HEALTHCARE REGULATORY ROUND-UP - Episode #41

2023 Medicare Physician Fee Schedule Final Rule: Part III (MIPS)

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Introductions

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Agenda

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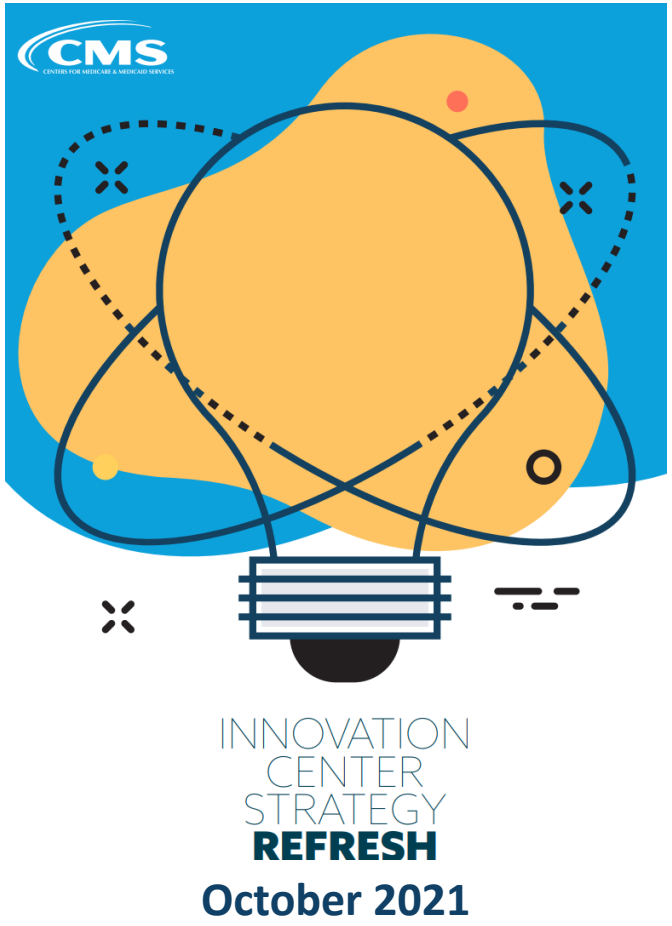
1. Background

CMS Accountable Care Strategy



- By 2030, all traditional Medicare beneficiaries and most Medicaid beneficiaries will be in care relationships with accountability for quality and total cost of care.
  - Advanced primary care models
  - Specialty episodic payment models
  - Accountable care organizations
- **Tactics:**
  - Engage providers
  - Improve benchmarking and performance measures
  - Enable provider participation in downside risk

Source: https://innovation.cms.gov/strategic-direction-whitepaper

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- Created Merit-Based Incentive Payment System (MIPS) - FFS payment adjustments based on composite performance score:


Quality


Cost


Promoting Interoperability (fka, Meaningful Use)


Improvement Activities

- Exception for qualifying APM participants

2. 2023 MIPS With Finalized Changes

2023 MIPS - Quality

- **Data completeness**
  - 2023 – 70% as finalized in the 2022 MPFS
  - *2024 and 2025 – finalized to increase to 75%*
  - *Does not apply to Web Interface measures – first 248 consecutively listed patients or all if < 248; beginning this year, this reporting mechanism is only available to MSSP ACOs for 2023 and 2024*

- **198 quality measures**
  - Adding 9 including:
    - 1 new administrative claims measure
    - 1 composite measure
    - 5 high priority measures
    - 2 new patient-reported outcome measures
  - Substantive changes to 76 existing measures
  - Addition and removal of measures from specific specialty sets
  - Removal of 11 quality measures from inventory and partial removal of 2 measures

2023 MIPS – Quality

- **Benchmark Scoring**
  - In prior years, measures were scored against a historical benchmark from performance period two years prior; if no benchmark was available, CMS attempted to calculate a performance period benchmark.
  - *For 2023, CMS noted administrative claims will be scored exclusively against performance period benchmarks.*
- **High Priority Measures – definition expanded**
  - Outcome quality measure;
  - Appropriate use quality measure;
  - Patient safety quality measure;
  - Efficiency quality measure;
  - Patient experience quality measure;
  - Care coordination quality measure; or
  - Opioid-related quality measure.
  - *Health equity-related quality measures (new in 2023)*

2023 MIPS - Quality

- ***New measures***
  - Psoriasis
  - Dermatitis
  - Screening for social drivers
  - Adult kidney disease
  - Kidney health evaluation
  - Risk standardization of acute CV hospital admission
  - Immune-related diarrhea/colitis
  - Biomarker testing status in certain cancers
  - Adult immunization status

2023 MIPS – Quality

- ***Removed Measures***
  - 075 Prevention of central venous catheter-related bloodstream infection
  - 119 Diabetes: Medical attention for nephropathy
  - 258 Rate of open repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms
  - 265 Biopsy follow up
  - 323 Cardiac stress imaging not meeting AUC
  - 375 Functional status assessment for total knee replacement
  - 425 Photo-documentation of cecal intubation
  - 455 Percentage of patients who died from cancer admitted to ICU in last 30 days of life
  - 460 Back pain after lumbar fusion
  - 469 Functional status after lumbar fusion
  - 473 Leg pain after lumbar fusion
- ***Proposed but not removed***
  - 260 Rate of CEA for asymptomatic patients
  - 261 Referral for otologic evaluation for patients w acute/chronic dizziness
  - 275 IBD assessment of hepatitis B virus status before initiating Anti-TNF therapy
  - 439 Age-appropriate screening colonoscopy

Removed from MIPS but retained in MVPs

- 110 Preventative care and screening: influenza
- 111 Pneumococcal vaccination for older adults

2023 MIPS – Quality

- **CAHPS for MIPS Case Mix Adjustment Factors**
  - Age
  - Education
  - Self-reported general health status
  - Self-reported mental health status
  - Proxy response
  - Medicaid dual-eligibility
  - Eligibility for Medicare's low-income subsidy
  - *Spanish language spoken at home; Asian language spoken at home; other language spoken at home*

2023 MIPS - Quality

- 2023 Certified Electronic Health Record Technology (CEHRT) requirements
  - Must use technology certified to 2015 Edition Cures Update certification for Promoting Interoperability performance category and to report electronic clinical quality measures for the quality category
- Transitioning to a new EHR in 2023?
  - 12 months' and 70% data completeness still required
  - Requirements may be met by supplying data from each EHR system used before and after the transition and aggregating data into a single 12-month report for submission
  - If aggregation is not possible, measure score will reflect the inability to meet the performance period and data completeness threshold

https://qpp.cms.gov/2023 QPP Final Rule External FAQs

2023 MIPS – Cost

- Cost improvement scoring began in 2022.
- *Finalized that a maximum cost improvement score of 1 percentage point out of 100 percentage points available starting with the 2022 performance period.*
  - *Purpose is to adhere to statutory requirement of accounting for improvement in the assessment of performance under the cost category.*
  - *All MIPS eligible clinicians will receive a cost improvement score of zero percentage points for the 2022 performance period because CMS didn't calculate cost measure scores for the 2021 performance period.*

2023 MIPS – Improvement Activities

- 104 Improvement Activities in 8 categories

Expanded Practice Access	Population Management	Care Coordination	Beneficiary Engagement
Patient Safety Practice Assessment	Achieving Health Equity	Emergency Response and Preparedness	Integrated Behavioral and Mental Health

- *Added 4 new activities:*
  1. *Adopt CHIT for security tags for EHR data (medium weight)*
  2. *Create and implement a plan to improve care for lesbian, gay, bisexual, transgender and queer patients (high)*
  3. *Create & implement a language access plan (high)*
  4. *COVID-19 vaccine achievement for practice staff (medium); exemption added for contraindication*
- *Modified 5 activities*

2023 MIPS – Improvement Activities

- Deleted 6 activities
  1. IA_BE_7 – Participation in a QCDR that promotes patient engagement tools (medium)
  2. IA_BE_8 – Participation in a QCDR that promotes collaborative learning network opportunities that are interactive (medium)
  3. IA_PM_7 – Use of QCDR for feedback reports that incorporate population health (high)
  4. IA_PSPA_6 – Consultation of the Prescription Drug Monitoring Program (PDMP) (high)
  5. IA_PSPA_20 – Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (medium)
  6. IA_PSPA_30 – PCI Bleeding Campaign (high)

2023 MIPS - Promoting Interoperability

- ***Finalized discontinuation of automatic reweighting for:***
  - Nurse practitioners
  - Physician assistants
  - Certified registered nurse anesthetists
  - Clinical nurse specialists

- **Continuing reweighting for:**
  - Clinical social workers
  - Physical/occupational therapists
  - Qualified speech-language pathologists
  - Qualified audiologists
  - Clinical psychologists
  - Registered dieticians or nutrition professionals
  - Ambulatory Surgical Center-based
  - Hospital-based
  - Non-patient facing
  - Small practice

2023 MIPS – Promoting Interoperability

- *Finalized ability to report at the APM Entity level in addition to individual and group level*
- *Changes to Public Health and Clinical Data Exchange Objective require submittal of level of engagement - "Pre-production and Validation" and "Validated Data Production"*
- *Finalized requirement that MIPS eligible clinicians may spend only one performance period at the Pre-production and Validation level of active engagement per measure*
  - *Must progress to the Validated Data Production level in the next performance period*
  - *Delayed until 2024 performance period*

2023 MIPS – Promoting Interoperability

- *Finalized Query of Prescription Drug Monitoring Program (PDMP) as a required measure worth 10 points*
  - *Previously an optional measure worth 10 bonus points*
  - *Expanded to include Schedule III and IV drugs in addition to the Schedule II opioids historically required*
- *Finalized a 3rd option for Health Information Exchange (HIE) – Participation in the Trusted Exchange Framework and Common Agreement (TEFCA)*

2023 MIPS – Promoting Interoperability

2022

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	Bonus: Query of PDMP	10 points (*bonus*)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points
	-OR-	
	Health Information Exchange Bi-Directional Exchange*	40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points

Finalized 2023

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	Query of PDMP	10 points*
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	15 points*
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points*
	-OR-	
	Health Information Exchange Bi-Directional Exchange*	30 points*
	-OR-	
	Participation in TEFCA	30 points*

2023 MIPS – Promoting Interoperability

2022

Objective	Measure	Maximum Points
Public Health and Clinical Data Exchange	Report the following 2 measures:* • Immunization Registry Reporting • Electronic Case Reporting	10 points
	Report one of the following measures: • Syndromic Surveillance Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting	5 points (*bonus*)

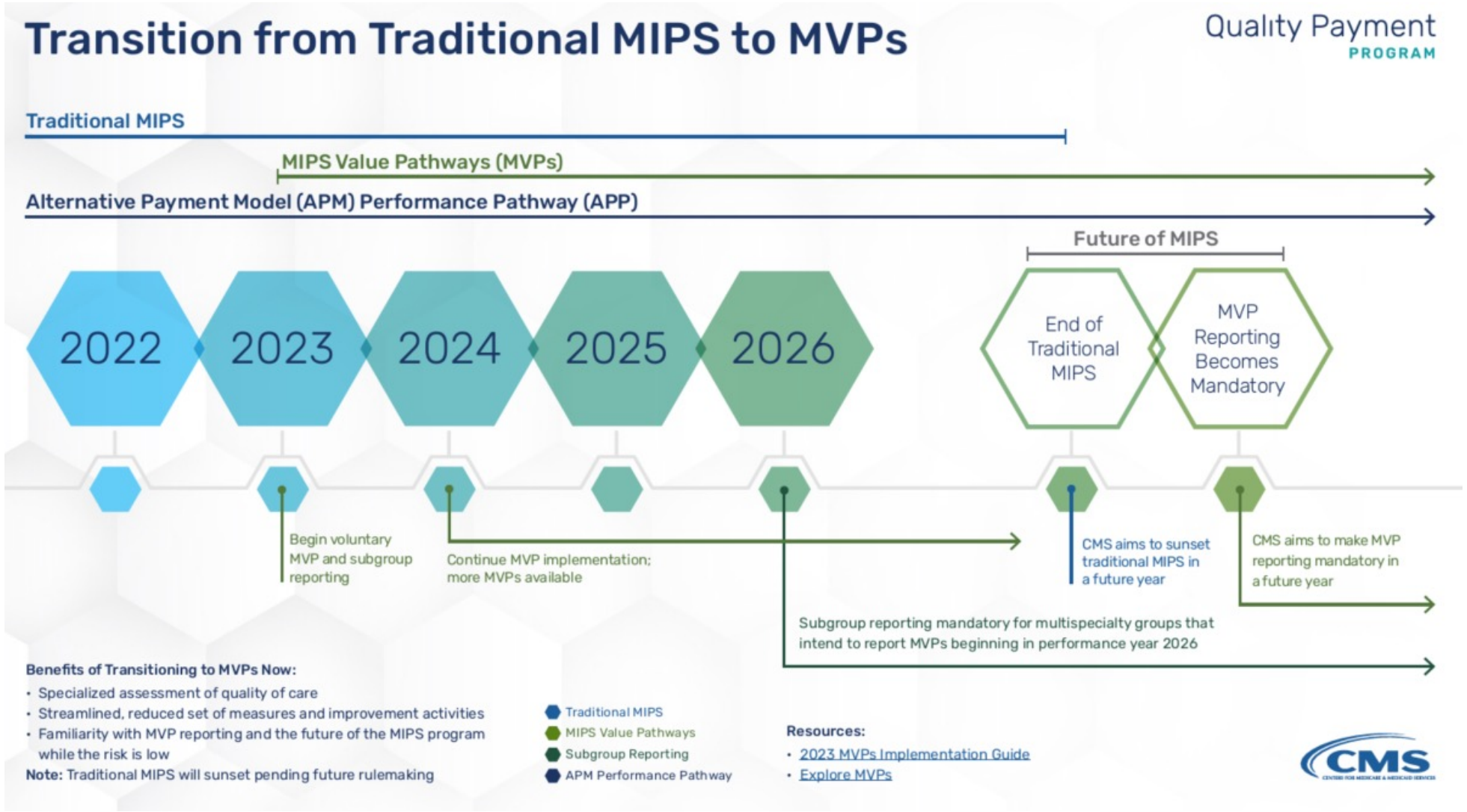
Finalized 2023

Objective	Measure	Maximum Points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 points*
Public Health and Clinical Data Exchange	Report the following 2 measures: • Immunization Registry Reporting • Electronic Case Reporting	25 points*
	Report one of the following measures: • Syndromic Surveillance Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting	5 points *(bonus)**

3. MIPS Value Pathways (MVPs)

MVPs

- **Goal**
  - Meaningful comparison among like specialties, medical conditions, or episode of care while reducing reporting burden and improving patient care
- **Timeline**
  - **PY 2023 – 2025:** Individual clinicians, single/multispecialty groups, subgroups, and APM entities on an MVP for all MIPS categories
  - **PY 2026:** Multispecialty groups required to form subgroups
  - **PY 2023 – 2027:** Add specialties to MVP list
- Originally proposed to use PECOS as the data source for specialty determination of a single/multi-specialty groups; *finalized use of Part B claims for this determination*



https://qpp.cms.gov/resources/resource-library

MVPs

- **Registration process between April 1 and November 30**
  - Or a later date, as specified by CMS
  - **Must register by June 30 of the performance year if using CAHPS for MIPS Survey**
  - At time of registration, will select the MVP intend to report and one population health measure included in the MVP, as well as any outcomes-based administrative claims measure on which the participant intends to be scored, if available within the MVP
  - **Changes cannot be made after November 30 of the performance year**
  - Cannot report on an MVP that was not registered for
  - Subgroup registration
    - A list of TIN/NPIs in the subgroup
    - Plain language name for the subgroup (public reporting)
    - Description of the composition of the subgroup
    - Clinician (NPI) only allowed to register for one subgroup per TIN
    - Use the initial 12-month segment of 24-months MIPS determination period to determine eligibility

MVPs

- **Subgroup scoring**
  - Administrative claims measures are proposed to be scored at the TIN level and applied to all subgroups including
    - Foundational layer
    - Quality Performance Category
    - Cost Performance Category
  - No score assigned to a subgroup that registers but does not submit data as a subgroup

MVPs

- **MPFS 2022:** 7 MVPs proposed for 2023
- **MPFS 2023:** Finalized the 7 previously established and added 5 new MVPs
  - Revisions relate mostly to changes in Improvement Activities inventories and adding the ONC Direct Review attestation requirement left out of the 2022 MPFS Final Rule

2023 MVP Pathways from 2022 MPFS

- ✓ Rheumatology
- ✓ Stroke Care and Prevention
- ✓ Heart Disease
- ✓ Chronic Disease Management
- ✓ Emergency Medicine
- ✓ Lower Extremity Joint Repair
- ✓ Anesthesia

2023 MVP Pathways from 2023 MPFS

- ✓ Advancing Cancer Care
- ✓ Optimal Care for Kidney Health
- ✓ Optimal Care for Patients with Episodic Neurological Conditions
- ✓ Supportive Care for Neurodegenerative Conditions
- ✓ Promoting Wellness

MVP Reporting Requirements

Quality Performance Category

- 4 quality measures
- 1 must be an outcome measure (or a high priority measure if an outcome is not available or applicable)
- This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP

IA Performance Category

- 2 medium-weighted improvement activities OR one high-weighted improvement activity OR IA_PCMH.

Cost Performance Category

- CMS would calculate performance exclusively on the cost measures that are included in the MVP using administrative claims data.

Foundational Layer

Population Health Measures

- At the time of MVP Participant registration, MVP Participants would select 1 population health measure. CMS would calculate these measures through administrative claims and add the results to the quality score.
- For the 2023 performance period, select from:
  - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Promoting Interoperability Performance Category

- MVP Participants would report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category.

MVPs

- ***Additions to the MVP Development Process***
  - *Expanding opportunities to provide feedback on viable MVP candidates by posting draft versions on QPP website to solicit feedback*
  - *CMS will review the feedback and determine if changes should be incorporated into a candidate MVP before its proposed rulemaking*

- ***Revisions to the MVP Maintenance Process***
  - *Expanding opportunities to participate in MVP maintenance by hosting an annual public webinar to discuss potential MVP revisions that have been identified*
  - Interested parties can submit recommendations for previously finalized MVPs by sending an email to CMS detailing the recommended changes (finalized in the 2022 rulemaking)

4. Alternative Payment Models (APMs)

MIPS APMs

- **MIPS APMs**
  - APM entities that participate in the APM under an agreement with CMS
  - APM bases payment incentives on performance at either the entity or clinician level on cost/utilization and quality measures
- **APM Performance Pathway (APP)**
  - Designed to reduce reporting burden, create new scoring opportunities for participants and encourage participation in APMs
    - Creates more stable environment to move into risk-bearing environment and alleviates concerns about reporting MIPS if Qualifying Participant (QP) status isn't obtained
  - Three performance categories – Quality, Promoting Interoperability, Improvement Activities
  - Available to MIPS eligible clinicians identified on the APM Participation List or Affiliated Practitioner List in any MIPS APM on any of the 4 snapshot dates (March 31, June 30, August 31, December 31)

MIPS APMs

- **Quality – predetermined measures (50% of score)***
  - Diabetes
  - Screening for Depression
  - Controlling High Blood Pressure
  - CAHPS for MIPS Survey
  - Hospital-wide, 30-day All Cause Readmission
  - Risk standardization hospital admission rates for patients with multiple chronic conditions
  - Additional measures required for MSSP ACOs

*assuming no exceptions, special statuses apply

MIPS APMs

- **Promoting Interoperability (30% of score)***
  - Follows the same 4 categories as traditional MIPs
  - Participants can report individually, as a group, or as an APM Entity (new in 2023)

- **Improvement Activities (20% of score)***
  - MIPS APM participation counts as the improvement activity
  - MIPS APM participants automatically receive 100% for this category in the 2023 performance year
  - No additional reporting is required

*assuming no exceptions, special statuses apply

MIPS APMs

- **Nominal Risk Expiration Removed**
  - Removed the 2024 expiration of the 8% minimum on the Generally Applicable Nominal Risk standard for Advanced APMs
  - Made the 8% minimum permanent
- **Medical Home Model**
  - Finalized the application of the 50 eligible clinician limit to the APM Entity participating in the Medical Home Model; previously applied based on the size of the parent organization rather than the size of the APM Entity itself

5. MIPS Scoring

2023 MIPS Scoring

- **Final Scoring**
  - *Facility-based MIPS clinician are eligible to receive the complex patient bonus even if they don't submit data for at least one MIPS category*
  - *A virtual group is eligible for facility-based measurement provided CMS determines the virtual group meets the specified eligibility standards of having 75% or more of the eligible clinicians in the virtual group meet the definition of a facility-based MIPS eligible clinician*

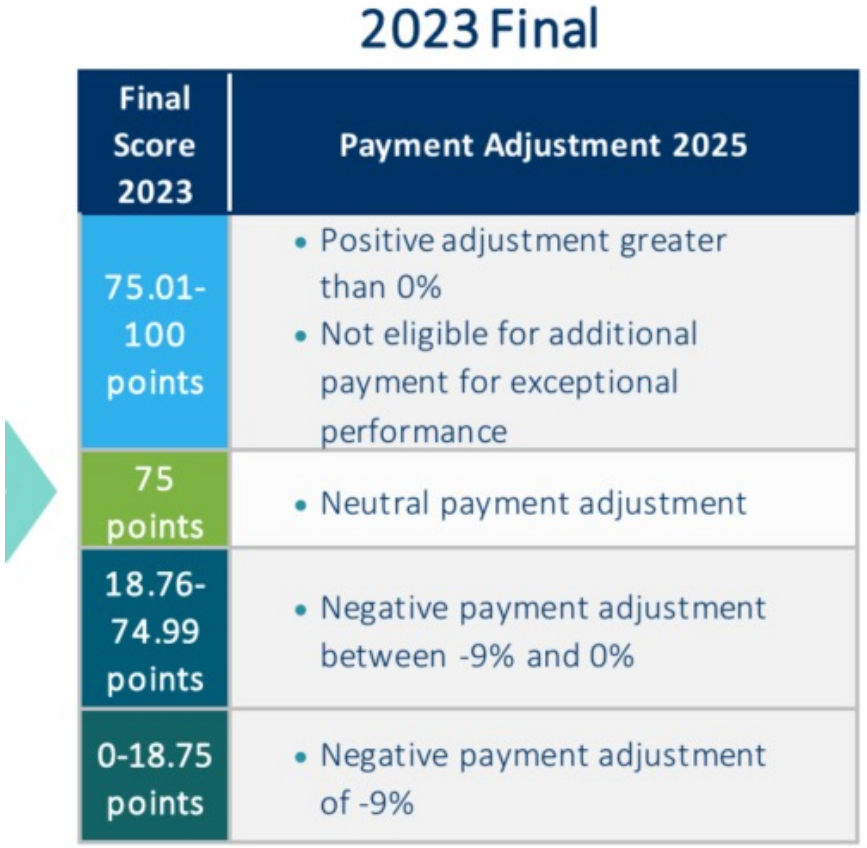
- **2023 Changes Finalized in 2022**
  - Removing 3-point floor for measures that can be reliably scored
  - Removing 3-point floor for measures without a benchmark or that don't meet case minimum requirements (0 points except small practices can continue to receive 3-points)

2023 MIPS Composite Score Components

Performance Category	Performance Category Weights		
	2023 Traditional MIPS Individuals, Groups, Virtual Groups (no change for 2022)	2023 Traditional MIPS APM Entities (no change for 2022)	2023 APM Performance Pathway (APP) Individuals, Groups, APM Entities (no change for 2022)
Quality	30%	55%	50%
Cost	30%	0%	0%
Improvement Activities	15%	15%	20%
Promoting Interoperability	25%	30%	30%

https://qpp.cms.gov/resources/webinars 2023 Quality Payment Program Final Rule

2023 MIPS – Final Scoring



(mean score from 2017 performance period)

https://qpp.cms.gov/resources/webinars 2023 Quality Payment Program Final Rule

6. Public Reporting

Public Reporting

- **Telehealth Indicator**
  - Finalized a policy to publicly report a telehealth indicator, as applicable and technically feasible, on individual clinician profile pages for those clinicians furnishing covered telehealth services.
  - Goal is to empower patients' healthcare decisions
- **Utilization Data**
  - Finalized a policy to publicly report certain procedure information (utilization data) on individual clinician profiles
  - Goal is to empower patients to find providers who have performed specific procedures

7. Takeaways

Takeaways

- Evaluate available options and determine your MIPS pathway for 2023.
- Review changes to quality measures and improvement activities to evaluate the need to modify your operations, data gathering, and monitoring/reporting to facilitate success.
- Continue leveraging your operational, clinical, quality and IS team members for best opportunity for success.
- If considering MVP, ensure your vendor can support MVP data aggregation and reporting.
    - Evaluate benefits/risks of early adoption
- Continue to evaluate APM options as available and ready.
- Develop your entity's MIPS strategy for the next 2-3 years understanding traditional MIPS will likely be sunset in 2027.

2022 Performance Year Considerations

- Reporting for 2022 Performance Year is due March 31, 2023
- Extreme and Uncontrollable Circumstance (EUC) application window extended to 8p ET March 3, 2023
  - Individual, groups and virtual groups can apply; APM Entities can submit on behalf of all MIPS eligible clinicians in the APM Entity
  - Automatic reweighting to zero will not occur
  - EUC application for one or more performance categories citing that they have been impacted by the COVID-19 pandemic
- If approved, CMS will reweight one or more categories; if only 1 category can be scored, then final score will equal the performance threshold and the payment adjustment will be neutral.
  - Applies as long as additional data is not submitted; if submitted, it will be scored and applied as applicable.

8. Resources

Resources

- qpp.cms.gov
- Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Final Rule Making: Quality Payment Program (QPP) Policy Proposals Overview
- Changes to Quality Payment Program (QPP) Policies in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Final Rule Making (NFRM)
- Quality Payment Program (QPP) Policies in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Final Rule: MIPS Value Pathways (MVPs)
- Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) Tables for CY 2023 MIPS Performance Period/2025 Payment Year

How can we HELP?

A national healthcare advisory services firm providing consulting, audit, and tax services