Quality Payment PROGRAM

Calendar Year (CY) 2022 Physician Fee Schedule Notice of Proposed Rule Making: Quality Payment Program (QPP) Proposals Overview

Future Direction of the Quality Payment Program (QPP)

As the Quality Payment Program (QPP) approaches 2022, and marks 6 years since the program began, we have come a long way from the initial launch of QPP and are continuously listening to and learning from our stakeholders to improve where possible. In 2022, we will be fulfilling certain statutory requirements set forth in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), including setting the performance threshold at either the mean or median of the final scores for all MIPS eligible clinicians for a prior performance period. As a result, we anticipate clinicians will start to see greater returns on their investment in the program as we see higher payment adjustments as well as begin to see a more equitable distribution within our scoring system and small practices no longer bearing the greatest share of the negative payment adjustments.

The QPP proposals introduced in the CY2022 Physician Fee Schedule (PFS) proposed rule will continue moving the program forward, toward more meaningful participation for clinicians and improved outcomes for patients. We are also looking for ways to leverage this program to advance health equity and address social determinants of health. The Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) and the Alternative Payment Model (APM) Performance Pathway (APP) will be key program changes that support our efforts to move the needle forward on value.

MIPS aims to drive value through the collection, assessment, and public reporting of data that informs and rewards the delivery of high-value care. Within MIPS, we intend to pay for health care services in a way that drives value by linking performance on cost, quality, and the patients' experiences of care. We have heard from clinicians that traditional MIPS requirements are confusing as well as burdensome, and that it is difficult to choose measures from the several hundred MIPS and qualified clinical data registry (QCDR) quality measures that are meaningful to how they practice and directly benefit patients.

We have also heard concerns from stakeholders that MIPS does not allow for sufficient differentiation of performance across practices, due in part to clinician quality measure selection bias. These aspects detract from the program's ability to effectively measure and compare performance across clinician types, provide meaningful feedback, and incentivize quality. To address this and simplify the MIPS clinician experience, improve value, reduce burden, and better inform patient choice in selecting clinicians, we intend to focus the future of MIPS on development and implementation of MVPs. In the CY 2022 PFS proposed rule, we are proposing seven MVP candidates and policies to support implementation beginning with the 2023 performance year. We believe this delayed timeframe will provide clinicians the time needed to understand MVP requirements and plan for any operational considerations.

More broadly, we are prioritizing digital quality measurement and focusing on health equity throughout the Centers for Medicare & Medicaid Services (CMS). We aim to move fully to digital quality measurement in CMS quality reporting and value-based purchasing programs by 2025. As part of this effort, we are issuing a Request for Information (RFI) to gather broad public input for planning purposes for our transition to digital quality measurement, including the use of Fast Healthcare Interoperability Resources (FHIR) in physician quality programs. We note that any updates to specific program requirements related to providing data for quality measurement and reporting provisions would be addressed through future rulemaking, as necessary. Additionally, we continue to move towards the above MIPS goals by aiming to align the APM Performance Pathway (APP) with MIPS data submission goals, such as moving towards the use of all digital and all payer quality measures.

In recognition of persistent health disparities and the importance of closing the health equity gap, we are also issuing an RFI focused on health equity. We are requesting information related to collection of data, and the revision of CMS programs to make reporting of health disparities based on social risk factors, race and ethnicity more comprehensive and actionable for clinicians. In other proposed rules issued this year, we have also included RFIs focused on health equity for hospitals and other providers. We are also seeking comments on other efforts we can take within the MIPS program to further bridge the equity gap.

Quality Payment Program Proposals CY 2022 Overview

To help us progress toward the future state of MIPS, we are focusing the majority of our proposals on MVPs. With the balance of our proposals, we aim to reduce burden, respond to feedback that we have heard from clinicians and stakeholders, and align with statutory requirements.

- MIPS Value Pathways (MVPs)
  - Timeline
  - MVP Participant Registration
  - Third Party Intermediary Support
  - Proposed MVPs
  - Reporting Requirements
  - Subgroups
  - Scoring
  - Performance Feedback and Public Reporting
- APM Performance Pathway
- Traditional MIPS Program Proposals
  - MIPS Eligible Clinician Definition
  - Performance Threshold Proposals
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  - Care Compare (Public Reporting)
- Advanced APM Program Proposals
- Medicare Shared Savings Program

This section provides a highlight of our proposals on these topics.

For more details, refer to the QPP Proposals Comparison Table, MVP Guide, and MVP Proposals Table in the CY 2022 PFS Proposed Rule Resources (ZIP).

MIPS Value Pathways Proposals

MVPs allow for a more cohesive participation experience by connecting activities and measures from the four MIPS performance categories that are relevant to a specialty, medical condition, or episode of care. The MVPs would include the Promoting Interoperability performance category and population health claims-based measures as foundational elements, along with relevant measures and activities for the quality, cost, and improvement activities performance categories. The MVP framework aims to provide meaningful data and feedback to clinicians and patients by comparing the performance of like clinicians who report on the same MVP and enhance information provided to patients through public reporting.

In the CY 2021 PFS final rule, we established a set of criteria for use in the development and selection of MVPs. Specifically, we had finalized that we are not prescriptive on the number of quality measures that are included in an MVP. Through this rulemaking cycle, we are proposing reporting requirements for MVPs and discuss the allowance of clinician choice in selecting which quality measures and improvement activities to report. We believe that it is important to provide clarity in our expectations of the number of quality measures and improvement activities that are available for an MVP Participant to choose.

We propose the following additions to the MVP development criteria beginning with the 2022 performance year/2024 payment year:

- MVPs must include at least one outcome measure that is relevant to the MVP topic, so MVP Participants are measured on outcomes that are meaningful to the care they provide.
- Each MVP that is applicable to more than one clinician specialty should include at least one outcome measure that is relevant to each clinician specialty included.
- In instances when outcome measures are not available, each MVP must include at least one high priority measure that is relevant to the MVP topic, so MVP Participants are measured on high-priority measures that are meaningful to the care they provide.
- Allow the inclusion of outcomes-based administrative claims measures within the quality component of an MVP.
- Each MVP must include at least one high priority measure that is relevant to each clinician specialty included.
- To be included in an MVP, a qualified clinical data registry (QCDR) measure must be fully tested.

Timeline

To provide clinicians and third party intermediaries with sufficient time to prepare for a shift to this new participation framework, we are proposing to begin transitioning to MVPs in the 2023 MIPS performance year. Our intent with this delayed timeframe is to provide practices the time they need to review requirements, update workflows, and prepare their systems as needed to report MVPs.

For the 2023 and 2024 performance years, we propose MVP Participants to mean individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM entities that are assessed on an MVP for all MIPS performance categories. Beginning in the 2025 performance year, we propose that multispecialty groups would be required to form subgroups in order to report MVPs.

We recognize that there are many types of MVPs we need to develop, and that the traditional MIPS framework is needed until we have a sufficient number of MVPs available. Through the MVP development work, we'll gradually implement MVPs for more specialties and subspecialties that participate in the program. We are requesting public comment on our aim to sunset traditional MIPS after the end of the 2027 performance and data submission periods. We are not proposing the timeframe in which MVP reporting would no longer be voluntary and the future sunset of traditional MIPS at this time; any proposal to sunset traditional MIPS would be made in future rulemaking. Our discussion of the MVP implementation timeline is an effort to be transparent with our long-term vision of the MIPS program.

We recognize that the transition to MVPs will take time and we'll continue to evaluate the readiness of clinicians in making this transition, while balancing our strong interest in improving

measurement, making MIPS more focused on value, and providing relevant, more granular data to patients when choosing a clinician.

MVP Participant Registration

To report an MVP, we propose that an MVP Participant register for the MVP (and as a subgroup if applicable) between April 1 and November 30 of the performance year, or a later date as specified by CMS. To report the CAHPS for MIPS Survey associated with an MVP, we propose that a group, subgroup, or APM entity complete their MVP registration by June 30 of the performance year to align with the CAHPS for MIPS Survey registration deadline.
At the time of MVP registration, we propose that an MVP Participant would select:

- The MVP they intend to report.
- One population health measure included in the MVP.
- Any outcomes-based administrative claims measure on which the MVP Participant intends to be scored, if available within the MVP.

We propose that an MVP Participant would not be able to submit or make changes to the MVP they select after the close of the registration period (November 30 of the performance year) and would not be allowed to report on an MVP they did not register for.

To participate as a subgroup, each subgroup would be required to:

- Identify the MVP the subgroup will report (along with one population health measure included in the MVP and any outcomes-based administrative claims measure on which the subgroup intends to be scored, if available).
- Identify the clinicians in the subgroup by Taxpayer Identification Number (TIN) / National Provider Identifier (NPI).
- Provide a plain language name for the subgroup for purposes of public reporting.

Upon successful registration submission, we would assign a unique subgroup identifier that would be separate from the individual NPI identifier, the group TIN identifier, and the MVP identifier.

Appendix A provides an overview of MVP reporting requirements, Appendix B provides an overview of the overall proposed registration timeline, and Appendix C presents a crosswalk of the various clinician types, the information expected at the time of registration, and a reminder of the MVP reporting requirements if our proposals are finalized as proposed.

Third Party Intermediary Support

For third party intermediaries, we are proposing to:

- Require that QCDRs, Qualified Registries, and Health IT vendors support:

    - MVPs relevant to the specialties they support beginning with the 2023 performance year.
    - Subgroup reporting beginning with the 2023 performance year.
- Require that CAHPS for MIPS survey vendors support subgroup reporting and MVPs relevant to the CAHPS for MIPS measure associated with an MVP beginning with the 2023 performance year.

Proposed MVPs

We are proposing 7 MVPs would be available beginning with the 2023 performance year. Each MVP includes complementary measures and activities and supports patient-centered care and a continued emphasis on the importance of patient outcomes, population health, health equity (including measures and activities that assess health disparities and socioeconomic factors), interoperability, and reduced reporting burden for clinicians.

The 7 proposed MVPs for the 2023 performance year align with the following clinical topics:

1. Rheumatology
2. Stroke Care and Prevention
3. Heart Disease
4. Chronic Disease Management
5. Emergency Medicine
6. Lower Extremity Joint Repair
7. Anesthesia

The Proposed MVP Guide provides detailed information about each proposed MVP.

Reporting Requirements

We propose the following MVP reporting requirements for all MVP Participants (individual eligible clinicians, groups, subgroups, and APM Entities):

- **Foundational Layer (MVP agnostic)**
    - Population Health Measures
        - MVP Participants would select at the time of MVP Participant registration, 1 population health measure to be calculated on. The results would be added to the quality score. For the 2023 performance year, we anticipate 2 population health measures will be available for selection.
            - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System Program (MIPS) Eligible Clinician Groups (finalized in CY 2021 final rule)
            - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (proposed)
    - Promoting Interoperability Performance Category

        - MVP Participants would report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualified for automatic reweighting or had an approved hardship exception.
        - **Note: Subgroups would submit Promoting Interoperability data at the group level, not the subgroup level.**
- **Quality Performance Category**
    - MVP Participants would select 4 quality measures available. One measure must be an outcome measure (or a high-priority measure if an outcome isn't available or applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
- **Improvement Activities Performance Category**
    - MVP Participants would select 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA_PCMH, if available in the MVP.
- **Cost Performance Category**
    - CMS would calculate performance exclusively on the cost measures that are included in the MVP using administrative claims data. (Note that MVP Participants don't submit data on cost measures).

Subgroups

We have heard from patients, clinicians, and other stakeholders that they would like more comprehensive and granular reporting from the MIPS program. To that end, we are proposing to establish subgroup reporting to provide patients and clinicians with information that is clinically meaningful at a more granular level. To support clinicians in their transition to subgroup reporting, we propose that subgroup reporting be voluntary for the 2023 and 2024 performance years.

We propose that subgroups consist of "a subset of a group which contains at least one MIPS-eligible clinician and is identified by a combination of the group TIN, the subgroup identifier, and each eligible clinician's NPI."
We propose that subgroups would inherit the eligibility and special status determinations of the affiliated group (identified by TIN). To participate as a subgroup, the TIN would have to exceed the low-volume threshold at the group level, and the subgroup would inherit any special statuses held by the group, even if the subgroup composition would not meet the criteria.

For the first years of subgroup implementation, we propose to limit subgroup reporting only to clinicians reporting through MVPs or APP. Voluntary reporters, opt-in eligible clinicians, and virtual groups wouldn't be able to report to MIPS through an MVP for the 2023 performance year, due to implementation challenges. However, we're requesting comment as to whether they should be allowed to report MVPs in the future.

Scoring

We propose that MVP scoring policies would align with those used in traditional MIPS across all performance categories, with few exceptions noted below. Performance category weights would be consistent with traditional MIPS performance category weights. Reweighting policies for the redistribution of category weights would also align with traditional MIPS, with the exception that we wouldn't reweight the quality performance category if we can't calculate a score for the MIPS eligible clinician because there isn't at least one quality measure applicable and available to the clinician.

Below we detail proposed MVP scoring policies by performance category.

- **Foundational Layer (MVP agnostic)**
    - Population health measures selected by MVP Participants would be included in the quality performance category score.
        - Similar to our policies for administrative claims measures in traditional MIPS, these measures would be excluded from scoring if the measure doesn't have a benchmark or meet case minimum.
        - If an outcome-based administrative claims measure is available and selected by the MVP Participant to fulfill the outcome measure requirement, the measure would receive zero achievement points when the measure doesn't have a benchmark or meet case minimum.
        - **Exception:** Subgroups would receive the score of the population health measure of their affiliated group, if applicable, in the event that the measure selected by the subgroup doesn't have a benchmark or meet case minimum.
    - Measures in the Promoting Interoperability performance category would be scored in alignment with traditional MIPS scoring policies. Subgroups would use the Promoting Interoperability performance category score from their affiliated group.
- **Quality Performance Category**
    - For the 2023 performance year, we are proposing the following scoring policy changes to the quality performance category, which would also apply to MVPs.
        - Remove the 3-point floor for quality scoring
            - Measures without a benchmark or that don't meet case minimum would earn 0 points. (This includes outcome-based administrative claims measures if available and selected by the MVP Participant.)
                - **Exception:** Small practices would continue to earn 3 points for these measures.

        - Measures that can be scored against a benchmark would earn 1-10 points.
    - Introduce a new policy for scoring new measures without a benchmark providing a 5-point floor for the first 2 performance years (receive 5 to 10 points).
    - Parallel proposals under traditional MIPS to not include bonus points for reporting measures that are high priority or using end-to-end electronic reporting.
  - Similar to our quality scoring policies for traditional MIPS:
    - If an MVP Participant reported more than the required number of quality measures, we would use the 4 highest scoring measures.
    - An MVP Participant would receive zero achievement points for the quality performance category for any required measures that weren't reported.
- **Improvement Activities Performance Category**
  - Assign 20 points for each medium-weighted and 40 points for each high-weighted improvement activity.
- **Cost Performance Category**
  - Score only the cost measures included in the MVP.

We propose that subgroup performance be assessed at the subgroup level for three performance categories (quality, cost, and improvement activities) and be assessed at the group level for the Promoting Interoperability performance category. Additionally, we propose that clinicians in a subgroup would continue to be included in group-level reporting if the practice also chooses to participate in traditional MIPS as a group.

Last, we propose to update the scoring hierarchy to include subgroups. This would mean that a MIPS eligible clinician would receive the highest final score that can be attributed to their TIN/NPI combination from any reporting option (traditional MIPS, APM Performance Pathway (APP) reporting, or MVP reporting) and participation option (as an individual, group, subgroup, or APM Entity) with the exception of virtual groups; clinicians that participate as a virtual group will always receive the virtual group's final score.

We believe that proposing to include subgroups in the scoring hierarchy would allow for meaningful data collection and assessment under MVPs, while applying our existing policy of allowing clinicians to receive the highest final score and payment adjustment that can be attributed to them.

Performance Feedback and Public Reporting

To provide meaningful feedback to MVP Participants, we propose to provide comparative performance feedback within the annual performance feedback to show the performance of like clinicians who report on the same MVP.

To give MIPS eligible clinicians time to familiarize themselves with MVPs and subgroup reporting, we are proposing to delay public reporting of new improvement activities and Promoting Interoperability measures and attestations reported via MVPs by one year. We propose to begin publicly reporting subgroup-level performance information beginning with PY 2024 on the compare tool hosted by CMS.

We propose to create a separate subgroup workflow that would allow subgroup performance information to be publicly reported in an online location that can be navigated to from an individual clinician or group profile page. This process aligns with the historical approach to report performance information at the level that it is submitted.

Last, to align with subgroup reporting policies, we propose that subgroup scores be publicly reported separately from group scores.

APM Performance Pathway (APP) Proposals

We are proposing to allow MIPS eligible clinicians to report the APP as a subgroup beginning with the 2023 performance year. The definition of a subgroup and eligibility to participate as a subgroup are the same for MVP and APP reporting.

- Subgroups would consist of "a subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group TIN, the subgroup identifier, and each eligible clinician's NPI."
- Subgroups would inherit the eligibility and special status determinations of the affiliated group (identified by TIN). To participate as a subgroup, the TIN would have to exceed the low-volume threshold at the group level, and the subgroup would inherit any special statuses held by the group, even if the subgroup composition would not meet the criteria.

We note that, as proposed, subgroups would not be required to register for reporting the APP.

Traditional MIPS Program Proposals

MIPS Eligible Clinician Definition

We are proposing to revise the definition of a MIPS eligible clinician to include:

- Clinical social workers.
- Certified nurse mid-wives.

This proposal would align with the APM eligible clinician definition and be responsive to stakeholder requests to be included in the program.

We believe that both the clinical social workers and certified nurse mid-wives will have an appropriate level of quality measures to report in performance year 2022, including a Clinical

Social Worker Specialty Measure Set. Improvement activities for both clinician types will be applicable and available.

- We have also proposed to automatically reweight the Promoting Interoperability performance category to zero percent for clinical social workers.

Performance Threshold Proposals

The Bipartisan Budget Act of 2018 requires a "gradual and incremental transition" for raising the performance threshold during the first 5 years of the MIPS program. The goal is to reach a performance threshold of "mean or median of the composite performance scores for all MIPS eligible professionals" (42 USC 1395w–4) in Year 6, which is the 2022 performance year/2024 payment year.

- We are proposing to establish the performance threshold using the mean final score from the 2017 performance year/2019 MIPS payment year, which would result in a performance threshold of 75 points.
- Using 2017 performance year data would allow us to continue a gradual and incremental increase of the performance threshold, with an increase of 15 points from the previous year, which is in line with prior year increases.

The statute requires that an additional performance threshold be set at (1) the 25th percentile of the range of possible final scores above the performance threshold or (2) the 25th percentile of the actual final scores for MIPS eligible clinicians with final scores at or above the performance threshold with respect to a prior period (42 USC 1395w–4).

- The additional performance threshold would be established at 89 points.
- This is the 25th percentile of actual 2017 final scores above 75 points.

We note that under section 1848(q)(6)(C) of the Act, the additional MIPS adjustment factors for exceptional performance are available through the 2022 performance year/2024 MIPS payment year, making this the last year of the additional performance threshold and the associated additional MIPS adjustment factors for exceptional performance.

Performance Category Weights

For the 2022 performance year/2024 payment year, the performance category weights are:

- 30% for the quality performance category.
- 30% for the cost performance category.
- 15% for the improvement activities performance category.
- 25% for the Promoting Interoperability performance category.

The performance category weights are specified in statute, and we codified them in prior rulemaking, and therefore they're not proposals available for comment.

Performance Category Proposals

For the **quality performance category,** we are proposing to:

- Update quality measure scoring to remove end-to-end electronic reporting and high-priority measure bonus points as well as the 3-point floor for scoring measures (with some exceptions for small practices).
    - These proposals would help us to move away from the policies established for the transitional period of MIPS and towards a more simplified scoring standard focused on measure achievement.
- Use performance period benchmarks, or a different baseline period, such as calendar year 2019, for scoring quality measures in the 2022 performance period.
    - We anticipate seeing fewer submissions for the 2020 performance period because of the flexibilities we offered due to the COVID-19 Public Health Emergency (PHE).
    - This proposal is pending analysis of the 2020 performance period data.
- Extend the CMS Web Interface as a quality reporting option for registered groups, virtual groups, or other APM Entities for the 2022 performance period.
- Update the quality measure inventory (a total of 195 proposed for the 2022 performance period).
- Increase the data completeness requirement to 80% beginning with the 2023 performance period.

For the **cost performance category,** we are proposing to add 5 new episode-based cost measures:

- 2 procedural measures (melanoma resection, colon and rectal resection)
- 1 acute inpatient measure (sepsis)
- 2 chronic condition measures (diabetes, asthma/chronic obstructive pulmonary disease [COPD])

The 5 new episode-based cost measures have the following case minimums calculated with administrative claims data:

- Asthma/COPD: 20 episodes
- Colon and Rectal Resection: 20 episodes
- Diabetes: 20 episodes
- Melanoma Resection: 10 episodes
- Sepsis: 20 episodes

We are also seeking comment on the proposed process of cost measure development by stakeholders. In the current measure development process, all cost measures are developed by CMS's measure development contractor. Specifically, we are seeking comments on the proposed measure prioritization criteria, priority areas for future episode-based measure development,

standards for measure construction and measure components, as well as the challenges that stakeholders may encounter in the development of cost measures.

Expanding the range of procedures and the acute and chronic conditions covered would enable more MIPS eligible clinicians from different specialties and subspecialties to have their cost performance assessed under clinically relevant episode-based measures.

Due to COVID-19, we can't reliably calculate scores for the cost measures and will assign a weight of zero percent to the cost performance category for the 2020 MIPS performance year/CY 2022 payment year. Therefore, we are seeking comments on additional circumstances which may limit our ability to reliably calculate cost measure scores that adequately capture and reflect performance (such as due to external factors beyond the control of MIPS clinicians and groups), and which may inform our decision to reweight the cost performance category to provide scoring flexibility in the future.

For the **improvement activities performance category**, we're proposing to update the improvement activities inventory for the 2022 performance year, including adding new improvement activities about health equity and standardizing language related to equity across the improvement activities inventory:

- We're proposing the addition of 7 new improvement activities, 3 of which are related to promoting health equity.
- We're proposing to modify 15 current improvement activities, 11 of which address health equity.
    - Modifying these activities will more explicitly focus them on addressing health equity and, in some cases, specifically add requirements to address racial equity.
- We're also proposing to remove 6 previously adopted improvement activities.

For the **Promoting Interoperability performance category**, we're proposing to:

- Apply automatic reweighting to clinical social workers and small practices.
- Revise reporting requirements in the following ways:
    - Revise reporting requirements for the Public Health and Clinical Data Exchange objective to support public health agencies (PHAs) in future health threats and a long-term COVID-19 recovery.
    - Add a requirement in the Provide Patients Electronic Access to Their Health Information measure that patients have access to their health information indefinitely, for encounters on or after January 1, 2016.
    - Require MIPS eligible clinicians to attest to conducting an annual assessment of the High-Priority Guide of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides) beginning with the CY 2022 performance period.
    - Modify the Prevention of Information Blocking attestation statements to distinguish this from separate information blocking policies under the Office of the National

Coordinator for Health Information Technology (ONC) requirements established in the 21st Century Cures Act final rule.

Care Compare (Public Reporting)

We are proposing to add affiliations for the following facility types on Care Compare:

- Long-Term Care Hospitals
- Inpatient Rehabilitation Facilities
- Inpatient Psychiatric Facilities
- Skilled Nursing Facilities
- Home Health Agencies
- Hospice
- End-Stage Renal Disease (ESRD) Facilities

Related to this proposal, we are also seeking comment on the appropriate number of procedures done or conditions treated at one of the above facility types to link from the clinician profile page to the facility page.

We have also issued an RFI on utilization data. While the Public Use File utilization data published in the Provider Data Catalog is useful to health care researchers, it is not easily accessible or usable by patients, who may be interested in the specific conditions that clinicians treat, or common procedures performed, when searching for a clinician. Because there is a plethora of types of (and ways in which we could present) utilization data on Care Compare to inform patients' health care decisions, we are soliciting public comment on this. Information can be harvested from carrier claims by identifying procedures performed by Healthcare Common procedure Coding System (HCPCS) codes, and conditions treated by diagnosis codes. User testing would also inform which utilization data is the most meaningful and how to best display the information.

We believe soliciting public comment via an RFI on the following topics will inform the ways in which utilization data may be useful to patients and caregivers for their healthcare decisions: Types of and number of conditions and procedures, data aggregation, information display, peer comparisons, and claims lookback timeframe.

Advanced APMs

In the 2021 PFS Final Rule, we finalized a hierarchy that we use to identify potential payee Taxpayer Identification Numbers (TINs) in the event that the Qualifying APM Participant's (QP) original TIN is no longer active. This process has improved our ability to make more payments to TINs with which QPs have valid, up-to-date affiliations. Because such TINs are active within the same year, payments are to be made adding this step to the processing hierarchy would make it easier for us to complete successful payments to more QPs in our first round of QP

Incentive Payments. We are proposing to add this step to the current regulatory hierarchy for processing the QP Incentive Payment.

Medicare Shared Savings Program

In response to Accountable Care Organizations (ACOs) concerns about the transition to reporting on eCQM/MIPS CQM quality measures, which require the submission of all-payer quality data under the APP, we are proposing a longer transition to ACO eCQM/MIPS CQM quality measure reporting, which require all-payer data, by extending the CMS Web Interface as an option for two years for ACOs. We are also proposing an additional one-year freeze before the phase-in of the increase in the quality performance standard ACOs must meet to share in savings and an additional revision in the quality performance standard to encourage ACOs to report all-payer measures. These proposals, in addition to existing policies, provide three years for ACOs to transition to reporting aggregated eCQM/MIPS CQM quality measures in order to transition to reporting the three eCQMs/MIPS CQMs under the APP and to meet the increased Shared Savings Program quality performance standard.

Specifically, we are proposing that:

- **For performance year 2022**, ACOs would either report the 10 CMS Web Interface measures **or** the 3 eCQMs/MIPS CQMs. Under the APP, all ACOs would administer the CAHPS for MIPS Survey and be scored on 2 administrative claims-based measures (calculated by CMS).
    - Three of the CMS Web Interface measures (Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Tobacco Cessation: Screening and Cessation Intervention (Quality ID# 236)) do not have benchmarks for performance year 2022, and therefore will not be scored.
    - However, these measures are required to be reported in order to complete the CMS Web Interface dataset.
    - Based on the ACO's chosen reporting option (Web Interface or the eCQMs/MIPS CQMs), either 6 or 10 measures (7 CMS Web Interface measures, 1 CAHPS for MIPS Survey measure, and 2 administrative claims-based measures) will be included in the calculation of the ACO's quality performance score.
- **For performance year 2023,** ACOs would either report the 10 CMS Web Interface measures and at least one eCQM/MIPS CQM **or** the 3 eCQMs/MIPS CQMs. Under the APP, all ACOs would continue to administer the CAHPS for MIPS Survey and be scored on 2 administrative claims-based measures (calculated by CMS). In order to transition ACOs to reporting all-payer eCQM/MIPS CQM measures, we would only score the CMS Web Interface measure set for an ACO that has also submitted at least one eCQM/MIPS CQM measure.
    - Three of the CMS Web Interface measures (Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438) and Depression Remission

at Twelve Months (Quality ID# 370)) do not have benchmarks for performance year 2023, and therefore will not be scored.
    - Based on the ACO's chosen reporting option, either 6 or 11 measures (8 CMS Web Interface measures, 1 CAHPS measure, and 2 claims-based measures) will be included in the calculation of the ACO's quality.

Coupled with our proposed revisions to the quality reporting requirements for the Shared Savings Program, we are proposing to freeze the quality performance standard at the 30th percentile MIPS quality performance category score for PY 2023, as well as providing an incentive for ACOs to report eCQM/MIPS CQM measures in performance years 2022 and 2023.

- **For performance year 2022**, if an ACO reports
    - The 10 CMS Web Interface measures and achieves a quality performance score equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, the ACO would meet the quality performance standard used to determine shared savings and losses.
    - The 3 eCQM/MIPS CQM measures (meeting data completeness and case minimum requirements) and achieves a quality performance score equivalent to the 30th percentile benchmark on one measure in the APP measure set, the ACO would meet the quality performance standard used to determine shared savings and losses.
- **For performance year 2023**, if an ACO reports
    - The 10 CMS Web Interface measures and at least one eCQM/MIPS CQM measure and achieves a quality performance score equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, the ACO would meet the quality performance standard used to determine shared savings and losses.
    - The 3 eCQMs/MIPS CQM measures (meeting data completeness and case minimum requirements) and achieves a quality performance score equivalent to the 30th percentile benchmark on one measure in the APP measure set, the ACO would meet the quality performance standard used to determine shared savings and losses.

In performance year 2024, the threshold for the quality performance standard will increase to the 40th percentile MIPS Quality performance category score.

Finally, **for performance year 2021 and subsequent performance years**, we clarify that the CAHPS for MIPS minimum sampling thresholds also apply to Shared Savings Program ACOs.

We Want to Hear from You

We welcome your feedback on the proposed policies for the 2022 performance year of the QPP and beyond. Please note that the official method for commenting is outlined below.

How Do I Comment on the CY 2022 Proposed Rule?

The proposed rule includes directions for submitting comments. Comments must be received within the 60-day comment period.

FAX transmissions won't be accepted. Use one of the following ways to officially submit your comments:

- Electronically through regulations.gov
- Regular mail
- Express or overnight mail
- Hand or courier

The proposed rule can be accessed through the Regulatory Resources section of the QPP Resource Library.

Contact Us

We will continue to provide support to clinicians who need assistance. While our support offerings will reflect our efforts to streamline and simplify the QPP, we understand that clinicians will still need assistance to help them successfully participate.

We encourage clinicians to contact the QPP at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. ET or by email at QPP@cms.hhs.gov. Customers who are hearing impaired can dial 711 to be connected to a TRS communications assistant. You can also visit the Quality Payment Program website for educational resources, information, and upcoming webinars.

Version History Table

Date	Change Description
07/13/2021	Original posting

Appendix A: MVP Reporting Requirements

The table below provides an overview of the MVP reporting requirements.

Quality Performance Category*	Improvement Activities Performance Category*	Cost Performance Category
An MVP Participant selects 4 quality measures, 1 must be an outcome measure (or a high priority measure if an outcome is not available or applicable). **Note:** As applicable, an administrative claims measure, that is outcome-based, may be selected at the time of MVP registration to meet the outcome measure requirement.	MVP Participant selects: Two medium weighted improvement activities **OR** One high weighted improvement activity. **OR** Participates in a certified or recognized patient-centered medical home (PCMH) or comparable specialty practice, as described at (82 FR 53652) and at §414.1380(b)(3)(ii)	An MVP Participant is scored on the cost measures included in the MVP they select and report.
Foundational Layer (MVP Agnostic)		
Population Health Measures* An MVP Participant selects 1 population health measure, at the time of MVP registration, to be scored on. The results are added to the quality performance category score. **Promoting Interoperability (PI) Performance Category** An MVP Participant is required to meet the Promoting Interoperability performance category requirements at § 414.1375(b).		

*Indicates MVP Participant may select measures and/or improvement activities.

Appendix B: MVP Participant Registration Timeline

The table below provides an overview of the proposed registration process and timeline for MVP and subgroup registration beginning with the 2023 MIPS performance year.

April 1st of the applicable performance year	MVP Participants may begin to register for MVP reporting.
June 30th of the applicable performance year (or a later date as specified by CMS)	Groups, subgroups, and APM entities who intend to report the CAHPS for MIPS Survey Measure through an MVP, must submit: • MVP selection and population health measure selection • As applicable, select an outcomes-based administrative claims measure that is associated with an MVP. • As applicable, each subgroup must submit a list of each TIN/NPI associated with the subgroup. • As applicable, each subgroup must submit a plain language name for the subgroup. • Separately register through the MIPS registration system by June 30th to participate in the CAHPS for MIPS Survey.
November 30th of the applicable performance year	The registration period closes. New registrations or changes to registration would not be accepted after November 30th. MVP Participants cannot make any changes to registration of: • MVP selection • Population health measure selection • As applicable, the selection of an outcomes-based administrative claims measure associated with the MVP. • As applicable, the list of each TIN/NPI associated with the subgroup. • As applicable, subgroup participation (including the subgroup's plan language name).

Appendix C: Information Required at the Time of MVP Registration and Reporting Expectations for MVP Participants

The table below provides a crosswalk of the various clinician types, the information expected at the time of MVP registration, and a reminder of the MVP reporting requirements if our proposals are finalized as proposed.

Who Reports	Information Required at the time of MVP Registration	MVP Reporting Requirements
Years 1-2 (2023 and 2024)		
Individual Clinicians	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.
Groups	MVP selection, Population Health Measure selection, and (as applicable) administrative claims-based measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A. Members of the group would be required to report on the same measures and activities within an MVP.
Subgroups	MVP selection, Population Health Measure selection, (as applicable) the outcomes-based administrative claims measure selection, and the subgroup participant information described at § 414.1365(b)(2). **Note:** Subgroups would also receive a subgroup identifier from CMS at the time of registration.	Requirements in Appendix A. Members of the subgroup would be required to report on the same measures and activities within an MVP.
APM Entities	MVP selection, Population Health Measure selection, and as applicable outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.
Year 3 and Future Years (2025 and beyond)		
Individual Clinicians	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.
Single Specialty Groups[+]	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A. Members of the group would be required to report on the same measures and activities within an MVP.
Subgroups	MVP selection, Population Health Measure selection, (as applicable) outcomes-based	Requirements in Appendix A. Members of the subgroup

	administrative claims measure selection, and the subgroup participant information described at § 414.1365(b)(2). Subgroups would also receive a subgroup identifier from CMS at the time of registration.	would be required to report on the same measures and activities within an MVP.
APM Entities	MVP selection, Population Health Measure selection, and as applicable outcomes-based administrative claims measure selection, as proposed at § 414.1365(b)(2).	Requirements in Appendix A.

[+]Multispecialty Groups would be required to form subgroups to report an MVP. We refer readers to § 414.1305 for the definitions of MVP Participant, single specialty group, multispecialty group, and subgroup.