

Part B Insider (Multispecialty) Coding Alert

Reimbursement: CMS Forges Ahead With MVPs in 2022 Proposals

Prepare for traditional MIPS to go away by PY 2027.

Over the past five years, the Quality Payment Program (QPP) has gone through myriad changes and overhauls to adapt to the changing healthcare landscape. So it shouldn't be a surprise that they've proposed some hefty policy shifts as the incentive program heads toward its six-year anniversary in 2022.

Background: On July 23, the Centers for Medicare & Medicaid Services (CMS) published the calendar year (CY) 2022 Medicare Physician Fee Schedule (MPFS) proposed rule in the Federal Register. Many of the rule's proposals aim to reimagine the QPP and "move the program forward," the QPP fact sheet suggests. The proposed rule also clarifies how CMS plans to roll out the Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs) program while also fleshing out various Advanced Alternative Payment Model (APM) and Medicare Shared Savings Program (MSSP) policies.

If you're wondering why so many changes are slated for CY 2022, it's due in large part to two factors: the program maturing and the uncovering of health disparities during the pandemic. The proposals are all part of the QPP's natural progression "toward more meaningful participation for clinicians and improved outcomes for patients," maintains a QPP fact sheet on the proposed rule.

"We are also looking for ways to leverage this program to advance health equity and address social determinants of health," CMS says. Moreover, the MVPs and APM Performance Pathway (APP) "will be key program changes that support our efforts to move the needle forward on value," the agency indicates.



Consider These MVP Updates

In the CY 2020 fee schedule, CMS indicated that it would phase in MVPs in 2021 to simplify and streamline MIPS - despite vehement protests from industry groups. Then the combination of the COVID-19 public health emergency (PHE) and stakeholder feedback tweaked the timeline, and CMS pushed the start date to January 2022, according to the CY 2021 MPFS final rule.

Now: Under the CY 2022 MPFS proposed rule, CMS proposes pushing out the optional MVP reporting until 2023, but wants to add seven MVPs to measure clinicians' performance in. The MVPs would focus on rheumatology, stroke care, ischemic heart disease, chronic disease management, emergency medicine, lower extremity joint repair, and anesthesia, the rule says.

"We plan for potential future mandatory MVP reporting to coincide with the sunset of traditional MIPS," the agency says. "Maintaining both traditional MIPS and MVPs is not a feasible long-term approach for the agency. As such, we are thinking of sunsetting traditional MIPS by the end of the CY 2027 performance period/2029 MIPS payment year."

Why? According to CMS, a complete overhaul of traditional MIPS is necessary to address eligible clinicians' (ECs) concerns with specialty limitations in the incentive program. Currently, MIPS "does not allow for sufficient differentiation of performance across practices, due in part to clinician quality measure selection bias," the QPP fact sheet insists. "These aspects detract from the program's ability to effectively measure and compare performance across clinician types, provide meaningful feedback, and incentivize quality."

Furthermore, CMS points to a need for a "more cohesive participation experience" for MIPS ECs, the proposed rule

suggests. The agency intends to keep with a structure similar to traditional MIPS for MVPs and hopes to better utilize "activities and measures from the four MIPS performance categories that are relevant to a specialty, medical condition, or a particular population" under the new MVP regime, the rule says.



Check Out These 5 MIPS Takeaways

Even though CMS penciled in a massive MIPS change in 2023, that didn't stop the agency from revising traditional MIPS policies for 2022. Here is a short list of five proposed items you may want to prepare for should they be finalized:

1. Update performance category weights. The Bipartisan Budget Act of 2018 (BBA 2018) mandated gradual performance threshold increases over the first five years of MIPS for the four performance categories with a "'mean or median of the composite performance scores for all MIPS eligible professionals' (42 USC 1395w-4) in Year 6, which is the 2022 performance year/2024 payment year," CMS reminds.

For CY 2022 - as required by the statute - CMS proposes to weight the four performance categories as follows, according to the rule:

- Quality: 30 percent;
- Cost: 30 percent;
- Improvement Activities: 15 percent; and
- Promoting Interoperability: 25 percent.

2. Add two more MIPS ECs to the list. CMS wants to include clinical social workers and certified nurse midwives in its MIPS EC definitions. This aligns with current APM ECs and proposed 2022 measures will allow for more diversified MIPS submissions from these provider types.

3. Understand COVID impacts on penalty and thresholds. "The performance threshold is the total MIPS score at which neutral MIPS payment adjustments apply; scores above or below the threshold result in positive or negative adjustments respectively," reminds the American Hospital Association (AHA) in a special bulletin on the rule.

For CY 2022, the maximum payment adjustment will be a hefty +/-9 percent as previously codified. CMS also proposes to bump up the MIPS performance threshold from its current 60 to 75 points and set the exceptional threshold at 89 points.

4. Expect CMS Web Interface for another year. Last year, CMS mentioned getting rid of the CMS Web Interface, but the agency has proposed to keep the option for registered groups, virtual groups, and APM entities with 25 clinicians or more reporting under traditional MIPS - at least through the 2022 performance year.

5. Get ready for more digital quality requirements. COVID pushed more providers to care for patients digitally - and CMS wants your opinion in future rulemaking related to IT requirements and quality incentives. Since the agency is "prioritizing digital quality measurement and focusing on health equity" across its broad spectrum of policies, it is issuing a Request for Information (RFI) on this digital transition, "including the use of Fast Healthcare Interoperability Resources (FHIR) in physician quality programs," the fact sheet says.

Resource: Review the proposals www.govinfo.gov/content/pkg/FR-2021-07-23/pdf/2021-14973.pdf.