

Performance Year 2018 Quality Performance Category Scoring Web Interface Reporters under the APM Scoring Standard

The table below depicts two Merit-based Incentive Payment System (MIPS) Quality performance category scoring scenarios for MIPS Groups submitting quality measure data via the Web Interface and for eligible clinicians participating in Accountable Care Organizations (ACO) in the Medicare Shared Savings Program or Next Generation ACO Model. These scoring scenarios are for the 2018 performance year and illustrate how an eligible clinician's score is calculated including the minimum number of points that can be achieved compared to the maximum number of points (or perfect score), assuming complete and accurate reporting and meeting minimum case size for each measure. This scoring is not applicable to eligible clinicians who meet the Qualifying APM Participant (QP) threshold for the 2018 performance year.

Table 1 – MIPS Group Reporting (Web Interface) and MIPS APM Scoring Standard for Web Interface Reporters for the Quality Category

ACO measure # MIPS measure #	Measure Title	High priority measure? (# bonus points) ¹	Benchmark available? ²	MIPS Groups Web Interface submitters (assuming data completeness)			Shared Savings Program (all tracks) and Next Generation ACOs under APM scoring standard (if ACO successfully reports)		
				Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵	Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵
ACO-12 MIPS #46	Medication Reconciliation Post-Discharge	Yes (1pt)	Yes	Yes	3	10	Yes	3	10
ACO-13 MIPS #154	Falls: Screening for Future Fall Risk	Yes (1pt)	Yes	Yes	3	10	Yes	3	10
ACO-14 MIPS #110	Preventive Care and Screening: Influenza Immunization	No	Yes	Yes	3	10	Yes	3	10
ACO-15 MIPS #111	Pneumonia Vaccination Status for Older Adults	No	Yes	Yes	3	10	Yes	3	10
ACO-16	Preventive Care and Screening: Body Mass	No	Yes	Yes	3	10	Yes	3	10

¹ MIPS High Priority Measures are quality measures that are outcome, appropriate use, patient safety, efficiency, patient experience, or care coordination. CMS will award 2 bonus points for each outcome or patient experience measure and 1 bonus point for each high priority measure that is reported beyond the one high priority measure that is already required for reporting. For example, the first outcome measure reported does not receive bonus points.

² "Yes" if a benchmark is available for the measure; CMS Web Interface measures will be benchmarked using the quality performance benchmarks established for the Shared Savings Program. More information on the benchmarks can be found here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/program-guidance-and-specifications.html>.

³ "Yes" if the measure can be scored. To be scored, the measure must have a benchmark and meet the minimum case size of 20. Otherwise, it will not be scored. Points for each measure are earned based on performance against benchmarks.

⁴ Displays the minimum number of points per measure, assuming data completeness and meeting minimum case size. Under MIPS, quality points are earned regardless of whether the ACO is in its first performance year (thus under pay-for-reporting only) under the Shared Savings Program or the Next Generation ACO model, as long as the measure itself has phased into pay for performance.

⁵ Displays the maximum number of points per measure based on a perfect performance.

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				Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵	Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵
MIPS #128	Index (BMI) Screening and Follow Up								
ACO-17 MIPS #226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No	Yes	Yes	3	10	Yes	3	10
ACO-18 MIPS #134	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	No	Yes	Yes	3	10	Yes	3	10
ACO-19 MIPS #113	Colorectal Cancer Screening	No	Yes	Yes	3	10	Yes	3	10
ACO-20 MIPS #112	Breast Cancer Screening	No	Yes	Yes	3	10	Yes	3	10
ACO-42 MIPS #438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	Yes	Yes	3	10	Yes	3	10
ACO-40 MIPS #370	Depression Remission at Twelve Months ⁶	Yes (opts; first required outcome)	No	No	N/A	N/A	No	N/A	N/A

⁶ Bolded and italicized measures are considered outcomes measures (ACO-27, ACO-28, and ACO-40)

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				Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵	Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵
Diabetes Composite ACO-27 & 41 MIPS #1 & #117	ACO-27: Hemoglobin A1c Poor Control ACO-41: Diabetes—Eye Exam	Yes (2pts)	Yes	Yes	3	10	Yes	3	10
ACO-28 MIPS #236	Hypertension (HTN): Controlling High Blood Pressure	Yes (2pts)	Yes	Yes	3	10	Yes	3	10
ACO-30 MIPS #204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	No	Yes	Yes	3	10	Yes	3	10
ACO-1 through ACO-7; ACO-34	CAHPS measure (optional for MIPS Groups with 2 or more ECs)	Yes (2pts)	Yes	Yes	3	10	Yes	3	10
	All-cause readmission measure (automatically calculated for MIPS Groups with 16 or more ECs)	Yes (0pts; not reported by Groups themselves, so not eligible for	Yes	Yes	3	10	N/A	N/A	N/A

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				Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵	Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵
		bonus points)							

Table 2 – Calculating the MIPS Group and ACO Quality Performance Points

	MIPS Groups Web Interface submitters		Shared Savings Program (all tracks) & Next Generation ACOs	
	Minimum points*	Maximum Points Possible*	Minimum points*	Maximum Points Possible*
(A) Subtotal Measure Points =	45	150⁷	42	140⁷
(B) Total Bonus points [(1) + (2)] =	8	22	8	22
(1) Subtotal high priority bonus points = (Capped at 10% of total available measure points)**	8	8	8	8
(2) Subtotal bonus points for reporting measures via end-to-end CEHRT = (1 point/measure; Capped at 10% of total available measure points)**	0 ⁸	14 ⁹	0 ⁸	14 ⁹
(C) Total Quality Performance Category Achievement Points [(A) + (B)] =	53	172	50	162
(D) Quality Performance Category Achievement Score [(C)*100%/Total possible points] =	35.3%	114.7%	35.7%	115.7%
(E) Quality Performance Category Improvement Percent Score =	0.0%¹⁰	10.0%¹¹	0.0%¹⁰	10.0%¹¹
(F) Total Quality Performance Category Percent Score [(D) + (E)] = (Note: Cannot exceed 100%)	35.3%	100.0%	35.7%	100.0%
(G) Weight of Quality Performance Category (assuming submission in the Promoting Interoperability Category) =	0.5	0.5	0.5	0.5
(H) Quality Performance points toward the final score [(F) x (G) x 100%] =	17.7%	50.0%	17.9%	50.0%

* Assuming case size minimum ≥20 for all Web interface measures 1 through 14, and case size minimum ≥200 for the all-cause readmission measure where applicable.

** High priority and CEHRT bonuses: Cap on bonus points to 10 percent of the quality score denominator [e.g., for ACOs, this is 10% x 140 = 14 points]

⁷ The “maximum points possible” are also the total possible points used as the denominator in (D). For MIPS Groups, the total possible points are 150, which include the optional CAHPS measure, and the All-Cause Readmission (ACR) measure performance that is calculated by CMS for Groups with ≥16 eligible clinicians. For MIPS Groups that do not choose CAHPS reporting and will not have the ACR measure calculated, the total possible achievement points are 130. The ACR measure is not included for APM scoring standard for Shared Savings Program ACO or Next Generation ACOs, and thus the total possible achievement points for them are 140 points.

⁸ Assuming that the MIPS Group and ACOs did not achieve end-to-end CEHRT for any of the reported measures (0 measures x 1 point).

⁹ Assuming that the MIPS Group and ACOs achieved maximum number of CEHRT bonus points, which is 14. MIPS Group and ACOs can achieve CEHRT bonus points for each measure by uploading their data into the CMS Web Interface via Microsoft Excel.

¹⁰ Assuming the minimum improvement score of 0% is earned.

¹¹ Assuming the maximum improvement score of 10% is earned.