



Overview of CY2022 Final Rules – Part 2

GKC MGMA Webinar

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Agenda

- Highlights/Recap of CY2022 Final Rules
- No Surprises Act
- Resources
- Questions

Highlights from the CY2022 Final Rules

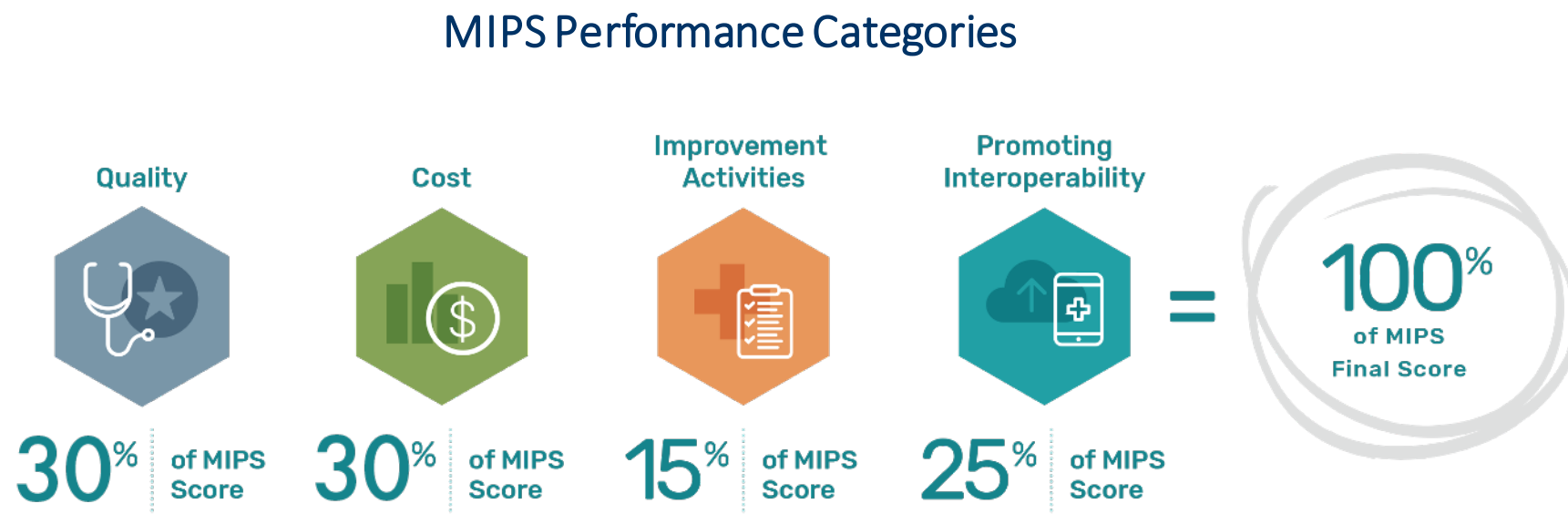
Physician Fee Schedule Highlights

- Telehealth
 - Certain services will remain on list thru December 31, 2023
 - Permanently adopts coding and payment for the “virtual check-in”
 - Mental health provisions
- RHCs and FQHCs
- Evaluation and Management (E/M) Visits
 - Split or shared E/M visits
 - Critical Care Services
- Electronic Prescribing of Controlled Substances
- Vaccine Administration and COVID-19 Monoclonal Antibody Products
- Medicare Diabetes Prevention Program
- Other
 - Physician Assistant (PA) services
 - Appropriate Use Criteria (AUC) program
 - Colorectal cancer screening

Quality Payment Program Highlights

- Revised Definition of MIPS Eligible Clinicians
- Adjusted MIPS Performance Thresholds
- Adjusted Category Weights
- Added New and Modified Measures and Activities
- Redistribution of Final Scoring for Small Practices
- Finalized 7 MIPS Value Pathways (MVPs)
- Double Complex Patient Bonus Available

Performance Category Weights – Traditional MIPS



MIPS scoring is comprised of **4** performance categories

The points from each performance category are added together to give you a MIPS Final Score.

The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment**.

2022 Traditional MIPS – Performance Threshold and Payment Adjustments

2021 Final

Final Score 2021	Payment Adjustment 2023
≥85 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
60.01-84.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
60 points	<ul style="list-style-type: none"> Neutral payment adjustment
15.01-59.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-15 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%



2022 Final

Final Score 2022	Payment Adjustment 2024
≥89 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Eligible for additional payment for exceptional performance—minimum of additional 0.5%
75.01-88.99 points	<ul style="list-style-type: none"> Positive adjustment greater than 0% Not eligible for additional payment for exceptional performance
75 points	<ul style="list-style-type: none"> Neutral payment adjustment
18.76-74.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -9% and less than 0%
0-18.75 points	<ul style="list-style-type: none"> Negative payment adjustment of -9%

The 2022 performance year/2024 payment year is the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.

Home Health Prospective Payment System Highlights

- Provider Enrollment
 - Largely regulatory codification
 - Added ten (10) additional reasons for provider enrollment application rejection
 - Added five (5) additional grounds for provider deactivation
 - No payment for services or items furnished while deactivated
 - Effective date of deactivation is date on which the deactivation is imposed
 - Effective date of reactivation is date application is approved
- Home health plan of care

No Surprises Act

No Surprises Act

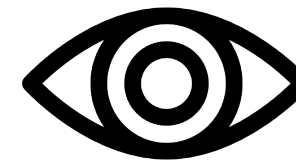
Enacted in December 2020 and applicable January 1, 2022, or plan/policy years beginning on or after January 1, 2022, as applicable



Protects patients from balance bills



Establishes a dispute resolution process for Out Of Network (OON) payment



Improves transparency via cost estimates, network directories, and insurance card updates

No Surprises Act



Protects patients from balance bills

Provider and Facility Requirements Starting January 1, 2022

- NO balance billing for out-of-network emergency services
- NO balance billing for non-emergency services by nonparticipating providers at certain participating health care facilities, unless notice and consent was given in some circumstances
- NO balance billing for air ambulance services by nonparticipating air ambulance providers
- Disclose patient protections against balance billing

No Surprises Act

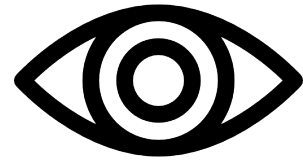


Establishes a dispute resolution process for Out of Network (OON) payment

Independent Dispute Resolution (IDR)

- Plan owes provider within 30 days of billing
- Negotiations between plan and provider
- IDR process
 - Plan and provider submit offers within 10 days of selecting entity
 - Negotiations can continue until IDR entity decides
 - Rulemaking for batching of items and services
 - Entity has 30 days from selection to decide between offers
 - Non-prevailing party pays IDR fee

No Surprises Act



Improves transparency via cost estimates, network directories, and insurance card updates

- Provide good faith estimate in advance of scheduled services, or upon request to uninsured (or self-pay) individuals
- Ensure continuity of care when a provider's network status changes
- Improve provider directories and reimburse enrollees for errors

Resources

PFS Final Rule Resources

CMS Press Release – Medicare Physician Fee Schedule Final Rule

<https://www.cms.gov/newsroom/press-releases/cms-physician-payment-rule-promotes-greater-access-telehealth-services-diabetes-prevention-programs>

CMS Fact Sheet – Medicare Physician Fee Schedule Final Rule

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule>

CMS Fact Sheet – Final Policies for the MDPP Expanded Model

<https://www.cms.gov/newsroom/fact-sheets/final-policies-medicare-diabetes-prevention-program-mdpp-expanded-model-calendar-year-2022-medicare>

Final Rule

<https://www.federalregister.gov/documents/2021/11/19/2021-23972/medicare-program-cy-2022-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>

Quality Payment Program Resources

[QPP 2022 Final Rule Resources Zip File](#)

(Click on link above)

Overview Fact Sheet: Offers an overview of the QPP Final Rule policies for the 2022 performance year.

Policies Comparison Table: Compares the final 2022 performance year policies to the requirements for the 2021 performance year.

MVP Policies Table: Provides an overview of the policies for implementation of MVPs beginning in the 2023 performance year.

Frequently Asked Questions (FAQs): Addresses the FAQs for the 2022 QPP Final Rule policies.

Electronic Code of Federal Regulations, Subpart O

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-O>

OPPS/ASC Final Rule Resources

CMS CY 2022 OPPS/ASC Final Rule:

<https://www.federalregister.gov/documents/2021/11/16/2021-24011/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

CMS Newsroom Fact Sheet:

[CY 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule \(CMS-1753FC\) | CMS](#)

Home Health PPS Rule Resources

Fact Sheet:

<https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-calendar-year-2022-home-health-prospective-payment-system-rate-update-home-health>

Final Rule:

<https://www.federalregister.gov/documents/2021/11/09/2021-23993/medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home>

No Surprises Act (NSA) Resources

No Surprises Act Website and Fact Sheets:

<https://www.cms.gov/nosurprises/Policies-and-Resources/Overview-of-rules-fact-sheets>

Notice and Consent Form/Other Notices:

<https://www.cms.gov/httpswwwcmsgovregulations-and-guidancelegislationpaperworkreductionactof1995pra-listing/cms-10780>

Phone Number for Information and Complaints (after 1/1/2022):

1-800-985-3059

Questions: provider_enforcement@cms.hhs.gov

No Surprises Act (NSA) Resources

 An official website of the United States government [Here's how you know](#) ▾

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Home > No Surprises Act

Home | Policies & Resources ▾ | Consumer Protections ▾ | Help resolve payment disputes ▾

Ending Surprise Medical Bills

See what's coming to help to protect people from surprise medical bills and removing consumers from payment disputes between a provider or health care facility and their health plan

[Learn More](#)



www.cms.gov/nosurprises

No Surprises Act (NSA) Resources

See what's coming to help to protect people from surprise medical bills and removing consumers from payment disputes between a provider or health care facility and their health plan

[Learn More](#)



Policies & resources

Review rules and fact sheets on what No Surprises rules cover, and get additional resources with more information.

[Overview of rules & fact sheets](#)

[Provider resources](#)

Help resolve payment disputes

Organizations can now apply to become certified to resolve payment disputes between providers or facilities and health plans.

[Apply today: Become a dispute resolution organization](#)

[Submit feedback on applicants](#)

Consumer protections

Learn about rights and protections for consumers coming in January to end surprise bills and remove consumers from payment disagreements between their providers, health care facilities and health plans.

[What are the new protections?](#)

[Understanding costs in advance](#)

[Payment disagreements](#)

Questions?

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