

CMS Releases Final 2023 Medicare Physician Fee Schedule

Quality Payment Program (QPP) Final Rules for 2023

Merit-Based Incentive Payment System (MIPS) Proposals

The penalty threshold for the 2023 performance year will remain at 75 points, the current threshold for the 2022 performance year. The decision to not increase the threshold, which CMS had previously hinted at an 85-point requirement for 2023, is excellent news as reaching that threshold has become harder than ever before.

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.

Similarly, there will be no change to the general requirements of program eligibility or category weights for next year.

| 2023 Performance Thresholds | |
|--------------------------------|--|
| Penalty: | 75 points |
| Exceptional Performer: | None – PY 2022 is last year this threshold is available |
| Maximum Payment Adjustment: | +/- 9% |
| 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 will 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 Removed for 2023:**
 - **76: CVC Insertion**
 - **265: Biopsy Follow Up**
 - **323: Appropriate Cardiac Stress Test**
 - **110: Flu Vaccine Rate** (*still available in MVP*)
 - **111: Pneumonia Vaccine Rate** (*still available in MVP*)

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 Approved to Be Added:**
 - **493 - Adult Immunization Status** – replacement for 110/111
 - **491 - Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma** – Pathology measure
 - **486: Dermatitis – Improvement in Patient-Reported Itch Severity** – Dermatology Measure
 - **485: Psoriasis – Improvement in Patient-Reported Itch Severity** – Dermatology Measure
 - **487 - Screening for Social Drivers of Health:** CMS has placed importance on the collection of drivers of health data by having this measure be applicable to **all** MIPS eligible clinicians. Although the official measure specification is still forthcoming, CMS comments within the final rule indicate that this measure will be reported once per patient (18+) per year for any procedure. More details will be available on this and other measure updates prior to 2023 here: <https://qpp.cms.gov/>

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 offered as an alternative to 'traditional MIPs' and are first available to report 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 approved 5 new 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

MVPs are not required to report at this time and are available in tandem with traditional MIPS reporting until eventually becoming mandatory. Within the final rule, CMS did make changes to the 7 MVPs finalized in 2022 to update the options available under the Quality, Cost, and Improvement Activity categories.

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