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MACRA & MIPS Reporting Complexities for 2023: Strategies for Success

Speakers

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ADVANCING EMERGENCY CARE 

Key Reporting Concepts



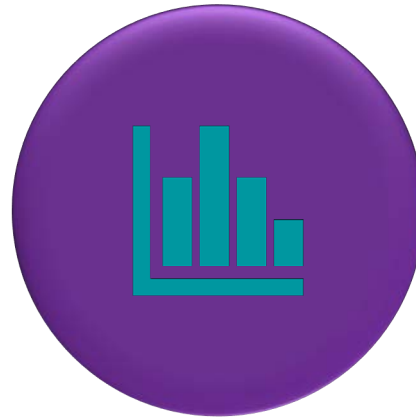
MIPS Four Performance Categories

- **Quality**
- **Cost**
- **Improvement Activities**
- **Promoting Interoperability**

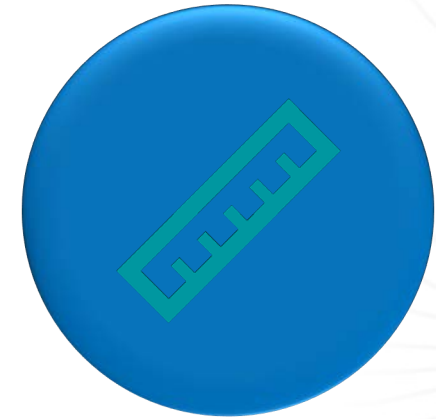
Reporting Quality Measures



**Collect 12 Months
of Data**



**Report Data on
6 Measures**



**7th Measure: All-
cause Readmissions**

Performance vs. Benchmark

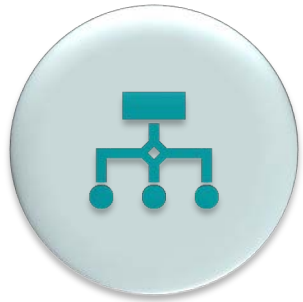
Benchmark available

At least 20 cases reported

Meets data completeness standards

New for 2023: MVP Reporting Option

CMS MIPS Value Pathways



**Streamlined &
meaningful to
clinicians**



**Report on a
uniform set of
measures**



**5 new & 7 MVPs
revised in 2023
performance year**



**Public feedback
opportunities**

Emergency Medicine (EM) MVP

Adopting best practices & promoting patient safety

Captures care with the most common high-risk conditions

Disposition decisions for these impact health care quality & cost

Back Pain & Headache - opportunities for advancement

MVP Policies

Optional

- **Clinicians or groups register for a specific MVP**
- **Clinical Data Registries must support reporting**
- **CMS “subgroup reporting” is voluntary**
- **Clinicians can report both MVP MIPS measures**
- **CMS will take the higher score**

EM MVP Quality Measures

QPP116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

QPP254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain

QPP321: CAHPS for MIPS Clinician/Group survey

QPP331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis

EM MVP Quality Measures (continued)

QPP415: ED Utilization of CT for Minor Blunt Head Trauma
Patients Aged >18

ACEP21: Coagulation studies in patients presenting with chest
pain with no coagulopathy or bleeding

ACEP50: Median Time from ED arrival to ED departure for all
Adult Patients

ACEP52: Appropriate ED Utilization of Lumbar Spine Imaging
for Atraumatic Low Back Pain

ECPR46: Avoidance of Opiates for Low Back Pain or Migraines

EM MVP Foundational Measures

Population-based claims measures required for every MVP

Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission Rate for the MIPS Groups

Q484: Clinician & Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

EM MVP Cost Measures

Medicare Spending Per Beneficiary Clinician Measure

**Average of
risk-adjusted
costs across
all episodes**

**3 days prior
through 30
days after
discharge**

**Attributes all
Medicare Part
A & B costs**

Improvement Activities (IA)

IA_BE_4: Engagement of patients through improvements in patient portal

IA_CC_2: Improvements contribute to more timely communication of test results

IA_PSPA_1: Participation in an AHRQ-listed patient safety organization

IA_PSPA_7: QCDR data for ongoing practice assessment & improvements

IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)

IA_PSPA_19: Implementation of quality improvement methods, practice changes or other practice improvement processes

ACEP MVP Recommendation



**Report both MVP
&
Traditional MIPS**

MVP Registration



Register on the QPP Website between April 1 & November 30, 2023



CMS expects you to try to meet the MVP reporting requirements, but you are still able to report other measures as well

MIPS Results & Trends



MIPS Results

Year	Maximum Payment Adjustment	
	Estimated	Actual
2017 (affecting payments in 2019)	2.40%	1.88%
2018 (affecting payments in 2020)	2.05%	1.68%
2019 (affecting payments in 2021)	4.70%	1.79%
2020 (affecting payments in 2022)	6.25%	1.87%
2021 (affecting payments in 2023)	5.30%	2.30%
2022 (affecting payments in 2024)	14.00%	<i>Unknown</i>
2023 (affecting payments in 2025)	6.09%	<i>Unknown</i>

2023 Trends

Performance threshold increasing

More clinicians receive negative payment adjustments

Increased bonuses for those who report well

Anticipate 1/3 of clinicians to receive a penalty

2023 Trends (continued)

Facility Based Scoring

Quality & cost scores

CMS will take the best score

EUC Extended for 2023 due to COVID-19 Pandemic

Performance: 2023 Summary

Final Point Score 2023	Payment Adjustment 2025
> 75 - 100	Graduated Positive Adjustment > 0%
	Exceptional Performance Bonus Gone
75	Neutral Payment Adjustment
18.76-74.99	Negative Payment Adjustment 0% to -9%
< 18.76	Negative Payment Adjustment = -9%

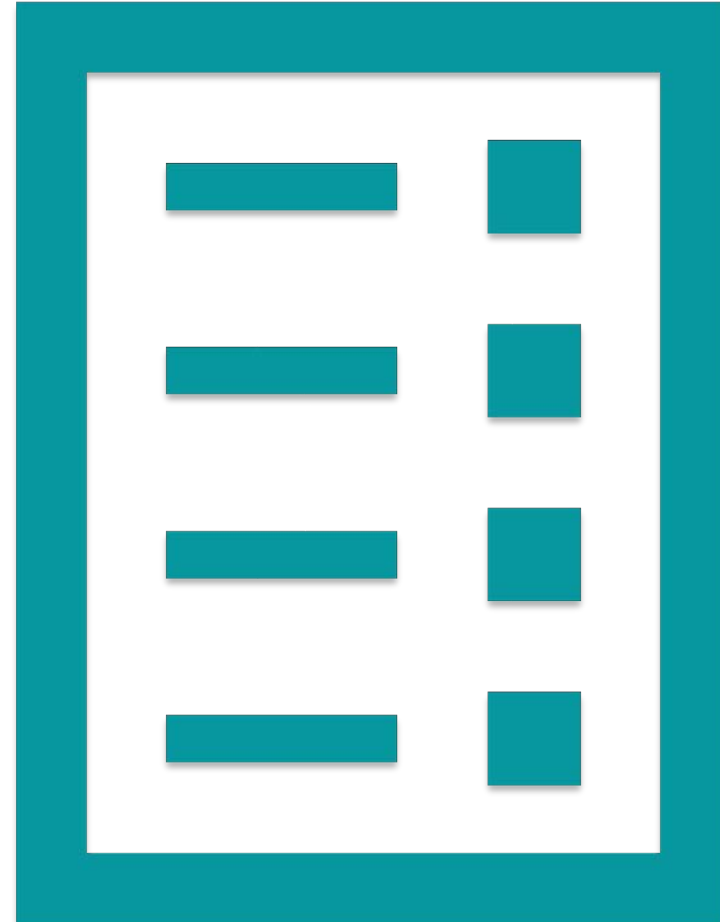
APM Performance Pathways (APPs)

MVPs for APMs

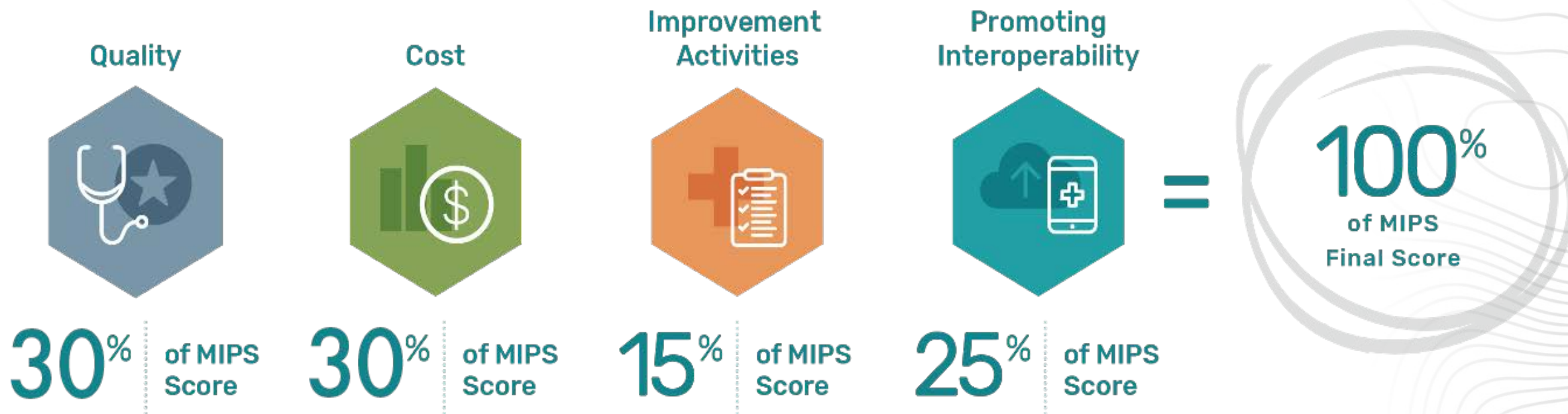
Participate in APMs but must still report in MIPS

ACOs report via CMS web interface

MIPS Policies by Category



MIPS Weightings



Quality Category (55%)

**198 MIPS
quality measures**

**Addition of 9
quality measures**

Key Final Policy



**Data
Completeness**



**High Priority
Measures**



**Quality
Benchmarks**

Cost (30%)



Acumen developed an EM episode-based cost measure



3 ACEP nominated members participated



Cost measure could be incorporated into the MIPS program by 2024



Starting in 2022, CMS established maximum cost improvement score

Improvement Activities (15%)



**Adding
4 new IAs**



**Modifying
5 existing IAs**



**Removing 6
existing IAs**

Promoting Interoperability (0%)

PDMP measure required beginning with 2023 performance

Expanding scope of the measure to include not only Schedule II opioids but also Schedules III & IV drugs

Remember: Most emergency physicians are exempt!

Qualified Clinical Data Registries

QCDRs: 3rd party intermediaries that help clinicians report

ACEP QCDR the Clinical Emergency Data Registry (CEDR)

CMS has separate rules for QCDRs policies & measures

CMS has repeatedly increased requirements for QCDRs

Registries Must



Perform

Yearly audits



Support

**MVP submissions
beginning in 2023**

Measures tested at the clinician level for MVP consideration

Top 10 Measures Reported in 2021

Measure	Description
ACEP 50	ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients (risk adjusted by ED volume)
ACEP 51	ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients (risk adjusted by ED volume)
ACEP 21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding
QPP 116	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
QPP 65	Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Top 10 Measures Reported in 2021

Measure	Description
ACEP 19	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years & Older
ACEP 22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism
ACEP 48	Sepsis Management: Septic Shock: Lactate Level Measurement, Antibiotics Ordered, & Fluid Resuscitation
QPP 331	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)
ACEP 58	Appropriate Treatment for Adults with Upper Respiratory Infection (URI)

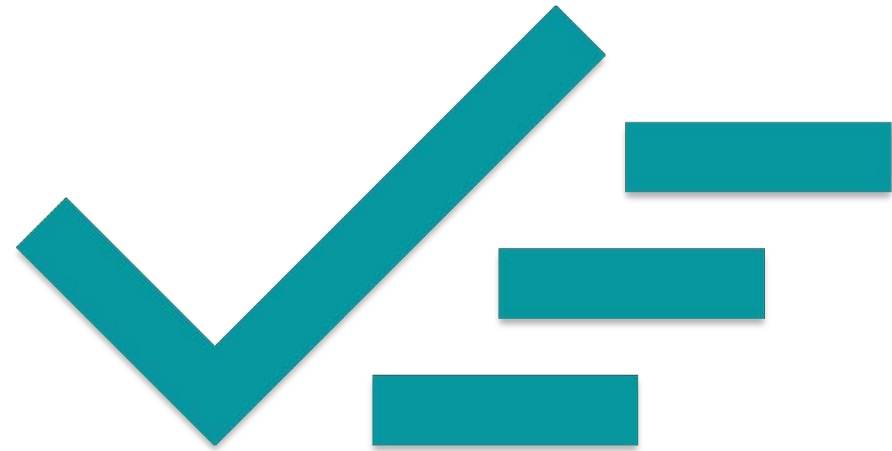
ACEP Approved Measures for 2023

Measure	Description
ACEP19	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years & Older
ACEP21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding
ACEP22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism
ACEP25	Tobacco Use: Screening & Cessation Intervention for Patients with Asthma & COPD
ACEP30	Sepsis Management: Septic Shock: Lactate Clearance Rate of ≥ 10
ACEP31	Appropriate Foley catheter use in the emergency department
ACEP48	Sepsis Management: Septic Shock: Lactate Level Measurement, Antibiotics Ordered, & Fluid Resuscitation
ACEP50	ED Median Time from ED arrival to ED departure for all Adult Patients
ACEP51	ED Median Time from ED arrival to ED departure for all Pediatric ED Patients

ACEP Approved Measures (continued)

Measure	Description
ACEP52	Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain
ACEP53	Appropriate Use of Imaging for Recurrent Renal Colic
ACEP54	Appropriate Utilization of Focused Assessment with Sonography for Trauma (FAST) Exam in the ED
ACEP55	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years
ACEP56	Follow-Up Care Coordination Documented in Discharge Summary
ACEP59	Chest Pain – Avoidance of admission for adult patients with low-risk chest pain.
ACEP60	Syncope – Avoidance of admission for adult patients with low-risk syncope
ACEP61	Avoidance of Chest X-ray in pediatric patients with Asthma, Bronchiolitis or Croup
ACEP62	Avoidance of Opioid therapy for dental pain.
ACEP 63	Avoidance of Acute High-Risk Prescriptions in geriatric patients at discharge

Strategies for Success



Strategy 1 - QPP Coding + IA (+ PI)

Advantages

**Full
Participation**

**Used by
clinicians for
improvement**

Disadvantages

Manual Coding

**EM limited
access**

Expected Outcome

Higher scoring

**Difficult to
avoid penalty**

Strategy 2 - QCDR + IA (+ PI)

Advantages

**Greatest
availability of
measures**

**Eliminates
manual error**

Disadvantages

**Dependence
on hospitals**

**Longer
implementation
timeline**

Expected Outcomes

Higher scoring

**Most likely to
avoid penalty**

Strategy 3 -Traditional MIPS + MVP

Advantages

**Higher score
given
preference**

**Early reporting
benefits**

Disadvantages

**Additional
Cost**

**More time &
effort to report**

Expected Outcome

**Highest
possible
scoring**

**Most likely to
avoid penalty**

Improve MIPS Scoring Through

Clinical Notes

Quality Measures

Group TIN

EHR Functional Capabilities

What To Do About 2022?

EUC

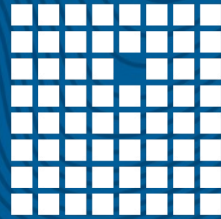
Ideally, you applied for the MIPS Extreme & Uncontrollable Circumstances Exception (EUC) allowing the option not to report

Evaluate

If EUC in place, evaluate expected scoring & proceed with caution



American College of Emergency Physicians



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