

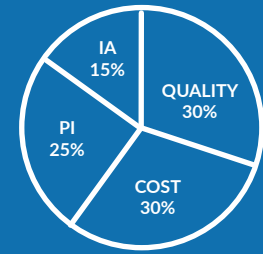
FINAL RULE UPDATE

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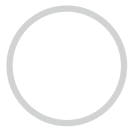
REPORTING MIPS IN 2023

The Merit-based Incentive Payment System (MIPS) determines quality and efficiency of care through four performance categories: Quality, Promoting Interoperability (PI), Improvement Activities (IA), and Cost. Performance in these four categories during the 2023 calendar year will aggregate into a final score used to determine a payment adjustment for a MIPS-eligible clinician or group in the 2025 payment year.



MIPS Final Score Impact on Payment Adjustments (2025)

Scored out of a possible 100 points



0-74 Points

Nonparticipation in the Quality Payment Program, or low MIPS final score will result in up to a -9% penalty.



75-100 Points

Achieving a MIPS final score of 75 will provide penalty avoidance and a performance incentive.



Exceptional Performance Bonus

There will no longer be an additional performance threshold for exceptional performance in 2023.

Finalized for 2023 Reporting

New scoring attribution to include Traditional MIPS group scores, MVP group scores, MVP subgroup scores, and Traditional MIPS individual scores.

QUALITY

- Flu and Pneumonia measures are being eliminated in Traditional MIPS and will be folded up into a new Adult Immunization Status measure.

COST

- No significant changes in the Cost category from 2022, but it really counts now.

PROMOTING INTEROPERABILITY

- Query of Prescription Drug Monitoring Program is now a required measure under Promoting Interoperability and now includes Schedule II opioids and Schedule III or IV prescriptions.
- Adding nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical nurse specialists as eligible clinician types for Promoting Interoperability.

MIPS VALUE PATHWAYS (MVPs)

- MVPs are here - 7 revised MVPs and 5 new.
- MVPs can be reported by individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM entities.

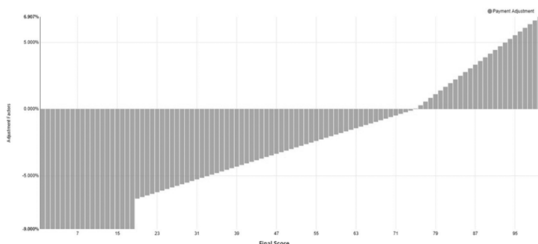
APM PERFORMANCE PATHWAY

- Introduction of a Health Equity Bonus for ACOs that report eCQM/MIPS CQMs.
- Reinstating a sliding scale approach for eCQMs/MIPS CQMs to determine shared savings for ACOs.

2023 Performance Year & 2025 Adjustments

Adjustments occur two years after performance year

Figure 4: Illustrative Example of MIPS Payment Adjustment Factors Based on Final Scores and Proposed Performance Threshold for the 2025 MIPS Payment Year



Note: The adjustment factor for final score values above the performance threshold is illustrative. For MIPS eligible clinicians with a final score of 100, the adjustment factor will be 9 percent times a scaling factor greater than zero and less than or equal to 3.0. The scaling factor is intended to ensure budget neutrality (BN), but cannot be higher than 3.0. This example is illustrative as the actual payment adjustments may vary based on the distribution of final scores for MIPS-eligible clinicians.

*Chart is referenced from the 2023 PFS Proposed Rule.

Quality Measure Changes

- 9 Quality measures added
- 11 Quality measures removed
- 76 Changes to existing measures

What to anticipate

- Scoring will be more difficult due to measure changes and lack of bonus opportunities
- MVPs and APP - CMS is pushing providers into both reporting structures from Traditional MIPS
- The Cost category will continue to expand as more measures and specialties are added

Who is Exempt?

★ Qualifying Advanced APM participants

★ Clinicians who have:
≤ \$90,000 in Medicare Part B charges

-OR-

≤ 200 Medicare Part B beneficiaries

-OR-

≤ 200 covered professional services under the Physician Fee Schedule (PFS)

★ Clinicians newly enrolled in Medicare

For more information, visit mipspro.com

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