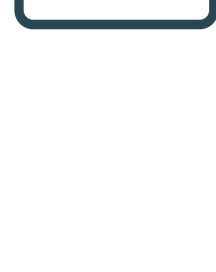


MIPS Year 6: Your Questions Answered



The Centers for Medicare & Medicaid Services (CMS) issued the final rule for the sixth year of its Quality Payment Program (QPP), created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

CMS states that Year 6 of the QPP is designed to:

- Continue moving toward more meaningful participation for clinicians and improved outcomes for patients
- Advance health equity and address social determinants of health
- Allow for more equitable distribution of scoring, with small practices no longer bearing the greatest share of negative payment adjustments

Clinicians may choose between **two tracks** under the QPP:

MIPS

The Merit-based Incentive Payment System allows clinicians to earn performance-based payment adjustments based on the services they provide to their Medicare patients.

Advanced Alternative Payment Models (APMs)

Clinicians who receive at least 50% of their Medicare Part B payments or see at least 35% of their Medicare patients through an Advanced APM entity qualify to be APM participants.



CMS estimates that between 225,000 and 290,000 eligible clinicians may qualify for the APM track in 2022 for payment year 2024.



Am I eligible for MIPS?

CMS estimates that approximately

809,593 clinicians

will be eligible for MIPS in 2022, which will determine MIPS payment adjustments for 2024. That's down from approximately 890,742 eligible clinicians in 2021.

For Year 6, CMS expanded the list of MIPS-eligible clinicians to now include:

✓ Clinical Social Workers

✓ Certified Nurse-Midwives

In addition to:

✓ Physicians

✓ Occupational Therapists

✓ Physician Assistants

✓ Clinical Psychologists

✓ Nurse Practitioners

✓ Qualified Speech-Language Pathologists

✓ Clinical Nurse Specialists

✓ Qualified Audiologists

✓ Certified Registered Nurse Anesthetists

✓ Registered Dietitians or Nutrition Professionals

✓ Physical Therapists

Clinicians are NOT eligible for Year 6 of MIPS if they:

✗ Are not a MIPS-eligible clinician type

✗ Enrolled in Medicare after Jan. 1, 2022

✗ Meet any of the following low-volume threshold criteria:

- Bill less than \$90,000 for Medicare Part B-allowed services
- See 200 or fewer Medicare Part B patients
- Provide 200 or fewer covered professional services under the Physician Fee Schedule

CMS estimates that approximately 816,211 clinicians will not be eligible for MIPS in 2022.



What are the key MIPS changes for 2022?



The Quality and Cost performance categories were adjusted to weigh equally at 30%, with the Quality performance weight reduced from 40% in 2021, and the Cost weight increased from 20%.



CMS increased the minimum threshold to 75 points, (up from 60 points in 2021), for the new performance year. This means clinicians must achieve at least 75 MIPS points to avoid a penalty.



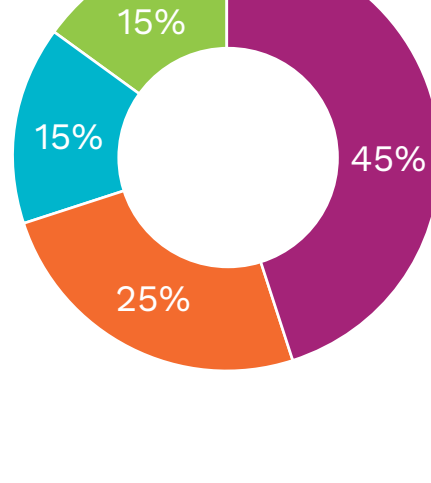
The 2022 performance year will be the last year that CMS will provide an additional MIPS incentive for exceptional performance.



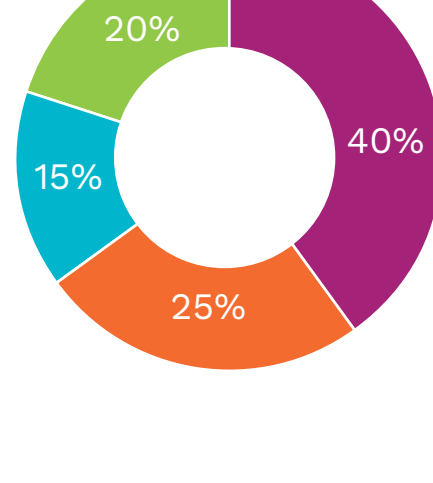
Clinicians will be able to report MIPS Value Pathways (MVPs) beginning in 2023. The MVPs framework aims to align and connect measures and activities across the Quality, Cost and Clinical Improvement activities performance categories of MIPS for different specialties or conditions. This framework will eventually replace the traditional MIPS program, but will be voluntary for performance years 2023 through 2027.

How will my MIPS score be calculated?

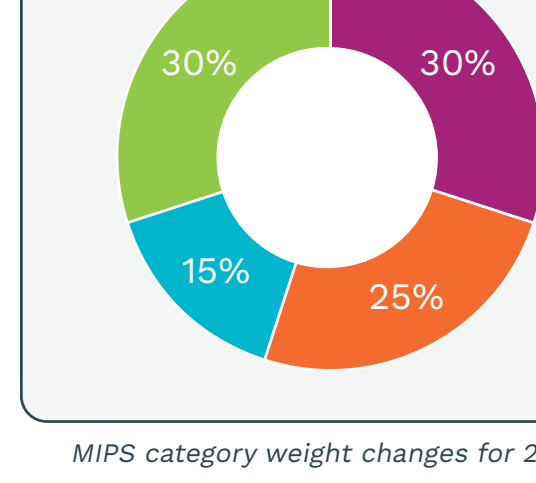
2020



2021



2022



MIPS category weight changes for 2022

Quality

Promoting Interoperability
(Formerly Advancing Care Information)

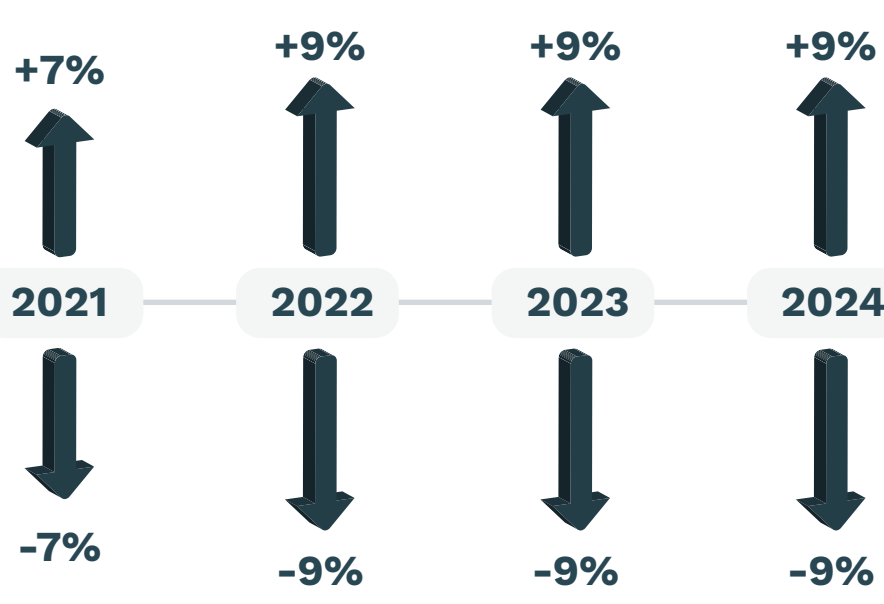
Clinical Improvement Activities

Cost

In reporting year 2022, the possible adjustment for 2024 payments remains the same as in the last two reporting years, at +/- 9%.



CMS estimates there will be \$603 million in penalties and incentives redistributed in 2024, PLUS an **extra pool of \$360 million** to be paid out to exceptional performers whose composite scores meet or exceed 89 points.



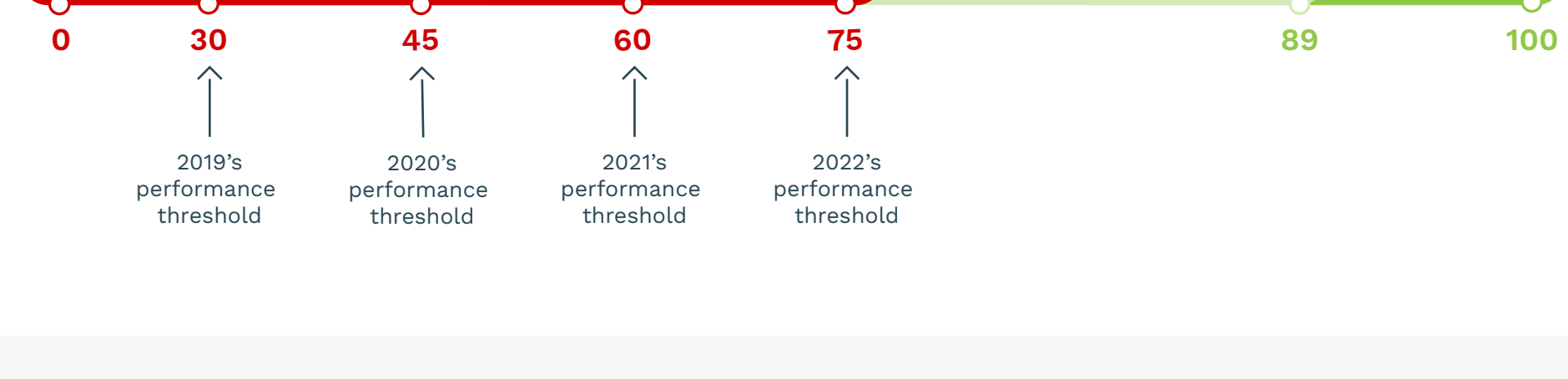
Because the MIPS program is budget-neutral, actual incentive payments are often below the top threshold. For instance, providers who achieved the maximum MIPS score in 2020 will see their 2022 payments go up by +2.20%, including both positive and exceptional performance adjustments. However, CMS reports that maximum incentives are expected to increase as the program's penalties increase. CMS projects the maximum bonus in 2024, based on 2022 data, will be 6.6%.

Performance Thresholds

Clinicians whose composite score falls between 0 and 75 points will see their 2024 payments docked by as much as -9%.

Clinicians whose composite score falls between 75 and 89 points could see incentive payments as high as 9%.

Clinicians whose composite score falls between 89 and 100 points will be eligible for additional bonus payments.



MIPS Timeline

JAN 1, 2022

DEC 31, 2022

JAN 3, 2023

SUMMER 2023

JAN 1, 2024

Performance year (PY) 2022 begins

PY 2022 ends

Submission window opens for PY 2022

Performance feedback available for PY 2022

PY 2022 payment adjustments go into effect



GOOD NEWS!

Data for many MIPS measures can be captured **automatically** during the intake process, including:

✓ DEPRESSION SCREENING

✓ UNHEALTHY ALCOHOL USE SCREENING

✓ TOBACCO USE SCREENING

✓ PATIENT VACCINATION STATUS

✓ FALL RISK ASSESSMENT

✓ CERVICAL CANCER SCREENING

✓ DOCUMENTATION OF CURRENT MEDICATIONS

✓ FUNCTIONAL STATUS ASSESSMENT FOR TOTAL KNEE REPLACEMENT

✓ COLORECTAL CANCER SCREENING

✓ FUNCTIONAL STATUS ASSESSMENT FOR RHEUMATOID ARTHRITIS

✓ BREAST CANCER SCREENING

and more!