

Get On-Track with MIPS and Get Paid More

6 Important To-Do's

The fifth year of the Medicare Incentive Payment System (MIPS) began on January 1, 2021. Similar to previous years, quality performance requirements encompass a full year of reporting - meaning that providers must be ready to participate on Day 1. Here's your to-do list and action items for getting on-track with 2021 MIPS.

1. Determine if you are eligible for the 2021 MIPS Program

Eligible Clinicians for the 2021 performance year include:

- Physicians, including Doctor of Medicine, Osteopathy, Dental Surgery, Dental Medicine, Podiatric Medicine, and Optometry; Osteopathic Practitioners; and Chiropractors
- Physician assistants, Nurse practitioners, Clinical nurse specialists and Certified registered nurse anesthetists
- Physical therapists and Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians and nutrition professionals

[Check Your Participation Status](#)

[Learn More About PY2021 Eligibility](#)

2. Determine if you are excluded from the 2021 MIPS Program

The 2021 Low-Volume Threshold requirements remain the same. Check your participation status as a MIPS eligible clinician (EC) for 2021 by accessing the CMS [Quality Payment Program Website](#). Enter your NPI number to find out more information. You are excluded and will not have to report if you are:

- A newly-enrolled Medicare provider for the first time during the 2021 MIPS performance year,
- Significantly participate in an Advanced APM
- Below the 2018 Low Volume Threshold of
 - ≤ \$90,000 in Medicare Part B allowed charges or
 - See fewer than 200 Medicare Part B beneficiaries a year or
 - Provide 200 or more covered professional services to Part B patients

3. Review Your Performance Feedback, Data Collection Tools and Processes

Login to [QPP.CMS.GOV](#) > Performance Feedback and ensure your data collection method(s) and processes are reflected in your reports and you are on-track for where you want to be. Analyze your Promoting Interoperability (PI) and Quality Compliance 2019 Reports. Adjust your documentation procedures to improve your scores.

4. Select Your 2021 Quality Measures

Review the Quality measures available for your specialty on the [CMS Website](#). New tools and guides are now available for many specialties.

- Choose at least six Quality measures or a full Specialty Data Set to collect data
- Read and understand the numerator, denominator and data completion criteria for each Quality measure
- Check with your Registry vendor for any 2021 measure changes, if you plan to attest via Registry in 2021
- Remember, you must achieve a minimum of **60 points** to avoid a downward payment adjustment for MIPS 2021

5. Promoting Interoperability - 2015 Edition ENC Certified EHR is required

2015 ONC Certified EHR is required to participate in MIPS Promoting Interoperability (PI) in 2021. Compulink Advantage software is 2015 ONC Certified and will help maximize your MIPS score.

6. Updating Your Security Risk Analysis

You must conduct or review a security risk analysis in accordance with PI Security Risk Measure objectives. Be sure to address the security encryption of ePHI data created or maintained by CEHRT. Implement security updates for the 2021 performance year and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

What About a Possible Audit?

Whether you store your data digitally or on paper, create a 2019 Quality Reporting Audit File to store all information related to the Quality Payment Program.

- Divide your data into sections for ACI, Quality, Cost and Improvement Activities
- Remember, CMS requires you to store 6 years of historical data and recommends retaining data up to 10 years