

2021 Quality Payment Program Experience Report





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List of Acronyms

ACO	Accountable Care Organization
AHRF	Area Health Resources Files
API	Application Programming Interface
APM	Alternative Payment Model
APP	APM Performance Pathway
ASC	Ambulatory Surgical Center
BPCI	Bundled Payments for Care Improvement
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CEHRT	Certified Electronic Health Record Technology
CHPL	Certified Health IT Product List
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CPC+	Comprehensive Primary Care Plus
CQM	Clinical Quality Measure
CY	Calendar Year
DCM	Direct Contracting Model
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
ESRD	End-Stage Renal Disease
EUC	Extreme and Uncontrollable Circumstances
HIE	Health Information Exchange
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HWR	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission
MIPS	Merit-based Incentive Payment System
NPI	National Provider Identifier



OCM	Oncology Care Model
PCF	Primary Care First
PQRS	Physician Quality Reporting System
PUF	Public Use File
QCDR	Qualified Clinical Data Registry
QPP	Quality Payment Program
QP	Qualifying APM Participant (in an Advanced APM)
TIN	Taxpayer Identification Number
VBP	Value-based Purchasing



1. Background

In 2017, the Centers for Medicare & Medicaid Services (CMS) launched the Quality Payment Program (QPP), which aims to reward improved patient outcomes and drive fundamental movement toward a value-based system of care. The program offers 2 payment tracks: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

The MIPS track streamlined 3 legacy CMS programs (the Physician Quality Reporting System [PQRS], the Value-Based Payment Modifier, and the Medicare Electronic Health Record [EHR] Incentive [or Meaningful Use] Program) into a single program. Clinicians are evaluated and receive payment adjustments based on their overall performance in up to 4 performance categories:

- Quality
- Cost
- Improvement Activities
- Promoting Interoperability

Clinicians who were eligible for MIPS in the 2021 performance year will receive a payment adjustment during the 2023 payment year — positive, neutral, or negative — based on their performance in 2021.

The Advanced APM track provides an opportunity to reward clinicians for significant participation in taking on greater risk and accountability for patient outcomes. Eligible clinicians who participated in an Advanced APM and achieved Qualifying APM Participant (QP) status, based on the level of their participation in 2021 through the Medicare or the All-Payer Combination Option, will be eligible to receive a 5% APM Incentive Payment in 2023. Eligible clinicians with QP status are also excluded from MIPS. If an eligible clinician participating in an Advanced APM doesn't achieve QP status for the year, they'll need to participate in MIPS, unless they're otherwise excluded.

1.1. Purpose of This Report

From the start of the QPP, we committed to being transparent with our data and listening to your feedback. The primary goal of this report is to identify trends associated with the clinician experience in the fifth year of the QPP (or the CY 2021 performance year), while identifying progress from the CY 2020 performance year.

Based on feedback from interested parties, we have drafted a concise report highlighting the data elements that you have indicated are important. We provide key insights in the following 4 sections:

- **Section 2. MIPS Eligibility and Engagement:** Reviews eligibility and engagement information for MIPS eligible clinicians.

- **Section 3. Advanced APM and MIPS APM Participation:** Provides information on clinician participation in Advanced APMs and MIPS APMs and those clinicians' performance.
- **Section 4. Performance Categories, Collection Types, and Submission Types:** Provides information on MIPS eligible clinicians' reporting options and performance across the 4 performance categories under MIPS.
- **Section 5. Final Scores and Payment Adjustments:** Provides information on MIPS eligible clinicians' final scores and payment adjustments under MIPS.


1.2. COVID-19 and 2021 Participation

The coronavirus disease 2019 (COVID-19) public health emergency (PHE) continued to affect clinicians across the country during the CY 2021 performance year. In response, we used our extreme and uncontrollable circumstances (EUC) policies for MIPS, among others, to offer relief and to support MIPS eligible clinicians so they could focus on caring for patients infected with COVID-19. Specifically, for the CY 2021 performance year, we:

- Applied our automatic MIPS EUC policy to all individual MIPS eligible clinicians. Under this policy, individual MIPS eligible clinicians were assigned a score equal to the performance threshold (60 points) and received a neutral MIPS payment adjustment for the 2023 payment year, unless they chose to submit data for 2 or more of the following performance categories: quality, improvement activities or Promoting Interoperability. Under the automatic MIPS EUC policy, cost is never scored.
- Extended our MIPS EUC application deadline for groups, virtual groups, and APM Entities from December 31, 2021, to March 31, 2022. This application allowed groups, virtual groups, and APM Entities to request performance category reweighting.
- Doubled the Complex Patient Bonus. As finalized in the calendar year (CY) 2022 Physician Fee Schedule Final Rule, the Complex Patient Bonus was increased from 5 to 10 points for the CY 2021 performance year. Due to the anticipated need for continued COVID-19 clinical trials and data collection, MIPS eligible clinicians and groups who met certain criteria continued to be eligible to receive credit for the COVID-19 Clinical Data Reporting with or without Clinical Trial improvement activity for the CY 2021 performance year. This is a high-weighted improvement activity within the MIPS Improvement Activity performance category.
- Reweighted the cost performance category for all individual MIPS eligible clinicians, groups, and virtual groups, after analysis of the available data. Specifically, we didn't believe we could reliably calculate scores for some of the cost measures that would adequately capture and reflect the performance of MIPS eligible clinicians, as shown by our analysis of the cost performance category data for the CY 2021 performance year.

1.3. Additional Information

With this report, we released the 2021 QPP Experience Report Public Use File (PUF) (with companion methodology and data dictionary documentation), which will enable you to drill down into details behind the data in the tables presented in this report. We also released the 2021 QPP Participation Results Infographic, which documents key takeaways and data points from this report.



This report, along with the PUF and infographic, will provide data needed to illustrate the successes and challenges for the QPP in 2021 and to identify opportunities for future performance years.

QPP follows numerous strategic objectives that helped guide policy and product development in 2021. At a high level, these include:

- Improving patient population health.
- Improving care received by Medicare patients.
- Lowering costs to the Medicare program through improvement of care and health.
- Advancing use of healthcare information between allied providers and patients.
- Educating, engaging, and empowering patients as members of their care team.
- Maximizing QPP participation through a flexible and transparent design, and easy-to-use program tools.
- Maximizing QPP participation through education, outreach and support tailored to the needs of practices, especially those that are small, rural, and in underserved areas.
- Providing accurate, timely, and actionable performance data to clinicians, patients, and other stakeholders.
- Continuously improving QPP based on participant feedback and collaboration.

We believe these strategic objectives are dynamic and that they should reflect current needs and reduce challenges experienced by participating clinicians. Therefore, we continue to refine these strategic objectives as we work closely with the clinician community and interested parties to improve and evolve QPP.

2. MIPS Eligibility and Engagement

Clinicians are included and required to participate in MIPS if they meet all 3 of the following requirements: (1) are a MIPS eligible clinician type and enrolled as a Medicare provider before January 1, 2021; (2) exceed the low-volume threshold, and (3) aren't otherwise excluded (for example, by achieving QP status). We evaluate a clinician's eligibility for MIPS based on their National Provider Identifier (NPI) and associated Taxpayer Identification Number (TIN).¹

MIPS eligible clinicians — who are the focus of this report — are both physicians and non-physician clinicians who are eligible to participate in MIPS. Through rulemaking, CMS defines the MIPS eligible clinician types for a specific performance year. MIPS eligible clinician types in the CY 2021 performance year included the following physicians and non-physician clinicians:


- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

In 2021, MIPS eligible clinicians required to participate in MIPS could report data as an individual, a group, a virtual group, or an APM Entity.

We provide an overview of these 4 MIPS [participation options](#):

- 1. Individual participation:** An individual is defined as a single MIPS eligible clinician, identified by a TIN/NPI combination. When you participate as an individual, you collect and report measures and activities based on your individual performance. We assess your performance across all performance categories at the individual level.

¹ When you reassign your billing rights to a TIN, your NPI becomes associated with the TIN. This association is referred to as the TIN/NPI combination. Note that if you reassign your billing rights to multiple TINs, it's possible for you to have multiple TIN/NPI combinations. Each TIN/NPI combination is evaluated to establish MIPS eligibility.

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2. **Group participation:** A group is defined as a single TIN with 2 or more clinicians as identified by their NPI who have assigned their Medicare billing rights to the TIN, provided that at least 1 clinician within the group must be MIPS eligible in order for the group to be MIPS eligible. When you participate as a group, the group submits data that's been aggregated to reflect performance for all the clinicians billing under the TIN as appropriate for the measures and activities selected. We assess your performance across all performance categories at the group level.
 3. **Virtual group participation:** A virtual group is a combination of 2 or more TINs assigned to one or more solo practitioners or to one or more groups consisting of 10 or fewer MIPS eligible clinicians, or both, that elect to form a virtual group for a performance year. When you participate as a virtual group, the group submits data that's been aggregated to reflect performance for all the clinicians (across multiple TINs) in the virtual group as appropriate for the measures and activities selected. We assess your performance across all performance categories at the virtual group level.
 4. **APM Entity participation:** An APM Entity is defined as an entity that participates in an Alternative Payment Model or other payer arrangement through a direct agreement with CMS or other payer or through federal or state law or regulation. APM Entities that participate in a [MIPS APM](#) can report MIPS data on behalf of the MIPS eligible clinicians in the APM Entity.² When you participate as an APM Entity, the APM Entity submits quality and improvement activities data that has been aggregated to reflect performance for all the clinicians (sometimes across multiple TINs) in the Entity. Data for the MIPS Promoting Interoperability performance category is submitted at the group and individual level which CMS then aggregates to create an APM Entity score.

The low-volume threshold is a critical step in determining whether a clinician is included in MIPS for a specific performance year. The low-volume threshold evaluates whether an otherwise MIPS eligible clinician saw an adequate number of eligible patients and provided enough services to meaningfully participate in MIPS. To make this determination, we review Medicare Part B claims for this information for two 12-month segments — referred to as the MIPS Determination Period — to see if a clinician exceeds the low-volume threshold criteria. The MIPS Determination Period for the CY 2021 performance year was:

- Segment 1: October 1, 2019 – September 30, 2020 (initial evaluation based on historic claims).
- Segment 2: October 1, 2020 – September 30, 2021 (second evaluation which includes claims from the performance year).

² MIPS APMs base payment incentives on performance (at either the APM Entity or the MIPS eligible clinician level), cost/utilization, and quality measures. Most Advanced APMs are also considered MIPS APMs, which means that clinicians who don't achieve QP status and are otherwise eligible for MIPS can participate in MIPS through their APM Entity.

Otherwise MIPS eligible individual clinicians were required to participate in MIPS in the CY 2021 performance year if they exceeded all 3 of the following low-volume threshold criteria in both segments of the MIPS Determination Period:

- Has allowed charges for more than \$90,000 in Medicare Part B covered professional services.
- Furnished covered professional services to more than 200 Medicare Part B patients.
- Furnished more than 200 covered professional services to Medicare Part B patients.

Starting in the CY 2019 performance year, clinicians, groups, and APM Entities could opt-in to MIPS if they exceeded 1 or 2 (but not all 3) of the low-volume threshold criteria as long as they were not otherwise exempt. Please note that this method of participation in MIPS requires a formal election during the data submission period. For the CY 2021 performance year, the data submission period was January 3, 2022, through March 31, 2022.



New for 2021

Beginning with the CY 2021 performance year, we no longer applied the low-volume threshold at the APM Entity level. Clinicians participating in an APM are evaluated for MIPS eligibility at the individual (TIN/NPI) and group (TIN) levels in the same way as any other clinician. As a reminder, [clinicians in an Advanced APM that achieve QP status](#) are ineligible for participation in MIPS and, therefore, don't need to report measures and activities for MIPS performance categories.

Finally, we employ “special status” designations that apply to certain MIPS eligible clinicians. These designations determine whether special rules will affect the number of total measures, activities, or entire performance categories that an individual MIPS eligible clinician, group, or virtual group must report. For the CY 2021 performance year, special status designations included: small practice, rural practice, non-patient facing, health professional shortage area (HPSA), hospital-based, and ambulatory surgical center (ASC)-based. Qualifying clinicians also receive a facility-based designation; however, due to the ongoing COVID-19 PHE, we determined that MIPS facility-based scores couldn't be calculated because the necessary data from the Hospital Value-Based Purchasing (VBP) program was unavailable.

In this report, we provide more specific data regarding MIPS eligible clinicians with a rural and/or small practice designation. Readers who are interested in further breakdowns by specific special status should review the 2021 PUF.

2.1. Data Insights

Table 1 shows the total number of MIPS eligible clinicians and MIPS eligible clinicians who engaged. Throughout this report, we define “MIPS eligible clinicians” as the total number of TIN/NPIs that were eligible to participate in MIPS³ and “MIPS eligible clinicians who engaged”

³ For more information on how a MIPS eligible clinician was determined for the CY 2021 performance year, see the [How MIPS Eligibility Is Determined](#) page of the QPP website.

as those who submitted any amount of MIPS-required data as an individual, group, virtual group, or APM Entity.



Key Insights: Table 1 – Overall MIPS Engagement

- During the CY 2021 performance year, there were 698,859 MIPS eligible clinicians. Among those, 93.85% (655,850) were MIPS eligible clinicians who engaged.
- From CY 2020 to CY 2021, the total number of MIPS eligible clinicians decreased by 25.14% (from 933,545 to 698,859). In contrast, previous year-to-year variation in the number of MIPS eligible clinicians participating in the program was approximately 2%. The significant drop in the total number of MIPS eligible clinicians can be attributed to a few factors, including: (1) the MIPS program no longer calculating the low-volume threshold at the APM Entity level; (2) sunseting the APM scoring standard;⁴ and (3) an increase in the number of QPs.

TABLE



Overall MIPS Engagement

Eligible Clinician Type	Number of MIPS Eligible Clinicians	Rate
MIPS Eligible Clinicians	698,859	100%
MIPS Eligible Clinicians Who Engaged	655,850	93.85%

⁴ Under the APM scoring standard, all MIPS eligible clinicians in a MIPS APM were required to participate in MIPS through their APM Entity, provided the APM Entity exceeded the low-volume threshold. This included clinicians that didn't exceed the low-volume threshold at either the individual or group level. The APM Scoring Standard was sunset following the CY 2020 performance year. You can learn more in the [2020 APM Scoring Standard Guide](#).

Figure 1 reflects the percentage of final scores that came from 1 of 4 possible ways in which MIPS eligible clinicians could participate in MIPS in the CY 2021 performance year: (1) as an individual, (2) as a group, (3) as a virtual group, and (4) as an APM Entity.

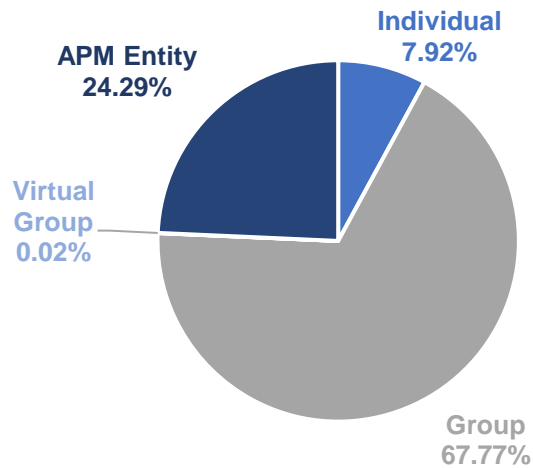


Key Insights: Figure 1 – MIPS Final Scores by Participation Type

- For the CY 2021 performance year, 7.92% (55,331) of MIPS eligible clinicians received a final score from individual participation, 67.77% (473,631) from group participation, 0.02% (110) from virtual group participation, and 24.29% (169,787) from APM Entity participation (Figure 1).
- The categorical distribution by MIPS participation types shown in Figure 1 varied relative to what was observed in the CY 2020 performance year.
 - The number of MIPS eligible clinicians participating in MIPS as an APM Entity saw the greatest decline among all participation options: from 398,758 MIPS eligible clinicians who received a final score from APM Entity participation in the CY 2020 performance year to 169,787 in the CY 2021 performance year (57.42% decrease). As mentioned above, the elimination of the APM scoring standard and APM Entity-level eligibility, along with an increase in clinicians achieving QP status, may help explain the decrease in MIPS participation through an APM Entity during 2021. We note that this decrease in MIPS APM participation doesn't indicate a decline in APM participation.
 - The number of MIPS eligible clinicians who participated as a group saw a slight decline from 481,988 TIN/NPIs in the CY 2020 performance year to 473,631 in the CY 2021 performance year (1.73% decrease).
 - The number of MIPS eligible clinicians participating as a virtual group increased from 11 TIN/NPIs in the CY 2020 performance year to 110 in the CY 2021 performance year (900.00% increase). The 900.00% increase in eligible clinicians participating as a virtual group can be explained by a couple of factors. In the CY 2020 performance year, if an eligible clinician participated in a MIPS APM and a virtual group, they received the APM score, whereas in the CY 2021 performance year, the scoring hierarchy changed, and virtual group took precedence. In the CY 2020 performance year, 15 of the 26 MIPS eligible clinicians participating in a virtual group were in APMs, which left only 11 clinicians to receive the virtual group final score.

Figure 1: MIPS Final Scores by Participation Type

(Total Number of MIPS Eligible Clinicians = 698,859)



Note: It's possible for an individual clinician to have received a score based on more than one participation type (for example, from individual and group participation). The data in these tables reflects the final scores assigned to TIN/NPIs, based on the CY 2021 performance year scoring hierarchy rules.⁵

⁵ Beginning with the CY 2021 performance year, if a TIN/NPI has a virtual group final score associated with it, we use the virtual group final score to determine the payment adjustment. If a TIN/NPI doesn't have a virtual group final score associated with it, we use the highest available final score associated with that TIN/NPI to determine the payment adjustment.

Table 2 reflects the engagement rate of MIPS eligible clinicians by participation type of their final scores.



Key Insights: Table 2 – MIPS Participation Type Based on Final Scores
Submitted by MIPS Eligible Clinicians Who Engaged

- We observed variation in the number of MIPS eligible clinicians who engaged during the CY 2021 performance year relative to the CY 2020 performance year. There's a 9.14 percentage point decrease (from 53.86% to 44.72%) in the engagement rate of MIPS eligible clinicians who received a final score from individual participation between the CY 2020 and CY 2021 performance years. This could potentially be attributed to CMS announcing its application of the automatic MIPS EUC policy for all individual MIPS eligible clinicians due to the COVID-19 pandemic before the submission period. Under the automatic EUC policy, individual MIPS eligible clinicians who didn't submit data still received a neutral payment adjustment.
 - The overall number of MIPS eligible clinicians who engaged decreased from 838,464 TIN/NPIs in the CY 2020 performance year to 655,850 TIN/NPIs in the CY 2021 performance year, with the largest decrease observed among MIPS eligible clinicians who engaged and who participated as an APM Entity (from 361,084 in the CY 2020 performance year to 169,230 in the CY 2021 performance year). MIPS eligible clinicians who engaged and participated through a virtual group increased from 5 TIN/NPIs in the CY 2020 performance year to 110 in the CY 2021 performance year, while the number of MIPS eligible clinicians who engaged and participated through a group increased slightly from 448,945 TIN/NPIs in the CY 2020 performance year to 461,766 TIN/NPIs in the CY 2021 performance year. In the CY 2021 performance year, the overall participation rate for MIPS eligible clinicians who engaged was 93.85% compared to the 89.82% participation rate observed in the CY 2020 performance year.
-

TABLE

2

MIPS Participation Type Based on Final Scores Submitted by MIPS Eligible Clinicians Who Engaged

	Number of MIPS Eligible Clinicians Who Engaged	Rate
Individual	24,744	44.72%
Group	461,766	97.49%
Virtual Group	110	100%
APM Entity	169,230	99.67%
Total Number of MIPS Eligible Clinicians Who Engaged	655,850	93.85%

NOTE

It's possible for an individual MIPS eligible clinician to have received a score based on more than one participation type (for example, from individual and group participation). The data in these tables reflects the final scores assigned to TIN/NPIs, based on the CY 2021 performance year's scoring hierarchy rules.

Figure 2 shows the frequency of MIPS eligible clinicians by clinician type. Specialty determinations are derived from the clinician type listed on MIPS eligible clinicians' Medicare Part B professional claims. Physicians include doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, chiropractic medicine, and optometry. Practitioners include certified clinical nurse specialists, certified registered nurse anesthetists, clinical psychologists, nurse practitioners, physician assistants, psychologists, and registered dietitians/nutrition professionals. Therapists include occupational therapists and physical therapists.

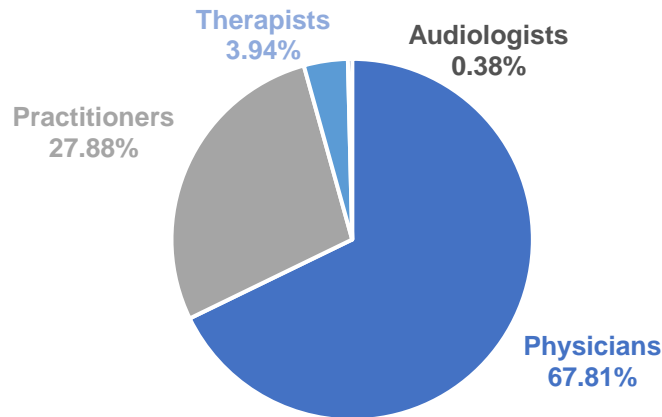


Key Insights: Figure 2 – Proportion of MIPS Eligible Clinicians by Clinician Type

- During the CY 2021 performance year, the specialty composition of MIPS eligible clinicians was as follows: Physicians constituted 67.81% (473,872 TIN/NPIs); non-physician practitioners constituted 27.88% (194,819 TIN/NPIs); therapists constituted 3.94% (27,533 TIN-NPIs); and audiologists constituted less than 1% (at 0.38%, or 2,635 TIN/NPIs).
- Between the CY 2020 and 2021 performance years, there was an increase of approximately 10 percentage points in the proportion of MIPS eligible clinicians who were physicians (from 57.32% to 67.81%).

Figure 2: Proportion of MIPS Eligible Clinicians by Clinician Type

(Total Number of MIPS Eligible Clinicians = 698,859)



* Physicians include doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, chiropractic medicine, and optometry.

** Practitioners include the following: certified clinical nurse specialists, certified registered nurse anesthetists, clinical psychologists, nurse practitioners, physician assistants, psychologists, and registered dietitians/nutrition professionals.

*** Therapists include occupational therapists and physical therapists.

Table 3 shows the rate of MIPS eligible clinicians who engaged by clinician type, as defined in Figure 2.



Key Insights: Table 3 – MIPS Engagement by Clinician Type

- Within each clinician type, physicians had the lowest engagement rate, at 91.83%, compared to clinicians with other specialty types, who engaged at rates higher than 98%.
- Relative to the CY 2020 performance year, the engagement rate of non-physician practitioners had the greatest percentage-point increase of 4.61 (from 93.44% in the CY 2020 performance year to 98.05% in the CY 2021 performance year).
- The engagement rates of physicians, therapists, and audiologists increased by 3.59 percentage points (88.24% in the CY 2020 performance year to 91.83% in the CY 2021 performance year), 1.48 percentage points (96.70% in the CY 2020 performance year to 98.18 % in the CY 2021 performance year), and 1.12 percentage points (98.61% in the CY 2020 performance year to 99.73% in the CY 2021 performance), respectively.
- Overall, the rate of MIPS eligible clinicians who engaged in the CY 2021 performance year increased across all types compared to the CY 2020 performance year.

TABLE

3

MIPS Engagement by
Clinician Type

Clinician Type	MIPS Eligible Clinicians (TIN/NPI Count)	Engagement Rate
Physicians*	435,160	91.83%
Practitioners**	191,029	98.05%
Therapists***	27,033	98.18%
Audiologists	2,628	99.73%
Total	655,850	93.85%

NOTE

* Physicians include doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, chiropractic medicine, and optometry.

** Practitioners include the following: certified clinical nurse specialists, certified registered nurse anesthetists, clinical psychologists, nurse practitioners, physician assistants, psychologists, and registered dietitians/nutrition professionals.

*** Therapists include occupational therapists and physical therapists.

Table 4 presents the number of MIPS eligible clinicians in rural or small practices and the engagement rate among those MIPS eligible clinicians. Small practices are defined as having 15 or fewer clinicians (identified by NPI) billing under the same TIN. Rural practices are defined as MIPS eligible clinicians billing under a TIN located in a zip code designated as rural using the most recent Health Resources and Services Administration (HRSA) data from the Area Health Resources Files (AHRF). The small and rural designations aren't mutually exclusive.



Key Insights: Table 4 – MIPS Engagement by Clinicians in Small Practices and Rural Areas

- During the CY 2021 performance year, 12.75% of MIPS eligible clinicians practiced in rural areas (89,107 TIN/NPIs) and 15.51% in a small practice (108,377 TIN/NPIs).
- Relative to the CY 2020 performance year, the engagement rate of MIPS clinicians in rural areas increased by 5.11 percentage points (from 88.85% in the CY 2020

performance year to 93.96% in the CY 2021 performance year); in small practices, the rate decreased by 3.01 percentage points. The decreased engagement rate for small practices may be explained by CMS's earlier announcement of its application of the MIPS automatic EUC policy for the CY 2021 performance year due to the COVID-19 PHE, which permitted individual MIPS eligible clinicians to receive a neutral payment adjustment without submitting data.

TABLE

4

MIPS Engagement by Clinicians in Small Practices or Rural Areas

Special Status	MIPS Eligible Clinicians	MIPS Eligible Clinicians Who Engaged	Engagement Rate
Small	89,107	83,728	93.96%
Rural	108,377	81,146	74.87%

Table 5 shows the number of clinicians in small and rural practices and their associated MIPS eligibility and participation status, in comparison to the overall population of MIPS eligible clinicians for the CY 2021 performance year.



Key Insights: Table 5 – MIPS Eligibility Status and Participation Rates for Clinicians in Small and Rural Practices

- For the CY 2021 performance year, 55.35 % of MIPS eligible clinicians in small practices (61,068 out of 108,377 TIN/NPIs), 21.49% of those in rural practices (19,147 out of 89,107 TIN/NPIs), and 21.64% of clinicians overall (151,258 out of 698,859 TIN/NPIs) were required to participate in MIPS and were individually eligible. There was notable variability in the proportion of those who were required to participate and didn't engage: 44.15% (26,960 out of 61,086 TIN/NPIs) for small practice clinicians; 26.45% for rural practice clinicians (5,064 out of 19,147 TIN/NPIs), and 26.96% of clinicians overall (40,782 out of 151,258 TIN/NPIs).
- For the CY 2021 performance year, 61.41% (4,662 out of 7,592 TIN/NPIs) of those that were MIPS eligible and opted-in were from small practices.
- In the CY 2021 performance year, more than two-thirds of TIN/NPIs (1,428,564 out of 2,127,423 TIN/NPIs) weren't eligible to participate in MIPS. Despite their ineligibility, 42,449 clinicians (2.97%) voluntarily reported under MIPS.
 - For clinicians in a small practice, the primary driver of ineligibility was not meeting the low-volume threshold (59.34% or 232,943 out of 392,559 TIN/NPIs).

- For clinicians in a rural practice, the reason for ineligibility was evenly distributed across TIN/NPIs associated with groups that didn't engage (27.67%) and groups that were below the low-volume threshold (27.30%), and for being a QP (28.95%).
- Overall, QP status was one of the primary reasons for ineligibility at 36.55%.

TABLE

5

MIPS Eligibility Status and Participation for Clinicians (Small Practices, Rural Practices, Overall)

Eligibility Status	Small Practices		Rural Practices		Overall	
	Number of Eligible Clinicians	Rate	Number of Eligible Clinicians	Rate	Number of Eligible Clinicians	Rate
MIPS Eligible	108,377	-	89,107	-	698,859	-
Required and Engaged (Individually Eligible)	34,108	31.47%	14,083	15.80%	110,476	15.81%
Required and Didn't Engage (Individually Eligible)	26,960	24.88%	5,064	5.68%	40,782	5.84%
Engaged as Group (Group Eligible)	42,606	39.31%	49,665	55.74%	400,275	57.28%
Engaged as APM Entity (Group Eligible)	41	0.04%	19,104	21.44%	139,734	19.99%
Opted-in to MIPS	4,662	4.30%	1,191	1.34%	7,592	1.09%
Not MIPS Eligible	392,559	-	141,582	-	1,428,564	-
Voluntarily Reported (Ineligible)	9,134	2.33%	9,542	6.74%	42,449	2.97%
Group Didn't Engage (Clinician Wasn't Individually Eligible)	57,931	14.76%	39,180	27.67%	276,637	19.36%
Group Was Below the Low-Volume Threshold	232,943	59.34%	38,653	27.30%	255,704	17.90%
Excluded: Qualified Participants	45,913	11.70%	40,984	28.95%	522,131	36.55%
Excluded: Clinician Type	35,669	9.09%	8,677	6.13%	294,103	20.59%
Excluded: Newly Enrolled	10,969	2.79%	4,546	3.21%	37,540	2.63%
MIPS Eligible and Not MIPS Eligible	500,936	-	230,689	-	2,127,423	-

3. Advanced APM and MIPS APM Participation

In the CY 2021 performance year, eligible clinicians could become a QP through the (1) Medicare Option, which takes into account the clinicians' participation solely in Medicare Advanced APMs and (2) All-Payer Combination Option, which takes into account the clinician's participation in Medicare Advanced APMs and Other Payer APMs, including Medicaid; Medicare Health Plans;⁶ CMS Multi-payer Models; and commercial and private payer arrangements. (More information about these arrangements is available in the [2021 Learning Resources for All-Payer \(ZIP\)](#).) QP status is determined by the payment amount or patient count thresholds shown below. To become a QP, clinicians must receive at least 50% of Medicare Part B payments or see at least 35% of Medicare patients through an Advanced APM Entity during the QP performance period (January 1 – August 31). Eligible clinicians have an opportunity to become QPs and earn a 5% APM incentive payment by sufficiently participating in an Advanced APM during a given performance year. Eligible clinicians who become QPs are excluded from MIPS reporting, scoring, and payment adjustments.

Payment Amount and Patient Count Thresholds to Achieve QP Status		
	Payment Amount Threshold	Patient Count Threshold
Medicare Option	50%	35%
All-Payer Combination Option	50% where the Medicare Advanced APM minimum = 25%	35% where the Medicare Advanced APM minimum = 20%

There are instances in which a clinician who participated in an Advanced APM didn't meet the payment amount or patient count thresholds to achieve QP status. In such cases, an eligible clinician could become a Partial QP if they met the Partial QP payment amount or patient count thresholds, shown in the table below. Partial QPs aren't eligible to receive the 5% APM incentive payment; they had the option to elect to participate in MIPS and receive a MIPS payment adjustment or to opt-out of MIPS entirely.

⁶ Includes Medicare Advantage, Medicare-Medicaid Plans, 1876 Cost Plans, and Programs for All Inclusive Care for the Elderly (PACE) plans.

Payment Amount and Patient Count Thresholds to Achieve Partial QP Status

	Payment Amount Threshold	Patient Count Threshold
Medicare Option	40%	25%
All-Payer Combination Option	40% where the Medicare Advanced APM minimum = 25%	25% where the Medicare Advanced APM minimum = 10%

Finally, clinicians who don't achieve either QP or Partial QP status in an Advanced APM that's also a MIPS APM have the opportunity to report to MIPS through their APM Entity. MIPS eligible clinicians in MIPS APMS could also choose to report at the individual or group level beginning in the CY 2021 performance year. These participation options became available as the MIPS program no longer calculated the low-volume threshold at the APM entity level or required clinicians in MIPS APMS to report through their APM Entity.

APM participation is reviewed 3 times during the year to make QP determinations and identify MIPS APM participants (each review is referred to as "Snapshots"); the fourth snapshot looks exclusively at MIPS APM participation:

- (1) Snapshot 1 covers performance during January 1, 2021 – March 31, 2021.
- (2) Snapshot 2 covers performance during January 1, 2021 – June 30, 2021.
- (3) Snapshot 3 covers performance during January 1, 2021 – August 31, 2021.
- (4) Snapshot 4 covers performance during January 1, 2021 – December 31, 2021.

3.1. Data Insights

Table 6 shows the number of clinicians who achieved QP or Partial QP status. For the CY 2021 performance year, a QP had to achieve a payment threshold score of at least 50% or an average patient threshold score of at least 35% during the QP performance period (January 1 – August 31). Partial QPs had to achieve a payment threshold score of at least 40% or an average patient threshold score of at least 25% during the same period of performance.



Key Insights: Table 6 – Count of QPs and Partial QPs

- During the CY 2021 performance year, 271,231 clinicians (identified by their NPI) who participated in an Advanced APM achieved QP status; 3,365 clinicians achieved Partial QP status. This is a total count, regardless of whether they submitted an election to participate in MIPS. 82.30% of NPIs in Advanced APMS achieved QP or Partial QP status.
- The total number of MIPS eligible clinicians who achieved QP status increased by 15.31% from the CY 2020 to CY 2021 performance years (235,225 TIN/NPIs in the

CY 2020 performance year to 271,231 TIN/NPIs in the CY 2021 performance year). The year-to-year rate of growth in the number of clinicians with QP status remained steady (20.28% increase in counts of QP status from the CY 2019 to CY 2020 performance years).

- The total number of clinicians who achieved Partial QP status decreased by 67.42% from the CY 2020 to CY 2021 performance years (from 10,328 TIN/NPIs in the CY 2020 performance year to 3,365 TIN/NPIs in the CY 2021 performance year). The decrease in the number of clinicians achieving Partial QP status reflects the increased number of MIPS eligible clinicians participating in Advanced APMs who met the average payment threshold score and the average patient threshold score (see Table 7).

TABLE

6

Count of QPs and Partial QPs

	QPs	Partial QPs	Count of All NPIs in Advanced APMs	Percentage of NPIs in an Advanced APM that Achieved QP or Partial QP Status
Total	271,231	3,365	333,658	82.30%

NOTE

The number of Partial QPs includes all clinicians who achieved Partial QP status, regardless of whether they elected to participate in MIPS or not.

* This table reflects data at the individual clinician level; these numbers reflect distinct NPIs rather than TIN/NPIs.

Table 7 shows the average payment threshold scores for APM Entities participating in Advanced APMs.



Key Insights: Table 7 – QP Threshold Score by Advanced APM

- During the CY 2021 QP performance period, on average, the APM Entities participating in 9 out of 11 Advanced APMs met and/or exceeded the 50% Medicare Part B payment threshold score as well as the 35% Medicare patient threshold. This means that their clinicians qualified as QPs and were consequently excluded from MIPS reporting, MIPS payment adjustments, and were eligible to receive a 5% APM Incentive Payment. The average payment and patient threshold scores were highest for those APM Entities participating in the Primary Care First (PCF) Model.
 - APM Entities participating through the PCF Model had the highest average payment threshold score (90%) and average patient threshold score (84%) compared to the average scores of entities participating in other Advanced APMs. On average, APM Entities participating in the Oncology Care Model (OCM) and Medicare Shared Savings Program Accountable Care Organizations (ACOs) — which, on average, met only one threshold score during the CY 2020 QP performance period — exceeded both average threshold scores during 2021.
 - On average, participants in the Bundled Payments for Care Improvement (BPCI) Advanced Model and the Comprehensive Care for Joint Replacement (CJR) Model did not meet the 50% Medicare Part B payment threshold score as well as the 35% Medicare patient threshold during the CY 2021 QP performance period.
-

TABLE

7

QP Threshold Scores by Advanced APM

Advanced APM	Average Payment Threshold Score (Required: 50%)	Average Patient Threshold Score (Required: 35%)
Primary Care First Model	90%	84%
Comprehensive Primary Care Plus Model	85%	79%
Comprehensive End-Stage Renal Disease (ESRD) Care Model	83%	81%
Oncology Care Model	78%	44%
Vermont All-Payer Accountable Care Organization Model	71%	72%
Maryland Total Cost of Care Model	68%	67%
Medicare Shared Savings Program Accountable Care Organizations	63%	63%
Next Generation ACO Model	62%	65%
Global and Professional Direct Contracting Model	58%	58%
Bundled Payments for Care Improvement Advanced Model	5%	5%
Comprehensive Care for Joint Replacement Payment Model	3%	2%

NOTE

Eligible clinicians participating in more than one Advanced APM have contributed to the average of each model they participated in.

* To become a QP, clinicians must receive at least 50% of Medicare Part B payments or see at least 35% of Medicare patients through an Advanced APM Entity during the QP performance period (January 1 – August 31). QPs are excluded from MIPS reporting.

Table 8 shows the number of MIPS eligible clinicians who participated in a MIPS APM and received a final score under MIPS, and associated MIPS payment adjustment, based on their APM Entity participation. The number of MIPS eligible clinicians shown in these tables are at the TIN/NPI level.



Key Insights: Table 8 – MIPS Eligible Clinicians Who Received a MIPS Final Score and Payment Adjustment from APM Entity Participation

- In the CY 2021 performance year, the following MIPS APMs had clinicians who received a MIPS final score through their APM Entity: (1) Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) (169,687 TIN/NPIs), (2) OCM (50 TIN/NPIs), (3) BPCI Advanced Model (37 TIN/NPIs), (4) CJR Model (9 TIN/NPIs), (5) Comprehensive Primary Care Plus (CPC+) Model (3 TIN/NPIs), and (6) Direct Contracting Model (DCM) (1 TIN/NPI).
- Similar to the CY 2020 performance year, Shared Savings Program ACOs (169,687 TIN/NPIs) — which were required to report the APM Performance Pathway (APP) — represented the highest number of MIPS eligible clinicians who received a MIPS final score through their APM Entity for the CY 2021 performance year.
- The number of MIPS eligible clinicians participating in MIPS through Shared Savings Program ACOs decreased from 368,153 TIN/NPIs to 169,687 TIN/NPIs from the CY 2020 to CY 2021 performance years (53.91% decrease).
- However, the proportion of clinicians who received a MIPS final score through participation in a Shared Savings Program ACO in comparison to other MIPS APMs increased by 7.53 percentage points in the CY 2021 performance year (from 92.41% of TIN/NPIs in the CY 2020 performance year to 99.94% of TIN/NPIs in the CY 2021 performance year).
- The decline can be attributed largely to the elimination of the low-volume threshold at the APM Entity level and sunsetting the APM scoring standard (as mentioned in Key Insights of Table 1). Unlike in previous years, clinicians in a Shared Savings Program ACO Participant TIN that didn't exceed the low-volume threshold at the group level were no longer included in MIPS. Furthermore, the APM Entity score no longer superseded scores from individual, group or virtual group participation.
- As previously noted, the decline in MIPS eligible clinicians receiving a MIPS final score through their APM Entity doesn't indicate a decline in APM participation.

TABLE

8

MIPS Eligible Clinicians Who Received a MIPS Final Score and Payment Adjustment from APM Entity Participation

MIPS APM	Number of MIPS Eligible Clinicians	Rate of MIPS Eligible Clinicians
Medicare Shared Savings Program Accountable Care Organizations	169,687	99.94%
Oncology Care Model	50	0.029%
Bundled Payments for Care Improvement Advanced Model	37	0.022%
Comprehensive Care for Joint Replacement Payment Model	9	0.005%
Comprehensive Primary Care Plus Model	3	0.002%
Global and Professional Direct Contracting Model	1	0.001%

NOTE

MIPS eligible clinicians in a MIPS APM were no longer required to participate in MIPS through their APM Entity in the CY 2021 performance year. Instead, they could choose to report to MIPS as an individual, group or virtual group. Several 2021 MIPS APMs aren't included in this table due to the sunset of the APM scoring standard: the Comprehensive ESRD Care Model, the Independence at Home Demonstration, the Maryland Cost of Care Model, the Next Generation ACO Model, the PCF, the Vermont All Payer ACO Model, and the Value in Opioid Use Disorder Treatments Demonstration.

4. Performance Categories, Collection Types, and Submission Types

Once clinicians determine their eligibility status and identify how they intend to participate in MIPS (as an individual, as part of a group, as part of a virtual group, or through an APM Entity), the next step is to review reporting requirements for their selected [MIPS reporting option](#). The MIPS reporting option informs how MIPS eligible clinicians collect and submit measures and activities, and are scored on those measures and activities, for each of the 4 performance categories.



New for 2021

As of December 31, 2020, the APM Scoring Standard was sunset.

Beginning with the CY 2021 performance year, MIPS APM participants had the option of reporting the [APM Performance Pathway \(APP\)](#) instead of [traditional MIPS](#). The APP is a MIPS reporting option and a scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs and is **required for Shared Savings Program ACOs**. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs. For clinicians in the APP, performance is measured across 3 performance categories: (1) quality, (2) improvement activities, and (3) Promoting Interoperability.

4.1 Performance Categories

We assess clinician performance based on the measures and activities reported or calculated for the MIPS quality, cost, improvement activities, and Promoting Interoperability performance categories. Additional details on each performance category are available below, along with direct links to their respective pages on the QPP website.

Quality



The goal of the quality performance category is to measure performance on clinicians' practices and patient outcomes. The measures are intended to assess healthcare processes, outcomes, and patient experiences.

[2021 Traditional MIPS Requirements](#)

(Available to all MIPS eligible clinicians, groups, virtual groups, and APM Entities)

- Clinicians could use the [Explore Measures & Activities](#) tool to choose from more than 200 MIPS quality measures and more than 350 Qualified Clinical Data Registry (QCDR) measures available for the 2021 performance year.

[2021 APP Requirements](#)

(Available to MIPS APM participants and required for Shared Savings Program ACOs)

Report 6 quality measures, including 1 outcome measure (or high-priority measure if an outcome measure isn't available).

OR

Report a specialty measure set.

OR

Register for the CMS Web Interface and report the 10 specified CMS Web Interface measures (available only for groups, virtual groups, and APM Entities with 25 or more clinicians).

NOTE: We also evaluated clinicians (participating as a group, virtual group or APM Entity) on up to 2 administrative claims measures (no data submission required).

Report 3 specified electronic clinical quality measures (eCQMs)/MIPS clinical quality measure (CQMs).⁷:

- Alternatively, Shared Savings Program ACOs had the option to report the 10 CMS Web Interface measures.

AND

Administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey measure.

AND

We'll evaluate you on 2 administrative claims measures (no data submission required).⁸:

Cost



Cost is an important part of MIPS because it measures Medicare payments made for care provided to patients. Cost measures are calculated from Medicare claims data and don't require any additional data submission.

2021 Traditional MIPS Requirements

[20 cost measures](#) were finalized for the CY 2021 performance year.

CMS reweighted the cost performance category to zero percent of the MIPS final score for all individual MIPS eligible clinicians, groups and virtual groups in the CY 2021 performance year because of the ongoing effect of the COVID-19 public

2021 APP Cost Requirements

N/A – MIPS APM participants aren't evaluated on cost under the APP because they're already accountable for cost through their participation in the APM.

⁷ Diabetes: Hemoglobin A1c (HbA1c) Poor Control, (Quality ID 001); Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID 134); and Controlling High Blood Pressure (Quality ID 236).

⁸ Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible MIPS Clinician Groups (Measure ID 479) and Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for SSP ACOs (Quality ID MCC1) (available only for Shared Savings Program ACOs)

health emergency on certain cost measures.

Improvement Activities



The performance category assesses how much a clinician, group, or APM Entity participates in activities intended to improve clinical practice.

Improvement activities are divided into the following subcategories:

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Achieving Health Equity
- Emergency Preparedness and Response
- Behavioral and Mental Health

2021 Traditional MIPS Requirements

- Clinicians could use the [Explore Measures & Activities](#) tool to choose from more than 100 improvement activities available for the CY 2021 performance year.

Perform 2 high-weighted improvement activities.*

OR

Perform 4 medium-weighted improvement activities.*

OR

Perform 1 high-weighted and 2 medium-weighted improvement activities.*

.....

*Clinicians with certain special statuses – small practice, non-patient facing, health professional shortage area, and rural – have reduced requirements in this performance category, as they receive 2x the points for each activity submitted.

2021 APP Requirements

MIPS APM participants reporting the APP automatically receive full credit in this performance category.

Promoting Interoperability



The Promoting Interoperability performance category promotes the use of electronic exchange of health information using certified electronic health record technology (CEHRT) to improve: (1) patient access to information; (2) the exchange of information between clinicians and pharmacies; and (3) systematic collection, analysis, and interpretation of health care.

4.2. Performance Categories: Performance Periods and Weights





Each performance category has a specific performance period and weight.

Performance Periods. The performance period is the minimum duration (i.e., the time frame) during which a MIPS eligible clinician must collect and report data for the performance category.

- Quality and cost*: 12-month performance period (January 1 – December 31, 2021).
- Improvement activities: minimum of 90 continuous days in CY 2021 per activity (unless otherwise specified in the activity).
- Promoting Interoperability: minimum of 90 continuous days in CY 2021.

Weights. The weight is the value that a performance category contributes to a MIPS eligible clinician's final score.

*In 2021, we reweighted the cost performance category to 0% for all MIPS eligible clinicians. The following weights were applied to the MIPS performance categories unless the clinician qualified for reweighting of additional performance categories:

Traditional MIPS Performance Category Weights in 2021			
Quality  55% of MIPS Score	Cost  0% of MIPS Score	Improvement Activities  15% of MIPS Score	Promoting Interoperability  30% of MIPS Score
APM Performance Pathway Performance Category Weights in 2021			
50% Quality	0% Cost	20% Improvement Activities	30% Promoting Interoperability

4.3. Collection Types

"Collection type" refers to the way you collect data for a MIPS quality measure. While an individual MIPS quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure.

The following collection types are available for MIPS quality measures:

- Administrative claims measures
- Electronic clinical quality measures (eCQMs)
- MIPS clinical quality measures (CQMs)
- Qualified Clinical Data Registry (QCDR) measures
- Medicare Part B claims measures
- CMS Web Interface measures

4.4 Submission Types

MIPS eligible clinicians — whether participating as an individual, a group, a virtual group, or an APM Entity — had several options for submitting their data to CMS:

- Self-reporting data to CMS (either by the clinician or an authorized representative of the group/virtual group/APM Entity) by:
 - Adding quality data codes to Medicare Part B claims (available only to small practices for the quality performance category).
 - Reporting patient-level quality data through the CMS Web Interface (available only to ACOs and registered groups/virtual groups with 25 or more clinicians and for the quality performance category). Attesting to their improvement activities and Promoting Interoperability measures.
 - Uploading a file, such as data extracted from the EHR, for the quality, improvement activities, and/or Promoting Interoperability performance categories.
- Working with a third-party intermediary (QCDR, Qualified Registry, or other health information vendors) to submit data on their behalf by:
 - Uploading a file of measure and activity data for the quality, improvement activities, and/or Promoting Interoperability performance categories.
 - Directly submitting to CMS through a computer-to-computer interaction such as an Application Programming Interface (API).
- Working with a CMS-approved survey vendor to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey measure.

4.5. Data Insights

Table 9 shows the submission types that were used across all performance categories and that were applied to a clinician's final score. These submission types aren't mutually exclusive.



Key Insights: Table 9 – Overall Submission Types

- API was the most used submission type. These direct submissions — which can be used for reporting for the quality, improvement activities, and Promoting Interoperability performance categories — were made on behalf of 56.47% of MIPS eligible clinicians (394,656 TIN/NPIs).

- Medicare Part B claims remained the least used submission method, contributing to the final scores of less than 6% of MIPS eligible clinicians (38,953 TIN/NPIs), which is explained by its limited availability: Medicare Part B claims can only be used by clinicians in small practices for reporting quality measures.

TABLE 9 Overall Submission Types

Submission Type	Percentage of MIPS Eligible Clinicians	MIPS Eligible Clinicians Count (TIN/NPI)	Average Number of Clinicians Represented by Each Submission
CMS Web Interface (Quality only)	28.25%	197,433	373
Claims (Quality only)	5.57%	38,953	1
Direct/API (available for all categories)	56.47%	394,656	10
File Upload (available for all categories)	29.77%	208,079	13
Web Attestation (Improvement Activities and Promoting Interoperability)	45.55%	318,358	27

NOTE These submission types aren't mutually exclusive; multiple submission types could contribute to a clinician's final score.

Table 10 shows the percentage of measures used in final scoring, per collection type.



Key Insights: Table 10 – Collection Types Reported for the Quality Performance Category

- CMS Web Interface measures remain the most common collection type for quality measures that contributed to a clinician's final score, accounting for 32.56% of MIPS quality measures used in final scoring for the CY 2021 performance year. This is due largely to Shared Savings Program ACOs using the CMS Web Interface to report their quality measures for MIPS (via the APP) and the Shared Savings Program.
- Medicare Part B claims measures remain the least utilized collection type, which makes sense because this collection type is limited to small practices, whether reporting as individuals, a group, a virtual group, or an APM Entity.

TABLE 10 Collection Types Reported for the Quality Performance Category

Administrative Claims	CAHPS for MIPS Survey Measure	Medicare Part B Claims Measures	CMS Web Interface Measures	eQCMs	QCDR Measures	MIPS CQMs
15.11%	3.82%	1.35%	32.56%	29.11%	9.42%	8.64%

NOTE

The percentages in Table 10 relate to collection types associated with measures attributed to final scores.

Table 11 shows the submission type for the Improvement Activities and Promoting Interoperability performance categories.



Key Insights: Table 11 – Submission Types for the Improvement Activities and Promoting Interoperability Performance Categories

- File upload/API submissions accounted for 73.98% of improvement activity submissions, compared to 26.02% from attestation.
- For the Promoting Interoperability performance category, submissions were equally divided between attestation and file upload/APIs.
- These numbers were consistent relative to the CY 2020 performance year, though we saw a slight increase in attestation submissions for both performance categories: by 1.01 percentage points (from 25.01% in 2020 to 26.02% in 2021) for improvement activities and 0.88 percentage points (from 49.13% in 2020 to 50.01% in 2021) for Promoting Interoperability.

TABLE 11 Submission Types for the Improvement Activities and Promoting Interoperability Performance Categories

Performance Category	Attestation	File Upload/API Submission
Improvement Activities	26.02%	73.98%
Promoting Interoperability	50.01%	49.99%

NOTE

The percentages in Table 11 relate to submission types associated with measures and activities attributed to final scores.

Table 12 shows the top 10 quality measures that contributed to a MIPS final score (both traditional MIPS and APP reporting).



Key Insights: Table 12 – Top 10 Quality Measures Contributing to a Clinician's Quality Performance Category Score Across All Collection Types

- Eight of the top 10 quality measures that contributed to a clinician's quality performance category score in the CY 2021 performance year were also present in the top 10 measures for the CY 2020 performance year. Two measures that entered this list for the CY 2021 performance year were the Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) measure and CAHPS for MIPS Clinician/Group Survey. The HWR measure was absent from top quality measures during the 2020 performance year due to the suppression as a result of the COVID19 Public Health Emergency.
- Average data completeness and performance rates remained steady for these measures between the CY 2020 performance year and the CY 2021 performance year.

TABLE 12 Top 10 Quality Measures Contributing to a Clinician's Quality Performance Category Score Across All Collection Types

Measure Name	Quality Measure ID/CMS Web Interface Measure ID	MIPS Eligible Clinicians	Average Data Completeness (%)	Average Performance Rate (%)	Average Measure Score (Including bonus points)
Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	479	409,934	N/A	15.20%	6
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	001 (DM-2)	367,391	98.60%	23.73%	8
Controlling High Blood Pressure	236 (HTN-2)	297,982	99.42%	70.32%	8
Falls: Screening for Future Fall Risk	318 (CARE-2)	254,624	99.97%	86.34%	9
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226 (PREV-10)	245,693	99.66%	80.24%	9
Breast Cancer Screening	112 (PREV-5)	239,189	99.75%	73.77%	8
Preventive Care and Screening: Influenza Immunization	110 (PREV-7)	237,582	98.96%	77.24%	9
Colorectal Cancer Screening	113 (PREV-6)	236,022	99.59%	71.53%	8
Preventive Care and Screening: Screening for Depression and Follow-Up Plan*	134 (PREV-12)	234,203	99.22%	72.19%	1
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	321	183,766	N/A	N/A	8

NOTE

* Each year, CMS releases a list of quality measures that are suppressed for reasons such as coding issues or clinical guideline changes during that performance year. In the CY 2021 performance year, these suppressed quality measures received a quality performance category score derived solely from bonus points. Of the top 10 quality measures, the Preventive Care and Screening: Screening for Depression and Follow-Up Plan measure was suppressed during the CY 2021 performance year.

Table 13 shows the top 10 measures that contributed to the final score. Unlike Table 12, this table excludes the results from groups and APM Entities (such as Shared Savings Program ACOs) that reported through the CMS Web Interface.



Key Insights: Table 13 – Top Quality Measures Contributing to a Clinician's Quality Performance Category Score, Exclusive of CMS Web Interface Submissions

- The HWR measure continued to contribute to the quality performance category score for the greatest number of MIPS eligible clinicians (410,414 TIN/NPIs).
- Four out of the top 10 quality measures were consistent across 2020 and 2021: (1) Diabetes: Hemoglobin A1c, (2) Body Mass Index (BMI) Screening (suppressed measure in 2021), (3) Pneumococcal Vaccination for Older Adults (suppressed measure in 2021), and (4) Controlling High Blood Pressure.
- Relative to 2020, average data completeness and performance rates for these 4 quality measures remain stable in the CY 2021 performance year.

TABLE 13

Top Quality Measures Contributing to a Clinician's Quality Performance Category Score Exclusive of CMS Web Interface Submissions

Measure Name	Quality Measure ID	MIPS Eligible Clinicians who Participated	Average Reporting Rate %	Average Performance Rate %	Average Measure Score (Including bonus points)
Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	479	409,934	N/A	15.20%	6
CAHPS for MIPS Clinician/Group Survey	321	183,766	N/A	N/A	8
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	171,555	97.09%	36.87%	7
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions for ACOs (MCC)	MCC1	168,404	N/A	35.39%	5
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)	480	148,794	N/A	2.35%	6
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan*	128	128,933	97.27%	47.88%	1
Pneumococcal Vaccination Status for Older Adults*	111	118,314	98.23%	63.44%	1
Controlling High Blood Pressure	236	102,146	98.30%	66.40%	7
Appropriate Treatment for Upper Respiratory Infection (URI)	65	98,498	99.83%	94.82%	8
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	239	74,476	99.99%	53.45%	9

NOTE

* Each year, CMS releases a list of quality measures that are suppressed for reasons such as coding issues or clinical guideline changes during the performance year. In the CY 2021 performance year, these suppressed quality measures received a quality performance category score derived solely from bonus points. Of the top 10 quality measures, excluding results from groups and APM Entities that reported through CMS Web Interface, the Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan measure and the Pneumococcal Vaccination Status for Older Adults measure were suppressed during the CY 2021 performance year.

Table 14 shows the top 10 improvement activities reported.



Key Insights: Table 14 – Top Improvement Activities

- From the CY 2020 performance year to the CY 2021 performance year, Providing 24/7 Access to Patient's Medical Record remains the most reported improvement activity (reported 136,162 times in 2021). Two improvement activities that weren't among the top 10 improvement activities in the CY 2020 performance year are present in the CY 2021 performance year: Leadership Engagement for Implementing Practice Improvement Changes (43,732) and Implementation of Formal Quality Improvement Methods, practice changes, or other practice improvement processes (43,238). In their place, the following activities in the CY 2020 performance year were not present in the CY 2021 performance year: Measurement and Improvement at the Practice and Panel Level and Implementation of Medication Management Practice Improvements. While the number of reported improvement activities remained similar to those reported in 2020, two improvement activities — Practice Improvements for Bilateral Exchange of Patient Information and Engagement of Patients through Implementation of Improvements in Patient Portal — increased by 59.25% and 22.63%, respectively.

TABLE 14 Top Improvement Activities

Activity Name	Activity ID	# of Times Activity Was Reported	Subcategory Name	Activity Weighting
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	IA_EPA_1	136,162	Expand Practice Access	High
Engagement of patients through implementation of improvements in patient portal	IA_BE_4	117,561	Beneficiary Engagement	Medium
Use of decision support and standardized treatment protocols	IA_PSPA_16	106,837	Patient Safety And Practice Assessment	Medium
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	IA_BE_6	80,317	Beneficiary Engagement	High
Practice Improvements for Bilateral Exchange of Patient Information	IA_CC_13	77,570	Care Coordination	Medium
Participation in CAHPS or other supplemental questionnaire	IA_PSPA_11	58,161	Patient Safety and Practice Assessment	High
Implementation of improvements that contribute to more timely communication of test results	IA_CC_2	57,060	Care Coordination	Medium
Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	IA_PSPA_20	43,732	Patient Safety And Practice Assessment	Medium
Regularly assess the patient experience of care through surveys, advisory councils, and/or other mechanisms	IA_BE_13	43,511	Beneficiary Engagement	Medium
Implementation of medication management practice improvements	IA_PSPA_19	43,238	Patient Safety And Practice Assessment	Medium

Table 15 shows the count of Promoting Interoperability objectives and measures reported across the following objectives: (a) electronic prescribing, (b) health information exchange, (c) provider to patient exchange, and (d) public health and clinical data exchange. Exclusions for the Public Health and Clinical Data Exchange objective were aggregated for readability. The detailed counts for each of these exclusions are listed in the [Appendix](#).



Key Insights: Table 15 – Count of Reported Promoting Interoperability Objectives and Measures

- Approximately 345,964 MIPS eligible clinicians (whether participating as individuals, a group, a virtual group, or an APM Entity) reported data for the Promoting Interoperability performance category.
- We've added exclusion information to this table which wasn't present in previous experience reports.
- There was a new option for meeting reporting requirements under the Health Information Exchange in the CY 2021 performance year — the Health Information Exchange (HIE) Bi-Directional Exchange measure.

TABLE

15

Count of Reported Promoting Interoperability Objectives and Measures

TABLE

15a

Electronic Prescribing Objective

Measure Type	Measure Title	CMS Measure ID	Number of MIPS Eligible Clinicians (TIN/NPIs) Reporting Each Measure
Required	e-Prescribing	PI_EP_1	342,301
Exclusion	e-Prescribing Exclusion	PI_LVPP_1	3,881
Bonus	Query of the Prescription Drug Monitoring Program (PDMP)	PI_EP_2	290,305

TABLE 15b Health Information Exchange Objective

Measure Type	Measure Title	CMS Measure ID	Number of MIPS Eligible Clinicians (TIN/NPIs) Reporting Each Measure
Required (Option 1)	Support Electronic Referral Loops By Sending Health Information	PI_HIE_1	119,076
	Support Electronic Referral Loops By Sending Health Information	PI_HIE_4	121,120
Required (Option 2)	Health Information Exchange (HIE) Bi-Directional Exchange	PI_HIE_5	200,682
Exclusion	Support Electronic Referral Loops By Receiving and Reconciling Health Information Exclusion	PI_LVITC_2	24,957
Exclusion	Support Electronic Referral Loops By Sending Health Information Exclusion	PI_LVOTC_1	27,242

TABLE 15c Provider to Patient Exchange Objective

Measure Type	Measure Title	CMS Measure ID	Number of MIPS Eligible Clinicians (TIN/NPIs) Reporting Each Measure
Required	Provide Patients Electronic Access to Their Health Information	PI_PEA_1	345,964

TABLE 15d Public Health and Clinical Data Exchange Objective

Measure Type	Measure Title	CMS Measure ID	Number of MIPS Eligible Clinicians (TIN/NPIs) Reporting Each Measure
Required	Immunization Registry Reporting	PI_PHCDRR_1	268,645
Exclusion (Details in Appendix)	Immunization Registry Reporting Exclusion	PI_PHCDRR_1_EX_1, PI_PHCDRR_1_EX_2, or PI_PHCDRR_1_EX_3	33,576
Required	Immunization Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_1_MULTI	13,139
Required	Syndromic Surveillance Reporting	PI_PHCDRR_2	110,128
Exclusion	Syndromic Surveillance Reporting Exclusion	PI_PHCDRR_2_EX_1, PI_PHCDRR_2_EX_2, or PI_PHCDRR_2_EX_3	54,748
Required	Syndromic Surveillance Reporting for Multiple Registry Engagement	PI_PHCDRR_2_MULTI	43
Required	Electronic Case Reporting	PI_PHCDRR_3	33,123
Exclusion*	Electronic Case Reporting Exclusion	PI_PHCDRR_3_EX_1, PI_PHCDRR_3_EX_2, or PI_PHCDRR_3_EX_3	17,411
Required	Electronic Case Reporting for Multiple Registry Engagement	PI_PHCDRR_3_MULTI	98
Required	Public Health Registry Reporting	PI_PHCDRR_4	104,003
Exclusion*	Public Health Registry Reporting Exclusion	PI_PHCDRR_4_EX_1, PI_PHCDRR_4_EX_2, or PI_PHCDRR_4_EX_3	12,174
Required	Public Health Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_4_MULTI	2,289
Required	Clinical Data Registry Reporting	PI_PHCDRR_5	92,195
Exclusion*	Clinical Data Registry Reporting Exclusion	PI_PHCDRR_5_EX_1, PI_PHCDRR_5_EX_2, or PI_PHCDRR_5_EX_3	7,474
Required	Clinical Data Registry Reporting for Multiple Registry Engagement	PI_PHCDRR_5_MULTI	6,718

NOTE

Table 15 includes reporting data for all required Promoting Interoperability measures.

* Numbers of MIPS eligible clinicians by individual exclusion are available in the Appendix.

5. Final Scores and Payment Adjustments

After MIPS eligible clinicians select and report on measures and activities, they receive a MIPS final score and associated payment adjustment based on their performance. In 2021, MIPS eligible clinicians had their performance scored across the quality, improvement activities, and Promoting Interoperability performance categories, as applicable. As noted in the Reporting and Performance Category section, each MIPS performance category had an associated weight in the CY 2021 performance year, in general: Quality was 55% of the MIPS final score, improvement activities was 15%, Promoting Interoperability was 30%, and cost was 0%. The scores from each performance category were added together, plus any available complex patient bonus points, to determine the final score. The MIPS final score was then compared to the performance threshold (60 points in the CY 2021 performance year) to determine whether a clinician would receive a positive, negative, or neutral MIPS payment adjustment in the 2023 payment year. Final scores that met or exceeded the exceptional performance threshold of 85 points in 2023 resulted in an additional payment adjustment for exceptional performance.

It's important to note that the performance category weights could differ depending on the clinician's specific circumstances. For example:

- Under the MIPS automatic EUC policy, performance categories were automatically reweighted for individual clinicians; data submission overrode reweighting on a category-by-category basis; cost is always reweighted to zero percent of the final score under the MIPS automatic EUC policy, even if data are submitted for other performance categories.
- Groups and virtual groups could request reweighting of one or more performance categories through the EUC Exception application.
- The Promoting Interoperability performance category is automatically weighted at 0% for certain clinician types and for individual clinicians, groups, and virtual groups with [certain special statuses](#), and the weight is redistributed to other performance categories as a result.

Additional details on the scoring methodology for the CY 2021 performance year are available in the [2021 MIPS Scoring Guide](#). The following tables reflect data related to MIPS final scores and payment adjustments.

The Medicare Access and CHIP Reauthorization Act (MACRA) requires MIPS to be a budget-neutral program, which, in general terms, means that the projected negative adjustments must be balanced by the projected positive adjustments. The magnitude of the payment adjustment amount is influenced by 2 factors:

- The performance threshold
- The distribution of final scores in comparison to the performance threshold in a given year

5.1. Data Insights

Table 16 shows descriptive statistics on MIPS eligible clinicians' payment adjustments and final scores.



Key Insights: Table 16 – Payment Adjustment and Final Scores Assigned to MIPS Eligible Clinicians

- In the CY 2021 performance year, 96.69% of MIPS eligible clinicians (675,728 TIN/NPIs out of 698,859 TIN/NPIs) avoided a negative payment adjustment, compared to 98.12% of MIPS eligible clinicians in 2020 (915,994 TIN/NPIs out of 933,545 TIN/NPIs in 2020). 77.86% of MIPS eligible clinicians received an additional adjustment for exceptional performance, while 8.26% of MIPS eligible clinicians received a positive payment adjustment. We're seeing a consistent distribution of final scores in comparison to payment adjustments between the CY 2020 and CY 2021 performance years.
- We saw an increase in the maximum payment adjustment from 1.87% in the CY 2020 performance year to 2.34% in the CY 2021 performance year.

TABLE 16 Payment Adjustment and Final Scores Assigned to MIPS Eligible Clinicians

	Exceptional Performance (85.00 – 100)	Positive Only (60.01 – 84.99)	Neutral (60.00)	Negative (0 – 59.99)
Count of MIPS Eligible Clinicians (TIN-NPI)	544,099	57,726	73,903	23,131
Percentage of TIN/NPI	77.86%	8.26%	10.57%	3.31%
Min Final Score (Earned)	85.00	60.01	60.00	1.88
Max Final Score (Earned)	100	84.99	60.00	59.98
Mean (Average) Final Score	97.09	77.78	60.00	25.96
Min Payment Adjustment (Earned)	0.18%	0.00%	0.00%	-9.00%
Max Payment Adjustment (Earned)	2.34%	0.07%	0.00%	0.00%

Table 17 shows descriptive statistics on MIPS eligible clinicians' payment adjustments and final scores by rural or small practice status.



Key Insights: Table 17 – Final Score and Payment Adjustment for Small and Rural Practices

- During the CY 2021 performance year, there was a slight decrease in the percentage of MIPS eligible clinicians in small practices who avoided a negative payment adjustment relative to the CY 2020 performance year (from 90.95% to 88.09%).
 - 43.33% of MIPS clinicians in small practices received an exceptional performance rating, representing a 0.62 percentage-point increase from 2020 (42.71% of MIPS clinicians in small practices during the CY 2020 performance year). 7.59% of MIPS eligible clinicians achieved positive-only payment adjustment.
 - Relative to 2020, the overall mean (average) final score increased by 5.97% in the CY 2021 performance year (from 69.56 in the CY 2020 performance year to 73.71 in 2021).
 - The distribution of maximum and minimum positive payment adjustments for the CY 2021 performance year/2023 MIPS payment year was similar to that of the CY 2020 performance year/2022 MIPS payment year.
 - Among the 89,107 MIPS eligible clinicians in rural areas, 4,030 clinicians received a negative payment adjustment based on their 2021 final score, compared to 2,604 MIPS eligible clinicians in rural areas for 2020. 76.53% of MIPS eligible clinicians in rural areas received an additional adjustment for exceptional performance based on their 2021 final score, which was a decrease of 4.05 percentage points from 2020 (80.58% of MIPS clinicians in rural areas in 2020). 8.78% received a positive-only payment adjustment (i.e., no additional adjustment for exceptional performance) compared to 9.44% in 2020. Relative to 2020, the overall mean final score decreased by 0.99% (from a mean final score of 89.32 in 2020 to a mean final score of 88.44 in 2021).
-

TABLE

17

Final Score and Payment Adjustment for Small and Rural Practices

Payment Adjustment Type (Final Score Ranges)	Count of MIPS Eligible Clinicians (TIN/NPI)	Min Final Score (Earned)	Max Final Score (Earned)	Mean (Average) Final Score	Min Adjustment (Earned)	Max Adjustment (Earned)
Small Practices						
Overall	108,377	1.88	100	73.71	-9.00%	2.34%
Exceptional Performance (85 – 100)	46,960	85	100	97.47	0.18%	2.34%
Positive Only (60.01 – 84.99)	8,227	60.01	84.99	76.02	0.00%	0.07%
Neutral (60)	40,284	60.00	60.00	60.00	0.00%	0.00%
Negative (0 – 59.99)	12,906	1.88	59.98	28.60	-9.00%	0.00%
Rural Practices						
Overall	89,107	2.70	100	88.44	-9.00%	2.34%
Exceptional Performance (85 – 100)	68,198	85.01	100	97.18	0.18%	2.34%
Positive Only (60.01 – 84.99)	7,828	60.09	84.99	76.63	0.00%	0.07%
Neutral (60)	9,051	60.00	60.00	60.00	0.00%	0.00%
Negative (0 – 59.99)	4,030	2.70	59.56	27.31	-9.00%	-0.07%

NOTE

Minimum and maximum adjustments have been rounded to 2 decimal places. The small practice and rural designations aren't mutually exclusive.

Table 18 shows descriptive statistics on MIPS final scores by participation type.



Key Insights: Table 18 – Final Scores by Participation Type

- Relative to the CY 2020 performance year, mean (average) final scores for all participation types increased in the CY 2021 performance year, with the greatest increase of 123.43% (from 38.89 to 86.89 points) for MIPS eligible clinicians participating as a virtual group. This change among virtual groups may be influenced by several factors, such as the 900% increase in the number of MIPS eligible clinicians participating as a virtual group (11 TIN/NPIs in the CY 2020 performance year to 110 in the CY 2021 performance year), and changes to the scoring hierarchy that gave a final score from virtual group participation precedence over one earned from APM Entity participation.
- Similar to 2020, MIPS clinicians participating as an APM Entity had the highest mean (average) final score (97.48) among the participation types (a slight increase from 96.24 in 2020). The mean (average) payment adjustment percentage remained similar from 2020 to 2021.

TABLE 18 Final Scores by Participation Type

Participation Type	Mean (Average) Final Score	Median Final Score	Mean Payment Adjustment %
Individual	71.61	60.00	0.56%
Group	88.32	95.96	1.16%
APM Entity	97.48	100	2.00%
Virtual Group	86.89	100	1.19%
All Participation Types	89.22	97.22	1.32%

Table 19 shows descriptive statistics on MIPS eligible final scores by type of participation for eligible clinicians in rural and small practices.



Key Insights: Table 19 – Final Scores for Clinicians in a Rural Area or Small Practice

- We saw an increase in the overall mean (average) score for MIPS eligible clinicians in small practices: 73.71 points in the CY 2021 performance year compared to 69.56 points in the CY 2020 performance year.
- We also saw an increase in the mean (average) score for MIPS eligible clinicians in small practices who engaged: 78.28 points in the CY 2021 performance year compared to 75.11 points in the CY 2020 performance year.
- We observed a slight decrease in the mean (average) final scores for MIPS eligible clinicians in rural areas, though these mean scores remain above the exceptional performance threshold. The overall mean score for these clinicians was 88.44 points in the CY 2021 performance year compared to 89.32 points in the CY 2020 performance year, whereas the mean score for rural clinicians who engaged was 90.24 points in the CY 2021 performance year (down from 91.39 points in the CY 2020 performance year).

TABLE

19

Final Scores for Clinicians in a Rural Area or Small Practice

Special Status	Mean (Average) Overall Score of All MIPS Eligible Clinicians	Median Overall Score of All MIPS Eligible Clinicians	Mean (Average) Overall Score of MIPS Eligible Clinicians Who Engaged	Median Overall Score for MIPS Eligible Clinicians Who Engaged
Rural	88.44	97.18	90.24	97.61
Small	73.71	66.36	78.28	91.52


NOTE

The first 2 columns include all MIPS eligible clinicians, whether they participated or not; the last 2 columns include only eligible clinicians who engaged in MIPS (i.e., submitted data). Small practice and rural designations aren't mutually exclusive.

6. Summary

This report provides high-level summaries of results for the fifth year of the QPP; we are pleased to see numerous positive changes over the first 5 years of the program.

- Overall engagement rates remained stable at approximately 95% from the CY 2017 performance year to the CY 2018 performance year and then increased to 97% in the CY 2019 performance year. We observed a decrease in engagement rate to 89.82% in the CY 2020 performance year. In the CY 2021 performance year, the engagement rate increased to 93.85%, but this increase may have been due to sunsetting the APM scoring standard, which resulted in a decrease of approximately 230,000 MIPS eligible clinicians.
- In the CY 2019 performance year, the percentage of eligible clinicians who received a positive payment adjustment decreased slightly from 97.55% to 95.31% because of the increase in performance threshold from 15 points in the CY 2018 performance year to 30 points in the CY 2019 performance year. In the CY 2020 performance year, the minimum score for a positive payment adjustment increased from 30 to 45 points, while the percentage of eligible clinicians who received a positive payment adjustment decreased slightly from 95.31% to 90.94%. We saw that the percentage of eligible clinicians who received a positive payment adjustment decreased slightly from 90.94% to 86.12% from the CY 2020 performance year to the CY 2021 performance year, while the minimum score for a positive payment adjustment increased from 45 points to 60 points in the CY 2021 performance year.
- The number of clinicians who received a negative payment adjustment decreased significantly in the first 3 years from 51,505 in the CY 2017 performance year/2019 MIPS payment year to 17,847 in the CY 2018 performance year/2020 MIPS payment year and then down to 2,920 in the CY 2019 performance year/2021 MIPS payment year. In the CY 2020 performance year/2022 MIPS payment year, this number increased to 17,551, though this still represents less than 2% of all MIPS eligible clinicians. There was a slight increase in the number of clinicians who received a negative payment adjustment to 23,131 in the CY 2021 performance year/2023 MIPS payment year, but this number still represents only 3.31% of all MIPS eligible clinicians.
- We continue to see MIPS eligible clinicians participating in APM Entities earning the highest mean (average) final score (97.48) in the CY 2021 performance year, followed by groups (88.32), virtual groups (86.89), and individuals (71.61). Mean final scores attributed to APM Entities and groups have been consistent over the course of the program, while we've seen an increase in the mean final scores for clinicians participating as virtual groups from 38.89 in 2020 to 86.89 in the CY 2021 performance year. The mean final scores for clinicians participating as individuals increased slightly from 64.66 in the CY 2020 performance year to 71.61 in the CY 2021 performance year.
- The number of QPs in Advanced APMs continues to grow. From the CY 2017 to CY 2018 performance year, the number of QPs increased almost twofold from 99,076 to 183,306. We continued to observe an increase up to 195,564 in the CY 2019 performance year. From the CY 2020 to CY 2021 performance year, the number of QPs increased from 235,225 to 271,231.
- We continue to see improvement in small and rural practice engagement and outcomes. The mean final score for small practices increased substantially from the first year of the



program, from 43.16 in the CY 2017 performance year to 73.71 in the CY 2021 performance year, while the mean final score for rural clinicians went from 63.08 in the CY 2017 performance year to 88.44 in the CY 2021 performance year.

We are committed to continue our work with clinicians to increase awareness of program requirements and to help clinicians improve with each performance year. The lessons learned from the first 5 years of the program, coupled with clinicians' experience and feedback, have enabled us identify areas in need of improvement. As we look to the future of MIPS, we envision a continued partnership with stakeholders to develop a more streamlined program with better alignment between the measures and activities available for the different performance categories.

Appendix

TABLE A.1 Public Health and Clinical Data Exchange Objective – Measure Exclusions

Measure Title	CMS Measure ID	Number of MIPS Eligible Clinicians (TIN/NPIs) Reporting Each Measure
Immunization Registry Reporting Exclusion	PI_PHCDRR_1_EX_1	31,022
Immunization Registry Reporting Exclusion	PI_PHCDRR_1_EX_2	1,591
Immunization Registry Reporting Exclusion	PI_PHCDRR_1_EX_3	963
Syndromic Surveillance Reporting Exclusion	PI_PHCDRR_2_EX_1	28,888
Syndromic Surveillance Reporting Exclusion	PI_PHCDRR_2_EX_2	13,494
Syndromic Surveillance Reporting Exclusion	PI_PHCDRR_2_EX_3	12,366
Electronic Case Reporting Exclusion	PI_PHCDRR_3_EX_1	10,127
Electronic Case Reporting Exclusion	PI_PHCDRR_3_EX_2	3,526
Electronic Case Reporting Exclusion	PI_PHCDRR_3_EX_3	3,758
Public Health Registry Reporting Exclusion	PI_PHCDRR_4_EX_1	7,972
Public Health Registry Reporting Exclusion	PI_PHCDRR_4_EX_2	2,487
Public Health Registry Reporting Exclusion	PI_PHCDRR_4_EX_3	1,715
Clinical Data Registry Reporting Exclusion	PI_PHCDRR_5_EX_1	4,392
Clinical Data Registry Reporting Exclusion	PI_PHCDRR_5_EX_2	1,674
Clinical Data Registry Reporting Exclusion	PI_PHCDRR_5_EX_3	1,508