

What's Next for the Quality Payment Program (QPP): An Overview of the 2022 Proposed Rule

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Quality Payment Program of Illinois

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Agenda

- Quality Payment Program (QPP) Basics
- Programmatic Updates
- Category Updates
- APM Performance Pathway and MIPS Value Pathways
- Commenting on the Rule
- Resources and Q&A

REMINDER: Changes referenced have not been finalized. Final rule may differ from proposed.

QPP Basics

QPP Participation Tracks



- MIPS is a Medicare “report card” assessing the value of care delivered
- Advanced APM (AAPM) are either Medical Home Models or require participants to bear a significant financial risk

What if I'm in an AAPM?

- Will be evaluated for “Qualifying Participant” (QP) status:

Status	Payments through AAPM	Patients through AAPM
QP	50%	35%
Partial QP	40%	25%

- QPs are exempt from MIPS, receive automatic 5% bonus, and higher physician fee schedule update beginning 2026
- Partial QPs may elect to opt into MIPS or stay exempt
- Non-QPs in an AAPM may be subject to MIPS participation requirements

I'm not in an AAPM, am I included in MIPS?

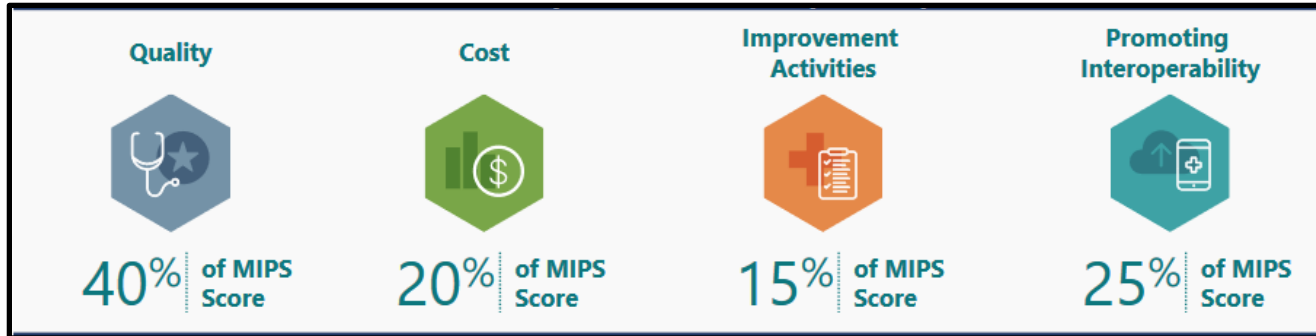
- Many believe MIPS does not apply because:
 - “I don't use electronic health records”
 - “I'm a solo/small practice”
 - “I work in nursing homes/home health”
 - “This isn't relevant to my subspecialty”
- Inclusion is based on annual Medicare volume thresholds:

Bill more than \$90k in charges	See more than 200 patients	Provide more than 200 services
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Visit <https://qpp.cms.gov/participation-lookup> to review MIPS participation status by searching individual NPI

How do I participate in *traditional* MIPS?

- Collect and report data on quality, cost, clinical improvements and EHR:



NOTE: These MIPS category weights are for program year 2021. They change over time and differ under MIPS APM

- Collect data through claims (Quality only), registry, or certified EHR
- Report data through same methods or the QPP website
- Reporting, scoring, and measures can vary by:
 - Special status
 - Specialty
 - MIPS APM participation

How else could I participate in MIPS?

- APM Performance Pathway (APP)
 - Optional for clinicians participating in MIPS APM
 - Single, pre-determined measure set

What Are the Reporting Requirements Under the APP?

Quality —————→
50% of MIPS Final Score

Promoting Interoperability
30% of MIPS Final Score
Same reporting as traditional MIPS

Improvement Activities
20% of MIPS Final Score
Automatic full credit in 2021

Cost
0% of MIPS Final Score
No requirements

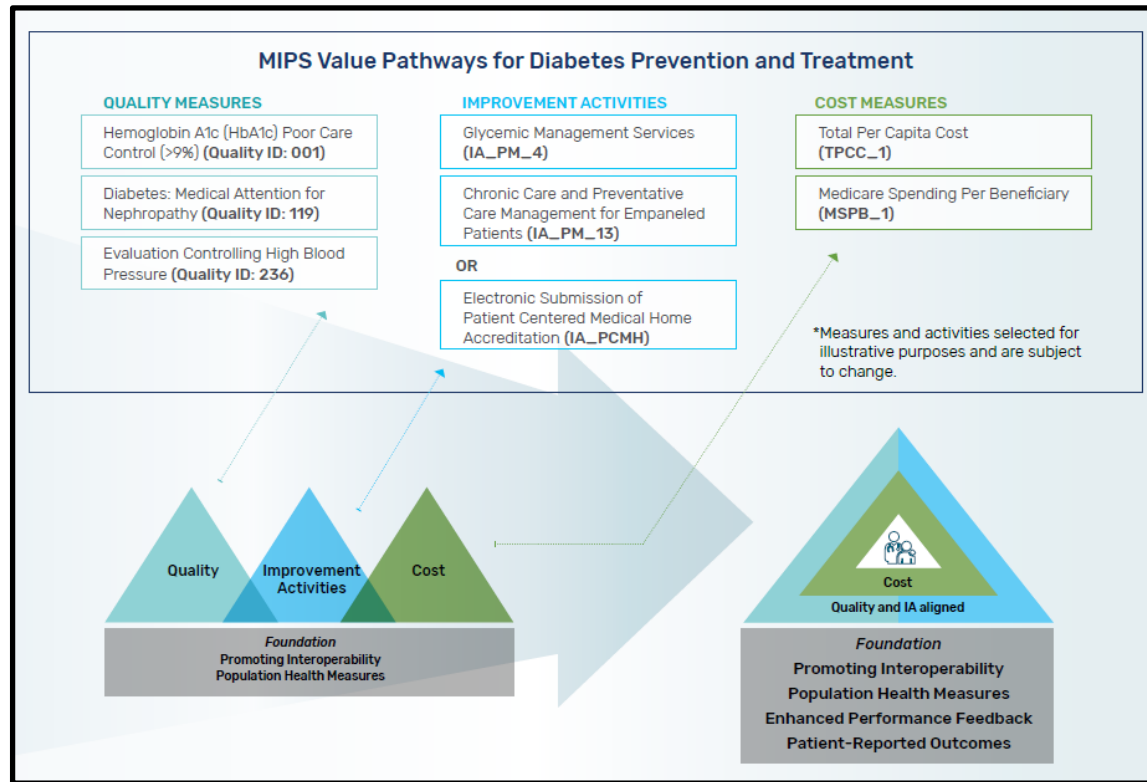
APP participants will be scored on the following quality measure set:

- CAHPS for MIPS (Quality ID: 321)
- Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups (Quality ID: 479)
- Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs (Quality ID: 480)
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (Quality ID: 001)*
- Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID: 134)*
- Controlling High Blood Pressure (Quality ID: 236)*

* Note: For the 2021 performance year only, Medicare Shared Savings Program ACOs have the option to report the 10 CMS Web Interface measures in place of these 3 measures (001, 134, 236) in the APP.

How else could I participate in MIPS?

- MIPS Value Pathway (MVP)
 - Beginning 2022 or later
 - Specialty-aligned Quality/Cost measures and Improvement Activities



What if I don't participate in MIPS?

- “Negative adjustment” on Medicare payments
- Applied two years later:

2019 Non-Participant

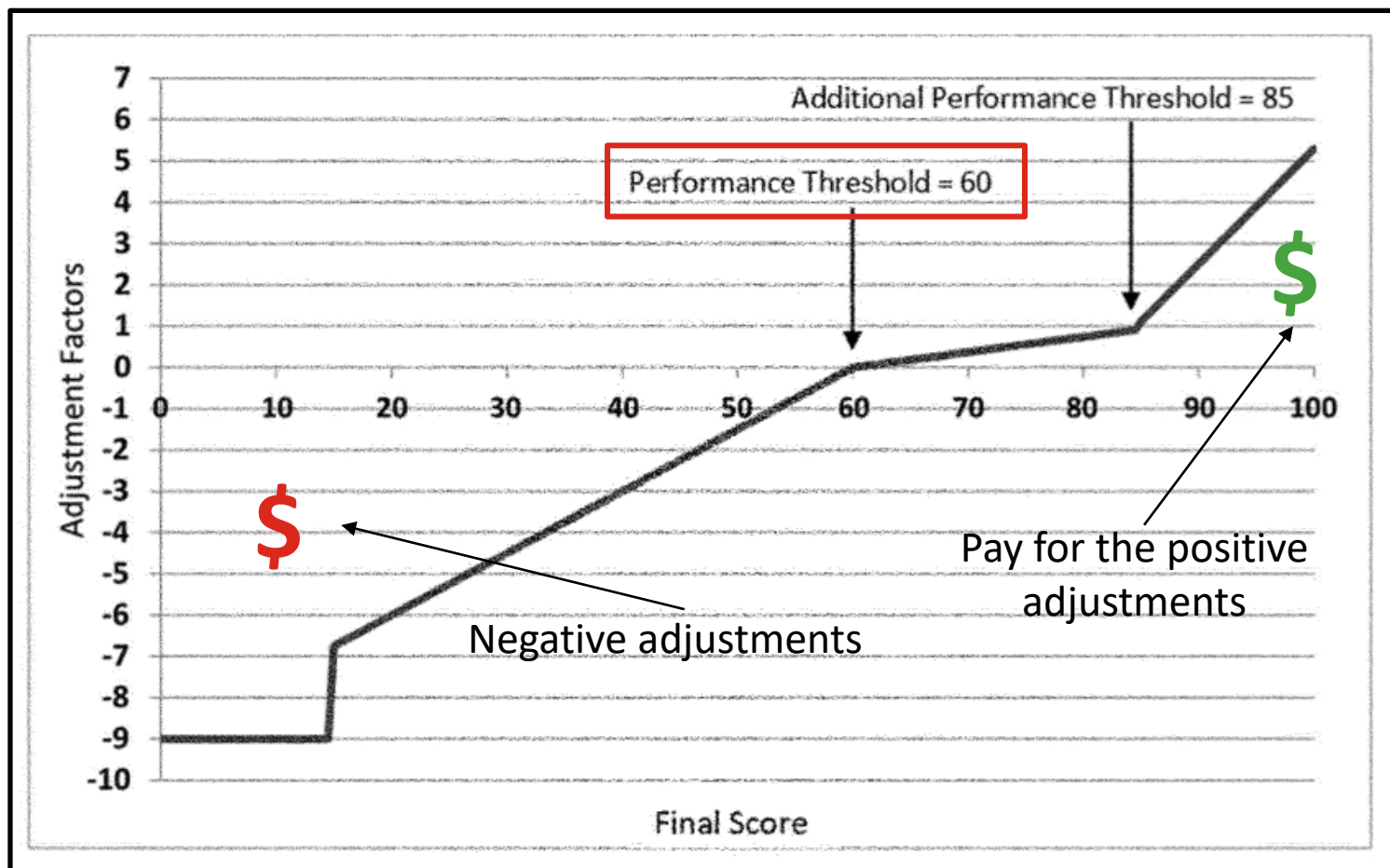
- Adjusted -9% in 2021
- -2% for sequestration
- -7% for MIPS

2021 Non-Participant

- Adjusted -11% in 2023
- -2% for sequestration
- -9% for MIPS (maximum)

- Adjustments reset each year

Can I get a positive adjustment?



NOTE: this chart is an estimate for 2021 and will change over time

Programmatic Updates

New Eligible Clinician (EC) Types

Physicians	Osteopaths	Occupational Therapists
Chiropractors	Physician Assistants	Clinical Psychologists
Nurse Practitioners	Clinical Nurse Specialists	Qualified Speech-Language Pathologists
Certified Registered Nurse Anesthetists	Physical Therapists	Qualified Audiologists
Registered Dietitians or Nutrition Professionals	Clinical Social Workers*	Certified Nurse Midwives*

* New for 2022

Performance Thresholds

- By law, must be based on prior year performance data
 - Average score from 2017
 - Exceptional performance at 25th percentile above 2017 mean
- Final year of exceptional performance bonus

Threshold	Outcome	2021	2022
Scoring floor	Avoid <i>maximum</i> -9% penalty	15 → 18.75	
Performance	Avoid <i>any</i> penalty	60 → 75	
Exceptional performance	Extra rewards	85 → 89	

Category Weights

- By law, Cost and Quality must be equally weighted
 - Quality decreases from 40% to 30%
 - Cost increases from 20% to 30%
- No change to MIPS APM or APP weighting

Traditional MIPS (Individuals, Groups, Virtual Groups)	
Component	Weight
Cost	30%
Quality	30%
PI (Promoting Interoperability)	25%
IA (Improvement Activities)	15%

Traditional MIPS (APM Entities)	
Component	Weight
Cost	0%
Quality	55%
PI (Promoting Interoperability)	30%
IA (Improvement Activities)	15%

APP (Individuals, Groups, APM Entities)	
Component	Weight
Cost	0%
Quality	50%
PI (Promoting Interoperability)	30%
IA (Improvement Activities)	20%

Tables borrowed from <https://www.impact-advisors.com/regulatory/2022-pfs-proposed-rule-part-1-traditional-mips-program-proposals/>

Other Updates

- Complex patient bonus
- Facility-based measurement to ensure highest available score
- Re-weighting for small practices:

Re-weight	Quality	IA	Cost
PI only	40%	30%	30%
PI and Cost	50%	50%	0%

- Soliciting feedback on public reporting through Care Compare
- Process to improve identification of payee TINs for QP bonus
- Aim to move fully to digital quality measures by 2025

Category Updates



Quality: General

- 195 total measures
 - Substantive changes to 84 existing
 - Remove 19; add 5 (including 2 administrative claims)
- Increase data completeness threshold to 80% beginning 2023
- Remove bonus points for:
 - Reporting additional high-priority and outcome measures
 - End-to-end electronic reporting
- Extend use of CMS Web Interface for 2022
- Group scoring from claims only if submitted another category as group
- Additional reasons for suppressing or truncating measures due to error

Quality: Benchmarking

- Benchmarks based on 2022 or 2019 performance data, pending analysis of 2020 data
- Establish 5-point floor for first two years of new measures
- Remove 3-point floor for all other measures
 - Earn 1-10 points if benchmark exists
 - Earn 0 points if no benchmark exists or case minimum is not met (small practices still earn 3)

Improvement Activities

- Inventory update
 - Add 7 new activities
 - Remove 6 activities
 - Modify 15 activities
- Focus on health equity subcategory
 - 3 of 7 new activities
 - 11 of 15 modified activities
- New activities must meet 6 existing and 2 new criteria:
 - Not duplicative
 - Must go beyond standard clinical practice
 - Six optional factors
- Process to suspend activities that may present safety or other risk

Promoting Interoperability

- Automatic re-weighting for:
 - Clinical social workers
 - Small practices
- Modify Public Health and Clinical Data Exchange
 - Require immunization registry and electronic case reporting
 - Remaining measures optional for 5 bonus points
- Modify Provide Patients Electronic Access to Health Information
 - Require information to remain available indefinitely
 - Applies to all information with service date 1/1/16 or later
- Update attestation statements
 - Add Safety Assurance Factors for EHR Resilience Guide
 - Modify Prevention of Information Blocking

Cost

- Add 5 new episode-based measures
 - Procedural:
 - Melanoma Resection
 - Colon and Rectal Resection
 - Acute inpatient:
 - Sepsis
 - Chronic condition:
 - Diabetes
 - Asthma/COPD
- New process of external Cost measure development and call for measures for earliest adoption in 2024



APM Performance Pathway and MIPS Value Pathways

APM Performance Pathway (APP)

- Maintain 2021 APP reporting for MIPS APM participants
- Longer transition period for MSSP ACOs:

2021-2022	2023	2024
<ul style="list-style-type: none">• Report 10 CMS Web Interface measures; or• Report 3 all-payer eCQM/MIPS CQM	<ul style="list-style-type: none">• Report 10 CMS Web Interface measures + 1 all-payer eCQM/MIPS CQM; or• Report 3 all-payer eCQM/MIPS CQM	<ul style="list-style-type: none">• Report 3 all-payer eCQM/MIPS CQM



MIPS Value Pathways (MVPs)

- New development criteria
- Gradual availability beginning with 7 MVPs in 2023:
 - Rheumatology
 - Stroke Care and Prevention
 - Heart Disease
 - Chronic Disease Management
 - Emergency Medicine
 - Lower Extremity Joint Repair
 - Anesthesia
- Sunset “traditional MIPS” in favor of MVPs after 2027
- MVP subgroups offer more granular participation within TIN



MVP Registration

- Register between 4/1 and 11/30
 - Select MVP
 - Select population health measure
 - Select outcome administrative claims measure, if applicable
- Select 4 Quality measures from MVP, including one outcome
- Report PI as with traditional MIPS
- Report two medium-weight or one high-weight IA
- Cost calculated as with traditional MIPS

Commenting on the Rule

Submit Your Comments

- Proposed rule open for official comment until 9/13/21
- CMS reviews and responds to comments when finalizing proposals
- Final rule expected December
- Visit the [2022 Proposed Rule](#) in the Federal Register
- Click “Submit a Formal Comment” and complete the form

SUBMIT A FORMAL COMMENT

Potential Comments

- If you value our support, please submit this one comment:
 - **Continue funding for QPP SURS**
 - QPP SURS is what gives you free access to QPP of Illinois
 - Our funding is currently scheduled to end in February 2022
- Endorse other small practice benefits
 - Automatic PI re-weight
 - Continue Quality bonus points
 - 2x points for IA
- Transparency with Cost category
 - Benchmarking data
 - Timely reports with patient-level cost data

Resources and Q & A

Resources

- 2022 Quality Payment Program Proposed Rule Resources (zip file)
 - Proposed Rule Comparison Table
 - MVP Proposals Table
- 2022 Quality Payment Program Proposed Rule Overview Fact Sheet
- MVP Transition Timeline for Comment Solicitation
- CHITREC QPP Webinar Archive

Q&A



THANK YOU!!

Quality Payment Program of Illinois

<https://www.qppresourcecenter.org/>

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