

Avoiding a MIPS Penalty This Year

2022 MIPS Performance Category Components and Weights

- **Quality:** 30%
- **Promoting Interoperability (PI):** 25%
- **Improvement Activities (IA):** 15%
- **Cost:** 30%

Easy Steps to Avoiding a Penalty in Payment Year 2024

Based on 2022 performance

- Step 1:** Determine your MIPS eligibility status. You can check your eligibility for MIPS through the CMS QPP Participation Status Tool, <https://qpp.cms.gov/participation-lookup>. The tool will indicate if you are **EXEMPT** from MIPS based on low Medicare volume, being new to Medicare in the performance year, or being a Qualifying Participant (QP) in an Advanced Alternative Payment Model (APM), such as an Accountable Care Organization (ACO). If exempt from MIPS, you are not required to report MIPS data.
- Step 2:** If you are required to participate in MIPS, determine if **ALL** your MIPS data will be reported by your institution, employer, or group. If so, they are likely reporting through group reporting mechanisms, an ACO, or APM on your behalf, and you are not required to separately report your MIPS data.
- Step 3:** If your data is not reported for you **AND** you are not exempt, you will need to report your own MIPS data. It is important to note that the MIPS performance threshold increased to 75 points for 2022, which means you will likely have to report in all MIPS categories.
- Step 4:** To avoid a MIPS penalty, you must achieve a MIPS final score of at least 75 points. In the past, you could meet the performance threshold without fulfilling the reporting requirements for all four MIPS performance categories, but this is no longer the case due to the threshold increase and changes to category weights. The ACS recommends that you plan to fully report in the Promoting Interoperability (PI), Improvement Activities (IA), and Quality categories (Cost is calculated by CMS) to have the best chance of avoiding a negative payment adjustment for the 2024 payment year.

More information on MIPS reporting can be found on the ACS QPP resource pages at <https://www.facs.org/advocacy/qpp/2021>

What to Report to Meet Improvement Activities (IA) Requirements:

- To receive full credit, surgeons must select and attest to having completed between 2 and 4 activities, for a continuous 90-day period, to receive a total of 40 points. Each activity is assigned either High (20 points) or Medium (10 points) weight.
- If a surgeon is a member of a small or rural practice*, only 1 high-value or 2 medium-value activities need to be reported to receive full credit in the Improvement Activities category.

**A small practice is defined as 15 or fewer MIPS eligible clinicians. A rural practice is defined as a practice where more than 75% of the National Provider Identifiers (NPIs) billing under the individual MIPS eligible clinician or group's Tax Identification Number (TIN) are designated in a ZIP code as a rural area or Health Professional Shortage Area (HPSA).*

What to Report to Meet Quality Performance Category Requirements:

- Report on a minimum of 6 measures, including one outcome measure, for 70% of all patients to which each measure is applicable over 12 months.
- Small practices will receive a 6-point bonus added to their Quality performance score when they submit data on at least 1 Quality measure.
- **The ACS no longer offers MIPS reporting through the Surgeon Specific Registry (SSR)**.** To report your MIPS data, you can report directly to CMS through your account on the QPP website or participate in a Qualified Clinical Data Registry (QCDR) or Qualified Registry (QR).

****CMS offers a list of QCDRs and QRs for each reporting year**

What to Report to Meet Promoting Interoperability (PI) Requirements:

- You must use an electronic health record (EHR) that meets the 2015 Edition certified electronic health record technology (CEHRT) criteria, 2015 Edition Cures Update certification criteria, or a combination of both to participate in this performance category.
- PI requires all-or-nothing participation, so you will have to report on **each** measure under the 4 objectives to achieve a score or qualify for an exclusion from specific measures.
- In addition to submitting measures, you also must attest "yes" to the Prevention of Information Blocking Attestation, ONC Direct Review Attestation, and the security risk analysis measure.
- Small practices or those who meet the exclusion criteria can apply for a Hardship Exception Application, and if approved, the PI category weight will be reallocated to the Quality performance category. Hardship Exception Applications are due to CMS no later than December 31, 2022.
- Hospital-based clinicians and clinicians who meet the small practice criteria are *automatically* exempt from the PI category and do not need to apply for a hardship exception. To determine whether you or your group meet the definition of "[hospital-based](#)" or "[small practice](#)" please visit the [Participation Status website](#).

What to Report to Meet Cost Requirements:

You do not have to report any data for the cost performance category, CMS automatically calculates Cost scores.