2022 QPP Experience Report: Address 3 Key Findings Now to Avoid Future Penalties

written by Dave Halpert | May 23, 2024



At first glance, CMS's recently released 2022 QPP Experience Report (PDF) seems reassuring, because the majority of clinicians avoided financial penalties under MIPS. Don't be fooled! While overall success and failure rates in the report may lead you to conclude that merely participating in the QPP (either in MIPS or as an APM) is enough to do well, trends in the report tell a very different story:

Without a concerted and cohesive strategy to simultaneously improve efficiency and demonstrably improve quality, providers will begin to see their consistent results fall short of minimum performance thresholds.

The QPP Experience Report details participation in the MIPS and APM tracks of the Quality Payment Program (QPP). Performance results focus on MIPS, from both the Traditional MIPS

participation and MIPS APM tracks. (MSSP ACO performance results are released separately.)

Although these results are from 2022, there is plenty of actionable information that you can use to your advantage. In particular, there are three critical underlying—yet profoundly impactful—findings that health systems and providers should proactively address in order to avoid (or undo) financial penalties based on their performance in 2024 and beyond.

1. The COVID-19 PHE, and the corresponding proliferation of Extreme and Uncontrollable Circumstance (EUC) Exemptions created a selection bias in the results.

Although understandable, CMS's approval of nearly all COVID-19-related EUC exemptions had unintended, unavoidable consequences. Since providers could easily remove themselves from the eligibility pool for MIPS, only those who believed that they were guaranteed to clear the minimum MIPS performance threshold submitted data. Those who were less confident but aware of the EUC process could easily remove themselves from the performance adjustment pool.

The resulting selection bias explains why only 14 percent of clinicians received negative payment adjustments. This may seem like a minor footnote, but the effects are more pronounced. Since statute dictates that MIPS performance thresholds correspond to prior year averages, this self-selecting group of submitters has earned up to 8 percent in incentive payments; however, artificially inflated performance will make MIPS more challenging for everyone in years to come.

2. MIPS scores actually fell between 2021 and 2022. Maintaining high results will be extremely difficult.

This is primarily due to the fact that the Cost category was finally applied to the MIPS score for the first time in three years. Given the sheer number of specific Cost measures now in play, plus the requirement that certain measures may be scored with as few as 10 cases, overall MIPS scores have become much harder to predict.

Even with perfect scores in Quality, Improvement Activities, and Promoting Interoperability, providers can still fall short of the MIPS Performance Threshold if they fail to control costs. In 2024, the Minimum Performance Threshold is 75 points, and it will increase to 82 points in 2025. With Cost representing 30 percent of the possible score, it can make or break your MIPS performance adjustment. With CMS only providing de-identified results (received eight months after the end of the performance period), an up-front strategy combining cost and quality metrics will be the only way that providers can stay on the positive side of the performance threshold.

3. The APM results are also deceptive, because they reflect a method of quality reporting that is being phased out.

APM Entities did score comparatively higher than both individual clinicians and group practices in MIPS scoring, but that story is missing a critical chapter: the sunsetting of the CMS Web Interface.

The vast majority of ACOs have been utilizing the CMS Web

Interface (rather than the APP) to fulfill quality reporting requirements, but that ceases to be an option after this year. Going forward, ACOs will need to report via the APP. Since 99.88 percent of MIPS APM Entity payment adjustments went to MSSP ACOs, the high scores achieved by APMs in this report reflect a time where only limited technical expertise was required—certainly nothing so complex as comprehensive data aggregation from disparate sources. Expect a sharp drop in scores for those without a plan for creating a patient-centric database that can be used for measuring, improving, and reporting performance.

Founded in 2002, Roji Health Intelligence guides health care systems, providers and patients on the path to better health through Solutions that help providers improve their value and succeed in Risk.

Image: Max Langelott