

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

**2022 Quality Performance Category  
Quick Start Guide: Traditional MIPS**



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**Purpose:** This resource focuses on the quality performance category under traditional MIPS, providing the high-level requirements and practical information about quality measure selection, data collection, and submission for the 2022 performance period for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource doesn't address quality requirements under the APM Performance Pathway (APP).



## **How to Use This Guide**



**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.

## Table of Contents

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## 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 Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). 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.

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.

### To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options](#) web pages on the [Quality Payment Program website](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



## 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:**

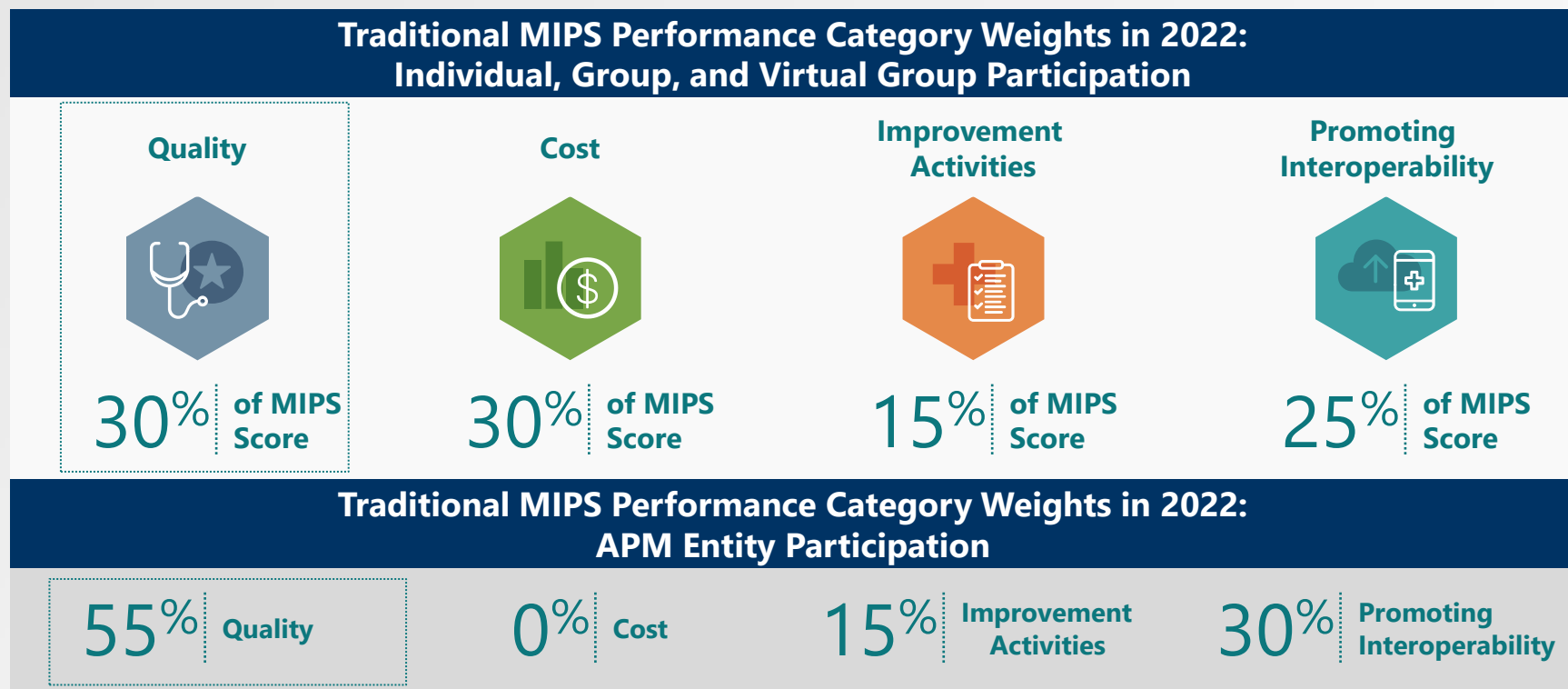
1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for 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](#).



## What is the MIPS Quality Performance Category?

The quality performance category measures your performance on clinical practices and patient outcomes. The quality measures are tools that help us assess healthcare processes, outcomes, and patient experiences to ensure they align with our quality goals for healthcare.



This resource examines quality performance category under traditional MIPS. For information about the quality performance category under the APP, please refer to the [APP Quality Requirements webpage](#).



## What's New with Quality under Traditional MIPS in 2022?

- **The quality performance category weight has decreased from 40% to 30% for individual MIPS eligible clinicians, groups, and virtual groups participating in traditional MIPS.**
  - The quality performance category will be weighted at 55% for MIPS eligible clinicians participating as an APM Entity.
  - We are statutorily required to weight the cost and quality performance categories equally beginning with Performance Year (PY) 2022.
- **There are 87 existing MIPS quality measures that have substantive changes; 13 MIPS quality measures that have been removed from the program and a total of 200 MIPS quality measures finalized, including 1 new administrative claims-based measures. For more information on these measures, check out the [Appendix](#).**
- **There are additional quality scoring flexibilities for changes that occur during the performance period.**
- **The availability of the CMS Web Interface as a collection and submission type in traditional MIPS will be extended for one year for the 2022 performance period.**

If you have planned or are currently reporting MIPS quality measures through the CMS Web Interface, please start to prepare for a transition to a new collection type. You can start by reviewing general requirements for other collection types available for the quality performance period in this resource.
- **We'll only calculate a group-level quality score from Medicare Part B claims measures if the practice submits data for another performance category as a group, signaling their intent to participate as a group.**



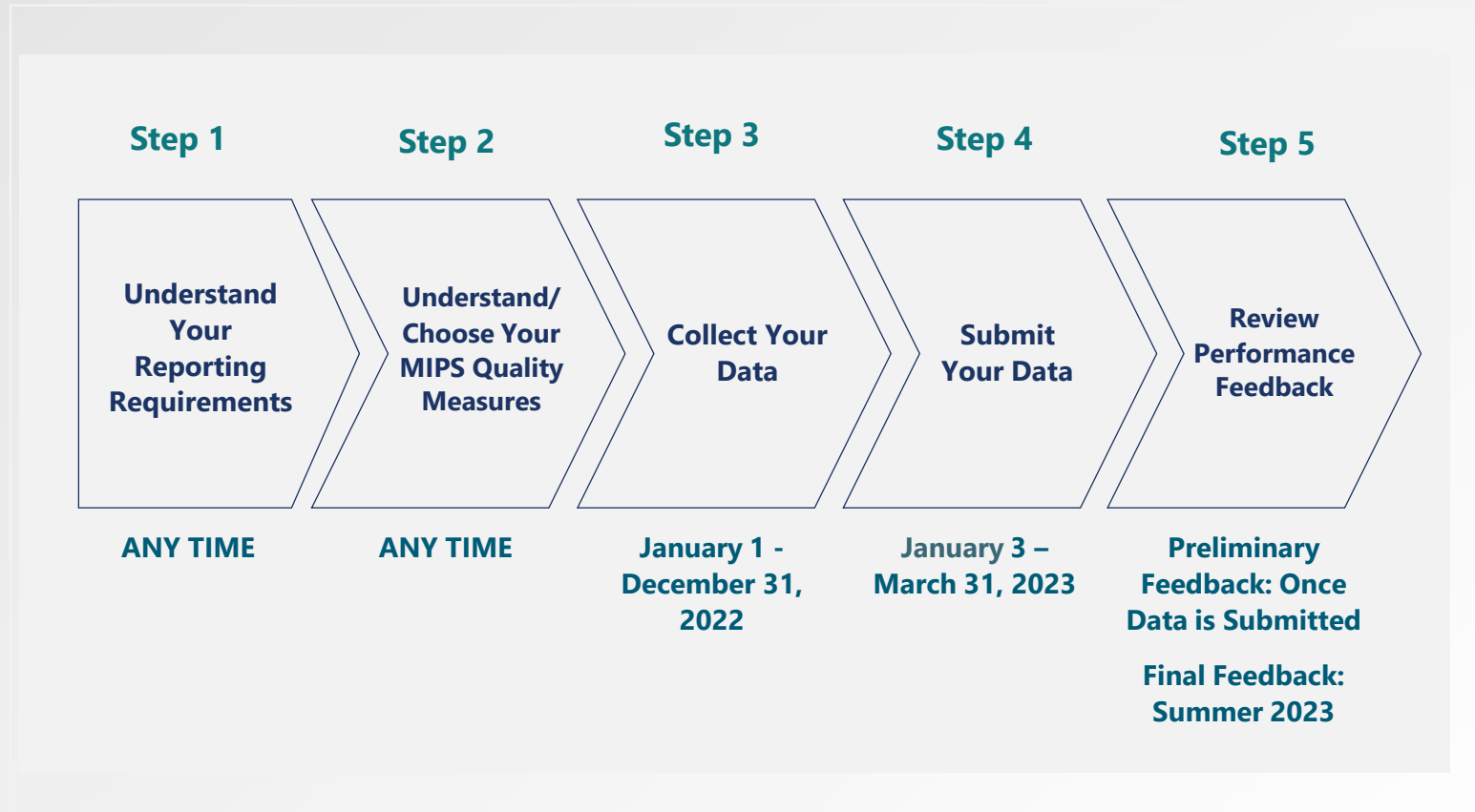
**We didn't finalize our proposal to use performance period benchmarks exclusively or to use a different baseline period for scoring quality measures in the 2022 performance period.**

- We'll continue to use historical benchmarks to score quality measures for the 2022 performance period.
- Performance period benchmarks will still be calculated for new quality measures or when we don't have comparable data from the baseline period.



## **Get Started with Quality for Traditional MIPS in 5 Steps**

# Get Started with Quality for Traditional MIPS in 5 Steps



## Step 1. Understand Your Reporting Requirements

The quality performance category has a **12-month performance period** (January 1 – December 31, 2022), which means you must collect data for each measure for the full calendar year.

To meet the quality performance category requirements, you must report:

### 6 quality measures

(including at least one outcome measure or high priority measure in absence of an applicable outcome measure).

**A defined specialty measure set** (if the measure set has fewer than 6 measures, you need to submit all measures within that set).

**All quality measures included in the CMS Web Interface** (an internet-based application available to groups, virtual groups, and APM Entities with 25 or more eligible clinicians – advanced registration is required).

## Step 1. Understand Your Reporting Requirements (Continued)

### Did you know?

- Facility-based clinicians, groups, and virtual groups whose assigned facility has a Fiscal Year (FY) 2023 Hospital Value-Based Purchasing (VBP) Program score may have the option to use their Hospital VBP Program score for the quality and cost performance categories.
  - **Updated August 2022:** CMS recently announced that it won't calculate any FY 2023 total performance scores for the Hospital VBP Program. **This means that facility-based clinicians won't be able to receive quality and cost scores from facility-based measurement in the 2022 performance year.**



## Step 2. Choose your MIPS Quality Measures

There are [200 MIPS quality measures](#) available to report for the 2022 performance period of MIPS. The MIPS quality measures are available through different collection types. Some collection types give you an opportunity to work with a third party such as a Qualified Registry to collect and submit your data, while other collection types allow you to report measures yourself.

The table on the following pages walks you through the different collection types and provides links to the measure specifications that are available within the [Quality Payment Program Resource Library](#). The 2022 MIPS quality measures will be available on the [Explore Measures & Activities](#) website in early 2022.

If you plan to work with a Qualified Registry or Qualified Clinical Data Registry (QCDR), check the 2022 Qualified Postings linked in the table on the following pages to see which measures they support.

### Helpful Hints

- **Beginning in the 2022 performance year, there are no bonus points available for additional outcome and high priority measures or measures that meet end-to-end electronic reporting criteria.**
- Use the [2022 Quality Measures List](#) to identify:
  - The available collection type(s) for each measure.
  - Measure type (outcome, patient experience, etc.).
  - Specialty sets associated with each measure.
- [Specialty Measure guides](#) will be released in early 2022 to aid in measure and activity selection for clinicians who practice in various specialties.

## Step 2. Choose your MIPS Quality Measures (Continued)

### Did you know?

**Collection Type** refers to the way you collect data for a quality measure. While an individual quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. Follow the measure specifications that correspond with how you choose to collect your quality data.

**For example:** You're looking for a quality measure to report on the Use of High-Risk Medications in the Elderly. This measure is available as both a MIPS Clinical Quality Measure (CQM) and Electronic Clinical Quality Measure (eCQM) (distinct specifications). You would use the measure specification that corresponds with how you choose to collect your data.

You can report measures from multiple collection types to meet quality reporting requirements. (Exceptions are noted in the table below and on the following pages.)

Collection Type	Quality Measures Available for 2022	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
<b>Electronic Clinical Quality Measures (eCQMs)</b>	<a href="#">2022 eCQM specifications</a> <a href="#">2022 eCQM flows</a> <a href="#">eCQM Implementation and Preparation Checklists</a>	<p>You can report eCQMs if you use technology that meets the 2015 Edition Certified Electronic Health Record Technology (CEHRT) criteria, the 2015 Edition Cures Update criteria, or a combination of both.</p> <p>You'll need to make sure your CEHRT is updated to collect the most recent version of the measure specification. Please refer to the Implementation Checklist on the Electronic Clinical Quality Improvement (eCQI) website to verify.</p>	✓	✓	✓	✓

# Get Started with Quality for Traditional MIPS in 5 Steps

## Step 2. Choose your MIPS Quality Measures (Continued)

Collection Type	Quality Measures Available for 2022	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
<b>Electronic Clinical Quality Measures (eQMs)</b> <i>(continued)</i>		<p>If you collect data using multiple EHR systems, you'll need to aggregate your data before it's submitted.</p> <p>eQMs can be reported in combination with Medicare Part B claims measures, MIPS CQMs, QCDR measures, and the CAHPS for MIPS Survey measure.</p>	✓	✓	✓	✓
<b>MIPS Clinical Quality Measures (MIPS CQMs)</b>	<a href="#">2022 Clinical Quality Measure Specifications and Supporting Documents</a>	<p>MIPS CQMs are often collected by third party intermediaries and submitted on behalf of MIPS eligible clinicians.</p> <p>If you choose this collection type, you may choose to work with a Qualified Registry, QCDR, or Health IT vendor or you can submit them yourself. To see the lists of CMS-approved Qualified Registries and QCDRs, visit the <a href="#">Quality Payment Program Resource Library</a>.</p> <p>MIPS CQMs can be reported in combination with Medicare Part B claims measures, eQMs, QCDR measures, and the CAHPS for MIPS Survey measure.</p>	✓	✓	✓	✓











## Step 2. Choose your MIPS Quality Measures (Continued)

Collection Type	Quality Measures Available for 2022	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
<b>Qualified Clinical Data Registry (QCDR) Measures</b>	<a href="#">2022 QCDR Measure Specifications</a>  <a href="#">2022 Qualified Registries</a> <a href="#">Qualified Posting</a>  <a href="#">2022 Qualified Clinical Data Registries (QCDRs)</a> <a href="#">Qualified Posting</a>	<p>QCDRs are CMS-approved entities with the flexibility to develop and track their own quality measures, which are approved along with the entity during their self-nomination period. To see the list of CMS-approved QCDRs, visit the <a href="#">Quality Payment Program Resource Library</a>.</p> <p>These measures can be a great option for clinicians and practices that provide specialized care or who have trouble finding MIPS quality measures that feel relevant to their practice.</p> <p>You'll need to work with a QCDR to report these measures on your behalf.</p> <p>QCDR measures can be reported in combination with eQMs, MIPS CQMs, Medicare Part B claims measures, and the CAHPS for MIPS Survey measure.</p>	✓	✓	✓	✓





# Get Started with Quality for Traditional MIPS in 5 Steps

## Step 2. Choose your MIPS Quality Measures (Continued)

Collection Type	Quality Measures Available for 2022	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
<b>Medicare Part B Claims Measures</b>	<a href="#">2022 Medicare Part B Claims Specifications and Supporting Documents</a>	<p>Medicare Part B claims measures are reported with the clinician's individual (rendering) NPI when reporting as a group, virtual group, or APM Entity.</p> <p>Medicare Part B claims measures can be reported in combination with eQMs, MIPS CQMs, QCDR measures, and the CAHPS for MIPS Survey measure.</p>	 Small practices (15 or fewer clinicians) only	 Small practices (15 or fewer clinicians) only	 Small practices (15 or fewer clinicians in the virtual group) only	 Small practices (15 or fewer clinicians in the APM Entity) only
<b>CMS Web Interface</b>	<a href="#">2022 CMS Web Interface Measure Specifications and Supporting Documents</a>	<p>If you want to report through the CMS Web Interface, groups, virtual groups, and APM Entities need to register between April 1, 2022, and June 30, 2022.</p> <p>Reporting via the CMS Web Interface requires that you submit data on a sample of Medicare patients identified by CMS for each measure within the application.</p>		 Groups with 25 or more clinicians only	 Virtual Groups with 25 or more clinicians only	 APM Entities with 25 or more clinicians only

# Get Started with Quality for Traditional MIPS in 5 Steps

## Step 2. Choose your MIPS Quality Measures (Continued)

Collection Type	Quality Measures Available for 2022	What Do You Need to Know about This Collection Type?	Who Can Collect and Report Data Using This Collection Type?			
			Individual	Group	Virtual Group	APM Entity
<b>Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey Measure</b>	2022 CAHPS for MIPS Survey Overview Fact Sheet (available in March 2022)	<p>Groups, virtual groups, and APM Entities can register between April 1, 2022, and June 30, 2022, to administer the CAHPS for MIPS Survey measure, a survey measuring patient experience of care within a group, virtual group, or APM Entity.</p> <p>This survey measure must be administered by a CMS-approved Survey Vendor.</p> <p>This measure can be reported in combination with eQMs, MIPS CQMs, Medicare Part B claims measures, CMS Web Interface measures, and QCDR measures.</p>		 Registered groups with 2 or more clinicians	 Registered virtual groups with 2 or more clinicians	 Registered APM entities with 2 or more clinicians

There are 3 quality measures that will be automatically evaluated and calculated through administrative claims, if the following case minimum requirements are met:

- [Hospital-Wide, 30-Day, All-Cause Unplanned Readmission \(HWR\) Rate for the Merit-Based Incentive Payment Program \(MIPS\) Eligible Clinicians Groups.](#)
- [Risk-standardized Complication Rate \(RSCR\) Following Electric Primary Total Hip Arthroplasty \(THA\) and/or Total Knee Arthroplasty \(TKA\) for Merit-Based Incentive Payment System \(MIPS\).](#)
- **NEW:** Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

## Step 3. Collect Your Data (eCQMs, MIPS CQMs, Medicare Part B Claims Measures, and QCDR Measures)

You should start data collection on **January 1, 2022**, to meet data completeness requirements. If you fail to meet data completeness requirements, you'll receive **0 points** for the measure, unless you're a small practice, in which case you'll receive 3 points.

The **data completeness requirement is 70%**. Data completeness refers to the volume of performance data reported for the measure's eligible population. When reporting a quality measure, you must identify the eligible population (or denominator) as outlined in the measure's specification. To meet data completeness criteria, you must report performance data (performance met or not met, or denominator exceptions) for at least 70% of the eligible population (denominator).

Selectively reporting data that misrepresents your performance in a disingenuous manner, commonly referred to as **"cherry-picking,"** results in data that aren't true, accurate, or complete and may subject you to audit.

If you're working with a vendor or third party intermediary to collect and submit data, make sure you work with them throughout the year on data collection.

### Electronic Health Record (EHR)-based Quality Reporting

If you transition from one EHR system to another EHR system during the performance year, you should aggregate the data from the previous EHR system and the new EHR system into one report for the full 12 months prior to submitting the data. If a full 12 months of data is unavailable (for example, if aggregation isn't possible), your data completeness must reflect the 12-month period. If you're submitting eCQMs, both EHR systems must meet the 2015 Edition CEHRT criteria, the 2015 Edition Cures Update criteria, or a combination of both.



## Step 3. Collect Your Data (eCQMs, MIPS CQMs, Medicare Part B Claims Measures, and QCDR Measures) (Continued)

### Quality Scoring Flexibilities

We've expanded the list of reasons that a quality measure may be impacted during the performance period to include errors found in the finalized measure specifications.

These errors include, but are not limited to:

- Changes to the active status of codes.
- The inadvertent omission of codes.
- The inclusion of inactive or inaccurate codes.

These errors are in addition to the existing flexibilities including updates to ICD-10 updates, clinical guidelines, or measure specifications.

We'll identify the measures that are significantly impacted by the ICD-10 updates in the 2022 MIPS Quality Measures Impacted by ICD-10 Code Updates Fact Sheet released by October 2022 on the [QPP Resource Library](#).

If there were no concerns with potential patient harm and **9 consecutive months of data available**, the **measure will have a truncated performance period to the 9 consecutive months**.

**If there isn't 9 consecutive months of data available**, the **measure will be suppressed from scoring**, earning 0 achievement points (numerator) and reducing the total measure achievement points by 10 (denominator) for each measure submitted that is impacted.

# Get Started with Quality for Traditional MIPS in 5 Steps

## Step 4. Submit Your Data

We'll assess your performance on the data you submit.

The data submission period will begin on **January 3, 2023**, and end **March 31, 2023**. If reporting Medicare Part B claims, submission will be continuous throughout the performance period.

Who (Submitter Type)	What (Collection Type)	How (Submission Type)	When
<b>You (Individual, Group, Virtual Group, or APM Entity Representative)</b>	Medicare Part B claims Measures (small practice only)	Through your routine Medicare Part B billing practices	Throughout the performance period (must be processed by your MAC and received by CMS by March 1, 2023)
	eCQMs	Sign in to the <a href="#">QPP website</a> and upload a QRDA III file	January 3 – March 31, 2023
	MIPS CQMs	Sign in to the <a href="#">QPP website</a> and upload a QPP JSON file	January 3 – March 31, 2023
	CMS Web Interface	Manually enter your data and/or upload a file into the CMS Web Interface  OR  Use the CMS Web Interface Application Programming Interface (API)	January 3 – March 31, 2023
<b>Third Party Intermediaries</b> QCDRs, Qualified Registries, and Health IT Vendors	eCQMs MIPS CQMs QCDR Measures	Sign in to the <a href="#">QPP website</a> and upload a QRDA III or QPP JSON file  <b>OR</b>  Use the QPP Submission API	January 3 – March 31, 2023
<b>CMS-Approved Survey Vendors</b>	CAHPS for MIPS Survey Measure	Secure method outside of the <a href="#">QPP website</a>	Following data collection (standardized annual timeframe)



## Step 4. Submit Your Data (Continued)

### Did you know?

The level at which you participate in MIPS (individual, group, or virtual group) generally applies to all performance categories. We won't combine data submitted at the individual, group, and/or virtual group level into a single final score.

For example:

- If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your MIPS payment adjustment will be based on the higher score.

**Exception:** When participating as an APM Entity, the Entity will submit quality measures and improvement activities. However, MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group, and we'll calculate an average score for this performance category.

**Note:** Beginning with the 2022 performance year, we'll only calculate a group-level quality performance category score from Medicare Part B claims measures if the practice submits data from another category as a group (signaling their intent to participate as a group).



## Step 5. Review Your Performance Feedback

- Preliminary scoring information will be available beginning **January 3, 2023**, once data has been submitted.
- Your final performance feedback will be available in **Summer 2023**.
- You can review your performance feedback by signing in to [qpp.cms.gov/login](https://qpp.cms.gov/login).

### Did you know?

Small practices (15 or fewer clinicians, reporting individually, as a group, virtual group, or APM Entity) that submit at least one quality measure will continue to earn 6 bonus points, which will be added to their quality performance category score.





## **Help, Resources, and Version History**



## Where Can You Go for Help?

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) (Monday-Friday 8 a.m.- 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- 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](#).

## Additional Resources

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

Resource	Description
<a href="#">2022 MIPS Quick Start Guide</a>	A high-level overview of the MIPS requirements to get you started with participating in the 2022 performance period.
<a href="#">2022 MIPS Eligibility and Participation Quick Start Guide: Traditional MIPS</a>	A high-level overview and actionable steps to understand your 2022 MIPS eligibility and participation requirements.
<a href="#">2022 MIPS Part B Claims Quick Start Guide</a>	Practical information (including FAQs and examples) for small practices about choosing and submitting quality measures through Part B claims for the 2022 quality performance category.
<a href="#">2022 Qualified Clinical Data Registries (QCDRs) Qualified Posting</a> <a href="#">2022 Qualified Registries Qualified Posting</a>	Identify CMS-approved QCDRs and Qualified Registries for the 2022 performance period and the measures they support.
<a href="#">Quality Payment Program Website – Quality Measures Page</a>	Information on quality performance category requirements by performance year.
<a href="#">2022 Quality Measures List</a>	A detailed list of the 2022 MIPS quality measures. The technical measure specifications and supporting documents for the 2022 MIPS quality measures will be posted before the start of the performance year.
<a href="#">2022 Clinical Quality Measure Specifications and Supporting Documents</a>	Provides comprehensive descriptions of the 2022 CQMs for the MIPS quality performance category.

## Additional Resources (Continued)

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

Resource	Description
<a href="#">2022 Facility-Based Measurement Quick Start Guide</a>	Anticipated release early 2022.
<a href="#">2022 Promoting Interoperability Performance Category Quick Start Guide: Traditional MIPS</a>	A high-level overview and practical information about data collection and submission for the 2022 MIPS Promoting Interoperability performance category.
<a href="#">2022 Improvement Activities Performance Category Quick Start Guide: Traditional MIPS</a>	A high-level overview and practical information about data collection and submission for the 2022 MIPS improvement activities performance category.
<a href="#">2022 MIPS Cost Performance Category Quick Start Guide: Traditional MIPS</a>	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.
<a href="#">2022 QPP Final Rule Resources</a>	A zip file includes: the 2022 QPP Final Rule Overview Fact Sheet; a policy comparison table; a set of frequently asked questions; and a MIPS Value Pathways (MVP) Candidate policy table.
<a href="#">MIPS Value Pathways (MVPs) Website</a>	An overview of MIPS Value Pathways.
<a href="#">MVP Candidate Instructions and Template</a>	A zip file containing the MVP Development Standardized Template and instructions on how to submit a MVP candidate to CMS.

## Version History

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

Date	Description
07/18/2023	Amended appendix error to separate measures finalized for removal of Specific Collection Types (Appendix B) from measures finalized for addition (Appendix C) in the CY2022 Quality Payment Program Final Rule.
08/04/2022	Updated to indicate that facility-based scoring won't be available for the 2022 performance year (slide 13).
01/18/2022	Updated to reflect correct links on slides 27 and 28.
12/31/2021	Original Posting.



## Appendix

## Appendix A: Measures Finalized for Removal in the CY2022 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
021	MIPS CQM Medicare Part B Claims	Process	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin
023	MIPS CQM Medicare Part B Claims	Process	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
044	MIPS CQM	Process	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
067	MIPS CQM	Process	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
070	MIPS CQM	Process	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
154	MIPS CQM Medicare Part B Claims	Process	Falls: Risk Assessment
195	MIPS CQM Medicare Part B Claims	Process	Radiology: Stenosis Measurement in Carotid Imaging Reports
225	MIPS CQM Medicare Part B Claims	Structure	Radiology: Reminder System for Screening Mammograms
337	MIPS CQM	Process	Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier

## Appendix A: Measures Finalized for Removal in the CY2022 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
342	MIPS CQM	Outcome	Pain Brought Under Control Within 48 Hours
429	MIPS CQM Medicare Part B Claims	Process	Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy
434	MIPS CQM	Outcome	Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair
444	MIPS CQM	Process	Medication Management for People with Asthma



## Appendix B: Measures Finalized for Removal of Specific Collection Types in the CY2022 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
014	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Age-Related Macular Degeneration (AMD): Dilated Macular Examination
050	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
093	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
182	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Functional Outcome Assessment
254	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
326	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
425	<b>Removed:</b> Medicare Part B Claims <b>Retained:</b> MIPS CQM	Process	Photodocumentation of Cecal Intubation

## Appendix C: Measures Finalized for Addition in the CY2022 Quality Payment Program Final Rule

MIPS Quality ID	Collection Type	Measure Type	MIPS Quality Measure Title
481	eCQM	Process	Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer
482	MIPS CQM	Intermediate Outcome	Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
483	MIPS CQM	Patient-Reported Outcome-Based Performance Measure	Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
484	Administrative Claims	Outcome	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions