

2022 MIPS: Proposed Key Changes for Ophthalmology Practices

2022 is the sixth performance year of the Merit-Based Incentive Payment System (MIPS). There are a few key proposed changes that ophthalmology practices should be aware of to be successful in the program. The final rule is scheduled to be published at the beginning of November 2021. This guide outlines *key proposed changes for 2022*. We plan on updating the guides for all MIPS categories after the final rule is released. They will be located in the ASCRS ASOA MACRA Center at ascrs.org/macracenter.

Proposed Key 2022 MIPS Changes

MIPS Performance Threshold

- **The 2022 MIPS performance threshold is proposed to increase from 60 points in 2021 to 75 points in 2022.** Physicians and practices must score at least 75 total points to avoid a maximum 9% penalty in 2024. CMS is proposing to establish the performance threshold using the mean final score from the 2017 performance year/2019 MIPS payment year. This is a statutory requirement – using the mean or median by the 2022 performance year.
- The additional (exceptional) performance threshold would be established at 89 points.
- CMS notes that the additional MIPS adjustment factors for exceptional performance are available through the 2022 performance year/2024 MIPS payment year, making this the last year of the additional performance threshold and the associated additional MIPS adjustment factors for exceptional performance.
- CMS estimates approximately 782,517 clinicians will be **MIPS eligible in 2022**: approximately 67.5 percent of eligible clinicians who submit data will receive a positive or neutral payment adjustment, the mean final score would be 75.86, the median would be 80.30, **the maximum positive payment adjustment would be 6.6 percent, and the maximum penalty would be 9 percent (subject to variations from final calculations and COVID-19 impacts).**

Cost Category

CMS is statutorily required to weight the cost and quality performance categories equally beginning with Performance Year 2022.

Cost is proposed to count for 30% of a physician's final MIPS score in 2022 – a proposed increase from 20 points in 2021.

- **In addition, for the Cost performance category, CMS is proposing:**
 - Adding 5 new episode-based cost 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])
 - The 5 new episode-based cost measures have the following case minimums calculated with administrative claims data:
 - Asthma/COPD: 20 episodes
 - Colon and Rectal Resection: 20 episodes
 - Diabetes: 20 episodes
 - Melanoma Resection: 10 episodes
 - Sepsis: 20 episodes

Quality Reporting

CMS proposes lowering the weight of the Quality Category performance score from 40% to 30% of the MIPS final score in 2022. This is a statutory requirement. As noted above, CMS is statutorily required to weight the cost and quality performance categories equally beginning with Performance Year 2022.

- In addition, for the Quality performance category, CMS is proposing to:
 - Update quality measure scoring to remove end-to-end electronic reporting and high-priority measure bonus points, as well as the 3-point floor for scoring measures (with some exceptions for small practices).
 - Use performance period benchmarks, or a different baseline period, such as calendar year 2019, for scoring quality measures in the 2022 performance period.
 - Extend the CMS Web Interface as a quality reporting option for registered groups, virtual groups, or other APM Entities for the 2022 performance period.
 - Increase the data completeness requirement to 80% **beginning with the 2023 performance period.**
 - Update the quality measure inventory (a total of 195 proposed for the 2022 performance period).
 - CMS proposes to remove two measures from the Ophthalmology set:
 - **#14** Age-Related Macular Degeneration (AMD): Dilated Macular Examination: CMS proposes the removal of this measure as a quality measure from the MIPS program because this measure has reached the end of the topped-out lifecycle.
 - **#19** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care: CMS proposes the removal of this measure as a quality measure from the MIPS program because this measure does not align with the Meaningful Measures Initiative. Additionally, the MIPS CQMs Specifications collection type is in the third year of the topped-out lifecycle.

Improvement Activities

- CMS proposes the Improvement Activities weight to be 15% for the 2022 performance year.
- Additionally for the Improvement Activities category, CMS proposes to:
 - Update the improvement activities inventory for the 2022 performance year, including adding new improvement activities about health equity and standardizing language related to equity across the improvement activities inventory:
 - Add 7 new improvement activities, 3 of which are related to promoting health equity.
 - Modify 15 current improvement activities, 11 of which address health equity. Modifying these activities will more explicitly focus them on addressing health equity and, in some cases, specifically add requirements to address racial equity.
 - Remove 6 previously adopted improvement activities.

Promoting Interoperability Performance Category

- CMS proposes the Promoting Interoperability weight to be 25% for the 2022 performance year.
- Additionally for the Promoting Interoperability Performance Category, CMS proposes to:
 - Apply automatic reweighting to clinical social workers and small practices.
 - Revise reporting requirements in the following ways:
 - Revise reporting requirements for the Public Health and Clinical Data Exchange objective to support public health agencies (PHAs) in future health threats and a long-term COVID-19 recovery.
 - Add a requirement in the Provide Patients Electronic Access to Their Health Information measure that patients have access to their health information indefinitely, for encounters on or after January 1, 2016.
 - Require MIPS eligible clinicians to attest to conducting an annual assessment of the High-Priority Guide of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides) beginning with the CY 2022 performance

period.

- Modify the Prevention of Information Blocking attestation statements to distinguish this from separate information blocking policies under the Office of the National Coordinator for Health Information Technology (ONC) requirements established in the 21st Century Cures Care Act final rule.

MIPS Value Pathways (MVPs)

- CMS has developed 7 new MVPs and proposes they be available beginning with the 2023 performance year, which does not include Ophthalmology.
- The addition of MVPs is part of a greater effort to sunset traditional MIPS after the end of the 2027 performance period/2029 payment year. CMS did not propose the timeframe in which MVP reporting would no longer be voluntary and indicated any proposal to sunset traditional MIPS will be made in final rulemaking.

APM Performance Pathway (APP)

- CMS is proposing to allow MIPS eligible clinicians to report the APP as a subgroup beginning with the 2023 performance year. The definition of a subgroup and eligibility to participate as a subgroup are the same for MVP and APP reporting.
 - Subgroups would consist of “a subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group TIN, the subgroup identifier, and each eligible clinician’s NPI.”
 - Subgroups would inherit the eligibility and special status determinations of the affiliated group (identified by TIN). To participate as a subgroup, the TIN would have to exceed the low-volume threshold at the group level, and the subgroup would inherit any special statuses held by the group, even if the subgroup composition would not meet the criteria.
- CMS notes that, as proposed, subgroups would not be required to register for reporting the APP.

MIPS Participation Options

- All MIPS eligible clinicians, including those in a MIPS APM, may choose to participate in MIPS as:
 - An individual
 - A group
 - A virtual group
 - An APM Entity
- For 2022, CMS is proposing to revise the definition of a MIPS eligible clinician to include:
 - Clinical social workers.
 - Certified nurse mid-wives.

COVID-19 Flexibilities

- CMS anticipates that the national public health emergency (PHE) COVID-19 will continue to affect clinicians throughout the rest of PY 2021. CMS is allowing individual clinicians, clinician groups, and virtual groups to apply for Extreme and Uncontrollable Circumstances (EUC) to reweight one or more performance categories for PY 2021. If a clinician, clinician group or a virtual group submits an EUC application and also submits performance data for a category, the data will override the EUC application.

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