Using AQUA Registry for 2021 MIPS Reporting

**Merit-Based Incentive Payment System (MIPS) Categories:**

- **Quality Reporting**
  - Maximum Points: 60 – 70 (based on group size)
  - The ability to report on 6 out of 50 plus measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.
  - The best combination of measures that bring urologists with the highest performance scores through system optimization in reporting to the Centers for Medicare and Medicaid Services (CMS).
  - A score calculator where eligible providers can input numerator/denominator data.
  - An attestation module where providers are able to attest to the required measures.
  - The ability to earn 10 points toward the Public Health and Clinical Data Exchange objective. Clinicians must attest “yes” for “Clinical Data Registry Reporting” AND one additional measure under this objective.

- **Promoting Interoperability (PI)**
  - Maximum Points: 100
  - A score calculator where eligible providers can input numerator/denominator data.
  - An attestation module where providers are able to attest to the required measures.
  - An attestation module which allows providers the ability to attest to a series of weighted activities, geared towards improving clinical practice and care delivery.
  - The ability to select from any one of CMS’ 100+ improvement activity measures.
  - The ability to attest to certain high weight activities, only available to providers participating with a QCDR.

- **Improvement Activities (IA)**
  - Maximum Points: 40 (based on group size and location)
  - An attestation module which allows providers the ability to attest to a series of weighted activities, geared towards improving clinical practice and care delivery.
  - The ability to select from any one of CMS’ 100+ improvement activity measures.
  - The ability to attest to certain high weight activities, only available to providers participating with a QCDR.

- **Cost (Resource Use)**
  - Average score of attributable resource measures (based on group size)
  - CMS will calculate Cost performance using administrative claims data.
  - Providers are not required to submit any information for the Cost performance category.

For more information contact the AQUA Registry Team: AQUA@AUAnet.org or visit AUAnet.org/AQUA
How can you use the AQUA Registry for MIPS (Merit-based Incentive Payment System) report?

MIPS is a path to participate in the Quality Payment Program (QPP) created by CMS under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 to combine multiple value-based programs. The AQUA Registry is a “one-stop shop” to streamline the MIPS reporting process to CMS. See the table on the reverse side, to learn how the AQUA Registry can help streamline your practice’s MIPS reporting needs. If you participate in Medicare Part B, you may earn a performance-based payment adjustment through MIPS.

MIPS performance periods

Per the 2021 final rule, eligible providers are required to report on a full year’s worth of data for the Quality and Cost performance categories. Additionally, providers will be required to report on a continuous 90 day period for both the Promoting Interoperability and Improvement Activities categories.

Penalty for not reporting

Eligible providers who do not report their data will receive a financial penalty under MIPS. The maximum negative adjustment under MIPS will remain -9% for the 2021 performance year. The table below shows the maximum negative adjustments based on the practice size:

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>Maximum Negative Adjustment under MIPS* (9%, 2021 performance year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>$14,899</td>
</tr>
<tr>
<td>10</td>
<td>$148,992</td>
</tr>
<tr>
<td>20</td>
<td>$297,984</td>
</tr>
<tr>
<td>50</td>
<td>$744,959</td>
</tr>
</tbody>
</table>

*Figures are based on 2017-2018 CMS payments to urologists.

Who is eligible?

Eligible providers must bill Medicare Part B more than $90,000 annually, provide care to more than 200 individual Part B beneficiaries AND provide more than 200 covered professional services under the Physician Fee Schedule. If all three requirements are met, then the clinician must report for the 2021 performance year. Clinicians can check their eligibility status using the CMS Lookup Tool. Additionally, for MIPS you must also be a:

- Physician
- Osteopathic practitioner
- Chiropractor
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Physical therapist
- Occupational therapist
- Clinical psychologist
- Qualified speech-language pathologist
- Qualified audiologist
- Registered dietitian or nutrition professional

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