, you can start your journey to success by checking your eligibility, making important reporting decisions and outlining your strategy for each of the four categories. Also, if you take time to review your MIPS performance reports, this important information can help you improve and earn bonus points in 2021.

Comagine is here to help! We offer free technical assistance to clinicians in Washington, Idaho, Oregon, Utah and Nevada. If you would like to engage with our free technical assistance program, please contact us at: [QPP@comagine.org](mailto:QPP@comagine.org) or 877-560-2618.

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