

PAI Scorecard of CY 2020 QPP Proposed and Final Rules Issues and Comments

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Simplify the QPP and reduce physician burden

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
<p><u>MIPS</u> Improvement Activities</p>	<p>For groups and virtual groups, CMS proposed that improvement activities must be performed by at least 50% of the eligible clinicians for the same 90 continuous day period.</p>	<p>PAI urged the Agency to maintain the current requirement, or at most expanding the 50% criteria to be met over the course of the performance year to better account for the administrative burden of initiating and coordinating widespread adoption of improvement activities in non-employed situations.</p>	<p>CMS finalized the policy as proposed.</p>

Make the QPP translatable across specialties and settings

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
<p><u>MIPS</u> Quality Category Measures</p>	<p>CMS proposed to remove quality measures that do not meet case minimum and reporting volume requirements for two consecutive years.</p>	<p>PAI did not support eliminating measures with low reporting. PAI disagreed that low reporting is indicative of the value and relevance of the measure, as it may be appropriate for a given specialty, condition, or setting of care. Furthermore, eliminating such measures would further decrease the number of appropriate and applicable measures for different physician specialties and practices, making it more difficult for them to successfully participate in the MIPS program.</p>	<p>CMS finalized the policy as proposed.</p>
<p><u>MIPS</u> Cost Category</p>	<p>CMS proposed 10 new episode-based measures: 1) Acute Kidney Injury Requiring New Inpatient Dialysis; 2) Elective Primary Hip Arthroplasty; 3) Femoral or Inguinal Hernia Repair; 4) Hemodialysis Access Creation; 5) Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation; 6) Lower Gastrointestinal Hemorrhage; 7) Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels; 8) Lumpectomy Partial Mastectomy, Simple Mastectomy; 9) Non-Emergent Coronary Artery Bypass Graft (CABG); 10) Renal or Ureteral Stone Surgical Treatment</p>	<p>PAI had several concerns with the proposed cost category episode-based measures, including:</p> <ul style="list-style-type: none"> • Measures may create an unlevel playing field • Minimum episode thresholds may not provide reliable, statistically, valid data for performance indicators • Attribution methodology and measures fail to take into account socio-economic factors and social determinants of health that have a great impact on utilization and costs 	<p>CMS finalized the addition of the 10 new measures.</p>

Make the QPP translatable across specialties and settings

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
MIPS Cost Category	<p>CMS proposed to change the measure attribution for the Total Per Capita Cost (TPCC) and Medicare Spending Per Beneficiary (MSPB)s measures so that attribution is different for individual and groups.</p> <ul style="list-style-type: none"> For TPCC, CMS proposed to make it based more on primary care services, including appropriate E/M services and excluding certain physicians who are not primarily primary care providers. For MSPB, CMS proposed different attribution methodologies for surgical and medical episodes. 	<p>PAI appreciated the continuous efforts of CMS to improve the attribution methodology of the cost performance category. However, we are concerned that these measures still fail to account for socio-economic factors and social determinants contributing to patient cost.</p> <p>Furthermore, the current attribution methodology fails to account for beneficiaries who may travel to other destinations for specific services or care that could impact a physician’s performance in the cost category (e.g., snowbirds).</p>	<p>CMS finalized the new attribution methodologies for the TPCC and MSPB measures.</p>

Make the QPP more predictable

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
MIPS Category Weights	<p>CMS proposed the following category weights for the 2020 performance year / 2022 payment adjustment year:</p> <ul style="list-style-type: none"> Quality: 40% Promoting Interoperability (PI): 25% Cost: 20% Improvement Activities: 15% 	<p>As the cost category is still evolving and being refined, PAI strongly believed that this category weight and scoring should not change until there is more stability and continuity. Therefore, PAI recommended maintaining the 15% cost category weight and the 45% quality category weight.</p>	<p>CMS will not be adjusting the category weights and maintain the PY 2019 weights for PY 2020.</p> <ul style="list-style-type: none"> Quality: 45% PI: 25% Cost: 15% Improvement Activities (IA): 15%

Make the QPP more predictable

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
<p><u>MIPS</u> Quality Category</p>	<p>CMS proposed to increase the data completeness criteria from 60% to 70% for the 2020 performance period.</p> <p>Additionally, for extremely topped out measures that are retained in the program, CMS sought input on whether to increase the data completeness criteria.</p>	<p>PAI did not support increasing the data completeness criteria for quality measures under MIPS. Increasing the data completeness thresholds disparately impacts small practices that may lack the technical capacity and infrastructure to fulfill these requirements, especially those that are making an effort to transition away from claims-based reporting to electronic methods.</p>	<p>CMS finalized the policy as proposed and will be increasing the data completeness requirement from 60% to 70%, collectively for all data submission methods for PY 2020.</p> <p>CMS is taking comments it received on the data completeness criteria for extremely topped out measures into consideration.</p>

The QPP needs to be more accessible

	PROPOSAL	PAI POSITION/COMMENTS (DRAFT)	FINAL RULE
<p><u>MIPS</u> Performance Threshold</p>	<p>For the 2020 performance period, CMS proposed to increase the performance threshold from to 45 points and increasing the exceptional performance threshold to 80 points.</p> <p>For the 2021 performance period, CMS proposed to increase the performance threshold from to 60 points and increasing the exceptional performance threshold to 85 points.</p>	<p>PAI recommended a more gradual increase in the performance threshold. Additionally, PAI did not recommend increasing the exceptional performance threshold until additional insight is gained on how many MIPS participants by practice size have been able to meet/exceed the 75-point threshold.</p>	<p>CMS will be increasing the performance thresholds for PY 2020 & 2021 as shown below:</p> <ul style="list-style-type: none"> • PY 2020 <ul style="list-style-type: none"> ○ Performance threshold: 45 points ○ Exceptional performance threshold: 85 points • PY 2021 <ul style="list-style-type: none"> ○ Performance threshold: 60 points ○ Exceptional performance threshold: 85 points
<p><u>Advanced APMs</u> PQ Determinations</p>	<p>Currently, CMS excludes MIPS eligible clinicians at the NPI level if they achieve Partial QP (PQ) status for any NPI/TIN combination. However, CMS</p>	<p>PAI believed that physicians with multiple NPI/TIN combinations should have the option to be exempt from MIPS across all NPI/TIN combinations</p>	<p>CMS did not be finalizing this proposed change. Eligible clinicians will still be exempt at the NPI level</p>

The QPP needs to be more accessible

	PROPOSAL	PAI POSITION/COMMENTS (DRAFT)	FINAL RULE
	proposed to change this so that only the NPI/TIN for which data is submitted would be excluded, and the other NPI/TIN combinations would still be subject to MIPS participation.	if they achieve PQ status for one combination or participate in MIPS with each of the NPI/TIN combinations.	(across all NPI/TIN combinations) in PY 2020.
<u>Advanced APMs</u> Marginal Risk Standard	CMS proposed to use an average marginal risk rate for APMs with various levels of risk to determine if the marginal risk requirement of 30% is met for Advanced APM purposes.	PAI was not supportive of this proposal. PAI believed that, by using the average marginal risk rate for APMs with various levels of risk, the threshold for APMs qualifying as Advanced APMS would be raised, and, therefore, would decrease the ability of providers to achieve the 5% bonus payment.	CMS finalized the policy as proposed for PY 2020.

MIPS Value Pathways RFI

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
<u>Objectives and Overview</u>	CMS is proposing a new MIPS Value Pathways (MVP) framework beginning with the 2021 performance period under which CMS would connect the measures and activities across the 4 MIPS categories for certain specialties and patient populations. As part of this effort, CMS is aiming to help transition physicians to participating in APMs, with all physicians eventually participating in an MVP or MIPS APM for the MIPS pathway.	In general, PAI supports the efforts of CMS to align measures and activities that are more relevant for a specific specialty or medical condition. However, again, we urge caution towards any efforts to build further components of the QPP that may add to physician burden and may require additional infrastructural investment. Additionally, not all physicians and other clinicians are willing to take on any level of risk or participating in an APM arrangement. Physicians should continue to have options for	CMS finalized its proposed new MVP framework, set to take effect in PY 2021. CMS did not provide further comment on the framework aside from reiterating the purpose of the framework, as stated in the proposed rule. CMS mentions numerous times throughout the Final Rule that it will continue to engage with stakeholders in CY 2020 through the use of proposed rulemaking, webinars, and office hour discussions, among others.

MIPS Value Pathways RFI

	PROPOSAL	PAI POSITION/COMMENTS	FINAL RULE
		<p>reimbursement pathways that best support their practice of medicine for their patients.</p> <p>We strongly urged the Agency to pilot test the MVPs prior to their implementation to determine their appeal, uptake, as well as impact. Overall, the MVP framework, while aiming to reduce burden, is still built upon the current MIPS framework. As it is being developed, the Agency should address the underlying issues with MIPS and QPP that have been raised by PAI and other stakeholders in response to this and previous proposed rules and RFIs.</p>	