

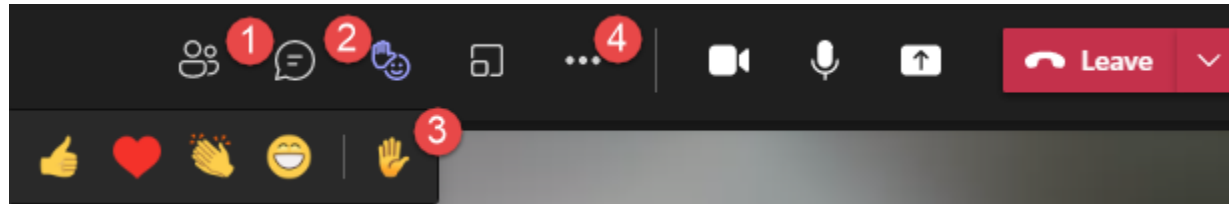
Welcome to QPP 2023 Proposed Rule

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 2023 Proposed Rule

Aaron Higgins

Data Manager & IT Strategist

Strategic Healthcare Partners



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Speaker – Aaron Higgins

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



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SHP
Strategic Healthcare Partners

Topics

1. Proposed Rule 2023

1. Overview of the Changes

2. Scoring Changes

3. Category Changes

4. MVPs the Next Generation of MIPS

2. Q&A



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Proposed Rule 2023



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Minor Tweaks & Changes



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Minor Tweaks & Changes

- Allow APMs to report PI at the APM level instead of at group or individual level.
- Complex Patient Bonus can still be given even if an Eligible Provider doesn't submit all data.



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Scoring Changes



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Weights & Performance Threshold

- Traditional MIPS Weights staying the same for 2023
 - Quality 30%, Cost 30%, PI 25%, and IA 15%
- Performance Threshold
 - Penalty avoidance score will stay the same at 75 points
 - Exceptional performance is over at the end of 2022.
- Small Practice Weights
 - Quality 40%, Cost 30%, and IA 30%
 - Note: PI is not required for Small Practices as of RY 2022.

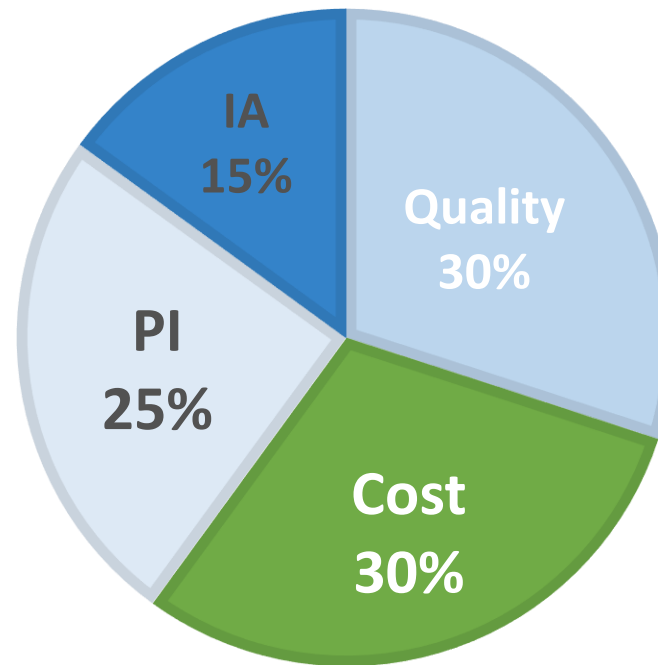


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MIPS Weight Changes

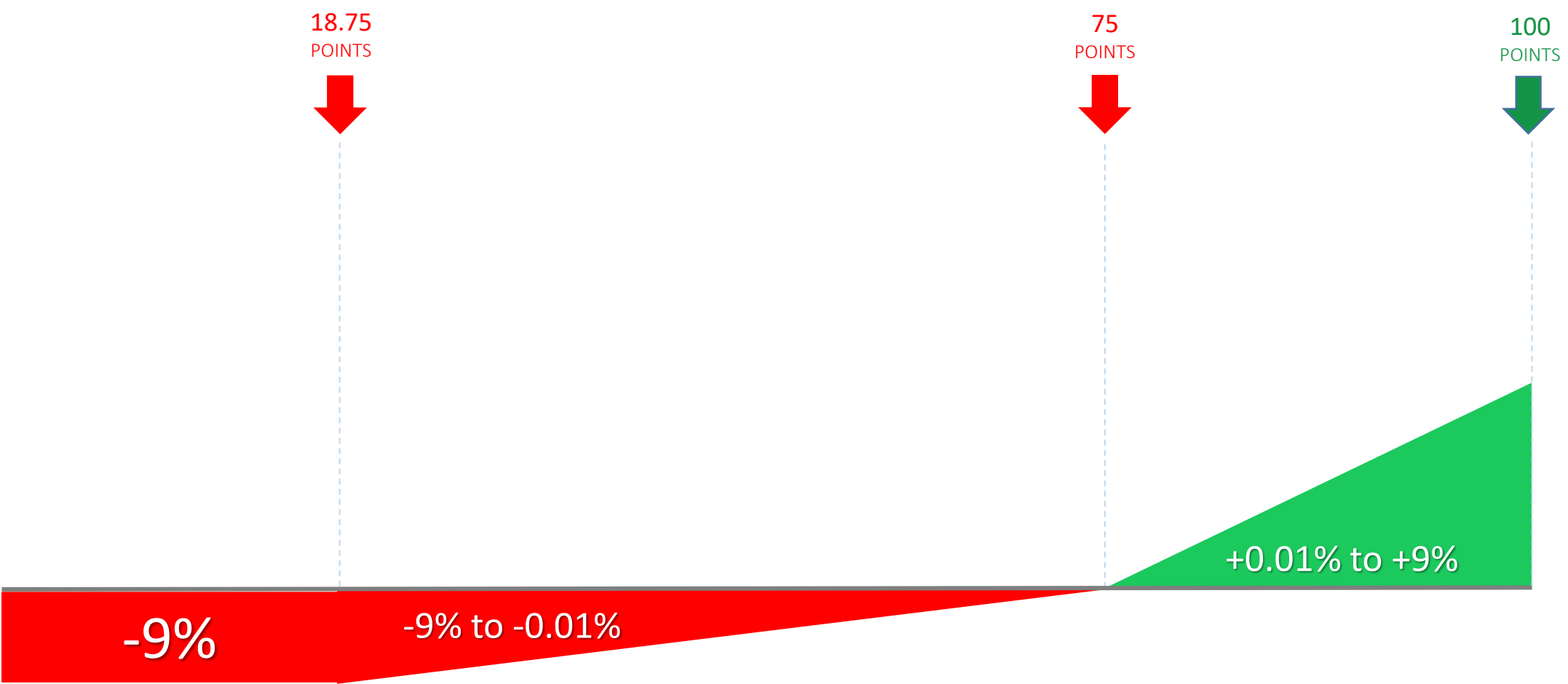
2023 WEIGHTS

■ Quality ■ Cost ■ PI ■ IA



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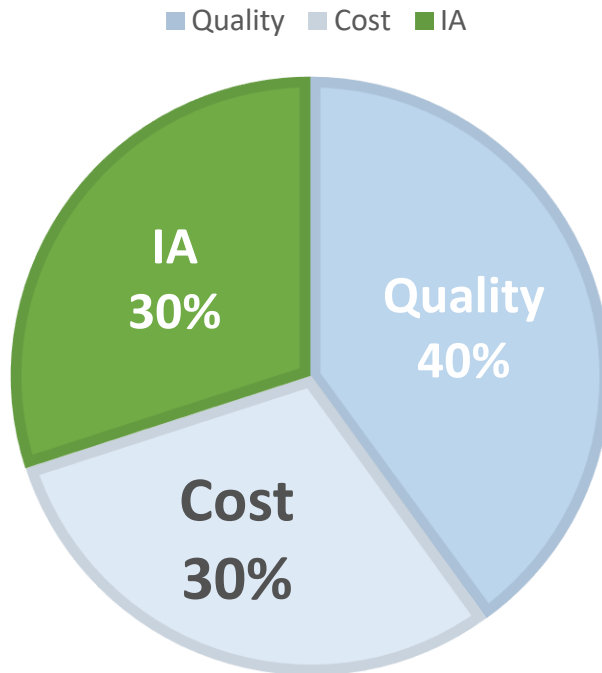
R.Y. 2023 Performance Thresholds



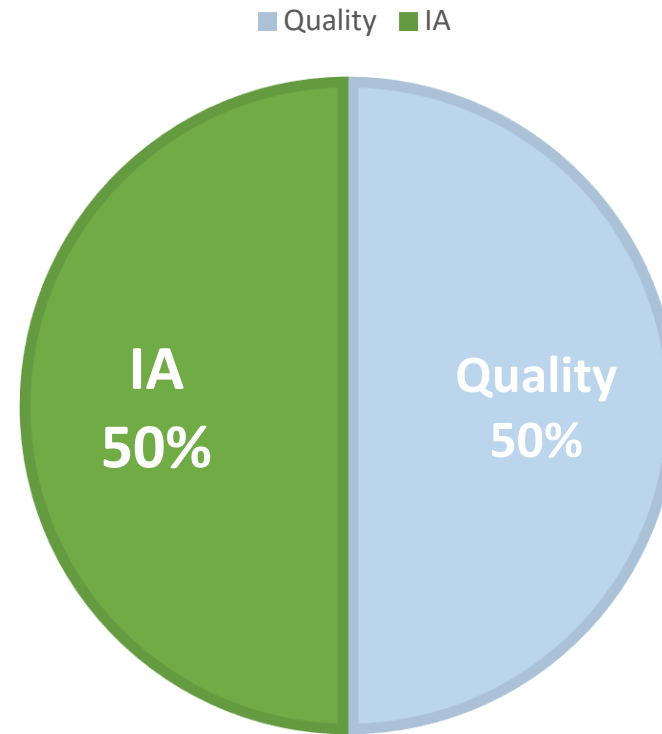
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Small Practice Weight Changes

**PROMOTING INTEROP.
REWEIGHT**



PI & COST REWEIGHT



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Automatic Reweighting

- Promoting Interoperability will NO LONGER be weighted to 0 automatically for:
 - Nurse practitioners, Physician assistants, Certified registered nurse anesthetists, and Clinical nurse specialists
- Promoting Interoperability still will be weighted to 0 automatically for:
 - Clinical social workers, Physical therapists, Occupational therapists, Qualified speech-language pathologist, Qualified audiologists, Clinical psychologists, Registered dietitians or nutrition professionals, and Small Practices regardless of specialty(ies).



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Category Changes



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Quality Category Changes

1. Administrative claims measures to be scored using performance period benchmarks, all others using historical benchmarks.
2. Data completeness 75% for 2024 & 2025, 70% for 2023
3. High Priority Measures (Quality) now include “health equity-related” quality measures



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9 Proposed New Measures

- Table Group A Page 599 Proposed Rule
 1. Psoriasis – Improvement in Patient-Reported Itch Severity
 2. Dermatitis – Improvement in Patient-Reported Itch Severity
 3. Screening for Social Drivers of Health
 4. Kidney Health Evaluation
 5. Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
 6. Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors
 7. Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma
 8. Adult Immunization Status
 9. Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System



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Proposed for Removal Measures

- By CQM # – Table Group C Page 855 Proposed Rule
 - 076, 119, 258, 260, 261, 265, 275, 323, 375, 425, 439, 455, 460, 469, 473, 110*, & 111*

Topped Out | Limited | Duplicate | Does not improve care

- *Proposed to move to be MVP-exclusive measures



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Proposed Changes for Measures

- **Substantively changed** (CQM #) – Table Group D Page 865 Proposed Rule
 - 001, 005–009, 012, 019, 039, 050, 065, 066, 107, 112, 113, 116–118, 128, 130, 134, 143, 145, 176, 181, 182, 187, 191, 217–222, 226, 236, 238, 239, 240, 277, 293, 305, 309, 310, 317, 318, 320, 321, 326, 366, 370, 374, 376, 377–379, 394, 416, 418, 431, 438, 440, 441, 453, 459, 461–463, 471, 472, 476, 478, & 481



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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]
- Improvement Score
 - Maximum cost improvement score of 1 percentage point out of 100 percentage points available for the cost performance category starting with the 2022 performance period.
- Details found starting on page 849 of the Proposed Rule



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Proposed New Improvement Activities

- **Creating 4 New IAs** – Appendix 2 Table A Page 941 of the Proposed Rule
 1. Achieving Health Equality – Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data (M)
 2. Achieving Health Equality – Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients (H)
 3. Expanded Access - Create and Implement a Language Access Plan (H)
 4. Emergency Response and Preparedness - COVID-19 Vaccine Achievement for Practice Staff (M)

(H) = High weight

(M) = Medium Weight



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Proposed Changes to Improvement Activities

- **Changing 5 IAs** – Appendix 2 Table B Page 946 of the Proposed Rule
 1. IA_CC_13 - Practice Improvement for Bilateral Exchange of Patient Information(M)
 2. IA_CC_14 - Practice improvements that engage community resources to support patient health goals (H)
 3. IA_PSPA_7 - Use of QDDR data for ongoing practice assessment and improvements (M)
 4. IA_PSPA_7 - Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments (M)
 5. IA_PSPA_19 - Implementation of formal quality improvement methods, practice changes, or other practice improvement processes

(H) = High weight

(M) = Medium Weight



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Proposed Removal to Improvement Activities

- **Removing 6 IAs** – Appendix 2 Table C Page 951 of the Proposed Rule
 1. IA_BE_7 - Participation in a QCDR, that promotes use of patient engagement tools (M)
 2. IA_BE_8 - Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive (M)
 3. IA_PM_7 - Use of QCDR for feedback reports that incorporate population health(H)
 4. IA_PSPA_6 - Consultation of the Prescription Drug Monitoring Program (H)
 5. IA_PSPA_20 - Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (M)
 6. IA_PSPA_30 - PCI Bleeding Campaign (H)

(H) = High weight

(M) = Medium Weight



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Proposed Promoting Interoperability Changes

1. PDMP participation measure, worth 10 points, now required
 - Scope proposed to include Schedule III & IV Opioids, not just Schedule II
2. Create a 3rd option for the HIE Objective:
 - Attest participation in the Trusted Exchange Framework & Common Agreement (TEFCA)
3. Score change:
 - e-Rx – 10 points (no change)
 - PDMP Query – 10 points (required not a bonus)
 - Continued...



Proposed Promoting Interoperability Changes

- HIE – 30 points (40 RY 2022)
 - Support Electronic Referral Loops by sending, receiving & reconciling - 2 measures, 15 points
 - - OR – HIE Exchange Bi-directional – 30 points
 - - OR – Participation in TEFCA – 30 points
 - Provide Patients Electronic Access to Their Health Information – 25 points (40 RY 2022)
 - Report 2 measures: Immunization Registry & Electronic Case Reporting – 25 points (10 RY 2022)
 - Report 1 measure: Syndromic Surveillance Reporting, Public Health Registry, or Clinical Data Registry – 5 bonus points (no change)

4. Require level of participation with the PI HIE measure

- Combine Options 1 & 2 into “Pre-production and Validation” and Option 3” as “Validated Data Production”.
- In addition, make the same change to the Public Health and Clinical Data Exchange measures.



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MVPs: The Next Generation of MIPS



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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
- Participation in MVPs voluntary until 2026



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Reworked for 2023

- In 2020, when the MVPs were first announced, they were focused on provider types.
- For 2023, CMS has updated the name of the seven existing MVPs and tweaked many of the measures and improvement activities that comprise these MVPs.
- CMS is also proposing adding five more MVPs for 2023, bringing the first-year list of available MVPs to 12.



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MVPs for 2023

- The first seven MVPs are:

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
7. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

- An additional five are proposed:

1. Advancing Cancer Care
2. Optimal Care for Kidney Health
3. Optimal Care for Patients with Episodic Neurological Conditions
4. Supportive Care for Neurodegenerative Conditions
5. Promoting Wellness



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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

Registration for an MVP is between April 1 & Nov 30 of the performance year on the MVP Portal. (Except for CAHPS participants, their deadline is June 30.)

- For the 2023, 2024, and 2025 PY, individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM Entities can report MVPs.
- For the 2026+ PY, CMS will allow individual clinicians, single specialty groups, subgroups, and APM Entities to report MVPs.
- Multispecialty groups will need to submit Subgroups in 2026+.

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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MVPs: Pros & Cons

Pros

- Less administrative burden than Traditional MIPS
- Pre-selected measures make the picking process less daunting
- Fewer measures to track
- Scoring easier to understand

Cons

- May be confusing at first
- Need to register ahead
- EHR needs to support all measures
- May require training/re-training



MVP Toolkits

- CMS created “Toolkits” to answer most questions re: specific MVPs
- If an MVP sounds interesting, go to the QPP Resource Library:
<https://qpp.cms.gov/resources/resource-library>
 - Select Performance Year: 2023
 - Resource Type: Technical Guides and User Guides
 - All 7 MVPs have toolkits available to download, and if approved the new 5 should be added soon.



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What You Need to Do Next

- Read the Proposed Rule Resource Packet (resources shared in chat)
- 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>

- 2023 Quality Payment Program Proposed Rule Resources
- 2023 Quality Payment Program Proposed Rule (full document)

- 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.

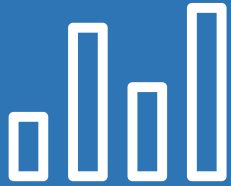
The recording & resources will be posted to our website www.shpllc.com/webinars soon.



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Who is SHP?



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