Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2022 MIPS Quick Start Guide

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

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Purpose: This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2022 performance year.

How to Use This Guide

How to Use This Guide

Table of Contents

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Please note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

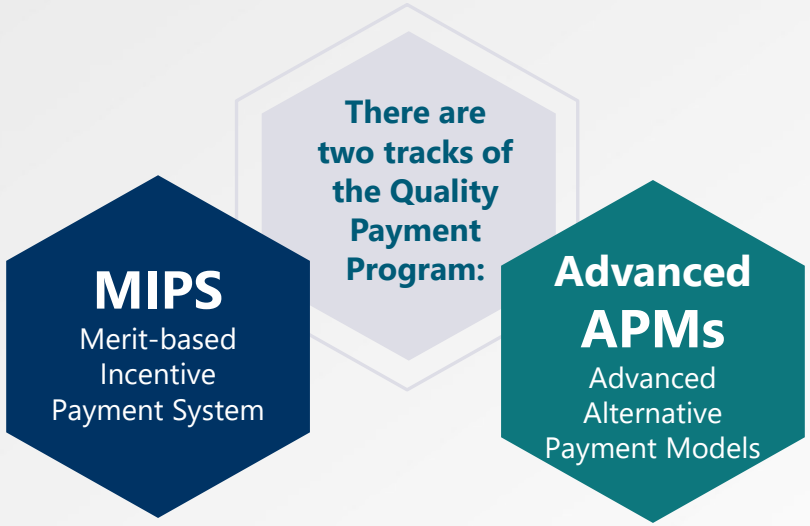
Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

Overview

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA advances a forward-looking, coordinated framework for clinicians to participate in the Quality Payment Program, which rewards value in 1 of 2 ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you participate in an Advanced APM and achieve QP status, you may be eligible for a 5% incentive payment, and you will be excluded from MIPS.

This guide will only cover the **MIPS participation in the Quality Payment Program**. For more information on participating in an Advanced APM, visit our Advanced APM Overview webpage and check out our APM related resources in the Quality Payment Program Resource Library.

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP). The program describes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

Quality
Assesses the quality of care you deliver based on measures of performance.

Promoting Interoperability
Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).

Improvement Activities
Assesses your participation in activities that improve clinical practice and support patient engagement.

Cost
Assesses the cost of the care you provide based on your Medicare Part B claims.

What is the Merit-based Incentive Payment System? (Continued)

If you're eligible for MIPS in 2022:

- You generally have to submit data for the quality, improvement activities, and Promoting Interoperability performance categories. (We collect and calculate data for the cost performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

What is the Merit-based Incentive Payment System? (Continued)

Traditional MIPS, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under the traditional MIPS, participants select from 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)**, is a streamlined reporting framework available beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

- **MIPS Value Pathways (MVPs)** are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are 7 MVPs that will be available for reporting in the 2023 performance year:**

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the CY 2022 Physician Fee Schedule Final Rule. We'll also be adding more information to MIPS Value Pathways section of the QPP website.

MIPS Performance Category Scoring

The MIPS performance categories have different "weights," and the scores from each of the categories are added together to give you a MIPS Final Score . Traditional MIPS performance category weights are dependent on the level for which you participate in MIPS.

For example, MIPS eligible clinicians that participate in traditional MIPS as an APM Entity have different performance category weights than clinicians who participate in traditional MIPS as an individual, group, or virtual group.

Traditional MIPS Performance Category Weights in 2022: Individual, Group, and Virtual Group Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
			
30% of MIPS Score	30% of MIPS Score	15% of MIPS Score	25% of MIPS Score

Traditional MIPS Performance Category Weights in 2022: APM Entity Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
55%	0%	15%	30%

MIPS Performance Category Scoring (Continued)

The MIPS performance categories have different "weights" and the scores from each of the categories are added together to give you a MIPS Final Score.

APM Performance Pathway (APP) MIPS Performance Category Weights in 2022: Individual, Group, and APM Entity Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
			
50% of MIPS Score	0% of MIPS Score	20% of MIPS Score	30% of MIPS Score

Get Started with MIPS in 9 Steps

Alternative Reporting Options

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Get Started with MIPS in 9 Steps

9 Steps to Get Started

The 2022 MIPS performance year is January 1, 2022 to December 31, 2022. Following the performance year, you'll submit 2022 data for MIPS by March 31, 2023, which will result in a final score. You'll receive a positive, negative, or neutral payment adjustment in the 2024 payment year, which will be based on your 2022 MIPS final score.

If you're an eligible clinician, you should:

Step 1: Check your initial MIPS eligibility (NOW)

- Check your current eligibility for the 2022 performance year by entering your 10-digit National Provider Identifier (NPI) in the Quality Payment Program Participation Status Lookup Tool.
  - **Note:** Your preliminary eligibility will be available by January 1, 2022 and your final eligibility will be available in December 2022.
- We determine your eligibility by evaluating your clinician type, the volume of care you provide to Medicare patients (low volume threshold), your Medicare enrollment date (you must have been enrolled before January 1, 2022) and your Qualifying APM Participant (QP) status.*

Step 2: Determine how you will participate (NOW)

- **Individual:** collect and submit data for an individual clinician.
- **Group:** collect and submit data for all clinicians in the group.
- **Virtual Group:** collect and submit data for all clinicians in the CMS-approved virtual group.
- **APM Entity:** collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.

Step 3: Determine your reporting framework (NOW)

- **Traditional MIPS**
  - MIPS reporting option available to all MIPS eligible clinicians
  - Can be reported by individuals, groups, virtual groups and APM Entities.
  - You select measures and activities to evaluate your performance across quality, improvement activities and Promoting Interoperability performance categories. We collect cost data for you.
- **APM Performance Pathways (APP)**
  - MIPS reporting option available to MIPS eligible clinicians in a MIPS APM
  - Can be reported by individuals, groups, and APM Entities.
    - **Required** for all Medicare Shared Savings Program ACOs
  - Uses a pre-determined measure set to evaluate your performance across quality, improvement activities and Promoting Interoperability.

*Your Qualifying APM Participant (QP) Status will be updated throughout the performance year, with final information anticipated to be available in December 2022. If you're determined to be a QP, you aren't eligible for MIPS.

Alternative Reporting Options

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Get Started with MIPS in 9 Steps (Continued)

9 Steps to Get Started (Continued)

If you're an eligible clinician, you should:

Step 4a: Select and Perform Your Measures and Activities (throughout 2022)

Step 4b: Perform Your Measures (APP) (throughout 2022)

Traditional MIPS

- **Quality:** Most clinicians must select 6 measures, collecting data for each measure for the 12-month performance period (January 1-December 31, 2022).
  - To learn more, review the 2022 Quality Quick Start Guide.
- **Improvement Activities:** Most clinicians must select between 2 and 4 activities, performing each activity for a continuous 90-day period in Calendar Year (CY) 2022 (or as indicated in the activity's description).
  - To learn more, review the 2022 Improvement Activities Quick Start Guide.
- **Promoting Interoperability:** Most clinicians must collect data using CEHRT on the required measures for the same continuous 90 (+)-day performance period in CY2022.
  - To learn more, review the 2022 Promoting Interoperability Quick Start Guide.
- **Cost:** Clinicians don't need to collect or submit any data for cost measures. We collect and evaluate this data for you.
  - To learn more, review the 2022 Cost Quick Start Guide.

APM Performance Pathway (APP)

- **Quality:** Clinicians must collect data for a set of pre-determined quality measures for the 12-month performance period (January 1-December 31, 2022). To learn more, review the Quality Measures: APP Requirements webpage.
- **Improvement Activities:** Clinicians who are MIPS APM participants and report to MIPS through the APP will automatically receive full credit for the Improvement Activities performance category score. To learn more, review the Improvement Activities: APP Requirements webpage.
- **Promoting Interoperability:** Clinicians must collect data on the 6 required measures for the same continuous 90 (+)-day performance period in CY2022. To learn more, review the Promoting Interoperability Measures: APP Requirements webpage.

Get Started with MIPS in 9 Steps (Continued)

9 Steps to Get Started (Continued)

The 2022 MIPS performance year is January 1, 2022 to December 31, 2022. Following the performance year, you'll submit 2022 data for MIPS by March 31, 2023 which will result in a final score. You'll receive a positive, negative, or neutral payment adjustment in the 2024 payment year, which will be based on your 2022 MIPS final score.

If you're an eligible clinician, you should:

Step 5: Verify Your Eligibility (late 2022)

- Check the Quality Payment Program Participation Status Lookup Tool in December 2022 to confirm that you remain eligible for MIPS and a payment adjustment.

Step 6: Submit Your Data (early 2023)

- Submit data yourself or with the help of a third party intermediary, such as a Qualified Registry or Qualified Clinical Data Registry (QCDR), between January 3 and March 31, 2023.
  - Visit the Quality Payment Program Resource Library to review the lists of CMS-approved Qualified Registries and QCDRs.

Step 7: Review Your Performance Feedback (mid-2023)

- Preliminary feedback is available as soon as data is submitted.
- Final performance feedback and payment adjustment information will be available in Summer 2023.

Step 8: Note the application of payment adjustments (throughout 2024)

- Review your claims to see payment adjustments for your 2022 performance applied to covered professional services billed in 2024.

Step 9: Preview your data for public reporting (late 2023 or early 2024)

- Preview your 2022 MIPS performance data for public reporting in late 2023 or early 2024.

Help, Resources, and Version History

Help, Resources, and Version History

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Where Can I Get Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time or by e-mail at: QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Help, Resources, and Version History

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Additional Resources

The Quality Payment Program Resource Library houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
2022 MIPS Eligibility and Participation Quick Start Guide	A high-level overview and actionable steps to understand your 2022 MIPS eligibility and participation requirements.
2022 MIPS Quality Performance Category Quick Start Guide	A high-level overview and practical information about quality measure selection, data collection and submission for the 2022 MIPS quality performance category.
2022 MIPS Promoting Interoperability Performance Category Quick Start Guide	A high-level overview and practical information about data collection and submission for the 2022 MIPS Promoting Interoperability performance category.
2022 Improvement Activities Quick Start Guide	A high-level overview and practical information about data collection and submission for the 2022 MIPS improvement activities performance category.
2022 MIPS Cost Performance Category Quick Start Guide	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.
2022 APP Toolkit	An overview of the reporting and scoring pathway for MIPS eligible clinicians who participate in MIPS APMs: the APP.

Help, Resources, and Version History

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Version History

If we need to update this document, changes will be identified here.

Date	Description
01/18/2022	Updated to reflect correct links on slide 18.
12/29/2021	Original Posting.