Quality Payment PROGRAM

2022 Quality Payment Program (QPP) Final Rule Frequently Asked Questions (FAQs)

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Merit-based Incentive Payment System (MIPS) FAQs

General

Where can I find more information on the QPP policies finalized in the Calendar Year (CY) 2022 Physician Fee Schedule (PFS) Final Rule?

We provide an overview of the major policies we finalized for the QPP in our CY 2022 Physician Fee Schedule (PFS) Final Rule Resources (ZIP). In addition to this FAQ document, these resources include:

- Overview Fact Sheet (narrative highlighting major policies)
- QPP Policy Comparison table (highlighting changes from previous policy)
- MVP Policy Table (detailed look at MVP policies)

We hosted a public webinar on November 30 that reviewed the major changes in the final rule. The slide deck and recording from this presentation are available in the QPP Webinar Library. You can also monitor the QPP Webinar Library on QPP.cms.gov for information about all of our upcoming and past webinars.

In addition, the Electronic Code of Federal Regulations, Subpart O, will be updated to reflect newly codified regulations. (Please note that this resource identifies policies by the payment

year instead of the performance year; the 2024 payment year equates to the 2022 performance year.)

To subscribe to the QPP listserv:

- Visit the Quality Payment Program website.
- Scroll to the bottom of the homepage.
- Enter your e-mail address under the heading, “Sign Up for the QPP Listserv.”
- Click the “Subscribe” button next to the “Enter your Email” box.

Are there any policies to provide flexibility and support to clinicians during the COVID-19 pandemic for the 2022 performance year?

We anticipate that the national COVID-19 public health emergency (PHE) will continue into 2022. We have an established application-based extreme and uncontrollable circumstances policy that will continue to be available to clinicians on the front lines of the PHE.

The extreme and uncontrollable circumstances exception application allows clinicians, groups, and virtual groups significantly impacted by the COVID-19 PHE to request reweighting for any or all MIPS performance categories. Those requesting relief will need to complete the application and state that their practice has been significantly impacted by the PHE. If a clinician later decides to submit data, that data submission will override the application and the clinician will be scored on the data submitted. We believe this approach maintains a balance of encouraging participation in the QPP while still allowing those clinicians who continue to be affected by the COVID-19 pandemic to have relief from program participation through the extreme and uncontrollable circumstance application.

Are there any policies that weren’t finalized?

Yes. We **didn’t** finalize the following proposals:

- Using performance period benchmarks or a different baseline period (such as the 2019 performance year) to score quality measures for the 2022 performance period.
    - We determined that we have sufficient data for the 2020 performance period to calculate historical benchmarks for the 2022 performance period.
- Increasing the data completeness requirement to 80%, beginning with the 2023 performance period.
    - We’re maintaining the 70% data completeness requirement in the 2023 performance period in response to stakeholder comments.
- Adding a requirement in the Provide Patients Electronic Access to Their Health Information measure that patients have access to their health information indefinitely, for encounters on or after January 1, 2016.

- By not finalizing this proposal, we're in alignment with the policies finalized for the Promoting Interoperability Program for eligible hospitals and critical access hospitals.

We're also **delaying**, until the 2023 performance period, the policy to remove the 3-point floor for scoring quality measures based on the availability of a benchmark and meeting case minimum requirements.

Finally, we're **delaying**, until performance year 2026, the requirement for multispecialty groups to form subgroups in order to report MVPs.

What are the Certified Electronic Health Record Technology (CEHRT) requirements for the 2022 performance year?

There are no changes to CEHRT requirements for performance year 2022. Clinicians may use technology meeting the 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of the 2 to report data for the Promoting Interoperability performance category, and to report electronic clinical quality measures (eCQMs) for the quality performance category.

We're scheduled to transition to a new EHR system during the 2022 performance year. What does this mean for our quality measure reporting and meeting the data completeness threshold?

We understand that eligible clinicians, groups, and/or their practices or hospitals may undergo a mid-year transition from one EHR system to another EHR system, which may impact a clinician or group's ability to submit a full 12 months of data for the quality performance period. We want to emphasize that the 12-month performance period and 70% data completeness threshold are applicable regardless of whether a stakeholder undergoes an EHR transition mid-year.

In this situation, the 12-month performance period and data completeness requirements may be met by running and supplying reports in each of the EHR systems used before and after the transition and aggregating the data into a single 12-month report for submission to CMS. Please note, if you're reporting electronic clinical quality measures (eCQMs), both the previously used EHR system(s) and the currently used EHR system(s) must be certified to the 2015 Edition certification criteria, the 2015 Edition Cures Update certification criteria, or a combination of the two. In instances where data for the full 12 months is unavailable (for example, if aggregation of EHR reports isn't possible), the measure score will reflect the inability to meet the 12-month performance period and data completeness threshold.

MIPS Value Pathways (MVPs)

Are there any MIPS Value Pathways (MVPs) available for reporting for 2022?

No, we finalized 7 MVPs that will be available for reporting in performance year 2023.

Will MVPs be required in 2023?

No, MVP reporting will be optional in performance year 2023.

Can you participate as a subgroup and as a group?

Yes. Clinicians in a subgroup will continue to be included in group level reporting if the practice also chooses to participate in MIPS as a group.

If we participate as a subgroup, will we automatically receive the subgroup's final score?

No. We're updating the scoring hierarchy to include subgroups so that a MIPS eligible clinician will receive the highest final score that can be attributed to their Taxpayer Identification Number/National Provider Identified (TIN/NPI) combination from any reporting option (traditional MIPS, APM Performance Pathway (APP) reporting, or MVP reporting) and participation option (as an individual, group, subgroup, or APM Entity) with the exception of virtual groups. Clinicians that participate as a virtual group will always receive the virtual group's final score.

We believe that including subgroups in the scoring hierarchy allows for meaningful data collection and assessment under MVPs, while applying our existing policy of allowing clinicians to receive the highest final score and payment adjustment that can be attributed to them.

Can we report more than one MVP?

An MVP Participant can only register for and report on a single MVP. However, you're able to change your MVP and measure selections until the registration period closes on November 30th of the performance year.

What will happen if we registered for an MVP but later decided to report traditional MIPS or the APM Performance Pathway (APP)?

In this scenario, we'll assess and assign you a final score based on the data you submitted, whether for traditional MIPS or the APP, according to the updated scoring hierarchy.

How do population health measures in the foundational layer differ from administrative claims measures that may be available in a specific MVP?

A population health measure is "a quality measure that indicates the quality of a population or cohort's overall health and well-being, such as, access to care, clinical outcomes, coordination

of care and community services, health behaviors, preventive care and screening, health equity or utilization of health services." MVPs may include outcomes-based administrative claims measures for the quality performance category that don't meet this definition.

The scoring policies also differ:

- Similar to our policies for administrative claims measures in traditional MIPS, **population health measures in the foundational layer** will be excluded from scoring if the measure doesn't have a benchmark or meet the case minimum.
- However, if an **outcome-based administrative claims measure is available in the MVP** and selected by the MVP Participant to fulfill the outcome measure requirement, the measure will receive zero achievement points when the measure doesn't have a benchmark or meet the case minimum.

How will performance feedback and public reporting work for those reporting MVPs?

To provide meaningful feedback to MVP participants, we'll provide comparative performance feedback within the annual performance feedback to show the performance of like clinicians who report on the same MVP.

To give MIPS eligible clinicians time to familiarize themselves with MVPs and subgroup reporting, we're delaying public reporting of new improvement activities and Promoting Interoperability measures and attestations reported via MVPs by one year. We'll start publicly reporting subgroup-level performance information, beginning with the 2024 performance year, on the compare tool hosted by the U.S. Department of Health and Human Services.

We'll also create a separate subgroup workflow that will allow subgroup performance information to be publicly reported in an online location that can be navigated to from an individual clinician or group profile page. This process aligns with the historical approach to report performance information at the level that it's submitted.

How can I develop a new MVP?

CMS is committed to working with stakeholders to develop MVPs that support meaningful measurement of a specialty, condition, or public health priority, and are meaningful to patient care.

Please refer to the MVP Candidate Development & Submission webpage for details on how to develop a new MVP candidate.

Stakeholders should use the MVP Candidate Template to develop their proposal. The MVP Candidate Template includes instructions on how stakeholders can submit the template for

consideration. The stakeholder can submit an MVP Candidate Template at any point throughout the year.

CMS will review all MVP candidate proposals. Any candidates would be proposed and finalized through the Physician Fee Schedule (PFS) rulemaking process.

Eligibility and Participation

How do I know if I'm eligible for MIPS in 2022?

To be eligible for MIPS, you must:

- Be an eligible clinician type;
- Exceed the low-volume threshold as an individual or group; and
- Not be otherwise excluded because of your Medicare enrollment date or as a Qualifying APM Participant (QP), or as a Partial QP that has elected not to participate.

The QPP Participation Status lookup tool has been updated with initial 2022 MIPS eligibility results.

MIPS Eligible Clinician Types	Low-Volume Threshold	Other Exclusions
• Physician (including doctor of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry) • Osteopathic practitioner • Chiropractor • Physician assistant • Nurse practitioner • Clinical nurse specialist • Certified registered nurse anesthetist • Physical therapist • Occupational therapist • Clinical psychologist • Qualified speech-language pathologist	You exceed the low-volume threshold and are a MIPS eligible clinician if you: • Bill more than $90,000 in Part B covered professional services **AND** • See more than 200 Part B patients **AND** • Provide more than 200 covered professional services to Part B patients We evaluate individuals and groups on the low-volume threshold. We're continuing our policy that allows clinicians and groups that exceed 1 or 2 of	You're excluded from MIPS in 2022 if you: • Enrolled as a Medicare provider on or after January 1, 2022. • Are identified as a Qualifying APM Participant (QP). (This information is added to the QPP Participation Status lookup tool, and is tentatively scheduled for July, September and December 2022.)

MIPS Eligible Clinician Types	Low-Volume Threshold	Other Exclusions
• Qualified audiologist • Registered dietitian or nutrition professional • Clinical social worker (**NEW for performance year 2022**) • Certified nurse midwife (**NEW for performance year 2022)**	these thresholds to **opt-in** to MIPS eligibility and participation.	

Are clinical social workers and certified nurse midwives eligible for MIPS?

Yes. Clinical social workers are eligible to participate in MIPS, beginning with the 2022 performance year. We note that we previously finalized a Clinical Social Worker measure set in the CY 2020 Physician Fee Schedule Final Rule to help these clinicians prepare, in the event that they' added to the definition of a MIPS eligible clinician.

Certified nurse midwives are also eligible to participate in MIPS, beginning with the 2022 performance year. We finalized a Certified Nurse Midwife specialty measure set which will be available in the 2022 performance year.

Are there any new policies to help small practices?

Yes, we've implemented several new policies designed to offer additional assistance and flexibilities to small practices, beginning with the 2022 performance year.

- We're automatically reweighting the Promoting Interoperability performance category to 0% for small practices, regardless of whether they choose to participate as individuals or as a group.
    - Small practices will **no longer need to submit a Promoting Interoperability Hardship Exception Application** to request reweighting in this performance category.
    - Small practices can still choose to submit Promoting Interoperability data, which would void reweighting of that performance category. We'll score any data that's submitted.
- We're no longer automatically scoring Part B claims measures, reported by small practices, at the individual and group level.

- **We'll only calculate a group-level quality score from Part B claims measures as a group if the practice submits group-level data in another performance category.**

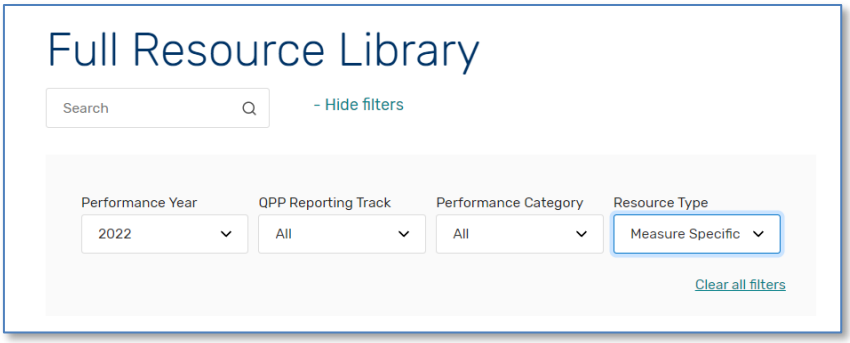
- We finalized performance category reweighting and redistribution policies, specifically for small practices. Under the revised methodology, we'll increase the weight of the improvement activities performance category when other performance categories are reweighted to 0%. Specifically:
  - When the Promoting Interoperability performance category is reweighted:
    - Quality will be weighted at 40%.
    - Cost will be weighted at 30%.
    - Improvement activities will be weighted at 30%.
  - When both the cost and the Promoting Interoperability performance categories are reweighted:
    - Quality and improvement activities will be equally weighted at 50%.
  - Under our existing policies, when both the quality and the Promoting Interoperability performance categories are reweighted:
    - Cost and improvement activities will be equally weighted at 50%.
    - Note: This applies to all MIPS participants, regardless of small practice status.

Measures and Activities

When will measure specifications/supporting documentation and activity descriptions be available for finalized measures/activities?

Measure specifications and supporting documentation (such as single source documentation that lets you search for codes that qualify for a given measure) are available on the QPP Resource Library..

(When searching in the QPP Resource Library, filter by the 2022 Performance Year and choose "Measure Specifications and Benchmarks" as the Resource type.)



The Explore Measures & Activities tool on the QPP website has been updated for the 2022 performance year.

When will historical quality benchmarks be available for the 2022 performance period?

The 2022 Quality Benchmarks (ZIP) have been posted on the QPP Resource Library.

Where can I find a list of topped out quality measures for the 2022 performance period?

We identify topped out measures, including those capped at 7 points, through the benchmarking process. The 2022 Quality Benchmarks (ZIP) have been posted on the QPP Resource Library.

Scoring and Payment Adjustments

Are there any finalized policies to provide flexibility and support to clinicians during the COVID-19 pandemic for the 2021 performance year?

Yes. We're doubling the complex patient bonus and increasing the maximum points available to 10 points for the 2021 performance year. This bonus is available to clinicians, groups, virtual groups and APM Entities that submit data for at least one MIPS performance category in the 2021 performance year. This scoring policy provides additional support to those clinicians who can collect data but are dealing with a more complex patient population during the pandemic.

Are there any changes for scoring traditional MIPS in Performance Year 2022?

Many of our scoring policies are the same as in performance year 2021, with some notable exceptions:

Quality performance category

- We've removed end-to-end electronic and high-priority/outcome measure bonus points.
- New quality measures ("class 4 measures") that meet data completeness criteria will have a 7-point floor for their first year in the program, and a 5-point floor for their second year in the program.
    - In their first year, new measures will earn:
        - Between 7 and 10 achievement points if the measure can be reliably scored against a benchmark. (i.e., a benchmark exists, and the measure meets data completeness and case minimum requirements.)
        - 7 achievement points if the measure meets data completeness but doesn't have a benchmark or meet case minimum.
    - In their second year, these measures will earn:
        - Between 5 and 10 achievement points if the measure can be reliably scored against a benchmark. (i.e., a benchmark exists, and the measure meets data completeness and case minimum requirements.)
        - 5 points if the measure meets data completeness but doesn't have a benchmark or meet case minimum.
    - Please note that this policy applies to QCDR measures, including those introduced in PY 2021; QCDR measures (that meet data completeness) in their second year in the program are subject to the 5-point scoring floor in PY 2022.
    - This policy doesn't apply to administrative claims measures.
- We'll only calculate a group-level quality score from Medicare Part B claims reported by a small practice if they also report group-level data in another performance category.
- Beginning in **performance year 2023**, quality measures that don't have a benchmark or meet the case minimum ("class 2 measures") will earn 0 points.
    - Small practices will continue to earn 3 points.
- Beginning in **performance year 2023**, quality measures that can be reliably scored against a benchmark ("class 1 measures") will be eligible for 1 – 10 points (with exceptions noted above for class 4 measures).
- No changes to scoring for measures that don't meet data completeness ("class 3 measures"); these measures will continue to earn 0 points (3 points for small practices).

Promoting Interoperability performance category

- Small practices and clinical social workers will now receive automatic reweighting in this performance category.

- We revised the Public Health and Clinical Data Exchange objective to require that MIPS eligible clinicians report the Immunization Registry Reporting and Electronic Case Reporting measures.
    - The remaining measures are now optional; **MIPS eligible clinicians who report any of these optional measures will earn 5 bonus points**.

Complex Patient Bonus

- The complex patient bonus will be limited to clinicians who have a median or higher value for at least 1 of the 2 risk indicators (Hierarchical Condition Category score and proportion of patients dually eligible for Medicare and Medicaid benefits).
- Clinicians eligible for the complex patient bonus can earn up to 10 bonus points.

Has anything changed about the policy for groups attesting to improvement activities?

No, this policy hasn't changed from the 2020 performance period. 50% of the clinicians in the group must perform the same activity but clinicians can perform the activity during **any continuous 90-day period** during the performance year. (Everyone doesn't need to perform the activity at the same time.)

What's the maximum negative payment adjustment for the 2022 performance year/2024 payment year?

As specified in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the maximum negative payment adjustment for the 2022 payment year (2020 performance year) and beyond is **-9%**. The **actual** adjustment you'll receive in the 2024 payment year will be based on your MIPS final score from the 2022 performance year and is subject to a scaling factor to ensure budget neutrality, as required by MACRA.

How many points do I need to avoid a negative payment adjustment for the 2022 performance year/2024 payment year?

The performance threshold is the number against which your final score is compared to determine your payment adjustment. The performance threshold for the 2022 performance year is 75 points. See the table below for more information about the relationship between 2022 final scores and 2024 payment adjustments.

Your Final Score for the 2022 Performance Period	Payment Impact for MIPS Eligible Clinicians in the 2024 Payment Year
0.00 – 18.75 points	-9% payment adjustment
18.76 – 74.99 points	Negative payment adjustment (greater than -9% and less than 0%)
75.00 points (Performance threshold=75.00 points)	Neutral payment adjustment (0%)
75.01 – 88.99 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements)
89.00 – 100.00 points (Additional performance threshold=89.00 points)	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) AND Additional positive payment adjustment for exceptional performance (scaling factor applied to account for funding pool) **The 2022 performance year/2024 payment year is the last year for the exceptional performance adjustment.**

Public Reporting FAQs

What types of facility affiliations will be added to Care Compare?

We're adding affiliations with the following facility types on Care Compare individual clinician profile pages:

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

Medicare Shared Savings Program (Shared Savings Program) FAQs

Will Accountable Care Organizations (ACOs) be able to continue to use the CMS Web Interface?

Yes, ACOs will be able to continue to use the CMS Web Interface to report 10 quality measures for the 2022, 2023 and 2024 performance years under the APP. The CMS Web Interface will sunset after the 2024 performance year and all ACOs will be required to report the 3 eCQMs/MIPS CQMs beginning with the 2025 performance year.

What is the new quality performance standard that Shared Savings Program ACOs must meet in order to qualify to share in savings or avoid owing maximum shared losses?

For the 2022 and 2023 performance years:

- An ACO will meet the quality performance standard used to determine shared savings and losses if the ACO:
    - Achieves a quality performance score equivalent to or higher than the 30th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring; **or**
    - Reports the 3 eCQMs/MIPS CQMs (meeting data completeness and case minimum requirements) **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** achieves a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set. Consequently, the ACO would be required to meet the performance benchmark on either 2 outcome measures (one measure at the 10th percentile and the other at the 30th percentile) **or** 1 outcome measure at the 10th percentile and any other measure in the APP measure set at the 30th percentile.

For the 2024 performance year and subsequent performance years:

- An ACO will meet the quality performance standard used to determine shared savings and losses if the ACO:
    - Achieves a quality performance score equivalent to or higher than the 40th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring.

How will Shared Savings Program ACOs share in savings or losses based on their quality performance?

If the ACO achieves the quality performance standard, it will share in savings at the maximum sharing rate for its track. ACOs in two-sided models share in losses based on their quality score or at a fixed percentage based on track.

What if a Shared Savings Program ACO doesn't report via the APP?

For the performance years 2022, 2023, and 2024, if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the three eCQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS survey, the ACO would not meet the quality performance standard.

For the 2025 performance year and subsequent performance years, if the ACO does not (1) report any of the three eCQMs/MIPS CQMs and (2) does not administer a CAHPS for MIPS survey, the ACO would not meet the quality performance standard.

Where can I get more information?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m. - 8 p.m. ET or by e-mail at QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Version History

Date	Change Description
3/11/2022	Clarified quality scoring policies for new measures in their first and second year in the program
11/2/2021	Original posting.