

# Merit-Based Incentive Payment Program (MIPs) 2023

## Updates for Small Practices

March 16<sup>th</sup> 2023

2:00 pm EST



# Kayley Jaquet

**Manager of Regulatory Affairs**



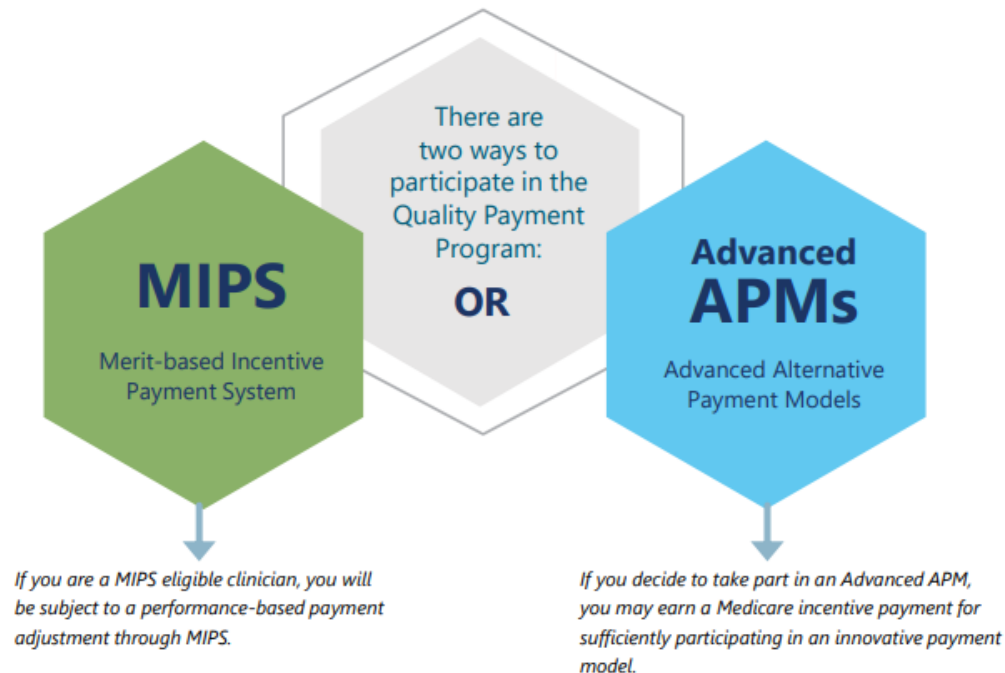
# Agenda

- **MIPs Program Recap: How did we get here?**
- **2023 Performance Year Updates**
  - Thresholds and Category Weights
  - Category Specific Changes
  - Small Practice Special Status
- **2023 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 % **
2022	2024	(+/-) 9%	75 pts	89 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

# MIPS Recap

## 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**

# 2022 Performance Year Updates

# 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	30%	30%	None
Cost	30%	30%	None
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
- **Small Practice Bonus**
  - 6 points granted towards Quality category
- **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

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

---

# 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
<b>323</b>	<b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention</b>
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
- **Small Practices not scored on COST will have a better chance at reaching penalty level due to special score weighting**
  - 50% Improvement Activities, 50% Quality
- **Topped out/Point Capped measures are biggest risks due to needing to be 100% perfect**

# MIPS Program Updates

## Magic Quality Numbers for 2023

Goal	Small Practices
<b>Avoid Penalty</b> <u>75 points</u>	<b>30/60 points for the <u>Quality</u></b> <ul style="list-style-type: none"><li>• <u>Average</u> at least 4 points per measure</li></ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"><li>• Ensure at least two point-capped measures are at 100%</li><li>• Better performance beyond this minimum will result in higher bonus adjustments</li></ul>

# 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
- **Review quality measure requirements and keep track throughout year**
  - Ensure documentation requirements are understood and update workflows as needed

# 2023 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
<ul style="list-style-type: none"><li>• Data <i>automatically</i> submitted to QPP</li><li>• No cost associated with submission</li><li>• Limited measures available</li></ul>	<ul style="list-style-type: none"><li>• No (easy) way to correct MIPs data if documentation missing or claim coded incorrectly</li><li>• No real time feedback on performance available from QPP</li><li>• Limited measures available</li></ul>



# 2023 Considerations

## Submission Method Big Factor in Outcome

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

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Submission executed at end of year, allowing for corrections</li><li>• Vendors required to provide feedback during performance year</li><li>• Additional measures available under these submission options</li></ul>	<ul style="list-style-type: none"><li>• Cost associated with using a vendor</li><li>• Additional measures available may be undesirable in terms of practicality</li><li>• Vendors all work differently in terms of data submission/reporting feedback</li></ul>

# 2023 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

# 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

# Summary

## MIPs Performance Can No Longer Be Ignored

- **Program has become more about avoiding a penalty rather than achieving bonuses**
- **Small Practices have ‘easier’ path to avoid a penalty and should consider submission options**
- **Performance management (Quality category) critical to outcome**
  - Provider education, corrections, utilizing different submission options etc

# Thank you!

[kayley.jaquet@advocatercm.com](mailto:kayley.jaquet@advocatercm.com)

Connect with us:

**LinkedIn**

**ADVOCATE**   
REVENUE CYCLE MANAGEMENT

