

## Quality Payment Program 2021 MIPS Performance Categories Overview

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The American College of Rheumatology has created this resource to assist practices in understanding the four performance categories of 2021 MIPS and to summarize critical changes in reporting due to CMS' [Final Rule](#). The reporting requirements of each performance category are subject to change by CMS rules or policies. The information in this document was compiled directly from online CMS sources with measure builders and registry professionals.

For the most up-to-date information, please visit the [Quality Payment Program website](#). To learn more about reporting for 2021, check out this [MIPS Quick Start Guide](#) and the [QPP Resource Library](#).



*Figure 1: 2021 MIPS Quick Start Guide, page 7*

### Quality Category (40% of the final score)

This category measures providers' performance on clinical practices and patient outcomes. The quality measures are tools that help assess healthcare processes, outcomes, and patient experiences of their care to ensure they align with quality goals for healthcare. These measures are statistically adjusted for clinic demographics, so the measured difference that remains is due to the quality of care. Measuring for quality aims to bridge that gap by tracking data and leveraging it for a better understanding of how to deliver comprehensive quality care. Quality measures capture and turn data into simple statistics, making it easier for physicians to share information and identify areas of improvement that increases the quality of care.

Reporting requirements include:

- Submitting data for **six** quality measures (including 1 outcome measure or high-priority measure in the absence of an applicable outcome measure)

- Reporting performance data for at least 70% of the patients who qualify for each measure (data completeness). In other words, practices should report on at least 70% of patients who fall within the measure denominator (eligible population) for the entire performance period.
  - *Note: Measures that don't meet data completeness earn 0 points. The exception to this is small practices who continue to earn 3 points per measure.*

There are three different types of quality measures that practices can select from within the RISE registry: 1) ACR QCDR measures, 2) CQMs, and 3) eCQMs.

### **ACR QCDR Quality Measures**

These are [rheumatology-specific measures](#) created and owned by the ACR. Practices can only report on these via the RISE registry. The majority of these measures are not yet benchmarked, and therefore practices can receive up to 3 points for reporting these measures. Most of these measures are high-priority measures; practices can receive 3 points for reporting these measures and can earn bonus points for submissions past their required 6 measures.

### **Clinical Quality Measures (CQMs) & Electronic Clinical Quality Measures (eCQMs)**

The main difference between eCQMs and CQMs is eCQMs require all structured data to be captured electronically via the EHR/PM systems. In most cases, CQMs have some level of additional manual data collection from the medical record. With CQMs, the information found in clinical notes and other EHR fields is used to qualify patients for numerator/denominator, while eCQMs use only codes. Practices can receive up to 10 points for reporting these measures.

Practices can review the 2021 quality measures they can report on via the RISE registry here -> <https://www.rheumatology.org/Portals/0/Files/RISE-Quality-Payment-Program-Measures.pdf>

Practices can learn more about the Quality category and review all the QPP measures for 2021 MIPS here -> <https://qpp.cms.gov/mips/quality-requirements>

### **Promoting Interoperability (PI) Category (25% of the final score)**

Promoting Interoperability (PI) encourages patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT). CEHRT's proactively share information with other clinicians or the patient in a comprehensive manner. This category can include sharing test results, visit summaries, and therapeutic plans with the patient and other facilities to coordinate care. **For Performance Year 2021, practice's are required to use an Electronic Health Record (EHR) that meets the 2015 Edition certification criteria, 2015 Edition Cures Update certification criteria, or a combination of both for participation in this performance category.**

If practices proceed with reporting for PI through the RISE registry, they **must** obtain their PI report from their EHR in advance of reporting. If practices do not obtain this report from their EHR beforehand, they will be unable to report on PI through RISE.

As of 2020, RISE is required by CMS to complete random audits of the PI category. Those practices identified for audit will need to provide the report(s) used to enter PI data. Audits are conducted shortly before submission.

### **Promoting Interoperability Hardship Exception**

Practices may submit a MIPS Promoting Interoperability Performance Category Hardship Exception Application, citing one of the following reasons for review and approval:

If your hardship exception is approved, the Promoting Interoperability performance category will receive a weight of 0% when calculating your final score and the 25% will be redistributed to another performance category (or categories) unless you submit data for this performance category.

Practices may submit a Promoting Interoperability Hardship Exception Application by **December 31, 2021**. [Learn more >](#)

Practices can review and download all 2021 PI measures here -> <https://qpp.cms.gov/mips/explore-measures?tab=advancingCareInformation&py=2021>

Practices can learn more about the PI category here -> <https://qpp.cms.gov/mips/promoting-interoperability>

### **Improvement Activities (IA) Category (15% of the final score)**

This category measures participation in assessment activities on how you improve your care processes, enhance patient engagement in care, and increase access to care. The inventory of over 100 activities allows you to choose what activities are appropriate for your practice from categories such as enhancing care coordination, patient and clinician shared decision-making, and expansion of practice access.

Practices are strongly encouraged to review the [2021 MIPS Data Validation Criteria](#), which includes suggested documentation for each IA activity. Improvement activities have a continuous 90-day performance period unless otherwise stated in the activity description. Practices **must** decide on the activities to complete and report on for 2021 MIPS while accounting for that period.

As of 2020, RISE is required by CMS to complete random audits of the IA category. Those practices identified for audit must provide documentation for each improvement activity commensurate with the respective suggested documentation outlined in the [2021 MIPS Data Validation Criteria](#) document.

Practices can review and download all 2021 IA activities here -> <https://qpp.cms.gov/mips/explore-measures?tab=improvementActivities&py=2021>

Practices can learn more about the IA category here -> <https://qpp.cms.gov/mips/improvement-activities>

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## **Cost Category (20% of the final score)**

This category measures Medicare payments made for care provided to patients, calculated based on your Medicare Part A and B claims. CMS uses cost measures to assess the overall cost of care provided to Medicare patients with a focus on the primary care they received, the cost of services provided to Medicare patients related to a hospital stay, and costs for items and services provided during 18 episodes of care for Medicare patients. **CMS uses Medicare Part A and B claims data to calculate cost measure performance, which means clinicians and groups do not have to submit any data for this performance category.**

Practices can learn more about the Cost category here -> <https://qpp.cms.gov/mips/cost>