

## Comparison of 2020 and 2021 MIPS Requirements

Policy	2020	2021
<b>Performance Threshold (PT)</b>	Performance Threshold is set at <b>45 points</b> .  Additional performance threshold set at <b>85 points</b> for exceptional performance.	Performance Threshold is set at <b>60 points</b> .  Additional performance threshold set at <b>85 points</b> for exceptional performance.
<b>Payment Adjustments</b>	<b>+/- 9%</b>  Any positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality, so the maximum positive adjustment will likely be below 9%.	Same as 2020.
<b>Category Weights for Non-Patient Facing Pathologists</b>	<ul style="list-style-type: none"> <li>• Quality: 85%</li> <li>• Improvement Activities: 15%</li> <li>• Promoting Interoperability: 0%</li> <li>• Cost: 0% unless the CMS can calculate it for your practice.</li> </ul>	Same as 2020.
<b>Low-Volume Threshold (LVT)</b>	To be excluded from MIPS, clinicians or groups need to meet one or more of the following three low-volume threshold criterion:  1. Have ≤ \$90K in Part B allowed charges for covered professional services; 2. Provide care to ≤ 200 Part B-enrolled beneficiaries; OR 3. Provide ≤ 200 covered professional services under the Physician Fee Schedule	Same as 2020.
<b>Opt-in</b>	Starting in 2019, clinicians or groups can opt-in to MIPS, if they meet or exceed at least one, but not all three, of the low-volume threshold criteria.	Same as 2020.

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<b>Quality Measure Submission Requirements</b>	<ul style="list-style-type: none"> <li>• 12 months of reporting</li> <li>• 20 case minimum for each measure</li> <li>• 70% data completeness (if data completeness not met on a measure, large practices of &gt;16 clinicians receive 0 points and small practices of ≤15 clinicians receive 3 points on that measure).</li> <li>• Report on a minimum of 6 measures with one being an outcome measure or a high priority measure</li> <li>• 2 bonus points for each additional outcome measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0)</li> <li>• 1 bonus point for each additional high priority measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0)</li> </ul>	Same as 2020.
<b>Claims Submission Limited to Small Practices</b>	<b>Medicare Part B claims measures</b> can only be submitted by clinicians in a <b>small practice</b> (15 or fewer clinicians), whether participating <b>individually or as a group</b> .	Same as 2020.
<b>Submission Mechanisms/Collection Types</b>	<p>Individuals/groups can use multiple collection types. In 2019, individual eligible clinicians/groups can submit measures via multiple collection types (MIPS CQM, eCQM, QCDR measures, and for small practices, Medicare Part B claims measures).</p> <p>If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring.</p>	Same as 2020.
<b>CAP Measures Available to Report via</b>	<b>5 measures in the pathology specialty measure set available to report via Medicare Part B Claims.</b>	Same as 2020.

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<b>Medicare Part B Claims or QR/QCDR</b>	<ul style="list-style-type: none"> <li>• Barrett's Esophagus</li> <li>• Radical Prostatectomy Reporting</li> <li>• Lung Cancer Reporting (biopsy/cytology specimens)</li> <li>• Lung Cancer Reporting (resection)</li> <li>• Melanoma Reporting</li> </ul> <p><b>6 measures in the pathology specialty measure set available to report via Qualified Registry.</b></p> <ul style="list-style-type: none"> <li>• Barrett's Esophagus</li> <li>• Radical Prostatectomy Reporting</li> <li>• Lung Cancer Reporting (biopsy/cytology specimens)</li> <li>• Lung Cancer Reporting (resection)</li> <li>• Melanoma Reporting</li> <li>• Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time – Pathologist to Clinician</li> </ul> <p>The Eligible Measures Applicability (EMA) process will be triggered if reporting via claims or Qualified Registry or QCDR and reporting on less than the minimum reporting requirement of 6 QPP measures or not reporting on the complete specialty measures sets above.</p>	
<b>Topped Out Measures</b>	No measures removed.	No measures removed.
<b>Complex Patient Bonus</b>	10 points	5 points
<b>Facility-Based Scoring</b>	<b>Individual:</b> MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the	Same as 2020.



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	<p>performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23).</p> <p><b>Group:</b> A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals.</p> <p>Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score.</p> <p>There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement.</p> <p>An individual or group must submit data in the <b>Improvement Activities</b> performance category to maximize MIPS score under facility-based measurement.</p>	
<b>Improvement Activities Requirements for Non-Patient Facing Pathologists</b>	<p>Attest to 1 high-weighted or 2 medium-weighted Improvement Activities to receive full credit in the category.</p> <p>Retain documentation for 10 years to support your attestation.</p> <p>Group can attest to an improvement activity when <b>at least 50% of the clinicians (in the group) perform the same activity</b>. Clinicians can perform the activity during any continuous 90-day period during the performance year. (Everyone does not need to perform the activity at the same time.)</p>	Same as 2020.