

Decoding the QPP Year 2 Quality Measure Benchmarks and Deciles to Maximize Performance

Leila Volinsky, MHA, MSN, RN, PCMH CCE, CPHQ
Senior Program Administrator
New England Regional Lead
Quality Payment Program – Eligible Clinicians

April 30th, 2018

Disclaimer

This information was prepared as a service to the public, and is not intended to grant rights or impose obligations. This information may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Overview

- 2017 Data Submission
- Quality Performance Category
 - Scoring
 - Benchmarks
- Advancing Care Information Performance Category
- Improvement Activities Performance Category
- Cost Performance Category
- Resources
- Questions

Acronyms

- ❖ **APM** – Alternative Payment Models
- ❖ **CMS** – Centers for Medicare & Medicaid Services
- ❖ **EHR** – Electronic Health Record
- ❖ **MACRA** – Medicare Access & CHIP Reauthorization Act
- ❖ **MIPS** - Merit-Based Incentive Payment System
- ❖ **IA** – Improvement Activities
- ❖ **QPP** – Quality Payment Program
- ❖ **MU** – Meaningful Use
- ❖ **EC** – Eligible Clinician
- ❖ **PQRS** – Physician Quality Reporting System
- ❖ **QRUR** – Quality & Resource Use Reports
- ❖ **TIN** – Tax Identification Number
- ❖ **VBM** – Value Based Modifier
- ❖ **ACI** – Advancing Care Information
- ❖ **ONC** – Office of the National Coordinator

2017 Data Submission

MIPS ▾

Merit-based Incentive
Payment System

APMs ▾

Alternative Payment
Models

About ▾

The Quality
Payment Program

Sign In

Submit and
Manage Data



PERFORMANCE YEAR 2017
**The Submission Window
has Closed**

Sign in to view your preliminary feedback. Final
feedback will be available Summer 2018

[Sign In >](#)

PERFORMANCE YEAR 2018
Get ready by viewing [our current 2018 resources](#)

If you submit QPP data to CMS for the 2017 performance year – preliminary feedback now available via the CMS Portal

2018 MIPS Participation Look Up Tool

Quality Payment PROGRAM

MIPS **▼**
Merit-based Incentive Payment System

APMs **▼**
Alternative Payment Models

About **▼**
The Quality Payment Program

NATIONAL PROVIDER IDENTIFIER (NPI)

Check All Years **>**

PY 2017 PY 2018

2018 Participation Status

NPI: # [REDACTED]

The first review of Performance Year 2018 is now available. If you're exempt from MIPS, you won't need to do anything for MIPS for Performance Year 2018. [Learn more about MIPS participation.](#)

2018 Participation and Data Submission

Individual

Available Data Submission Methods:

- ✓ **Claims (Quality)**
- ✓ **CMS Portal**
- ✓ **EHR Direct**
- ✓ **Qualified Registry**
- ✓ **Qualified Clinical Data Registry**

Group

Available Data Submission Methods:

- ✓ **CMS Portal**
- ✓ **EHR Direct**
- ✓ **Qualified Registry**
- ✓ **Qualified Clinical Data Registry**
- ✓ **CMS Web Interface (>25 ECs)**

Check your 2018 MIPS participation status: <https://qpp.cms.gov/participation-lookup>
APM participation lookup tool: <https://data.cms.gov/qplookup>



QUALITY SCORING

Quality Reporting Requirements

Report for a full calendar year of data (January – December 2018)

Data Completeness

Large Practice
(>16 ECs)

Must meet 60% data completeness requirement to earn 3-10 points per quality measure
**Failure to meet data completeness requirement will earn 1 point per quality measure

Small Practice
(<15 ECs)

Must meet 60% data completeness requirement to earn 3-10 points per quality measure
**Failure to meet data completeness requirement will earn 3 points per quality measure

Quality Measure Types

Measure Type	Description	Example
Process	Determines if the services provided to patients are consistent with routine clinical care.	Does a provider ensure that all patients have received their flu shot?
Outcome	Evaluates patient health as a result of the care received.	What is the amputation rate for patients with diabetes?
Patient Experience	Provides feedback on patients' experiences of care.	What has been a patient's experience with a provider's communication about plan of care?
Structure	Assesses the characteristics of a care setting, including facilities, personnel, and/or policies related to care delivery.	Are there adequate staff in the Emergency Department when there is an event going on in town?
High Priority	Measures that evaluate outcomes, appropriate use, patient experience, patient safety, efficiency and care coordination	Percentage of patient with acute bronchitis who were not dispensed an antibiotic prescription.

Maximum Points Available

Data Submission via CMS Portal, EHR Direct, Registry or Claims

70 POINTS

- 6 measures and 1 readmission measure (Groups >16 ECs)

60 POINTS

- 6 measures

Data Submission via CMS Web Interface

120 POINTS

- Groups that submit required measures and the readmission measure

110 POINTS

- Groups that submit required measures without the readmission measure

Quality Measure Scoring

50 points
MIPS Score

$$\frac{(\text{Total Points Earned} + \text{Bonus Points})}{(\text{Total Points Possible})} = \text{Quality Category Score}$$

Quality Measure Scoring Points Breakdown

Decile Performance Score

- 3-10 points per measure
 - Earn performance points on quality measures based on percentage achievement and associated 2018 benchmark; must identify data submission method for scoring

High Priority/Outcome/Patient Experience Bonus

- 2 bonus points per outcome/patient experience
- 1 point per high priority measure
 - Submit data for additional measures; above required outcome/high priority measure

End-to-End Reporting Bonus

- 1 bonus point per measure
 - Submit quality measure data to CMS using end-to-end reporting from your EHR

Quality Measure Benchmarks

Measures with a national benchmark

Sufficient case volume
(>20 cases; >200 for readmissions)

Data completeness criteria has been met

If a benchmark does not exist, measure may only earn 3 points*

Measure Benchmarks

Measure Name	Measure ID	Submission Method	Measure Type	Bench	Average	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped OUT	Seven Point Cap
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	Claims	Outcome	Y	22	33.33 - 23.54	23.53 - 18.25	18.24 - 14.30	14.29 - 11.55	11.54 - 8.90	8.89 - 6.26	6.25 - 3.34	<= 3.33	No	No
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	EHR	Outcome	Y	49.4	83.10 - 67.96	67.95 - 54.09	54.08 - 43.22	43.21 - 34.12	34.11 - 27.28	27.27 - 21.75	21.74 - 15.74	<= 15.73	No	No
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	Registry/ QCDR	Outcome	Y	34.8	57.89 - 42.37	42.36 - 31.59	31.58 - 25.78	25.77 - 20.94	20.93 - 16.82	16.81 - 12.78	12.77 - 7.70	<= 7.69	No	No

Measure Benchmarks

Measure Name	Measure ID	Submission Method	Measure Type	Bench	Average	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped OUT	Seven Point Cap
Breast Cancer Screening	112	Claims	Process	Y	59.4	33.68 - 45.35	45.36 - 53.21	53.22 - 60.28	60.29 - 67.83	67.84 - 76.55	76.56 - 89.23	89.24 - 99.99	100.00	No	No
Breast Cancer Screening	112	EHR	Process	Y	46.3	19.19 - 31.97	31.98 - 40.58	40.59 - 48.40	48.41 - 55.73	55.74 - 63.12	63.13 - 70.05	70.06 - 78.94	>= 78.95	No	No
Breast Cancer Screening	112	Registry/QCDR	Process	Y	60.7	38.69 - 52.53	52.54 - 60.13	60.14 - 65.18	65.19 - 70.17	70.18 - 76.01	76.02 - 82.72	82.73 - 92.04	>= 92.05	No	No

Measure Benchmarks

Measure Name	Measure ID	Submission Method	Measure Type	Bench	Average	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped OUT	Seven Point Cap
Documentation of Current Medications in the Medical Record	130	Claims	Process	Y	95.6	97.20 - 99.23	99.24 - 99.79	99.80 - 99.99	--	--	--	--	100.00	Yes	No
Documentation of Current Medications in the Medical Record	130	EHR	Process	Y	89.3	86.25 - 91.91	91.92 - 94.85	94.86 - 96.69	96.70 - 97.98	97.99 - 98.87	98.88 - 99.54	99.55 - 99.95	>= 99.96	Yes	No
Documentation of Current Medications in the Medical Record	130	Registry/ QCDR	Process	Y	84.9	77.08 - 90.22	90.23 - 95.97	95.98 - 98.60	98.61 - 99.69	99.70 - 99.99	--	--	100.00	Yes	No

Measure Benchmarks

Measure Name	Measure ID	Submission Method	Measure Type	Bench	Average	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped OUT	Seven Point Cap
Screening for Clinical Depression and Follow-Up Plan	134	Claims	Process	Y	65.3	17.13 - 29.27	29.28 - 65.00	65.01 - 91.46	91.47 - 99.34	99.35 - 99.99	--	--	100.00	No	No
Screening for Clinical Depression and Follow-Up Plan	134	EHR	Process	Y	28.4	0.51 - 1.29	1.30 - 5.09	5.10 - 12.51	12.52 - 25.60	25.61 - 42.30	42.31 - 54.36	64.37 - 83.73	>= 83.74	No	No
Screening for Clinical Depression and Follow-Up Plan	134	Registry/QCDR	Process	Y	63.4	28.44 - 53.24	53.25 - 62.81	62.82 - 71.15	71.16 - 79.90	79.91 - 88.69	88.70 - 96.42	96.43 - 99.99	100.00	No	No

Eligibility Measure Applicability (EMA)

- If you submit **fewer than 6 measures** or **do not include an outcome or high priority measure**, CMS will determine if additional measures should have been submitted
- CMS will evaluate quality measure data submitted, a determination will be made of clinically related measures that align with specialty measure sets
 - ✓ If process finds that there are no additional measures applicable, your total quality performance score will be lowered
- Not applicable to measures submit via EHR direct, qualified clinical data registry or CMS Web Interface

Quality Measure Example

Measure Name		Performance	EHR Bonus	Bonus	Score
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (ID 001)		22.2%	1 point	No (required Outcome)	8.2 points
Closing the Referral Loop (ID 374)		41.1%	1 point	1 point – High Priority	5.6 points
Depression Utilization of the PHQ-9 Tool (ID 371)		7.4%	1 point	No	7.8 points
Controlling High Blood Pressure (ID 236)		72.6%	1 point	2 points – Int. Outcome	8.5 points
Use of High-Risk Medications in the Elderly (ID 238)		13.8%	1 point	1 point – High Priority	3 points
Pneumococcal Vaccination for Older Adults (ID 111)		55.3%	1 point	No	6.8 points
TOTAL SCORE	10 bonus points	39.2 performance points	49.2 points (49.2/60 = 0.82*50)		41 MIPS points



ADVANCING CARE INFORMATION SCORING

Advancing Care Information Scoring

25 points
MIPS Score

(Base Requirement +
Performance and Bonus Points)

(100 Total Points Possible)

 **ACI**
Category
Score

Advancing Care Information – Base Measure Requirement

50%

Base score (worth 50%)

Clinicians must submit a numerator/denominator or Yes/No response for each of the following required measures:

Advancing Care Information Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care
- Request/Accept a Summary of Care

2018 Advancing Care Information Transition Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Health Information Exchange

0%

Failure to meet reporting requirements will result in a base score of zero, and an advancing care information performance score of zero.

Advancing Care Information – Performance Measures

90%

Performance score (worth up to 90%)

7 2018 Advancing Care Information Measures

- Provide Patient Access (*up to 20%)
- Health Information Exchange (*up to 20%)
- View, Download, Transmit (VDT)
- Patient-specific Education
- Secure Messaging
- Medication Reconciliation
- Immunization Registry Reporting

Each measure is worth 10-20%.
 The percentage score is based on the performance rate for each measure:

Performance Rate 1-10	1%
Performance Rate 11-20	2%
Performance Rate 21-30	3%
Performance Rate 31-40	4%
Performance Rate 41-50	5%
Performance Rate 51-60	6%
Performance Rate 61-70	7%
Performance Rate 71-80	8%
Performance Rate 81-90	9%
Performance Rate 91-100	10%

Advancing Care Information – Performance Measures

90%

Performance score (worth up to 90%)

9 Advancing Care Information Measures

- Provide Patient Access
- Send a Summary of Care
- Request/Accept Summary of Care
- View, Download, Transmit (VDT)
- Patient-specific Education
- Secure Messaging
- Medication Reconciliation
- Clinical Information Reconciliation
- Immunization Registry Reporting

Each measure is worth 10-20%.
 The percentage score is based on the performance rate for each measure:

Performance Rate 1-10	1%
Performance Rate 11-20	2%
Performance Rate 21-30	3%
Performance Rate 31-40	4%
Performance Rate 41-50	5%
Performance Rate 51-60	6%
Performance Rate 61-70	7%
Performance Rate 71-80	8%
Performance Rate 81-90	9%
Performance Rate 91-100	10%

Advancing Care Information – Bonus Measures



5%
BONUS

For reporting on any of these Public Health and Clinical Data Registry Reporting measures:

- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting



10%
BONUS

For using a certified EHR to report certain Improvement Activities

- 18 Improvement Activities to select from



10%
BONUS

Report exclusively using 2015 certified EHR technology

Advancing Care Information Category Reweighting

Special Status Considerations

Clinicians that are **Hospital-based, Non-patient facing, Ambulatory surgery center-based, NPs, PAs, CNSs, or CRNAs** are not required to submit Advancing Care Information data and will have the category reweighted to 0% and quality will become 75%

*Groups must meet additional criteria to have the category reweighted

**If reporting as a group all of the clinicians above should include their category performance data in the group's reports

Hardship Reweighting

Clinicians and groups may apply to have their Advancing Care Information category reweighted if they:

- Are a small practice
- Are using decertified EHR technology
- Have insufficient internet connectivity
 - Have extreme and uncontrollable circumstances
- Don't have any control over whether CEHRT is available

Advancing Care Information Example

Measure Name		Performance	Required	Bonus	Score
Security Risk Analysis		Yes	Yes	No	-
ePrescribing		84.7%	Yes	No	-
Provide Patient Access		72.8%	Yes	Yes	16%
Health Information Exchange		3.1%	Yes	Yes	8%
Medication Reconciliation		52.4%	No	Yes	6%
Patient Specific Education		55.3%	No	Yes	6%
View, Download, Transmit		31.6%	No	Yes	4%
Specialized Registry Reporting		-	No	Yes	5%
EHR related Improvement Activity		-	No	Yes	10%
TOTAL SCORE	55 performance/ bonus % points	12.5 base % points	67.5 % points (67.5/100 = 0.675*25)		16.87 MIPS points

IMPROVEMENT ACTIVITY SCORING

Improvement Activity Scoring

15 points
MIPS Score

(Total Points Earned)

(Total Points Possible)

 **IA**
Category
Score

Improvement Activities

Implement Improvement Activities for at least 90-days

Practices of ≤ 15 ECs

Report on 1-2 Activities to receive full credit

Practices of ≥ 16 ECs

Report on 2-4 Activities to receive full credit

PCMH Certified

Clinician/practice will receive full credit

Select from over 100 Improvement Activities in the categories of:

**Beneficiary
Engagement**

**Expanded
Practice Access**

**Population
Management**

**Behavioral &
Mental Health**

**Patient Safety &
Practice
Assessment**

**Achieving Health
Equity**

Care Coordination

**Emergency
Response &
Preparation**

Improvement Activity Example

Improvement Activity	Weight	Points Earned
Care transition documentation of practice improvements	Medium	3.75 Points
Annual registration in the Prescription Drug Monitoring Program	Medium	3.75 Points
Implementation of antibiotic stewardship program	Medium	3.75 Points
Engagement with QIN-QIO to implement self-management training programs	Medium	3.75 Points
TOTAL SCORE	15 MIPS Points	

COST SCORING

Cost Scoring

10 points
MIPS Score

(Total Points Earned)

(Total Points Possible)

 **Cost Category Score**

Cost Measures

Total Per Capita Cost

Calculated from **all Medicare Part A and Part B costs** during the MIPS performance period based on patients attributed to a provider

**Patients will only be attributed to one provider using the level of primary care services that were received and the clinician specialties that performed the services

Medicare Spending Per Beneficiary

Calculated based on **what Medicare pays** for services performed by an individual clinician during a Medicare Spending Per Beneficiary episode, which includes:

- **Period 3 days prior**
- **During the episode**
- **30-days post-hospital stay**

Cost Example

Measure	Score	Points Possible
Total Per Capita Cost	5.6	10 Points
Medicare Spending Per Beneficiary	7.2	10 Points
TOTAL SCORE	12.8 points ($12.8/20 = 0.64 * 10$)	6.4 MIPS Points



TOTAL MIPS PERFORMANCE

MIPS Performance Example

Category	Score	MIPS Points
Quality	49.1%	41 MIPS Points
Advancing Care Information	65.5%	16.37 points
Improvement Activities	40 points	15 points
Cost	12.8 points	6.4 points
TOTAL SCORE	78.77 MIPS Points *Eligible for exceptional performer bonus*	

Resources

- **New England QIN-QIO MACRA website:**
<http://neqpp.org/>
 - **Ask A Question:**
<http://neqpp.org/ask-question/>
- **CMS Quality Payment Program website:**
<https://qpp.cms.gov/>
 - **MIPS participation status lookup tool**
(<https://qpp.cms.gov/participation-lookup>)
 - **CMS portal** (<https://qpp.cms.gov/login>)

Questions?



Contact Information



Leila Volinsky, MHA, MSN, RN, PCMH CCE, CPHQ

Senior Program Administrator - Quality Reporting

877 – 904 – 0057 ext. 3307

lvolinsky@healthcentricadvisors.org