

Part B Insider (Multispecialty) Coding Alert

Quality Payment Program: Get a Grip on MIPS Proposals for 2023

CMS plans a slow rollout for MVPs.

If last year's finalized overhaul of the Merit-Based Incentive Payment System (MIPS) made you look sideways at the feds, you're not alone. However, Medicare appreciates COVID's impact on healthcare and is instead opting for a soft launch of its MIPS Value Pathways (MVPs) program.

Refresher: Last November, the Centers for Medicare & Medicaid Services (CMS) explained that it intended to sunset traditional MIPS while transitioning the program to MVPs in the calendar year (CY) 2022 Quality Payment Program (QPP) final rule.

Now: CMS followed up with more insight into the MIPS changes in the CY 2023 QPP proposed rule published in the Federal Register on July 29. Read on for the top points.



Pocket These QPP Proposed Rule Takeaways

Medicare providers have been hit hard these last few years, and CMS acknowledges that fact, offering more nuanced policies that decrease burdens. "We recognize the challenges faced by many across the country over the past two years," CMS says in a QPP CY 2023 fact sheet on the proposed rule. We "remain committed to promoting more meaningful participation for clinicians and ensuring our policies continue to drive us toward value and improved health outcomes for patients," the agency maintains.

Here's a breakdown of the key proposals:

Traditional MIPS: CMS aims to offer MIPS-eligible clinicians (ECs) "continuity and consistency while they gain familiarity with MVPs," the fact sheet indicates. The agency's proposals include the following:

- CMS wants to use 2017 performance year/2019 payment year data to determine 2023 performance year/2025

payment year thresholds and set the threshold at 75 points, reminding that the 2022 performance year was the final year for the additional exceptional performance adjustment. The agency expects this policy decision "would subject approximately one-third of MIPS eligible clinicians to negative payment adjustments for the CY 2023 performance period," explains **Suzanne Michelle Joy**, senior public affairs advisor, with law firm Holland & Knight LLP in online analysis.

- CMS proposes several equity-inspired updates, including redefining what high-priority measure means; cutting Quality measures from 200 to 194; updating QPP standards with equity language; and adding, revising, or deleting specific Improvement Activities.
- As has been the case in past rules, CMS proposes several changes to the Promoting Interoperability updates. First, the agency advises making the Query of Prescription Drug Monitoring Program (PDMP) measure a required measure. CMS also proposes offering a third option to fulfill the Health Information Exchange (HIE) objective by participating in the Trusted Exchange Framework and Common Agreement (TEFCA) and updating the clinician types on the automatic reweighting list.

MVPs: As a reminder, MVPs focus more on specialty and scope, offering ECs the option to report "a more connected, cohesive set of measures and activities and allowing for comparative feedback that will be more beneficial to patients," the fact sheet notes. For CY 2023, CMS proposes modifying the seven MVPs it has already established, according to the rule. Those include revisions to the following MVPs:

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

Plus, CMS intends to add five more MVPs for the 2023 performance year. The proposed rule mentions these MVP additions: Advancing Cancer Care; Optimal Care for Kidney Health; Optimal Care for Neurological Conditions; Supportive Care for Cognitive-Based Neurological Conditions; and Promoting Wellness.

CMS also offers more guidance on MVP subgroup eligibility, registration, and scoring, the rule says.



Advanced APMs: In its CY 2023 proposals, CMS aims to bolster participation in the higher QPP track, Advanced Alternative Payment Models (AAPMs).

Remember, AAPMs offer differentiated services to patients, but they come with a plethora of financial rewards for providers - as well as risks. Originally, the current Generally Applicable Nominal Risk standard, which is set at 8 percent, was slated to expire in performance year 2024 and gradually increase. Instead, CMS proposes to make the 8 percent minimum permanent. "This standard determines which models have sufficient risk to qualify as an AAPMs and would not impact individual AAPM Entities," Joy explains.

Resource: Review the rule at www.govinfo.gov/content/pkg/FR-2022-07-29/pdf/2022-14562.pdf.