

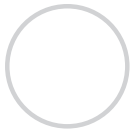
# REPORTING MIPS IN 2022

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 2022 calendar year will aggregate into a final score used to determine a payment adjustment for a MIPS-eligible clinician or group in the 2024 payment year.



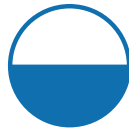
## MIPS Final Score Impact on Payment Adjustments (2024)

Scored out of a possible 100 points



### 0-74 Points

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



### 75-88 Points

Achieving a moderate MIPS final score will provide the potential for penalty avoidance and a slight incentive.



### 89+ Points

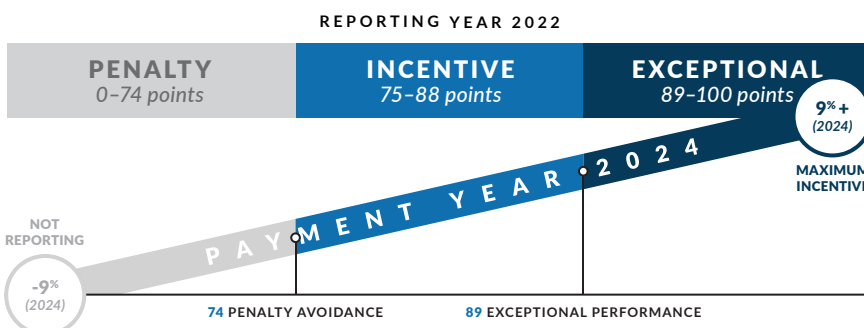
High performers will be eligible for the 9% incentive and an exceptional performance bonus of up to 10%.

## What's New for 2022 Reporting?

- The performance threshold is increasing from 60 points to 75 points, making it more difficult to avoid the penalty.
- With this move, CMS predicts that exceptional performers could receive up to more than a 9% increase on 2024 Medicare payments.
- Quality performance category will be 30% of your overall score in 2022, down from 40% in 2021.
  - Removal of end-to-end and high priority/outcome bonus points.
- Clinical social workers and certified nurse mid-wives were added as eligible clinicians.
- Extension of the CMS Web Interface as a quality reporting option within the APM Performance Pathway (APP) for participants in an APM.
- Promoting Interoperability performance category added automatic reweighting for clinical social workers and small practices.
- Cost performance category is increasing to 30% of your overall score in 2022. There were also five new episode-based Cost measures added, including two procedural measures (Melanoma Resection and Colon and Rectal Resection); one acute inpatient measure (Sepsis); and two chronic condition measures (Diabetes and Asthma/Chronic Obstructive Pulmonary Disease [COPD]).
- The addition of seven new Improvement Activities, three of which are related to promoting health equity. Fifteen were modified, with 11 of them pertaining to health equity. Six Improvement Activities were removed.

## 2022 Performance Year & 2024 Adjustments

Adjustments occur two years after performance year



## Quality Measure Changes

- 3 Quality measures added
- 13 Quality measures removed
- 84 Changes to existing measures

## An Eye on 2023

- Introduction of the MIPS Value Pathways (MVPs): measures and activities that more closely align with provider's.
- Continuation of the CMS Web Interface: For ACOs only.

## 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](http://mipspro.com)

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