



# 2022 MIPS Participation Highlights and Important Updates

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February 9, 2022



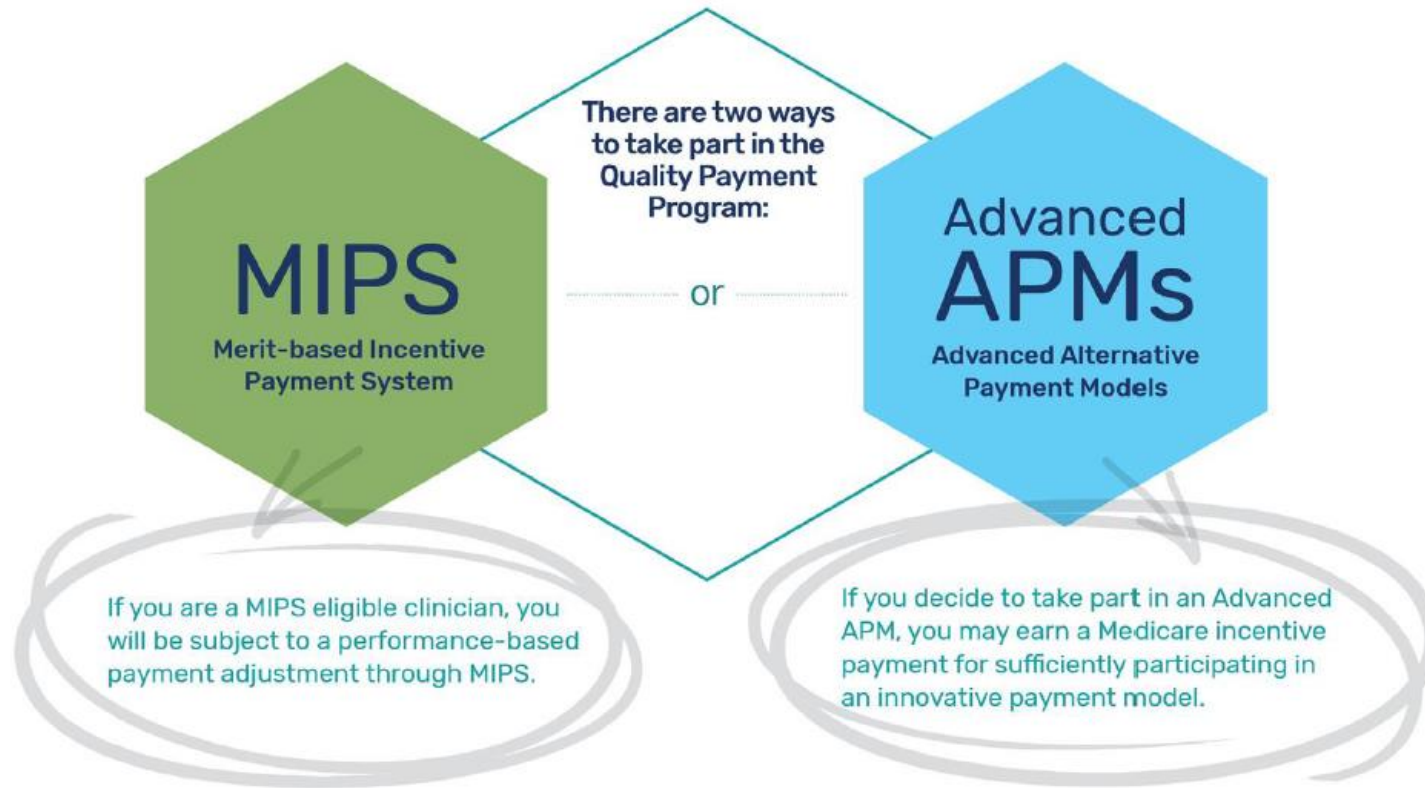
# Agenda

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- ▲ QPP Basics and Tracks of Participation
- ▲ New Eligible Clinician Types
- ▲ 2022 Performance Thresholds
- ▲ Performance Category Weights
- ▲ Performance Category Reweighting
- ▲ 2022 MIPS Performance Category Updates
- ▲ The End of CMS-funded Program Assistance
- ▲ Staying Connected to Altarum

# The Quality Payment Program – MIPS and Advanced APMs

- ▲ The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required CMS by law to implement an incentive program, referred to as the Quality Payment Program (QPP), which provides two participation tracks:



- ▲ Repealed the Sustainable Growth Rate (SGR) formula
- ▲ Changed the way Medicare pays clinicians and establishes a new framework to reward clinicians for value over volume (transitioning away from the Fee for Service payment model)

[WWW.QPP.CMS.GOV](http://WWW.QPP.CMS.GOV)

# 2022 Changes Due to COVID-19???

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- ▲ CMS has not yet announced changes to 2022 MIPS participation due to the ongoing COVID-19 pandemic
- ▲ At this point, assume there will be no “free pass” on 2022 MIPS reporting
- ▲ How/when will we know if the Extreme and Uncontrollable Circumstances (EUC) policy will once again recognize COVID-19 as an acceptable reason?
  - Subscribe to the CMS QPP Listserv for announcements
    - Scroll to the bottom of <https://qpp.cms.gov/> to subscribe
  - 2022 updates will be made to the [COVID-19 Response Fact Sheet](#)

# New Eligible Clinician (EC) Types

- ▲ Adds Clinical Social Workers and Certified Nurse Midwives
- ▲ Quality specialty measure sets for both types
- ▲ Automatic re-weighting of PI category to 0% for Clinical Social Workers

Physicians	Osteopaths	Occupational Therapists
Chiropractors	Physician Assistants	Clinical Psychologists
Nurse Practitioners	Clinical Nurse Specialists	Qualified Speech-Language Pathologists
Certified Registered Nurse Anesthetists	Physical Therapists	Qualified Audiologists
Registered Dietitians or Nutrition Professionals	<b>Clinical Social Workers</b>	<b>Certified Nurse Midwives</b>

# Performance Thresholds

## ▲ Statutory requirements for 2022 (year 6):

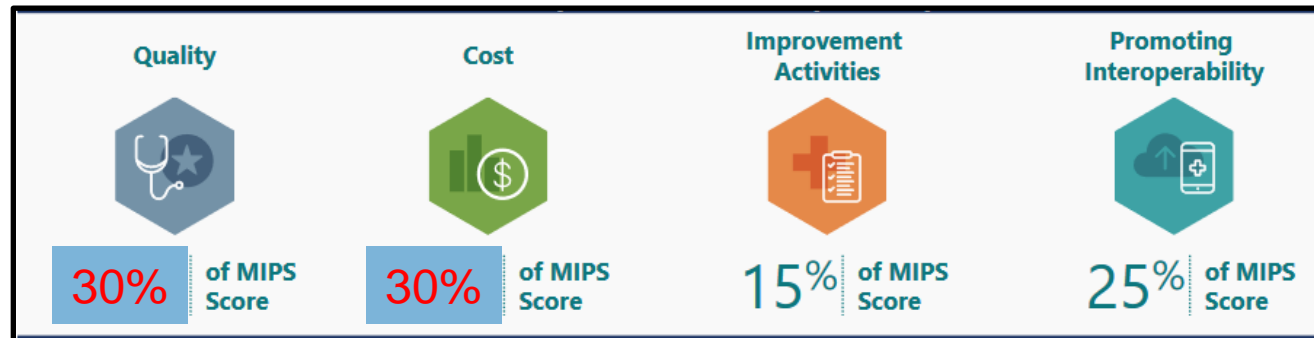
- Performance threshold must be mean or median from prior period
- Exceptional performance threshold must be 25th percentile of possible or actual scores above performance threshold from prior period
- Must be final year of additional performance threshold

## ▲ Finalized using mean performance from 2017:

Threshold	Outcome	2021	2022
Scoring floor	Avoid maximum -9% penalty	15 →	18.75
Performance	Avoid any penalty	60 →	75
Exceptional performance	Extra rewards	85 →	89

# Performance Category Weights

- ▲ By law, Cost and Quality must be equally weighted in 2022+
  - Quality decreases from 40% to 30%
  - Cost increases from 20% to 30%



- ▲ No change to MIPS APM or APP (APM Performance Pathway) weighting

# Other Updates

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- ▲ Complex patient bonus still doubled due to COVID-19 (10pt max)
- ▲ Facility-based measurement only if best available final score
  - Determination previously based on combined Quality/Cost scores
  - Now based on MIPS Final Score
- ▲ Updates public reporting through Care Compare
- ▲ Improves identification of payee TINs for QP bonus
- ▲ Plans transition to digital quality measures by 2025



# Performance Category Reweighting

- ▲ Automatic PI re-weighting for small practices (application no longer needed)
- ▲ Depending on which categories are left, reweighting looks like:

Reweighting Scenario	Quality	Cost	Improvement Activities	Promoting Interoperability
<b>No Reweighting Needed</b>				
- Scores for all four performance categories	30%	30%	15%	25%
<b>Reweight One Performance Category</b>				
-No Cost	55%	0%	15%	30%
-No Promoting Interoperability*	40%	30%	30%	0%
-No Quality	0%	30%	15%	55%
-No Improvement Activities	45%	30%	0%	25%
<b>Reweight Two Performance Categories</b>				
-No Cost and no Promoting Interoperability*	50%	0%	50%	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%

\*The finalized redistribution policy specifically for MIPS eligible clinicians in small practices.



# 2022 MIPS Performance Category Updates

# Quality Performance Category Updates

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- ▲ 200 total measures
  - Substantive changes to 87 existing measures
    - 9 of these won't be eligible to use a [historical benchmark](#) due to the extent of changes
  - Removes 13 measures
  - Adds 4 new measures, including 1 administrative claims measure
- ▲ Maintains data completeness threshold of 70% (for 2022 and 2023)
- ▲ Removes bonus points for:
  - Additional high-priority and outcome measures
  - End-to-end electronic reporting
- ▲ Extends use of CMS Web Interface for 2022
- ▲ No group scoring from claims unless group submits another category
- ▲ Modifies policies for measures with significant changes or errors

# Quality: Benchmarking

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- ▲ Confirms use of 2020 performance data is appropriate
- ▲ Establishes floor for new measures
  - 7-point floor for first year of new measure
  - 5-point floor for second year of new measure
  - Requires data completeness and case minimum to be met
- ▲ Retains 3-point floor for existing measures regardless of benchmark, data completeness or case minimum
- ▲ Reduces floor for existing measures beginning 2023:
  - 1-point for measures with benchmark
  - 0-point for measures without benchmark or if data completeness/case minimum not met
  - Does not apply to small practices (3-point floor for all)

# Improvement Activities Performance Category Updates

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## ▲ Inventory update

- Add 7 new activities
- Remove 6 activities
- Modify 15 activities

## ▲ Focus on health equity subcategory

- 3 of 7 new activities
- 11 of 15 modified activities

## ▲ New activities must meet 2 new criteria:

- Not duplicative
- Beyond standard clinical practice

## ▲ Process to suspend activities that may present patient safety concerns or is obsolete

# Promoting Interoperability Performance Category Updates

- ▲ Adds automatic re-weighting for:
  - Clinical social workers
  - Small practices
- ▲ Modifies Public Health and Clinical Data Exchange
  - Requires [Immunization Registry](#) and [Electronic Case Reporting](#) (unless exclusion can be claimed)
  - For 2022 only, exclude from eCase reporting if [CEHRT](#) vendor is not certified to the standard
  - 5 bonus points for reporting one or more other measures (i.e. 5pts total not 5pt for each)
- ▲ Does not modify Provide Patients Electronic Access to Health Information
- ▲ Newly requires Safety Assurance Factors for EHR Resilience ([SAFER](#)) Guide measure
  - Attest to conducting self-assessment using the [High Priority Practices Guide](#)
- ▲ Modifies Prevention of Information Blocking attestation statement to align with 21<sup>st</sup> Century Cures Act

# Cost Performance Category Updates

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## ▲ Adds 5 new episode-based cost measures

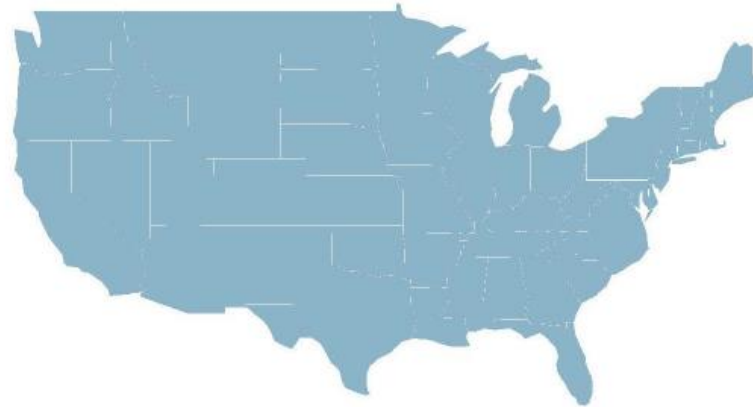
- Procedural:
  - Melanoma Resection
  - Colon and Rectal Resection
- Acute inpatient:
  - Sepsis
- Chronic condition:
  - Diabetes
  - Asthma/Chronic Obstructive Pulmonary Disease (COPD)

## ▲ Calls for stakeholder Cost measure development to expand inventory:

- Development previously limited to CMS contractors
- Adoption of stakeholder measures in 2024 or later

# Free Technical Assistance...IS ENDING 2/15!

CMS has no cost resources and organizations on the ground to provide help to clinicians who are participating in the Quality Payment Program:



## Small & Solo Practices

### Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or assistance getting connected, contact [QPPSURS@IMPAQINT.com](mailto:QPPSURS@IMPAQINT.com).

## Technical Support

### All Eligible Clinicians Are Supported By:

- **Quality Payment Program Website: [qpp.cms.gov](http://qpp.cms.gov)**  
Serves as a starting point for information on the Quality Payment Program.
- **Quality Payment Program Service Center**  
Assists with all Quality Payment Program questions.  
1-866-288-8292 TTY: 1-877-715-622 [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)
- **Center for Medicare & Medicaid Innovation (CMMI) Learning Systems**  
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

Go to [www.qppresourcecenter.org](http://www.qppresourcecenter.org) and click "Join Now"



MIPScast
My Organization
Quality Measures
Score Predictions
Reports
Administration

Clinician: Test Clinician    APM Name: **None**    Year: **2020**    CEHRT Year: **2015**    **Small Practice**

★  
Quality

📄  
Promoting Interoperability

📈  
Improvement Activities

💰  
Cost

📊  
Predicted Score

## Predicted Score

The predicted score is calculated by determining each category score and then combining them based on their assigned weights. In the chart below, the color of each segment represents whether you had a high (green), medium (orange) or low (red) score in the category. The size of each ring represents the category weight for the selected year, adjusted for any reweighting factors. The predicted score is a calculation according to the MIPS rules based on the information you provided. Accuracy and completeness of the information entered will affect the reliability of the predicted score.

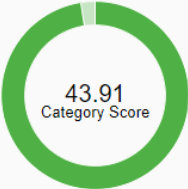
★ **Quality Score:**  
58.54/60.0 Points earned = 97.57%  
97.57% \* 45% weight = 43.91 Points toward final score.

📄 **Promoting Interoperability:**  
68/100 Points earned = 68.00%  
68.00% \* 25% weight = 17.00 Points toward final score.

📈 **Improvement Activities:**  
40/40 Points earned = 100.00%  
100.00% \* 15% weight = 15.00 Points toward final score.

💰 **Cost:**  
0/10 Points earned = 0.00%  
0.00% \* 15% weight = 0.00 Points toward final score.

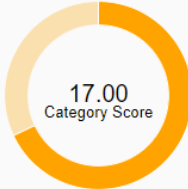
📊 **Predicted Score:**  
43.91 + 17.00 + 15.00 + 0.00 = 75.91



43.91  
Category Score

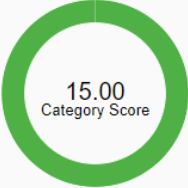
■ Quality 97.57%

75.91



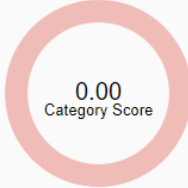
17.00  
Category Score

■ PI 68.00%



15.00  
Category Score

■ IA 100.00%



0.00  
Category Score

■ Cost 0.00%

Name Your Score: May 2020 Score Snapshot

Score Prediction Complete

DOWNLOAD REPORT
📄

# Stay connected with Altarum!



## [Healthy Hearts for Michigan \(HH4M\)](#)

The Healthy Hearts for Michigan program can provide rural primary care providers in Michigan with the no cost assistance and tools needed to better care for your patients suffering from Cardiovascular Disease (CVD).



## [Michigan Sustained Patient-Centered Alcohol-Related Care \(MI-SPARC\)](#)

MI-SPARC supports primary care practices in Michigan to address unhealthy alcohol use by integrating alcohol screenings, preventive advice, and evidence-based treatment options into clinical workflow.



## [Reframing Optimal Management of Pain and Opioids in Older Adults \(ROMPO\)](#)

The ROMPO project is a comprehensive educational program helping providers respond to the unique challenges faced when caring for older (age 60+) patients who have pain.

