

## 2022 Top MIPS Proposed Changes

Below is a quick rundown of some major proposed MIPS changes relevant to what we use in our specialties. Most proposed changes would be effective in 2022, unless otherwise specified. Names of measures and activities are abbreviated.

### Overall Top Proposed Changes:

- Avoid the penalty at 75 pts, receive exceptional provider bonus at 89 pts.
- New small practice PI hardship reweighting policies redistribute more weight to IA than to Quality.
- Implementation of new reporting model “MVP” delayed to 2023.
- 2021 COVID-19 hardships will be application-based only.

### Top Proposed Changes by Category:

Quality (30%)	<ul style="list-style-type: none"> <li>• CMS proposes using either 2022 performance period benchmarks or 2019 benchmarks rather than benchmarks based on 2020 performance given COVID-19.</li> <li>• Removal of outcome/high priority and end-to-end reporting bonuses in 2022.</li> <li>• Removal of 3-pt floor. Measures will be scored 1-10 pts. Small practices keep 3-pt floor.</li> <li>• Two new administrative claims-based measures (not relevant to your specialty).</li> <li>• Changes to existing measures are mostly clarifications or removals.</li> <li>• 2023: Data completeness threshold to increase to 80%.</li> </ul>
PI (25%)	<ul style="list-style-type: none"> <li>• Automatic PI reweighting for small practices if no PI data is submitted.</li> <li>• New attestation would require annual <a href="#">SAFER High Priority Practices self-assessment</a>.</li> <li>• Change to Patients Electronic Access: would require patient health information to remain available to the patient to access indefinitely starting with DOS 01/01/2016.</li> <li>• Public Health and Clinical Data Exchange Objective Change: would require <i>both</i> Immunization Registry and Electronic Case Reporting (exclusions available). Attest to 1 other measure for 5 bonus pts (if reporting on objective’s required measures).</li> </ul>
IA (15%)	<ul style="list-style-type: none"> <li>• Seven proposed new IAs, including Promoting Clinician Well-Being (high-weighted).</li> <li>• 15 changes to existing IAs (Engagement of New Medicaid Patients and Follow-up).</li> </ul>
Cost (30%)	<ul style="list-style-type: none"> <li>• Five new episode-based Cost measures (relevant: Melanoma Resection, Diabetes).</li> </ul>

### Quality Measure Proposed Changes:

#### Ophthalmology

ID	Name	Measure Specific
14	AMD Dilated Macular Exam	Removal from MIPS because it is at the end of topped-out lifecycle.
19	DR Communication	Removal from MIPS because it is a standard of care process measure and does not align with the Meaningful Measures Initiative.
117	Diabetes Eye Exam	<ul style="list-style-type: none"> <li>-Added guidance to allow interpretation using AI.</li> <li>-Added denominator exclusion for patients receiving palliative care.</li> <li>-Clarified: the patient must have an active diagnosis of diabetic retinopathy during the performance year.</li> </ul>
191	Cataract Surgery 20/40 VA	<ul style="list-style-type: none"> <li>-Denominator exclusion removal: episcleritis.</li> <li>-Denominator exclusion added: homonymous bilateral field defects and generalized contraction of visual field.</li> <li>-eCQM denominator exclusion: visual cortex disorders in inflammatory disorders.</li> <li>-MIPS CQM denominator exclusion: Sector or arcuate defects, other localized visual field defects, heteronymous bilateral field defects.</li> </ul>

## Dermatology

ID	Name	Measure Specific
137	Melanoma Recall	Removal from MIPS because it does not advance quality care and, thus, does not align with the Meaningful Measures Initiative.
176	TB Screening Prior to First Course of Biologic Therapy	-Revised: Patients are considered to be receiving their first course only if they are prescribed a biologic DMARD during the performance year AND have not been prescribed a biologic DMARD in the 15 months prior to the initiation. -Added Guselkumab, Infliximab-axxq, Ixekizumad, and Upadacitinib to align with current DMARDs available to treat rheumatic disease.
265	Biopsy Follow-Up	Denominator update to clarify that: -if multiple biopsies are performed, only the first biopsy is used for this measure. -only new patients should be reported for this measure.
337	Psoriasis: TB Prevention for Patients on a Biological Immune Response Modifier	Removal from the MIPS program because it is duplicative to measure 176: TB Screening Prior to First Course Biologic Therapy.
397	Melanoma Reporting	-Added requirements for pathology reports to also include peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors. -Updated instructions: When multiple specimens from different or unique lesions are submitted and resulted in a single report, each eligible specimen must be Met for the case to be considered "Met".

## General/Other

ID	Name	Measure Specific
1	Diabetes HbA1C	Added denominator exclusion for patients receiving palliative care during the performance year.
110	Flu Immunization	For eCQM, updated measure guidance to capture patient self-reported immunization and ensure it was during the flu season.
111	Pneumococcal Vaccination	-Patient age range to be 66+ years (previously 65+ years). -Measure numerator revised to require vaccination on or after the patient's 60 <sup>th</sup> birthday or before the end of the performance year. -Only the PPSV23 vaccine will be acceptable (new ACIP guidance).
112	Breast Cancer Screening	Added denominator exclusion for patients receiving palliative care during the performance year.
113	Colorectal Cancer Screening	Added denominator exclusion for patients receiving palliative care during the performance year.
154	Falls: Risk Assessment	Removal from MIPS because it has reached the end of the topped-out lifecycle.
226	Tobacco Use	Screening and intervention would have to occur during the measurement period instead of within 12 months.

236	Controlling High BP	<ul style="list-style-type: none"> <li>-Essential hypertension timing now “starting before and continuing into, or starting during the first six months” of the performance year.</li> <li>-Added clarification: that patient obtained blood pressure readings captured via non-digital devices are not acceptable.</li> <li>-Added denominator exclusion: patients receiving palliative care during the performance year.</li> <li>-eCQM denominator exclusion removal: kidney transplant donor.</li> </ul>
238	Use of High-Risk Meds	<ul style="list-style-type: none"> <li>-Making this a multi-performance rate measure. The rate that determines your measure score is unchanged.</li> <li>-eCQM will have three rates to report, MIPS CQM will report the first two rates: 1. Percentage of patients 65+ who were ordered at least 2 high-risk medications from the same drug class. 2. Percentage of patients 65+ who were ordered at least 2 high-risk medications from the same drug class, except for appropriate diagnoses. 3. Total rate.</li> </ul>
317	High BP Screening and Follow-Up	Removal from the MIPS program for all collection types because it has reached the end of the topped-out lifecycle.
318	Falls Screening	eCQM: Updated denominator exclusion: patients who are in hospice care for any part of the measurement period.
374	Closing the Referral Loop	MIPS CQMs Specification Clarification: the first referral for a patient should be used for assessing if the referral loop was closed.

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