



MohsAIQ

ACMS American College of Mohs Surgery • *The Mohs Surgery Registry*
of Mohs Surgery • *Advancing & Improving Quality*

Quality Payment Program and MIPS

A GUIDE TO MIPS PARTICIPATION IN PERFORMANCE YEAR 2022

Prepared for the American College of Mohs Surgery (ACMS) National
Registry and Outcome Committee
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DISCLAIMER: "CONTENT WAS DEVELOPED BY ACMS MEMBERS AND STAFF BASED ON BEST AVAILABLE
INFORMATION"

The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law April 2015, repealing the flawed sustainable growth rate (SGR) and establishing a two-track Medicare physician payment system that emphasizes the transition to value-based payment and delivery. To implement MACRA, the Centers for Medicare and Medicaid Services (CMS) established the Quality Payment Program (QPP), whereby eligible clinicians will either participate in the Merit-based Incentive Payment System (MIPS) or join an Advanced Alternative Payment Model (APM).

This guide, prepared by the MohsAIQ Registry Committee, will assist with your participation in the MIPS program in 2022.

MohsAIQ Registry

MohsAIQ was developed to provide meaningful data about patients and physician performance in order to improve outcomes and maximize results under new payment models. While MohsAIQ is one tool to report MIPS data, it is not the only tool available. As a newer Qualified Clinical Data Registry (QCDR), MIPS points available through MohsAIQ may not be enough to avoid a penalty and/or earn a bonus. As the registry matures, relative points available for each quality performance measure will become more transparent and this will be communicated in the registry and with membership. At this time, members are encouraged to report quality measures through MohsAIQ in addition to measures through other reporting mechanisms to achieve maximum MIPS points. See “Reporting Mechanisms” for more detail.

Extreme and Uncontrollable Circumstance Policy

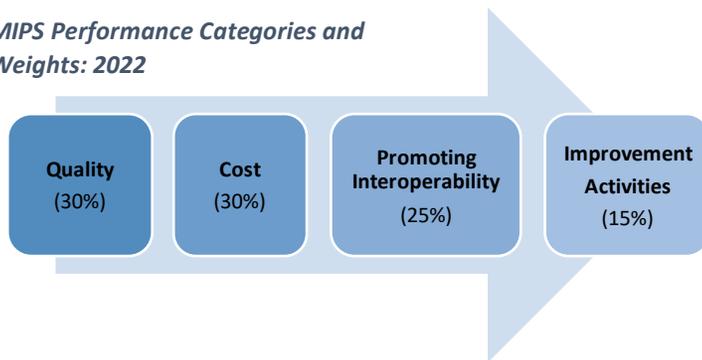
CMS acknowledges that the COVID-19 pandemic impacted clinicians across the United States. The Extreme and Uncontrollable Circumstance Policy allows clinicians and/or groups to request reweighting of one or more MIPS performance categories due to the COVID-19 health emergency. Clinicians can refer to the CMS website for additional details regarding [The Extreme and Uncontrollable Circumstance Policy](#).

Merit-Based Incentive Payment System

Performance Categories, Weights and Thresholds

MIPS incorporates four weighted performance categories – **Quality, Cost, Promoting Interoperability, and Improvement Activities** – that contribute to an annual MIPS final score of between 0 and 100 points. Clinicians receive a score in each category, and their MIPS final score is the sum of the weighted score of each category. For example, if the maximum points for a clinician in the Quality performance category is 60 and they earn a total of 66 points (including bonuses), the score will be capped at 60 points. In this scenario, the clinician would get full credit for the Quality category (i.e., 30 weighted points) towards the calculation of their annual MIPS final score.

MIPS Performance Categories and Weights: 2022



The MIPS final score is compared to a performance threshold to determine Medicare payment adjustments. MIPS final scores above the threshold will receive a positive payment adjustment, those below the threshold will receive a negative payment adjustment, and those equal to the threshold will receive no adjustment. ***The performance threshold that clinicians must meet in 2022 to avoid a payment penalty in 2024 is 75 MIPS final score points.***

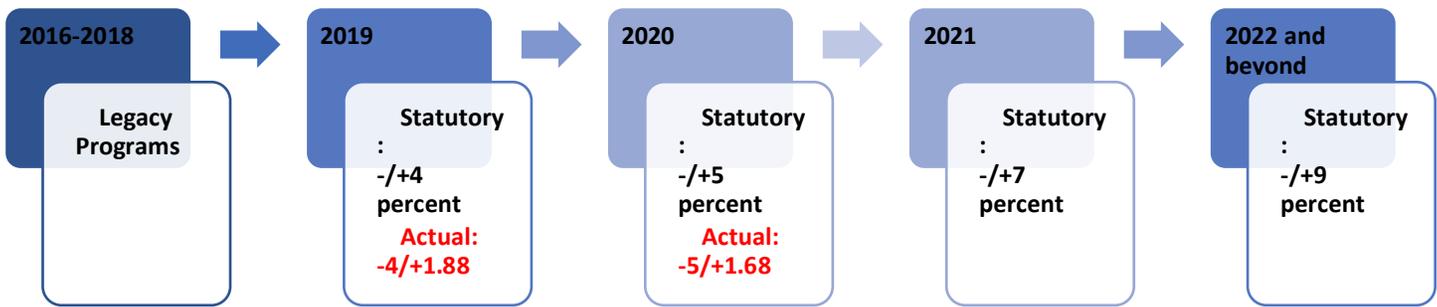
Payment Adjustments

MIPS is a budget-neutral program (i.e., negative payment adjustments create the funding pool for positive payment adjustments) and payment adjustments are made on a sliding scale (i.e., the higher a clinician scores above the performance threshold, the higher the incentive payment). To maintain budget neutrality, clinicians with higher final scores may earn a positive payment adjustment up to three times the baseline positive payment adjustment for a given year. The MIPS payment adjustments are applied to Part B payments for Medicare physician fee schedule services two years after the performance period (i.e., final scores for the 2022 performance period will determine 2024 payment adjustments). For 2022 performance and moving forward, the maximum downward payment adjustment in 2024 will be -9 percent.

In addition, those with exceptional performance (at least 89 points), may earn “bonus” incentives from a special pool of funding, in addition to their positive MIPS payment adjustment (up to an additional 10 percent). Note that 2022 will be the last year for exceptional performance payment adjustments.

Additional information on the [2020 MIPS payment adjustment](#) and [2021 MIPS payment adjustment](#) can be found in CMS’ related fact sheets.

MIPS Payment Adjustment Ranges by Payment Year



MIPS Exclusions

Excluded from MIPS are those who are:

Newly-enrolled in Medicare (*Enrolled in Medicare for the first time during the performance period*)

Below the **Low-Volume Threshold** (*Medicare Part B allowed charges less than or equal to \$90,000 a year; see 200 or fewer Medicare Part B patients a year; or provide 200 or fewer covered professional services to Medicare Part B patients*)

Qualifying AAPM Participants (“QPs”)

MIPS Eligibility & Facility-Based Determinations

All Mohs surgeons that participate in traditional Medicare are eligible for and required to participate in MIPS, as long as they also meet certain other requirements as [outlined by CMS](#).

CMS will evaluate each TIN/NPI combination for MIPS eligibility; it will use TINs to evaluate group practices for eligibility. A single clinician (NPI) that bills Medicare under multiple TINs will receive an eligibility determination under each unique TIN/NPI combination and may be required to satisfy the requirements of MIPS under each unique practice.

Of note, physicians who have [opted out](#) of Medicare and do not accept payments from Medicare are not required to participate in MIPS and will not be affected by payment adjustments in MIPS.

Clinicians should check their MIPS-eligibility and Qualifying APM Participant (QP) status using the [QPP Participation Status Tool](#). The tool is searchable by NPI and will show eligibility for each unique group practice that the NPI is affiliated with.

Participation Options

Clinicians may participate in MIPS as individuals or as a member of a group (or virtual group). Clinicians that report as an individual (i.e., a single NPI tied to a single TIN) will have their payments adjusted based only on their own performance. Clinicians that report as part of a group (i.e., defined as a set of clinicians, identified by their NPI, who share a common TIN no matter the specialty or practice site) will have their payments adjusted based on the entire group’s performance across all four MIPS categories.

Clinicians may also participate as a “virtual group,” which is a combination of two or more TINs made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together virtually (regardless of specialty or location) to participate in MIPS for a performance period of a year. Learn more about this option by reviewing [CMS’ Virtual Groups Toolkit](#).

Reporting Mechanisms

Clinicians may also choose to collect quality data via multiple mechanisms, including claims (limited to physicians in small practices), a registry (for example, MohsAIQ), certified electronic health record (CEHRT), and web-based attestation (via the [QPP Portal](#)). Clinicians may use different mechanisms across performance categories (e.g., report quality measures via claims and improvement activities via a registry) and within performance categories (e.g., report quality measure A through claims and quality measure B through a registry).

Quality Performance Category (30%)

Clinicians and groups must report at least six measures, including one outcome or high-priority measure, for at least 70 percent of *all* patients eligible for the measure (i.e., all payers, except in the case of claims-based reporting) to meet CMS’ data completeness requirement. Clinicians and groups who report a quality measure, but fail to satisfy the data completeness requirement will receive 0 points on that measure (except for small practices, who will receive 3 points). More than six measures can be reported, and the measures with the highest value will be accepted.

Each measure is worth up to a maximum of 10 points (Note: certain “topped out” measures with historically high performance are subject to a 7-point cap, such as MIPS Measure #440). CMS awards a clinician or group points for each measure based on their performance compared to a national benchmark (download benchmarks through CMS’ [QPP Resource Library](#)). Importantly, an initial quality measure without a benchmark (historical or performance period) will earn 3 points and all subsequent measures will earn 4 points. At this time, many MohsAIQ quality measures are without historical benchmarks.

Clinicians can also earn up to 10 additional percentage points based on their improvement in the Quality performance category from the previous year (i.e., your Quality category performance score improves from one year to the next). In addition, small practices are also eligible for a bonus of 5 points added to their Quality category performance score. More details can be found in this [CMS guide](#).

CMS has organized available MIPS quality measures into specialty measure sets to assist clinicians with selecting relevant measures. A specialty measure set is available for Dermatology ([AAD Website](#)), which consists of a broad range of dermatologic quality measures.

A list of all available measures is available on CMS' [QPP website](#). Review all [claims](#) and [registry](#) specifications the for 2022 performance period on CMS' QPP website.

Cost Performance Category (30%)

CMS calculates cost performance using claims data; no reporting is required under this category. In general, if attributed a sufficient number of beneficiaries, clinicians may be assessed on a Total per Capita Cost (TPCC) measure, a Medicare Spending per Beneficiary (MSPB) measure, and where applicable, more focused episode-based measures.

In 2021, dermatologists were *excluded* from the TPCC measure, however for the 2022 performance period, Mohs surgeons may be evaluated via a new melanoma resection episode-based cost measure. ACMS has prepared a specific document summarizing this change in more detail [here](#). In brief, this measure is triggered when a dermatologist/Mohs surgeon performs 10 or more melanoma resections as determined by use of a malignant excision CPT code in combination with an ICD code for melanoma (C43) or melanoma in situ (D03). All costs related to the treatment episode 30 days prior and 90 days subsequent to surgery are included (e.g., office visits, ER visits, anesthesia, surgery, medications). Individual or group (depending on reporting type) costs within the treatment episode are compared to an *expected* cost derived from national claims data. Mohs surgery claims for melanoma are not included.

If a Mohs surgeon does not perform sufficient melanoma resections to qualify for this episode-based measure, the category percentage will be reweighted.

Improvement Activities Performance Category (15%)

Clinicians and groups must achieve a total of 40 points in this category to receive full credit for this performance category. Improvement activities are weighted to either high (20 points each) or medium (10 points each) weight. Therefore, attesting to two high-weighted or four medium-weighted activities, or a combination of both to is necessary. In general, an activity must be performed for at least 90 consecutive days during the performance period to receive credit.

For small practices (15 or fewer ECs), practices in rural areas or health professional shortage areas (HPSAs), improvement activities are reweighted to 40 points for high-weighted and 20 points for medium-weighted activities.

Groups may only earn credit for an improvement activity if at least 50% of the clinicians in the TIN fulfill the activity during *any* continuous 90-day period within the performance year.

A full list of improvement activities can be found on CMS' [QPP website](#). A list of validation criteria (i.e., documentation needed to verify performance during an audit) can also be downloaded from CMS' [QPP website](#). No major changes relevant to Mohs surgeons were seen in Improvement Activities in the 2022 Final Rule.

Promoting Interoperability (PI) Performance Category (25%)

Clinicians must submit data for certain measures across four required objectives (electronic prescribing, health information exchange, provider to patient exchange, public health and clinical data exchange) that align with a 2015 Edition CEHRT and for a period of 90 continuous days or more during the 2022 performance period. Failure to report any of the *required* measures will result in a PI performance category score of "0". Reporting certain optional measures (i.e., Query of Prescription Drug Monitoring Program (PDMP)) will earn 5 bonus points each. Review the full list of PI measures on [CMS' QPP website](#). Of note, members can complete [QRDA III](#) form and submit through MohsAIQ to fulfill the PI category requirements.

Clinicians must also attest to the following attestation statements:

- ✓ The Prevention of Information Blocking Attestation,
- ✓ The ONC Direct Review Attestation,
- ✓ The security risk analysis measure, and
- ✓ The SAFER (Safety Assurance Factors for EHR Resilience) guides measure (a "no" satisfies this measure)

In 2022, CMS will apply automatic reweighting of PI for small practices (less than 15 clinicians). These entities may request a PI category exception and have the 25% normally attributed to PI to be reweighted and applied to the Improvement Activities and the Quality

category (30% Cost/40% Quality/30% IA or 50% Quality/50% IA if cost is also reweighted). A hardship exception application for small practices will no longer be required as in past years. However, if a small practice chooses to participate in PI its data will be scored and the category not reweighted.

In addition to clinicians and groups deemed as a small practice, [hardship exceptions](#) are available to those who use decertified EHR technology, have insufficient internet connectivity, face extreme and uncontrollable circumstances, or lack of control over the availability of CEHRT. The PI category would be reweighted as in the paragraph above for providers who qualify for this exception. Clinicians with a special status (e.g., hospital-based) will have their PI performance category score automatically reweighted to the Quality performance category and will not need to submit a hardship exception application.

Clinicians can find out if their EHR is certified by searching the [Certified Health IT Product List](#).

Alternative Payment Models

Alternative Payment Models (APMs) constitute a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. [Advanced APMs](#) are a subset of APMs that meet specific requirements, such as taking on financial risk for the value of their patients' care. They must also exceed certain financial and patient thresholds. Clinicians participating sufficiently in an Advanced APM in 2022 (i.e., a minimum number of payments or patients affiliated with the APM) are known as Qualifying APM Participants, or QPs, and are exempt from MIPS and eligible to earn a 5% Medicare incentive payment in 2023.

The number of clinicians in this track will remain relatively small compared to those in the MIPS track, particularly among Mohs surgeons, given the limited availability of specialty-focused Advanced APMs. For a list of Advanced APMs approved for 2021, please visit the [QPP Resource Library](#). Physicians can use the [QPP Participation Status Look-up Tool](#) to determine whether they qualify as a QP in 2021.

While MIPS does not directly impact physicians who participate in the APM, their participation in MohsAIQ can be beneficial to them and to the specialty of Mohs surgery as a whole. MohsAIQ participation allows Mohs surgeons to benchmark themselves with other physicians on key Mohs specific quality measures, assists with important data collection to validate the value of Mohs surgery in the larger health system and participate in and answer important research questions which ultimately help improve our practice and our patient outcomes.