



The 2022 Final Rule: Changes to MIPS and APM Reporting under the Quality Payment Program (QPP)

November 16, 2021

Dan Mingle MD MS

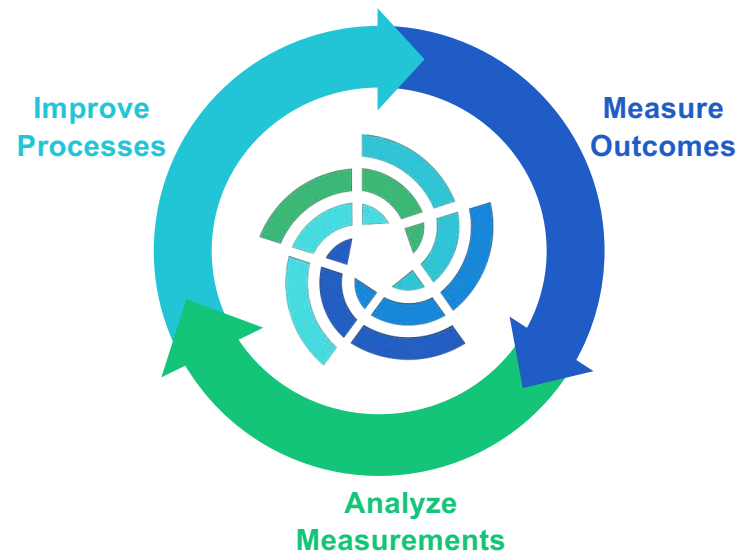
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Welcome to the Webinar



Dan Mingle, MD, MS

Executive Chairman, Mingle Health

Dr. Dan Mingle, executive chairman and nationally recognized Medicare quality reporting expert. He is a family physician with private, group, and academic practice experience. His insights into the many problems that plague our healthcare system led him on a quest to help practices of all sizes master their data for value-based care success.

Highlights

- Transitional MIPS ends after 2022
- Traditional MIPS
- An end to Traditional MIPS forecast 2027
- Web Interface available 3 more years – for ACOs
- Web Interface available 1 more years – for MIPS Groups
- MIPS v2 to include:
 - Mandatory subgroup reporting of MVPs
 - Each MVP with a related Cost Measure
 - Fully Digital Quality Measurement
- MVPs are ready to roll – 2023
 - With voluntary subgroup reporting

Agenda

- 2022 Final Rule for the Quality Payment Program
- COVID
- The Future of the QPP
- The MIPS Basics
- Alternative Payment Models
- APM Performance Pathway
- MIPS Value Pathways
- Other interesting rules
- Q&A

Thank you for joining us! This session is being recorded – you'll receive slides and the video this week by email.

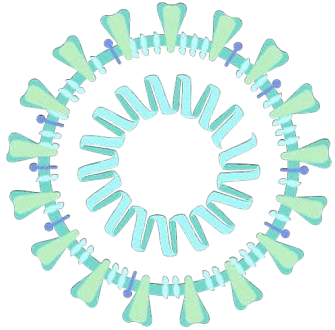
About the 2022 Final Rule and Available Resources

- Proposed Rule released July 13, 2021, with comments accepted through 9/13/2021
- Final Rule released 11/2/2021 with formal Publication queued for 11/19/2021
- Available on the Federal Register at:
<https://www.federalregister.gov/d/2021-23972>
- Final Rule Resources
<https://qpp.cms.gov/resources/resource-library> : on the face page under “Regulatory Resources”
 - CY 2022 PFS Final Rule QPP Comparison Tables
 - CY 2022 PFS Final Rule QPP External FAQs
 - CY 2022 PFS Final Rule QPP MVPs Policies Table
 - CY 2022 PFS Final Rule QPP Overview Fact Sheet
- This recorded webinar and a copy of the slides are available at:
<https://minglehealth.com/resource/cms-2022-mips-qpp-final-rule-webinar/>

Quality Payment Program Participation

For Performance Years	2019	2020
Participation (% of eligible)	99.8989%	99.9999%
Received a payment adjustment	954,670	933,549
Payment adjustment was positive	97.6%	90.6%
Reported at least 1 measure or activity	954,573	933,547
Qualified aAPM Participants (QP)	195,564	237,315
Partial QP	27,995	10,609
COVID-19 Related Reweighting of 1 or more categories	65,237	195,344

Targeted review of 2020 data will be completed by November 29, 2021



COVID and the QPP

Announced 11/10/2021



The banner features the CMS logo at the top left, with the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' below it. To the right of the logo is a photograph of an elderly woman in a yellow shirt talking to a female doctor in a white lab coat. The text 'Quality Payment PROGRAM' is overlaid on a teal background on the left side of the photo. Below the photo, a dark grey bar contains the following text in white: 'CMS to Apply MIPS Automatic Extreme and Uncontrollable Circumstances Policy for the 2021 Performance Year in Response to COVID-19 Public Health Emergency'.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Quality Payment
PROGRAM

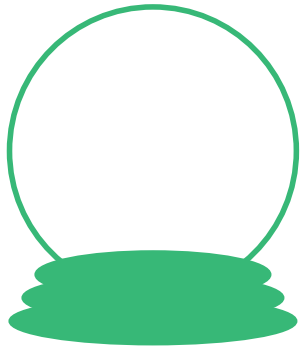
CMS to Apply MIPS Automatic Extreme and Uncontrollable Circumstances Policy for the 2021 Performance Year in Response to COVID-19 Public Health Emergency

COVID-19 and the QPP, 2022

- We are still in a state of Public Health Emergency (PHE)
- PHE-related adjustments to the rules are projected to last at least through the end of the 2023 Performance Year
 - Telehealth
 - Application-Based Extreme and Unusual Circumstances
- Automatic EUC for 2021 has been announced:
 - only applies to individuals
 - Either an application-based or automatic EUC is negated by a submission, only for the submitted category
- EUC application window still open for Performance Year 2020 through 11/29/2021
 - Applicable to Group, APM Entities, and Virtual Groups
 - Use the Targeted Review Application on QPP.GOV, not the EUC Application
 - State explicitly in the Description that you're submitting an EUC application due to the continuing COVID-19 PHE.
 - List the performance categories for which you are requesting reweighting

Other COVID-related Issues

- There was enough data submitted for 2020 to establish benchmarks for 2022
- A proposed COVID-19 immunization measure has been postponed
- Changes to the Improvement Activity, “COVID-19 Clinical Data Reporting with or without Clinical Trial”, extended through 2022 performance year



A Glimpse Into the Future



Incentives

- MIPS Participants to continue to receive a payment adjustment based on weighted total score across all performance activities with bonuses
- Qualified aAPM participants
 - Through Payment year 2024, to receive a 5% incentive bonus payment
 - Starting with Payment Year 2026, will have a higher payment through the Physician Fee Schedule

The Path Forward

- 2022 Performance Year is the last year of Transitional MIPS
- Mapping the Evolution from Traditional MIPS to MIPS v2.0 (2027?)
- MIPS Value Pathways (MVP) available starting in 2023
- APM Performance Pathway Began 1/1/2021
- Sunset the Web Interface
 - After 2022 for MIPS groups
 - After 2024 for APMs
- Increasing Attention to Health Disparities
- Fully Digital Quality Measures (by 2025)

CMS

MIPS 2022

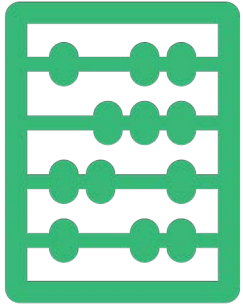


MIPS Eligible Clinicians - v2022

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician Assistants (PA)
- Nurse practitioners (NP)
- Clinical nurse specialists (CNS)
- Certified registered nurse anesthetists (CRNA)
- Physical therapists (PT)
- Occupational therapists (OT)
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

Add for 2022

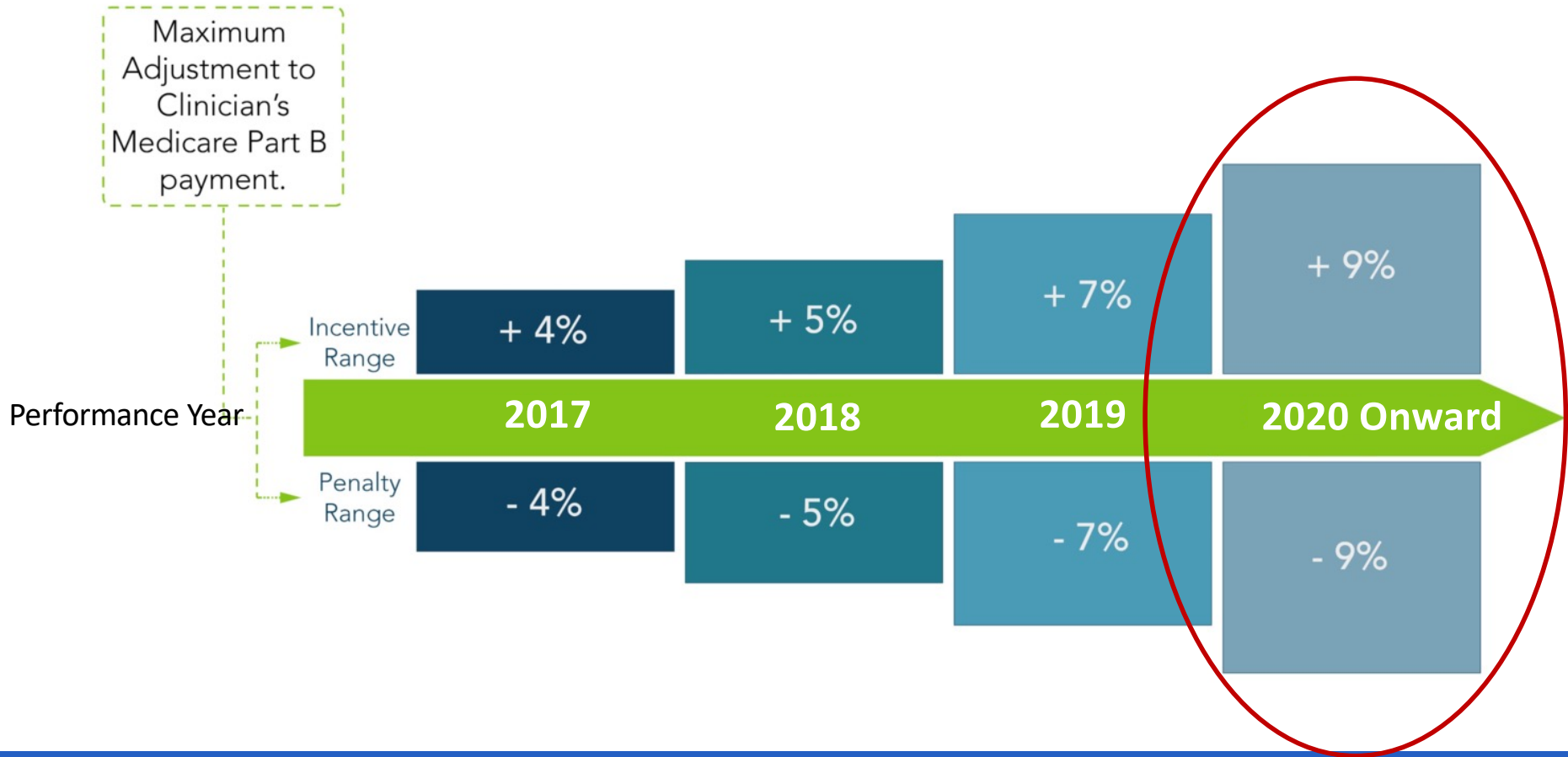
- **Certified Nurse Midwife**
- **Clinical Social Worker**
 - **Automatic Reweighting PI**
 - **New Specialty Measure Set**



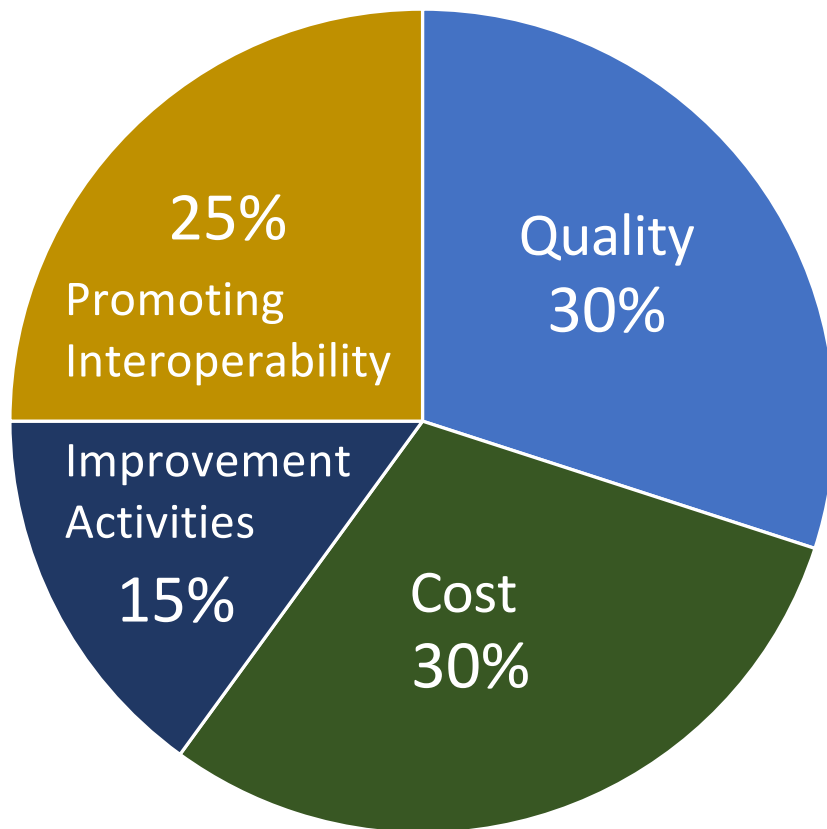
MIPS Scoring and Adjustment Factor



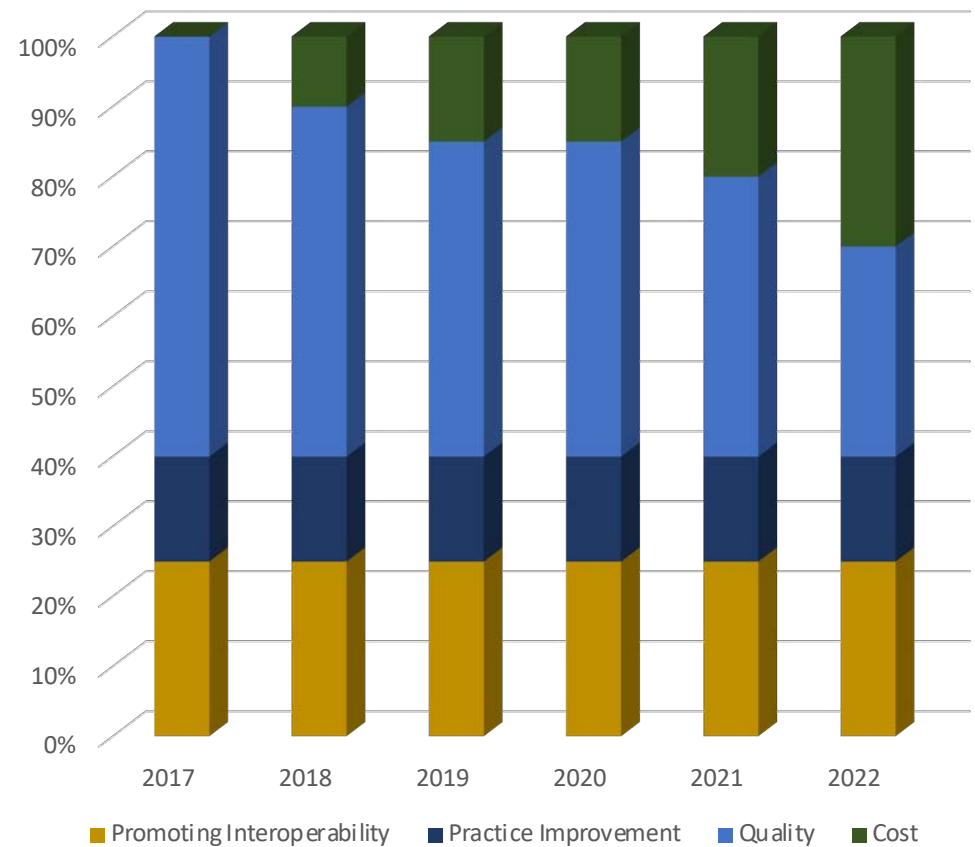
What is at Stake (Theoretical)



2022 Performance Category Weights



Historical Category Weights

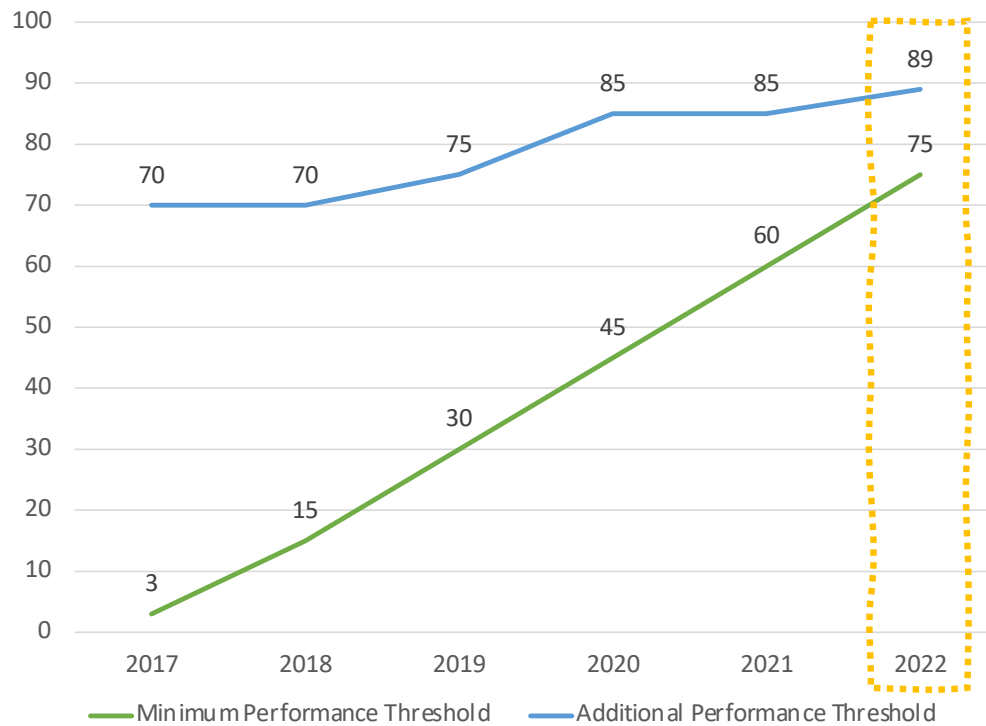


Reweighting Policies

TABLE 63: Performance Category Redistribution Policies Finalized for the CY 2022 Performance Period/2024 MIPS Payment Year and for Future MIPS Performance Periods/MIPS Payment Years

Reweighting Scenario	Quality	Cost	Improvement Activities	Promoting Interoperability
No Reweight Needed				
- Scores for all four performance categories	30%	30%	15%	25%
Reweight One Performance Category				
-No Cost	55%	0%	15%	30%
-No Promoting Interoperability	55%	30%	15%	0%
-No Quality	0%	30%	15%	55%
-No Improvement Activities	45%	30%	0%	25%
Reweight Two Performance Categories				
-No Cost and no Promoting Interoperability	85%	0%	15%	0%
-No Cost and no Quality	0%	0%	15%	85%
-No Cost and no Improvement Activities	70%	0%	0%	30%
-No Promoting Interoperability and no Quality	0%	50%	50%	0%
-No Promoting Interoperability and no Improvement Activities	70%	30%	0%	0%
-No Quality and no Improvement Activities	0%	30%	0%	70%

Performance Threshold

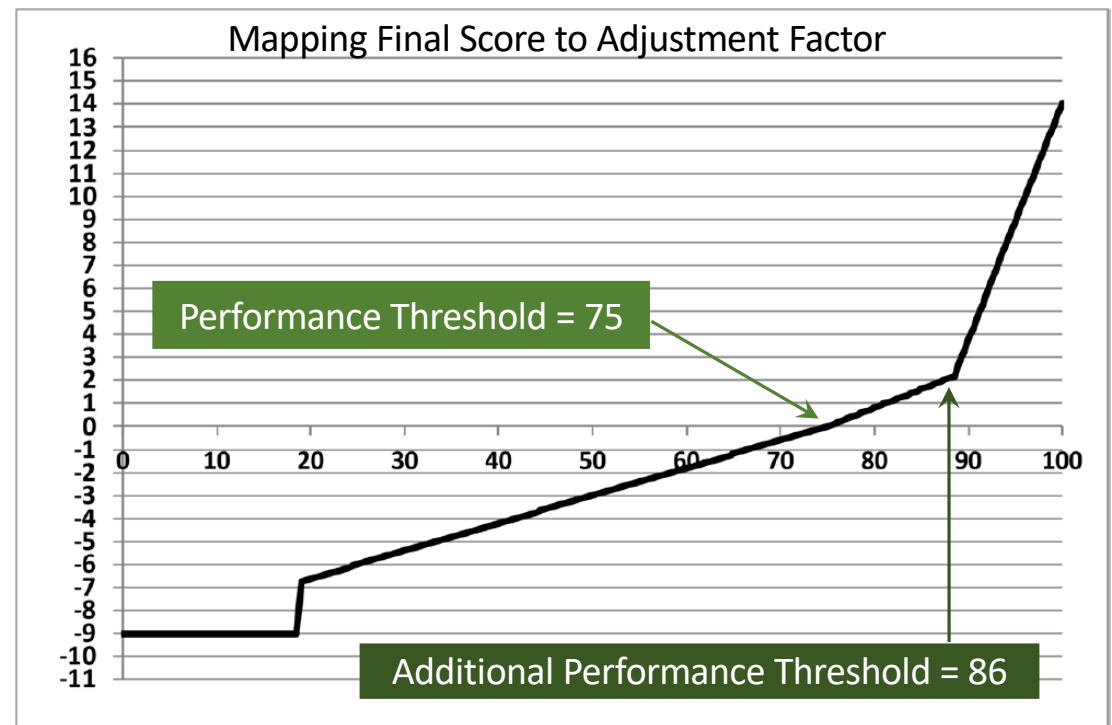


<u>Parameter</u>	<u>2022 Level</u>	<u>Legislation</u>	<u>Notes</u>
Performance Threshold	75	required to be set at either the mean or median from a prior year	For 2022 performance year, set at the mean from 2017
Additional Performance Threshold	89	required to be set at the 25 th percentile of scores above the performance threshold	The 2022 Performance Year is the last year of the exceptional performance bonus

Illustrative Example of MIPS Payment Adjustment for 2024 Payment Year (from 2022 final rule page 1617)

Progression of Inflection Points

Payment Year	2019	2020	2021	2022	2023	2024
Performance Year	2017	2018	2019	2020	2021	2022
Gain/Loss Intentions	±4%	±5%	±7%	±9%	±9%	±9%
Performance Threshold	3	15	30	45	60	75
Additional Performance Threshold	70	70	75	85	85	89



Final Score Hierarchy for each TIN/NPI for 2022

Used when a clinician (TIN/NPI) has more than 1 score

1. Virtual Group submitters always get the Virtual Group Score
2. Otherwise, the best scores apply, whether MVPs, traditional MIPS, and/or the APP, of:
 - Individual final score
 - Group final score
 - APM Entity final score
 - Subgroup final score

Enhanced Protection of Small Practices

- Automatic Reweighting of Promoting Interoperability
- Different reweighting hierarchies
- Claims submissions still permissible only for small groups and Individuals in small groups
 - claims submission are to no longer be calculated both as individual and group.
 - Indicate election by making a group submission for PI and/or IA
- Continuation of small practice bonus
- Continuation of 3-point floor on Class 2 and Class 3 measures



Bonuses



Bonuses

Bonuses Ending after the 2021 Performance Year:

- Extra High Priority Measures bonus
- End End-to-End Electronic Reporting bonus

Bonuses Ending after the 2022 Performance Year:

- Exceptional Performance bonus

Bonuses that Continue:

- Small Practice bonus
- Quality Improvement bonus, with a 30-point floor
- Complex Patient bonus, will now be divided into 2 components
 - 5 points for medical complexity
 - 5 points for social complexity
 - 10-point cap
 - Each applied only to practices at or above the mean



Quality
Performance
Category



Sunset Web Interface for MIPS Groups after 2022

Alternatives

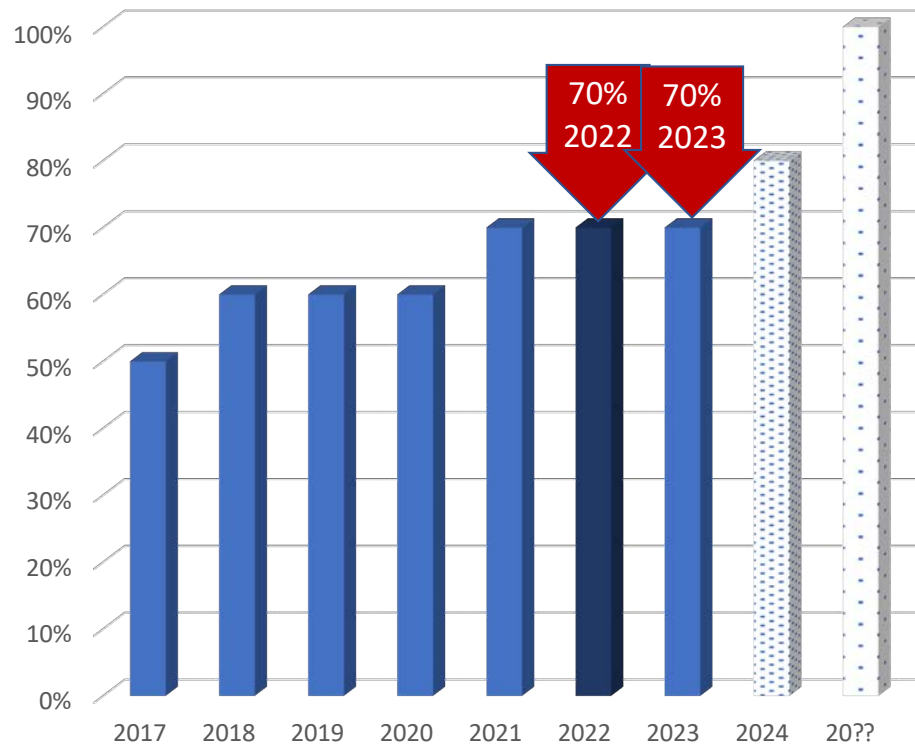
- Qualified Registry
- EHR generated eCQM
- Vendor Generated eCQM
- Specialty Measures
- MVPs



Join us Wednesday November 17, 2021:
“2022 Final Rule & the End of Web Interface:
How to Make the Transition to CQMs”

Register here: <https://minglehealth.com/webinars>

Data Completeness Criteria: Minimum Percent of Eligible Instances



- All patient all payers.
 - Applies to
 - eCQMs
 - MIPS CQMs
 - MVPs
 - APP
 - Does not apply to
 - Claims:
 - The percentage applies to Medicare Part B patients only
 - Web Interface
 - 248 Medicare Part Patients Sampled

Measure set modifications for 2022

200 MIPS Quality Measures

- Add
 - 1 eCQM
 - 2 MIPS CQMs
 - 1 new Administrative Claims measure
 - M484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
- Remove
 - 1 duplicative measure
 - 4 unaligned with Meaningful measures initiative
 - 5 no longer stewarded
 - 3 topped out
 - The option for claims submissions for 2 measures
- Substantive changes to 87
- Proposal for COVID Vaccine measure postponed

Measure types, from table 60

Measure Type	Description	2021 Policy	2022 Policy	2023 Policy
Class 1	Established Measure Has a benchmark Meets Case Minimum Meets data completeness	3 – 10 Points	3 – 10 Points	1 – 10 points
Class 2	Meets data completeness but (Lacks case minimums or Lacks a benchmark)	3 Points	3 Points	0 points
Class 3	Lacks data completeness ± case minimum / benchmark	3 points for small practices 0 for others		
Class 4a	New Measures Meets data completeness Has Performance Year Benchmark Meets Case Minimum	N/A	1 st year 7 – 10 2 nd year 5 - 10	
Class 4b	New Measures Meets data completeness (Lacks Benchmark or lacks case minimum)	N/A	1 st year 7 2 nd year 5	

CAHPS for ACOs Merges with CAHPS for MIPS

Consolidation to CAHPS for MIPS

- Same Surveys
 - 10 Summary Survey Measures (SSM), 2 unscored
 - For 2022 restart scoring “Access to Specialists”
- Differ on sampling, case mix adjustment, scoring
 - Add to CAHPS for MIPS the ACO-centric
 - Last primary care visit rule (eliminate those that are in an institutional setting)
 - ICH CAHPS deduplication rule (eliminate patients surveyed for inpatient hemodialysis)
 - Asian language survey and Case Mix adjuster
 - Scoring to be done on the MIPS standard rolling up to a single measure

Unplanned Admissions for Multiple Chronic Conditions (MCC) for ACOs Ends

- Replace MCC for ACOs
- With MCC for MIPS
- Live for 2022 in the APP
- Live for 2022 for MIPS
 - For groups > 15 clinicians
 - 18 – case minimum
- High (0.89) correlation between measures
- To reduce confusion
- To better compare performance between MIPS and ACO groups
- To reduce burden and complexity in mixed organizations with MIPS and ACO needs



Cost Performance Category



New for Cost in 2022

- CMS builds in new flexibility to suppress cost measures
 - May be after claims run-out and full measure evaluation
 - Notification before or with feedback report release
- Announcing new mechanism for stakeholder creation of cost measures

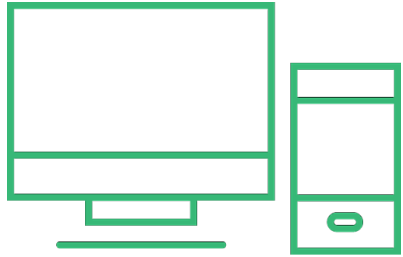
25 Active Cost Measures for 2022

- CMS calculates cost measures
- Each MIPS participant is evaluated for each cost measure for which they are qualified
- Specifications for each measure include, where applicable, inclusions and exclusions based on:
 - Specialty
 - Billing Codes submitted
 - Diagnosis codes submitted
 - Episode trigger events
 - Case minimum thresholds
 - Rules governing attribution of patients/events to participants
 - Rules governing attribution of costs to the measure/episode

Cost Measure Inventory - 2022	Count
Population-Based	2
Procedure-Episode	15
Inpatient Medical Condition Episode	6
Chronic Condition Episode	2

5 New Episode-Based Cost Measures

Type	Topic	Case Minimum
Procedural	Melanoma resection	10
Procedural	Colon and rectal resection	20
Acute Inpatient	Sepsis	20
Chronic Condition	Diabetes	20
Chronic Condition	Asthma/Chronic Obstructive Pulmonary Disease	20



Promoting Interoperability Performance Category



Promoting Interoperability Category 2022

- Add annual review of [Safer, High-Priority Practices Guide](#)
 - Both “yes” and “no” acceptable answers
- Require Immunization Registry and Electronic Case Reporting
- Simplify the “Information Blocking Attestation”

TABLE 58: Scoring Methodology for the Performance Period in CY 2022

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of PDMP	10 points (<i>bonus</i>)*
Health Information Exchange -OR- Health Information Exchange (alternative)	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points
Health Information Exchange (alternative)	Health Information Exchange Bi-Directional Exchange	40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	Report the following 2 measures:* <ul style="list-style-type: none"> • Immunization Registry Reporting • Electronic Case Reporting 	10 Points
	Report on any one of the following measures: <ul style="list-style-type: none"> • Public Health Registry Reporting OR • Clinical Data Registry Reporting OR • Syndromic Surveillance Reporting 	5 points (<i>bonus</i>)*

Notes: The Security Risk Analysis measure and the SAFER Guides measure are required, but will not be scored.

* Signifies a proposal finalized in this CY 2022 PFS final rule.

Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

TABLE 43: The SAFER Guides

Foundational Guides	<ul style="list-style-type: none">- High Priority Practices ←- Organizational Responsibilities
Infrastructure Guides	<ul style="list-style-type: none">- Contingency Planning- System Configuration- System Interfaces
Clinical Process Guides	<ul style="list-style-type: none">- Patient Identification- Computerized Provider Order Entry with Decision Support- Test Results Reporting with Follow-Up- Clinician Communication

<https://www.healthit.gov/topic/safety/safer-guides>

Required but not scored:

Attestation required of performance of an annual self-assessment using the High Priority Practices Guide at any point during the calendar year

7 Elements Required to Score PI

1. E-Prescribing, or Exclusions
2. Health Information Exchange, or Exclusions
3. Provide Patients Access to their Health Information, **NO** Exclusions
4. Participation in Immunization Registry and in Electronic Case Reporting, or Exclusions
5. Security Risk Analysis Attestation
6. SAFER Guide Self Assessment Attestation (“yes” or “no” answer)
7. One Information Blocking Attestation

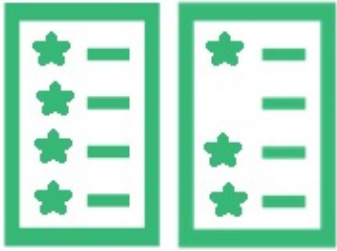


Improvement
Activities
Performance
Category



Improvement Activities 2022

- 7 new activities in the inventory
 - 3 related to health equity
- 6 activities removed
- 15 activities modified
- New requirements for nominating activities
 - PHE-related nominations must be made by Jan 5 to be added in the same year
- Expanded freedom to suspend an activity during performance period
- The 50% threshold for group attestation will apply to subgroups



Feedback and Care Compare



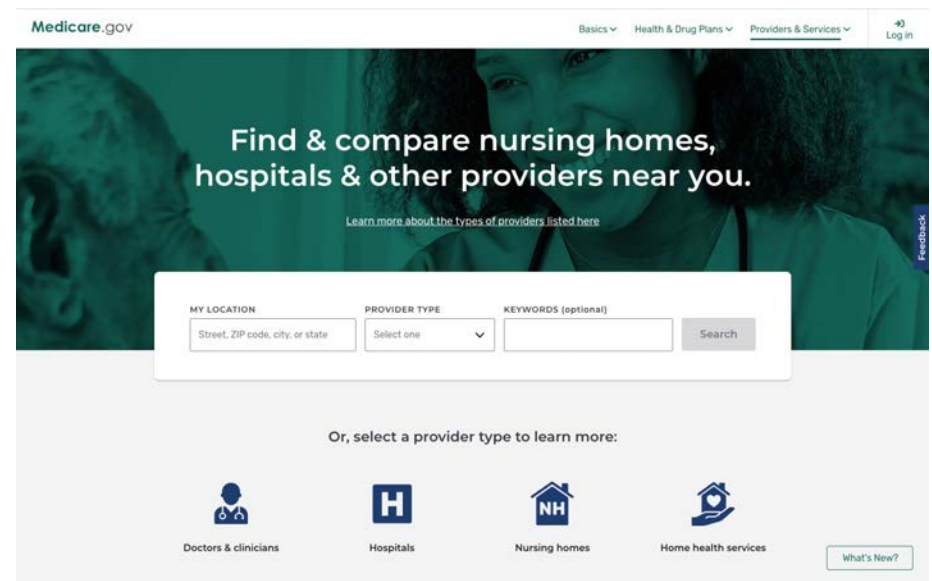
Feedback and Information to Improve Performance

- Required annually
- Intend to provide feedback on Quality and Cost annually on July 1
 - Info on Promoting Interoperability and Improvement Activities if technically feasible
- COVID caused feedback delays:
 - 2020, August 5
 - 2021 August 2 and September 27

medicare.gov/care-compare/

Physician Compare & Hospital Compare – Rebranded; includes:

- Doctors and Clinicians
 - Hospitals
 - Nursing Homes
 - Home Health Services
 - Hospice Care
 - Inpatient Rehabilitation Facilities
 - Long Term Care Hospitals
 - Dialysis Facilities
- MIPS Value Pathways
 - Delay MVP-reported data publication until 2024
 - Expect subgroup data link from individual or group profile pages





Released Monday November 15, 2021

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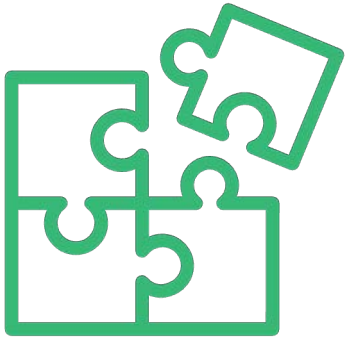
**Care Compare:
Doctors and Clinicians**

Doctors and Clinicians Preview Period is Now Open

The Doctors and Clinicians Preview Period is officially open as of **November 15, 2021**. You can now preview your 2020 Quality Payment Program (QPP) performance information before it will appear on clinician and group profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#). You can access the secured Preview through the [QPP website](#).

Please refer to the resources below on how to preview your information:

- Pre-recorded Presentation: Preview Period: Performance Information for Doctors and Clinicians ([Recording](#)) ([Slides](#)) ([Transcript](#))
- [Doctors and Clinicians Preview Period User Guide](#)



Alternative Payment Models



Sunset Web Interface for ACOs 2021 - 2024

- Submitting Through the APM Performance Pathway starting 2021
- 2 methods for Quality Submission
 - May use the 10 measures of the web interface through 2024
 - May use the 3 measures of the APP as of 2021 (MIPS CQM or eCQM)
 - Thereafter, limited to the MIPS CQM or eCQM measures of the APP
- Incentive for Using the MIPS CQM/eCQM measures in 2022 and 2023
 - For Web Interface users, the Quality Standard is the 35th percentile
 - For MIPS CQM/eCQM users
 - Need only score $\geq 10^{\text{th}}$ %ile on ≥ 1 Outcome Measure
 - AND $\geq 30^{\text{th}}$ %ile on ≥ 1 one other measure

APM Performance Pathway & MSSP

Join us tomorrow, Wednesday, Nov. 17th:

**2022 Final Rule & the End of Web Interface:
How to Make the Transition to CQMs**

RSVP here:

<https://minglehealth.com/resource/2022-final-rule-web-interface-transition-qpp-webinar/>

Primary Care First

- First Cohort: Beginning 1/1/2021
- Second Cohort: Beginning 1/1/2022
- Quality Reporting - Claims
- Attribution
- HCC risk optimization
- Health Risk Assessment
- Care Management

Other APM Changes

- Additions to the list of codes defining primary care services
- Relax the Repayment Mechanism requirements
- Give existing MSSP participants opportunity to reduce their repayment mechanisms
- Streamline the application process for MSSP
- Relax beneficiary notification requirements

Adjusted Evolution of Qualify Participant Threshold

TABLE 75: QP Threshold Score Updates

Medicare Option - Payment Amount Method						
Performance year / Payment Year	2021/2023 (Percent)		2022/2024 (Percent)		2023/2025 and later (Percent)	
QP Payment Amount Threshold	50		50		75	
Partial QP Payment Amount Threshold	40		40		50	
Medicare Option - Patient Count Method						
Performance year / Payment Year	2021/2023 (Percent)		2022/2024 (Percent)		2023/2025 and later (Percent)	
QP Patient Count Threshold	35		35		50	
Partial QP Patient Count Threshold	25		25		35	
All-Payer Combination Option - Payment Amount Method						
Performance year / Payment Year	2021/2023 (Percent)		2022/2024 (Percent)		2023/2025 and later (Percent)	
QP Patient Count Threshold	50	25	50	25	75	25
Partial QP Patient Count Threshold	40	20	40	20	50	20
	Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum
All-Payer Combination Option - Patient Count Method						
Performance year / Payment Year	2021/2023 (Percent)		2022/2024 (Percent)		2023/2025 and later (Percent)	
QP Patient Count Threshold	35	20	35	20	50	20
Partial QP Patient Count Threshold	25	10	25	10	35	10
	Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum



MIPS Value Pathways



MVPs

- To begin 2023 Performance Year, 2025 Payment Year
 - 7 MVPs ready for go-live
 - Voluntary MIPS subgroup reporting limited to MVPs and APP
- MVP use expected to require subgroup formation starting performance year 2026



Mingle Health Webinars

Watch for a dedicated Mingle Health
“MIPS Value Pathways” review later this year

Other Interesting Provisions in the Rule



Electronic Prescribing of Controlled Substances

- Effective date of 1/1/2021
- Exempt if provider generates fewer than 100 controlled substance scripts per year
- Threshold for enforcement efforts set at 70% compliance
- Compliance and enforcement actions postponed to 1/1/2023
- Enforcement efforts limited in 2023 to a compliance letter. No fines or penalties
- Rule is specific to prescriptions covered by Medicare Part D
- Specifies use of NCPDP SCRIPT 2017071 as the transmission standard
- EPCS for patients in Long Term Care facilities postponed to 1/1/2025
- Exceptions are expected to be rare and include:
 - When it is impractical to obtain in a timely manner with possible adverse effects on patient's condition
 - When the NCPDP standard does not support transmitting the prescription,
 - When the prescriber is unable to meet DEA requirements for identity proofing for reasons beyond their control;
 - Where EPCS is not available due to temporary technological failure.
 - Waiver requested and granted due to extraordinary circumstances

EPCS Logistics

- Verify prescribing software compatibility with transmission standards
- Obtain Authentication Credentials through Identity proofing (verification) by the parent healthcare institution, a credential service provider, or a certification authority
- Two-factor authentication
- Verification of valid DEA registration
- Access to e-prescribing system granted by designated support staff

Your Partner in Navigating the Challenges of MIPS and QPP Questions?



Dan Mingle, MD, MS
Executive Chairman, Mingle Health
dan.mingle@minglehealth.com



Ask your questions in
the chat box



Talk with your dedicated Mingle
expert about your practice:
minglehealth.com/contact-us



Learn more and get started with our
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Your Partner for Value Based Care Success

Submission is the easy part.
Let us help you with the hard part.

- ✓ Create a plan to avoid penalty
- ✓ Optimize incentive and potential bonus
- ✓ Select the right measures
- ✓ Analyze and improve MIPS scores
- ✓ Successfully submit data to Medicare

