Final Updates to the Quality Payment Program starting 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 **did not** make 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 Final	Current 2021 Weights
Quality	30%	40%
Cost	30%	20%
Promoting Interoperability	25% (no change)	25%
Improvement Activities	15% (no change)	15%
Performance Thresholds	**2022 Final**	**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 had originally proposed to establish a 5-point minimum floor for the first 2 performance periods when new measures are introduced, addressing the disincentive of reporting new measures to the program that return few points. CMS deviated from their proposal and has finalized new minimum scores for the first two performance years after a measure is incorporated into the program. New measures will be eligible to earn 7 – 10 points for the first performance year and 5-10 points for the second performance year. The update is beneficial to participants looking to adopt measures that are brand new as it allows for a significantly higher point return as compared to current policies.
- **3 Point Floor** – CMS has opted against removing the 3-point floor for the 2022 performance year, instead delaying this provision to **2023**.
    - **In 2023, measures with a benchmark would earn 1- 10 points, measures without a benchmark or that do not meet case minimums would earn <u>0 points</u>**
- **Quality Measure Bonus Points –** CMS has removed the additional bonus points given for reporting extra high-priority measures and/or end-to-end reporting (EHR measures). The current performance year will be the last where participants earn an extra 1 point for each extra high-priority measure reported beyond what is required by CMS. Participants should anticipate a reduction to the Quality category score of up to 6 points.
- **Complex PT Bonus -** CMS has finalized their proposal to increase the complex patient bonus to be worth a maximum of 10 points toward the final MIPs score. For the 2021 performance year, the bonus will be calculated similarly to 2020. The calculation will change in 2022 which will limit the bonus to clinicians who have a median or higher value for at least 1 of the 2 risk indicators measured within the bonus and target providers with a higher share of medical or socially complex patients.
- **Small Practice Category Weighting -** CMS has added Small Practices to the clinician types exempted from participation in the Promoting Interoperability category. CMS also finalized an adjusted score weighting policy for the special status so final scores will now be weighted as:
    - 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 has removed 15 Quality measures for the 2022 performance year. Of the measures removed, several are commonly reported by Radiologists:

#14 Age-Related Macular Degeneration (AMD): Dilated Macular Examination
#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
#154 Falls: Risk Assessment
#195 Radiology: Stenosis Measurement in Carotid Imaging Reports
#225 Radiology: Reminder System for Screening Mammograms
#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

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 has finalized 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

For our summary of the main provisions of the final rule, **CLICK HERE**

As always, ADVOCATE will keep you up to date on this and all issues impacting medical groups as they become available.

Kayley Jaquet

Manager, Regulatory Affairs