PINC AI

2022 MIPS REPORTING:
WHAT YOU NEED TO KNOW

We're here to help you understand what is new with the Centers for Medicare & Medicaid Services (CMS) Traditional Merit-based Incentive Payment System (MIPS) program so you can improve patient care, satisfy MIPS regulatory requirements and avoid a negative payment adjustment.

WHO QUALIFIES TO REPORT FOR MIPS?

+ Physicians
+ Physician Assistants
+ Nurse Practitioners
+ Clinical Nurse Specialists
+ Certified Registered Nurse Anesthetists
+ Occupational Therapists
+ Physical Therapists
+ Clinical Psychologists

+ Qualified Speech-Language Pathologist
+ Qualified Audiologist
+ Registered Dietitians or
  Nutrition Professionals
+ Osteopathic Practitioners
+ Chiropractors*
+ Clinical Social Workers (NEW)
+ Certified Nurse-Midwives (NEW)

*With respect to certain specified treatment, a doctor of chiropractic must be legally authorized to practice by a State in which he/she performs this function.
For more information about MIPS 2022 eligibility, click here.

HOW DOES THE ELIGIBILITY WORK?

Traditional MIPS Eligibility:

If, as an individual clinician, you bill more than $90,000 for Part B covered professional services, and see more than 200 Part B patients and provide 200 or more covered professional services to Part B patients, you may be subject to MIPS and should satisfy requirements to avoid up to a 9 percent negative payment adjustment. In 2022, the minimum performance threshold is 70 points, so developing a MIPS strategy early is key. Premier's MIPS solution guides you through steps to report data, review your performance, select measures for reporting, identify areas for improvement and track progress to meeting 2022 requirements. **Note: Reporting as a group is optional.**

⊕

89-100
Positive adjustment >0%**

75.01 - 88.99
Positive adjustment >0%*

75
Neutral payment adjustment

18.76 - 74.99
Receive a payment reduction ranging from 0.01% to 8.99%

⊖

0 - 18.75
Receive a 9% payment reduction

* Not eligible for additional payment for exceptional performance.
** Eligible for additional payment for exceptional performance - minimum of additional 0.5%

15% **IMPROVEMENT ACTIVITIES**

30% **COST**

25% **PROMOTING INTEROPERABILITY**

30% **QUALITY**

IMPROVEMENT ACTIVITIES [15%]

Individuals or Groups:

Most participants require 40 total points for satisfactory category submission of a minimum of 90-day participation.

- High Weight Activities = 20 points
- Medium Weight Activities = 10 points
- Patient-Centered Medical Home (PCMH) participants satisfy category without additional attestations

MIPS Year 2021	MIPS Year 2022	
15% of MIPS Final Score	15% of MIPS Final Score	
Over 100 activities COVID-19 improvement activity continued Partner in Patients Hospital Engagement Network removed as this project concluded	Over 100 activities including 7 new activities: • Create and Implement a Anti-Racism Plan • Implement Food Insecurity & Nutrition Risk Identification & Treatment Protocols • Implementation of a Trauma-Informed Care Approach to Clinical Practice	• Promoting Clinician Well-Being • Implementation of a Personal Protective Equipment (PPE) Plan • Implementation of a Laboratory Preparedness Plan • Application of CDC's Training for Healthcare Providers on Lyme Disease

COST [30%]

- Category calculated via Administrative Claims.
- No data submission is required.

MIPS Year 2021	MIPS Year 2022
20% of MIPS Final Score	Weight increased to 30% of MIPS Final Score
Add codes for certain telehealth services to episode-based cost measures and Total Per Capita Cost (TPCC) and Medicare Spending Per Beneficiary (MSPB) measures	Add five episode-based measures: • Two procedural measures (Melanoma Resection, Colon and Rectal Resection) • One acute inpatient measure (Sepsis) • Two chronic condition measures (Diabetes, Asthma/Chronic Obstructive Pulmonary Disease [COPD])

QUALITY [30%]
Individuals or Groups:

- Collect measure data for the 12-month performance period (Jan. 1, 2022 - Dec. 31, 2022).
- Report on at least six Quality Measures, including at
  least one Outcome Measure (high priority if outcome is unavailable) OR report a Specialty Measure Set
  (if the set has less than six measures, need to submit all measures within that set).

MIPS Year 2021	MIPS Year 2022
40% of MIPS Final Score	Weight reduced to 30% of MIPS Final Score
Data Completeness is 70% of patients across all payers.	Data Completeness remains at 70% and report all payer data for Electronic Clinical Quality Measures (eCQM).
	Use 2020 performance year data to calculate 2022 historical benchmarks. When a measure does not have historical benchmark, attempt to calculate benchmark using submitted current performance year data.

PROMOTING INTEROPERABILITY [25%]

- Report data for all required measures for at least 90 continuous days of calendar year 2022.
- Use the any of the following to collect and report:
  - Technology certified to existing 2015 Edition.
  - Technology certified to the 2015 Edition Cures Update criteria.
  - A combination of both.
- Receive a score based on the six required measures in addition to required attestations.

MIPS Year 2021	MIPS Year 2022
25% of MIPS Final Score	Remains 25% of MIPS Final Score
	Automatic reweighting includes clinical social workers and small practice.
	New required measure: High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides measure will not be scored similar to Security Risk Analysis measure.
	Renamed Prevention of Information Blocking attestation to Actions to Limit or Restrict Interoperability.

	New Public Health and Clinical Data Exchange objective requirements:
	
	• Objective is worth 10 points.
	• Required measures are Immunization Registry Reporting and Electronic Case Reporting measures.
	  • To earn the 10 points both measures must be reported or claim exclusion.
	  • Performance Year 2022 only, there is a fourth exclusion for the Electronic Case Reporting measure- clinician uses CEHRT that is not certified to the electronic case reporting certification criterion
	• Optional measures are Public Health Registry Reporting, Clinical Data Registry Reporting, and Syndromic Surveillance Reporting.
	  • Potential to earn maximum of five bonus points is any of these measures are reported. Reporting more than one optional measure will not earn any additional bonus points.

IS YOUR MIPS FINAL SCORE IMPORTANT?

Your MIPS final score has a significant impact on both the reputation and the finances of your practice.

- **Reputation** – CMS publishes MIPS results to Care Compare to help consumers evaluate and compare clinicians.

- **Financia**l – The MIPS final score results determine a negative, neutral or positive financial adjustment for clinicians on each Medicare Part B claim.

  Be aware that not participating in MIPS in 2022 could result in a 9 percent negative payment adjustment in 2024.

  Data reporting means you will avoid the 9 percent penalty and could potentially earn a small incentive. Top performers will find themselves eligible for additional bonus money.

FOR MORE INFORMATION ABOUT QUALITY REPORTING SOLUTIONS, CONTACT QUALITYSOLUTIONS@PREMIERINC.COM