

2024 PFS Proposed Changes

Changes proposed for the Quality Payment Program (QPP)



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Traditional MIPS

Proposed Changes

Quality Category

Proposed Changes

Quality Category

CMS is proposing to remove these 3 measures starting in Calendar Year 2024:

1. CMS 125: Breast Cancer Screening
2. CMS 130: Colorectal Cancer Screening
3. CMS 69: Body Mass Index (BMI) Screening and Follow-up Plan

Quality Category

**Breast
Cancer
Screening**

**Colorectal
Cancer
Screening**

**Body Mass
Index (BMI)
Screening and
Follow-up Plan**

You can keep tracking these as eCQMs

ONLY

If you submit them as part of an MVP for 2024

Quality Category

- CMS is proposing to add a composite measures called “**Preventive Care and Wellness**”. It contains screening for the 3 removed screening measures (CMS 125, CMS 130, and CMS 69) and 4 other screening measures
- It is only specified as a CQM not an eCQM

Quality Category

CMS is proposing to add 13 other measures

- 1 eCQM Measure:
 - “Excessive Radiation Dose or Inadequate image quality for diagnostic computer tomography CT in adults (clinician level)”
 - Specified as eCQM

Quality Category

CMS is proposing to add 13 other measures

- 8 CQMs (1 focused on SDOH):
 - “Connection to Community Service Provider”
- Patients who screen positive for one or more of the 5 Health Related Social Needs (HRSNs) and had contact with a Community Service Provider (CSP) within 60 days after screening

Quality Category

CMS is proposing to add 13 other measures

- 4 PROMs:
 1. Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
 2. Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
 3. Gains in Patient Activation Measure (PAM®) Scores at 12 Months
 4. Reduction in Suicidal Ideation or Behavior Symptoms

Quality Category

- CMS is proposing to remove 12 other Quality measures and make substantive changes to 59 other measures

Quality Category

CAHPS for MIPS Survey

- CMS is proposing that clinicians must provide the Spanish version of the survey to any patients who mark Spanish as their preferred language

Promoting Interoperability Category

Proposed Changes

Promoting Interoperability Category

Automatic Reweighting: Beginning 2024 Calendar Year

- Only Clinical Social Workers will receive an automatic reweighting in this category
- These clinicians won't be automatically reweighted
 - Physical therapists
 - Occupational therapists
 - Qualified speech-language pathologists
 - Clinical psychologists
 - Registered dietitians or nutrition professionals

Promoting Interoperability Category

Automatic Reweighting: Beginning 2024 Calendar Year

- No proposals to change automatic reweighting for ASC-based, hospital-based, or non-patient facing clinicians and groups, or for clinicians in a small practice
- These clinicians will continue to be automatically reweighted

Promoting Interoperability Category

- CMS is proposing to **increase** the performance period to a minimum of **180 continuous days** within the calendar year

Promoting Interoperability Category

Query of Prescription Drug Monitoring Program (PDMP) Measure Exclusion

CMS is proposing to modify the current exclusion

- If a clinician or group “writes fewer than 100 permissible prescriptions during the performance period”

To the following:

- “Does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period”

The current exclusion is too broad and doesn't necessarily accommodate clinicians who don't electronically prescribe any Schedule II opioids and Schedule III and IV drugs during the performance period.

Promoting Interoperability Category

Safety Assurance Factors for EHR Resilience (SAFER) Guides Measure

- CMS is proposing to require a “yes” response for the SAFER Guide measure beginning with the Calendar Year 2024

Cost Category

Proposed Changes

Cost Category

Adding 5 measures:

1. An acute inpatient medical condition measure (Psychoses and Related Conditions)
2. Three chronic condition measures (Depression, Heart Failure, and Low Back Pain)
3. A measure focusing on care provided in the emergency department setting (Emergency Medicine)

Cost Category

Removing measures:

- Remove the acute inpatient medical condition measure Simple Pneumonia with Hospitalization, beginning with the CY 2024 performance period/2026 MIPS payment year

Cost Category

Modifying measures:

1. Add Emergency Medicine and Psychoses and Related Conditions as care episode groups
2. Add Depression, Heart Failure, and Low Back Pain as patient condition groups
3. Remove Simple Pneumonia with Hospitalization

If these proposals are finalized, there would be a total of 29 cost measures available beginning with the 2024 performance period.

Improvement Activity Category

Proposed Changes

Improvement Activity Category

- Adding measures:
 - Proposing to add 5 new measures
- Modifying measures:
 - Modify 1
- Removing measures:
 - Remove 3

If these proposals are finalized, there would be a total of 106 improvement activity measures available beginning with the 2024 performance period.

Improvement Activity Category

These proposals include an **MVP-specific improvement activity titled “Practice-Wide Quality Improvement in MIPS Value Pathways”**

- This improvement activity would allow clinicians to receive full credit in this performance category for adopting a formal model for quality improvement related to a minimum of 3 of the measures reported as part of a specific MVP

Other MIPS Updates

Proposed Changes

Other MIPS Updates

Performance Threshold

- We propose increasing the performance threshold from 75 to 82 points

Other MIPS Updates

CMS is proposing to get rid of the Health IT Vendor categorization by 2025. This means anyone who submits on behalf of an organization must be a QR or QCDR.

Medisolv is a QCDR

Other MIPS Updates

Public Reporting

- CMS is proposing to modify the publicly reported procedure utilization data on individual clinician profile pages by incorporating Medicare Advantage (MA) data for a more accurate representation of procedure volumes

MVP Framework

Proposed Changes

MVPs

Adding 5 new MVPs

1. Focusing on Women's Health
2. Quality Care for the Treatment of Ear, Nose
3. Throat Disorders, Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
4. Quality Care in Mental Health and Substance Use Disorders
5. Rehabilitative Support for Musculoskeletal Care

MVPs

All other MVPs were modified.

- One of the proposals would consolidate the previously finalized Promoting Wellness MVP and Optimizing Chronic Disease Management MVP into a single primary care MVP that aligns with the adult core set from the Universal Foundation.

Subgroup Reporting

- There was no mention of extending any deadlines related to MVP reporting. Therefore, subgroup reporting for MVPs is still scheduled for 2026.

APP Framework

Proposed Changes

CMS Web Interface Measures

- CMS will still retire CMS Web Interface measures in 2025.

CMS Web Interface Measures

- To help ACOs who are struggling with the transition, CMS is proposing a new collection type
 - Medicare CQMs
- ACOs may now choose to submit eCQMs, CQMs, and/or Medicare CQMs
 - You may choose to submit different collection types for one submission.

Medicare CQMs

Medicare CQMs

- A Medicare CQM is essentially a MIPS CQM reported on only the ACO's Medicare fee-for-service beneficiaries, instead of its all payer/all patient population.
- CMS will provide an ACO a list of beneficiaries at the beginning of the year, but it **will not** be the full list of beneficiaries they need to report for.

Medicare CQMs

- They are **not proposing** the eCQM/CQM incentive for Medicare CQMs.
- ACOs would have to meet the 40th percentile benchmark for all 3 Medicare CQMs in 2024 unlike if you do eCQMs/CQMs.
- **eCQM/CQM Incentive:** achieve 10th percentile on one outcome measure, 30th percentile on another measure and they can share savings at the maximum rate.

Medicare CQMs

- CMS intends to calculate 2024 and 2025 benchmarks for the Medicare CQMs based on performance period benchmarks. They will transition to historical benchmarks in 2026 and subsequent years.
- This means that ACOs **will not know the Medicare CQM benchmarks during the performance period.**

Promoting Interoperability Changes

- They also are changing their PI requirements to align with Traditional MIPS reporting
- Removing the CEHRT threshold (50% - 75%) altogether

By 2024 ACOs must have all their practices off of paper and on CEHRT.

Promoting Interoperability Changes

You must either

- Submit on behalf of 100% of your Eligible Clinicians

OR

- 100% of your Eligible Clinicians may submit as an individual or a part a group submission separately

Data Completeness

- Data Completeness threshold is proposed to move from 75% (2024 - 2026) to 80% by 2027

Data Completeness

Remember!

- You must get 100% of your Eligible Clinicians (all practices) into your submission
- CMS confirmed this in the proposed rule

“The ACO’s aggregated ACO submission must account for 100 percent of the eligible and matched patient population across all ACO participants.”

***Read our data
completeness blog.***



Quality Performance Standard Score

- CMS is proposing to use historical data to establish the 40th percentile MIPS Quality performance category score used for the quality performance standard.
- That means **you would know what the Quality Performance Standard percentile is BEFORE the performance year starts.** CMS would deliver that to you in December.

Quality Performance Standard Score

- For 2024 they would use data from performances year 2019 – 2021. They haven't released the proposed score for 2024 but they provided previous years scores in the proposal.

TABLE 29: 40th Percentile MIPS Quality Performance Category Scores Using Current and Proposed Methodology

Performance Year	40 th percentile MIPS Quality performance category score*
2018	70.80*
2019	70.82*
2020	75.59*
2021	77.83*
2022 (projected)	72.40^
2023 (projected)	74.75^

* As published in Table 64 of the CY 2023 PFS final rule (87 FR 69868). The 40th percentile MIPS Quality performance category score was calculated by taking the 40th percentile of all submission-level MIPS Quality performance category scores (the unweighted distribution of scores), excluding entities/providers eligible for facility-based scoring.

^ As projected based on the proposed methodology. The performance year 2022 projected 40th percentile MIPS Quality performance category score for the quality performance standard is based on the average of the 2018, 2019, and 2020 40th percentile MIPS Quality performance category scores. The performance year 2023 projected 40th percentile MIPS Quality performance category score for the quality performance standard is based on the average of the 2019, 2020, and 2021 40th percentile MIPS Quality performance category scores.



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