

Merit-based Incentive Payment System (MIPS)

2021 Facility-Based Measurement Quick Start Guide



In response to the impact of the ongoing COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) finalized a measure suppression policy in the FY 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule for several hospital reporting programs, including the Hospital Value-Based Purchasing (VBP) Program. This policy allows CMS to suppress the use of measure data if the agency determines that circumstances caused by the COVID-19 PHE have affected those measures and the resulting quality scores significantly. CMS also finalized the suppression of seven measures for the FY 2022 Hospital VBP Program under this policy.

CMS believes that calculating a total performance score in the Hospital VBP Program for hospitals using only data from the remaining measures, all of which are in the Clinical Outcomes Domain, would not result in a fair national comparison. **Therefore, CMS also finalized a special scoring policy for Fiscal Year (FY) 2022 and as a result will not calculate a total performance score for any hospital for FY 2022.**

How does this affect MIPS facility-based scoring in Performance Year (PY) 2021?

We use the total performance score from the Hospital VBP Program to calculate Merit-based Incentive Payment System (MIPS) facility-based scores for facility-based clinicians and groups in the quality and cost performance categories. The FY 2022 total performance score is what we would use to determine these scores for the 2021 MIPS performance period.

- **Because the FY 2022 total performance score from the Hospital VBP Program won't be available, we won't be able to calculate MIPS facility-based scores for the 2021 MIPS performance period.**

What does this mean for MIPS reporting?

Facility-based clinicians and groups will need to submit data on MIPS quality measures to CMS (except for administrative claims-based measures that have a benchmark, which are automatically calculated for clinicians and groups that meet the case minimum) to receive a score other than 0 for the quality performance category.

We'll automatically calculate a score for the cost performance category for facility-based clinicians and groups that meet the case minimum for at least one MIPS cost measure; there are no data collection or submission requirements for the cost performance category. If the facility-based clinician or group doesn't meet the case minimum for any cost measures, the cost performance category will be reweighted to 0% and the weight redistributed to other performance categories.

- **Facility-based clinicians and groups without available and applicable measures can submit an extreme and uncontrollable circumstances (EUC) application.**
- Please be sure to **cite "COVID-19" as the triggering event**, as the decision to suppress measures in the Hospital VBP Program was in response to the COVID-19 PHE.

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Purpose: This resource focuses on the improvement activities performance category under traditional MIPS, providing high-level requirements about data collection and submission for the 2021 performance year for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource does not address improvement activity requirements under the APM Performance Pathway (APP).



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



Facility-based Measurement Overview

What is Facility-based Measurement?






Facility-based measurement offers certain MIPS eligible clinicians and groups the opportunity to receive scores in the MIPS quality and cost performance categories for the 2021 performance period based on the FY 2022 score for the Hospital Value-Based Purchasing (VBP) Program earned by their assigned facility.




UPDATED August 2021




CMS recently announced that it won't calculate any FY 2022 scores for the Hospital VBP Program.

This means that facility-based clinicians won't be able to receive quality and cost scores from facility-based measurement in PY 2021.

How Does Facility-based Measurement and Scoring Work?

-  **Step 1.** We will look at your facility's FY 2022 Hospital VBP Program score.
-  **Step 2.** We will determine how your facility's FY 2022 Hospital VBP Program score compares to all other facilities with a FY 2022 Hospital VBP Program score and arrive at a percentile.
-  **Step 3.** We will look at the range and distribution of unweighted PY 2021 MIPS quality and cost performance category percentile scores for MIPS participants and identify which 2021 MIPS quality (percentile) score and cost (percentile) score maps to the percentile associated with your FY 2022 Hospital VBP Program score. Note that we will not assign a quality percentile score below 30%.
-  **Step 4.** We will multiply the mapped 2021 MIPS quality percentile score by the 2021 quality performance category weight to determine the quality performance category points contributing to your final score.
-  **Step 5.** We will multiply the mapped 2021 MIPS cost percentile score by the 2021 cost performance category weight to determine the cost performance category points contributing to your final score.

	HVBP Score		QPP Equivalent Quality Score					
Step 1								
	35.5%	=	60%	×	40	=	24 out of 40	
	33rd Percentile ?		Performance Rate		Category Weight		Category Contribution	Step 4

	HVBP Score		QPP Equivalent Cost Score					
Step 1								
	35.5%	=	40%	×	20	=	8 out of 20	
	33rd Percentile ?		Performance Rate		Category Weight		Category Contribution	Step 5

Because the FY 2022 Hospital VBP scores won't be available, we can't perform the mapping outlined in these steps to calculate facility-based scores in MIPS for PY 2021.

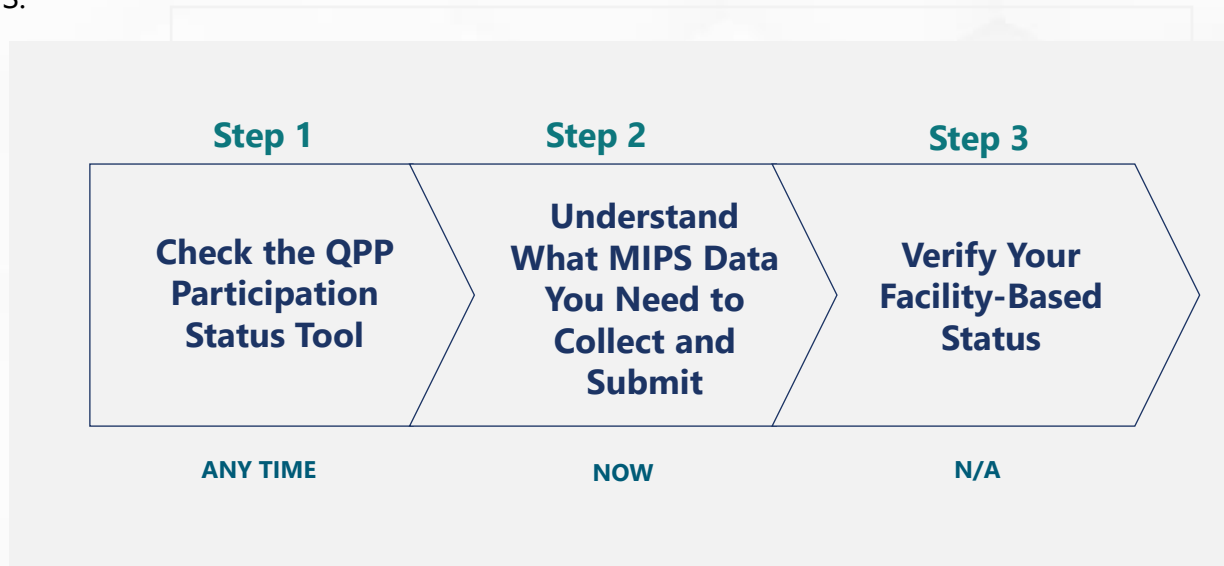
Get Started with MIPS Facility-based Measurement in 3 Steps



Getting Started with MIPS Facility-based Measurement in 3 Steps

Getting Started with MIPS Facility-based Measurement in 3 Steps

This guide outlines 3 steps to understanding whether facility-based measurement applies to you, and what it means for your participation in MIPS.



UPDATED August 2021

Please note that we've updated the information outlined for these steps in light of the recent announcement that CMS won't calculate the FY 2022 Hospital VBP Program scores required for PY 2021 facility-based scoring in MIPS.

Step 1: Check the QPP Participation Status Tool

The [Quality Payment Program Participation Status Tool](#) identifies facility-based clinicians and groups and their assigned facility for the 2021 MIPS performance period.

As this guide previously indicated, the facility-based status is predictive until we can determine which facilities have a FY 2022 Hospital VBP Program score.

What You Need to Know Now (UPDATED August 2021)

1. We identified you as facility-based if you met certain thresholds related to the volume of services provided in a hospital setting, and your assigned facility has a FY 2021 Hospital VBP Program score.

- We used FY 2021 scores used for this predictive designation.

2. CMS has determined that they won't calculate FY 2022 Hospital VBP Program scores for any hospital facility due to COVID-related measure suppression policies.

- **This means that we can't calculate facility-based scores in MIPS for the quality and cost performance categories for PY 2021.**

Step 2: Understand What MIPS Data You Need to Collect and Submit

UPDATED August 2021: Because we can't calculate PY 2021 facility-based scores for the MIPS quality and cost performance categories, **facility-based clinicians and groups will need to collect and submit 6 quality measures, if available and applicable, for the 2021 performance period.** There are no data submission requirements associated with the cost performance category.

Note: If you do not submit data for the MIPS improvement activities or Promoting Interoperability performance categories, you will receive 0 points in those categories unless you qualify for reweighting.

How Do I Get Started with Reporting MIPS Quality Measures?

There are a number of resources to help you navigate the MIPS quality performance category requirements. We recommend you start with the [2021 Quality Quick Start Guide](#). This resource contains practical steps for selecting quality measures with information about other quality resources, including links to quality measure specifications.

What If I Don't Have Available and Applicable Measures?

Facility-based clinicians and groups without any available and applicable measures also have the option to submit an extreme and uncontrollable circumstances (EUC) application to request performance category reweighting.

- When submitting your EUC application, **please make sure to select "COVID-19" as the triggering event**, as the decision to suppress measures in the Hospital VBP Program was in response to the COVID-19 PHE.

For more information on the EUC application (including step-by-step screenshots), review the [2021 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide](#) (PDF) or visit the [Exception Applications](#) page of the QPP website.

Step 3: Verify Your Facility-based Status

UPDATED August 2021:

Because MIPS facility-based scoring won't be available for PY 2021, there's no need to verify your PY 2021 facility-based status.

As communicated throughout this guide, MIPS eligible clinicians and groups that are currently identified as facility-based will need to collect and submit 6 MIPS quality measures if available and applicable or request performance category reweighting by submitting an EUC application.



Help, Resources, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time or by e-mail at: QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Connect with your [local Technical Assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.

Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
2021 Quality Quick Start Guide	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2021 MIPS quality performance category.
2021 Cost Quick Start Guide	A high-level overview of cost measures, including calculation and attribution, for the 2021 MIPS cost performance category.
2021 Eligibility and Participation Quick Start Guide	A high-level overview and actionable steps to understand your 2021 MIPS eligibility and participation requirements.

Version History

If we need to update this document, changes will be identified here.

Date	Description
08/26/2021	Updated to reflect that facility-based scoring won't be available for PY 2021.
03/16/2021	Original posting.