

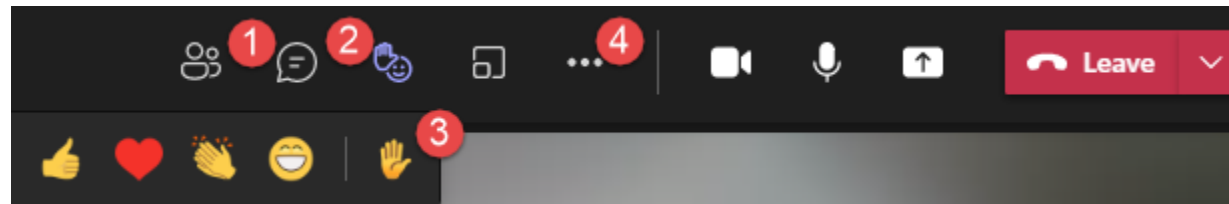
Welcome to QPP 2022 Proposed Rule

We will begin shortly.

Ask a question at any time during the presentation in the chat (1).

Or, if you wish to be unmuted, please raise your hand (2, 3) and a moderator will enable your microphone.

Additionally, under the menu (4) you can enable Live Captions and other Accessibility options.



Please note: This webinar will be recorded.



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QPP 2022 Proposed Rule

Aaron Higgins

Data Manager & IT Strategist

Strategic Healthcare Partners



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Speaker – Aaron Higgins

- Data Manager & IT Strategist - SHP
- 12+ years experience with Federal Quality programs:
 - Meaningful Use
 - PQRS
 - QPP/MIPS
- Joined SHP in the Spring 2019



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Strategic Healthcare Partners

Topics

1. Proposed Rule 2022
 1. Minor Tweaks & Changes
 2. Scoring Changes
 3. Category Changes
 4. The End of MIPS?
2. Q&A



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Proposed Rule 2022



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Minor Tweaks & Changes



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Minor Changes

- New MIPS eligible clinicians:
 - Clinical social workers
 - Certified nurse midwives
- Extending the life of the CMS Web Interface to 2023
- Baseline data from 2019 instead of 2020
- Data completeness 70% for 2022 and 80% for 2023
- Complex Patient Bonus
 - 2022 changes limit who qualifies, targeted towards clinicians who have the most complex patients, and is permanently set to 10 points of total score.



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Scoring Changes



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Weights & Performance Threshold

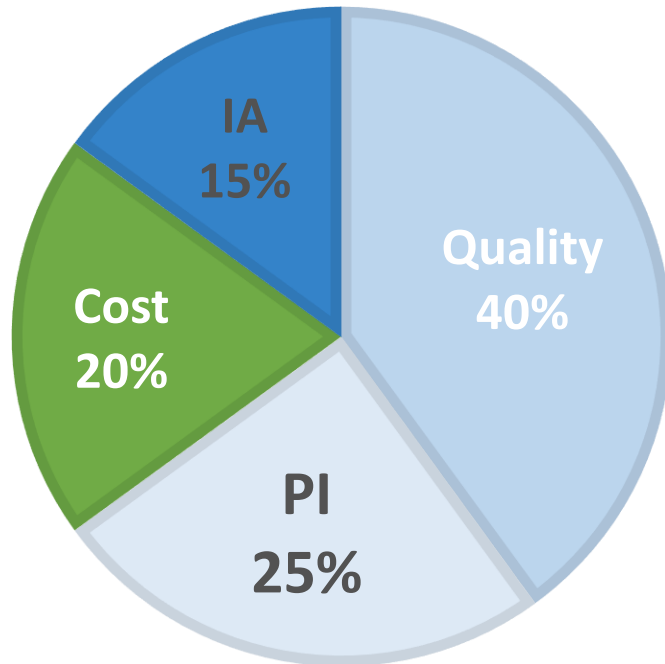
- Traditional MIPS Weights
 - Decreasing Quality from 40% to 30%
 - Increasing Cost from 20% to 30%
 - No change to PI (25%) and IA (15%)
- Performance Threshold
 - Penalty avoidance score will be moved up to **75** points from 60 in RY 2021
 - Exceptional performance will be moved to 89
 - Slated for retirement at the end of 2021, Exceptional Performance will survive 1 more year
- Small Practice Reweighting



MIPS Weight Changes

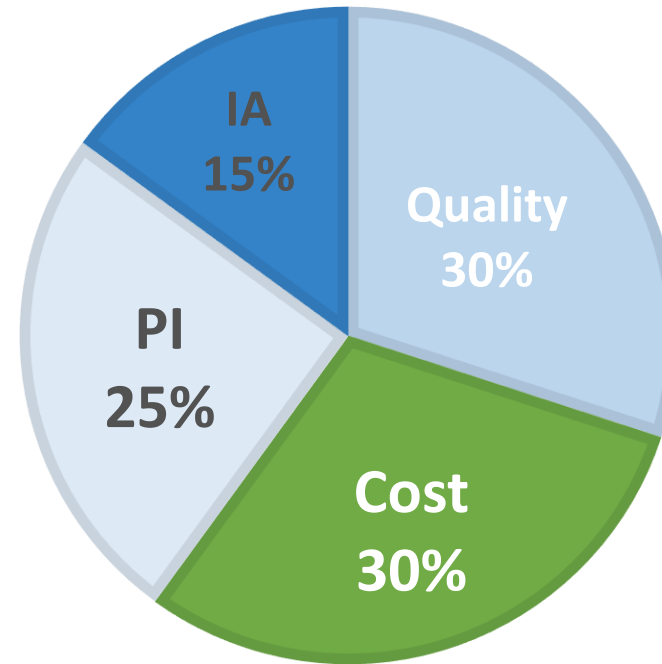
2021 WEIGHTS

■ Quality ■ PI ■ Cost ■ IA



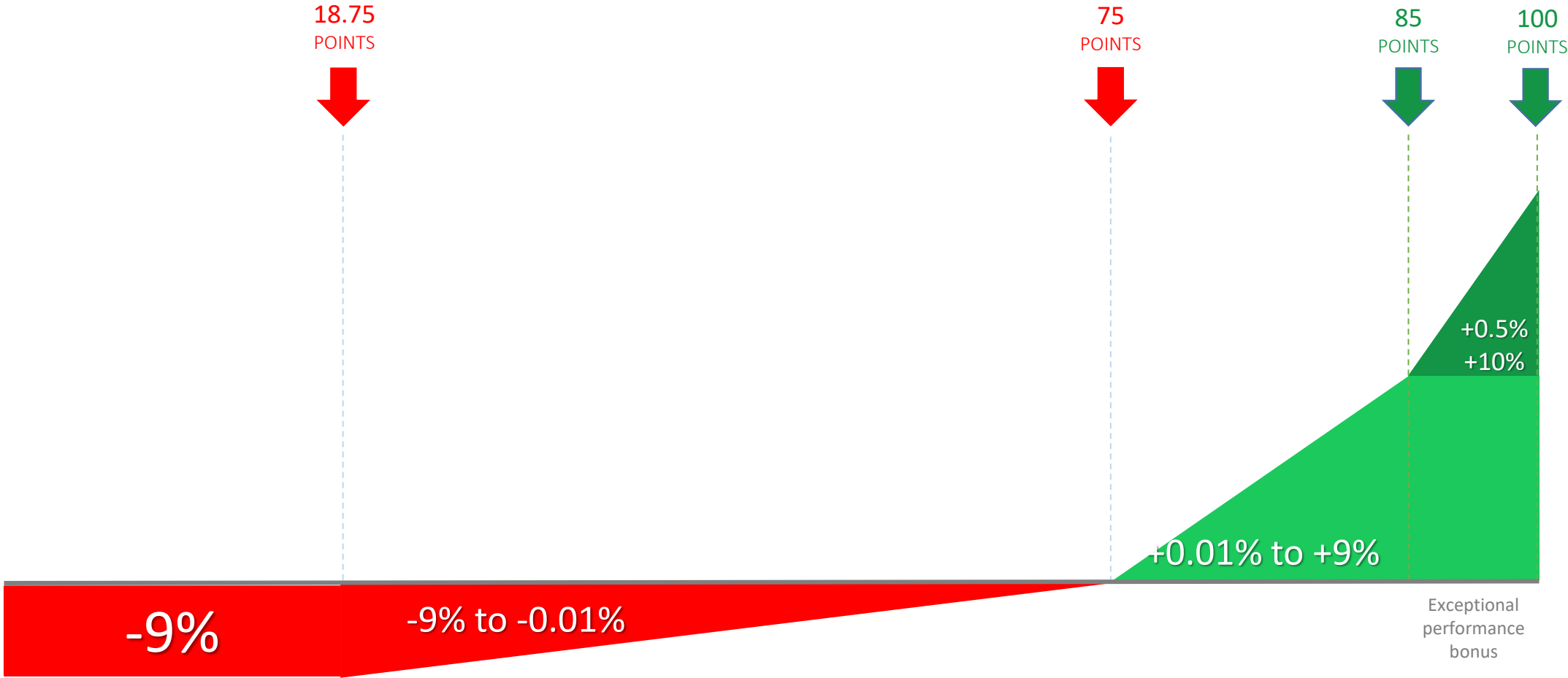
2022 WEIGHTS

■ Quality ■ Cost ■ PI ■ IA



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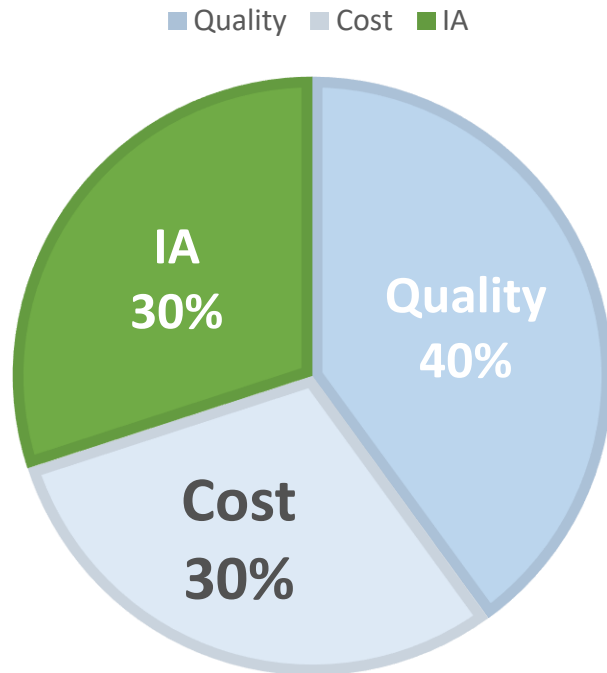
RY 2022 Performance Thresholds



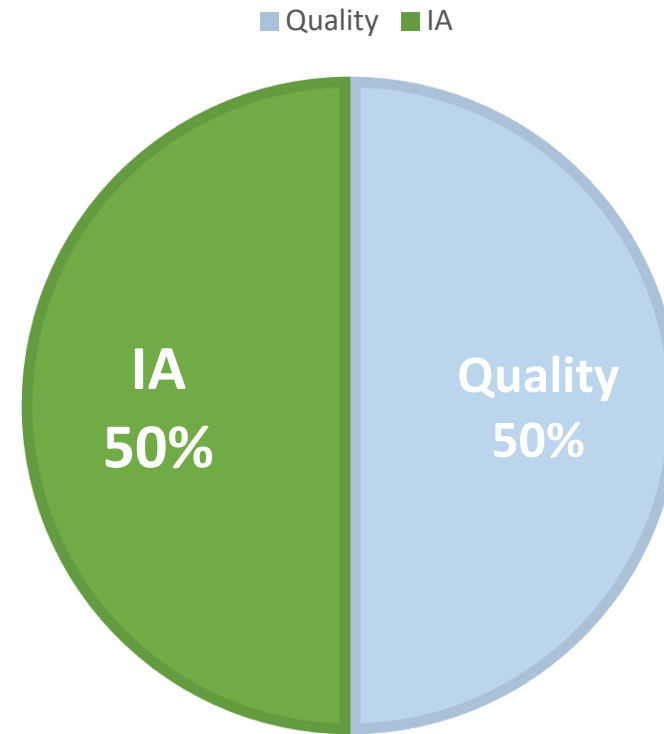
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Small Practice Weight Changes

**PROMOTING INTEROP.
REWEIGHT**



PI & COST REWEIGHT



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Automatic Reweighting

- Promoting Interoperability will be weighted to 0 automatically for all of 2021's list:
 - Nurse practitioners, Physician assistants, Certified registered nurse anesthetists, Clinical nurse specialists, Physical therapists, Occupational therapists, Qualified speech-language pathologist, Qualified audiologists, Clinical psychologists, and Registered dietitians or nutrition professionals
- **AND for 2022:**
 - Clinical social workers and Small Practices



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Poll

- If available in the final rule, do you think you'll take the automatic PI reweight?
- With the increased thresholds, how well do you think you'll perform in 2022?



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Category Changes



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Quality Category Changes

1. New, no benchmark measures will be worth at least 5 automatic points for two years
2. Remove 3-point floor for all benchmarked measures
3. Remove 3-point floor for measures without a benchmark
4. Remove 3-point floor for measures that don't meet case minimum
5. Remove High-Priority Bonus
6. Remove End-to-End Electronic Reporting Bonus



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Proposed New Measures

- Table Group A Page 1380 Proposed Rule
 - Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer
 - Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
 - Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure
 - Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure
 - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
 - SARS-CoV-2 Vaccination by Clinicians



Proposed for Removal Measures

- By CQM # – Table Group C Page 1588 Proposed Rule
 - 014, 019, 021, 023, 044, 050, 067, 070, 137, 144, 154, 195, 225, **317**, 337, 342, 429, 434, 444



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Proposed Changes for Measures

- **Substantively changed** (CQM #) – Table Group D Page 1596 Proposed Rule

- 001, 005, 007, 008, 009, 065, 066, 093, 102, 110, 111, 112, 113, 116, 117, 119, 128, 134, 176, 177, 178, 180, 182, 191, 217, 218, 219, 226, 236, 239, 240, 254, 265, 281, 290, 291, 293, 305, 309, 310, 318, 326, 335, 336, 340, 350, 351, 358, 366, 370, 374, 375, 376, 377, 378, 379, 383, 391, 395, 396, 397, 400, 409, 413, 416, 418, 425, 430, 438, 448, 450, 459, 460, 461, 462, 463, 464, 469, 470, 471, 472, 473, 476, and 478



Proposed Cost Category Changes

- Five new measures:
 - 2 procedural measures: Melanoma Resection, Colon and Rectal Resection
 - 1 acute inpatient measure: Sepsis
 - 2 chronic condition measures: Diabetes, Asthma/Chronic Obstructive Pulmonary Disease [COPD]
- Details found starting on page 849 of the Proposed Rule



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Proposed Improvement Activities Changes

- **Suspend IAs** – if CMS determines an Activity may cause harm or is obsolete in the middle of a reporting year, they want to have the ability to suspend until review or removal.
- **Criteria for nominating a new IA** – better guidelines for new IAs



Proposed New Improvement Activities

- **Creating 7 New IAs** – Appendix 2 Table A Page 1695 of the Proposed Rule
 1. Achieving Health Equality – Create & Implement and Anti-Racism Plan (H)
 2. Achieving Health Equality – Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (M)
 3. Behavioral and Mental Health - Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice (M)
 4. Behavioral and Mental Health - Promoting Clinician Well-Being (H)
 5. Emergency Response and Preparedness - Implementation of a Personal Protective Equipment (PPE) Plan (M)
 6. Emergency Response and Preparedness - Implementation of a Laboratory Preparedness Plan (M)
 7. Patient Safety and Practice Assessment - Application of CDC’s Training for Healthcare Providers on Lyme Disease (M)

(H) = High weight

(M) = Medium Weight



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Proposed Promoting Interoperability Change

1. Public Health & Clinical Data Exchange – **require** reporting to:

- Immunization Registry
- Electronic Case Reporting

Unless an exclusion can be claimed

2. Provide Patients Electronic Access to their Health Information Measure –
Require indefinite online access to ePHI.

3. Adding new measure: Safety Assurance Factors for EHR Resilience Guides
(SAFER Guides) annual assessment attestation

4. Modifying the Prevention of Information Blocking to be clearer and align with
other federal government initiatives & requirements



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Poll

- What measure/activity change(s) are of greater interest to your organization?



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MVPs the Beginning of the End of MIPS?

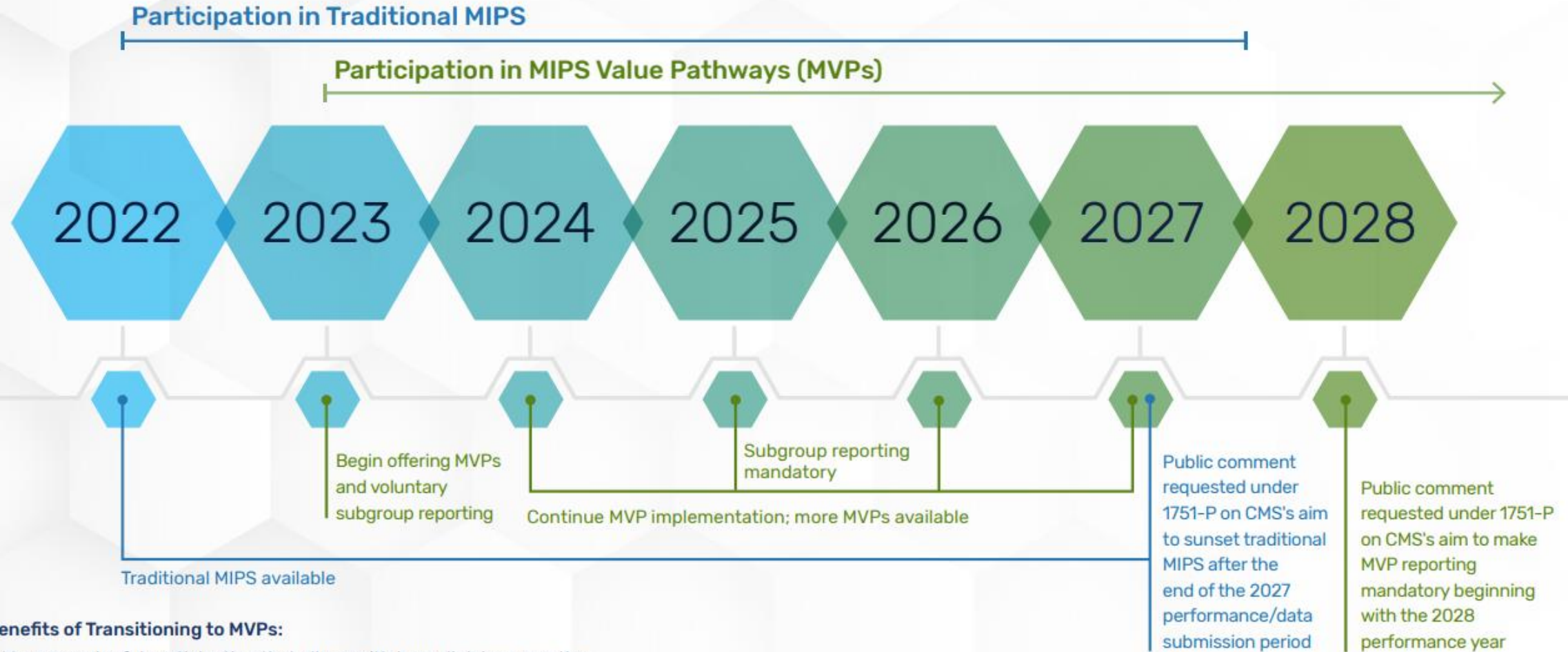


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2022 PFS Proposed Rule Timeline:

Transition from Traditional MIPS to MVPs

- Traditional MIPS
- MIPS Value Pathways



Benefits of Transitioning to MVPs:

- More meaningful participation that aligns with how clinicians practice
- More cohesive clinician MIPS experience
- Patients receive greater value care
- Enhanced performance measurement and data to improve value

MIPS Value Pathways in a Nutshell

- Pre-selected Quality Measures, Improvement Activities, and Cost Measures that are relevant to specialty, patient condition(s), or episode(s) of care.
- Compared against only other clinicians in same MVP type
- The first seven MVPs are proposed to be:
 1. Rheumatology
 2. Stroke Care and Prevention
 3. Heart Disease
 4. Chronic Disease Management
 5. Emergency Medicine
 6. Lower Extremity Joint Repair
 7. Anesthesia



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MVP Participation

MVP Participant selects & submits:

- 4 Quality Measures
- 2 Medium Weighted IAs or 1 High Weighted IA
OR
Participates in a PCMH
- Their Cost measures
- 1 Population Health Measure (either an IA or Quality measure)
- Promoting Interoperability



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How MVPs Will Work

Clinicians will register for an MVP between April 1 & Nov 30 of the performance year on the MVP/CMS Portal. Except for CAHPS participants, their deadline is June 30.

Clinics with multiple specialties will need to submit Subgroups.

A subgroup is a subset of a group that contains at least 1 clinician that has a different specialty than one or more other clinicians.

Each subgroup will have their own MVP measures, measures may overlap with other subgroups' measures.



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Poll

- If an MVP is applicable to your organization before it is mandatory, will you participate?



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What You Need to Do Next

- Read the Proposed Rule Fact Sheet (resources shared in chat)
- **Leave a comment before Sept 13th:**
<https://www.regulations.gov/document/CMS-2021-0119-0053/comment>
- Stay tuned for the Final Rule – Nov or Dec
- Don't know what to do next? Contact us for a consult!



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Official Resources

- QPP Resource Library:

<https://qpp.cms.gov/about/resource-library>

- 2022 Quality Payment Program Proposed Rule Resources
- 2022 Quality Payment Program Proposed Rule (full document)
- MVP Transition Timeline for Comment Solicitation

- QPP Help Desk:

- 1-866-288-8292 (M-F 8a-8p Eastern)



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Got Questions?

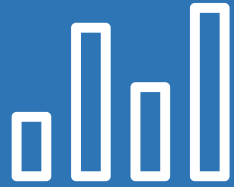
You can drop a question in the chat or unmute to ask.

The recording & resources will be posted to our website www.shpllc.com/webinars soon.



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Who is SHP?



Performance Analytics

We offer real-time data dashboard backed by a team of analysts to deliver actionable information for better financial, operational, and population health management.



Provider Enrollment

Maintaining provider enrollment is an important and often time consuming process. We can get you enrolled and take the burden off your practice with ongoing enrollment maintenance.



Managed Care Contracting

Our contracting team has relationships with insurance companies and can help you negotiate the best fee schedules.



IPA & CIN Management

We manage four IPAs across the state of Georgia and provide consultation and management services for CINs nationwide.



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