

# Understanding the 2022 Proposed MPFS, QPP and OPSS Rules

August 25, 2021

# Housekeeping

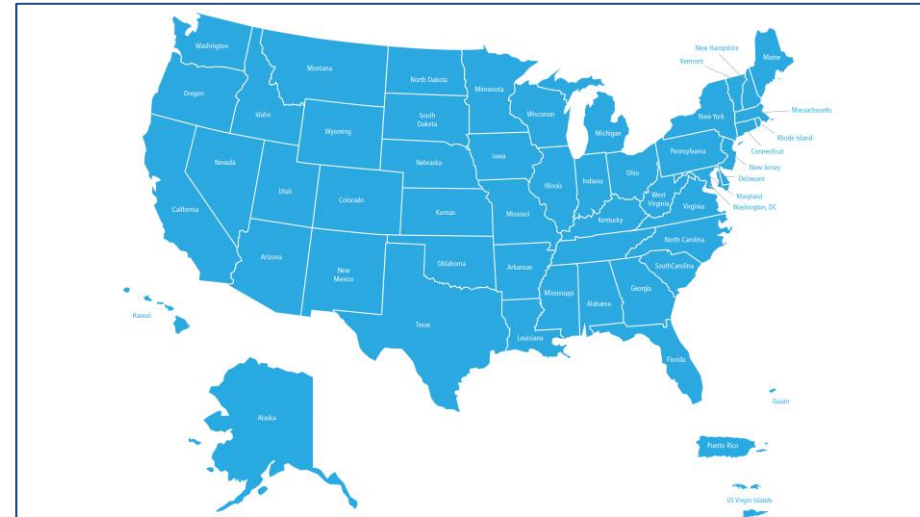
- Type questions in the Q & A box
- This webinar will be recorded
- Links to the recording and slides will be sent to registrants
- Please complete the post-webinar survey that will appear after you close the WebEx window

# WHO WE ARE

- 335 physician organizations
- 170,000 physicians that serve 90 million patients
- Capitation / Delegation is the destination
- “Taking Responsibility for America’s Health”

AMERICA'S  
PHYSICIAN  
GROUPS 

Taking Responsibility  
for America's Health



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# America's Physician Groups (APG)

- Our Three Pillars

## Education

- Regional meetings
- Deep Dives
- Risk Evolution Task Force

## Leadership

- CMS, CMMI, members of Congress
- Community leaders
- Bridging between other associations

## Advocacy

- Representation on Capitol Hill
- Federal comment letters
- Washington Weekly Update

### Mission Statement

The mission of America's Physician Groups is to assist accountable physician groups to improve the quality and value of healthcare provided to patients. America's Physician Groups represents and supports physician groups that assume responsibility for clinically integrated, comprehensive, and coordinated healthcare on behalf of our patients. ***Simply, we are taking responsibility for America's health.***

### Strategic Vision

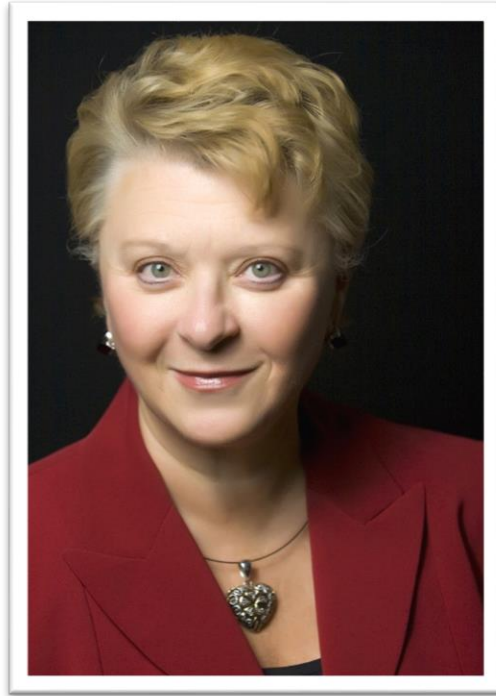
America's Physician Groups and its member groups will continue to drive the evolution and transformation of healthcare delivery throughout the nation.

## **Valinda Rutledge**

Prior to serving as Executive Vice President of Federal Affairs for APG, Valinda Rutledge worked as a Senior Advisor and Group Director for the Patient Care Models Group within the Centers for Medicare & Medicaid Innovation (CMMI).

## **Garrett Eberhardt**

Garrett is the Director of Federal Affairs at APG. He has decades of experience in policy including at NASTAD, AMGA, and on the Hill.



# Agenda



Medicare Physician Fee  
Schedule



QPP



OPPS



Impact on Practice

# Overview



The 1747-page MPFS proposed rule was released on July 13, 2021 and comments due **September 13, 2021**



APG's top-line summary: Focus was on **Telehealth, Site of Care Changes and MSSP**. Continues to solicit feedback on measuring health equity



Final Rule should be released end of October with a **January 1, 2022** effective date

# Medicare Physician Fee Schedule (MPFS)



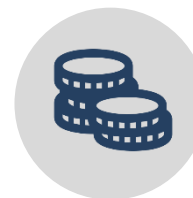
# Payment Updates



**The Conversion** rate is 33.58 (down 3.75%) with specialties ranging -8% (Interventional radiology) to 2% (endocrinology) due to budget neutrality requirements. Most specialties have a minimal impact (0-2%) compared to previous years



**The total impact** is much larger than 3.75% when you add sequester (2%) and expiration of the 2021 3.75% CAA payment for a potential financial decrease of **double digit decreases for some specialties unless Congress acts**



Physician Assistant (PAs) are now allowed to bill separate from the employer which was effective with the Consolidated Appropriations Act of 2021. This allows PAs to bill Medicare separately and incorporate as group but still must be under supervision of physician.



APG Advocacy Priority

# Split Visit Changes



**Defined** split visits as E/M visits in a facility by physician and NPP (Non-Physician Practitioners) in same group. Does not apply in non facility areas



Whichever **provider** has the most time would bill with documentation in medical record of both providers. Must use time rather than MDM



- Can be billed in
- a) New/established patients
  - b) Initial and follow ups (prolonged services also)
  - c) Critical Care

# Mental Telehealth Services Policies



Geographic and site of service originating site restrictions were removed for Mental telehealth visits in the Consolidated Appropriations Act of 2021



CMS seeks comments :  
a) physician or NPP must have had an in person visit within 6 months

b) in-person must be same provider or in same group



Audio only services will be allowed for mental health services that have home as originating site. Providers must have capability to do audio/video but beneficiary doesn't want it

# Telehealth Changes



Category 1 and 2 telehealth services are permanent but **Category 3** (who are temporary until more data can be obtained) will be extended until YE **2023**



CMS added 135 services Category 3 telehealth codes in 2021 and has continued them through 2023. However, **no new Category 1 or 2.**



Permanent Telehealth expansion continues to be **uncertain** and requires Congressional action



APG Advocacy Priority

# Temporary Telehealth Additions

## Category 3

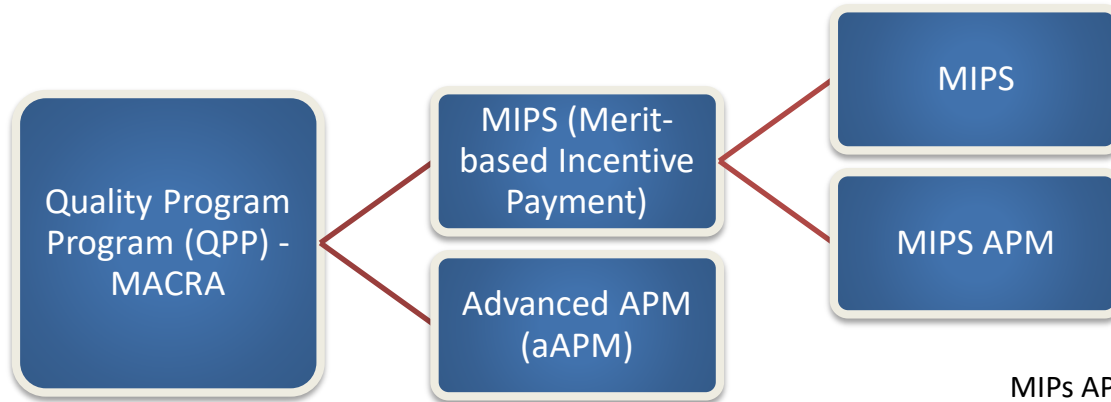
Service	Related Code(s)
Domiciliary, Rest Home, or Custodial Care services, Established patients	CPT codes 99336-99337
Home Visits, Established Patient	CPT codes 99349-99350
Emergency Department Visits, Levels 1-3	CPT codes 99281-99283
Nursing facilities discharge day management	CPT codes 99315-99316
Psychological and Neuropsychological Testing	CPT codes 96130- 96133

Continues until 12/31/2023

# Quality Payment Program(QPP)

# MACRA Overview

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula for clinician payment and established the Quality Payment Program (QPP).
- 2022 is Year 6 of QPP – Year 1 (3 points), Year 2 (15 points), Year 3 (30 points), Year 4 (45 points), Year 5 ( 60 in 2021), **Year 6-75**
- Performance Year is 2 years from Payment year- **2022 Performance Year is 2024 Payment Year.**
- In 2022 performance period, exceptional performance moves to **89**



MIPs APM examples- BPCI,CPC,MSSP, OCM

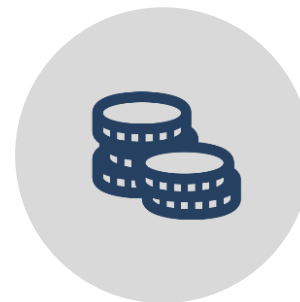
# QPP Year 5 Thresholds



MIPS performance threshold increased to **75** from 60 points



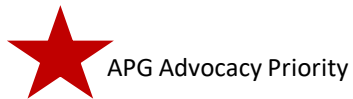
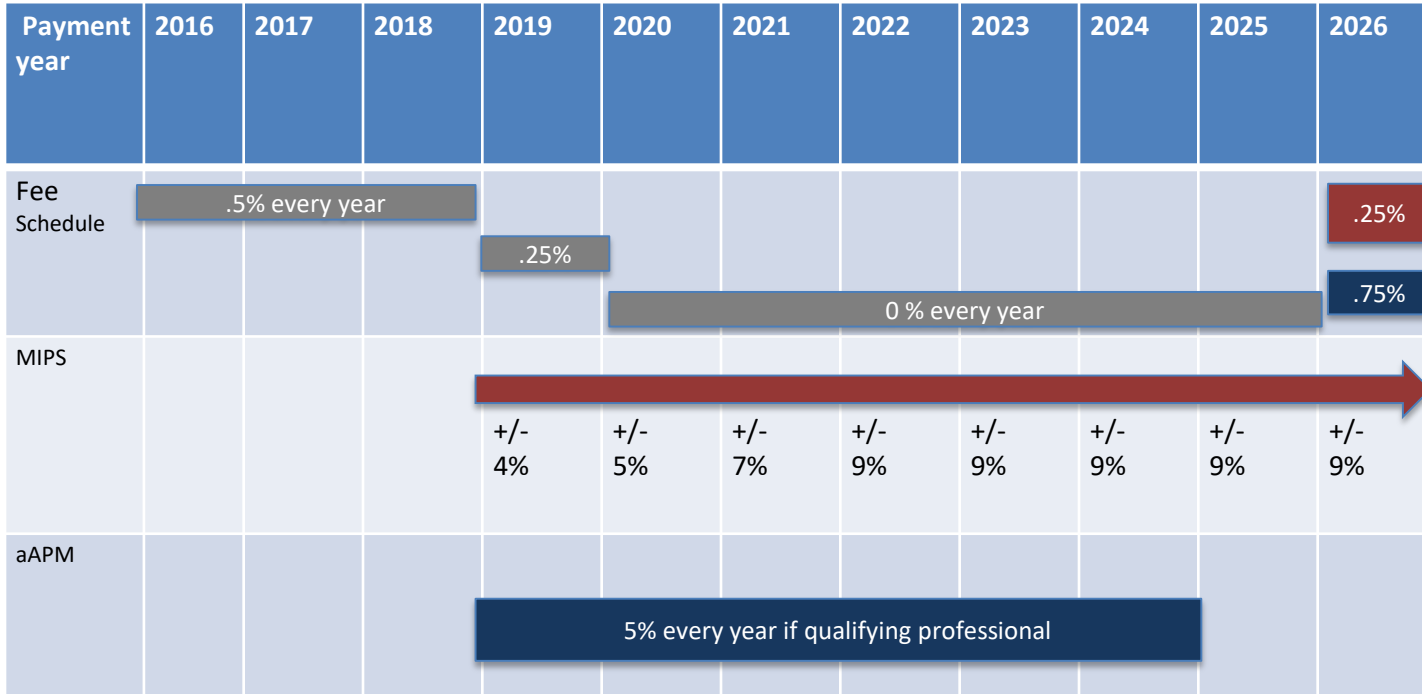
Exceptional performance increases to **89 points** to receive bonus (estimated 42.4% of clinicians will receive)



Estimated number of negative adjustments predicted to be **8.3 %** of clinicians



# Timeline of Financial Impact



\* 2022 is last year for CMS will have an additional 500 million per year for high performer distribution (above 89 points) in MIPS

# QPP Year 6 (2022) Overview



Sixth year  
of program  
**9%** bonus/penalty  
pool



Low volume  
Exemptions remain  
**unchanged**  
<90,000 in services  
<200 Medicare Part B  
< 200 Covered services

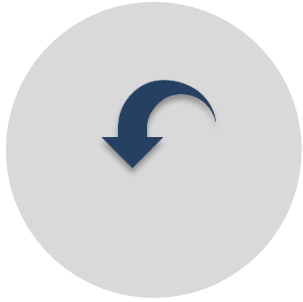


Added Clinical Social  
Workers and Certified  
Nurse Midwives



Number of clinicians  
estimated to participate  
in MIPS Increased to  
931,050 with **8.3 %**  
expected to receive  
penalties and **42.4%**  
expected to receive  
exceptional payment  
adjustment

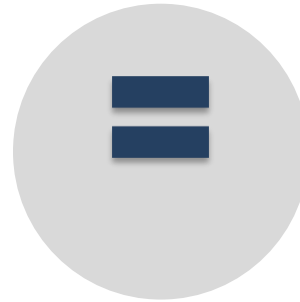
# 2020 MIPS Category and Weights



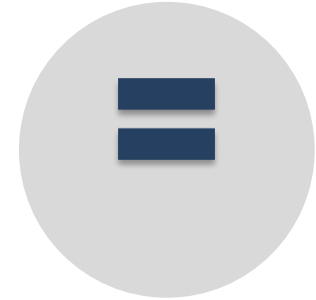
Quality category  
decreases to **30%**



Cost category  
increases to **30%**



Performance  
Improvement  
Activities **remains** at  
15%



Interoperability  
**remains** at 25%

# Quality Category



**Extend the CMS Web Interface for 2022**



**Maintain Complex Patient Bonus** points but can't exceed 10 for **2022. Maintain 70% data completeness for 2022** but increase to **80%** for 2023



Use **performance period** (not historical) to score quality measures for 2022 performance period. Or may use 2019

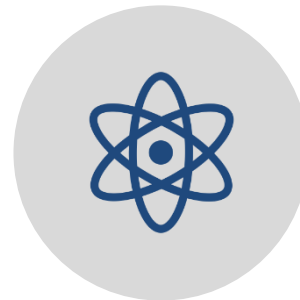
# Cost Category



**Weight  
Increased to  
30%**



**Continue** MSPB and Total  
Per Capita Cost (TPCC)  
methodology.



**18 total Episode-based cost**  
measures if clinician meets  
minimum data set numbers

# MIPS Value Pathways (MVPs)



Move away from **siloed activities** by using sets and will allow reporting by Single Specialty groups in 2023 and 2024. Multispecialty groups will be required in 2025



**7 MVPs** developed:

1. Rheumatology
2. Stroke
3. Heart Disease
4. Chronic Disease management
5. Emergency medicine,
6. Lower extremity joint
7. Anesthesia



**Will Begin gradually in 2023** performance year and published through rulemaking



**Will include measures** that are at least 1 outcome and 1 high priority measure

# Medicare Shared Savings

# MSSP Proposed Changes



ACO can report on either CMS web interface 10 measures or 3 MIPs CQMs (APPs) in 2022. The APP is all-payor.



ACO required to use CAHPS for MIPs survey



ACOs in Performance Year 2023 that does CMS Web interface needs to add at least 1 of the 3 MIPs CQM. In 2024, ACOs will need to report on 3 MIPs CQM



Quality 001	Diabetes: Hemoglobin A1c	Reported
Quality 134	Depression Preventive and Screening	Reported
Quality 236	Controlling high pressure	Reported
All Cause Unplanned Readmission	Readmission	Claims
All Cause Unplanned Admission for Multiple Chronic Conditions	MCC Hospital Admission	Claims
CAHPS for MIPS	Patient's experience	Survey

# ACOs APP Quality Measures

# New ACO Quality Program

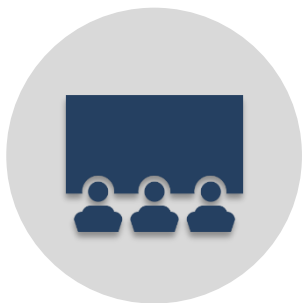


APG Advocacy Priority

- Applying APP (Alternative payment model performance pathway) to MSSP instead of Web Interface in Performance Year 2024
- APP will be used for both ACO and MIPs APM participants to align programs by 2024
- Reduce reporting burden (3) but All-payor has challenges. ACOs must eliminate duplication of patients in submission.
- ACOs using Web interface will need higher than 30% of performance benchmark across all category scores in 2022 and 2023. ACOs using APPs will need only one of measure to be in 30%. In 2024, will need 40% across all categories. If achieved, full savings will be earned
- Soliciting comments regarding quality reporting by TINs in ACO and CMS calculate ACO score. CMS is interested in how specialists should be scored.

# Advanced APMs of Quality Payment Program(QPP)

# How to Qualify for the 5% Bonus in Advanced APM



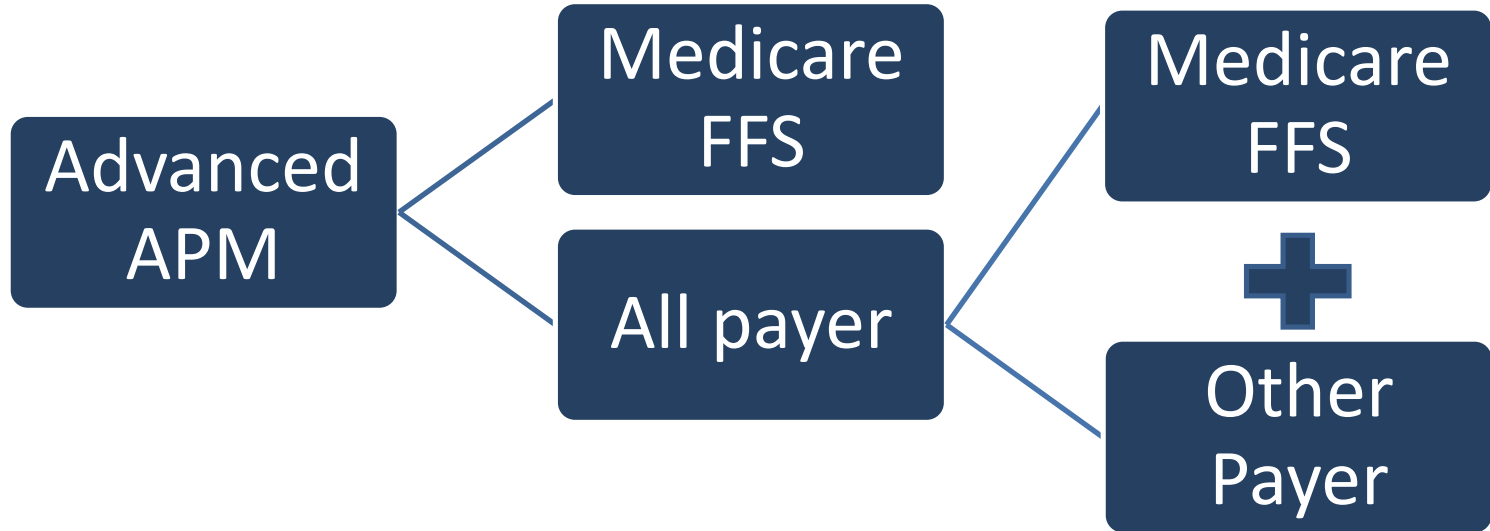
**First** participate in Advanced Alternative Payments Models (APMs)



**Then** meet Threshold of Participation in either patient counts or revenue in performance period.

2022 Performance Year is last year for 5% bonus

# 2021 All Payer Advanced APM Tracks



CMS will first determine if minimal threshold is met at Medicare FFS level. If minimal Medicare FFS level is not met, then CMS will determine if participation in Other Payer completes threshold.

# Patient Count Threshold

Payment Year	2020	2021		2022 (2020 Performance Yr)		2023		2024 and later	
QP Payment Threshold	20%	35%	20%	35%	20%	35%	20%	35%	20%
	Medicare	Total	Medicare*	Total	Medicare*	Total	Medicare*	Total	Medicare*

\* Minimal Needed From Medicare FFS

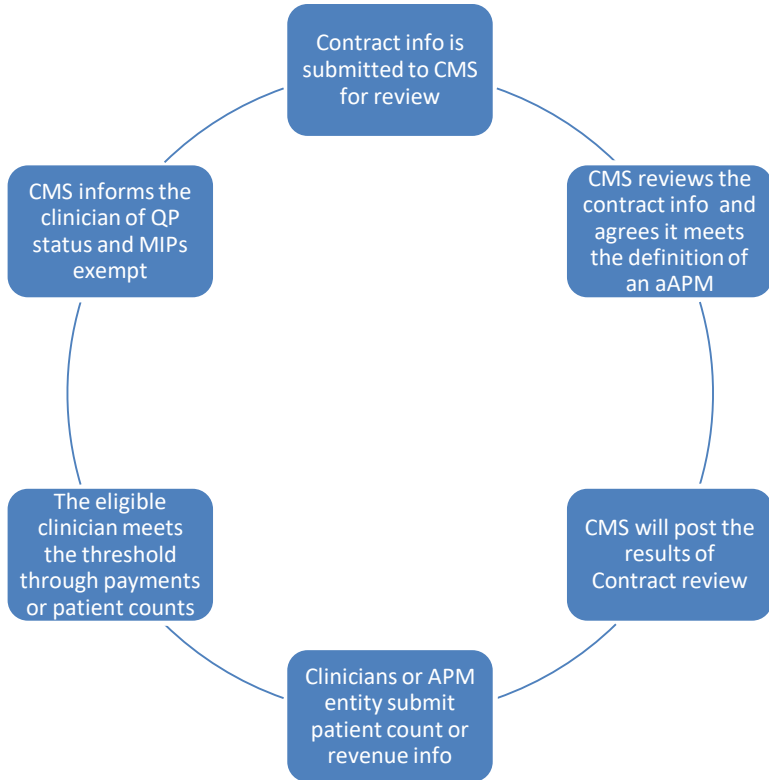


# Payment Amount Threshold

Payment Year	2020		2021		2022 (2020 Performance Yr)		2023		2024 and later	
QP Payment Threshold	25%	50%	25%	50%	25%	50%	25%	50%	25%	
	Medicare	Total	Medicare*	Total	Medicare*	Total	Medicare*	Total	Medicare*	

\* Minimal Needed From Medicare FFS

# High Level “Other Payer” Process



**January 1-August 31  
is performance  
period**



**3 snapshots can be  
submitted but only  
needs to qualify once**

January 1-March 31

January 1- June 30

January 1-August 31



# Medicare OPPS Proposed Rule

# Medicare OPPS



CMS has 1,740 codes (mainly procedures on inpatient only List (IPO). Last year, CMS **eliminated the IPO** list with a 3-year transition with 298 moving off the IPO list in 2021 and 267 moving to ASC



This year, CMS reversed the decision and moved back the 298 procedures to IPO and 258 (out of the 267) ASC procedures to previous sites. Concerned about “Typical Medicare Beneficiary”. Will return to previous criteria in decision making



Price Transparency penalties are proposed to be based on number of beds with a maximum 2 million per hospital

# Top 5 Takeaways for Practices



Congress will probably act to **avoid** decreasing reimbursement to physicians



CMS focused on Bene protections in site of care changes but it is unclear about speed on moving to **lower cost of service sites** like ASC or HOPD



The maintaining of Category 3 telehealth represents CMS commitment to **add telehealth services**



CMS commitment to movement to value based models with **MSSP changes and listening to stakeholders**



RFI in all rules for measurement and collection of **Health Equity** (race, ethnic, SDOH) indicates commitment to reduce Health Disparity

Garrett-  
What is  
Your Overall  
Impression?

# Impact

- CMS recognizes growing importance of telehealth
- But is limited statutorily from making sweeping changes and slow to change

Valinda-  
What is  
Your Overall  
Impression?

# Impact

- Reducing Health Disparity and providing Health Equity is a major priority
- Concerned about stabilizing MSSPs
- Balancing movement to lower site of care settings with beneficiary protections

# Questions?

- Valinda Rutledge | [VRutledge@apg.org](mailto:VRutledge@apg.org)
- Garrett Eberhardt | [GEberhardt@apg.org](mailto:GEberhardt@apg.org)

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EMERGING FROM THE PANDEMIC: THE PATH FORWARD


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President & CEO  
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