

Quality Payment PROGRAM

OVERVIEW OF THE 2022 QUALITY PAYMENT PROGRAM FINAL RULE

November 10, 2021



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Quality Payment Program

Topics



2022 Final Rule: Quality Payment Program Policies

- Traditional Merit-based Incentive Payment System (MIPS)
- MIPS Value Pathways (MVPs)
- Public Reporting
- Advanced Alternative Payment Models (APMs)
- Medicare Shared Savings Program and APM Performance Pathway (APP)
- Help and Support
- Q&A

Reminder: Upcoming Deadlines



- November 29 – Deadline to submit a targeted review for the **2020 performance year**
- December 31 –Promoting Interoperability Hardship Exception and Extreme and Uncontrollable Circumstances (EUC) Applications close for the **2021 performance year**
- December 31 –virtual group election period for the **2022 performance year** closes

2021 MIPS Automatic Extreme and Uncontrollable Circumstances Update



- CMS is applying the Merit-based Incentive Payment System (MIPS) automatic extreme and uncontrollable circumstances (EUC) policy to ALL individually MIPS eligible clinicians for the 2021 performance year
- The automatic EUC policy only applies to MIPS eligible clinicians participating as individuals
- The automatic EUC policy doesn't apply to groups, virtual groups, or Alternative Payment Model (APM) Entities

Rule Resources



QPP 2022 Final Rule Resources Zip File Resources:

- **Overview Fact Sheet:** overview of policies for 2022 performance year
- **Policies Comparison Table:** comparison of final 2022 performance year policies to requirements for 2021 performance year
- **MVP Policies Table:** overview of policies for implementation of MVPs beginning in 2023 performance year
- **Frequently Asked Questions (FAQs):** addresses potential questions around rule policies

Rule Highlights

2022 Performance Year



Key QPP policies in the 2022 performance year include:

- Revising definition of MIPS eligible clinician to include **social workers and certified nurse-midwives**
- Setting MIPS performance threshold at **75** points and exceptional performance threshold at 89 points
- Weighting cost and quality performance categories equally (as statutorily required) at **30%**
- Revising quality scoring policies, including introduction of a floor for new measures (7 points for first year, 5 points for second year) and removal of outcome/high priority measure bonus points and end-to-end electronic reporting bonus points

Rule Highlights

2022 Performance Year



Key QPP policies in the 2022 performance year (continued) include:

- Extending CMS Web Interface in traditional MIPS for 2022 performance year only
- Finalizing longer transition for electronic clinical quality measures (eCQMs)/MIPS clinical quality measures (CQMs) reporting for Shared Savings Program Accountable Care Organizations (ACOs) reporting the APP
 - Extending CMS Web Interface for Shared Savings Program ACOs through performance year 2024

Rule Highlights

2023 and Beyond



Following updates were also included in rule and affect future years of QPP:

- Finalizing **7** MVPs that will be available, beginning with 2023 performance year (PY)
- Providing description of registration process and timeline for MVP and subgroup registration, beginning with PY 2023
 - Multispecialty groups required to form subgroups in order to report MVPs starting with PY 2026
- Starting with PY 2023, the 3-point floor for quality measures that 1) can be scored against a benchmark, 2) don't have a benchmark, and 3) don't meet case minimum will be removed



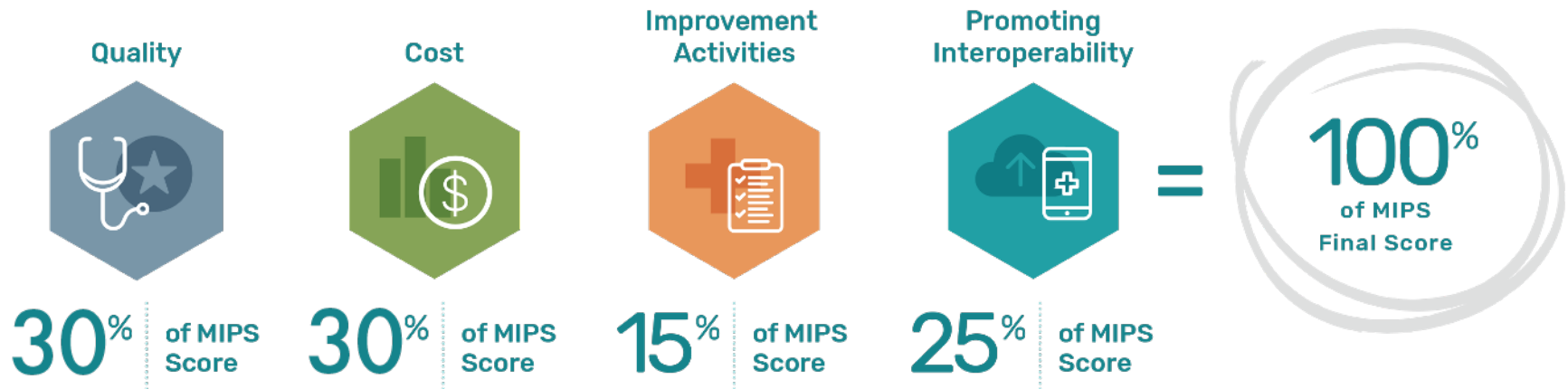
MIPS IN 2022

Merit-based Incentive Payment System (MIPS)



Overview

MIPS Performance Categories



MIPS scoring is comprised of **4** performance categories





So what? The points from each performance category are added together to give you a MIPS Final Score.

The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment.**

2022 MIPS Final Rule

Performance Category Weights



	Performance Category Weights					
Performance Category	2021 Traditional MIPS Individuals, Groups, Virtual Groups	2022 Traditional MIPS Individuals, Groups, Virtual Groups	2021 Traditional MIPS APM Entities	2022 Traditional MIPS APM Entities (no change)	2021 APM Performance Pathway (APP) Individuals, Groups, APM Entities	2022 APM Performance Pathway (APP) Individuals, Groups, APM Entities (no change)
Quality 	40%	30%	55%	55%	50%	50%
Cost 	20%	30%	0%	0%	0%	0%
Improvement Activities 	15%	15%	15%	15%	20%	20%
Promoting Interoperability 	25%	25%	30%	30%	30%	30%

2022 MIPS Final Rule

MIPS Eligible Clinician Types



2021 Final

The following clinician types are eligible for MIPS:

- Physicians
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals



2022 Final

In response to stakeholder requests, the following MIPS clinician types will **also** be eligible for MIPS:

- Clinical social workers
- Certified nurse-midwives



2022 FINAL RULE POLICIES

Traditional MIPS – Quality
Performance Category

Quality Performance Category Basics



- 12-month reporting
- You select 6 individual measures
 - 1 must be an outcome measure OR a high-priority measure (if an outcome is not available)
- *Or* you report all 10 CMS Web Interface measures (groups only)



2022 Traditional MIPS

Quality Performance Category



Quality Measures

CMS will include **200** quality measures including:

- Substantive changes to 87 existing MIPS quality measures
- Changes to specialty sets
- Removal of measures from specific specialty sets
- Removal of 13 quality measures
- Addition of 4 quality measures, including 1 new administrative claims measures:
 - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

2022 Traditional MIPS

Quality Performance Category



CMS Web Interface: Traditional MIPS

2021 Final	2022 Final
The CMS Web Interface will sunset as a collection type and submission type for traditional MIPS beginning with the 2022 performance year.	<p>CMS will extend the CMS Web Interface as a collection and submission type in traditional MIPS for registered groups, virtual groups, and APM Entities with 25 or more clinicians for the 2022 performance year.</p> <p>Note: effective CY2023, MIPS groups* will need to report via another collection method</p>

**Excludes Shared Savings Program participants; see Shared Savings Program slides for details*

2022 Traditional MIPS

Quality Performance Category



Quality Measure Benchmarks

2021 Final	2022 Final
<p>We'll establish historical benchmarks for the 2021 performance period, using data submitted in the baseline (2019 performance period.)</p> <p><i>After analyzing the 2019 data, we found it to be reliable and determined there was no need to use performance benchmarks exclusively.</i></p>	<p>We'll establish historical benchmarks for the 2022 performance period, using data submitted in the baseline period (2020 performance period.)</p> <p><i>After analyzing the 2020 data, we found it to be reliable and determined there was no need to use performance benchmarks exclusively or to use a different baseline period (such as CY 2019) to create historical benchmarks.</i></p>

2022 Traditional MIPS

Quality Performance Category



Data Completeness

2021 Final	2022 Final
To meet data completeness*, performance data must be reported for at least 70% of the denominator eligible encounters.	<p>CMS will maintain the current data completeness threshold at 70% for the 2022 and 2023 performance periods.</p> <ul style="list-style-type: none">• MIPS CQM, eCQM, and QCDR measure specifications include all encounters, regardless of payer.• Only Medicare Part B claims measure specifications are limited to Medicare Part B encounters.

**Data completeness means volume of performance data reported for the measure's eligible population*

2022 Traditional MIPS

Quality Performance Category



Quality Measure Scoring

	PY 2021 Final	PY 2022 Final	PY 2023 & Beyond Final
New Measures	No existing policy other than general policy to award 3 points to measures without a benchmark	CMS will introduce a new policy to establish: <ul style="list-style-type: none">• A 7-point floor for new measures in their first year in MIPS• A 5-point floor for new measures in their second year in MIPS	<ul style="list-style-type: none">• No change from PY 2022
Measures that can be scored on performance (Class 1 Measures)	Measures that meet case minimum and data completeness requirements and have a benchmark will receive 3 - 10 points	No change from PY 2021	CMS will remove the 3-point floor, and these measures will receive 1-10 points (no exceptions for small practices) Note: This change will not apply to new measures in the first 2 performance periods available for reporting.

2022 Traditional MIPS

Quality Performance Category



Quality Measure Scoring

	2021 Final	2022 Final	PY 2023 & Beyond Final
Measures without a benchmark (Class 2 Measures)	Measures without a benchmark (historical or performance period) will earn 3 points	No change from PY 2021	Measures without a benchmark will earn 0 points. <ul style="list-style-type: none">• Exception: Small practices will continue to earn 3 points for these measures Note: This change will not apply to new measures in the first 2 performance periods available for reporting.
Measures that Don't Meet Case Minimum (Class 2 Measures)	Measures that don't meet case minimum (20 cases) will earn 3 points. Note: This policy only applies to quality measures submitted by clinicians. Measures calculated from administrative claims are excluded from scoring if the case minimum isn't met.	No change from PY 2021	Measures that don't meet case minimum will earn 0 points. <ul style="list-style-type: none">• Exception: Small practices will continue to earn 3 points for these measures Note: This change will not apply to new measures in the first 2 performance periods available for reporting.

2022 Traditional MIPS

Quality Performance Category



Quality Measure Scoring

	2021 Final	2022 Final	PY 2023 & Beyond Final
Measures that Don't Meet Data Completeness (Class 3 Measures)	<p>Measures that don't meet data completeness (70%) will earn 0 points</p> <p>Exception: Small practices will continue to earn 3 points for these measures</p> <p>Note: This policy only applies to quality measures submitted by clinicians. Measures calculated from administrative claims are excluded from scoring if the case minimum isn't met.</p>	No change from PY 2021	No change from PY 2021
Outcome and High-Priority Bonus Points	<p>Additional measures receive bonus points if data completeness criteria and case minimum are met:</p> <ul style="list-style-type: none"> • Outcome/patient experience: 2 bonus points • High-priority: 1 bonus point 	Beginning with PY 2022, CMS will remove bonus points for reporting additional outcome and high-priority measures, beyond the 1 required.	No change from PY 2022
End-to-End Electronic Reporting Bonus Points	<p>Each measure that meets end-to-end electronic reporting criteria receives 1 bonus point.</p> <p>Measures do not have to meet data completeness or case minimum.</p>	Beginning with PY 2022, CMS will remove bonus points for measures that meet end-to-end electronic reporting criteria.	No change from PY 2022

2022 Traditional MIPS

Quality Performance Category



Quality Scoring Flexibilities

2021 Final	2022 Final
<p>CMS Increased previous scoring flexibility by:</p> <ul style="list-style-type: none">• Expanding the list of reasons that a quality measure may be impacted during a performance period• Revising when to allow scoring of the measure with a performance period truncation (9 months) or the complete suppression of the measure if 9 months of data isn't available.	<p>CMS will expand the list of reasons that a quality measure may be impacted to include:</p> <ul style="list-style-type: none">• Changes to the active status of codes• Inadvertent omission of codes• Inclusion of inactive/inaccurate codes

2022 Traditional MIPS

Quality Performance Category



Quality Scoring for Groups Reporting Medicare Part B Claims Measures

2021 Final	2022 Final
CMS will automatically calculate a quality performance category score at the individual and group levels when Medicare Part B Claims measures have been reported by small practices.	CMS will only calculate a group-level quality score from Medicare Part B claims measures if the practice submitted data for another performance category as a group (signaling their intent to participate as a group).



2022 FINAL RULE POLICIES

Traditional MIPS – Cost
Performance Category

Cost Performance Category Basics

- 12-month reporting period
- No reporting to CMS
- Measures include:
 - Medicare Spending Per Beneficiary Clinician (MSPB-C) measure
 - Total Per Capita Cost (TPCC) measure
 - 23 episode-based measures (18 existing + 5 new measures)



2022 Traditional MIPS

Cost Performance Category



Measures:

2021 Final	2022 Final
<p>Measures:</p> <ul style="list-style-type: none">• Total Per Capita Cost (TPCC)• Medicare Spending Per Beneficiary Clinician (MSPB Clinician)• 18 episode-based measures	<p>CMS will add 5 episode-based cost measures into the MIPS cost performance category beginning with the 2022 performance period:</p> <ul style="list-style-type: none">• 2 procedural measures (Melanoma Resection, Colon and Rectal Resection)• 1 acute inpatient measure (Sepsis)• 2 chronic condition measures (Diabetes, Asthma/Chronic Obstructive Pulmonary Disease [COPD])

2022 Traditional MIPS

Cost Performance Category



Cost Measure Development Process

2021 Final	2022 Final
In the current measure development process, all cost measures are developed by CMS's measure development contractor.	In addition to the current process, CMS will establish a process of cost measure development by stakeholders including a call for cost measures beginning in the CY 2022 for earliest adoption into the MIPS program by the 2024 performance period.



2022 FINAL RULE POLICIES

Traditional MIPS –
Improvement Activities
Performance Category

Improvement Activities Performance Category Basics

- 90-day reporting
- The maximum score is 40 points; each activity contains a weight:
 - Medium – worth 10 points
 - High – worth 20 points



2022 Traditional MIPS

Improvement Activities Performance Category



Improvement Activities Inventory

2022 Final

CMS will:

- Add 7 new improvement activities
 - 3 related to promoting health equity
- Modify 15 current improvement activities, 11 of which address health equity
- Remove 6 previously adopted improvement activities

2022 Traditional MIPS

Improvement Activities Performance Category



Removal of Improvement Activities

2021 Final	2022 Final
There is no existing policy to remove activities outside of the rulemaking process.	<p>In the case of an improvement activity for which there is a reason to believe that the continued collection raises possible patient safety concerns or is obsolete, CMS will suspend the IA and immediately notify clinicians and the public.</p> <p>CMS will then propose to remove or modify the IA as appropriate in the next rulemaking cycle.</p>

2022 Traditional MIPS

Improvement Activities Performance Category



Criteria for Nominating a New Activity

2022 Final

New improvement activities must at minimum meet the following 8 criteria:

- New activities must not duplicate other improvement activities in the Inventory (**NEW**)
- New activities must drive improvements that go beyond standard clinical practices (**NEW**)
- Relevance to an existing improvement activities subcategory (or a proposed new subcategory).
- Importance of an activity toward achieving improved beneficiary health outcomes.
- Feasible to implement, recognizing importance in minimizing burden, including, to the extent possible, for small practices, practices in rural areas, or in areas designated as geographic Health Professional Shortage Areas by the Health Resources and Services Administration.
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes.
- Can be linked to existing and related MIPS quality, Promoting Interoperability, and cost measures, as applicable and feasible.
- CMS can validate the activity.

2022 Traditional MIPS

Improvement Activities Performance Category



Criteria for Nominating a New Activity

2022 Final

CMS may also consider the following 6 optional factors when reviewing nominated activities:

1. Alignment with patient-centered medical homes.
2. Support for the patient's family or personal caregiver.
3. Responds to a public health emergency as determined by the Secretary.
4. Addresses improvements in practice to reduce healthcare disparities.
5. Focus on meaningful actions from the person and family's point of view.
6. Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care).



2022 FINAL RULE POLICIES

Traditional MIPS – Promoting
Interoperability Performance
Category

Promoting Interoperability Performance Category Basics



- 90-day reporting
- Must use Certified EHR Technology (CEHRT)
- 4 Objectives:
 1. e-Prescribing;
 2. Health Information Exchange;
 3. Provider to Patient Exchange;
 4. Public Health and Clinical Data Exchange



2022 Traditional MIPS

Promoting Interoperability Performance Category



Reweighting

2021 Final	2022 Final
<p>CMS will continue to extend automatic reweighting to the following clinician types:</p> <ul style="list-style-type: none">• Nurse practitioners• Physician assistants• Certified registered nurse anesthesiologists• Clinical nurse specialists• Physical therapists• Occupational therapists• Qualified speech-language pathologist• Qualified audiologists• Clinical psychologists• Registered dietitians or nutrition professionals <p>Continue to apply automatic reweighting to the following special statuses:</p> <ul style="list-style-type: none">• Ambulatory Surgical Center (ASC)-based• Hospital-based• Non-patient facing	<p>CMS will apply automatic reweighting to:</p> <ul style="list-style-type: none">• Clinical social workers• Small practices <p>There will be no automatic reweighting for certified nurse-midwives.</p>

2022 Traditional MIPS

Promoting Interoperability Performance Category



Public Health and Clinical Data Exchange Objective

2021 Final	2022 Final
<p>MIPS eligible clinicians must report to 2 different public health agencies or clinical data registries for any of the following measures (unless an exclusion can be claimed):</p> <ul style="list-style-type: none">• Immunization Registry Reporting• Electronic Case Reporting• Public Health Registry Reporting• Clinical Data Registry Reporting• Syndromic Surveillance Reporting	<p>CMS modified the reporting requirements for this objective and require MIPS eligible clinicians to report the following 2 measures (unless an exclusion can be claimed):</p> <ul style="list-style-type: none">• Immunization Registry Reporting• Electronic Case Reporting <p>CMS made the following measures optional. Clinicians, groups, and virtual groups that report a “yes” response will earn 5 bonus points:</p> <ul style="list-style-type: none">• Public Health Registry Reporting• Clinical Data Registry Reporting• Syndromic Surveillance Reporting <p>Note: Reporting on more than 1 of these optional measures will not result in more than 5 bonus points.</p>

2022 Traditional MIPS

Promoting Interoperability Performance Category



Measures and Attestations

2022 Final

- CMS requires MIPS eligible clinicians to attest to conducting an annual assessment of the High Priority Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides. **This is a new required measure**
- CMS modified the Prevention of Information Blocking attestation statements required by eligible clinicians by removing two statements.
- CMS added a 4th exclusion for the Electronic Case Reporting measure (in addition to the existing exclusion criteria) for PY 2022 only: the MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion at § 170.315(f)(5) prior to the start of the performance period they select in CY 2022.



2022 FINAL RULE POLICIES

Traditional MIPS – Final
Scoring

2022 Traditional MIPS

Final Scoring



Complex Patient Bonus 2021 Final

Provided that a MIPS eligible clinician, group, virtual group or APM entity submits data for at least 1 MIPS performance category for the applicable performance period for the MIPS payment year, a complex patient bonus will be added to the final score for the MIPS payment year using the following formula:

Average hierarchical condition category (HCC) risk score + (the ratio of your dual eligible patients x 5)

The complex patient bonus cannot exceed 5.0 points, except for the 2020 MIPS performance year/2022 payment year when we doubled the bonus to 10 points.



Complex Patient Bonus 2022 Final

CMS will continue doubling the complex patient bonus for the 2021 MIPS performance year/2023 MIPS payment year due to concerns of the direct and indirect effects of the COVID-19 PHE.

- Bonus points (capped at 10-points) will be added to the final score.

CMS will revise the complex patient bonus beginning with the 2022 MIPS performance year/2024 MIPS payment year by:

- Limiting the bonus to clinicians who have a median or higher value for at least 1 of the 2 risk indicators (HCC and dual proportion);
- Updating the formula to standardize the distribution of 2 two-risk indicators; and
- Increasing the bonus to a maximum of 10.0 points.

2022 Traditional MIPS

Final Scoring



Redistribution for Small Practices 2021 Final

Small practices are reweighted under the same redistribution policies as other MIPS eligible clinicians.



Redistribution for Small Practices 2022 Final

When the Promoting Interoperability performance category is reweighted, the others will be weighted at:

- Quality: 40%
- Cost: 30%
- Improvement activities: 30%

When both the Cost and Promoting Interoperability performance categories are reweighted:

- Quality: 50%
- Improvement activities: 50%

2022 Traditional MIPS

Final Scoring



Performance Threshold 2021 Final

The performance threshold is set at **60 points**.

An additional performance threshold is set at **85 points** for exceptional performance.

Payment adjustments can be up to **+/- 9%** (not including additional positive adjustments for exceptional performance).

- Adjustments are multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 9%.



Performance Threshold 2022 Final

CMS used the mean final score from the 2017 performance year/2019 MIPS payment year to establish the:

- Performance threshold: **75 points**
- Additional performance threshold: **89 points** for exceptional performance

The 2022 performance year/2024 payment year is the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.

2022 Traditional MIPS

Performance Threshold and Payment Adjustments



2021 Final

Final Score 2021	Payment Adjustment 2023
≥85 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
60.01-84.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
60 points	<ul style="list-style-type: none"> Neutral payment adjustment
15.01-59.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-15 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%



2022 Final

Final Score 2022	Payment Adjustment 2024
≥89 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
75.01-88.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
75 points	<ul style="list-style-type: none"> Neutral payment adjustment
18.76-74.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-18.75 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%

The 2022 performance year/2024 payment year is the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.



2022 FINAL RULE CHANGES

MIPS Value Pathways (MVPs)

MVPs

Overview of Updates



Stakeholders: Additions to MVP Development Criteria

- MVPs must include at least 1 outcome measure relevant to the MVP topic
- Any MVP that is applicable to more than 1 clinician specialty must include at least 1 outcome measure that is relevant to each applicable clinician specialty
- When outcome measures are not available, each MVP must include at least 1 high-priority measure that is relevant to the MVP topic
- CMS will allow the inclusion of outcomes-based administrative claims measures within the quality component of an MVP
- To be included in an MVP, a Qualified Clinical Data Registry (QCDR) measure must be fully tested at the clinician level
- CMS will need to receive QCDR measure testing data for review by the end of the self-nomination period to determine whether a QCDR measure may be finalized within an MVP

MIPS Value Pathways (MVPs)

Overview of Updates



Clinicians: MVP Timeline and Participation Requirements

- MVPs will be available beginning with the 2023 performance year
- For the 2023, 2024, and 2025 performance years, MVP participants will be defined as:
 - Individual clinicians
 - Single specialty groups
 - Multispecialty groups*
 - Subgroups
 - APM Entities

* Beginning in the 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs.

MVPs

Overview of Updates



Clinicians: MVP Registration

- MVP Participants must register between April 1 – November 30 of the performance year to report an MVP
- To register, MVP Participants must select:
 - The MVP they intend to report
 - 1 population health measure included in the MVP
 - Any outcomes-based administrative claims measures on which the MVP Participant intends to be scored (if available)
- MVP Participants won't be able to:
 - Submit/make changes to the MVP they select after the close of the registration period (November 30)
 - Report on an MVP they didn't register for

MVPs

Overview of Updates



Third-Party Intermediaries:

- Beginning with the 2023 performance year, CMS will require that QCDRs, Qualified Registries, and health IT vendors support relevant MVPs and subgroup reporting
- CMS will require that CAHPS for MIPS Survey vendors support subgroup reporting for the CAHPS for MIPS measure associated with an MVP beginning with the 2023 performance year

MVPs

New MVPs



Rheumatology

Advancing Rheumatology Patient Care

Stroke Care and Prevention

Coordinating Stroke Care To Promote Prevention and Cultivate Positive Outcomes

Heart Disease

Advancing Care for Heart Disease

Chronic Disease Management

Optimizing Chronic Disease Management

Emergency Medicine

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
(finalized with modification)

Lower Extremity Joint Repair

Improving Care for Lower Extremity Joint Repair **(finalized with modification)**

Anesthesia

Support of Positive Experiences with Anesthesia **(finalized with modification)**

MVPs

MVP Reporting Requirements



Clinicians: MVP Reporting Requirement for Participants (including Subgroups)

Quality	MVP Participants will select 4 quality measures. 1 must be an outcome measure (or high-priority, if the outcome measure isn't applicable)
Improvement Activities	MVP Participants will select 2 medium-weighted improvement activities or 1 high-weighted improvement activity or IA_PCMH, if available in the MVP
Cost	MVP Participants will be calculated on the cost measures included in the MVP

Foundational Layer (MVP-agnostic)

Population Health Measures (part of the quality performance category/score)	<p>MVP Participants will select 1 population health measure to be calculated on. The results will be added to the quality score.</p> <ul style="list-style-type: none">For the 2023 performance period, CMS anticipates that 2 population health measures will be available for selection.
Promoting Interoperability	MVP Participants will report on the same Promoting Interoperability measures required under traditional MIPS.

Clinicians: MVP Final Rule Decisions– Subgroups

Participation	CMS limits subgroup reporting to clinicians reporting through MVPs or an APP. Voluntary reporters, opt-in eligible clinicians, and virtual groups won't be able to report through an MVP for the 2023 PY
Requirement to Participate	Subgroup reporting is voluntary for the 2023 - 2025 PYs
Eligibility and Special Statuses	<p>Subgroups will inherit the eligibility and special status determinations of the affiliated group even if the subgroup composition doesn't meet the criteria:</p> <ul style="list-style-type: none"> To participate as a subgroup, the TIN must exceed the low-volume threshold at the group level <ul style="list-style-type: none"> Subgroups won't be evaluated for the low-volume threshold at the subgroup level
Registration	<p>Registration period: April 1 – November 30 of the PY</p> <p>To participate as a subgroup, each subgroup must:</p> <ul style="list-style-type: none"> Identify the MVP the subgroup will report (along with 1 population health measure included in the MVP and any outcomes-based administrative claims measure on which the subgroup intends to be scored) Identify the clinicians in the subgroup by TIN/NPI Provide a subgroup name for public reporting <p>CMS will assign a unique subgroup identifier upon successful registration</p>

Clinicians: MVP Scoring

Quality	<p>Measures scored in alignment with traditional MIPS, including final rule policy changes (see slides 33-34 for more information)</p> <p>CMS will use the 4 highest scoring measures if an MVP Participant reports more than the required number of quality measures</p> <ul style="list-style-type: none">• An MVP Participant will receive 0 achievement points for any required measures not reported• If an outcome-based administrative claims measure is available and selected by the MVP Participant to fulfill the outcome measure requirement, the measure will receive 0 achievement points if the measure doesn't have a benchmark or meet case minimum
Cost	<p>Measures scored in alignment with traditional MIPS; only cost measures included in the MVP selected by the MVP Participant will be scored</p>
Improvement Activities	<p>Medium-weighted improvement activities will be assigned 20 points. High-weighted improvement activities will be assigned 40 points</p>

Foundational Layer (MVP-agnostic)

Population Health Measures	<p>Population health measures selected by MVP Participants will be included in the quality performance category score</p> <ul style="list-style-type: none"> Similar to administrative claims measure policies in traditional MIPS, these measures will be excluded from scoring if the measure doesn't have a benchmark or meet case minimum <ul style="list-style-type: none"> Exception: Subgroups will receive the score of the population health measure of their affiliated group, if applicable, if the measure selected by the subgroup doesn't have a benchmark or meet case minimum
Promoting Interoperability	<p>Measures scored in alignment with traditional MIPS scoring policies</p> <ul style="list-style-type: none"> Subgroups will submit Promoting Interoperability performance category data of their affiliated group

MVPs

Final MVP Scoring



- MVP scoring policies for determining the final score will be generally aligned with traditional MIPS performance category weights
- Reweighting policies will also align with traditional MIPS.
 - **Exception:** The quality performance category won't be reweighted if CMS can't calculate a score for the MIPS eligible clinician because there isn't at least 1 quality measure applicable and available to the clinician.
- MVP Participants will receive a final score based on their MVP reporting unless a higher final score can be attributed to the MIPS eligible clinician from another reporting option or participation option

MVPs

Performance Feedback and Public Reporting



Enhanced Performance Feedback:

- CMS will provide comparative feedback within the annual performance feedback to show the performance of like clinicians who report on the same MVP

Public Reporting of MVP Performance Decisions:

- CMS will delay public reporting of new improvement activities and Promoting Interoperability measures and attestations reported via MVPs by 1 year
- CMS will begin publicly reporting subgroup-level performance information beginning with the 2024 performance year on the [compare tool](#) hosted by CMS
- Subgroup performance information will be publicly reported separately from individual clinician and group performance information

PUBLIC REPORTING

2022 QPP Public Reporting

Facility Affiliations



2021 Final

Care Compare currently displays hospital affiliations on clinician profile pages and connects to the relevant hospital profile pages.



2022 Final

CMS will add affiliations for the following facility types:

- Long-Term Care Hospitals
- Inpatient Rehabilitation Facilities
- Inpatient Psychiatric Facilities
- Skilled Nursing Facilities
- Home Health Agencies
- Hospice
- End-Stage Renal Disease Facilities

ADVANCED APMS

2022 Advanced APMs

Qualifying APM Participant (QP) Incentive Payment



2022 Final



In the 2021 PFS Final Rule, CMS finalized a hierarchy that can be used to identify potential payee TINs using base year claims if the Qualifying APM Participant's (QP) original TIN is no longer active and associated with the QP.

In this year's rule, CMS is finalizing a policy to extend the hierarchy to include billing TINs that are active only during the payment year. Adding this step to the processing hierarchy will make it easier for CMS to complete payments to more QPs in the first round of QP Incentive Payments.

CMS is finalizing their proposal to add this step to the current regulatory hierarchy for processing the QP Incentive Payment. This will enable CMS to look for payee TINs that are active in the base year or the payment year for each step of the hierarchy.



MEDICARE SHARED SAVINGS PROGRAM (SHARED SAVINGS PROGRAM)/ APM PERFORMANCE PATHWAY

2022 Final Rule

Shared Savings Program Quality Reporting Requirements



2022 - 2024 Performance Years

An ACO must report on either the 10 CMS Web Interface measures (Diabetes: Hemoglobin A1c (HbA1c) Poor Control, Preventive Care and Screening: Screening for Depression and Follow-up Plan, Controlling High Blood Pressure, Falls: Screening for Future Fall Risk, Preventive Care and Screening: Influenza Immunization, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, Colorectal Cancer Screening, Breast Cancer Screening, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease and Depression Remission at Twelve Months) or the 3 eCQM/MIPS CQMs (Diabetes: Hemoglobin A1c (HbA1c) Poor Control, Preventive Care and Screening: Screening for Depression and Follow-up Plan and Controlling High Blood Pressure).

An ACO must administer a CAHPS for MIPS survey.

CMS will calculate 2 measures using administrative claims data (Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups and Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for MIPS).

Based on the ACO's chosen reporting option, either 6 (3 eCQM/MIPS CQMs, 1 CAHPS for MIPS Survey measure, and 2 administrative claims-based measures) or 10 (7 CMS Web Interface measures, 1 CAHPS for MIPS Survey measure, and 2 administrative claims-based measures) measures will be included in calculating the ACO's quality performance score.

2025 and Subsequent Performance Years

An ACO must report the 3 eCQM/MIPS CQMs and administer a CAHPS for MIPS survey.

CMS will calculate 2 measures using administrative claims data.

All 6 measures will be included in calculating the ACO's quality performance score.

2022 Final Rule

Shared Savings Program Quality Performance Standard



2022 and 2023 Performance Years

An ACO **will** meet the quality performance standard if it:

- Achieves a quality performance score that is equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring, or
- If the ACO reports the 3 eQMs/MIPS CQMs (meeting data completeness and case minimum requirements for all 3 measures) and achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the 5 remaining measures in the APP measure set

An ACO won't meet the quality performance standard if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the 3 eQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS survey.

2024 and subsequent Performance Years

An ACO **will** meet the quality performance standard if it:

- Achieves a quality performance score that is equivalent to or higher than the 40th percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring

An ACO won't meet the quality performance standard if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the 3 eQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS survey.

2022 Final Rule

APP Measure Set for PY 2022 and Subsequent Performance Years



Measure #	Measure Title	Collection Type	Measure Type
Quality ID # 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface*	Intermediate Outcome
Quality ID# 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface*	Process
Quality ID# 236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface*	Intermediate Outcome
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface*	Process
Quality ID# 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	Process
Quality ID# 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	Process
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface*	Process
Quality ID# 112	Breast Cancer Screening	CMS Web Interface*	Process
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	Process
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface*	Outcome

*ACOs will have the option to report via the Web Interface for the 2022, 2023 and 2024 performance years only.

2022 Final Rule

APP Measure Set for PY 2022 and Subsequent Performance Years



Measure #	Measure Title	Collection Type	Measure Type
Quality ID# 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Reported Outcome (PRO)-PM
Measure # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	Outcome
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for MIPS	Administrative Claims	Outcome

Rule Resources



Visit <https://qpp.cms.gov/resources/resource-library> for:

- Overview Fact Sheet
- Policies Comparison Table
- MVP Policies Table
- Frequently Asked Questions (FAQs)

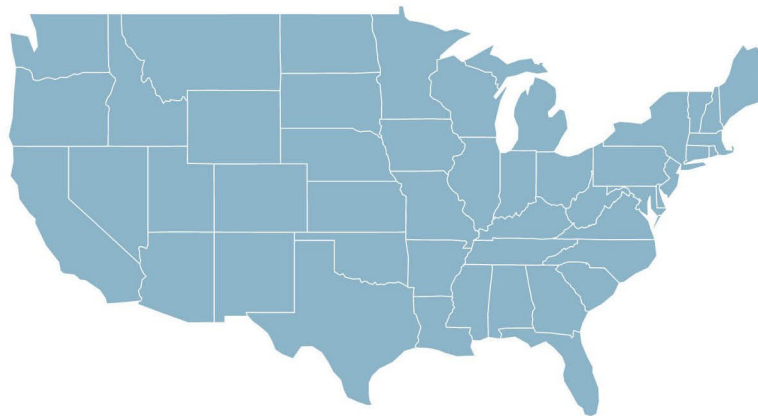
Rule posted here: <https://www.federalregister.gov/public-inspection/2021-23972/medicare-program-cy-2022-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>

Technical Assistance

Available Resources



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 virtual outreach, guidance, and 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.

Technical Support

All Eligible Clinicians Are Supported By:

- **Quality Payment Program Website: 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 QPP@cms.hhs.gov
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- **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.

Learn more about technical assistance: <https://qpp.cms.gov/about/help-and-support#technical-assistance>

To ask a question, please dial:

1-833-376-0535

If prompted, use passcode: **5128105**

Press *1 to be added to the question queue.

You may also submit questions via the chat box.

Speakers will answer as many questions as time allows.

