

Quality Payment Program

MIPS

(Merit-based Incentive Payment System)

Performance Year 2023

Quality Payment Program

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 ended the Sustainable Growth Rate (SGR) formula and authorized the Quality Payment Program (QPP).

There are 2 tracks:

MIPS (Merit-based Incentive Payment System) – CMS evaluates performance across multiple categories that lead to improved quality and value in our healthcare system. Eligible Clinicians will be subject to a performance-based payment adjustment.

Advanced APMs (Advanced Alternative Payment Models) – Clinicians who achieve a QP status receive a 5% incentive payment and will be excluded from MIPS track.

This presentation will cover MIPS participation in QPP, focusing on the requirements under the Traditional MIPS reporting option.

Snapshot for the Eligible Clinician

Performance Categories:

- Quality
- Promoting Interoperability (PI)
- Improvement Activities (IA)
- Cost

Final Score: 2023 Threshold is 75 points

Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 -100.

Payment Adjustment: +/- 9% (MIPS is a budget neutral program)

Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment towards Medicare part B-covered professional services beginning on January 1, 2025.

MIPS Eligibility Clinicians who fail to report will receive a negative adjustment of 9%

Data Submission: January 2 to March 31, 2024

3 Reporting Options for MIPS

Traditional MIPS: Established in the 1st year of QPP.

Alternative Payment Model (APM) Performance Pathway (APP): APP is designed to reduce reporting burden, create new scoring opportunities, and encourage participation in APMs.

MIPS Value Pathway (MVPs): The newest reporting option beginning this year. This offers clinicians a subset of measures and activities relevant to a specialty or medical condition.

Participation Options

Individual: Collect/submit data for an individual eligible clinician

Group: Collect/submit data for all clinicians in the group

Virtual Group: Virtual group elections are submitted to CMS prior to the performance year. The CMS-approved Virtual Group collects/submits data through the Traditional MIPS reporting only.

APM Entity: Collect/submit data for eligible clinicians identified as participating in an APM.

Subgroup: This is a new participation option only available to clinicians reporting MVP. Advance registration is required.

MIPS Eligibility Criteria

MIPS eligibility is determined by:

Your clinician type

Physicians (MD, DO, DDS, DMD, DPM, OD)
Osteopathic Practitioners
Chiropractors
Physician Assistants
Nurse Practitioners

Qualified Speech-language Pathologist
Certified Nurse Anesthetists
Clinical Social Workers
Qualified Audiologists
Registered Dietitians or Nutrition Professionals

Physical Therapist
Occupational Therapist
Clinical Psychologist
Certified Nurse-Midwives

Medicare Provider enrollment date – Must be enrolled before January 1, 2023

Exceed the Low Volume Threshold (LVT)

Allowed Charges – Bill more than \$90,000 for Medicare Part B covered professional services

of Patients – Provide services to more than 200 Medicare Part B patients

of Services – Provide more than 200 covered professional services to Medicare Part B patients

Confirm your Eligibility

QPP Participation Status Tool

Go to: <https://qpp.cms.gov>

Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

Check Status >

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

MIPS Eligibility Information

MIPS Participation

MIPS Eligibility: ☒ INDIVIDUAL ☒ GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

This clinician can report as part of a group, or as an individual, or both ways.

PAYMENT ADJUSTMENT INFORMATION

If the practice reports as a group, this clinician will receive a payment adjustment based on the group score. If they report as an individual, they will receive a payment adjustment based on their individual score. If they report in both ways, the clinician will receive a payment adjustment based on the higher of the two scores.

MIPS Eligibility at Individual Level:

REQUIRED to report as Individual and/or group

MIPS Eligibility at Group Level:

Optional to participate as a group

Clinician Level Information

Exceeds low volume threshold	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds \$90,000
Covered services for this clinician	Exceeds 200
MIPS eligible clinician type	Yes
Enrolled in Medicare before January 1, 2019	Yes

Practice Level Information

Exceeds low volume threshold	Yes
Medicare patients at this practice	Exceeds 200
Allowed charges at this practice	Exceeds \$90,000
Covered services at this practice	Exceeds 200

MIPS Eligibility Information

Special Statues

Those with a special status qualify for bonus points and/or reduced reporting requirements in certain performance categories

Other Reporting Factors

Learn more about [how other reporting factors are determined](#)

Clinician Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Rural	Yes

Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
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Special Statues apply to those who are:

Practicing in a rural area or HPSA
Non-patient facing
Hospital-based
Facility-based
Ambulatory Surgical Center-based
A Small Practice (Under 15 providers)

Determination Period

This data will be used to determine if a clinician & practice exceeds the LVT, qualifies as a special status, and update clinician lists for each practice

Segment 1 (Preliminary Eligibility): October 1, 2021 – September 30, 2022

Segment 2 (Final Eligibility): October 1, 2022 – September 30, 2023

The following is based on the Low-Volume Threshold (LVT) analyses:

<u>SEGMENT 1</u>	<u>SEGMENT 2</u>	<u>FINAL DETERMINATION</u>
Below LVT	Below LVT	= MIPS Exempt
Below LVT	Above LVT	= MIPS Exempt
Above LVT	Below LVT	= MIPS Exempt
Above LVT	Above LVT	= MIPS Eligible

CMS will release your final eligibility in December

Opt-In Policy

Allows Clinicians and Practices to report to MIPS when they exceed 1 or 2 but not all 3 LVT elements

If you elect to Opt-in:

- Follow the same category requirements

- Subject to the same category scoring guidelines

- You will receive a payment adjustment based on your final score
(positive, negative 9%, or neutral)

You can not opt-in to the program if you fall below all 3 LVT elements

Key Points

2023 Traditional MIPS Reporting Requirements/Scoring

Category Weights

Category Weights for Traditional MIPS & MVPs: Individual, group, Virtual Group and Subgroup



QUALITY: 30%



IA (Improvement Activities): 15%



COST: 30%



PI (Promoting Interoperability): 25%

**= 100 Possible Points
Final Score**

Redistribution Policy:

Reweighting Scenario	Quality	Cost	Improvement Activities	Promoting Interoperability
No Reweighting Needed				
- Scores for all four performance categories	30%	30%	15%	25%
Reweight One Performance Category				
-No Cost	55%	0%	15%	30%
-No Promoting Interoperability*	40%	30%	30%	0%
-No Quality	0%	30%	15%	55%
-No Improvement Activities	45%	30%	0%	25%
Reweight Two Performance Categories				
-No Cost and no Promoting Interoperability*	50%	0%	50%	0%
-No Cost and no Quality	0%	0%	15%	85%
-No Cost and no Improvement Activities	70%	0%	0%	30%
-No Promoting Interoperability and no Quality	0%	50%	50%	0%
-No Promoting Interoperability and no Improvement Activities	70%	30%	0%	0%
-No Quality and no Improvement Activities	0%	30%	0%	70%

*The finalized redistribution policy specifically for MIPS eligible clinicians in small practices.

Automatic Exemption
Category Score unavailable
Submission of Hardship Application



QUALITY

Reporting Requirements:

6 Quality Measures - including at least one outcome or high priority measure OR

A Defined Specialty Measure Set – if the set has fewer than 6 measures, you need to submit all measures within that set.

Collect data for each measure for the full calendar year

You can report measures from multiple collection types to meet reporting requirements (eCQMs, Medicare Part B Claims (Small Practice Only), MIPS CQMs, QCDR measures)



QUALITY

Scoring:

Maximum Category Score = 60 points

Special Status – Small Practice earns 6 bonus points towards category score.

Quality Measure Values:

Existing Measures:

Small Practice earns from 3 – 7 or 10 points per measure

Large Practice earns from 0 - 7 or 10 points per measure

New Measures:

1st Year: 7 – 10 points

2nd Year: 5 – 10 points

To earn the maximum point value for each quality measure:

Case Volume: 20 cases

Data Completeness : 70%

Benchmark (Historical or Performance period)



PI (Promoting Interoperability)

Reporting Requirements:

Collect data for a minimum of 90 continuous days

Collect your data in EHR technology with 2015 Edition Cures Update CEHRT functionality

Provide your EHR's CMS identification code from the Certified Health IT product List (Available on HealthIT.gov)

Report "YES" to:

- Actions to Limit or Restrict Interoperability of CEHRT

- ONC Direct Review

- Security Risk Analysis for 2023 (Additional information is available on the Health Information privacy webpage on HHS.gov)

Report "YES" or "NO" to:

- SAFER Guides Assessment (Additional Information is available on the SAFER Guides webpage on HealthIT.gov)



PI (Promoting Interoperability)

Reporting Requirements:

Report on 6 to 7 required measures or claim their exclusion(s)

OBJECTIVE	MEASURE	MAXIMUM POINTS	EXCLUSION
e-Prescribing	e-Prescribing	10 points	YES
	Query of PDMP	10 points	YES
Health	OPTION 1: Support Electronic Referral Loops by Sending Health Information	15 points	YES
Information	Support Electronic Referral Loops by Receiving & Reconciling Health Information	15 points	YES
Exchange	OPTION 2: HIE Bi-Directional Exchange	30 points	NO
	OPTION 3: Enabling Exchange under TECCA	30 points	NO
Provider to Patient	Provide Patients Electronic Access to their Health Information	25 points	NO
Exchange			
Public Health and	Report on: Immunization Registry Reporting	25 points	YES
Clinical Data	Electronic Case Reporting		YES
Exchange	Optional: Public Health Registry Reporting OR	5 Bonus points	NO
	Clinical Data Registry Reporting OR		NO
	Syndromic Surveillance Reporting		NO



PI (Promoting Interoperability)

Scoring:

Maximum Category Score = 100 points

Failure to meet all reporting requirements will result in 0 points for the category

Automatic Reweighting:

Clinician Types:

Clinical Social Workers

Physical Therapists

Occupational Therapists

Qualified Speech-Language Pathologists

Qualified Audiologists

Clinical Psychologists

Registered Dietitians/Nutrition Professionals

Special Statues:

Ambulatory Surgical Center-based

Hospital-based

Non-patient facing

Small Practice

Performance Category Hardship Exception:

Decertified EHR Technology

Insufficient Internet connectivity

Lack control over availability of CEHRT

Face Extreme & Uncontrollable Circumstances

Natural Disaster

Practice closure

Severe Financial Distress

Vendor Issues



IA (Improvement Activities)

Reporting Requirements:

Select activities that are most meaningful to your practice & support the needs of your patients

90 days unless otherwise stated by the activity

Group Reporting: 50% of the clinicians must perform the same activity

Attest “Yes” to the activities performed

You do not have to submit any supporting documentation. You must keep documentation of the efforts you took to meet the activity for 6 years. Documentation guidance can be found in 2023 MIPS Data Validation Criteria on the QPP website



IA (Improvement Activities)

Scoring:

Implement 2 to 4 activities to receive maximum category score of 40 points

Activities are worth 10 to 40 points depending on its weight (medium or high) and applicable special status designations.

For most MIPS eligible clinicians, groups, virtual groups and APM entities:

- Medium weighted activity = 10 points

- High-weighted activity = 20 points

For MIPS eligible clinicians, groups, virtual groups, and APM entities with certain special status designations (Small practice, non-patient facing, rural or HPSA)

- Medium weighted activity = 20

- High-weighted activity = 40



COST

Reporting Requirements:

CMS uses Medicare claims data to calculate cost measure performance (Parts A, B & D)

Total of 25 Cost measures:

- 23 Episode-based measures

 - 15 – Procedural episode-based

 - 6 - Acute inpatient medical condition episode-based

 - 2 – Chronic Condition episode-based

- Total Per Capita Cost (TPCC) measure

- Medicare Spending per Beneficiary Clinician (MSPB Clinician) measure

Data is collected for a full calendar year



COST

Scoring:

You must meet or exceed case volume to be score on a cost measure

CMS will assign 1 to 10 points to each measure based on performance compared to the performance year benchmark

You must be scored on at least one cost measure to receive a Cost category score

CMS will automatically reweight the Cost category for individual MIPS clinicians who are in a CMS-designated region that has been affected by extreme & uncontrollable circumstances.

You can also request reweighting of the Cost category (and other performance categories) by submitting an Extreme & Uncontrollable Circumstances Exception application.

Tools for Success

STI MIPS Assistance Program

A dedicated STI MIPS Coach will be assigned to your practice to help the clinicians work towards meeting the requirements of MIPS. Our coaches are fluent in the QPP guidelines and can cut through the confusing aspects of the MIPS program. They will assist you in choosing Quality measures and Improvement activities that are meaningful to your practice. They will provide education and training on how to carry out measures and activities. They will continuously monitor your progress throughout the year to insure you receive outstanding performance scores. Our coaches will be there for you right to the end providing assistance with the attestation process.

To enroll in our MIPS Assistance Program, visit our website at www.sticomputer.com. The enrollment form is located under “Client Tools”.