

## 2023 Top MIPS Proposed Changes

Below is a quick rundown of some major proposed MIPS changes relevant to what we use in our specialties. Most proposed changes would be effective in 2023, unless otherwise specified. Names of measures and activities are abbreviated.

### Overall Top Proposed Changes:

- Avoid the penalty at 75 pts, the exceptional provider bonus is expired.
- New required PI measure: Query of Prescription Drug Monitoring Program (PDMP).
- Implementation of new reporting model “MVP” begins in 2023 (none are relevant to our specialists).

### Top Proposed Changes by Category:

Quality (30%)	<ul style="list-style-type: none"> <li>• Removal of 3-pt floor. Measures will be scored 1-10 pts. Small practices keep 3-pt floor.</li> <li>• Changes to existing measures are mostly clarifications or removals.</li> <li>• 2024 and 2025: Data completeness threshold to increase to 75%.</li> </ul>
PI (25%)	<ul style="list-style-type: none"> <li>• Require Query of Prescription Drug Monitoring Program measure (formerly bonus).</li> <li>• New option to satisfy the Health Information Exchange Objective: Participation in the Trusted Exchange Framework and Common Agreement (TEFCA).</li> <li>• Public Health and Clinical Data Exchange Objective Change: require you to submit level of engagement (“Pre-production and Validation” or “Validated Data Production”).</li> </ul>
IA (15%)	<ul style="list-style-type: none"> <li>• Four proposed new IAs, including Create and Implement a Language Access Plan (high-weighted), and COVID-19 Vaccination for Practice Staff (medium-weighted).</li> <li>• Five changes to existing IAs (Use of QCDR data for ongoing practice assessment and improvements).</li> <li>• Five proposed removals, including Use of QCDR for feedback reports that incorporate population health (high-weighted).</li> </ul>
Cost (30%)	<ul style="list-style-type: none"> <li>• No significant changes to Cost proposed for 2023.</li> </ul>

### Quality Measure Proposed Changes:

#### Ophthalmology

ID	Name	Measure Specific
117	Diabetes Eye Exam	<ul style="list-style-type: none"> <li>-Remove from Claims because it is extremely topped out and at the end of topped-out lifecycle.</li> <li>-MIPS CQM clarification: age on the date of encounter should be used to determine patient eligibility for measure.</li> <li>-eCQM modified: patient age is determined as of the end of the year.</li> </ul>
191	Cataract Surgery 20/40 VA	<ul style="list-style-type: none"> <li>-Denominator exclusion added: tractional retinal detachment.</li> <li>-eCQM denominator exclusion added: heteronymous bilateral field defects.</li> </ul>
265	Biopsy Follow-Up	Removal from MIPS because it has reached the end of the topped-out lifecycle.

## Dermatology

ID	Name	Measure Specific
176	TB Screening Prior to First Course of Biologic Therapy	<p>-Title revised: "Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy"</p> <p>-Revise: measure to include biologics rather than just immune response modifier therapies.</p> <p>-Added: Adalimumab-adbm (Cyltezo), Adalimumab-atto (Amjevita), Brodalumab (Siliq), Risankizumab-rzaa (Skyrizi), and Tildrakizumab (Ilumya).</p> <p>-Added note that the list of therapies is subject to change as new therapies are approved by the FDA. (The list will likely include any biologic and/or immune response modifier with a warning for potential latent TB reactivation)</p>
265	Biopsy Follow-Up	Removal from MIPS as it is at the end of the topped-out lifecycle.
440	Skin Cancer: Biopsy Reporting Time	-Added denominator exception: pathology report for tissue specimens produced from wide local excisions or re-excisions.
N/A	Psoriasis – Improvement in Patient-Reported Itch Severity	Proposed new MIPS measure.
N/A	Dermatitis – Improvement in Patient-Reported Itch Severity	Proposed new MIPS measure.

## General/Other

ID	Name	Measure Specific
1	Diabetes HbA1C	<p>-No longer limited to Type 1 and Type 2 diabetes. Would now include secondary diabetes due to another condition.</p> <p>-MIPS CQM clarification: use age on the date of encounter.</p> <p>-eCQM clarification: use age by end of performance year.</p>
110	Flu Immunization	Removal from MIPS because CMS is proposing a new, more comprehensive measure: Adult Immunization Status.
111	Pneumococcal Vaccination	Removal from MIPS because CMS is proposing a new, more comprehensive measure: Adult Immunization Status.
112	Breast Cancer Screening	<p>-MIPS CQM clarification: use age on the date of encounter.</p> <p>-eCQM clarification: use age by end of performance year.</p>
113	Colorectal Cancer Screening	<p>-Measure now applies to patients age 45-75 (previously 50-75) to reflect 2021 US Preventive Services Task Force recommendations.</p> <p>-MIPS CQM clarification: use age on the date of encounter.</p> <p>-eCQM clarification: use age by end of performance year.</p>
130	Documentation of Current Medications	<p>-Remove from Claims as it is at the end of the topped-out lifecycle.</p> <p>-For eCQM and MIPS CQM: add cannabis/cannabidiol products to the medications that must be assessed and documented.</p>
181	Elder Maltreatment Screen	Age reduced from 65+ years to 60+ years.
226	Tobacco Use	<p>-Screening and intervention would have to occur during the measurement period or in the 6-months prior (formerly 12 months).</p> <p>-Updated definition of "tobacco use" to include vapes, e-cigarettes, hookah pens, and other electronic nicotine delivery systems.</p> <p>-eCQM addition: include inpatient encounters.</p>

236	Controlling High BP	<ul style="list-style-type: none"> <li>-Added clarification: only distinct numeric results are being utilized for the purpose of this measure as ranges and thresholds do not meet the measure's intent.</li> <li>-MIPS CQM clarification: age on the date of encounter should be used to assess for age-related exclusions.</li> <li>-eCQM clarification: do not include BP readings taken during an acute inpatient stay or an ED visit.</li> </ul>
238	Use of High-Risk Meds	<ul style="list-style-type: none"> <li>-eCQM clarification: patient must be 65+ at the <i>end</i> of the year.</li> <li>-Added a third way in which a prescription can count as high risk for the numerator based on exceeding average daily dose criteria.</li> </ul>
374	Closing the Referral Loop	<ul style="list-style-type: none"> <li>-Only referrals made on or before October 31 should be included.</li> <li>-Clarification: the first referral for a patient should be used for assessing if the referral loop was closed.</li> </ul>
N/A	Screening for Social Drivers of Health	Proposed new MIPS measure.
N/A	Adult Immunization Status	Proposed new MIPS measure.

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