

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

### 2022 Facility-Based Measurement Quick Start Guide



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**Purpose:** This resource reviews the facility-based scoring methodology in MIPS for facility-based clinicians and groups.



## **How to Use This Guide**



**Please note:** This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

## Table of Contents

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## Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



## **Facility-Based Measurement Overview**

## Facility-Based Scoring NOT Available for the 2022 Performance Year

In the [Fiscal Year \(FY\) 2023 Inpatient Prospective Payment System \(IPPS\) /Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#), the Centers for Medicare & Medicaid (CMS) finalized the suppression of several measures in the Hospital Value-Based Purchasing (VBP) Program for FY 2023 due to the effect of COVID-19 on measure performance. As a result, we aren't calculating a FY 2023 total performance score under the Hospital VBP Program for any hospital.

- **We won't be able to calculate MIPS facility-based scores for the 2022 MIPS performance year because the FY 2023 total performance score from the Hospital VBP Program won't be available.**

We use the total performance score from the Hospital VBP Program to calculate MIPS facility-based scores for facility-based clinicians and groups in the quality and cost performance categories. The FY 2023 total performance score is what we would use to determine these scores for the 2022 MIPS performance year.

- **Facility-based clinicians and groups will need to collect and submit MIPS quality measures** (except for administrative claims-based measures which are automatically calculated for clinicians and groups that meet the case minimum) to receive a score other than zero for the quality performance category.

There aren't any data collection or submission requirements for the cost performance category. If the facility-based clinician or group doesn't meet the case minimum for any cost measures, the cost performance category will be reweighted to 0% and the weight will be redistributed to other performance categories.

**Facility-based clinicians and groups without available and applicable measures can request performance category reweighting by submitting a [MIPS Extreme and Uncontrollable Circumstances \(EUC\) Exception application](#)**

- Please be sure to cite "COVID-19" as the triggering event, as the decision to suppress measures in the Hospital VBP Program was in response to COVID-19's effect on performance.



## What is Facility-based Measurement?

Facility-based measurement offers certain MIPS eligible clinicians and groups the opportunity to receive scores in the MIPS quality and cost performance categories based on the total performance score for the Hospital Value-Based Purchasing (VBP) Program earned by their assigned facility.

### **UPDATED August 2022**

CMS recently announced that it won't calculate any FY 2023 total performance scores for the Hospital VBP Program.

**This means that facility-based clinicians won't be able to receive quality and cost scores from facility-based measurement in the 2022 performance year.**



## **Get Started with MIPS Facility-based Measurement in 3 Steps**



# Getting Started with MIPS Facility-based Measurement in 3 Steps

## Getting Started with MIPS Facility-based Measurement in 3 Steps

This guide outlines 3 steps to understanding whether facility-based measurement applies to you, and what it means for your participation in MIPS.



### UPDATED August 2022

CMS recently announced that it won't calculate any FY 2023 total performance scores for the Hospital VBP Program.

**This means that facility-based clinicians won't be able to receive quality and cost scores from facility-based measurement in the 2022 performance year.**

# Getting Started with MIPS Facility-based Measurement in 3 Steps

## Step 1. Check the QPP Participation Status Tool

The [Quality Payment Program Participation Status Tool](#) identifies facility-based clinicians and groups.

**As this guide previously indicated, the facility-based status is predictive until we can determine which facilities have a FY 2023 Hospital VBP Program score.**

### What You Need to Know (UPDATED August 2022)

1. We identified you as facility-based if you met certain thresholds related to the volume of services provided in a hospital setting, and your assigned facility had a FY 2021 Hospital VBP Program score.
  - We used FY 2021 scores used for this predictive designation.
2. CMS has determined that they won't calculate FY 2023 Hospital VBP Program scores for any hospital facility due to COVID-related measure suppression policies.
  - **This means that we can't calculate facility-based scores in MIPS for the quality and cost performance categories for the 2022 performance year.**

# Getting Started with MIPS Facility-based Measurement in 3 Steps

## Step 2. Understand What MIPS Data You Need to Collect and Submit

### UPDATED August 2022:

Because we can't calculate facility-based scores for the MIPS quality and cost performance categories, **facility-based clinicians and groups will need to collect and submit 6 quality measures, if available and applicable, for the 2022 performance period.**

- There are no data submission requirements associated with the cost performance category.

Note: If you don't submit data for the MIPS improvement activities or Promoting Interoperability performance categories, you will receive 0 points in those categories unless you qualify for reweighting.

### How Do I Get Started with Reporting MIPS Quality Measures?

There are a number of resources to help you navigate the MIPS quality performance category requirements. We recommend you start with the [2022 Quality Quick Start Guide](#). This resource contains practical steps for selecting quality measures with information about other quality resources, including links to quality measure specifications.

### What If I Don't Have Available and Applicable Measures?

Facility-based clinicians and groups without available and applicable measures can **submit a MIPS EUC Exception application** to request performance category reweighting.

- When submitting your EUC application, please make sure to select "COVID-19" as the triggering event, as the decision to suppress measures in the Hospital VBP Program was in response to the COVID-19 PHE.
- For more information on the EUC application (including step-by-step screenshots), review the [2022 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide \(PDF\)](#) or visit [Exception Applications](#) on the QPP website.

# Getting Started with MIPS Facility-based Measurement in 3 Steps

## Step 3. Verify Your Facility-based Status

### UPDATED August 2022






Because MIPS **facility-based scoring won't be available** for the 2022 performance year, **there's no need to verify your 2022 facility-based status.**




As communicated throughout this guide, MIPS eligible clinicians and groups that are currently identified as facility-based will need to collect and submit 6 MIPS quality measures if available and applicable or request performance category reweighting by submitting a MIPS EUC application.






## **Facility-based Measurement FAQs**

## How Does Facility-based Measurement and Scoring Work?

-  **Step 1:** We will look at your facility's FY 2023 Hospital VBP Program score.
-  **Step 2:** We will determine how your facility's FY 2023 Hospital VBP Program score compares to all other facilities with a FY 2023 Hospital VBP Program score and arrive at a percentile.
-  **Step 3:** We will look at the range and distribution of unweighted PY 2022 MIPS quality and cost performance category percentile scores for MIPS participants and identify which 2022 MIPS quality (percentile) score and cost (percentile) score maps to the percentile associated with your FY 2023 Hospital VBP Program score. Note that we will not assign a quality percentile score below 30%.
-  **Step 4:** We will multiply the mapped 2022 MIPS quality percentile score by the 2022 quality performance category weight to determine the quality performance category points contributing to your final score.
-  **Step 5:** We will multiply the mapped 2022 MIPS cost percentile score by the 2022 cost performance category weight to determine the cost performance category points contributing to your final score.

 <b>HVBP Score</b>		<b>QPP Equivalent Quality Score</b>			
Step 1					
<b>35.5%</b>	=	<b>60%</b>	×	<b>55</b>	=
 <b>33rd Percentile</b>		Performance Rate		Category Weight	
Step 2		Step 3			
				<b>33 out of 55</b>	 Step 4
				Category Contribution	

 <b>HVBP Score</b>		<b>QPP Equivalent Cost Score</b>			
Step 1					
<b>35.5%</b>	=	<b>40%</b>	×	<b>30</b>	=
 <b>33rd Percentile</b>		Performance Rate		Category Weight	
Step 2		Step 3			
				<b>12 out of 30</b>	 Step 5
				Category Contribution	

### UPDATED August 2022

Because the FY 2023 Hospital VBP scores won't be available, **we can't perform the mapping outlined in these steps** to calculate facility-based scores in MIPS for PY 2022.



**Help, Resources, and Version History**

## Where Can You Go for Help?

Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

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](mailto:QPP@cms.hhs.gov).

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



## Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
<a href="#">2022 Quality Quick Start Guide</a>	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2022 MIPS quality performance category.
<a href="#">2022 Cost Quick Start Guide</a>	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.
<a href="#">2022 Eligibility and Participation Quick Start Guide</a>	A high-level overview and actionable steps to understand your 2022 MIPS eligibility and participation requirements.
<a href="#">2022 Promoting Interoperability Quick Start Guide</a>	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS Promoting Interoperability performance category.
<a href="#">2022 Improvement Activities Quick Start Guide</a>	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS improvement activities performance category.

## Version History

If we need to update this document, changes will be identified here.

Date	Description
08/04/2022	Updated to indicate we can't calculate MIPS facility-based scores for the 2022 performance year (per FY 2023 IPPS/LTCH PPS rule).
04/28/2022	Updated to reflect proposals in the Inpatient Prospective Payment System proposed rule; if finalized, we won't be able to calculate MIPS facility-based scores for the 2022 performance year.
01/18/2022	Updated to reflect correct links on slide 21.
12/31/2021	Original Posting.