

Merit-Based Incentive Payment Program (MIPs) 2023

Updates for Large Practices

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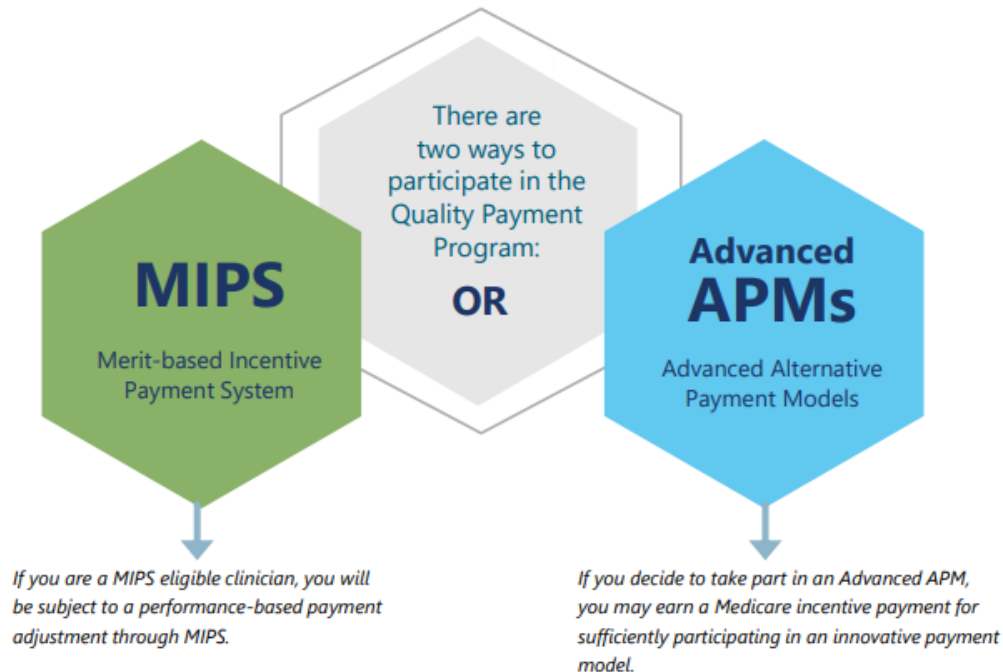
Agenda

- **MIPs Program Recap: How did we get here?**
- **2023 Performance Year Updates and Reminders**
 - Thresholds and Category Weights
 - Category Specific Changes
 - Magic Numbers and Scoring Example
- **2023 Performance Year Considerations**
 - Quality Category Critical to Score
 - Submission Factors
 - Penalty Mitigation
- **Submitted Questions**

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

2023 Performance Year Updates and Reminders

MIPS Program Updates

Performance Thresholds and Category Weights

Performance	2022	2023	Change
Penalty	75	75	None
Exceptional Performer*	89	N/A	Removed from Program
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

MIPS Program Updates

Cost Category

- **Minimal changes – new ‘Cost Improvement’ bonus added to category**
- **CMS now allow externally developed Cost measures into the program**
 - Looking to proposed rule for possible adds for 2024 performance year

Improvement Activities

Improvement Activities Removed

IA_BE_7	Participation in a QCDR, that promotes use of patient engagement tools
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive
IA_PM_7	Use of QCDR for feedback reports that incorporate population health
IA_PSPA_6	Consultation of the Prescription Drug Monitoring Program
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes
IA_PSPA_30	PCI Bleeding Campaign

MIPS Program Updates

Quality Category (Reminders)

- **Removal of measure related bonus points (gone starting 2022 PY)**
 - Outcome Bonus - High Priority Bonus - End-to-end Bonus
 - Contributed up to 6 pts towards Quality score
- **3 Point Floor for Quality Removed (starting 2023 PY)**
 - 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 (**except Small Practices**)
- **Data Completeness rate to increase to 75% for 2024**
 - *Data Completeness requirements will remain at 70% for 2023*

MIPS Program Updates

Quality Category (Reminders) Bonuses Still Available:

- **Complex Patient Bonus**
 - **Max of 10 pts towards total score**
 - CMS permanently expanded this bonus, altered methodology starting 2022 PY
 - 2022 Preliminary/Final Scores will be good indicator
- **Quality Improvement Bonus**
 - **Awarded for improving quality measure performance between performance years**
 - Up to 10% of category score

MIPS Program Updates

Quality Category (Updates)

- *Added 9 new Quality Measures*
- *Modified 75 existing Quality Measures*
- *Removed 15 existing Quality measures*

- **(Reminder!) 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**

MIPS Program Updates

Quality Measures Added

- Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System **(Administrative claims-based)**
- Adult Immunization Status – replacement for 110/111
- Screening for Social Drivers of Health **(added to all specialty sets)**
- Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma
- Dermatitis – Improvement in Patient-Reported Itch Severity
- Psoriasis – Improvement in Patient-Reported Itch Severity
- Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors
- Kidney Health Evaluation

MIPS Program Updates

Quality Measures Removed

76	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
110	Preventive Care and Screening: Influenza Immunization
111	Pneumococcal Vaccination Status for Older Adults
119	Diabetes: Medical Attention for Nephropathy
258	Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysm
260	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications
261	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
265	Biopsy Follow-Up

MIPS Program Updates

Quality Measures Removed

275	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
323	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention
375	Functional Status Assessment for Total Knee Replacement
425	Photodocumentation of Cecal Intubation
439	Age Appropriate Screening Colonoscopy
455	Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life
460	Back Pain After Lumbar Fusion
469	Functional Status After Lumbar Fusion

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 2023 – *if not scored on Cost or PI*

Goal	Non-Small Practices
Avoid Penalty <u>75 points</u>	42/60 points for the <u>Quality</u> <ul style="list-style-type: none">• <u>Average</u> of 7 pts per measure <p>(in other words....)</p> <ul style="list-style-type: none">• 6 capped measures at 100% met• Complex Patient Bonus still needed to reach threshold

2023 Performance Year Considerations

2023 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 when reporting *national* measures
 - Practices can consider alternative submission methods such as MIPS eCQMs or QCDR measures to alleviate
- **Review quality measure requirements and keep track throughout year**
 - Ensure documentation requirements are understood and update workflows as needed

2023 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

2023 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

2024 Considerations

Look ahead to 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**
 - **Few options right now – but will continue to grow**

Submitted Questions

Connect with us:



Thank you!

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