



MIPS 2022 – Year 6

Program Requirements & Plans for Success

Agenda

- **Review the changes in MIPS Year 6**
- **Define the reporting requirements for Quality, PI, IA & Cost in 2022**
- **Discuss upcoming program changes**
- **Provide tips and resources for preparing your clinicians for a successful reporting year**

Quality Payment Program

MIPS

- Streamlined Medicare incentive programs
- Expands participants
 - Adds flexibility

APMs

- Sets thresholds for revenue and risk
 - MIPS APMs
 - Advanced APMs

MIPS Eligibility

MIPS Eligible Clinicians

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Specialists
- CRNAs
- Physical Therapists
- Occupational Therapists
- Qualified Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dietitians/Nutrition Professionals
- **NEW Certified Nurse Midwives**
- **NEW Clinical Social Workers**

Eligibility Requirements

NOT Subject to MIPS

- EC in first year of Medicare participation
- Hospitals & Facilities (Medicare Part A)
- Medicare Advantage Plans (Medicare Part C)
- Certain APM participants
- Medicaid

No Changes for 2022

Eligibility Requirements

Have >\$90,000 in Part B allowed charges
for covered Professional Services

AND

Provide care for >200 Medicare
Part B
enrolled beneficiaries

AND

Provide >200 covered
professional
services under PFS

No Changes for 2022

Opt-In to MIPS

Providers or groups can “opt-in” to participate in MIPS 2022

- Meet at least 1, but not all 3 of the eligibility criteria
- Will be subject to +/- or neutral payment adjustment
OR – Voluntarily report – no PFS adjustment
- Virtual Groups and opt in eligible ECs will not be able to report MVPs

Must log into QPP and “opt-in”
Opt-in is irrevocable!

Determination dates

- **October 1, 2020 – Sept 30, 2021**

- ***If exempt after first period, remain exempt

- ***Special status applies if determined in either period

- **October 1, 2021 – Sept 30, 2022 (no claims runout)**

- 2nd determination period for determining status of those not in first period

- 2nd determination period used to determine Complex Patient Care bonus

Eligibility Requirements

New provider joins your practice in the last 3 months of the year

- Eligibility for the NPI will not be available on QPP – last determination period ends September 30
- If reporting as individual – can be excluded from 2021 reporting
- If billing Medicare Part B with their NPI and group TIN, and the established TIN is reporting as a group – **cannot be excluded**

Submitter Types

- **Individual** - Unique NPI/TIN
- **Group** - 2 or more ECs/NPIs who reassigned billing rights to a TIN
- **Virtual Group** - 2 or more TINs of 1-10 ECs who form a Virtual Group to report MIPS (must form group and apply by Dec 31, 2021 for 2022)
- **APM Entity**
- **3rd Party Intermediary** – acting on behalf of ECs or groups to submit data on measures and activities

Collection Types

- Medicare Part B Claims- small groups only
- CMS Web Interface – Sunsets after 2022
(for large (>25) groups)
- Electronic Clinical Quality Measures (eCQMs)
- MIPS Clinical Quality Measures (CQMs)
- Qualified Clinical Data Registry (QCDR)
- CAHPS Survey for MIPS

Submission Types

- Direct Submission
- Log in and Attest
- Log in and Upload
- Administrative Claims
- CAHPS for MIPS

Reporting 2022

Collection Types

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Quality	<ul style="list-style-type: none"> Part B Claims (Only if part of small practice) MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) 	<ul style="list-style-type: none"> Part B Claims (Small practices only) Web Interface ≥ 25 Sunsets in 2022 MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) CAHPS Survey for MIPS 	<ul style="list-style-type: none"> Web Interface ≥ 25 Sunsets in 2022 MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) CAHPS Survey for MIPS

Reporting 2022

Submission Types

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Improvement Activities & Promoting Interoperability	<ul style="list-style-type: none">• Direct• Log in and Attest• Log in and Upload	<ul style="list-style-type: none">• Direct• Log in and Attest• Log in and Upload	<ul style="list-style-type: none">• Direct• Log in and Attest• Log in and Upload

Reporting 2022

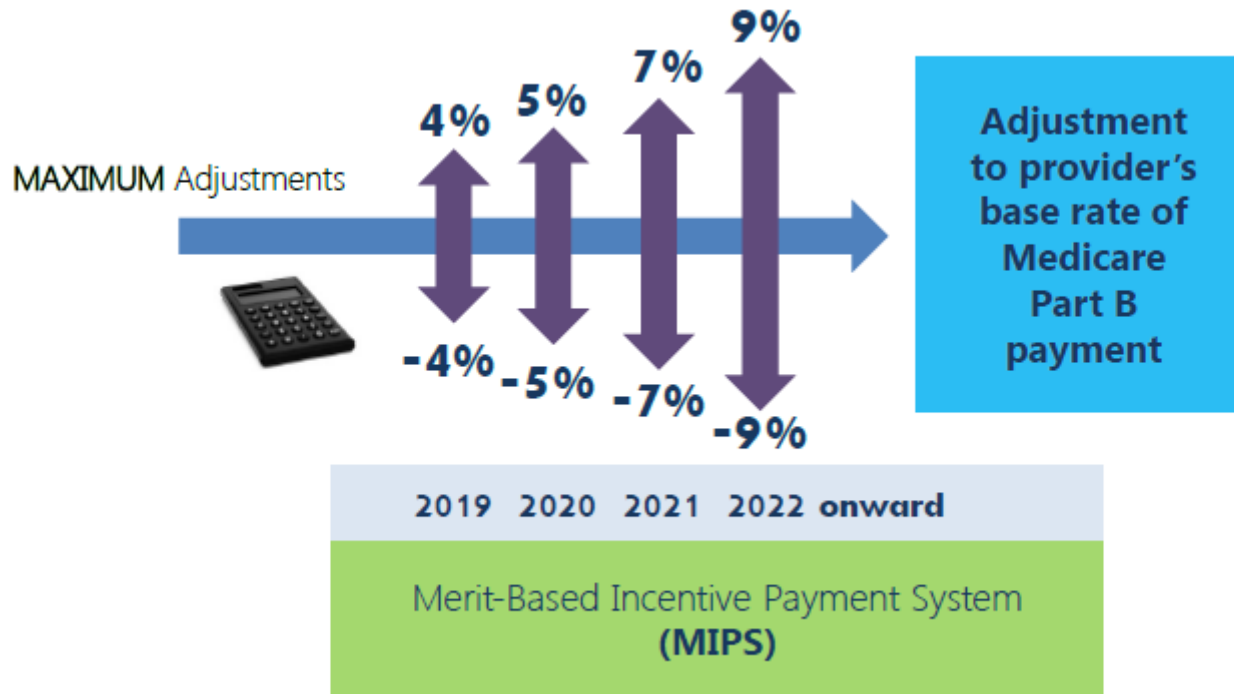
Submission Type

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Cost	Administrative Claims (No submission needed)	Administrative Claims (No submission needed)	None

Dates to Remember

- Performance period:
January 1 - December 31, 2022
- Submission deadline: March 31, 2023
- 2022 Reporting Impacts 2024 Reimbursement
- Extreme & Uncontrollable Circumstances Exception
Deadline to apply Dec. 31st for 2021 Reporting
- PI Hardship Exception
- **Deadline to apply Dec. 31st for 2021 Reporting**

Payment Year Adjustments

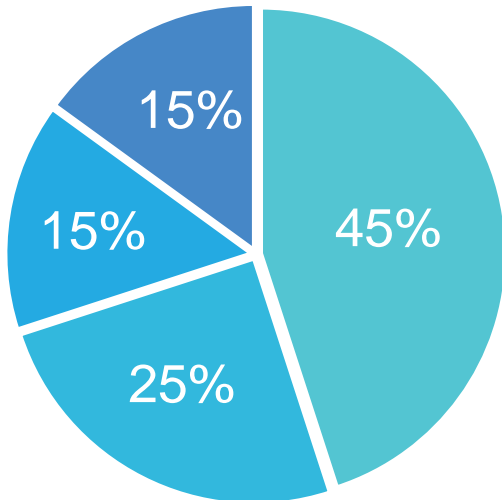


Source: Center for Medicare & Medicaid Services

Cost Category

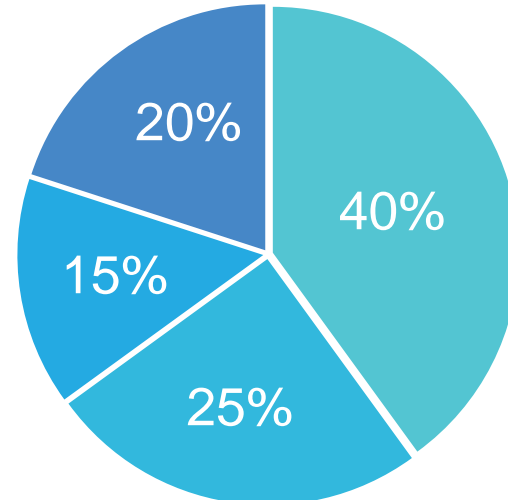
Phase in of Cost Category

MIPS 2020



- Quality
- PI
- IA
- Cost

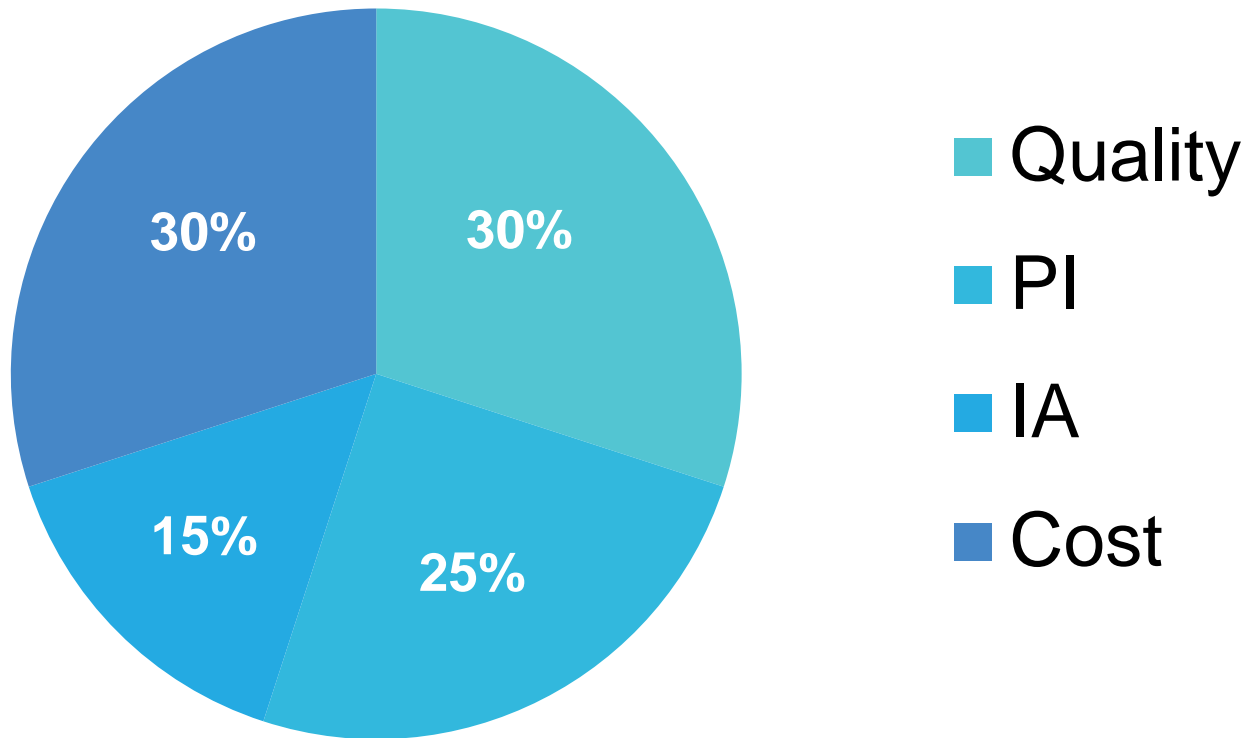
MIPS 2021



- Quality
- PI
- IA
- Cost

Category Weights

MIPS 2022



Reporting 2022

Submission Type

MIPS Category	Maximum Denominator	Percent of Composite Score
Quality	60 (or 70)	30%
PI	100	25%
IA	40	15%
Cost	N/A	30%

Category Performance Period

Quality

- 365 days – Calendar year

Promoting Interoperability (PI)

- 90 consecutive day minimum

Improvement Activities (IA)

- 90 consecutive day minimum

Cost

- 365 days – Calendar year

No Changes for 2022

MIPS Reimbursements

Reimbursement in 2024

Budget neutral program

- Penalties fund incentives
- **75-point floor**
- Score to avoid a negative adjustment
- **89 points**
- Performance threshold for 2022 for exceptional performance incentive

****Expectation that more EC's will be penalized for 2022 performance*

******Exceptional Performance Bonus ends with 2024 Payment year**

Positive adjustments are based on performance data submitted.

Reporting MIPS 2022

Performance Threshold = 75 points

“Penalty Avoidance”

- Quality Measures: Very high performance needed to meet threshold - worth 30% unless reweighted
- Full participation in all categories required
- EUC Exception/reweighting available
- Perfect scores on PI, IA & Quality will NOT exceed 75 points
- $25 + 15 + 30 = 70 + \text{Cost (0-10)}$

A quality score of 50 points = 25 quality MIPS points

- Total MIPS score - 65 points + Cost (0-10 points)

EUC Exception 2022

“We anticipate that the national COVID-19 public health emergency (PHE) will continue into 2022. We have an established application-based extreme and uncontrollable circumstances policy that will continue to be available to clinicians on the front lines of the PHE.

The extreme and uncontrollable circumstances exception application allows clinicians, groups, and virtual groups, significantly impacted by the COVID-19, to request reweighting for any or all MIPS performance categories.

Those requesting relief will need to complete the application and state that their practice has been significantly impacted by the COVID PHE. If a clinician later decides to submit data, that data submission will override the application and the clinician will be scored on the data submitted.

We believe this approach maintains a balance of encouraging participation in the QPP while still allowing those clinicians who continue to be affected by the COVID-19 pandemic to have relief from program participation through the extreme and uncontrollable circumstance application.”

Reweighting for 2022 Performance Year

TABLE 63: Performance Category Redistribution Policies Finalized for the CY 2022 Performance Period/2024 MIPS Payment Year and for Future MIPS Performance Periods/MIPS Payment Years

Reweighting Scenario	Quality	Cost	Improvement Activities	Promoting Interoperability
No Reweighting Needed				
- Scores for all four performance categories	30%	30%	15%	25%
Reweight One Performance Category				
-No Cost	55%	0%	15%	30%
-No Promoting Interoperability	55%	30%	15%	0%
-No Quality	0%	30%	15%	55%
-No Improvement Activities	45%	30%	0%	25%
Reweight Two Performance Categories				
-No Cost and no Promoting Interoperability	85%	0%	15%	0%
-No Cost and no Quality	0%	0%	15%	85%
-No Cost and no Improvement Activities	70%	0%	0%	30%
-No Promoting Interoperability and no Quality	0%	50%	50%	0%
-No Promoting Interoperability and no Improvement Activities	70%	30%	0%	0%
-No Quality and no Improvement Activities	0%	30%	0%	70%

Cost Category

Administrative Claims:

Calculated by CMS

- Total per Capita Cost (TPCC)
- Medicare Spending per Beneficiary – Clinician (MSPB-C)
- Total of **23** Episode-based measures (**5 new**)

Goal: Reduce cost of care while increasing quality of care



30%

WEIGHT

Cost Category

Tips for Cost Category

- 1) No submission needed
- 2) Analyze your 2019 & 2021 results on QPP
(no claims were calculated for 2020)
- 3) Review any interim reports from CMS
- 4) Develop plan for 2022
- 5) Utilize EUC exception if appropriate
- 6) MSPB-C or TPCC scored – 30% of score +
any episode-based measures that meet
case minimum

Improvement Activities

106 Improvement Activity options

Reward clinical practice innovation & improvement activities such as:

- Care Coordination
- Beneficiary Engagement
- Patient Safety
- Expanded Patient Access
- Population Management
- **Expanded focus on Patient Voice & Health Equity**

Rewards PCMH & APM participation



15%

WEIGHT

2022 Improvement Activities

- 7 new improvement activities
3 related to promoting health equity
- **Modified 15** current improvement activities, 11 of which address health equity
- Specifically added requirements to address racial equity
- **6 previously adopted** improvement activities **removed**

IA Category

Improvement Activity Measures

- Requirements
 1. Choose from 106 Improvement Activities Measures
 2. Report on up to 4 measures for 90 consecutive days each
 3. At least 50% of providers in group must participate in the IA
- For Maximum performance
 - Report on a combination of measures that = 40 points
 - High weight measures = 20 pts
 - Medium weight measures = 10 pts
- For small practices (≤ 15 ECs) / rural health, HPSA, MVPs
 - Double points
 - High weight = 40 pts
 - Medium weight = 20 pts

IA Category

Tips for Improvement Activities

- Confirm that >50% of providers per TIN were active participants in each IA
- Focus your improvement efforts on quality measures that you are already working on or measures pertinent to your group - **Prepare for MVPs in 2023**
- Document your starting point
- Document evidence that you worked on each IA for 90 consecutive days and the improvements made – **Keep documentation for 6 years**
- **Easiest points to get in 2022**
 - 40 points = 15 MIPS total score points

Promoting Interoperability

Use of 2015 CEHRT required

- Must meet Protect Pt Health Information/ SRA
 - 4 Objectives
 - 4-5 Required Measures
 - 100% performance based
 - **NEW SAFER Attestation**
- PDMP Bonus Available – 10 points
 - **Public Health Bonus Available – 5 points**



25%

WEIGHT

PI Category

Automatic Reweighting of PI

- Hospital-based Clinicians (>75% NPIs in TIN)
- Nurse Practitioners
- Physician Assistants
- CRNAs
- Clinical Nurse Specialists
- Ambulatory Surgical Centers
- PT, OT, Speech Language Pathologists
- Clinical Psychologists
- Qualified Audiologists
- Registered Dietician/Nutrition Professionals

NEW - Clinical Social Workers

NEW - Small Practices (<=15 providers)

SAFER Attestation / Information Blocking

SAFER Guides

MIPS ECs must attest to conducting an annual assessment of the High-Priority Guide of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

<https://www.healthit.gov/topic/safety/safer-guides>

Information Blocking

2 attestations will be removed for 2022

Modify the Prevention of Information Blocking attestation statements to distinguish this from separate information blocking policies under the Office of the National Coordinator for Health Information Technology (ONC) requirements

PI Category

2015 CEHRT PI Measures

Objective	Measures	Report Type	Max. Points
Protect Patient Health Information	Security Risk Analysis	Required Attestation	None
	SAFER Assessment		
Electronic Prescribing	e-Prescribing	Numer/Denom	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP) (<i>Optional 2022</i>)	Yes/No	10 point bonus
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Numer/Denom	20 points 20 points
	AND Support Electronic Referral Loops by Receiving and Reconciling Health Information		
	OR HIE Bi-directional Exchange	Attestation	40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Numer/Denom	40 points
Public Health and Clinical Data Exchange	Report to <u>two</u> public health agencies	Yes/No	10 points
	Immunization Registry ** Electronic Case Reporting **		
	NEW Bonus: Attest to any other Public Health Reporting		
	Clinical Data Registry Syndromic Surveillance Public Health Registry	Yes/No	5 points

Optional HIE Measure

Introduced in 2021

2021 Performance Period

<u>Objective:</u>	Health Information Exchange
<u>Measure:</u>	Health Information Exchange (HIE) Bi-Directional Exchange The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.
<u>Measure ID:</u>	PI_HIE_5

- Replaces HIE 1 - Send a Summary of Care
HIE 4 - Receive & Reconcile
- 40 Points
- Attestation

HIE Bi-directional Exchange

40 Points

Statement #1

Attest Yes or True

I participate in an HIE in order to enable bi-directional exchange to occur for every patient encounter, transition or referral and record (is)stored or maintained in the EHR during the performance period in accordance with applicable law and policy

Statement #2

Attest Yes or True

The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners, including those using disparate EHRs, and does not engage in exclusionary behavior when determining exchange partners

Statement #3

Attest Yes or True

I use the functions of CEHRT to support bi-directional exchange with an HIE.

PI Category

Tips for Promoting Interoperability

- Easier to get full category credit in 2022
- PDMP Bonus & Public Health Registry Bonuses
- Bi-directional HIE measure option – 40 points
- Reweighting available – Hardship, EUC or automatic
- Hospital-based – 75% of NPIs in TIN defined as hospital based
- Must start 90 days reporting by October 2, 2022
- **Automatic Reweighting for Small Practices**

MIPS 2021 Exception Deadlines



PI Hardship Exception

Deadline to apply:
December 31, 2021



Extreme & Uncontrollable
Circumstances Exception

Available for PY 2021 due to
PHE COVID 19
Reweighting available
Deadline to apply –
December 31, 2021

Quality Category

200 Quality measures

Part B Claims – 34 (-13)

MIPS CQMs -174 (+2, -13)

eCQMs - 48 (+1)

Web Interface -10

Measures determined annually by Nov 1st

Choose 6 measures to report

- 1 Outcome or
- High Priority measure (if no Outcome measure is available)
- Or report a specialty measure set



30%

WEIGHT

Quality Category

Quality Data Completeness

- When reporting quality measures, must meet data completeness criteria:
 - Claims – 70% of all Medicare patients eligible for a measure
 - eCQMs, MIPS CQMs, QCDR – at least 70% of all patients eligible for the measure across all payers
 - **Will remain at 70% for 2022 & 2023**

MIPS Performance Benchmarks

Vary by Collection Type

- eCQMs
- CQMs
- CMS Web Interface
- Part B Claims
- QCDR

Updated for each reporting year

Average of all submissions

Determine decile performance for MIPS Score

MIPS Benchmarks

MIPS Category	CMS ID	Measure ID	Submission Method	Measure Type	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Childhood Immunization Status	117v8	240	EHR	Process	TBD	TBD	4.76 - 6.51	6.52 - 9.08	9.09 - 13.00	13.01 - 18.17	18.18 - 23.80	23.81 - 29.32	29.33 - 41.66	>= 41.67
Diabetes: Hemoglobin A1c Poor Control	122v8	1	EHR	Outcome	TBD	TBD	54.67 - 35.91	35.90 - 25.63	25.62 - 19.34	19.33 - 14.15	14.14 - 9.10	9.09 - 3.34	3.33 - 0.01	0
Cervical Cancer Screening	124v8	309	EHR	Process	TBD	TBD	8.89 - 15.08	15.09 - 21.79	21.80 - 28.83	28.84 - 36.66	36.67 - 44.99	45.00 - 54.77	54.78 - 68.99	>= 69.00
Breast Cancer Screening	125v8	112	EHR	Process	TBD	TBD	12.41 - 22.21	22.22 - 32.30	32.31 - 40.86	40.87 - 47.91	47.92 - 55.25	55.26 - 63.06	63.07 - 73.22	>= 73.23
Pneumonia Vaccination Status for Older Adults	127v8	111	EHR	Process	TBD	TBD	14.13 - 23.25	23.26 - 33.02	33.03 - 43.58	43.59 - 53.96	53.97 - 63.60	63.61 - 74.54	74.55 - 85.52	>= 85.53
Anti-depressant Medication Management	128v8	9	EHR	Process	TBD	TBD	0.97 - 1.27	1.28 - 1.52	1.53 - 1.84	1.85 - 2.37	2.38 - 3.99	4.00 - 61.47	61.48 - 80.62	>= 80.63
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	129v9	102	EHR	Process	TBD	TBD	--	--	--	--	--	--	--	--
Colorectal Cancer Screening	130v8	113	EHR	Process	TBD	TBD	7.35 - 15.97	15.98 - 24.66	24.67 - 33.45	33.46 - 44.39	44.40 - 56.19	56.20 - 67.91	67.92 - 82.28	>= 82.29

Quality Category

Bonus Points Still Available

Category	Measures	Bonus Points	Maximum
Quality	Additional Outcome or Patient Experience Measure	2 points each	6-point max
Quality	Additional High Priority Measure	1 point each	
Quality	CEHRT Submission	1 point each	6-point max
Quality	Improvement		Up to 10 percentage points

Extra Points Removed for 2022

- **Additional Outcome measure**
- **High Priority measure bonus**
- **End to End Electronic Submission bonus**
- **3 Point Floor** – Will be Removed in **2023**
(except for small practices)

Typical eCQM MIPS Submission

Measure	Outcome Measure	High Priority	End to End Electronic	Bonus Points
Diabetes HbA1c	Required		+1	+1
Controlling High Blood Pressure	Extra Outcome +2		+1	+3
Fall Risk Screening		+1	+1	+2
Influenza Immunization			+1	+1
Documentation of Current Medications		+1	+1	+2
Breast Cancer Screening			+1	+1

Bonus Points Available 2017-2021

No longer available for 2022 - 10 Bonus Points eliminated

Coming to MIPS & MVPs in **2023**



Caution



**Report a measure
without Benchmark**

Zero points

Coming to MIPS & MVPs in **2023**



Caution



**Report a measure
that does not meet
Case Minimum**

Zero points

Coming to MIPS & MVPs in **2023**



Caution



**Report a measure
that does not meet
data completeness**

Zero points

2022 Extra Points Available

- **Quality Improvement**
Up to 10 points added to Quality score
- **Complex Patient Care Bonus**
Up to 10 points added to Total score
- **New Quality Measures** without benchmarks
- **Small Practice Bonus** (≤ 15 providers)
6 points added to Quality score numerator
- **Exceptional Performance Bonus**
 ≥ 89 points
- **EUC or PI reweighting** – Increases value of Quality (Don't report PI if reweighting is granted)

Complex Patient Bonus

NEW - Limits eligibility

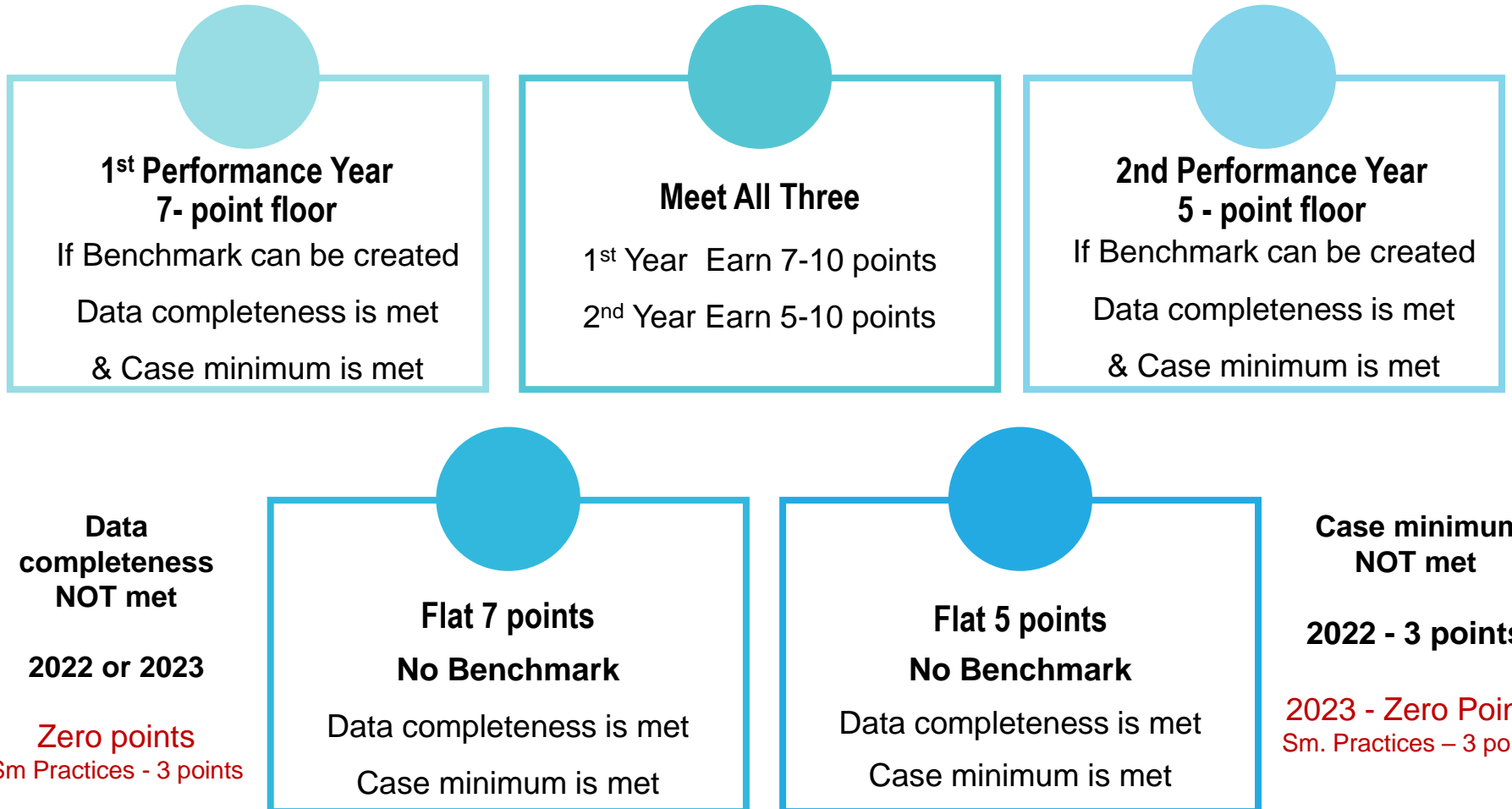
Gives additional points to clinicians with a higher share of medically and socially complex patients and does not lower the standard of care (HCC score & dual eligible)

- Increasing the bonus to a maximum of 10.0 points
- Available to clinicians, groups, virtual groups or APM Entities (**subgroups beginning with the 2023 performance year**)
- Meet the above criteria
- Submit data for at least one performance category

*****Complex Patient Bonus & Exceptional Performance Bonus
have been primary source of Fee Schedule increases for MIPS

NEW Quality Measures

Incentivizing Reporting of New Quality Measures



2022 Category Performance Weights

Traditional MIPS: Individuals, Groups, Virtual Groups

- Quality: 30%
- Promoting Interoperability: 25%
- Cost: 30%
- Improvement Activities: 15%

Traditional MIPS: APM Entities

- Quality: 55%
- Promoting Interoperability: 30%
- Cost: 0%
- Improvement Activities: 15%

APP: Individuals, Single specialty Groups, Multi-specialty Groups, APM Entities

- Quality: 50%
- Promoting Interoperability: 30%
- Cost: 0%
- Improvement Activities: 20%

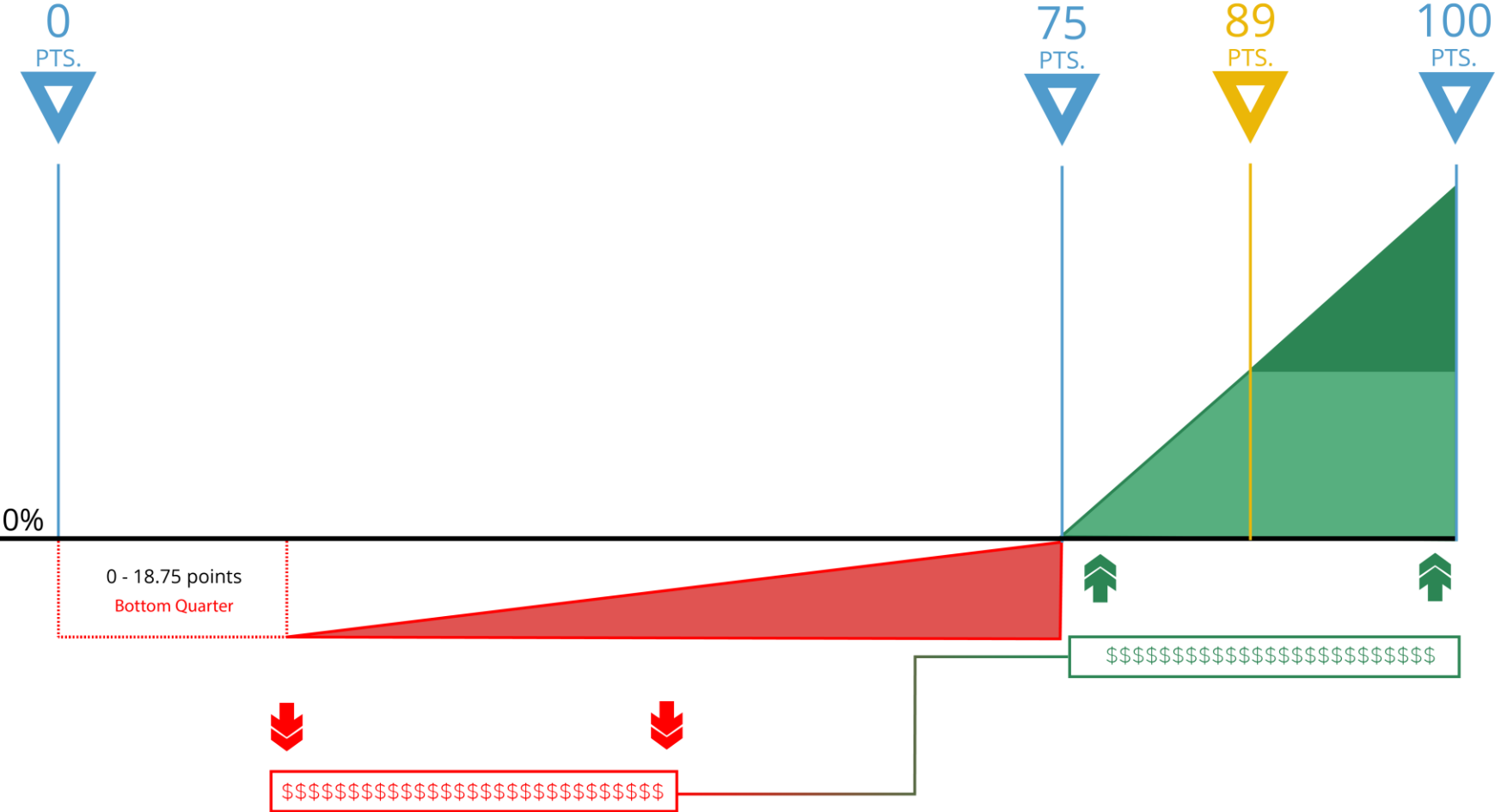
MIPS Scoring 2022

Composite Score vs Performance Threshold

Final Total Score	MIPS 2024 Fee Schedule Adjustment
0 – 18.75	-9% (Most likely those individuals or groups scoring zero)
18.76– 74.99	>-9% up to 0% (Negative adjustment)
75	0% (No adjustment – 2022 performance threshold)
75.01- 88.99	0.1- 8.9% x to maintain budget neutrality (Positive adjustment)
89 – 100	Exceptional Performance Bonus

Payment Adjustments

2022 Positive & Negative Adjustments
(2024 PY)



MIPS 2022 Scoring Hierarchy

Virtual Group for MIPS

Virtual Group score will be your MIPS Score

All other options of reporting Traditional MIPS, APP or MVPs

- Individual
- Single Specialty Group
- Multi-specialty Group
- APM Entity

Highest score will be assigned to the NPI

New Terminology

MVPs – MIPS Value Pathways

- New reporting option for 2023
- Reporting at more granular level
- Geared toward specialties

APP – Advanced Payment Model Performance Program

- Required for MSSP ACOs
- CMS Web Interface still available for 2022, 2023 & 2024
- Defined, reduced reporting requirements
- Required for all MSSP ACOs in 2025

Subgroups – Remove away from large multispecialty groups reporting on the same set of measures, which may not be relevant or meaningful to all specialists that participate within a multispecialty group

2026 - Subgroup reporting for multi-specialty groups required

MIPS Value Pathways

MVPs – Replacement for Traditional MIPS

- Improve value & decrease burden
- Inform patient choice in selecting clinicians
- Reduce barriers to moving into APMs
- Not intended to be a reporting option to avoid penalty/negative payment adjustment
- Subgroup reporting is limited to clinicians reporting through MVPs or the APP, voluntary 2023-2025

MIPS Value Pathways



MIPS Value Pathways (MVPs)

- **Optional beginning in 2023**
- 7 MVPs have been approved in the Final Rule
 - Rheumatology
 - Emergency Medicine
 - Stroke Care
 - Heart Disease
 - Anesthesia
 - Lower Extremity Joint Repair
 - Chronic Disease Management
- Traditional MIPS reporting option will continue
- **No 3-point floor** for quality measures in an MVP
- **All multi-specialty groups must do sub-group reporting by 2026**

MIPS Value Pathways

- ✓ Report 4 quality measures
- ✓ One must be an outcome measure or a high priority measure pertinent to each specialty
- ✓ CAHPS for MIPS Survey
- ✓ Improvement Activities to equal 40 Points
- ✓ Cost measures in MVP

- ✓ Choose Population Health measure (added to quality)
- ✓ Report Promoting Operability at the TIN/Group level

MIPS Value Pathways

MVPs

- Consolidate measures options around specialty
- CMS - Annual performance feedback
- Will take time to build up availability
- Be aware of registration requirements
- Understand the timeline – No changes allowed after November 30
- Optional to start MVP reporting in 2023
- MIPS score vs MVP score – highest score awarded
- 1 year delay in posting performance

MIPS Value Pathways

- Register for the MVP between April 1 - November 30 of the performance year
- CAHPS for MIPS Survey associated with an MVP - Deadline to register is June 30
- Voluntary reporters, opt-in eligible clinicians, and virtual groups won't be able to report through an MVP for the 2023 performance year, due to implementation challenges.
- Zero points for any measure reported without a benchmark or that does not meet case minimum
- Exception: Small practices will continue to earn 3 points

MIPS Value Pathways

Final Rule

Link to approved MVPs Inventory – Page 1719

<https://public-inspection.federalregister.gov/2021-14973.pdf>

Subgroup Reporting

- Voluntary 2023 – 2025
- When choosing an MVP – each specialty must have a pertinent outcome or high priority measure to their specialty
- CMS will score 4 highest scoring quality measures
- Will not receive any points if an MVP measure is not reported
- TIN must meet low volume threshold
- Inherit eligibility status & special status determinations from TIN/group
- Report PI at TIN level
- Improvement Activities receive double weighting
- Population health measure – added to quality score
- Public reporting of sub-groups starting in 2024

TABLE 46: Example to Demonstrate Subgroup Participation

Subgroup Example	Measures and Activities in the MVP
<p>Subgroup #1 (Anesthesiologists): <i>Patient Safety and Support of Positive Experiences with Anesthesia</i></p>	<p>Quality Performance Category Q477: Multimodal Pain Management (MIPS CQMs Specifications) AQI48: Patient-Reported Experience with Anesthesia (QCDR) AQI69: Intraoperative Antibiotic Redosing (QCDR) AQI70: Prevention of Arterial Line-related Bloodstream Infections (QCDR)</p> <p>Improvement Activities Performance Category IA_BE_22: Improved practices that engage patients pre-visit (Medium) IA_BMH_2: Tobacco use (Medium)</p> <p>Cost Performance Category Medicare Spending Per Beneficiary (MSPB) Clinician</p>
<p>Subgroup #2 (Certified Registered Nurse Anesthetists): <i>Patient Safety and Support of Positive Experiences with Anesthesia</i></p>	<p>Quality Performance Category Q404: Anesthesiology Smoking Abstinence (MIPS CQMs Specifications) Q424: Perioperative Temperature Management (MIPS CQMs Specifications) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy (MIPS CQMs Specifications) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) (MIPS CQMs Specifications)</p> <p>Improvement Activities Performance Category IA_BE_22: Improved practices that engage patients pre-visit (Medium) IA_BMH_2: Tobacco use (Medium)</p> <p>Cost Performance Category Medicare Spending Per Beneficiary (MSPB) Clinician</p>
<p>Subgroup #3 (Orthopedic Surgeons): <i>Improving Care for Lower Extremity Joint Repair</i></p>	<p>Quality Performance Category Q350: Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy (MIPS CQMs Specifications) Q351: Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (MIPS CQMs Specifications) Q376: Functional Status Assessment for Total Hip Replacement (eCQM Specifications) Q470: Functional Status After Primary Total Knee Replacement (MIPS CQMs Specification)</p> <p>Improvement Activities Performance Category (~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium) IA_CC_13: Practice improvements for bilateral exchange of patient information (Medium)</p> <p>Cost Performance Category Elective Primary Hip Arthroplasty Knee Arthroplasty</p>

Foundational Layer

Population Health Measures

Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups (Administrative Claims)

Promoting Interoperability (PI) Performance Category

APM Performance Pathway (APP)

What does reporting through the APP mean?

QPP is where the APP submission will be done

Reporting a predetermined group of 6 measures to CMS:

- 3 Quality Measures
- Depression, HbA1c & Controlling High Blood Pressure
- 2 Administrative Claims Quality Measures
- 1 CAHPS Survey

APM Performance Pathway (APP)

Who is eligible to report through the APP?

Any MIPS eligible clinician participating in a MIPS APM

On a participation list, or affiliated practitioner list, of any APM Entity

They are on the list in **1** of the **4** snapshot dates in **2022**

March 31

June 30

August 31

December 31

APP Administrative Claims Quality Measures

Hospital-Wide, 30-Day
All-Cause Unplanned
Readmission (HWR)
Rate for MIPS Eligible
Groups

Risk Standardized,
All-cause Unplanned
Admissions for
Multiple Chronic
Conditions for MIPS

APM Performance Pathway

The APP is required for Shared Savings Program ACOs in 2022

- The ACO can choose to report 10 Web Interface measures or APP pre-determined measures in 2022
- MIPS Eligible Clinicians in those ACOs/APMs must report to MIPS

Clinicians participating in a MIPS ACO/APM can:

1. Report through their ACO/APM entity that will use APP to report
2. Report through APP outside of the ACO (on QPP)
3. Participate in traditional MIPS outside of APP at the individual level
4. Participate in traditional MIPS outside APP at the group level

APM Performance Pathway (APP)

SUBGROUPS

MIPS eligible clinicians can report the APP as a subgroup, beginning with the 2023 performance year

The definition of a subgroup and eligibility to participate as a subgroup are the same for MVP and APP reporting.

Subgroups will consist of “a subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group TIN, the subgroup identifier, and each eligible clinician’s NPI.”

Subgroups will inherit the eligibility and special status determinations of the affiliated group (identified by TIN).

To participate as a subgroup, the TIN will have to exceed the low volume threshold at the group level, and the subgroup will inherit any special statuses held by the group, even if the subgroup composition won’t meet the criteria. Subgroups won’t be required to register for reporting the APP.

The 3-point floor for scoring measures (with some exceptions for small practices), removed beginning with the 2023 performance period.

2022 Successful Reporting Options

Report MIPS as a group/TIN

- Score 75 points or more to avoid penalty
- Aim for score >89 point for EP Bonus
- Utilize EUC exception if appropriate
- Understand the reweighting affect on score

Example: Claim EUC for Cost

Ex. A quality score of 50 points = 25 quality MIPS points (30% of score)

- Total MIPS score - 65 points + Cost (0-10 points)

Rewighted

<i>Quality</i>	<i>55%</i>	<i>= 45.83 points</i>	<i>Total MIPS Score</i> <i>90.83 points</i>
<i>PI</i>	<i>30%</i>	<i>= 30 points</i>	
<i>IA</i>	<i>15%</i>	<i>= 15 points</i>	

Other Options for 2022

- 1) Report MIPS as TIN/group *and*
Report MIPS as an individual
- 2) If part of an ACO: Report through ACO *and*
Report MIPS as TIN/Group
- 3) If part of an APM entity
Report MIPS as TIN/Group *and*
Report APP as TIN

Begin to explore sub-groups and MVPs

Highest score will be attributed to your TIN or TIN/NPI

Tips & Resources

- If you receive reweighting of the PI category and you submit PI data, you will be scored on the data submitted
- If you receive EUC category reweighting and you submit data for any of those categories, you will be scored on data submitted
- Read 2020 & 2021 QPP report – determine which special statuses and bonuses were earned for 2020 & 2021 and which cost measures were calculated (good prediction for 2022)

Remember: Targeted review must be requested within 60 days of release of 2021 performance feedback

What's to come?

How will you report in 2023?

Start planning now for 2023, when CMS Web Interface reporting will no longer be an available reporting option.

1. Decide the type of measures to submit
 - eCQMs vs CQMs vs Part B Claims
2. Decide program – MIPS, MVPs, APP, sub-groups
3. Remember that Complex Patient Bonus may not be available!
4. Interview Vendors - Verify Certification, reliability, KLAS Ratings, Customer recommendations
5. Select a Partner to assist you to maximize performance
6. Plan for Success!

Tips & Resources

CMS QPP website – (qpp.cms.gov)

- Measure Selection Tools
- Program Information
- Participation Status Look –up
- Resource Library

Medisolv.com

- Blogs
- Educational Webinars
- Regulatory Updates
- Customer Stories and more...

Questions & Answers



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