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# CMS Quality Payment Program Policy Updates & Predictions for 2021 and Beyond

# Agenda

- Welcome & Speaker Introductions
- Upcoming Deadline Reminders
- Merit-Based Incentive Payments System (MIPS) Updates
- Advanced Alternative Payment Models (AAPM) Updates
- Looking ahead
- Q&A Session

# Learning Objectives

At the conclusion of this webinar, participants will be prepared to:

- Identify changes in QPP policy that affect their practice.
- Recognize where gaps in their current QPP compliance plan may exist.
- Plan for future changes to QPP policy.

# Upcoming Deadline Reminders

- Performance Year 2020 data submission deadline –
  - March 31, 2021 at 8pm ET
- Performance Year 2021 preliminary eligibility check available now

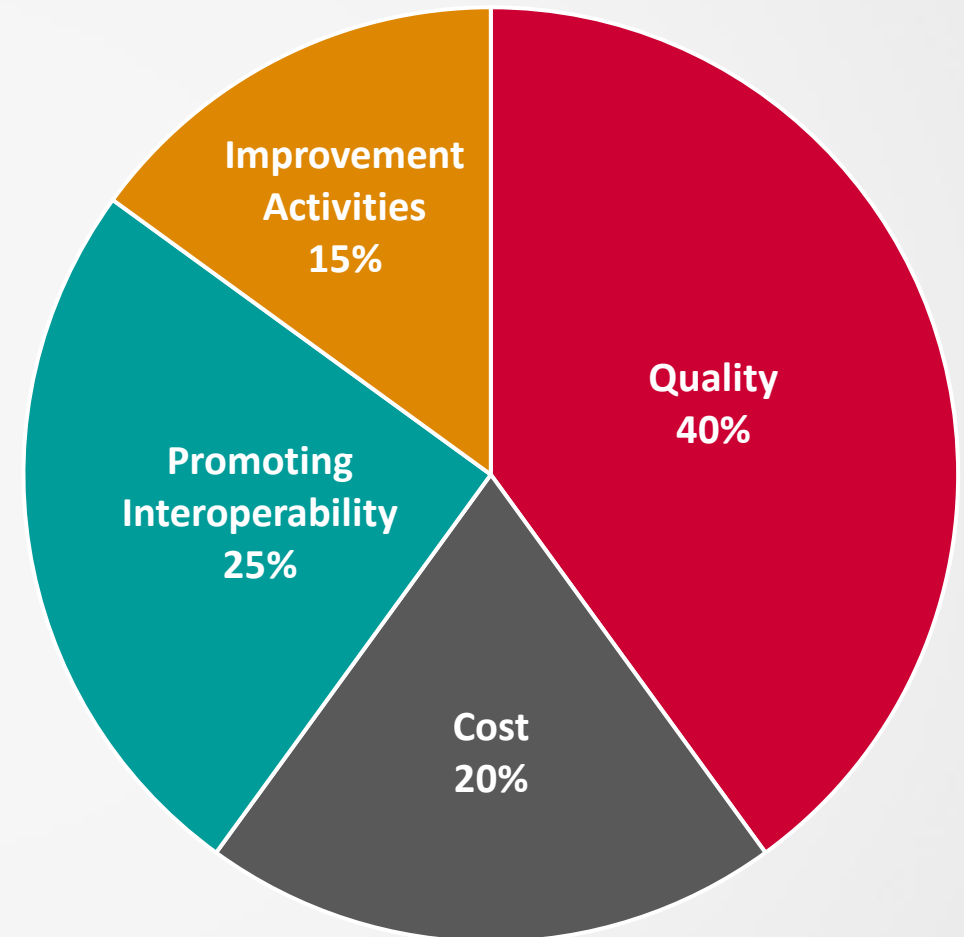
# Merit-Based Incentive Payments System (MIPS)

Notable CY 2021 Medicare Physician Fee Schedule Final Rule Policy Changes

# Performance & Scoring Methodology

- Performance threshold to avoid a negative payment adjustment **increased to 60 points.**
- Exceptional performers threshold remains at **85 points.**

MIPS Performance Category Weights  
PY 2021



# MIPS Participation Options

Eligible clinicians may participate in MIPS as:

- An individual
- A group
- A virtual group
- **An APM Entity**

**The APM Scoring Standard will no longer be used beginning with PY 2021.**

# Collecting and Submitting Data

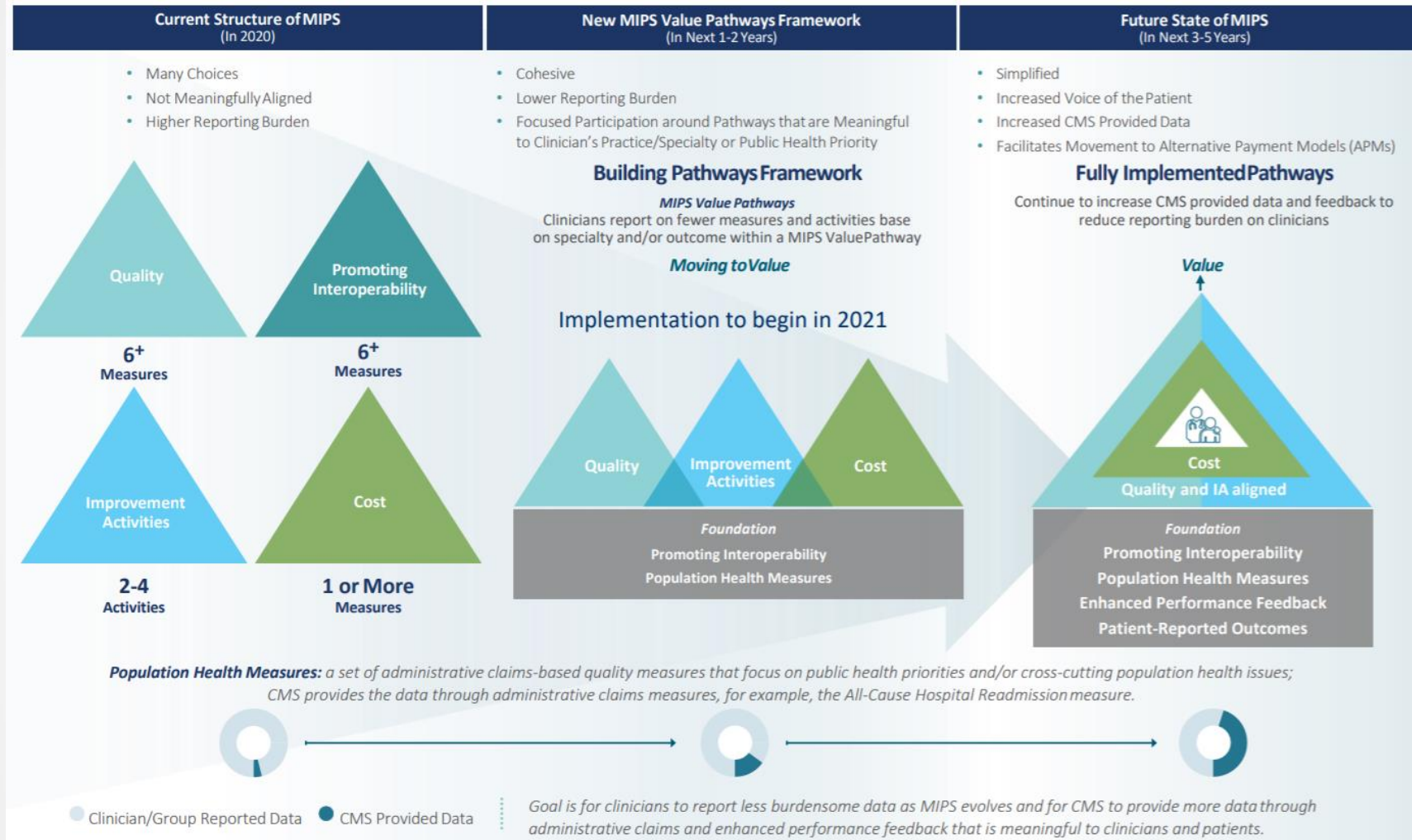
- The **CMS Web Interface** available as a collection type and submission type for groups and virtual groups **through the 2021 performance period**.
  - Currently scheduled to sunset as a collection/submission type beginning with the 2022 performance period.



# New Administrative Claims Quality Measure

<b>QID 480/NQF# 3493</b>	<b>Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians</b>
<b>Numerator</b>	The outcome for this measure is complication defined as acute myocardial infarction (AMI), pneumonia, and sepsis/septicemia/shock complications within seven days from the index admission date; death, surgical site bleeding, and pulmonary embolism within 30 days from the index admission; mechanical complications and periprosthetic joint infection/wound infection within 90 days of the index admission.
<b>Denominator</b>	Patients eligible for inclusion in the measure are those age 65 years and older admitted to non-federal acute care hospitals. An index admission is the hospitalization during which an elective THA and/or TKA procedure was performed and to which the complication outcome is attributed. Eligible index admissions are identified using ICD-10-PCS procedure codes in Medicare inpatient claims data. For risk adjustment and outcome assessment, patients must have continuous enrollment in Medicare FFS for 12 months prior to the procedure and 90 days after it.

# MVP Reporting Option Delayed until PY 2022



# Key MVP Guiding Principles & Development Criteria

- Be clinically relevant.
- Align with the Meaningful Measures initiative.
- Incorporate the patient voice whenever possible.
- Link measures across performance categories.
- Be developed across specialties when applicable.
- Be understandable by clinicians and patients.
- Support the transition to APMs.

# Advanced Alternative Payment Models (AAPM)

Notable CY 2021 Medicare Physician Fee Schedule Final Rule Policy Changes

# New for PY 2021: The APM Performance Pathway

- Only available to MIPS eligible clinicians participating in MIPS APMs.
- Required for Medicare Shared Savings Program ACOs.
- Similar to MVPs because measures for each performance category are fixed.
- Cost category weighted at 0%.
- Improvement activity score based on IA required by the MIPS APM.
  - For PY 2021 only, all APP participants will score 100% on the IA category.

# APP Core Quality Measure Set

*\*Note: CMS Web Interface to sunset after PY 2021.*

Measure #	Measure Title	Collection Type
QID # 321	CAHPS for MIPS	CAHPS for MIPS Survey
QID # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims
QID # 480	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims
<b>AND</b>		
QID # 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface*
QID # 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface*
QID # 236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface*
<b>OR</b>		
QID # 318	Falls: Screening for Future Fall Risk	CMS Web Interface*
QID # 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*
QID # 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*
QID # 113	Colorectal Cancer Screening	CMS Web Interface*
QID # 112	Breast Cancer Screening	CMS Web Interface*
QID # 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*
QID # 370	Depression Remission at Twelve Months	CMS Web Interface*

# 2021 & Beyond

Outlook for the Future : The Quality Payment Program and general priorities

# Looking Ahead : CMS will play a big role

- **Biden Administration's priorities : EOs and agencies**
  - Pandemic
  - Disparities
  - Expansion of health insurance : exchanges and Medicaid
- **COVID-19 pandemic**
  - Telehealth and virtual visits : quality and reimbursement concerns
  - Resources from CMS : [cms.gov/omh/covid19](https://www.cms.gov/omh/covid19)
  - Resources from AAOS : 1. <https://www.aaos.org/about/covid-19-information-for-our-members/>
  - 2. <https://www.aaos.org/quality/practice-management/telemedicine/>
- **Advanced Alternative Payment Models at the Innovation Center (CMMI)**
  - Medicare savings below expectations : higher downside risk across models
  - mandatory models : Comprehensive Care for Joint Replacement (CJR); condition-based models (surgical vs. non-surgical pathways)



# Q&A Session