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.

<table>
<thead>
<tr>
<th>Maximum MIPS Score</th>
<th>MIPS Exceptional Performance Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>(earns standard MIPS bonus + exceptional performance bonus)</td>
</tr>
<tr>
<td>80</td>
<td>15%</td>
</tr>
<tr>
<td>45</td>
<td>MIPS Performance Threshold</td>
</tr>
<tr>
<td></td>
<td>(earns 0% payment adjustment)</td>
</tr>
<tr>
<td>11.25</td>
<td>15%</td>
</tr>
<tr>
<td>0</td>
<td>Threshold for Maximum Penalty</td>
</tr>
<tr>
<td></td>
<td>Minimum MIPS Score</td>
</tr>
<tr>
<td></td>
<td>25%</td>
</tr>
</tbody>
</table>

- Improvement Activities: 15%
- Quality: 45%
- Cost: 15%
- Promoting Interoperability: 25%
# 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.
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.

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

Source: 1.10.20 NAACOS news release