



HEALTHCARE REGULATORY ROUND-UP - Episode #32

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

August 10, 2022

Agenda

1. Overview
 - CMS Accountable Care Strategy
 - Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
 - Composite Score Components
2. MPFS 2023 Merit-Based Incentive Payment System (MIPS) Proposed Changes
3. MIPS Value Pathways (MVPs)
4. Resources

Introductions



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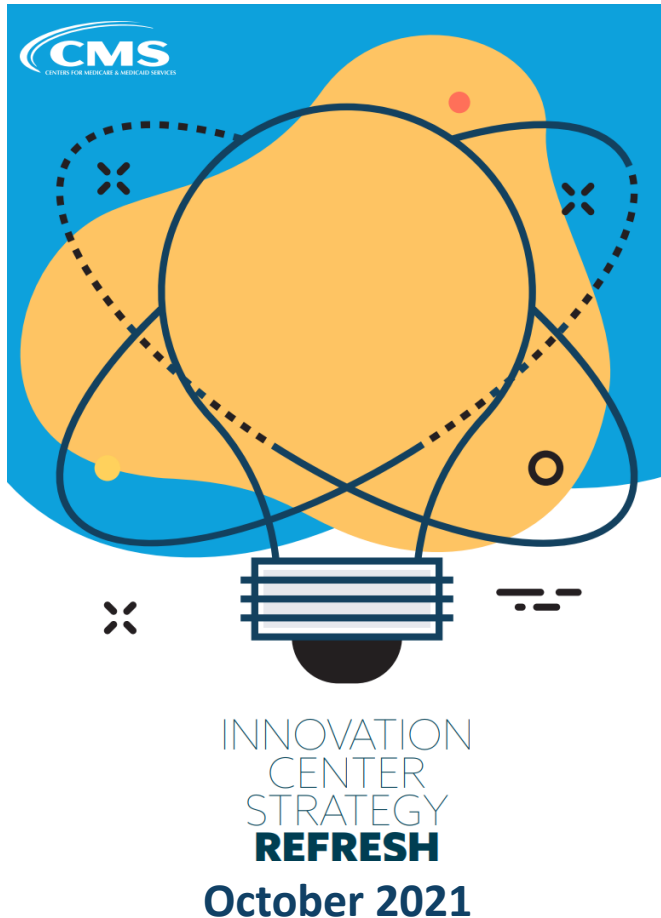
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1. Overview

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

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)



- FFS payment adjustments based on composite performance score:



Quality



Cost



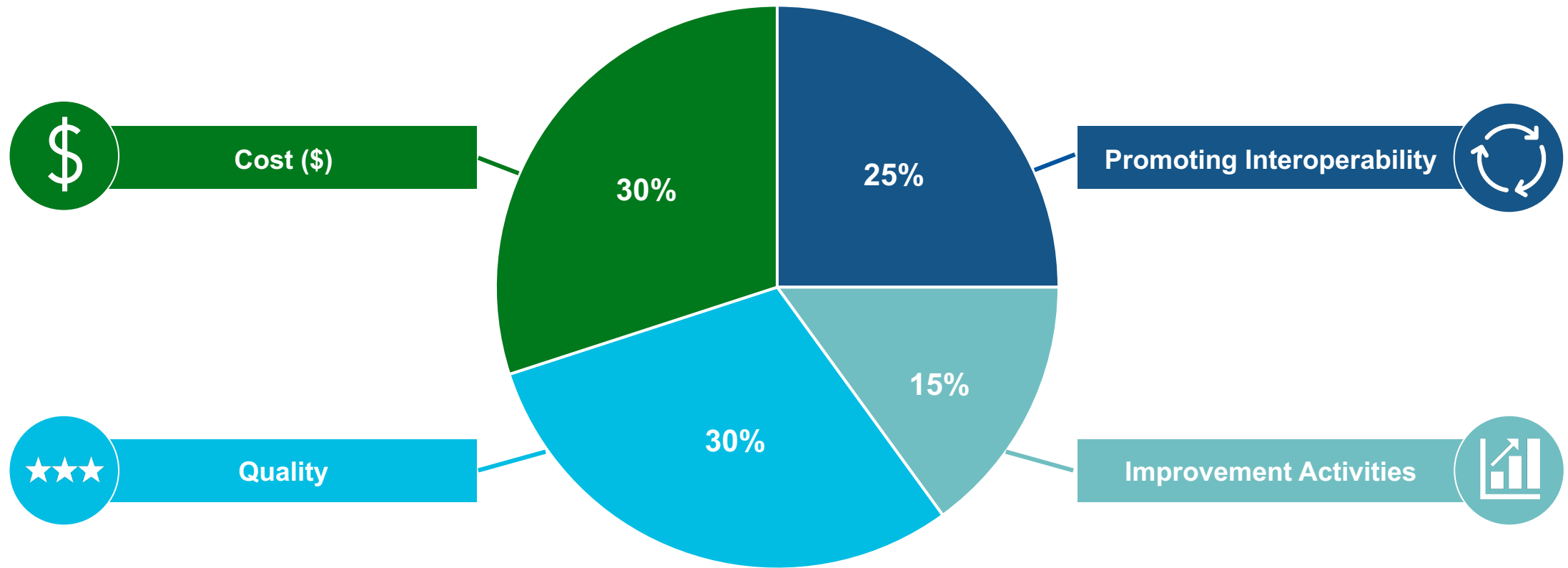
Promoting Interoperability (fka, Meaningful Use)



Improvement Activities

- Exception for qualifying APM participants

Composite Score Components



The background of the slide is a grayscale image of a desk. On the left, a pair of glasses rests on a document labeled "ACTUAL SUMMARY". In the center, there is a document with a table and two pie charts. The table has two columns, "Series 1" and "Series 2", with dates from 1/1/2016 to 11/1/2016. The pie charts show various percentages. On the right, a portion of a laptop keyboard is visible.

2. MPFS 2023 Merit-Based Incentive Payment System (MIPS) Proposed Changes

MPFS 2023 Proposed Changes – Quality



- **Data completeness**

- 2023 – 70% as finalized in the 2022 MPFS
- 2024 and 2025 – proposed to increase to 75%

- **194 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 75 existing measures
- Addition and removal of measures from specific specialty sets
- Removal of 15 quality measures from inventory and partial removal of 2 measures

MPFS 2023 Proposed Changes – Quality (cont.)



- **New measures**

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

MPFS 2023 Proposed Changes – Quality (cont.)



- **Measures proposed for removal**

- 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
- 260 Rate of CEA for asymptomatic patients
- 261 Referral for otologic evaluation for patients w acute/chronic dizziness
- 265 Biopsy follow up
- 275 IBD assessment of hepatitis B virus status before initiating Anti-TNF therapy
- 323 Cardiac stress imaging not meeting AUC
- 375 Functional status assessment for total knee replacement
- 425 Photo-documentation of cecal intubation
- 439 Age-appropriate screening colonoscopy
- 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 for retention in MVPs

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

MPFS 2023 Proposed Changes – Cost



- Cost improvement scoring began in 2022.
- Proposing to establish 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.



MPFS 2023 Proposed Changes – Improvement Activities

- **2022**

- 106 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

- **2023 Proposed**

- Add 4:
 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)
- Proposing modifications to 5 Improvement Activities, and removing 6

MPFS 2023 Proposed Changes – Promoting Interoperability

- **Proposing to **discontinue** automatic reweighting for:**

- Nurse practitioners
- Physician assistants
- Certified registered nurse anesthetists
- Clinical nurse specialists

- **Proposing to **continue** for:**

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

MPFS 2023 Proposed Changes – Promoting Interoperability (cont.)

- Proposing to allow reporting at the APM Entity level in addition to individual and group level
- Changes to Public Health and Clinical Data Exchange Objective requiring submittal of level of engagement
- Proposing to make Query of Prescription Drug Monitoring Program (PDMP) a required measure worth 10 points
 - Currently an optional measure worth 10 bonus points
 - Also proposing to expand to include Schedule III and IV drugs in addition to the Schedule II opioids currently required
- Proposing a 3rd option for Health Information Exchange (HIE) – Participation in the Trusted Exchange Framework and Common Agreement (TEFCA)

MPFS 2023 Proposed Changes – Promoting Interoperability (cont.)

Current 2022

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of PDMP	10 points (<i>bonus</i>)
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

Proposed 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*

MPFS 2023 Proposed Changes – Promoting Interoperability (cont.)

Current 2022

Objective	Measure	Maximum Points
Public Health and Clinical Data Exchange	Report the following 2 measures:* <ul style="list-style-type: none"> Immunization Registry Reporting Electronic Case Reporting 	10 points
	Report one of the following measures: <ul style="list-style-type: none"> Syndromic Surveillance Reporting Public Health Registry Reporting Clinical Data Registry Reporting 	5 points (bonus)

Proposed 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: <ul style="list-style-type: none"> Immunization Registry Reporting Electronic Case Reporting 	25 points*
	Report one of the following measures: <ul style="list-style-type: none"> Syndromic Surveillance Reporting Public Health Registry Reporting Clinical Data Registry Reporting 	5 points (bonus)*

MPFS 2023 Proposed Changes – Final Scoring



Final Score Points	MIPS Adjustment
0.0 – 18.75	<ul style="list-style-type: none">Negative 9%
18.76 – 74.99	<ul style="list-style-type: none">Negative MIPS payment adjustment greater than negative 9% and less than 0% on a linear sliding scale.
75.0	<ul style="list-style-type: none">0% adjustment
75.01 – 100	<ul style="list-style-type: none">Positive MIPS payment adjustment greater than 0% on a linear sliding scaleThe linear sliding scale ranges from 0 – 9% for scores from 75.0 – 100%This sliding scale is multiplied by a scaling factor greater than 0, but not exceeding 3.0 to preserve budget neutrality

Performance Threshold = 75 points (mean score from 2017 performance period)

MPFS 2023 Proposed Changes – Other



- **Final Scoring**

- Proposing facility-based MIPS clinician would be eligible to receive the complex patient bonus even if they don't submit data for at least one MIPS category

- **Public Reporting**

- Proposing to publicly report telehealth indicators on individual clinician and group profiles to empower patients with healthcare decisions
- Proposing to report on procedures commonly performed on individual clinician profile pages to allow patients to find providers who have performed specific types of procedures

- **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)

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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
 - Currently proposing to use Medicare Part B claims

MVPs (cont.)

- **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

MVPs (cont.)

- **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 (cont.)

- **MPFS 2022:** 7 MVPs proposed for 2023
- **MPFS 2023:** Revising the 7 previously established and adding 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.

Takeaways

- Review proposed rules and submit comments as appropriate.
 - CMS requested feedback on several RFIs related to QPP:
 - Payment gap for QPs and subsequent transition to enhanced conversion factor updates
 - MIPS quality performance category health equity RFI
 - Developing quality measures that address amputation avoidance in diabetic patients
 - QCDRs/QRs/Health IT Vendors supporting all measures in MVPs RFI
 - CME vendors submitting improvement activities for MVPs RFI
 - Advancing the Trusted Exchange Framework and Common Agreement (TEFCA)
 - Continuing to advance to digital quality measurement and the use of FHIR in QPP
 - Potential transition to individual QP determination RFI

Takeaways (cont.)

- Query vendors regarding their ability to support MVP reporting in 2023.
- Begin evaluating MVPs to determine which are applicable to entity and conduct preliminary gap analysis.
- Review proposed changes to quality measures and improvement activities to determine if will be materially impacted.
- Operational process and data gathering/reporting modifications may be necessary.
- Watch for the final rule to further refine your planning for 2023 and beyond.

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6. Resources

Resources



- <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1972/2023%20Quality%20Payment%20Program%20Proposed%20Rule%20Resources.zip>
- Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Proposed Rule Making: Quality Payment Program (QPP) Policy Proposals Overview
- Changes to Quality Payment Program (QPP) Policies Proposed in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Proposed Rule Making (NPRM)
- Quality Payment Program (QPP) Policies Proposed in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Notice of Proposed Rule Making (NPRM): MIPS Value Pathways (MVPs) Proposals
- Proposed Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) Tables for CY 2023 MIPS Performance Period/2025 Payment Year

Our Next Regulatory Round-Ups



- 2023 Hospital OPPS/ASC Proposed Rule – August 17
- 2023 Hospital IPPS, Inpatient Rehab, Inpatient Psych, and SNF Final Rules – Dates TBD

How can we HELP?





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