

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

**2022 MIPS Quick Start Guide for Small
Practices (15 or fewer clinicians)**



Contents

Already know what MIPS is?
Skip ahead by clicking the links in the Table of Contents.

<u>Overview</u>	3
<u>Get Started with MIPS in 6 Steps: Small Practices</u>	7
<u>What Happens After I Submit My Data?</u>	21
<u>Help, Resources, and Version History</u>	23
<u>Appendices</u>	27

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.

Purpose: This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements for small practices (15 or fewer clinicians) to get you started with participating in the 2022 performance year.



Overview



What is the Quality Payment Program?

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 Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is composed of 2 tracks:



Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

This guide will only cover **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.

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



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

If you're a clinician in a small practice and eligible for MIPS in 2022:

- You generally have to submit data for the quality and improvement activities, performance categories.
 - Small practices aren't required to submit Promoting Interoperability data, but can choose to do so.
 - We collect and calculate cost measure data 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.
 - Positive payment adjustment for clinicians with a 2022 final score above 75.
 - Neutral payment adjustment for clinicians with a 2022 final score of 75.
 - Negative payment adjustment for clinicians with a 2022 final score below 75.
- 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.

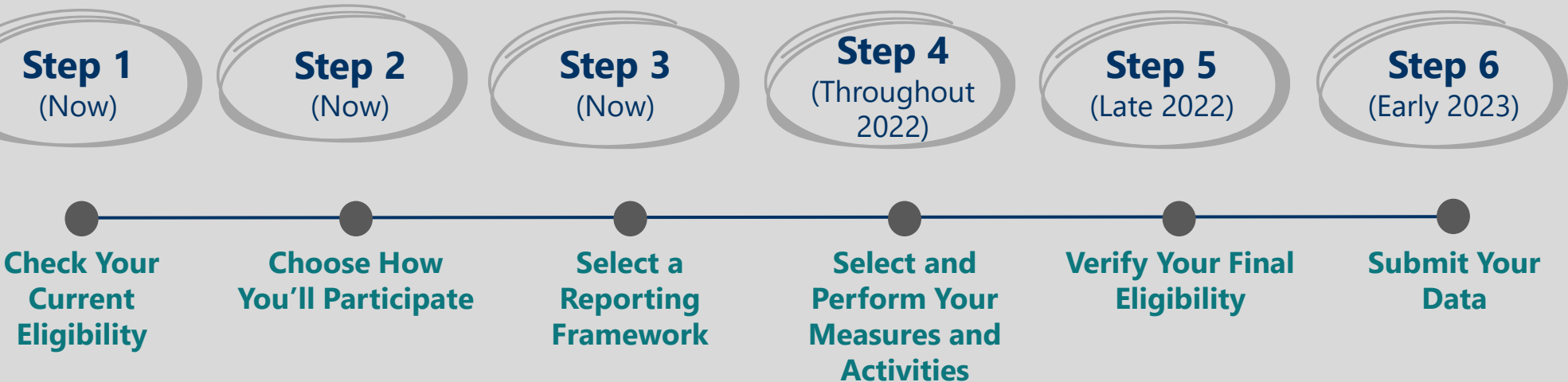
To learn more about MIPS eligibility and participation options:

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



Get Started with MIPS in 6 Steps: Small Practices

6 Steps for Performance Year (PY) 2022 MIPS Participation



[Appendix A](#) provides a snapshot of performance year 2022 timelines and associated activities.

1

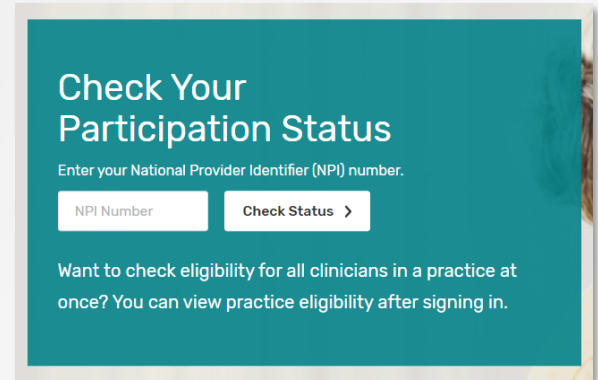
Step 1. Check your current eligibility for Performance Year (PY) 2022

- Enter your 10-digit National Provider Identifier (NPI) in the [QPP Participation Status Tool](#) on the QPP website.

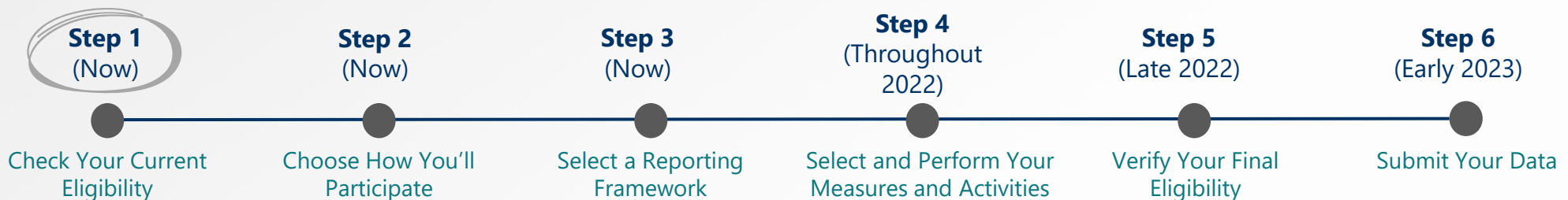


Your preliminary eligibility is available now and your final eligibility will be available in December 2022.

- The next few slides will review the possible preliminary eligibility results displayed in the QPP Participation Status tool and what these results mean for you.
 - Please note that we evaluate clinicians for eligibility to participate at both the individual and group level.



For more information about eligibility:
Review the [2022 MIPS Eligibility & Participation Quick Start Guide](#).



1

Step 1. Check your current eligibility for Performance Year (PY) 2022 (Continued)

QPP Participation Status Tool Results

1. If you see this on the QPP Participation Status Tool, you're **currently required** to participate in MIPS, either as an individual or group.

MIPS Eligibility:  **INDIVIDUAL**  **GROUP**



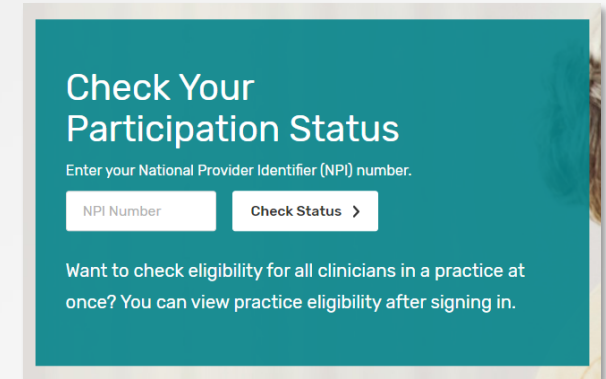
This could change when eligibility data is updated in December 2022 if you fall below the low-volume threshold, but you should be prepared to submit data.

2. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but can choose to do so at the group level.

MIPS Eligibility:  **INDIVIDUAL**  **GROUP**

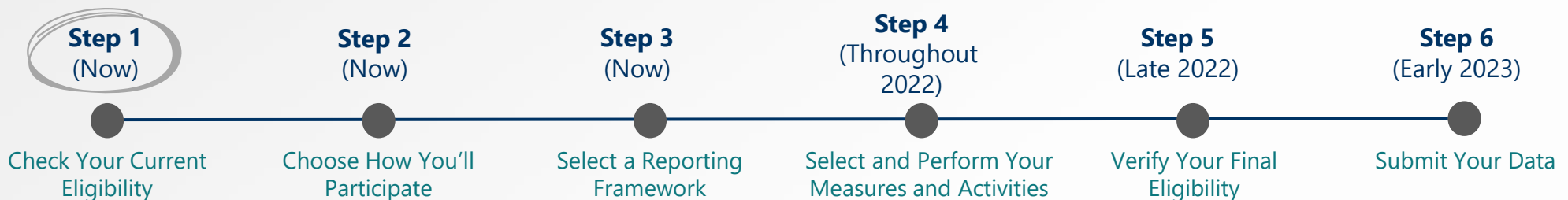


The option to participate as a group could change when eligibility data is updated in December 2022 if the group falls below the low-volume threshold.



For more information about eligibility:

Review the [2022 MIPS Eligibility & Participation Quick Start Guide](#).



1

Step 1. Check your current eligibility for Performance Year (PY) 2022 (Continued)

QPP Participation Status Tool Results (Continued)

3. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as an individual** and receive a payment adjustment. The practice can also choose, but isn't required, to report as a group.

MIPS Eligibility:  INDIVIDUAL  GROUP
Opt-in Option: [Opt-in eligible](#) as individual



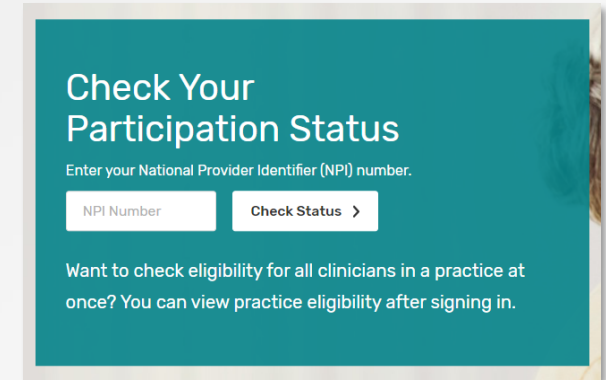
This could change when eligibility data is updated in December 2022 if the individual or group falls below the low-volume threshold.

4. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.

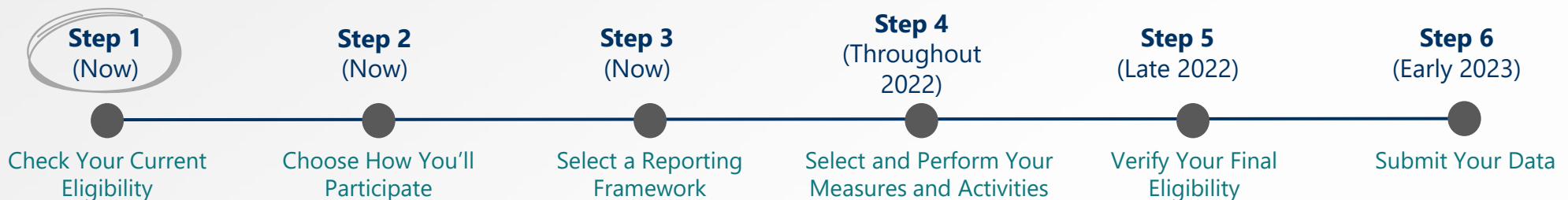
MIPS Eligibility:  INDIVIDUAL  GROUP
Opt-in Option: [Opt-in eligible](#) as group



This could change when eligibility data is updated in December 2022 if the group falls below the low-volume threshold.



For more information about eligibility:
Review the [2022 MIPS Eligibility & Participation Quick Start Guide](#).



Get Started with MIPS in 6 Steps: Small Practices

2

Step 2. Choose a participation option.

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS.

Most Common

- **Individual:** Collect and submit data for an individual MIPS eligible clinician.
- **Group:** Collect and submit data for all clinicians in the group.

Less Common

- **Virtual Group:** Collect and submit data for all clinicians in a CMS-approved virtual group. (Virtual group elections are submitted to CMS prior to the performance year – the virtual group election period for performance year 2022 closed on December 31, 2021.)
- **APM Entity:** Collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.

For more information about participation options visit the [Participation Options Overview](#) webpage on the [Quality Payment Program](#) website.

Your eligibility informs your participation options.

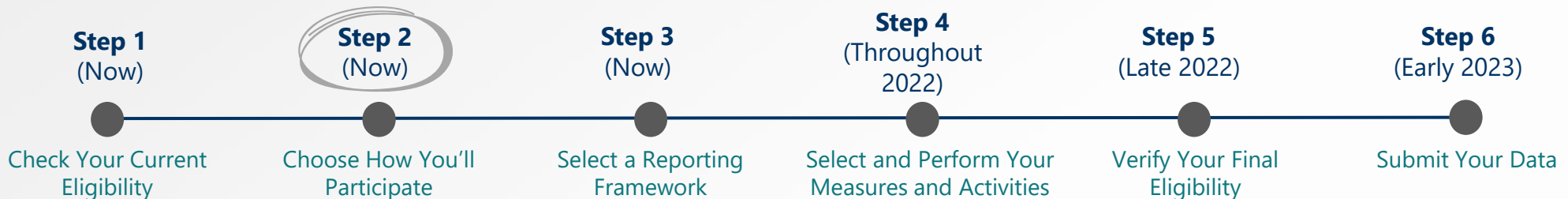


This clinician is eligible at the individual and group levels and can choose whether to participate as an individual or group:

MIPS Eligibility: ☒ INDIVIDUAL ☒ GROUP

This clinician is only eligible at the group level, so any individual submission would be considered voluntary:

MIPS Eligibility: ☐ INDIVIDUAL ☒ GROUP



3

Step 3. Select a Reporting Framework

Most Common

- [Traditional MIPS](#), established in the first year of the Quality Payment Program, is the original framework for reporting to MIPS. You select the quality measures and improvement activities that you will collect and report. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set. We collect and calculate data for the cost performance category for you.

Less Common

- The [Alternative Payment Model \(APM\) Performance Pathway](#), or APP, is a streamlined reporting framework, with a specified quality measure set, available to 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.

Are You in a Shared Savings Program Accountable Care Organization (ACO)?

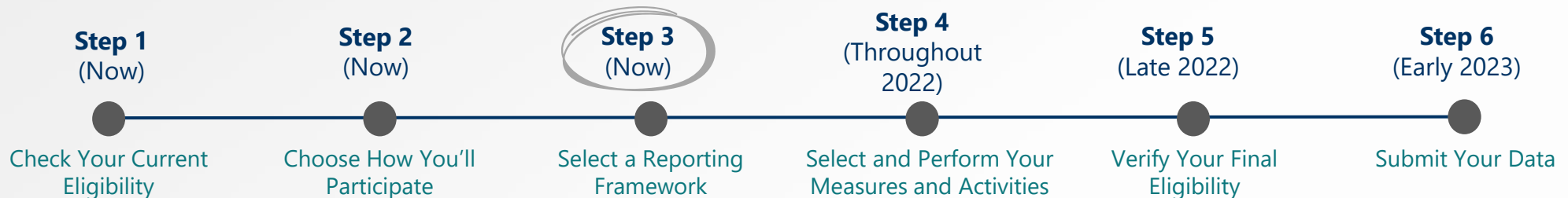
If you're in a Shared Savings Program ACO, your ACO will report quality data on your behalf. Shared Savings Program ACOs are required to report via the APM Performance Pathway.

MIPS Value Pathways

Beginning with **performance year 2023**, a third reporting option will be available: [MIPS Value Pathways](#) (MVPs). MVPs will offer clinicians a subset of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority.

There are 7 MVPs currently finalized for reporting in performance year 2023 related to:

Anesthesiology | Chronic Disease | Emergency Medicine | Heart Disease | Joint Repair | Rheumatology | Stroke Care



4

Step 4. Select and Perform Your Measures and Activities

Traditional MIPS



Quality:

- [Select 6 measures](#)
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2022).*



Cost:

- No measure selection or data submission required.
- We collect and evaluate this data for you.



Improvement Activities:**

- [Select 1 high-weighted or 2 medium-weighted activities.](#)
- Perform each activity for a continuous 90-day period in calendar year 2022 (or as indicated in the activity's description).



Promoting Operability:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.
- [See Appendix B.](#)

A Closer Look:

*Medicare Part B claims measures: If you choose to report quality measures through your Medicare Part B claims, begin reporting immediately if you're currently eligible. Review the [2022 Medicare Part B Claims Reporting Quick Start Guide](#) for more information.

**Improvement activities: Review the [2022 MIPS Data Validation Criteria](#) to understand the documentation you'll need to keep for the activities you select and perform.



4

Step 4. Select and Perform Your Measures and Activities (Continued)

APM Performance Pathway (APP)

Only available to clinicians that also participate in a MIPS APM



Quality:

- Collect data for a set of [3 pre-determined quality measures](#) for the 12-month performance period (January 1-December 31, 2022).



Improvement Activities:**

- No reporting required
- Automatic full credit for the improvement activities performance category in PY 2022.



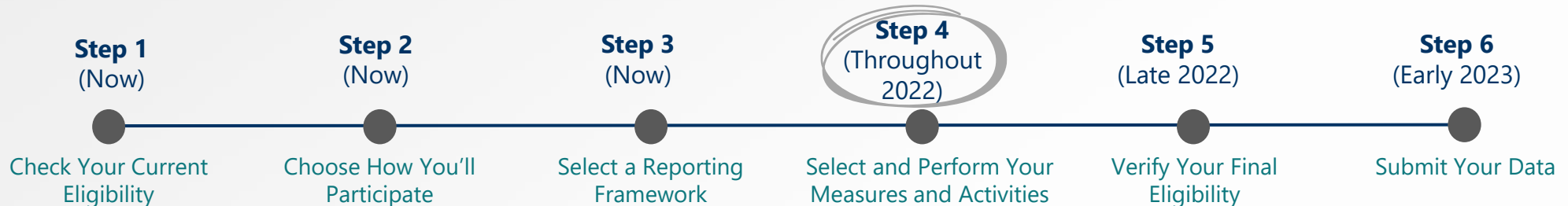
Cost:

- Not scored under the APP.



Promoting Operability:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.



5

Step 5. Verify Your Final Eligibility

Check the [Quality Payment Program Participation Status Tool](#) in **December 2022** to confirm that you remain eligible for MIPS and a payment adjustment.

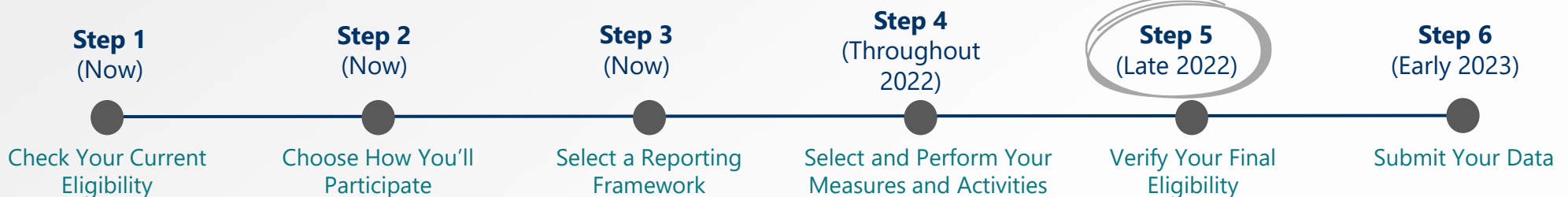
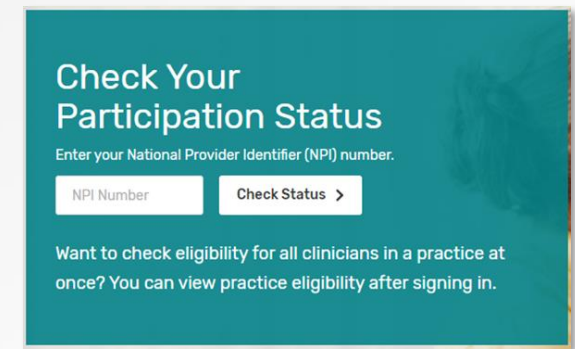


This step is critical to understanding whether you're required to report for performance year 2022 and eligible to receive a MIPS payment adjustment in 2024.

Note: Your preliminary eligibility is available now and your final eligibility will be available in December 2022.

How Do I Check My MIPS Eligibility?

You can check your final eligibility status using the [QPP Participation Status Tool](#) on the QPP website.



6

Step 6. Submit Your Data

- **Now (throughout 2022):** Medicare Part B Claims Quality Measures
- **January 3 – March 31, 2023:** Everything Else

Traditional MIPS

Submit data yourself or with the help of a third party intermediary, such as a Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 3 and March 31, 2023. (Note Medicare Part B claims quality measures are submitted throughout the performance year.)



Quality:

- [Sign in to the QPP website](#) and upload a file of your quality measure data.
or
- Work with a third party intermediary to submit data on your behalf.
or
- Report quality measures via Medicare Part B claims throughout the performance year.

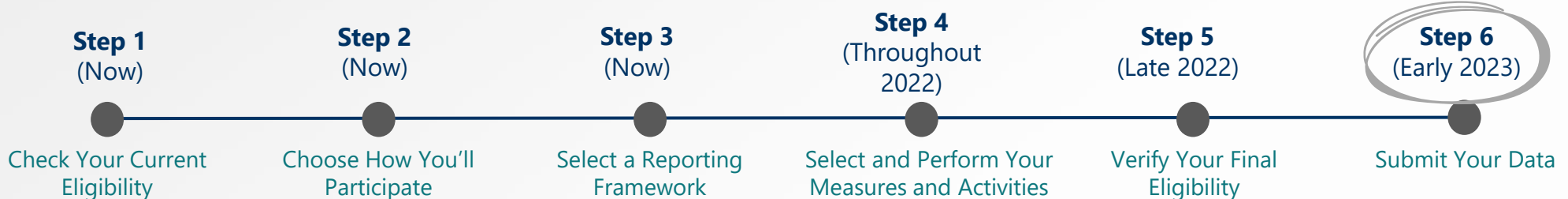
A Closer Look:

Visit the [Quality Payment Program Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).



Improvement Activities:

- [Sign in to the QPP website](#) and attest to (check yes) the 1 (high-weighted) or 2 (medium-weighted) activities you've performed.
or
- Work with a third party intermediary to submit data on your behalf.



6

Step 6. Submit Your Data (Continued)

- **Now (throughout 2022):** Part B Claims Quality Measures
- **January 3 – March 31, 2023:** Everything Else

Traditional MIPS

Submit data yourself or with the help of a third party intermediary, such as a Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 3 and March 31, 2023. (Note Medicare Part B claims quality measures are submitted throughout the performance year.)



Promoting Operability:

No data submission required. Automatically reweighted to 0%.

- If you choose to report data for this category:
- [Sign in to the QPP website](#) and attest to the data required for these measures (select yes or no, or provide numerator and denominator values).
- or**
- Work with a third party intermediary to submit data on your behalf.

A Closer Look:

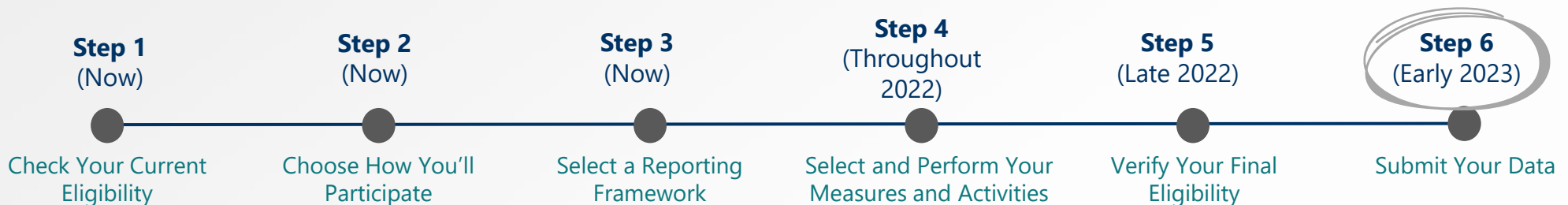
Visit the [Quality Payment Program Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).



Cost:

No data submission required.

- We retrieve your cost data from administrative claims (those you submit to CMS for payment)



6

Step 6. Submit Your Data (Continued)

- **Now (throughout 2022):** Part B Claims Quality Measures
- **January 3 – March 31, 2023:** Everything Else

APM Performance Pathway (APP)

Submit data yourself or with the help of a third party intermediary, such as a Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 3 and March 31, 2023. (Note Medicare Part B claims quality measures are submitted throughout the performance year.)



Quality:

- [Sign in to the QPP website](#) and upload a file of your quality measure data.
or
- Work with a third party intermediary to submit data on your behalf.
or
- Report quality measures via Medicare Part B claims throughout the performance year.

Did you know?

If you're in a Shared Savings Program ACO, your ACO will report the APP quality measures on your behalf.



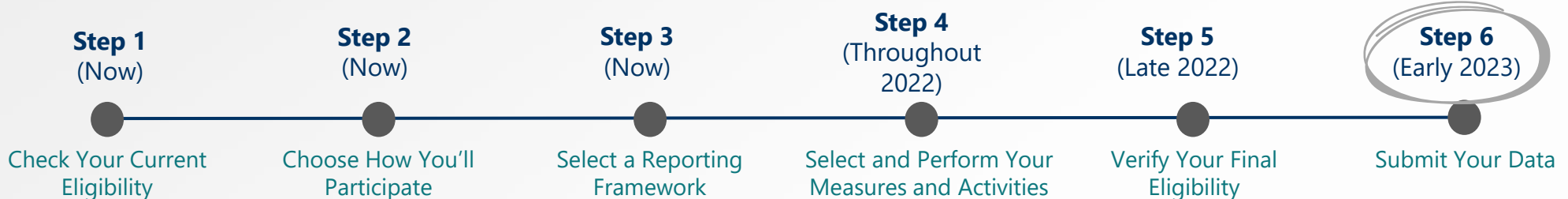
Improvement Activities:

No data submission required.

- Automatically receive full credit in performance year 2022.

A Closer Look:

Visit the [Quality Payment Program Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).



6

Step 6. Submit Your Data (Continued)

- **Now (throughout 2022):** Part B Claims Quality Measures
- **January 3 – March 31, 2023:** Everything Else

APM Performance Pathway (APP)

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. (Note Medicare Part B claims quality measures are submitted throughout the performance year.)



Promoting Interoperability:

No data submission required. Automatically reweighted to 0%.

- If you choose to report data for this category:
- [Sign in to the QPP website](#) and attest to the data required for these measures (select yes or no, or provide numerator and denominator values).
- or
- Work with a third party intermediary to submit data on your behalf.

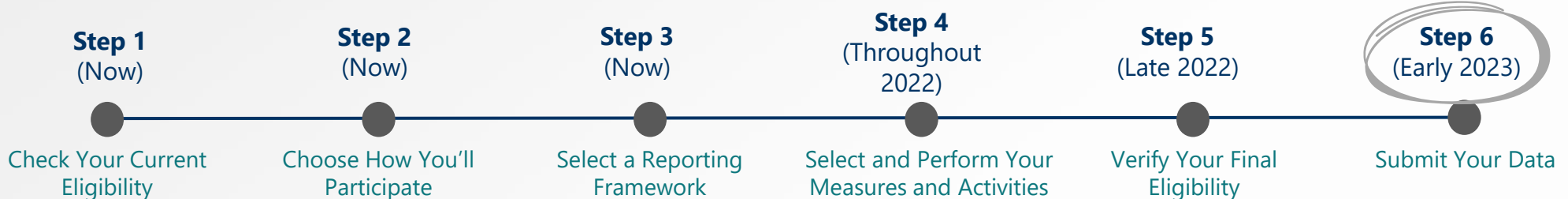


Cost:

N/A: Not scored under the APP

A Closer Look:

Visit the [Quality Payment Program Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).





What Happens After I Submit My Data?

What Happens After I Submit My Data?

Retain Your Documentation (6 years)

- Save records validating the quality measures you reported and improvement activities you performed. Review the [2022 MIPS Data Validation Criteria \(ZIP\)](#) for more information about the recommended documentation for each improvement activity.

Review Your Performance Feedback (Summer 2023)

- [Sign in to the QPP website](#) to review your performance feedback.
 - Preliminary feedback is available once data is submitted.
 - Final performance feedback and payment adjustment information will be available in Summer 2023.

Preview Public Reporting Data (Late 2023)

- [Sign in to the QPP website](#) to preview your 2022 MIPS performance data for public reporting.

A Closer Look:

- Your data will be published on Doctors & Clinicians on [Medicare Care Compare](#) website, formerly known as Physician Compare.
- Looking to explore and download provider data? Visit the [data catalog on CMS.gov](#)

Review Payment Adjustments (January 1 – December 31, 2024)

- Review your claims to see payment adjustments for your 2022 performance applied on a claim-by-claim basis to covered professional services billed in 2024.



Help, Resources, and Version History

Where Can I Get Help?

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: 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 [Small, Underserved and Rural Practices page of the Quality Payment Program website](#) where you can **sign up for the monthly Small Practice Newsletter** and find resources and information relevant for small practices.

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 Medicare Part B Claims Reporting Quick Start Guide	A high-level overview and practical information about reporting quality measures through Medicare Part B claims.
2022 Quality 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 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 Promoting Interoperability Quick Start Guide	A high-level overview and practical information about data collection and submission for the 2022 MIPS Promoting Interoperability performance category.
2022 Cost Quick Start Guide	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.
2022 Quality Payment Program Final Rule Resources	A zip file containing 2022 QPP Final Rule resources, including a fact sheet, FAQs, and a table comparing finalized policies to previous policies.

Version History

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

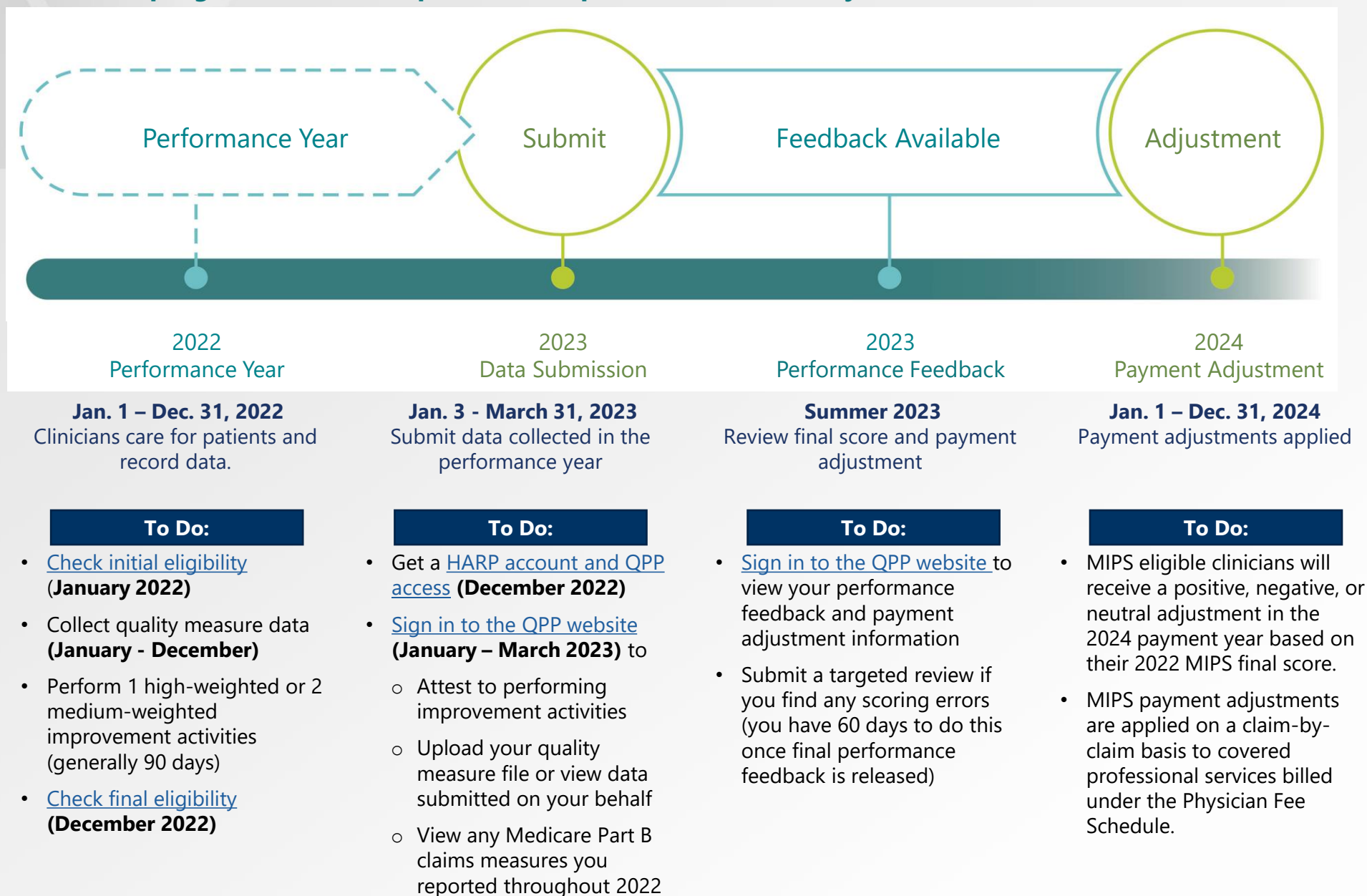
Date	Description
2/18/2022	Updated to reflect the correct date for step 4 of the timeline included on slides 8-20.
2/15/2022	Original Posting.



Appendices

Appendix A: Performance Year 2022 Timeline

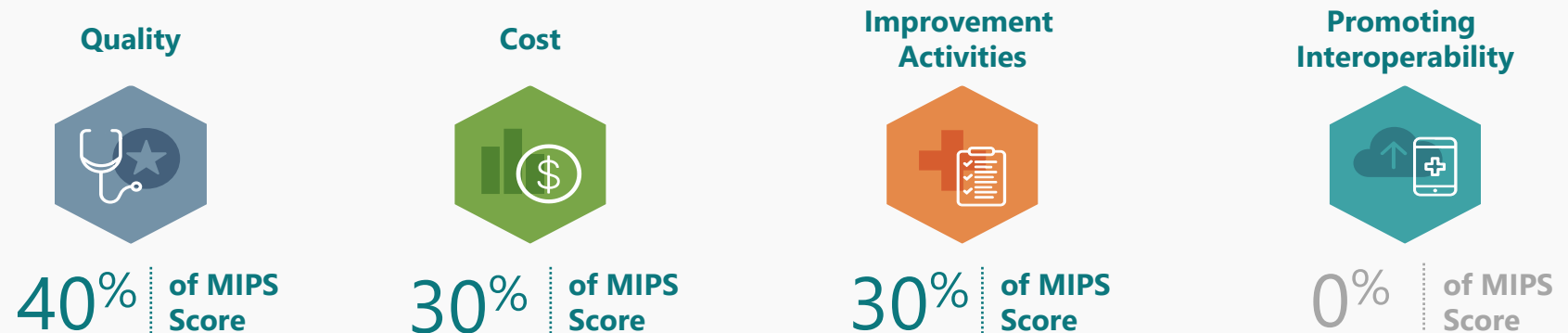
The MIPS program has distinct phases that span several calendar years as shown below.



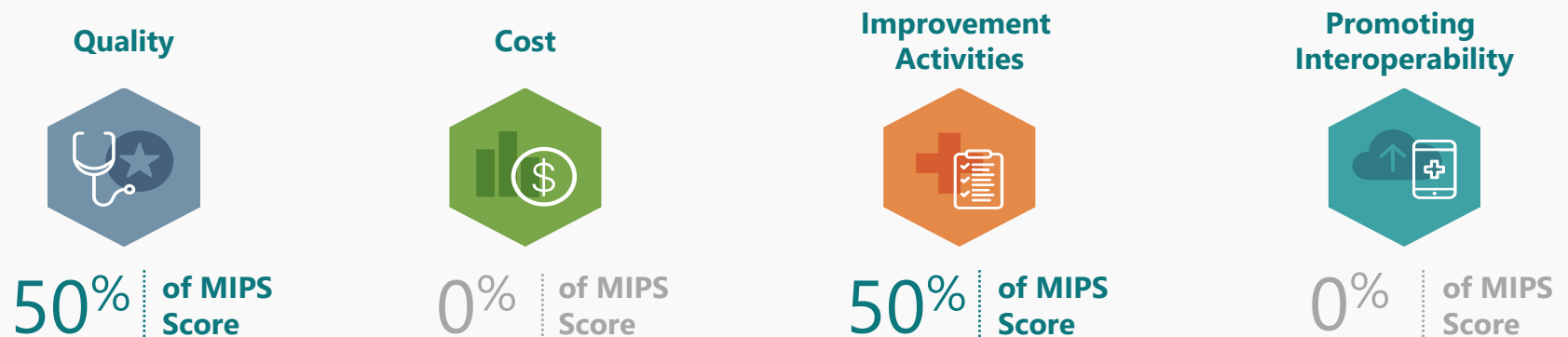
Appendix B: Final Score Calculation – Redistribution Policies for Small Practices

For performance year 2022, we're updating the performance category redistribution policies for small practices only **to more heavily weight the improvement activities performance category** when other performance categories are reweighted.

Standard weighting for small practices (Promoting Interoperability automatically reweighted)



When both the **cost** and the **Promoting Interoperability** performance categories are reweighted:



Appendix B: Final Score Calculation – Redistribution Policies for Small Practices (Continued)

NOTE: The following scenarios apply to everyone, not just small practices.

When both the **quality** and the **Promoting Interoperability** performance categories are reweighted:

Quality



0% of MIPS Score

Cost



50% of MIPS Score

Improvement
Activities



50% of MIPS Score

Promoting
Interoperability



0% of MIPS Score

When **no** performance categories are reweighted (this means you submitted Promoting Interoperability data):

Quality



30% of MIPS Score

Cost



30% of MIPS Score

Improvement
Activities



15% of MIPS Score

Promoting
Interoperability



25% of MIPS Score