

2022 MIPS

CMS Proposal Raises the Penalty Threshold Bar

In July, CMS released the 2022 Medicare Physician Fee Schedule (MPFS) Proposed Rule, which also governs the Quality Payment Program (QPP)/Merit-Based Incentive Payment Program (MIPS) for healthcare providers. The combination of CMS's proposals, statutory requirements enacted under MACRA, and current program policies mean more providers may find themselves experiencing penalties as a result of the **2022** performance year.

2022 Penalty Threshold – 75 points

As required by the 2015 Medicare Access and CHIP Reauthorization Act of 2015, the MIPS program must set the penalty as well as exceptional performer point thresholds based on mean/median participant performance by 2022. In essence, with this change, providers are now competing against one another rather than against a set point value determined by CMS. Provider performance has remained high since the beginning of the program in 2017. For 2022, MIPS participants will need to earn **75 pts** to avoid a penalty.

Quality Category Scoring Proposals

Bonus Points – With the exception of the Small Practice Bonus that grants 6 points towards the Quality category score, CMS is proposing to remove additional bonus points for reporting extra high priority, outcome, or EHR based measures. Under current scoring rules, these bonus points that are based on the types of measures reported to the program can contribute up to 6 additional points to the category score.

Removal of the 3- point Floor – With the exception of Small Practices, CMS is proposing to no longer grant a minimum of 3 points for reporting Quality measures to the program. If finalized in 2022, measures *with an established benchmark* will be worth anywhere between 1- 10 points instead of 3-10 points. Measures without a benchmark or that fail to meet the required case minimum of 20 cases will return 0 points. Those without the Small Practice special status should be careful with individual level submissions to make sure providers can reach the required number of cases on their own.

Capped/Topped Out Measures

Independent of the scoring proposals within next year's fee schedule, many MIPS participants must also contend with the challenge of reaching the penalty threshold using 'topped out' measure with reduced points.

A quality measure is considered 'topped out' when overall participant performance is very high with little variation between the highest and lowest reporters. When a measure becomes 'topped out', even

one encounter failing to meet the measure’s performance will lower the number of points returned significantly.

The scoring for measure 225: Mammography Reminder System, is a perfect example of how points can drastically drop from 10 to 3 for anything other than perfect performance:

Measure	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out	7 Point Cap
225: Mammography Reminder System	0-99.99	-	-	-	-	-	-	100	Y	N

Once a measure is declared as ‘topped out’, CMS can lower the maximum points returned from 10 to 7 points and eliminate measures from the program. Many measures reported by specialties, such as Radiology or Pathology, have been available since the start of the MIPs program and have become topped out and capped at 7 points.

Measure Inventory Updates

CMS updates which measures are available for reporting under MIPs through annual rulemaking, meaning practices need to keep track whether or not their measures are still reportable from year to year. CMS has been actively working to streamline the measure inventory available to ensure quality measures are meaningful to clinical practice, resulting in continued reductions in reportable measures from year to year. Depending on participant specialty or practice mix, there may be limited options for replacing removed measures. **The measures proposed for removal in 2022 are:**

#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
#21 Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin
#23 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
#44 Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
#50 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
#67 Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemia
#70 Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
#137 Melanoma: Continuity of Care – Recall System
#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
#337 Psoriasis: Tuberculosis (TB) Prevention
#342 Pain Brought Under Control Within 48 Hours
#429 Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy
#434 Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair
#444 Medication Management for People with Asthma

Combined Impact

With the intricacies of the MIPS program, not all participants face the same hurdles. Participants reporting quality measures that have become topped out and capped might not have alternative measures to report. Adding in the potential removal of bonus points, and the 3-point floor in 2022, means some will be required to meet the penalty threshold with fewer opportunities to earn points. Factor in the annual removal of measures and these opportunities could become even more limited.

Using a non-small practice Radiology group as an example, we can estimate a ‘worst-case’ scenario if all proposed scoring scenarios and measure removals are finalized. In this example, the group reports as a group and uses measures: 21, 23, 76, 145, 147, 195, 225, 405, 406, 418, and 436. The group has achieved high performance for six measures but struggles with reaching case minimums for the remaining measures. Additionally, they report one measure (405) without a benchmark which returns the 3-point floor towards their score. This group is exempt from the Promoting Interoperability Category and is not scored on Cost resulting in Quality making up 85% of their total score.

2021 MIPS Scenario			2022 MIPS Scenario		
Measure	Performance	Points	Measure	Performance	Points
225*	100%	10	147	100%	7
76	100%	7	76	100%	7
147	100%	7	145	99.95%	4
195*	100%	7	436	99.05%	1
145	99.95%	6	406 *under case minimum	100%	0
436	99.05%	3	405 * no benchmark	34%	0
High Priority Bonus Points		6	High Priority Bonus Points		N/A
Total Points		46/60	Total Points		19/60
Quality Category Performance		76%	Quality Category Performance		31%
<p>*Proposed for removal **Under case minimum of 20 required for scoring ***No benchmark for the performance period This group would receive a penalty in 2022 in this example.</p>					

In this scenario, the group would want to consider adding measures 360 and 364 to their repertoire to make up for measures under case minimum. However, without the extra bonus points normally available, this group still needs to earn **at least** 7 points for each of the 6 measures comprising their quality score to reach enough points to avoid a penalty.

All Things Considered

Participants can take actions now to help prepare ahead of the release of the final rule, expected in November or December.

MIPs participants should review current performance to determine how much of their quality score relies on the 3-point floor and bonus points. Those with the Small Practice special status could see a loss of up to 6 bonus points but will not be impacted if CMS finalizes the removal of the 3-point floor. Participants in larger groups of 16 or more clinicians will face larger point reductions depending on their performance and which measures are reported.

As of the 2021 performance year, a minimum of 50% performance for the Quality category is necessary to avoid a penalty across all score weighting scenarios. This will remain the same for 2022 for Small Practices and non-Small Practice participants that are scored on Cost. For larger groups that are only scored on Quality and Improvement Activities, a common score weighting scenario for specialties, Quality category performance will need to reach minimum of 70% to avoid a penalty.

Look for areas of opportunity to improve measure performance and make updates to workflows and documentation now. If you haven't been putting effort towards the program already, even a few months of preparation ahead of the next performance year can prove advantageous. Remember that, if reporting topped out measures, you'll need to achieve perfect performance to maximize the points earned as anything below 100% will reduce the amount of points earned.

As always, ADVOCATE will continue to keep you informed on the issues impacting medical groups as they develop.

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