

CureMD



MIPS 2022

Final Rule

A photograph of a medical office desk. In the foreground, a silver stethoscope with black tubing is draped over a white spiral-bound notebook. The notebook is open to a page with a grid pattern. In the background, a pair of round glasses and a white pen are visible on a wooden desk. The top left corner of the image is overlaid with a blue and white checkered pattern.

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Performance Threshold & Payment Adjustments

- Minimum performance threshold is **75** points.
- Exceptional performance threshold is **89** points.
- This is the last year for a bonus adjustment for exceptional performance.
- Maximum payment adjustments remain the same at **+/- 9%**.

Quality Category



- Quality category weightage is 30%.
- Data completeness remains at 70%.
- There are no bonus points awarded for reporting an extra High Priority or Outcome Quality measure.

15 Quality measures are removed, while four new Quality measures added. Substantive changes have been made to 87 Quality measures.

Measures Removed	Quality Measures Added	Administrative Claim Measure Added
#14 Age-Related Macular Degeneration (AMD): Dilated Macular Examination for Medicare Part B Claims type only	#481 - Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
#21 Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin	#482 - Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate	
#23 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) #44 Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery #50 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older for Medicare Part B Claims type only	#483 - Person-Centered Primary Care Measure Patient-Reported Outcome Performance Measure (PCPCM PRO-PM)	

Measures Removed	Quality Measures Added	Administrative Claim Measure Added
#67 Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow		
#70 Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry		
#154 Falls: Risk Assessment		
#195 Radiology: Stenosis Measurement in Carotid Imaging Reports		
#225 Radiology: Reminder System for Screening Mammograms		
#337 Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier		
#342 Pain Brought Under Control Within 48 Hours		
#429 Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy		
#434 Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair		
#444 Medication Management for People with Asthma		

Promoting Interoperability Category



- Promoting Interoperability Category weightage is **25%**.
- Promoting Interoperability Category is reported for a minimum of **90 days**.
- CMS has revised reporting requirements for the Public Health and Clinical Data Exchange objective. It's mandatory to report Immunization Registry Reporting and Electronic Case Reporting (unless an exclusion is applicable).

- Query of PDMP measure is optional and worth 10 bonus points.
- Changes made to the information blocking statements.
- Promoting Interoperability Category is automatically reweighted for clinical social workers.
- Promoting Interoperability Category requires clinicians to conduct an annual assessment of the SAFER Guides.

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	<i>Bonus: Query of PDMP</i>	10 points (<i>bonus</i>)*
Health Information Exchange -OR-	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points
Health Information Exchange (alternative)	Health Information Exchange Bi-Directional Exchange	40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information*	40 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
	<ul style="list-style-type: none"> • Public Health Registry Reporting OR • Clinical Data Registry Reporting OR • Syndromic Surveillance Reporting 	5 points (<i>bonus</i>)*

Notes: The Security Risk Analysis measure and the SAFER Guides measure are required, but will not be scored.

* Signifies a proposal made in this CY 2022 PFS proposed rule.

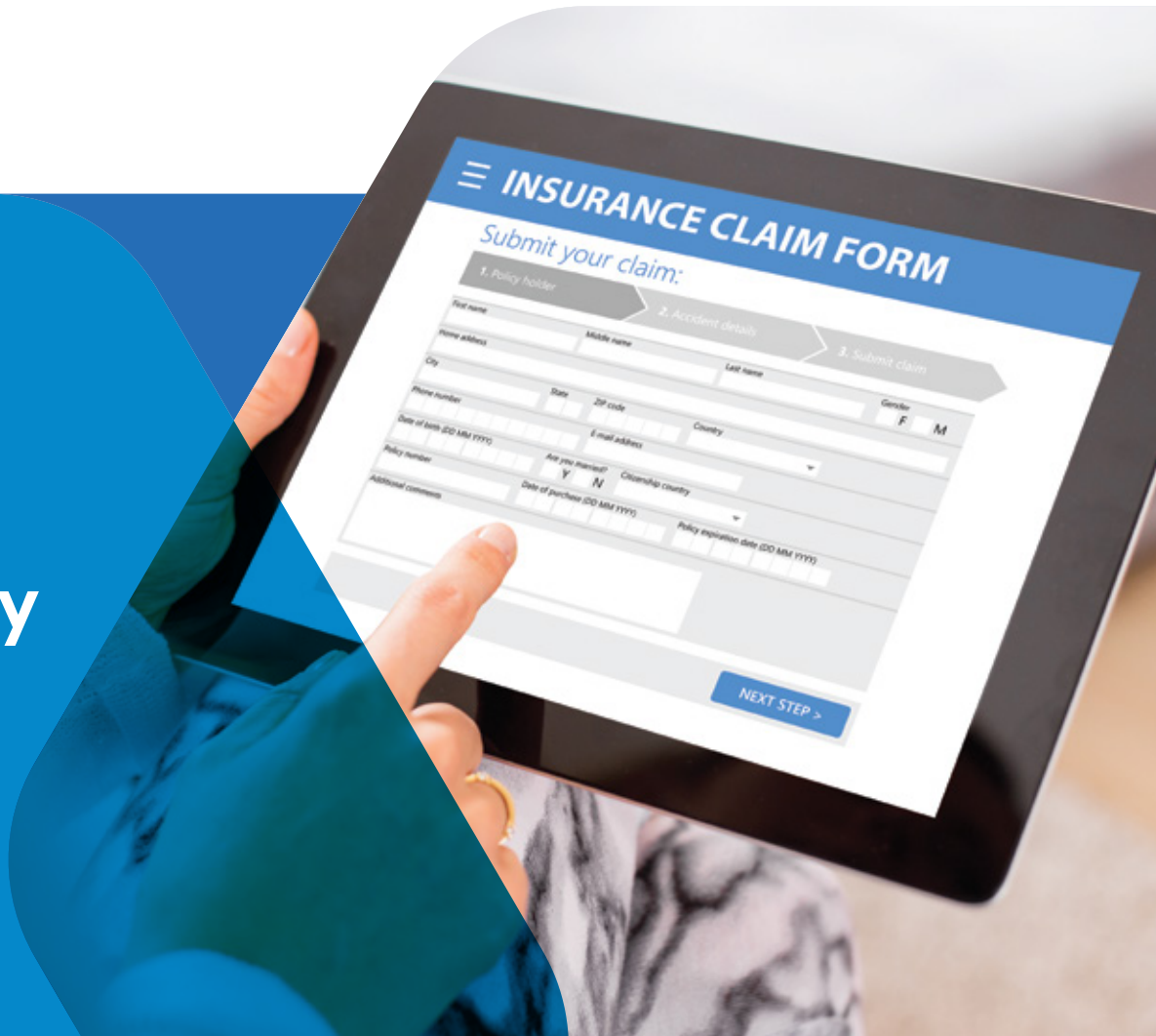


Improvement Activities Category

- Improvement Activities Category weightage is **15%**.
- Improvement Activities Category is reported for a minimum of **90 days**.
- CMS will suspend an Improvement Activity if reporting the activity is considered obsolete or it may be of concern towards a patient's safety. In such cases, CMS will notify clinicians through their communication channels and propose to either modify the activity or completely remove it.
- CMS has modified 15 Improvement Activities and seven new Improvement Activities have been added.

Improvement Activities Removed	Improvement Activities Added
IA_BE_13 Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms	IA_AHE_8 - Create and Implement an Anti-Racism Plan (High)
IA_PSPA_11 - Participation in CAHPS or other supplemental questionnaire	IA_AHE_9 Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)
IA_BE_17 - Use of tools to assist patient self-management	IA_BMH_11 - Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice (Medium)
IA_BE_18 - Provide peer-led support for self-management.	IA_BMH_12 - Promoting Clinician Well-Being (High)
IA_BE_20 - Implementation of condition-specific chronic disease self-management support programs	IA_ERP_4 - Implementation of a Personal Protective Equipment (PPE) Plan (Medium)
IA_BE_21 - Improved practices that disseminate appropriate self-management materials	IA_ERP_5 - Implementation of a Laboratory Preparedness Plan (Medium)
	IA_PSPA_33 - Application of CDC's Training for Healthcare Providers on Lyme Disease (Medium)

Cost Category




- Cost Category weightage is 30%.
- Cost has 5 new episode based measures.

MEASURE NAME	EPISODE TYPE	CASE MINIMUM
Melanoma Resection	Procedural	10 episodes
Colon and Rectal Resection	Procedural	20 episodes
Sepsis	Acute Inpatient Medical Condition	20 episodes
Asthma/Chronic Obstructive Pulmonary Disease (COPD)	Chronic condition	20 episodes
Diabetes	Chronic condition	20 episodes

Complex Patient Bonus

- The complex patient bonus is 10 points. These 10 points are added to a clinician's final score.
- The bonus is available to clinicians who have a median or higher value for at least one of the two risk indicators (Hierarchical Condition Category (HCC) and proportion of patients eligible for both Medicare and Medicaid benefits).



MIPS Value Pathways (MVPs)

- MVPs will connect measures and activities from all the MIPS performance categories.
- MVPs will be made of measures and activities that are relevant to a medical condition, episode of care, and specialty.
- The MVP framework aims to provide feedback and data to clinicians and patients by comparing performance of clinicians that reported the same MVP.

*To give clinicians sufficient time to be prepared for this shift in MIPS to the MVP framework, the transition for MVPS will begin in PY 2023.

MIPS Value Pathways for Diabetes Prevention and Treatment

QUALITY MEASURES

Hemoglobin A1c (HbA1c) Poor Care Control (>9%) (Quality ID: 001)

Diabetes: Medical Attention for Nephropathy (Quality ID: 119)

Evaluation Controlling High Blood Pressure (Quality ID: 236)

IMPROVEMENT ACTIVITIES

Glycemic Management Services (IA_PM_4)

Chronic Care and Preventative Care Management for Empaneled Patients (IA_PM_13)

OR

Electronic Submission of Patient Centered Medical Home Accreditation (IA_PCMH)

COST MEASURES

Total Per Capita Cost (TPCC_1)

(MSPB_1)

*Measures and activities selected for illustrative purposes and are subject to change.

- A clinician must register between April 1 and November 30 of the performance year, or a later date as specified by CMS to report an MVP.
- When a clinician registers for an MVP, the clinician must select the MVP they want to report, a population health measure included in the MVP, and an outcome-based administrative claims measure included in the MVP.

The 7 MVPs for the 2023 performance year include:

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine (finalized with modification)
6. Improving Care for Lower Extremity Joint Repair (finalized with modification)
7. Support of Positive Experiences with Anesthesia (finalized with modification)



MIPS Registry

- CureMD has been approved MIPS registry since beginning of program.
- With a 100% success rate, we have successfully submitted MIPS data before the deadline. 78.4% of providers that have worked with us have been awarded exceptional performance bonus.
- CureMD MIPS consultant have a collective experience of 100 years. We've worked with providers across 40 specialties.

Learn more about MIPS
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Customer footprint as of Jan 2022