Proposed Updates to the Quality Payment Program for 2022

CMS continues to advance the Quality Payment Program forward with many proposals related to the Merit-Based Incentive Program (MIPS) and the transition to MIPS value pathways.

Traditional MIPS

CMS is not proposing any changes to the program's Low-Volume Threshold for MIPS eligibility. Individual providers enrolled in Medicare will be required to report to MIPs if they reach all of the following benchmarks:

- $90,000 in Medicare part B billings
- See 200 or more Medicare beneficiaries
- Perform 200 or more Medicare covered services

As required by the Medicare Access and CHIP Reauthorization Act (MACRA), CMS is required to set category performance rates for Quality and Cost at equal levels by 2022. Additionally, CMS is also required to set points needed to avoid a penalty and to be considered an 'exceptional performer' based on the mean and median performance rates across MIPS participants. As such, CMS is proposing the following changes to category weighting:

Category Weighting	2022 Proposed	Current 2021 Weights
Quality	30%	40%
Cost	30%	20%
Promoting Interoperability	25% (no change)	25%
Improvement Activities	15% (no change)	15%
Performance Thresholds	**2022 Proposed**	**Current 2021 Thresholds**
Penalty	75 points	60 points
Exceptional Performer	89 points	85 points
Maximum Payment Adjustment	+/- 9% (no change)	+/- 9%

Scoring Changes

- **New measures** – CMS is proposing to establish a 5-point minimum floor for the first 2 performance periods when new measures are introduced. This will allow participants to earn more points for reporting new measures versus the current scoring logic which requires a benchmark to be established.
- **3 Point Floor** – CMS is proposing to remove the 3-point floor for all measures, except for Small Practices who would continue to earn 3 points. Currently, measures that are not able

to be scored based on performance contribute 3 points towards the quality score. If finalized, measures with benchmarks would earn 1- 10 points, measures without a benchmark or that do not meet case minimums would earn 0 points.

- **Quality Measure Bonus Points –** CMS is proposing to remove the additional bonus points given for reporting extra high-priority measures and/or end-to-end reporting (EHR measures). Currently, participants earn an extra 1 point for each extra high-priority measure reported beyond what is required by CMS.
- **Complex PT Bonus -** CMS is proposing to continue the complex patient bonus flexibilities due to the COVID-19 pandemic and double the potential amount of this bonus, increasing it to a maximum of 10 points. The complex patient bonus is calculated based off of HCC/ICD-10 coding and applied towards the final MIPs score.
- **Small Practice Category Weighting -** CMS is proposing to add Small Practices to the clinician types exempted from participation in the Promoting Interoperability category. If finalized, CMS is proposing to redistribute performance category weights for Small Practices as followed:
    - Quality: 40%
    - Cost: 30%
    - Improvement Activities: 30%

  Under this adjusted category weighting, participants that cannot be scored in the Cost category will have their final MIPS score weighted at **50% for Quality and 50% for Improvement Activities**.

Quality Measure Inventory

CMS is proposing the removal of 19 Quality measures for the 2022 performance year. Of the measures suggested for removal, several are commonly reported by Radiologists:

#21: Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin
#23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
#144: Oncology: Medical and Radiation - Plan of Care for Pain
#154: Falls: Risk Assessment
#195: Radiology: Stenosis Measurement in Carotid Imaging Reports
#225: Radiology: Reminder System for Screening Mammograms
#317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

The Future of MIPS

In this year's rulemaking, CMS provides a clearer picture into the future 'value pathways' structure which will be available for reporting beginning with the 2023 performance year. MIPS Value Pathways (MVPs) are a standard set of measures across all performance categories that are tied to a specific disease or specialty area. Under an MVP, participants would select from a smaller list of measures defined within the MVP instead of choosing from full library of measures approved for use in the

program. MVPs also require less reporting for the Quality category compared to traditional MIPS, reducing the number of measures reporting from 6 to 4.

CMS is proposing 7 MVPs to be available in 2023 which cover the following specialties or illnesses:

- Rheumatology
- Stroke Care and Prevention
- Heart Disease
- Chronic Disease Management
- Emergency Medicine
- Lower Extremity Joint Repair
- Anesthesia

As CMS moves forward with this new approach to MIPS, they are seeking comment on the sunsetting of 'traditional MIPS' at the end of the 2027 performance period.