

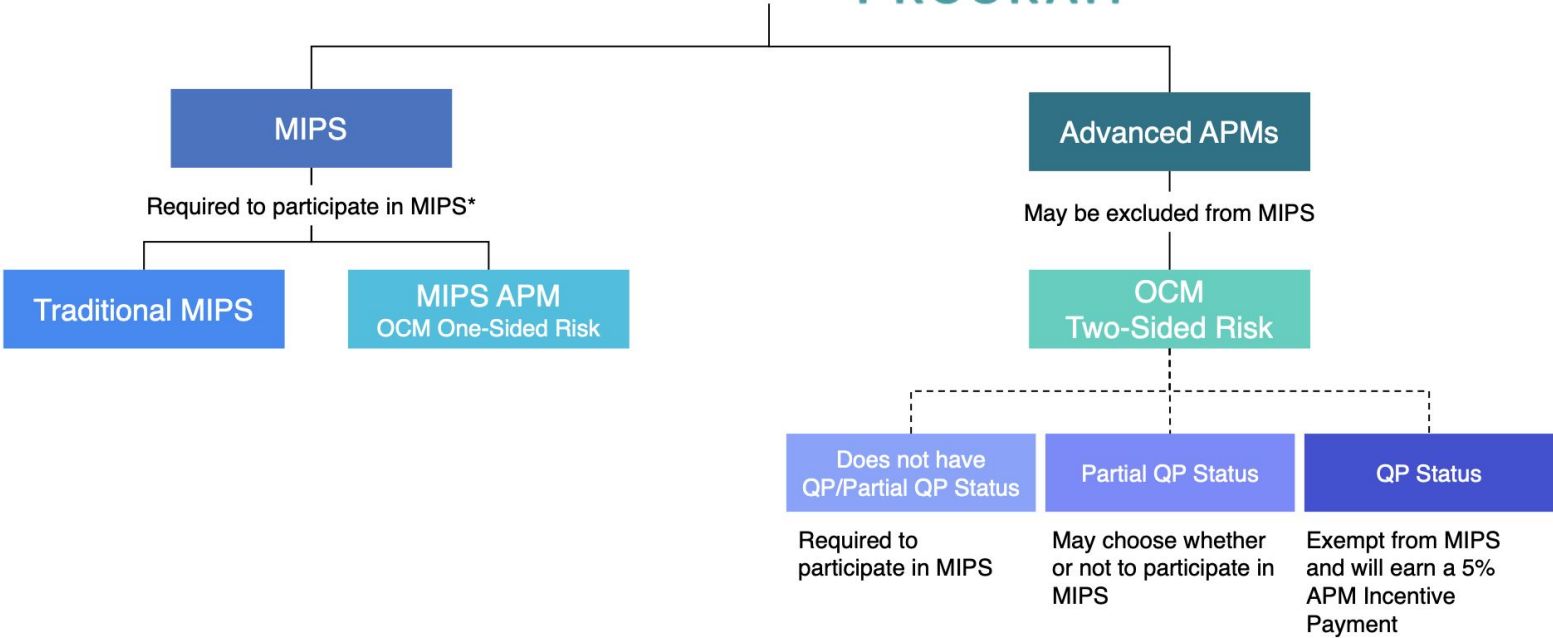
What's in store for MIPS 2022

Contents

- MIPS Changes for 2022
- 2022 MIPS Measures
- Tips for MIPS Success

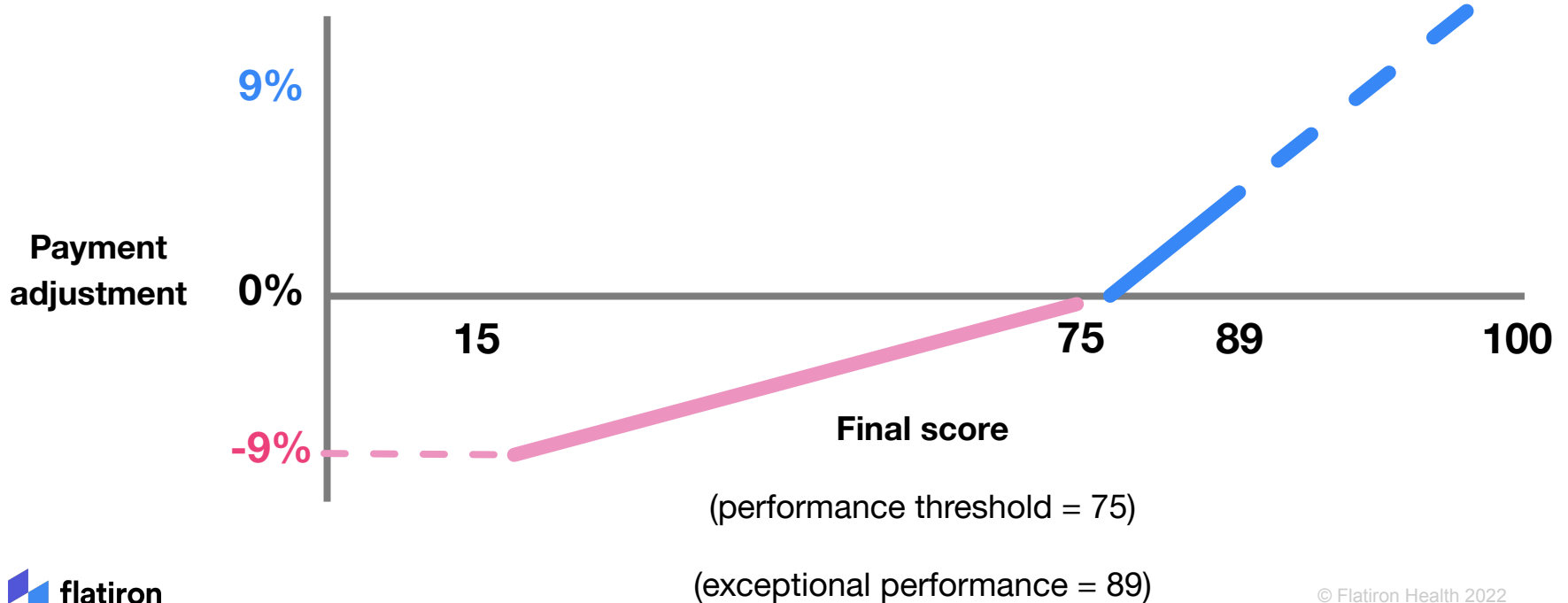
MIPS Changes for 2022

Quality Payment PROGRAM



*Assumes clinician(s) not exempt from MIPS for other reasons

MIPS Scoring in 2022

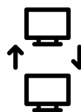


MIPS Performance Categories

MIPS is a performance-based payment system run by CMS composed of **four categories** that impacts clinician's Medicare Part B payments



Quality



Promoting Interoperability



Improvement Activities

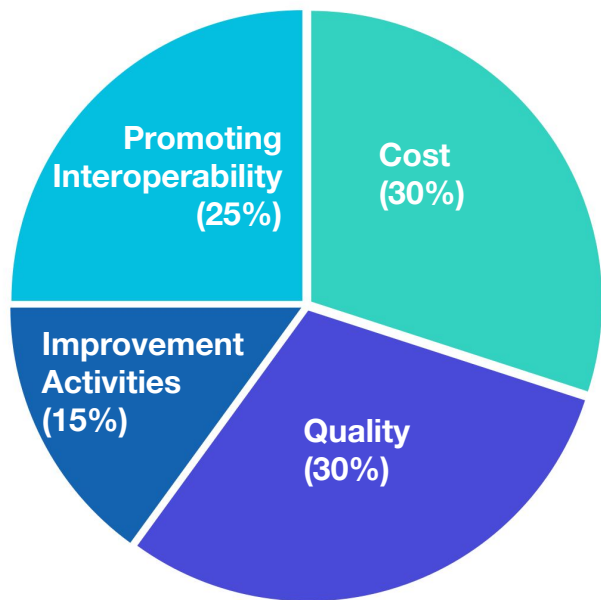


Cost

2022 MIPS Scoring Overview

MIPS General Scoring

Non-APM practices

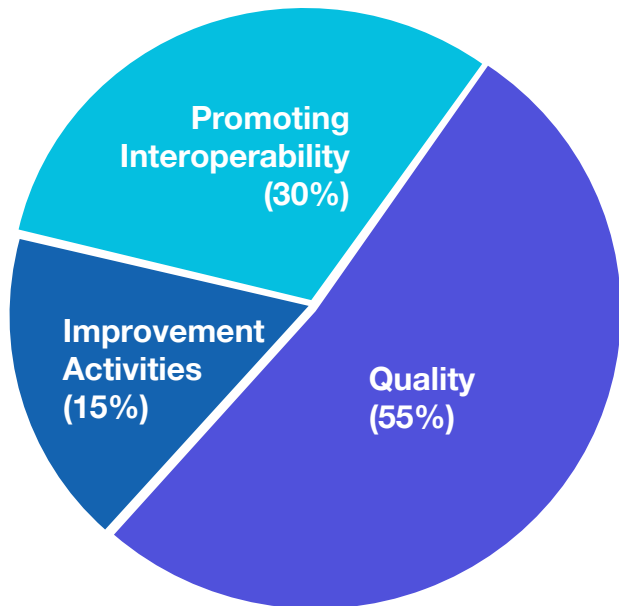


- Quality decreased from 40% to 30% of the total score
- **Cost measures are now worth 30% compared to 20% in 2022**
- Promoting interoperability remains at 25%
 - PI will automatically be reweighted to 0% for small practices
- Improvement activities are still worth 15%
- New for 2022: Certified Nurse Midwives and Clinical Social Workers will be scored as MIPS Eligible Clinicians

2022 MIPS APM Scoring Overview

MIPS APM Scoring*

*Includes OCM One-sided Risk Practices
and non-QP OCM Two-sided Risk Practices*



- MIPS APM practices receive a minimum IA score of 50%
- OCM one-sided risk practices should report MIPS Quality measures to QPP
- Cost is not included in the APM 2022 scoring standard
- Continuing from 2021, MIPS APM clinicians who report to traditional MIPS as individuals, groups, or virtual groups will be scored on cost. However, eligible clinicians in a MIPS APM that reports to traditional MIPS as a MIPS APM Entity will not be scored on cost.

Deep Dive into MIPS Measures

Quality Overview

- Quality is based on 12-months of data for 6 measures
- Required to submit data for 70% of eligible patients
- Clinicians earn between 0-10 points per quality measure based on performance against national benchmarks
- Retired bonuses: Extra high priority measures bonus, end-to-end electronic bonus
- Continuing bonuses: Small practice bonus, quality improvement bonus, complex patient bonus

Promoting Interoperability (PI) Overview

- PI has 25% final score weight for MIPS
- 90+ day reporting period
- New for 2022:
 - Attest Yes/No to SAFER Guide Self Assessment
 - Modified Information Blocking attestation statement

2022 Required Promoting Interoperability Measures

| Objective | Measures | Points |
|--|--|--|
| ePrescribing | - [PI_EP_1] ePrescribing | 10 points |
| Health Information Exchange | - [PI_HIE_1] Support Electronic Referral Loops by Sending Health Information | 20 points |
| | - [PI_HIE_4] Support Electronic Referral Loops by Receiving and Incorporating Health Information | 20 points |
| Provider to Patient Exchange | - [PI_PEA_1] Provide Patients Electronic Access to Their Health Information | 40 points |
| Public Health and Clinical Data Exchange | - [PI_PHCDRR_#] Report the following <u>two</u> measures: <ul style="list-style-type: none"> - Immunization Registry Reporting - Electronic Case Reporting | 10 points <i>Note: Must report to or claim an exclusion to qualify for 10 points.</i> |

2022 Optional Promoting Interoperability Measures

| Objective | Measures | Points |
|--|--|--|
| ePrescribing | <ul style="list-style-type: none"> - [PI_EP_2] Query of Prescription Drug Monitoring Program | 10 bonus points |
| Health Information Exchange | <ul style="list-style-type: none"> - [PI_HIE_5] Health Information Exchange (HIE) Bi-Directional Exchange <ul style="list-style-type: none"> - The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care. | 40 points (replaces two HIE measures for sending and receiving referrals) |
| Public Health and Clinical Data Exchange | <ul style="list-style-type: none"> - [PI_PHCDRR_#] Report on any one of the following measures: <ul style="list-style-type: none"> - Public Health Registry Reporting - Clinical Data Registry Reporting - Syndromic Surveillance Reporting | 5 bonus points |

Improvement Activities Overview

- IA is worth 15% of the final score
- Practices can achieve up to 40 points through combination of medium (10 points) and high weighted (20 points) activities
 - Small practices with 15 or fewer ECs receive 20 points for Medium-weighted IAs and 40 for high-weighted IAs
- Minimum of continuous 90 day period during the 2022 performance year
- There are no significant changes for 2022

Flatiron Suggested MIPS Improvement Activities

There are many common activities within Flatiron practices that are eligible for Improvement Activity points, including:

- Query of PDMP
- Care management*
- Nurse navigation*
- COVID-19 clinical data reporting
- Drug cost transparency & financial navigation program*
- Developing care plans*
- Referrals & data exchange

Cost Overview

- Cost has 30% final score weight for the full 12-month MIPS 2022 performance period
- CMS will calculate cost measures from claims data, you do not need to submit anything
- There are still 2 cost measures applicable to all clinicians in traditional MIPS and 23 episode-based measures

Important Cost Measures

| Measure Name | Description | Case Minimum | Data Source |
|--|---|----------------------|------------------------------------|
| Population-based | | | |
| Total Per Capita Cost (TPCC) | Assesses the overall cost of care delivered to a Medicare patient with a focus on primary care received. | 20 Medicare patients | Medicare Parts A and B claims data |
| Medicare Spending Per Beneficiary Clinician (MSPB Clinician) | Assesses the cost of care for services related to qualifying inpatient hospital stay (immediately prior to, during, and after) for a Medicare patient | 35 episodes | Medicare Parts A and B claims data |
| Procedural episode-based | | | |
| Lumpectomy Partial Mastectomy, Simple Mastectomy | Patients who undergo partial or total mastectomy for breast cancer during the performance period | 10 episodes | Medicare Parts A and B claims data |
| Colon and Rectal Resection | Patients who receive colon or rectal resection for either benign or malignant indications during the performance period | 20 episodes | Medicare Parts A and B claims data |

Tips, tricks, and best practices for MIPS success

MIPS Scoring: Special scoring opportunities

Measure exclusions & bonus points

Complex patient bonus.

CMS will add up to 10 points to your total MIPS score based on the clinical and social complexity of your patients. Complexity is measured by “dual-eligible” Medicare patients and HCC risk scores.

Small practice bonuses & exceptions.

Small practices (15 or fewer ECs) will receive 6 bonus points to the Quality performance category score for submitting data, as well as double points for reporting IA measures. Small practices will also have the PI category automatically reweighted to 0%.

Other tips & tricks for MIPS success

Start early.

Familiarizing yourself with MIPS requirements and ensuring your visit notes are set-up correctly early in the performance year can help prevent last-minute reporting issues.

Track your scores.

Run your MIPS reports biweekly. Work with your doctors and staff to establish workflows to meet MIPS measures, like adding the plan of care for pain to the visit note.

Ask questions.

Reach out to your EHR and MIPS Registry teams for help with MIPS measures, scoring, reporting, and help on MIPS workflows.