

Welcome to QPP 2023 Final 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 Final 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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Strategic Healthcare Partners

Topics

1. Final Rule 2023

1. Tweaks & CEHRT Changes

2. Surprise Additions

3. Scoring Changes

4. Category Changes

5. MVPs the Next Generation of MIPS

2. Next Steps and Q&A



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Final Rule 2023



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Tweaks & CEHRT Changes



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Minor Tweaks

- Allow APMs to report PI at the APM level instead of at group or individual level.
- Complex Patient Bonus will still be given even to facility-based Eligible Providers even if they don't submit data.
- Virtual Groups will be eligible for facility-based measurement if >75% of VG providers are facility-based clinicians (as defined by CMS).
 - Unexpected and great news for practices that see a majority of their patients in a hospital.
 - Billed at least 75 percent of your covered professional services in a hospital setting;
 - Billed at least one service in an inpatient hospital or emergency room; and
 - Can be attributed to a facility with a Hospital Value-based Purchasing (VBP) score.



CEHRT Change

- EHRs must be certified to the **2015 Edition Cures Update** for the 2023 performance period. Functionality **MUST** be in place by the start of the performance period for Promoting Interoperability and eCQM reporting.
 - Practically, if you report Quality eCQMs, your software update must be in place by 1/1/2023 as most are a 1-year reporting period. Other Quality measure types (MIPS CQMs, Claims, etc.) are unaffected by this.
 - Promoting Interoperability needs only be a 90-day reporting period, so the absolute latest is 10/1/2023

DO NOT WAIT THAT LONG!



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Summary of the 2015 Edition Cures Update

1. Standardize the EHR API connections
2. Electronic Health Information (EHI) Export
3. Electronic Prescribing - National Council for Prescription Drug Programs (NCPDP) SCRIPT Version 2017071
4. Replace Common Clinical Data Set (CCDS) with United States Core Data for Interoperability (USCDI)
5. Improved Audit requirements
6. Standards Version Advancement Process (SVAP)



Surprise Additions



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Physician Care Compare Changes

- <https://www.medicare.gov/care-compare/>
- Physicians who offer telehealth services (billed by POS code) will have an indicator added to their Physician Care Compare Profile
- Utilization data (procedure information) will be added to a physician's profile page.



Scoring Changes



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Weights & Performance Threshold

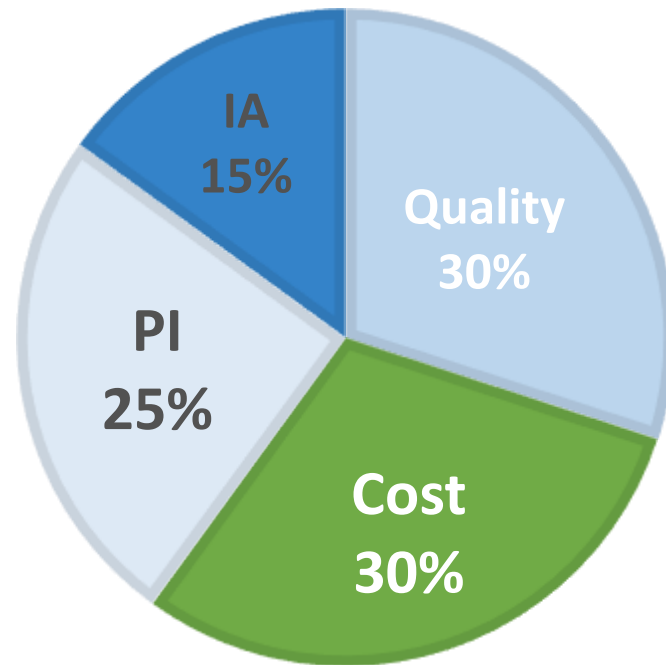
- Traditional MIPS Weights staying the same for 2023
 - Quality 30%, Cost 30%, PI 25%, and IA 15%
- Performance Threshold
 - Penalty avoidance score will stay the same at 75 points
 - Exceptional performance is over at the end of 2022.
- Small Practice Weights
 - Quality 40%, Cost 30%, and IA 30%
 -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



MIPS Weight Changes

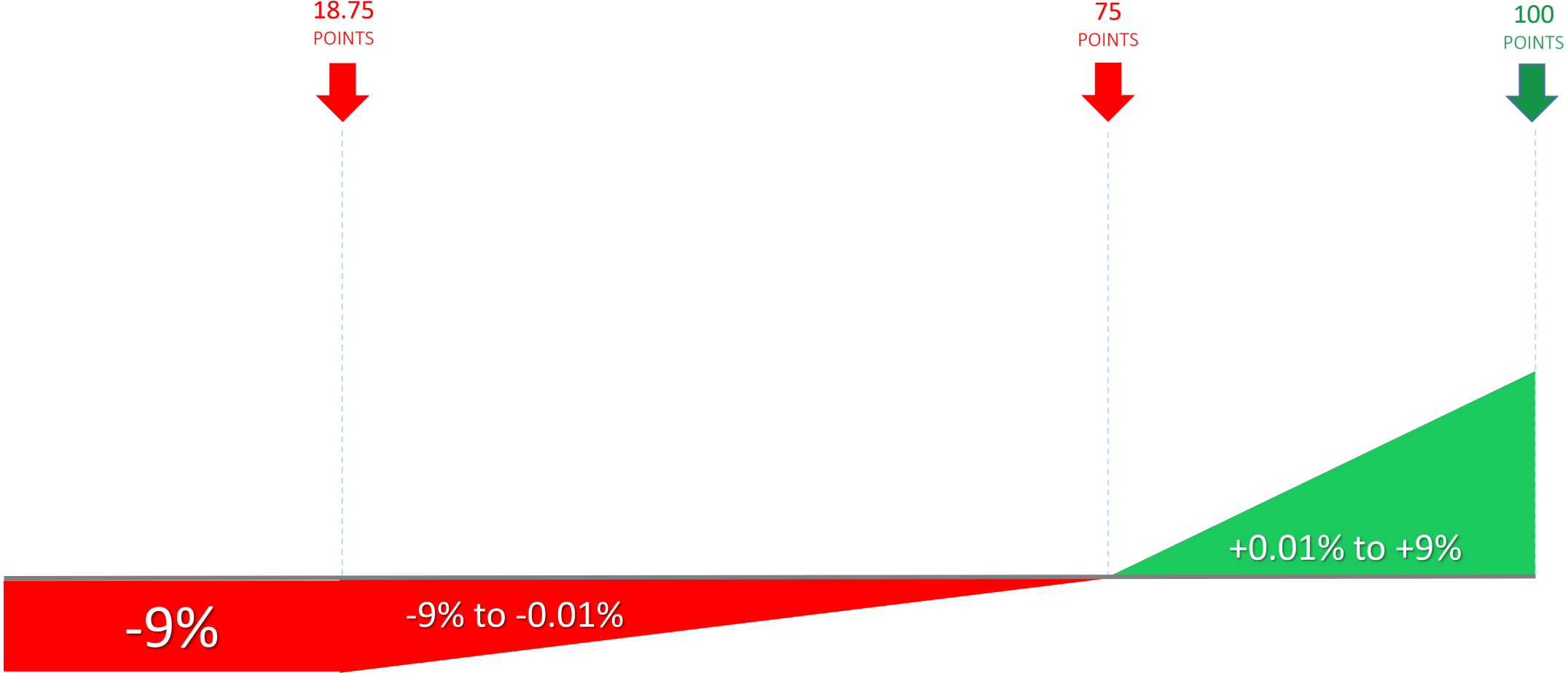
2023 WEIGHTS

■ Quality ■ Cost ■ PI ■ IA



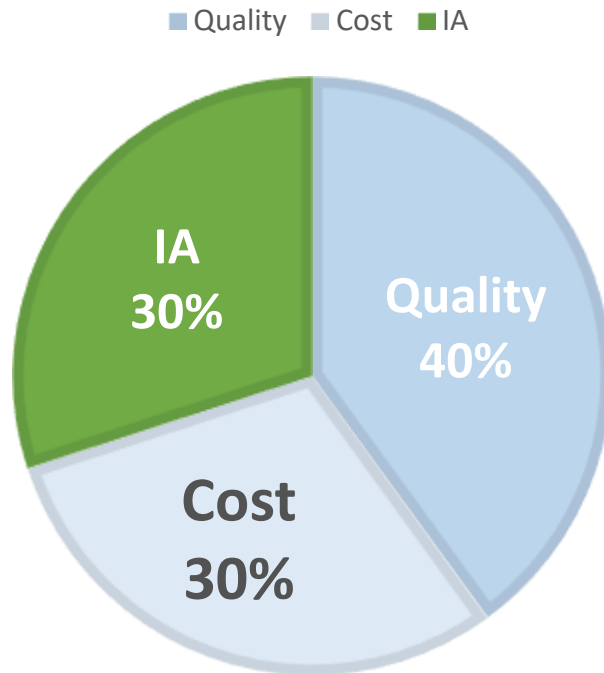
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RY 2023 Performance Thresholds

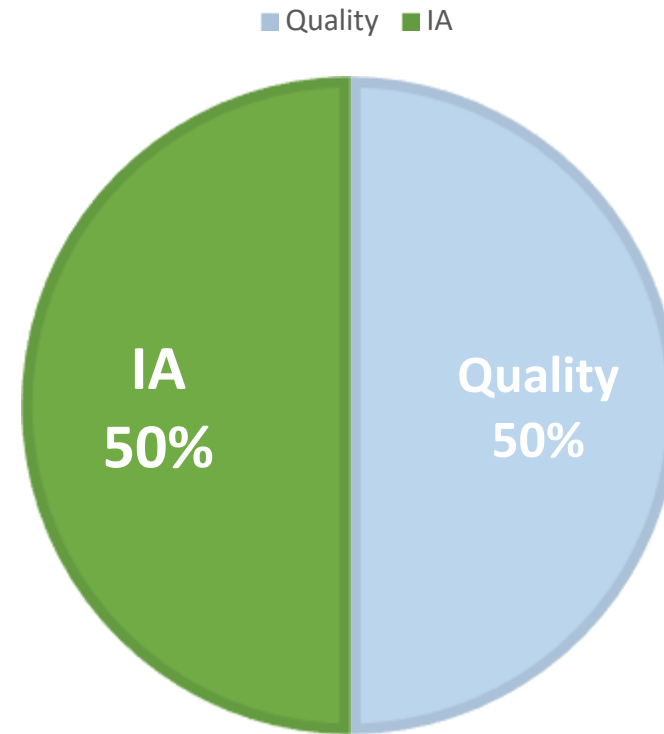


Small Practice Weight Changes

**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).



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



9 New Measures (MIPS CQM) Table Group A - Page 2788

1. #485 Psoriasis – Improvement in Patient-Reported Itch Severity
2. #486 Dermatitis – Improvement in Patient-Reported Itch Severity
3. #487 Screening for Social Drivers of Health
4. #488 Kidney Health Evaluation
5. #489 Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
6. #490 Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors
7. #491 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma
8. #492 Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System
9. #493 Adult Immunization Status



Removed Measures Table Group C - Page 3095

- By CQM # –
 - 076, 119, 258, 265, 323, 375, 425, 455, 460, 469, & 473
- Moved to MVP-only 110 & 111
- Proposed, but kept, 260, 261, 275 & 439

Topped Out | Limited | Duplicate | Does not improve care



Changes for Measures Table Group D - Page 3116

- **Substantively changed** (CQM #) –
 - 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
- Proposed for removal, but changed
 - 439



Cost Category Change Page 2107

- 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.
- Note that for 2022, all MIPS clinicians will receive 0 improvement points



New Improvement Activities Appendix 2 Table A - Page 3232

- **Creating 4 New IAs –**

1. IA_AHE_10 - Achieving Health Equality – Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data (M)
2. IA_AHE_11 - Achieving Health Equality – Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients (H)
3. IA_EPA_6 - Expanded Access - Create and Implement a Language Access Plan (H)
4. IA_ERP_6 - Emergency Response and Preparedness - COVID-19 Vaccine Achievement for Practice Staff (M)

(H) = High weight

(M) = Medium Weight



Changes to IAs Appendix 2 Table B - Page 3239

• Changing 5 IAs

1. IA_CC_13 - Practice Improvement for Bilateral Exchange of Patient Information(M)
 - New Name: IA_CC_13 – Practice Improvements to Align with OpenNotes Principles (M)
2. IA_CC_14 - Practice improvements that engage community resources to support patient health goals (H)
 - New IA & Name: IA_AHE_12 – Practice Improvements that Engage Community Resources to Address Drivers of Health (H)
3. IA_PSPA_7 - Use of QDDR data for ongoing practice assessment and improvements (M)
4. IA_PSPA_10 - Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments (M)
 1. New IA & Name: IA_BMH_13 – Obtain or Renew an Approved Waiver for Provision of Buprenorphine as Medication-Assisted Treatment for Opioid Use Disorder (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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Removal of IAs Appendix 2 Table C - Page 3248

- **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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Promoting Interoperability Changes Table 92 – Page 2254

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...



Promoting Interoperability Changes

- HIE – 30 points
 - Support Electronic Referral Loops by sending, receiving & reconciling - 2 measures, 15 points ea.
 - - OR – HIE Exchange Bi-directional – 30 points
 - - OR – Participation in TEFCA – 30 points
- **Provide Patients Electronic Access to Their Health Information** – 25 points
- **Report 2 measures:** Immunization Registry & Electronic Case Reporting – 25 points
- **Report 1 measure:** Syndromic Surveillance Reporting, Public Health Registry, or Clinical Data Registry – 5 *bonus* points

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.



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



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 adding five more MVPs for 2023, bringing the first-year list of available MVPs to 12.



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

- The additional five are:

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



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.



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.



What You Need to Do Next

- Read through the Final Rule Resource Packet (link in chat)
- Consider your automatic exemptions
- Consider voluntarily participating in an MVP
- Reach out to your EHR vendor to ensure your EHR is 2015 Edition Cures Certified before your Quality Measure (eCQMs) and/or PI reporting period starts.



Official Resources

- QPP Resource Library:

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

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

- QPP Help Desk:

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



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Got Questions?

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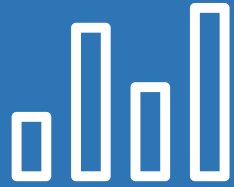


The recording & resources will be posted to our website www.shpllc.com/webinars soon.



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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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