Mingle Health

Digesting the Alphabet Soup of Medicare's Final Rule for 2023

APP, MIPS, MVPs, and more!

VBCExhibitHall.com

Educational Webinar Series

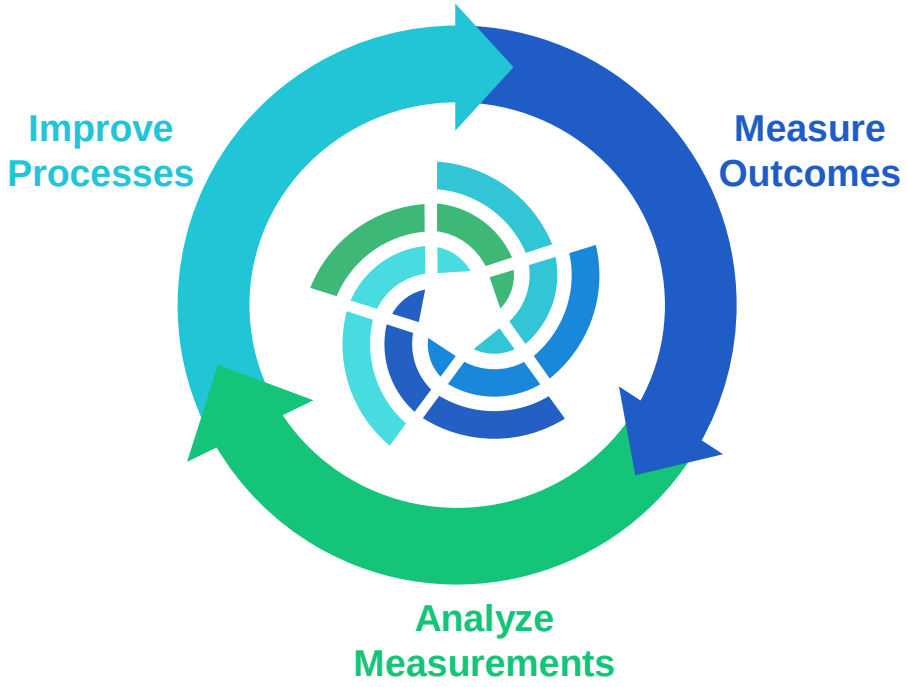
Mingle Health is your trusted partner.

Improve What Matters

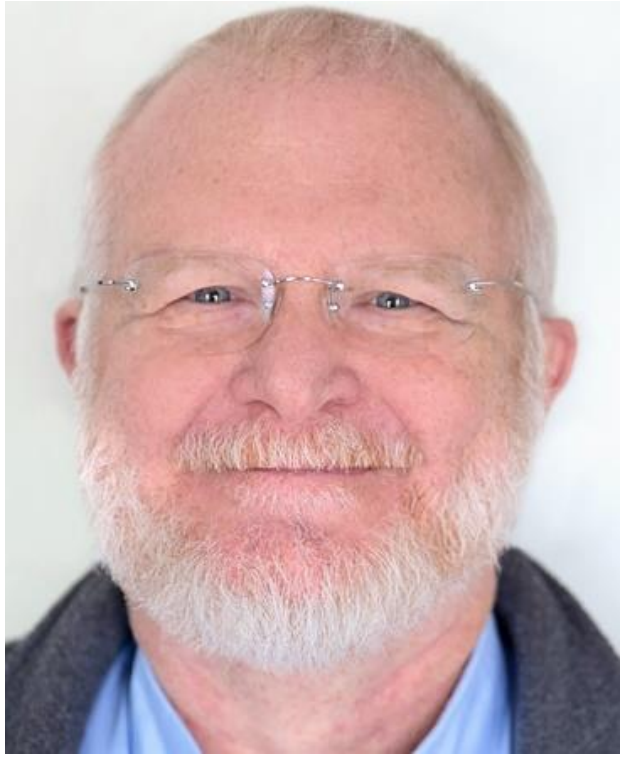
We guide you every step of the way in the transition to value-based care.

Technology driven services and solutions you can trust to save you time and improve your bottom line.

Trusted by more than 70,000 providers since 2012.



Welcome to the Webinar



Dan Mingle, MD, MS
Executive Chairman, Mingle Health

Dr. Dan Mingle is a nationally recognized expert on the use of technology to enhance value in healthcare. He is a family physician with private, group, and academic practice experience. His insights into the many problems that plague our healthcare system led him on a quest to help practices of all sizes master their data and their delivery systems.

CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes released 11/1/2022

- Formal Publication in the Federal Register on 11/18/2022
- Includes rules relating to the:

  Quality Payment Program

  Merit Based Incentive Payment System (MIPS)

  Medicare Shared Saving Program (MSSP)

Agenda

1. Where to find resources
2. Major elements in the rule

MIPS

3. Updating MIPS - Run the Numbers
4. MIPS Value Pathways
5. Traditional MIPS → New MIPS

MSSP

6. APM Performance Pathway
7. Quality Performance Standard
8. Incenting e/mCQMs
9. MSSP Financial Benchmarking
10. Glide path to full risk

This Webinar
Slides and/or Recording

https://library.vbcexhibithall.com/

https://minglehealth.com/resource-center/

https://qpp.cms.gov/resources/resource-library

- 2023 Quality Payment Program Final Rule
- 2023 Quality Payment Program Final Rule Resources:
  - 2023 Final Rule External FAQs
  - 2023 QPP Final Rule MVP Table
  - 2023 QPP Final Rule Overview
  - 2023 QPP Final Rule Policy Comparison Tables

Reiterate Program Goals

- CMS wants to have 100% of Medicare Part B beneficiaries in an accountable care relationship by 2030
- Introduce providers, through MIPS, to Value Based measurement and payment
- Encourage provider migration from MIPS to Advanced Payment Models
- Ease participants into value-based payment and risk in the Medicare Shared Savings Program (MSSP)
- Health Equity shows up in the rules

MIPS in the 2023 Final Rule

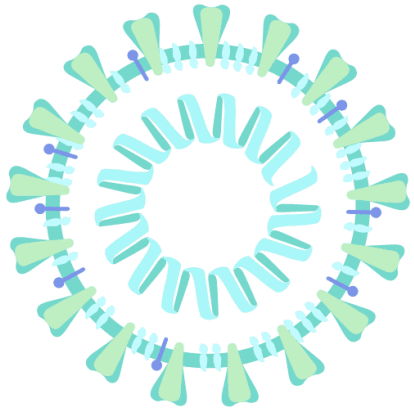
- The usual annual adjustments
- MIPS Value Pathways (MVP) with 12 MVPs goes live for 2023
- Planning for the sunset of Traditional MIPS in favor of full-on MVPs
  - Proposed sunset of traditional MIPS after 2027
  - New MIPS proposed to start 2028
    - Mandatory use of MVPS
    - With Mandatory subgroup formation

MSSP in the 2023 Final Rule

- Anticipating the sunset of the Web Interface after 2024
- Full-on APM Performance Pathway (APP) starting 2025
  - Mandatory all patients, all payer submission using e/m CQMs
- Expanding incentives for early use of the APP MIPS CQMs and eCQMs
- Efforts toward more effective financial benchmarking
- Softening the Glide Path to full risk

Health Equity shows up broadly in 2023

- 1 Health Equity Quality Measure
  - #487: Screening for Social Drivers of Health
  - Health Equity measures will be considered high priority measures
- 4 Health Equity-related Improvement Activities
  - IA_AHE_10: Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data
  - IA_AHE_11: Create and Implement a Plan to Improve Care for LGBTQ Patients
  - IA_EPA_6: Create and Implement a Language Access Plan
  - IA_ERP_6: COVID-19 Vaccine Achievement for Practice Staff
- Health Equity in the MSSP
  - Health Equity Adjuster = Bonus Points = [Measure Performance Scaler] X [Underserved Multiplier]
  - Advance Investment Payments (AIP) based in part on Area Deprivation Index (ADI)
- Reach ACO starts January 1, 2023



COVID and the QPP

Mingle Health

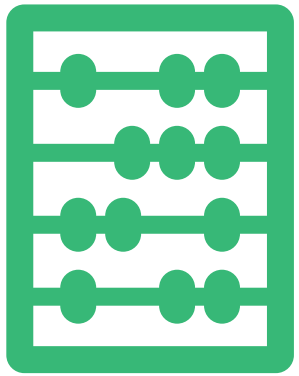
Still in the Nationwide Public Health Emergency

- On October 13, 2022, DHHS renewed the Public Health Emergency (PHE) designation for 90 more days
- PHE initially declared 1/27/2020

  Now active through 1/11/2023
- Special Rules regarding remote care will remain in service at least through 2023

Extreme and Uncontrollable Circumstances (EUC) Exception

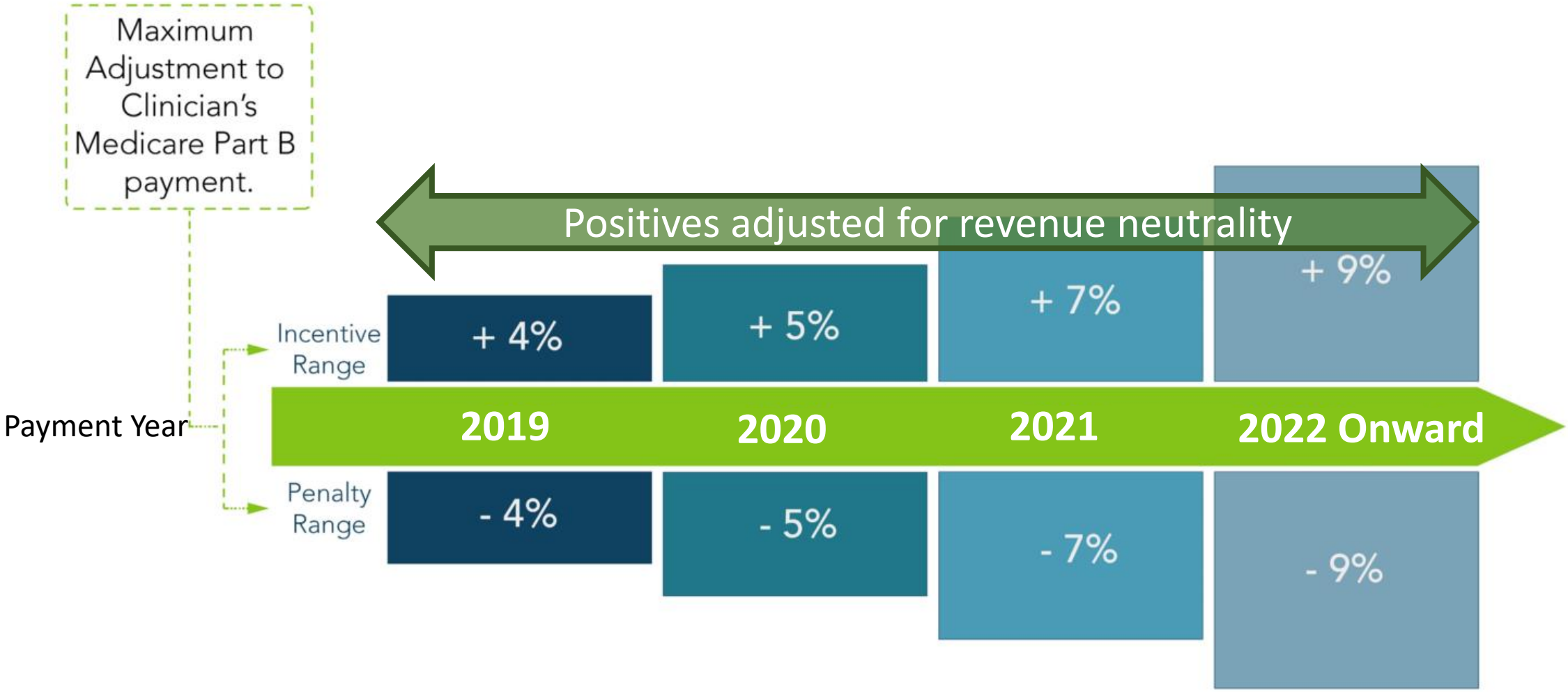
- Automatic EUC for COVID **NOT** declared so far for 2022
- Applications for EUC for 2022 due by 8PM EST January 3, 2023



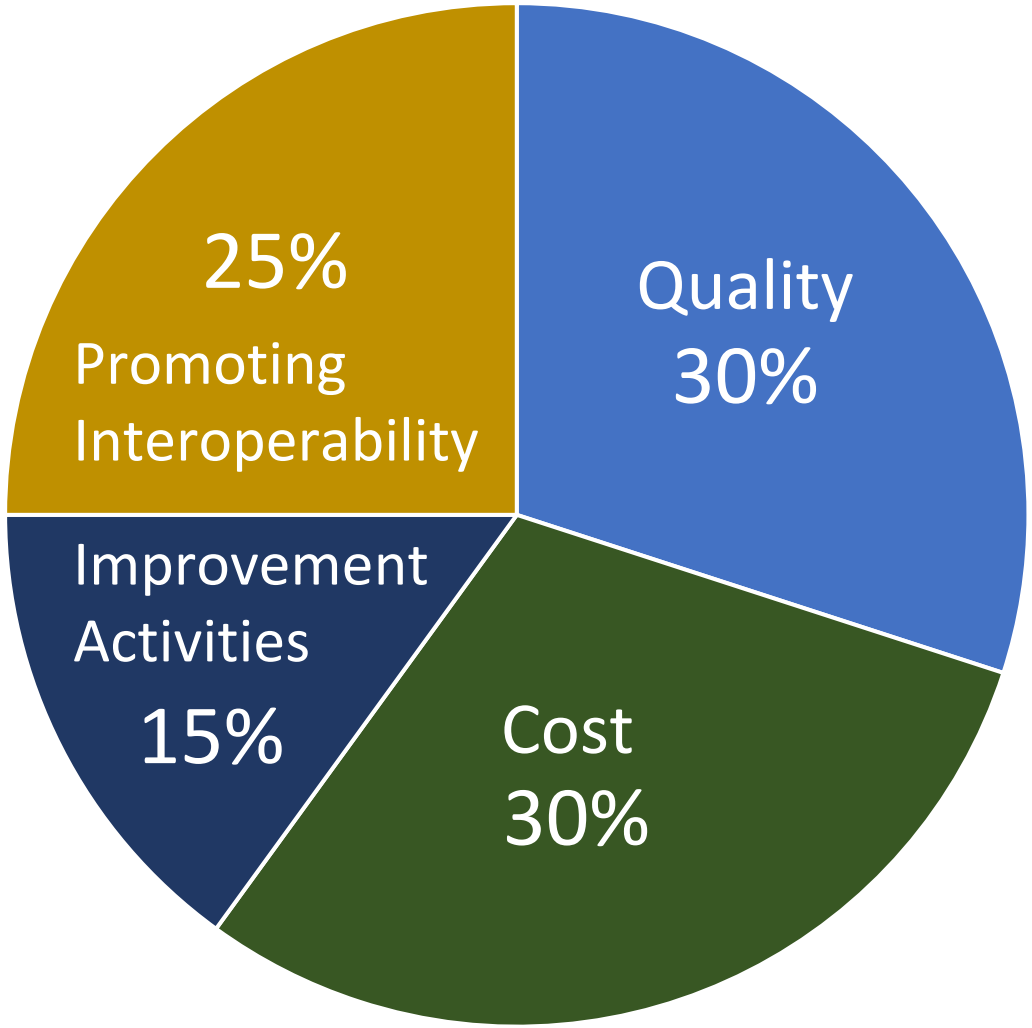
MIPS Scoring and Adjustment Factor

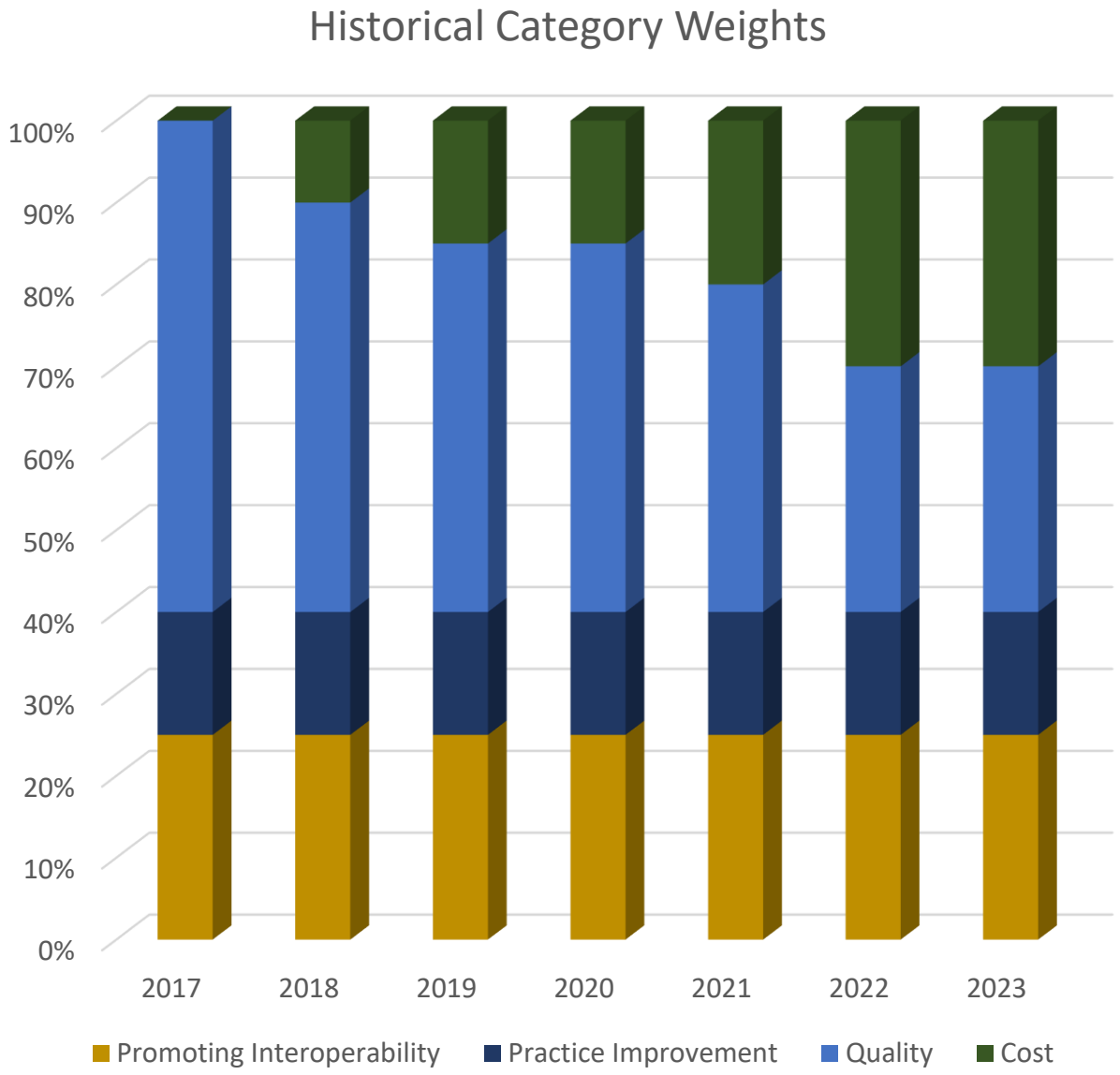
Mingle Health

What is at Stake (Theoretical)

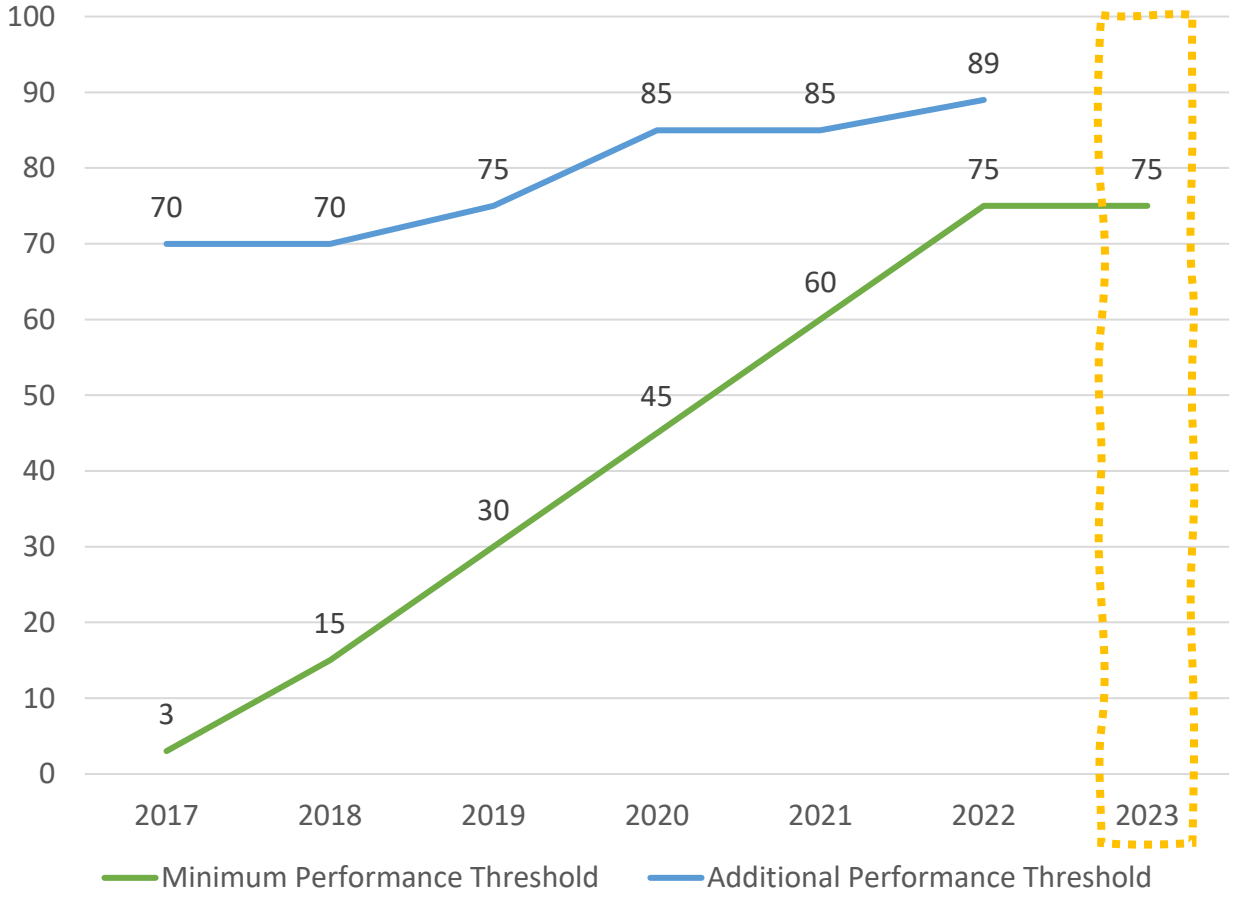


2023 Performance Category Weights





Performance Threshold



Parameter	2023 Level	Legislation	Notes
Performance Threshold	75	required to be set at either the mean or median from a prior year	For 2022 and 2023 performance years, set at the mean from 2017
Additional Performance Threshold	**Exceptional Performance Bonus ends** after 2022 Performance Year (2024 Payment Year)		

Bonuses

Mingle Health

Bonuses

Bonuses Ending after the 2022 Performance Year:

- Exceptional Performance bonus

Bonuses Ended after the 2021 Performance Year:

- Extra High Priority Measures bonus
- End End-to-End Electronic Reporting bonus

Bonuses that Continue:

- Small Practice bonus
- Quality Improvement bonus, with a 30-point floor
- Cost Improvement Bonus
- Complex Patient bonus
  - 5 points for medical complexity (HCC)
  - 5 points for social complexity (Dual Eligible)
  - 10-point cap
  - Each applied only to practices at or above the mean

Quality Performance Category

Mingle Health

Sunset Web Interface for MIPS Groups after 2022

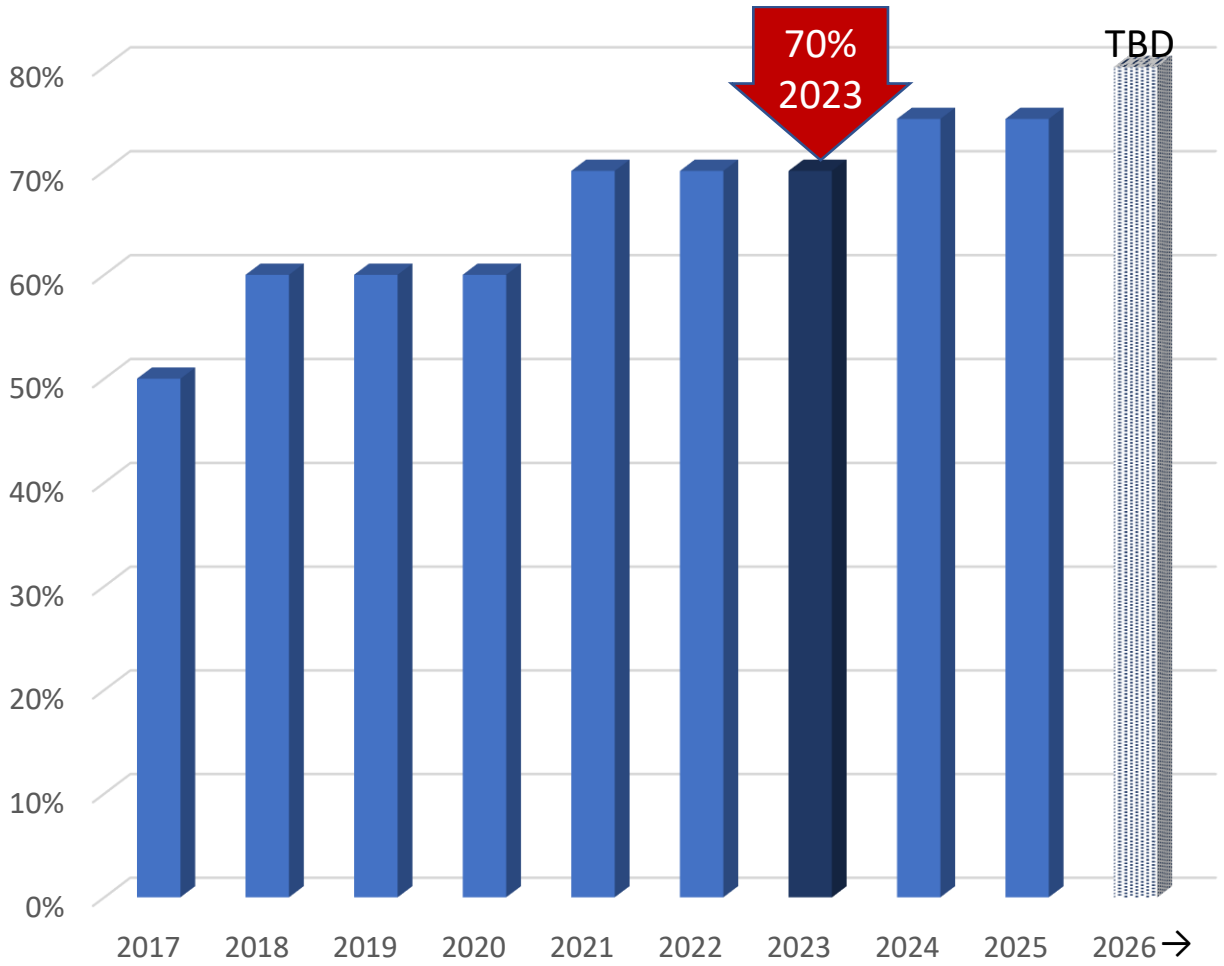
Alternatives

- Qualified Registry generated MIPS CQMs
- QCDR – Generated Registry and/or QCDR measures
- EHR generated eCQM
- Vendor Generated eCQM
- MIPS Specialty Measure Sets
- MVPs

MIPS – Quality Measure Changes

- Expand the definition of “high priority measure” to include health equity-related quality measures.
- 2 measures removed from traditional MIPS but retained in MVPs
  - Flu and pneumovax measures rolled into “Adult Immunization Status”
- Reduce the inventory of quality measures from 200 to 198
  - add of 9 quality measures
    - 1 administrative claims measure
    - 1 composite measure
    - 5 high priority measure
    - 2 patient-reported outcomes measures
  - remove 11 quality measures
- Substantive changes to 76 existing quality measures
- Adding and removing measures for specific specialty sets

Data Completeness Criteria: Minimum Percent of Eligible Instances



- Scheduled to increase to 75% for 2024 and 2025
- All patient all payers.
  - Applies to
    - eCQMs
    - MIPS CQMs
    - MVPs
    - APP
  - Does not apply to
    - Claims:

      The percentage applies to Medicare Part B patients only
    - Web Interface

      248 Medicare Part B Patients Sampled

Measure types, Pre-ordained in 2022 Rule

Measure Type	Description	2022 Policy	2023 Policy
Class 1	Established Measure Has a benchmark Meets Case Minimum Meets data completeness	3 – 10 Points	1 – 10 points
Class 2	Meets data completeness but (Lacks case minimums or Lacks a benchmark)	3 Points	0 points
Class 3	Lacks data completeness ± case minimum / benchmark	3 points for small practices 0 points for others	
Class 4a	New Measures Meets data completeness Has Performance Year Benchmark Meets Case Minimum	1st year 7 – 10 2nd year 5 - 10	
Class 4b	New Measures Meets data completeness (Lacks Benchmark or lacks case minimum)	1st year 7 2nd year 5	

Benchmarks

- Administrative Claims measures to be scored exclusively against performance period benchmarks

Facility-Based

- Participants eligible to receive complex patient bonus even if no data submitted
- Virtual groups now eligible for facility-based if 75% of participants are
  - Virtual Groups will be scored even if no data submitted

Cost Performance Category

Mingle Health

Cost

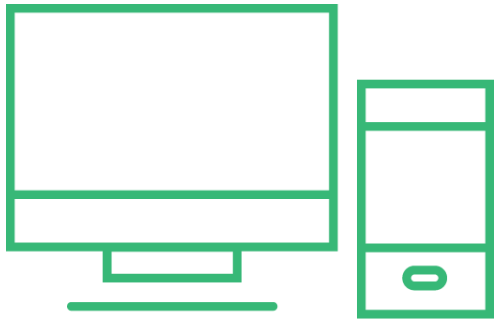
- Cost measure development focused on New MVP Episode Cost Measures
- MVP users will be scored only on applicable MVP cost measures
- Traditional MIPS participants will be scored on all cost measures meeting case minimums
- Cost Improvement Bonus, Maximum 1 point out of possible 100
  - Will not be seen in scoring until 2024 Payment Year
- Add the Medicare Spending Per Beneficiary (MSPB) Clinician cost measure as a care episode group

Improvement Activities Performance Category

Mingle Health

Improvement Activities

- 4 new all deal with Health Equity
  - CMS Framework: 5 priorities
  - Security tagging to segment data for selective sharing
  - Improve care for LGBTQ
  - Language Access Plan
  - Staff Immunized for COVID-19
- Modification to 5
  - Drivers of Health
  - Cultural Humility
  - Consolidation of QCDR activities
- Removed 6
  - PDMP no longer an activity



Promoting Interoperability Performance Category

Mingle Health

Automatic Reweighting of Promoting Interoperability

Ends for 2023 performance year for:

- Nurse practitioners
- Physician assistants
- Certified registered nurse anesthetists
- Clinical nurse specialists

Ends for 2024 performance year for :

- Physical therapists
- Occupational therapists
- Qualified speech-language pathologists
- Qualified audiologists
- Clinical psychologists, and
- Registered dieticians or nutrition professionals

No Change, Yet:

- Clinical social workers

Expect Permanence

- Ambulatory Surgical Center (ASC)-based
- Hospital-based
- Non-patient facing
- Small practices

2015 Edition Cures update

- Applies to:
  - Promoting Interoperability
  - eCQM quality reporting collection type
- Functionality must be in place by the start of your 90-day reporting period
- Certification must be obtained by the end of your 90-day reporting period

- Query of PDMP now required
  - Schedule III and IV included
- New 3rd option for HIE
- Public Health and Clinical Data Exchange changes
  1. Preproduction and Validation
     - Limited to 1 year
  2. Active Production
- Points reallocated
- New redistribution scheme

TABLE 93: Scoring Methodology for the Performance Period in CY 2023

Objective	Measure	Maximum Points	Required/Optional
Electronic Prescribing	e-Prescribing	10 points	Required
	Query of PDMP*	10 points*	Required
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	15 points*	Required (MIPS eligible clinician's choice of one of the three reporting options)
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points*	
	-OR-		
	Health Information Exchange Bi-Directional Exchange	30 points*	
	-OR-		
	Enabling Exchange under TEFCA*	30 points*	
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 points*	Required
Public Health and Clinical Data Exchange	Report the following two measures*: • Immunization Registry Reporting • Electronic Case Reporting	25 points*	Required
	Report one of the following measures: • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	5 points (*bonus*)*	Optional

Notes: The Security Risk Analysis measure and the SAFER Guides measure are required, but will not be scored.
In addition, MIPS eligible clinicians must submit an attestation regarding ONC direct review and actions to limit or restrict the compatibility or interoperability of CEHRT, as required by § 414.1375(b)(3).
*Signifies a final policy adopted in the CY 2023 PFS final rule.

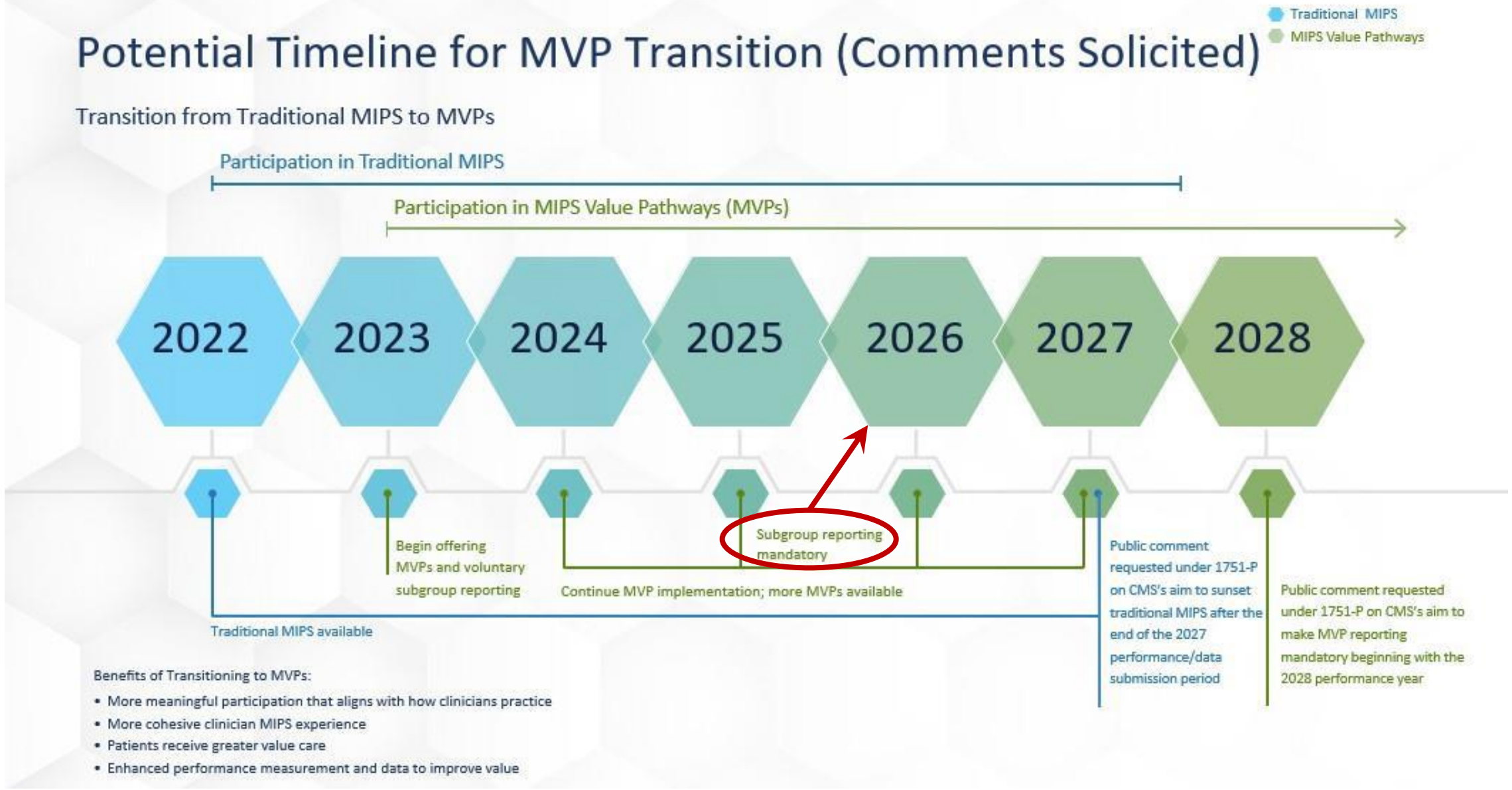
APM Entities

- APM Entities have the option to report Promoting Interoperability at the APM Entity level
  - Still valid to report at individual or group levels. Medicare will calculate weighted average of scores

MIPS Value Pathways

Mingle Health

Potential Timeline for MVP Transition (Comments Solicited)



Source: CMS; 2023 Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs) Implementation Guide

MVPs can be reported by an MVPs participant, defined as:

MVP participants will be required to register their MVP selection in advance. For more information refer to the Registration section at the end in this resource.

Voluntary reporters, opt-in eligible clinicians, and virtual groups aren't able to report an MVP for performance year 2023.

Source: CMS; 2023 Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs) Implementation Guide

Properties of Subgroups

- Subgroups inherit the special statuses of the parent group (eg: low volume, hospital-based, non-patient facing)
- Subgroup must be able to submit aggregated measure data limited to the clinicians in the subgroup.
- Improvement Activity (or activities) must be performed by at least 50% of the clinicians in the subgroup for at least 90 days each
- The following will be analyzed at the TIN level
  - Cost measures
  - Pop health measures
  - Outcomes-based admin claims measures

MVPs Available for 2023 Performance Year

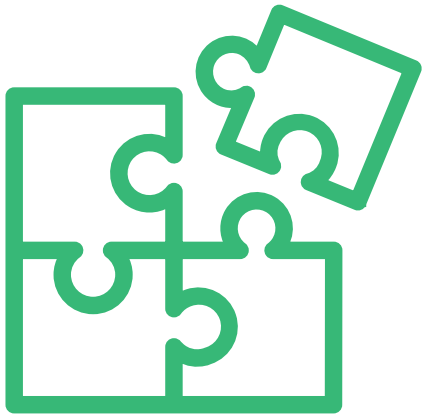
1. Anesthesia, Patient Safety and Support for Positive Experiences with
2. Cancer, Advancing Care
3. Chronic Disease Management, Optimizing
4. Emergency Medicine, Adopting Best Practices and Promoting Patient Safety within
5. Heart Disease, Advancing Care for
6. Joint Repair, Improving Care for Lower Extremity
7. Kidney Health, Optimal Care for
8. Neurodegenerative Conditions, Supportive Care for
9. Neurological, Optimal Care for Patients with Episodic Conditions
10. Rheumatology, Advancing Patient Care
11. Stroke, Coordinating Care to Promote Prevention and Cultivate Positive Outcomes
12. Wellness, Promoting

One MVP

- Each MVP entity-participant is only able to select one MVP to report
  - individual clinician
  - part of a single specialty group
  - multispecialty group (applicable for performance years 2023, 2024, 2025)
  - subgroup
  - APM Entity
- OK to report an MVP in addition to traditional MIPS
- For performance year 2023 a MIPS eligible clinician will receive the highest final score that can be attributed to their TIN/NPI

You Must Register for MVPs

- Register on QPP website between April 1 and November 30, 2023
- May change any time through the end of the Registration Period
- CAHPS for MIPS registration, if indicated, must be completed with MVP registration by June 30
- ELECT
  - 1 MVP
  - 1 of 2 Pop Health Measures
  - Any outcomes-based administrative claims measures if applicable
  - Subgroup election including if indicated
    - Plain language name of the subgroup
    - **A description of the composition of the subgroup**
      - **selected from a list or**
      - **described in a narrative**
    - List of TIN/NPI in the subgroup
      - A subgroup must include ≥ 1 MIPS eligible clinician
      - **Any TIN/NPI can only be part of one subgroup**
    - CMS will assign subgroup identifier



APMs and the Medicare Shared Savings Program (MSSP)

Mingle Health

Summary of Changes for 2023

- To encourage new participation in MSSP
  - Advance Investment Payment for new low revenue MSSP ACOs
- To encourage continued participation by existing ACOs
  - Permit longer, slower glide path into full risk
  - Change benchmarking to reduce ratchet effect
  - Change in sharing dynamics
- Complete the sunset of Web Interface and full utilization of APP by 2025
  - Expand incentives for e/m CQM users
  - Extend favorable quality standard for APP e/m CQM users thru 2023 and 2024
  - Add Health Equity Adjustment (bonus) – Only available to APP e/m CQM users

Advance Investment Payments (AIP)

- An ACO is eligible for AIPs if the ACO
  - is not a renewing or a re-entering ACO
  - has applied to participate in the Shared Savings Program under any level of the BASIC track's glide path
  - is eligible to participate in the Shared Savings Program
  - is inexperienced with performance-based risk Medicare ACO initiatives
  - is a low revenue ACO
- Applications available in 2023 and annually, thereafter
- For participation Beginning January 1, 2024
- $250k lump sum at start with 8 quarterly payments based on prevalence of underserved in the patient panel
- It's an advance on expected future shared savings
- Must use AIPs to improve the quality and efficiency of items and services furnished to beneficiaries by investing in
  - increased staffing,
  - health care infrastructure,
  - provision of accountable care for underserved beneficiaries
  - address SDOH

Extended, Softened Glide Path to Full Risk

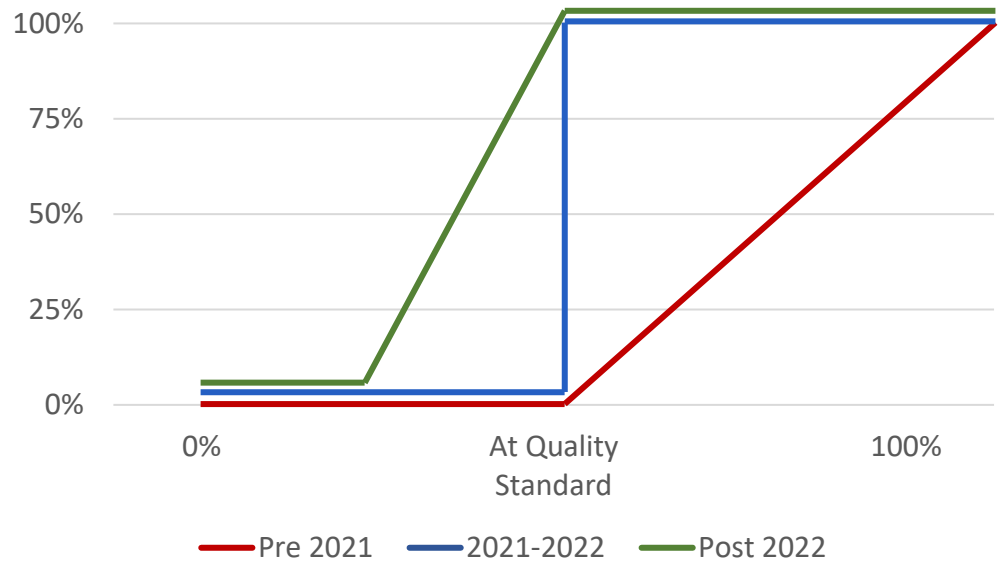
- Permit 5 years at level A of the Basic Track for first ACO participation period
- Support second 5-yr participation in the Basic Track expecting progression through levels A,B,C,D,E
- May remain indefinitely in Basic track, Level E
- Elective advancement into Enhanced Track
- Or even migrate from Enhanced Track back to Basic Track, Level E

Benchmarking: 3-way blend to start with agreement periods starting 2024 or after

- National growth factor
  - Weighted by the Percent of regional assignable assigned to the ACO
- Regional growth factor
  - Weighted by the inverse of the above
- Accountable Care prospective trend (ACPT)
  - CMS Office of the Actuary (OACT) provides 2 projections of United States Per Capita Cost (USPCC)
    - For ESRD
    - For Non-ESRD
- Provide option for early renewal
- Prep for future Administrative Benchmarks

Sharing Dynamic Changes

- Prior to 2021: sliding scale started at the quality standard
- 2021 and 2022: everyone at the quality standard and above shared fully
- Starting in 2023: sliding scale sharing begins below the quality standard. Everyone above the quality standard shares fully



Favorable Quality Standard for early APP Users

If the ACO:

- Reports the 3 e/mCQM measures
- Meets Data Completeness and Case Minimum for all 3
- Achieves score ≥ 10%le on ≥ 1 of the 4 outcomes measures in the set
- On ≥ 1 of any of the remaining 5 measures
  - In 2023: Achieves score ≥ 30%le
  - In 2024: Achieves score ≥ 40%le
- Quality Standard will be met and ACO eligible for shared savings and to avoid maximum shared losses
- Only submitters of e/mCQMs will get Health Equity bonus of 1-10 points

Health Equity Adjustment Bonus Points

- Non-adjusted score used to calculate the quality performance standard
- Adjusted score used to determine if ACO meets the Quality Performance Standard and final sharing rates of savings or loss
- Bonus added to Quality Performance Category Score
  - With score capped at 100%
- Bonus Points (0-10) = (Measure Performance Scaler) * (Underserved Multiplier)
- Limits
  - No points if Multiplier < 20%
  - Maximum Bonus Points = 10

Health Equity Adjustment

Measure Performance Scaler

For each measure:

- Upper third of scores = 4 points
- Middle third of scores = 2 points
- Lower third of scores = 0 points

Underserved Multiplier

% of patients classified as underserved

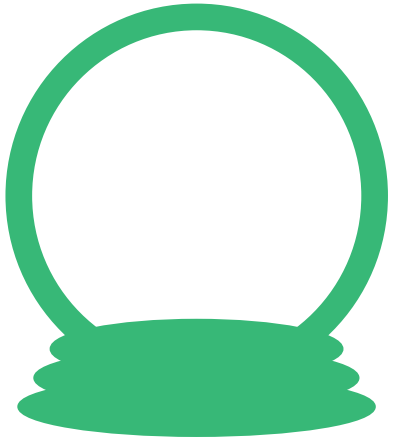
Must be ≥ 20% to Qualify for the adjustment

Underserved =

- % Dual eligible or on Part D Low Income Subsidy

or

- % with Area Deprivation Index ≥ 85th %le



A Glimpse Into the Future

Mingle Health

Digital Quality Measures

- Introduced in the Final Rule for 2022, with a goal of being fully digital by 2025
- Notably absent from the Final Rule for 2023
  - Other than as a request for information (RFI)
- Expect this to function more as a vision, not as a plan

Traditional MIPS and MVPs

- Seeking broad participation in development and maintenance of MVPs
- Anticipating an end to Traditional MIPS in favor of mandatory MVPs with mandatory subgroups
- Expect more cross functionality between MIPS and MSSP
- Anticipating eventual use of MVPs in APMs and APP reporting
- Expanded role of Specialists in MSSP facilitated by MVPs

Financial Benchmarks for MSSP ACOs

- Expect simplification
- Softening of the ratchet effect
- Administratively set benchmarks
- Sustaining reward for high performers

Questions and Discussion

Stop by the Salient VBCExhibitHall Virtual Booth

VBCExhibitHall.com

[Visit Virtual Booth]

Your Partner for High Value Care

Dan Mingle, MD, MS
Executive Chairman, Mingle Health
dan.mingle@minglehealth.com

Ask your questions in the chat box

Talk with your dedicated Mingle expert about your practice: minglehealth.com/contact-us

Learn more and get started with our value-based care solutions at: minglehealth.com

[www.vbcexhibithall.com >>](www.vbcexhibithall.com)