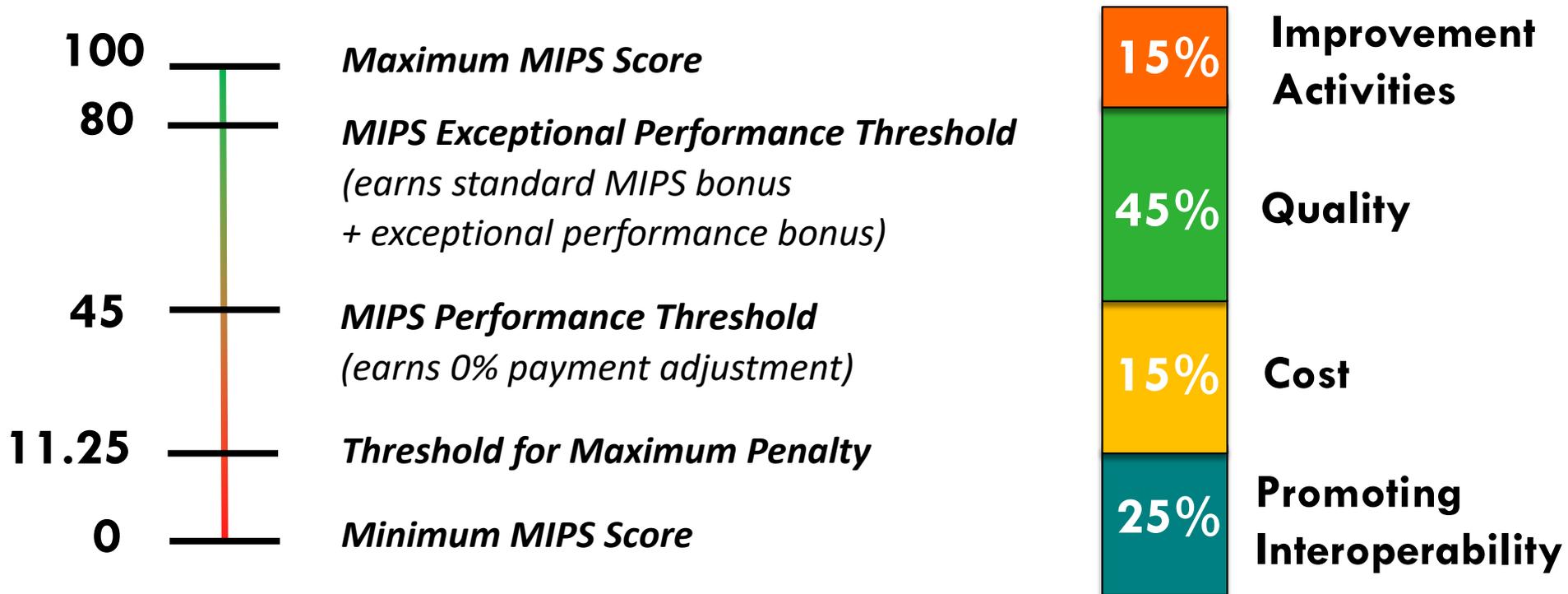


MIPS Value Pathway (MVP)

- Following years of ACP advocacy, CMS announced it will create a new mandatory MIPS pathway that will start being phased-in in 2021.
- The intent is to improve on several MIPS flaws by:
 - Reducing burden on clinicians by reducing the number of performance metrics.
 - Facilitate transitioning to APMs.
 - Streamlining performance categories.
 - Increasing the frequency of performance feedback.
- CMS intends to “co-develop” the MVP with stakeholders over the next year and introduce details in 2021 PFS rulemaking cycle.
- ACP is already engaged with CMS and other stakeholders and is exploring submitting its own MVP.

2020 MIPS Scoring and Weighting

- Under MACRA, the max MIPS payment adjustment will increase to **9%** next year and remain there indefinitely



2020 Major MIPS Changes By Category

Quality

- Increase data completeness by 10%
- New registry vendor/measure criteria
- Removed 42 “low-value” measures
- Outpatient outcomes measure for patients with MCCs postponed

Cost

- 10 new episode-based measures
- Revamped TPCC; MSPB measures
- Category weight kept at 15%

Improvement Activities

- Increase group reporting threshold from 1 clinician to 50% of clinicians in group (may report on different 90 day periods)
- New criteria; inventory changes

Promoting Interoperability

- New opioid measure offered as bonus
- Querying PDMP measure now optional and attestation-based
- Groups will qualify for hospital-based exception if 75%+ of clinicians do

Key:



Good



Neutral



Mostly Bad



Bad

Advanced APM Updates

Primary Care First to launch Jan 2021. ACP [secured major changes](#) to make the program more palatable for internists and co-hosted CMMI staff on a webinar with AMA/AAFP. [Check out](#) our on-demand webinar and FAQs (member login required).

Direct Contracting Model [applications](#) are due Feb. 25. Check out ACP's [fact sheet](#).

Impending Stark/Antikickback updates that seek to make it easier for clinicians participating in value-based arrangements. Read ACP's [comments](#).

2017 Advanced APM bonuses were paid out (finally) following [pressure](#) from ACP.

PTAC A handful of members [resigned](#) citing lack of progress. ACP re-submitted its Medical Neighborhood Model [proposal](#) in November 2019 and is exploring other avenues for that and exploring joint advocacy to improve the relevance of PTAC.

Advanced APM Updates ...cont.

Private Payer Medical Homes Despite [pushback](#) from ACP, CMS will require them to align with a CMS Medical Home Model in order to qualify as an Advanced APM.

Partial QP Status Following ACP [advocacy](#), CMS reversed proposal; will continue to apply Partial QP Status to all of a qualifying clinician's TINs (including non-APM TINs). MIPS participation decisions will continue to be made at APM Entity level.

Despite [warnings](#) from ACP and others, **MSSP participation is down under new rules** that enforce lower sharing rates and less time in 1-sided risk. However- as CMS Administrator Seema Verma [touted](#) in a Health Affairs blog post, the number of ACOs in 2-sided risk doubled.



Source: [1.10.20 NAACOS news release](#)

On the horizon...

The 5% Advanced APM bonus is set to expire after the 2022 performance year.