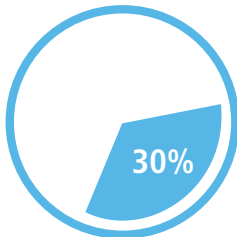




## Using the AQUA Registry for 2022 MIPS Reporting

### Merit-Based Incentive Payment System (MIPS) Categories:

#### Quality Reporting



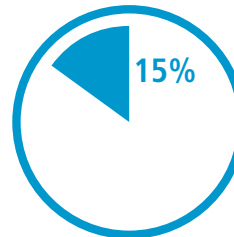
**Maximum Points:**  
60 – 70  
(based on group size)

#### Promoting Interoperability (PI)



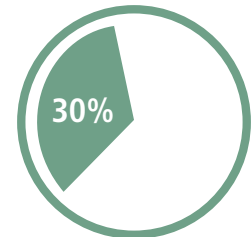
**Maximum Points: 100**

#### Improvement Activities (IA)



**Maximum Points: 40**  
(based on group size  
and location)

#### Cost (Resource Use)



**Average score  
of attributable  
resource measures**  
(based on group size)

### AQUA Registry Provides:

- The ability to report on 6 out of 50 plus measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.
- The best combination of measures that provide urologists with the highest performance scores through system optimization in reporting to the Centers for Medicare and Medicaid Services (CMS).

- A score calculator where eligible providers can input numerator/denominator data.
- An attestation module where providers are able to attest to the required objectives and their measures.
- The ability to earn 5 bonus points, under the Public Health and Clinical Data Exchange Objective, by attesting "yes" to the Clinical Data Registry reporting measure.

(Note: Participation in the AQUA Registry alone is not sufficient to meet this category; eligible providers must use their certified EHR, in conjunction with the AQUA Registry, to meet the required measures.)

- An attestation module which allows providers the ability to attest to a series of weighted activities, geared towards improving clinical practice and care delivery.
- The ability to select from any one of CMS' 100+ improvement activity measures.
- The ability to attest to certain high weight activities, only available to providers participating with a QCDR.

(Note: Contact the AQUA Registry Team to learn more about specific IA measures that AQUA can support.)

- CMS will calculate Cost performance using administrative claims data.
- Providers are not required to submit any information for the Cost performance category.



# Using the AQUA Registry for 2022 MIPS Reporting

## How can you use the AQUA Registry for MIPS (Merit-based Incentive Payment System) report?

MIPS is a path to participate in the Quality Payment Program (QPP) created by CMS under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 to combine multiple value-based programs. **The AQUA Registry is a “one-stop shop” to streamline the MIPS reporting process to CMS.** See the table on the reverse side, to learn how the AQUA Registry can help streamline your practice’s MIPS reporting needs. If you participate in Medicare Part B, you may earn a performance-based payment adjustment through MIPS.

## MIPS performance periods

Per the 2022 final rule, eligible providers are required to report on a full year’s worth of data for the Quality and Cost performance categories. Additionally, providers will be required to report on a continuous 90 day period for both the Promoting Interoperability and Improvement Activities categories.

## Penalty for not reporting

Eligible providers who do not report their data will receive a financial penalty under MIPS. Per the statute, the maximum negative adjustment under MIPS will remain -9% for the 2022 performance year. The table below shows the maximum negative adjustments based on the practice size:

Practice Size	Maximum Negative Adjustment under MIPS <sup>^</sup> (9%, 2022 performance year)
Solo	\$13,195
10	\$131,950
20	\$263,900
50	\$659,750

<sup>^</sup>Figures are based on 2018-2019 CMS payments to urologists.

## Who is eligible?

Eligible providers must bill Medicare Part B more than \$90,000 annually, provide care to more than 200 individual Part B beneficiaries AND provide more than 200 covered professional services under the Physician Fee Schedule. If all three requirements are met, then the clinician must report for the 2022 performance year. Clinicians can check their eligibility status using the [CMS Lookup Tool](#). Additionally, for MIPS you must also be a:

- Physician
- Osteopathic practitioner
- Chiropractor
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Physical therapist
- Occupational therapist
- Clinical psychologist
- Qualified speech-language pathologist
- Qualified audiologist
- Registered dietitian or nutrition professional
- Clinical social workers
- Certified nurse midwives

## New measure scoring

Effective January 1, 2022, new measures will receive a 7-point scoring floor for the first performance period and a 5-point scoring floor in its second performance period, if data completeness and case minimum criteria are met. In prior years, new measures received a 3-point scoring floor until a historical benchmark could be established.