

No-EHR MIPS Action Plan for 2022

MIPS Category	To Meet Requirements	Key Points and Resources	What to Submit
Quality—30%	<p>Select at least 6 Quality measures (including 1 outcome or high-priority measure in the absence of an applicable outcome measure), or a complete specialty measure set for the entire year timeframe 1/1/22–12/31/22.</p> <ul style="list-style-type: none"> Submit your Quality measures via Claims (only for small practices [practices with 15 or fewer clinicians] participating as a Group [including Virtual Groups] or Individually) and/or Submit your Quality measures via MIPS Clinical Quality Measures (MIPS CQMs), the CMS Web Interface and/or CMS approved Qualified Clinical Data Registries (QCDRs) 	<p>To qualify for at least 3 points per measure, you are required to have a minimum of 20 cases and meet 70% data completeness. Small practices that do not meet data completeness will receive 3 points.</p> <p>CMS will aggregate Quality measures reported through multiple collection types for the 2022 performance period. If the same measure is collected via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring.</p> <p><u>Resources</u> CMS Resource Library for:</p> <ul style="list-style-type: none"> 2022 Quality Requirements 2022 Quality Quick Start Guide 2022 Part B Claims Reporting Quick Start Guide 2022 MIPS Guide to Using a QCDR or Qualified Registry 2022 Quality Benchmarks 2022 Qualified Clinical Data Registry (QCDR) Measure Specifications 2022 Clinical Quality Measure Specifications and Supporting Documents 2022 Medicare Part B Claims Measure Specifications and Supporting Documents 2022 MIPS Quality Measures List 	<p>Submit data by Claims, MIPS CQMs and/or QCDRs; aiming for more than 70% data completeness.</p> <ul style="list-style-type: none"> Only Medicare Part B Fee-for-Service (FFS) beneficiaries are eligible for the claims-based reporting method. Include all payors for MIPS CQMs/QCDR reporting methods. Small practices will receive 3 points per measure that do not meet data completeness. Large practices will receive no points for measures that do not meet data completeness.
Improvement Activities (IA)—15%	<p>Small practices should report on 1 high-weighted activity or 2 medium-weighted activities and participate for at least 90 continuous days of the performance year.</p> <p>Large practices of 16 or more clinicians should report on 2 high-weighted activities, 4 medium-weighted activities, or a combination of 1 high- and 2 medium-weighted activities and participate for at least 90 continuous days of the performance year.</p>	<p>For group reporting, a group or virtual group can attest to an activity when at least 50% of the clinicians in the group or virtual group perform the same activity during any continuous 90-day period (or as specified in the activity description) in the same performance year.</p> <p>There are many options for high-weighted activities, which include but are not limited to:</p> <ul style="list-style-type: none"> CDC Training on CDC’s Guideline for Prescribing Opioids for Chronic Pain Completion of CDC Training on Antibiotic Stewardship Consultation of the Prescription Drug Monitoring Program Engagement of New Medicaid Patients and Follow-up <p><u>Resources</u></p> <ul style="list-style-type: none"> 2022 Improvement Activities Requirements 2022 Improvement Activities Quick Start Guide 2022 MIPS Data Validation Criteria 2022 Improvement Activities Inventory 	<p>Submit an attestation for participating in the IA category on the QPP Portal or via an approved Registry/QCDR during the data submission period of January 2, 2023 to March 31, 2023.</p>

Legend

MIPS = Merit-based Incentive Payment System
 CMS = The Centers for Medicare & Medicaid Services

CDC = Centers for Disease Control and Prevention
 EHR = Electronic health record

QPP = Quality Payment Program
 TIN = Tax Identification Number

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Promoting Interoperability (PI)—25%	Clinicians may use technology meeting the existing 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of the two to report PI data.	<p>If you do not have a technology meeting the existing 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of the two to report PI data, you may be able to request a reallocation of the 25% weight of the PI category to the Quality performance category. Please visit the link below to see if you qualify and to apply for re-weighting.</p> <p>For PY 2022, Some clinicians will be automatically reweighted based on:</p> <ul style="list-style-type: none"> • Their special status (e.g., hospital-based clinicians), • Their clinician type (e.g., a physical therapist, occupational therapist, or clinical psychologist, or clinical social worker), or; • If they are a part of a small practice. <p>These clinicians will not need to submit a PI hardship exception application.</p> <p><u>Resources Need</u></p> <ul style="list-style-type: none"> • About Exception Applications • QPP Special Statuses 	<p>Without an EHR, no data is required to be submitted for this category. However, for reconsideration of category weight you may apply for an exception.</p> <p>If applicable, large practices may apply for an exception for reconsideration of category weight.</p>
Cost—30%	<p>For 2022, MIPS uses cost measures that assess the beneficiary’s total cost of care during the year, or during a hospital stay, and/or during 23 procedural and condition-based episodes of care. There are 25 cost measures available for performance year 2022.</p> <p>All clinicians and groups will be evaluated on the same 25 Cost measures if they meet or exceed the measures’ minimum case volume necessary for the specific measure to be evaluated and scored.</p>	<p>Download your TIN’s past years’ QPP MIPS Performance feedback. Analyze your data in order to identify where to make improvement.</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> • 2022 Cost Requirements • 2022 Cost Quick Start Guide 	No submission required. CMS will use Medicare Part A and B claims data to determine your score for both measures.