Merit-Based Incentive Payment Program (MIPs) 2022

Updates for Small Practices

March 10th 2022

2:00 pm EST

ADVOCATE

REVENUE CYCLE MANAGEMENT

Kayley Jaquet

Manager of Regulatory Affairs

ADVOCATE
REVENUE CYCLE MANAGEMENT

Agenda

- **MIPs Program Recap: How did we get here?**

- **2022 Performance Year Updates**
  - Thresholds and Category Weights
  - Category Specific Changes
  - Small Practice Special Status

- **2022 Performance Year Considerations**
  - Quality Category Critical to Score
  - Submission Factors
  - Penalty mitigation

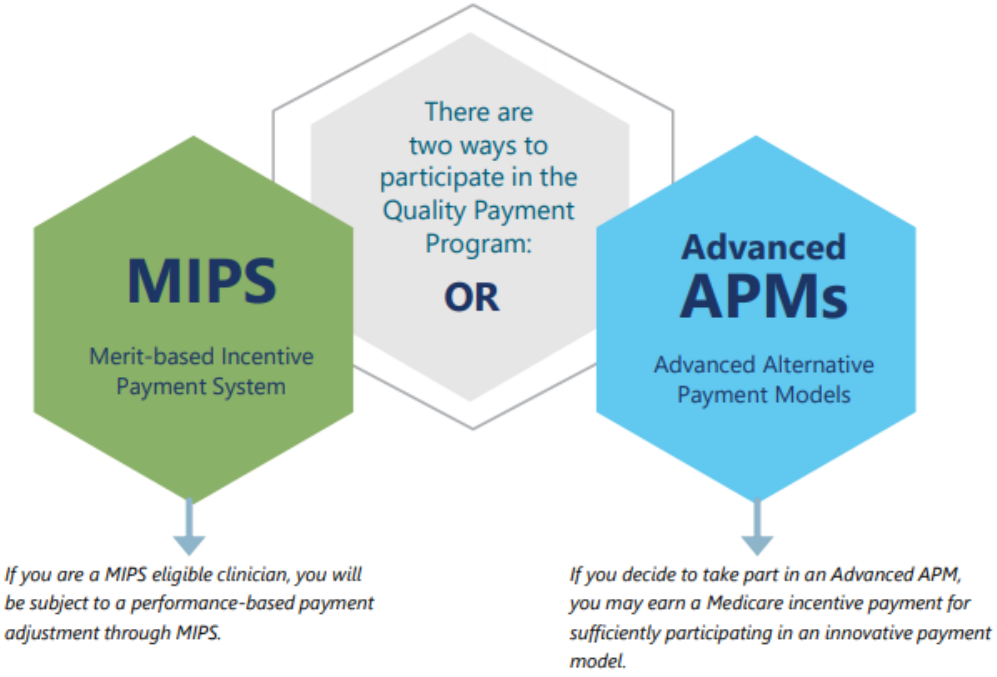
ADVOCATE
REVENUE CYCLE MANAGEMENT

MIPs Program Recap: How did we get here?

ADVOCATE
REVENUE CYCLE MANAGEMENT

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.



ADVOCATE
REVENUE CYCLE MANAGEMENT

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:

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

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**

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

2022 Performance Year Updates

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

MIPS Program Updates

Bonus Points Still Available:

- **Small Practice Bonus – 6 points towards Quality score**

- **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**

ADVOCATE
REVENUE CYCLE MANAGEMENT

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**

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

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**

ADVOCATE
REVENUE CYCLE MANAGEMENT

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_PSPA_11**
  - **IA_BE_17**
  - **IA_BE_18**
  - **IA_BE_20**
  - **IA_BE_21**

ADVOCATE
REVENUE CYCLE MANAGEMENT

MIPS Program Updates

Special Statuses:

Small Practices (15 or fewer clinicians) to be added to list of clinician types exempt from the Promoting Interoperability category

- **New Final Score Weighting**

Category Weights	With Cost	Without Cost
Quality	40%	**50%**
Improvement Activities	30%	**50%**
Cost	30%	0%

- **Non-small practices will have *higher* Quality weighting when exempt from other categories**

ADVOCATE
REVENUE CYCLE MANAGEMENT

MIPS Program Updates

Magic Quality Numbers for 2022:

Goal	Small Practices	Non-Small Practices
Avoid Penalty 75 points	**30/60 points for Quality** • Average of 4 pts per measure **OR** • Two capped measures at 100% performance met	**42/60 points for Quality** • Average of 7 pts per measure **OR** • 6 capped measures at 100% met • Complex Patient Bonus still needed to reach threshold
Exceptional Performer 89 points	**45/60 points for Quality** • Average of 6.5 pts per measure **OR** • Five capped measures at 100% performance met • Complex Patient Bonus still needed to reach threshold	**48+/60 points for Quality** • Average of 8.75 pts per measure • Need at least two 10 pt measures and 100% performance met • Complex Patient Bonus still needed to reach threshold

ADVOCATE
REVENUE CYCLE MANAGEMENT

2022 Performance Year Considerations

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

2022 Considerations

Submission Method Big Factor in Outcome

- **Medicare Part B Claims-based Submission**
  - **Small Practices are still able to submit Quality data via claims**

Advantages	Disadvantages
• Data automatically submitted to QPP • No cost associated with submission • Limited measures available	• No (easy) way to correct MIPs data if documentation missing or claim coded incorrectly • No real time feedback on performance available from QPP • Limited measures available

ADVOCATE
REVENUE CYCLE MANAGEMENT

2022 Considerations

Submission Method Big Factor in Outcome

- **Registry or QCDR-based Submission**
  - **Vendors can be contracted to submit data to CMS**

Advantages	Disadvantages
• Submission executed at end of year, allowing for corrections • Vendors required to provide feedback during performance year • Additional measures available under these submission options	• Cost associated with using a vendor • Additional measures available may be undesirable in terms of practicality

ADVOCATE
REVENUE CYCLE MANAGEMENT

2022 Considerations

Submission LEVEL Also Big Factor

- **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

ADVOCATE
REVENUE CYCLE MANAGEMENT

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

ADVOCATE
REVENUE CYCLE MANAGEMENT

Thank you!

kayley.jaquet@advocatercm.com

Connect with us:

LinkedIn

ADVOCATE
REVENUE CYCLE MANAGEMENT