

Summary of 2022 Quality Payment Program Experience Report Key Findings

Finding 1: Merit-based Incentive Payment System (MIPS) scores/payment adjustments continue to demonstrate disproportionate discrepancies.

- [Studies](#) have shown MIPS scores are “inconsistently related” to quality of care. However, practices with more resources consistently fair better. More than 45 percent of MIPS solo eligible clinicians (ECs) and 31 percent of ECs in small practices received a MIPS penalty in 2022, compared to fewer than 14 percent of ECs overall. Rural practices also fare worse; nearly 18 percent of rural ECs received a penalty. More than 27 percent of solo ECs and 12 percent of small practice ECs received the maximum penalty compared to two percent of ECs overall. ECs in large practices earned more bonuses and fewer penalties than the average MIPS EC.
- Cost continues to be the lowest scoring category with ongoing issues and disparate implications across medical specialties and practice type/size. The mean and median scores for the two most common cost measures (Total Per Capita Cost and Medicare Spending Per Beneficiary) were (5.11 / 5) and (7.43 / 7.56) respectively. Notably, APM Entities, which have Cost reweighted to zero since they are held accountable for spending through their APM, make up a disproportionate share of top MIPS performers. 99.5 percent of ECs in APM Entities earned bonuses and 93 percent received an exceptional performance bonus.

	Mean Payment Adjust.	Median Payment Adjust.	Total % Receiving Penalty	% Receiving Max Penalty	% Receiving Neutral \$\$\$ Adjust.	Total % Receiving Bonus	% Receiving Exceptional Perf. Bonus
Overall	+2.06%	+0.92%	13.57%	2.09%	7.17%	79.26%	42.22%
Solo	-1.89%	0.00%	45.48%	27.53%	22.45%	32.07%	21.84%
Small Practice	+0.67%	+0.46%	31.75%	12.59%	17.41%	55.65%	34.93%
Rural	+1.72%	0.81%	17.88%	2.18%	7.40%	74.72%	38.06%
Large Practice (100+ ECs)	+2.43%	+1.03%	9.53%	0.13%	3.9%	86.56%	45.31%
APM Entity (e.g. ACO)	+4.62%	+4.57%	0.29%	0%	0.17%	99.55%	93.12%

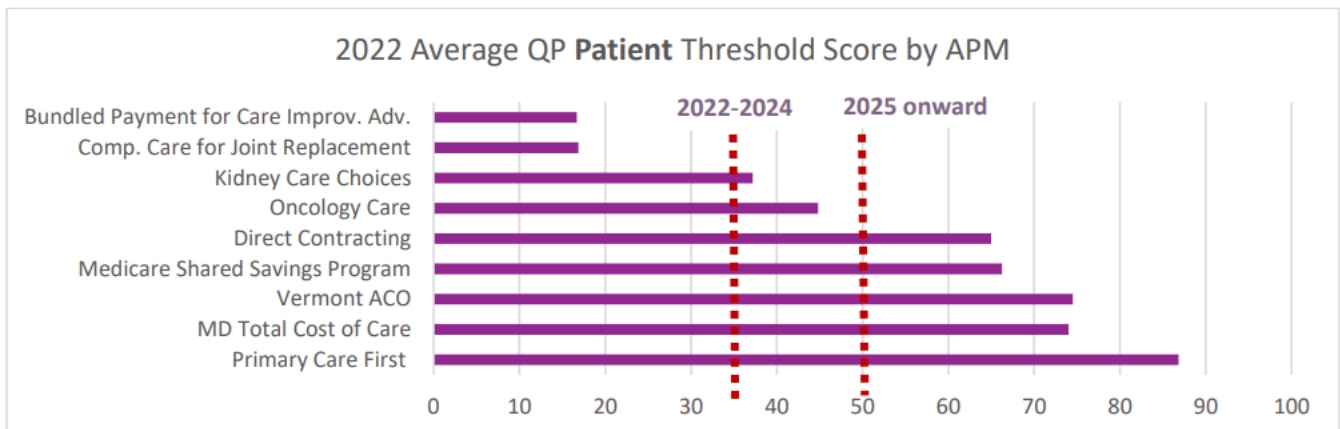
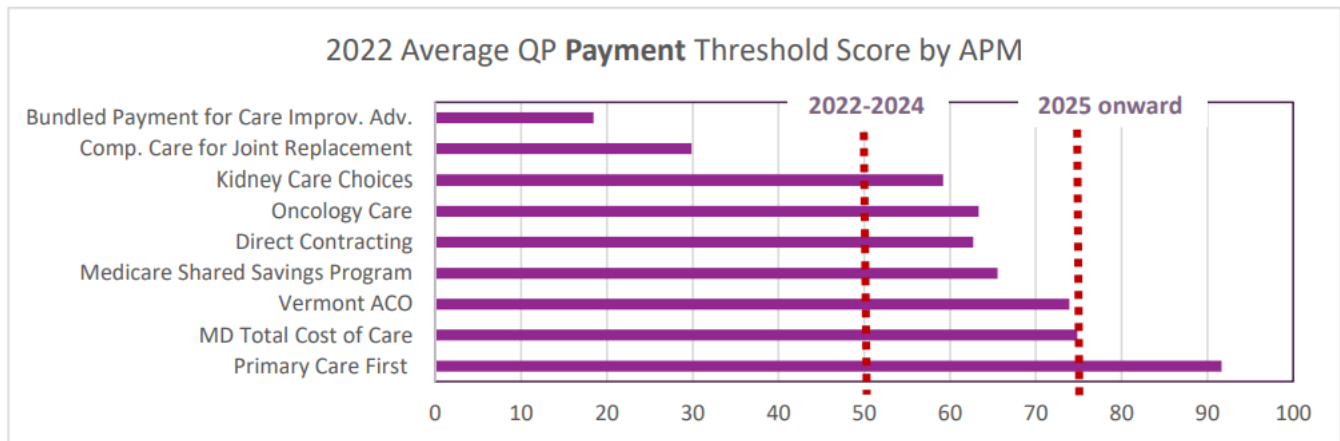
Finding 2: Mean and median final MIPS scores declined by six and 12 points from 2021 to 2022. Why?

- The MIPS Extreme and Uncontrollable Circumstances hardship exception was available to physicians adversely impacted by the COVID-19 pandemic to exempt them from a MIPS penalty. However, in 2022 physicians had to apply for the exception whereas in previous years it had been applied automatically.
- The MIPS performance threshold to avoid a penalty increased from 60 to 75 points from 2021 to 2022.
- Cost was scored for the first time since 2019 and worth 30 percent of the final score (vs. 15 percent in 2019).
- Dozens of “topped out” quality measures were capped at seven (out of 10) points. Dozens of (typically new) measures without benchmarks earned a maximum five to seven points, greatly impacting certain specialties.
- No more bonus points for additional outcomes, high priority, or electronically reported quality measures.
- Fewer clinicians were eligible for the complex patient bonus due to a formula change.

MIPS in 2022: MIPS scores from 2022 impact Medicare physician payments in 2024. In 2022, the MIPS performance threshold was 75 points, the minimum necessary to avoid a MIPS penalty. In 2024, the maximum penalty was -9 percent and the maximum bonus was 8.26 percent, which included an additional \$500 million for exceptional performers. 2024 is the final year this additional \$500 million is available under the Medicare Access and CHIP Reauthorization Act (MACRA). Moving forward, MIPS bonuses will be funded exclusively from penalties. The four MIPS Categories include Quality, Cost, Improvement Activities, and Promoting Interoperability of EHR systems.

Finding 3: Participation in Advanced APMs is growing but faces a critical inflection point.

- In 2022, the total number of Qualified Participants (QPs) in Advanced APMs was 386,263, 41 percent more than 2021. QPs accounted for 38.23 percent of overall QPP participants in 2022, more than ever before.
- Why the growth? Two newer Advanced APMs (Primary Care First and the Kidney Care Choices Model) accepted new participants in 2022. More Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO) participants are also advancing to higher risk tracks.
- In 2022, nearly 92 percent of ECs in Advanced APMs reached QP thresholds (50 percent of payments or 35 percent of patients). Based on 2022 data, all physicians in non-primary care specialty models will struggle to meet the higher QP thresholds set to take effect in 2025 (75 percent of payments or 50 percent of patients).
- 2022 is the final performance year QPs will receive a five percent bonus for Advanced APM participation. Advanced APM bonuses drop to 3.5 percent and 1.88 percent in the 2023 and 2024 performance years. For performance year 2024 onward, QPs will receive a 0.5 percent higher Medicare update than MIPS ECs.



APMs in 2022: APMs that meet quality, Certified EHR, and financial risk criteria are “Advanced APMs.” ECs receiving a certain percent of their payments or patients through Advanced APMs are qualifying participants (QPs). Under MACRA, QPs are exempt from MIPS and qualify for certain financial incentives. APM development and adoption has been slower than anticipated under MACRA, particularly for specialty models. Though CMS recently provided an [update](#) on its strategy for engaging specialists in APMs, the agency has developed few specialty Advanced APMs. To date, the agency has not adopted a single PTAC-recommended model.