

# Merit-Based Incentive Payment Program (MIPs) 2022

## Updates for Large Practices

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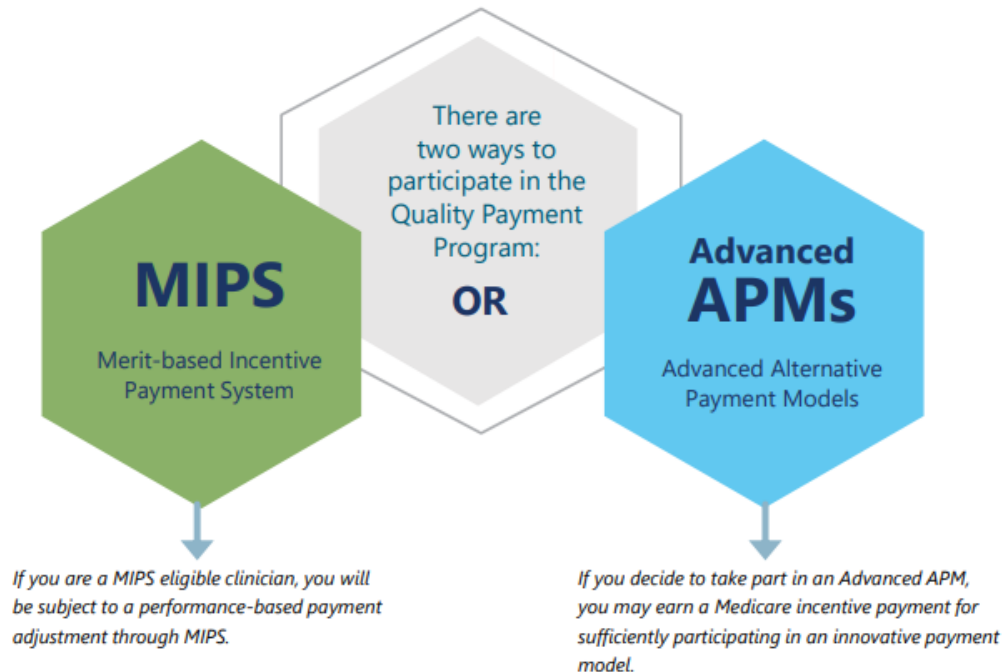
# Agenda

- **MIPs Program Recap: How did we get here?**
- **2022 Performance Year Updates**
  - Thresholds and Category Weights
  - Category Specific Changes
  - Magic Numbers and Scoring Example
- **2022 Performance Year Considerations**
  - Quality Category Critical to Score
  - Submission Factors
  - Penalty Mitigation

# MIPs Program Recap: How did we get here?

# MIPS Recap

The Quality Payment Program was established by the Medicare Access and CHIP Reauthorization Act of **2015** (MACRA) with the intent to reward clinicians for providing high-quality, low-cost care to Medicare beneficiaries.



# MIPS Recap

The QPP program established **MIPS** as the replacement for **PQRS** as Medicare's primary quality reporting program in **2017**.

MIPS is a **budget neutral program** that offers participants the opportunity to earn a payment adjustment based on a total program score comprised of four performance categories:



# MIPS Recap

Clinicians enrolled in **Medicare** for *at least 1 year* who meet **all** elements of the QPP's **low volume threshold as an individual** must participate in MIPS

- **Low Volume Threshold (LVT):**
  - **\$90,000 in Medicare Part B**
  - **200+ Medicare Part B Services**
  - **200+ Medicare Part B Beneficiaries**

**Interactions with Alternative Payment Models shift QPP eligibility and reporting responsibilities**

# MIPS Recap

## Historical Performance Year Thresholds

Performance Year	Payment Year	Max Payment Adjustments	Performance Threshold	Exceptional Performance Threshold	Payment Adjustments
2017	2019	(+/-) 4%	3 pts	70 pts	1.88%
2018	2020	(+/-) 5%	15 pts	70 pts	1.68%
2019	2021	(+/-) 7%	30 pts	75 pts	1.79% 4.67% **
2020	2022	(+/-) 9%	45 pts	85 pts	2.20% 6.25% **
2021	2023	(+/-) 9%	60 pts	85 pts	6 – 8 % **

Performance category requirements have also 'ramped up' along with performance thresholds since start of program

**\*\*COVID PHE significantly reduced availability of positive adjustments**





# MIPS Recap

## Quality Category

### Topped-out/Point-capped Measures

- **Topped-out measures** -the national median performance rate is so high that there is no meaningful difference in performance between clinicians.
  - **Even 1 encounter failing to meet a measure's criteria will lower the amount of points returned significantly**
- **Point-capped measures** –after a measure is considered ‘topped-out’, CMS may apply a point cap to lower the **maximum points from 10 to 7**
  - All measures with a point-cap are also topped-out

# 2022 Performance Year Updates

# MIPS Program Updates

## Performance Thresholds and Category Weights

Performance	2021	2022	Change
Penalty	60	75	+15 pts
Exceptional Performer*	85	89	+4 pts
Maximum Payment Adjustment	+/- 9%	+/- 9%	None
Category Weights			
Quality	40%	30%	- 10%
Cost	20%	30%	+10%
Promoting Interoperability	25%	25%	None
Improvement Activities	15%	15%	None

**\*\*2022** is the **LAST** year to earn the **exceptional performer** bonus

# MIPS Program Updates

## Cost Category

- **5 new episode-based cost measures**
  - Melanoma Resection
  - Colon and Rectal Resection
  - Sepsis
  - Diabetes
  - Asthma/Chronic Obstructive Pulmonary Disease [COPD]
  
- **CMS will now allow externally developed Cost measures into the program**
  - Call for measures to be added in the 2024 performance year

# MIPS Program Updates

## Improvement Activity

- Added new criteria for nominating new activities
- CMS now has the ability to suspend Improvement Activities during a performance period
  - In the case that patient care is at risk due to the activity
- 7 new activities proposed, 6 current activities removed:
  - IA\_BE\_13
  - IA\_BE\_18
  - IA\_PSPA\_11
  - IA\_BE\_20
  - IA\_BE\_17
  - IA\_BE\_21

# MIPS Program Updates

## Quality Category

- **4 new quality measures**

- **1 Administration Claims Based**

- Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
  - **For groups of 16 + clinicians**

- **3 Reportable Measures**

- Intravesical Bacillus Calmette-Guerin (BCG) for non-muscle Invasive Bladder Cancer – **eCQM reporting**
- Hemodialysis Vascular Access: Long term care rate – **MIPS CQM (registry) reporting**
- Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure – **MIPS CQM (registry) reporting**

# MIPS Program Updates

## Quality Category

- **Increased point floors for NEW measures**
  - Measures **NEW** to MIPS would earn a minimum of 7 points during first performance period available, 5 points during second
  - **If benchmarked, measures would return between up to 10 points once DC and case minimum is met**
- **Removal of measure related bonus points**
  - **Outcome Bonus** - 2 bonus points will be given for each additional outcome or patient experience measure reported
  - **High Priority Bonus** - 1 bonus points will be given for each additional high priority measure reported
  - **End-to-end Bonus** - 1 point given for each measure that's collected in 2015 Edition CEHRT and submitted to CMS without manual manipulation

# MIPS Program Updates

## Bonus Points Still Available:

- **Complex Patient Bonus**
  - **Max of 10 pts towards total score**
    - 2020/2021 Complex PT Bonus should be indicator of points
    - **CMS permanently expanded this bonus, altered methodology starting 2022**
- **Quality Improvement Bonus**
  - **Awarded for improving quality measure performance between performance years**
    - **Up to 10% of category score**



# MIPS Program Updates

## Quality Measures Removed

#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

#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

# MIPS Program Updates

## Putting It All Together

- **The penalty threshold has gone UP with fewer ways to earn points**
  - Topped out/capped measures, bonus points
- **Providers who participate in all four performance categories can look to PI category to help balance Quality**
- **Providers who have COST and PI reweighted to Quality have a big challenge**
  - Common for specialties – Radiology, Anesthesia
    - **Quality = 85% , Improvement Activities = 15%**

# MIPS Program Updates

## Magic Quality Numbers for 2022 – *if not scored on Cost or PI*

Goal	Non-Small Practices
<b>Avoid Penalty</b> <u>75 points</u>	<b>42/60 points for the <u>Quality</u></b> <ul style="list-style-type: none"><li>Average of 7 pts per measure</li><li><b>OR</b></li><li>6 capped measures at 100% met</li><li>Complex Patient Bonus still needed to reach threshold</li></ul>
<b>Exceptional Performer</b> <u>89 points</u>	<b>48+/60 points for <u>Quality</u></b> <ul style="list-style-type: none"><li>Average of 8.75 pts per measure</li><li>Need at least two 10 pt measures and 100% performance met</li><li>Complex Patient Bonus still needed to reach threshold</li></ul>

# 2021 v 2022 Scoring Example

## Radiology Group

Practice	MIPS Year	Small Practice	Applicable Quality Measures	Quality Points	Quality Bonus	Quality Total	Quality Score	Cost Score	Improvement Activity Score	Promoting Interoperability	Estimated Composite Score
Example B	<u>2021</u>	N	12	42	6	48	68.00	--	15.00	--	83.00

## Quality

Measure	Submission Totals					Performance				Points	Bonus Points
	Population	Performance Met	Performance Not Met	Exclusion	Exception	Numerator	Denominator	PERF %	REGISTRY AVG PERF %		
Mammography: Reminder System #225	11368	11368	0	0	0	11368	11368	100.0000%	99.78%	10	1
Nuclear Medicine #147	429	429	0	0	0	429	429	100.0000%	94.09%	7	1
CVC Insertion #76	434	434	0	0	0	434	434	100.0000%	99.08%	7	
Carotid Imaging #195	1632	1631	0	0	0	1631	1631	100.0000%	98.35%	7	
Fluoroscopy #145	3191	3181	1	0	0	3181	3182	99.9686%	82.83%	6	1
Radiation Dose Lowering #436	51517	51498	5	0	0	51498	51503	99.9903%	88.52%	5	
Ionizing Radiation: Followup CT for Pulmonary Nodules #364	343	309	30	0	0	309	339	91.1504%	52.96%	3	1
Venous Thromboembolism #23	209	63	146	0	0	63	209	30.1435%	22.10%	3	1
Selection of Prophylactic	298	42	238	0	18	42	280	15.0000%	13.76%	3	1
Follow-up: Thyroid Nodules #406*	24	2	22	0	0	2	24	8.3333%	5.71%	3	
Follow-up: Abdominal Lesions #405	372	56	316	0	0	56	372	15.0538%	11.83%	3	
Osteoporosis: Women with Fracture #418	45	36	8	0	0	36	44	81.8182%	19.82%	3	

# 2021 v 2022 Scoring Example

## Radiology Group

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Example B	<u>2022</u>	N	8	31	N/A	31	43.91	--	15.00	--	58.91

## Quality

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# 2022 Performance Year Considerations

# 2022 Considerations

## Quality Performance Critical

- **Fewer ways to earn points needed to avoid penalty**
  - Topped Out measures extremely common, some specialties left with very limited options
- **Review quality measure requirements and keep track throughout year**
  - Ensure documentation requirements are understood and update workflows as needed

# 2022 Considerations

## Submission LEVEL – group vs individual

- **MIPs allows for multiple submission levels and will take the highest score when applying payment adjustments**
  - Individual, Group, Virtual Group, APM Entity
- **Individual vs Group submission should be considered**
  - Group score applies to ALL NPI's under a TIN
  - Individual score only applied to individual NPI under TIN
    - Reporting only individuals who MUST report may be best option if concerned of a penalty



# 2022 Considerations

## Payment Adjustments Are SCALEABLE

- **The closer a final score is to the performance threshold, the smaller the payment adjustment is +/-**
- **Final scores of 0 – 20 pts will have the maximum -9% applied**
- **Even if a penalty can not be avoided, it can be mitigated**
  - Consider looking at other areas of revenue cycle to make up losses

# 2022 Considerations

## Look ahead to 2023 and MVPs

- **MVPs – MIPs Value Pathways – new reporting structure available that will eventually replace ‘traditional MIPs’**
  - **Standardizes sets of measures/activities under a specialty or disease**
    - **Participants pick what they want to report from the MVP instead of ALL available measures/activities**
  - **Requires less data submission compared to regular MIPs**
- **Avoiding penalty will still be difficult but potentially less burdensome**

# Thank you!

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