



## CMS Releases 2023 Medicare Physician Fee Schedule Proposed Rule

### Quality Payment Program (QPP) Proposals for 2023

#### Merit-Based Incentive Payment System (MIPS) Proposals

CMS did NOT propose to increase the program's penalty threshold for 2023 and will, instead, maintain the current 2022 threshold of 75 points. This is excellent news for participants as CMS had anticipated increasing the penalty threshold to as much as 85 points in last year's rulemaking. Additionally, there were no proposals impacting the program's low volume threshold for reporting or performance category weights next year.

CMS's MIPS proposals preserve the majority of the objectives for the current performance year, meaning 2022 performance will be an indicator of what to expect for 2023 as far as being able to avoid or mitigate a penalty.

Due to the high penalty threshold, frequency of point-capped quality measures, and updates to scoring policies beginning in 2022, this is the first year that many participants are at risk of a penalty – particularly those in larger practices of 15 or more clinicians. This will remain true for next year as well unless CMS decides to make major changes before finalizing the rule.

2023 Performance Thresholds	
Penalty:	<b>75 points</b>
Exceptional Performer:	<b>None</b> – PY 2022 is last year this threshold is available
Maximum Payment Adjustment:	<b>+/- 9%</b>
Performance Category Weights:	
Quality:	30%
Cost:	30%
Promoting Interoperability:	25%
Improvement Activities:	15%
Low Volume Requirements	
Medicare pt B allowed charges:	\$90,000
Medicare Beneficiaries	200+
Medicare Services	200+

## Quality Category Updates

- **Data Completeness proposed to increase to 75% in 2024 and 2025**
  - The data completeness requirement will remain at 70% for the 2023 performance year.
  - Data completeness is the required reporting rate for an individual quality measure. In other words, participants must report on at least 70% of eligible encounters for each measure to qualify the measure to be scored against its benchmark.
- **3 – Point Floor Removed (Except for Small Practices)**
  - Beginning 2023, Quality measures will be eligible to return fewer than 3 points
    - Measures without a benchmark will return 0 points.
    - Measures with a benchmark that also meet case minimum (20) and data completeness (70%) requirements will return 2 or 1 points depending on benchmarks.
    - Participants who qualify as being within a **SMALL PRACTICE** (15 or fewer clinicians) will retain the 3-point floor minimum for the quality category.
- **Quality Measures of Importance Proposed for Removal:**
  - **76: CVC Insertion**
  - **265: Biopsy Follow Up**
  - **323: Appropriate Cardiac Stress Test**
  - **110: Flu Vaccine Rate**
  - **111: Pneumonia Vaccine Rate**

As a reminder, the Quality category expects participants to report on at least 6 Quality applicable Quality measures. MIPs participants may need to seek alternative measures, either new or existing, to replace measures removed at the end of the 2022 performance year. Alternatively, targeted reviews may be required for upcoming performance years if unable to report 6 Quality measures.

- **Quality Measures of Interest Proposed to Be Added:**
  - **Adult Immunization Status** – Evaluation and Management measure replacing 110 and 111 vaccine rate measures
  - **Screening for Social Drivers of Health** – Evaluation and Management measure to screen for social drivers of health such as food/housing security
  - **Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma** – Pathology measure
  - **Dermatitis – Improvement in Patient-Reported Itch Severity** – Dermatology Measure
  - **Psoriasis – Improvement in Patient-Reported Itch Severity** – Dermatology Measure

As of PY 2022, measures new to the MIPs program have a 7-point floor and will contribute at least 7 points towards the quality category, even if no performance year benchmark is established. This update removes the downside risk of reporting on new measures as avoiding a penalty becomes more difficult.

## **MIPS Value Pathways (MVPs)**

MIPS Value Pathways (MVPs) are a new reporting framework available as an alternative to ‘traditional MIPS’ which will be available in 2023. MVPs seek to align the four performance categories and reduce administrative burden by requiring less data submitted by participants towards categories like Quality or Improvement Activities.

Under an MVP, participants would select measures and activities for each performance category from a defined list rather than selecting from a large inventory as is currently done with traditional MIPS.

CMS included 5 new proposed MVPs to be added for reporting in the 2023 performance year. These MVPs are:

- Advancing Cancer Care
- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Supportive Care for Neurodegenerative Conditions
- Promoting Wellness

The Advancing Cancer Care MVP would be reportable for Radiation Oncology groups, while the Optimal Care for Kidney Health and Promoting Wellness MVPs may be of interest to groups who utilize evaluation and management services for patient visits. MVPs are not required to report at this time and are available in tandem with traditional MIPS reporting until eventually becoming mandatory.

Comments on the [Proposed Rule](#) are open until September 7, 2022.

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