

Comparison of 2021 and 2022 MIPS Requirements

Policy	2021	2022
Performance Threshold (PT)	Performance Threshold is set at 60 points . Additional performance threshold set at 85 points for exceptional performance.	Performance Threshold is set at 75 points . Additional performance threshold set at 89 points for exceptional performance.
Payment Adjustments	+/- 9% Any positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality, so the maximum positive adjustment will likely be below 9%.	Same as 2021.
Category Weights for Non-Patient Facing Pathologists	<ul style="list-style-type: none"> • Quality: 85% • Improvement Activities: 15% • Promoting Interoperability: 0% • Cost: 0% unless the CMS can calculate it for your practice. 	Same as 2021 for large practices of 16+ clinicians. For small practices of ≤15 clinicians: <ul style="list-style-type: none"> • Quality: 50% • Improvement Activities: 50% • Promoting Interoperability: 0% • Cost: 0% unless the CMS can calculate it for your practice.
Low-Volume Threshold (LVT)	To be excluded from MIPS, clinicians or groups need to meet one or more of the following three low-volume threshold criterion: 1. Have ≤ \$90K in Part B allowed charges for covered professional services; 2. Provide care to ≤ 200 Part B-enrolled beneficiaries; OR 3. Provide ≤ 200 covered professional services under the Physician Fee Schedule	Same as 2021.
Opt-in	Starting in 2019, clinicians or groups can opt-in to MIPS, if they meet or exceed at least one, but not all three, of the low-volume threshold criteria.	Same as 2021.



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Quality Measure Submission Requirements	<ul style="list-style-type: none"> • 12 months of reporting • 20 case minimum for each measure • 70% data completeness (if data completeness not met on a measure, large practices of >16 clinicians receive 0 points and small practices of ≤15 clinicians receive 3 points on that measure). • Report on a minimum of 6 measures with one being an outcome measure or a high priority measure • 2 bonus points for each additional outcome measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0) • 1 bonus point for each additional high priority measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater 	Removal of bonus points for reporting additional high priority/outcome measures beyond the one required.
Claims Submission Limited to Small Practices	Medicare Part B claims measures can only be submitted by clinicians in a small practice (15 or fewer clinicians), whether participating individually or as a group .	Same as 2021.
Submission Mechanisms/Collection Types	Individuals/groups can use multiple collection types. In 2019, individual eligible clinicians/groups can submit measures via multiple collection types (MIPS CQM, eCQM, QCDR measures, and for small practices, Medicare Part B claims measures). If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring.	Same as 2021.
CAP Measures Available to Report via	5 measures in the pathology specialty measure set available to report via Medicare Part B Claims.	Same as 2021.



Policy	2020	2021
Medicare Part B Claims or Qualified Registry	<ul style="list-style-type: none"> • Barrett’s Esophagus • Radical Prostatectomy Reporting • Lung Cancer Reporting (biopsy/cytology specimens) • Lung Cancer Reporting (resection) • Melanoma Reporting <p>6 measures in the pathology specialty measure set available to report via Qualified Registry.</p> <ul style="list-style-type: none"> • Barrett’s Esophagus • Radical Prostatectomy Reporting • Lung Cancer Reporting (biopsy/cytology specimens) • Lung Cancer Reporting (resection) • Melanoma Reporting • Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time – Pathologist to Clinician <p>The Eligible Measures Applicability (EMA) process will be triggered if reporting via claims or Qualified Registry or QCDR and reporting on less than the minimum reporting requirement of 6 QPP measures or not reporting on the complete specialty measures sets above.</p>	
Topped Out Measures	No measures removed.	No measures removed.
Complex Patient Bonus	10 points	Same as 2021.
Facility-Based Scoring	Individual: MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the	Same as 2021.



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	<p>performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23).</p> <p>Group: A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals.</p> <p>Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score.</p> <p>There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement.</p> <p>An individual or group must submit data in the Improvement Activities performance category to maximize MIPS score under facility-based measurement.</p>	
<p>Improvement Activities Requirements for Non-Patient Facing Pathologists</p>	<p>Attest to 1 high-weighted or 2 medium-weighted Improvement Activities to receive full credit in the category.</p> <p>Retain documentation for 10 years to support your attestation.</p> <p>Group can attest to an improvement activity when at least 50% of the clinicians (in the group) perform the same activity. Clinicians can perform the activity during any continuous 90-day period during the performance year. (Everyone does not need to perform the activity at the same time.)</p>	<p>Same as 2021.</p>