



2023 Medicare Physician Fee Schedule Proposed Rule, Quality Payment Program

On July 7, the Centers for Medicare and Medicaid Services (CMS) released its calendar year (CY) 2023 Medicare Physician Fee Schedule (MPFS) proposed rule. Key elements of the proposed rule are summarized below.

- **MIPS Value Pathways (MVPs).** CMS reiterates its intent to move to MVPs to improve value, reduce burden, inform patient choice in selecting clinicians, and reduce barriers to participation in Alternative Payment Models (APMs). CMS confirms that MVPs will be available for voluntary reporting beginning with the CY 2023 MIPS performance period, and that it intends for MVPs to become the only method to participate in MIPS in future years, although it has not yet finalized the timing for the sunset of traditional MIPS.
 - IDSA plans to reiterate our support for MVPs to reduce reporting burden and ask CMS to explore innovative methods to attribute facility-based clinicians' actions to patient outcomes that are traditionally tied to facility-based quality programs.
- **MIPS Performance Threshold.** CMS proposes to use the CY 2019 MIPS payment year as the prior period for the purpose of determining the performance threshold for the 2023 performance year/2025 MIPS payment year. Under this proposal, the performance threshold for the 2023 performance year/2025 MIPS payment year would be the mean of the final scores for all MIPS eligible clinicians for the CY 2019 MIPS payment year, which is 75 points (rounded from 74.65 points). This performance threshold is the same as the thresholds finalized for the 2022 performance year/2024 payment year. CMS chose this value because it represents the lowest of the possible threshold values and would continue the current performance threshold, which would maintain stability and predictability in the program.
 - IDSA plans to support this proposal as it maintains consistency for the program.
- **MIPS Data Completeness Threshold.** CMS proposes to raise the data completeness criteria from 70 percent to 75 percent for the CY 2024 and CY 2025 performance periods/2026 and 2027 MIPS payment years. A MIPS eligible clinician or a group submitting QCDR measures, MIPS CQMs, or eCQMs would need to submit data on at least 75 percent of the MIPS eligible clinician or group's patients that meet the measure's denominator criteria, regardless of payer. A MIPS eligible clinician or a group submitting data on Medicare Part B claims measures would need to submit data on at least 75 percent of the MIPS eligible clinician or group's patients seen during the corresponding performance period to which the measure applies.
 - IDSA plans to oppose this proposal as the administrative reporting burden would increase. Additionally, as the world is still in the midst of the COVID-19 pandemic and the monkeypox public health emergency, asking providers to increase their data reporting will be disruptive to patient care and emergency preparedness.



- **Infectious Disease Specialty Measure Set.** CMS proposes to include the following measures in the ID specialty measure set,

Documentation of Current Medications in the Medical Record,	Appropriate Treatment for Upper Respiratory Infection (URI),
HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis,	Immunizations for Adolescents,
HIV Viral Load Suppression,	Appropriate Testing for Pharyngitis,
HIV Medical Visit Frequency,	Tuberculosis Screening Prior to First Course Biologic Therapy,
HIV Screening,	Screening for Social Drivers of Health,
Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users,	Adult Immunization Status
Childhood Immunization Status,	

- IDSA plans to reiterate our concerns with the lack of relevant measures to ID physicians who treat adult patients predominately in the inpatient setting. Additionally, we plan to comment that the lack of relevant measures will lead to the same outcome as the MIPS program transitions to MVP reporting.
- **Changes to Existing Measures.** CMS proposes to add a new Adult Immunization Status measure to MIPS. The Adult Immunization Status measure evaluate a patient’s flu, Tdap, pneumococcal, and herpes zoster status. Additionally, based on substantive changes submitted the measure stewards, CMS proposes to revise certain components of the specifications for the following measures, Pneumococcal Vaccination Status for Older Adults, Influenza Immunization, Childhood Immunization Status, and Immunizations for Adolescents.
 - IDSA plans to conduct further analysis of the new Adult Immunization Status measure and the changes to the existing measures to understand if there will be reporting overlap. We will be seeking input from IDSA QIC members on how the Adult Immunization Status measure and revised measure will impact our members.
- **COVID-19 Vaccine Achievement for Practice Staff Improvement Activity.** CMS proposes to include the COVID-19 Vaccine Achievement for Practice Staff Improvement Activity to the MIPS program.
 - IDSA plans to support the addition of this Improvement Activity, reiterating CMS's rationale for including this activity in MIPS.

Additional resources:

- [CMS general fact sheet on the rule](#)
- [CMS fact sheet: Medicare Shared Savings Program \(MSSP\) and Accountable Care Organizations](#)
- [CMS Fact Sheet: Quality Payment Program \(QPP\)](#)