Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

Scoring Guide for the 2020 Performance Year: APM Scoring Standard

Contents

Already know what MIPS is?
Skip ahead by clicking the links in the Table of Contents.

How to Use This Guide

How to Use This Guide

Please Note: We developed this guide to provide a general summary about MIPS scoring under the APM Scoring Standard. Additionally, this guide was prepared for informational purposes only and is not intended to grant rights, impose obligations, or take the place of either the statute or regulations. We urge you to review the specific statutes, regulations, and other relevant materials for their complete and accurate contents.

In this guide, we use the term "clinician" for MIPS eligible clinicians.

Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.

You can also click on the icon on the bottom left to go back to the table of contents.

Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

Overview

COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency continues to impact all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2021 performance year, we will continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to submit an application requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID - 19 public health emergency. The application will be available in spring 2021 along with additional resources.

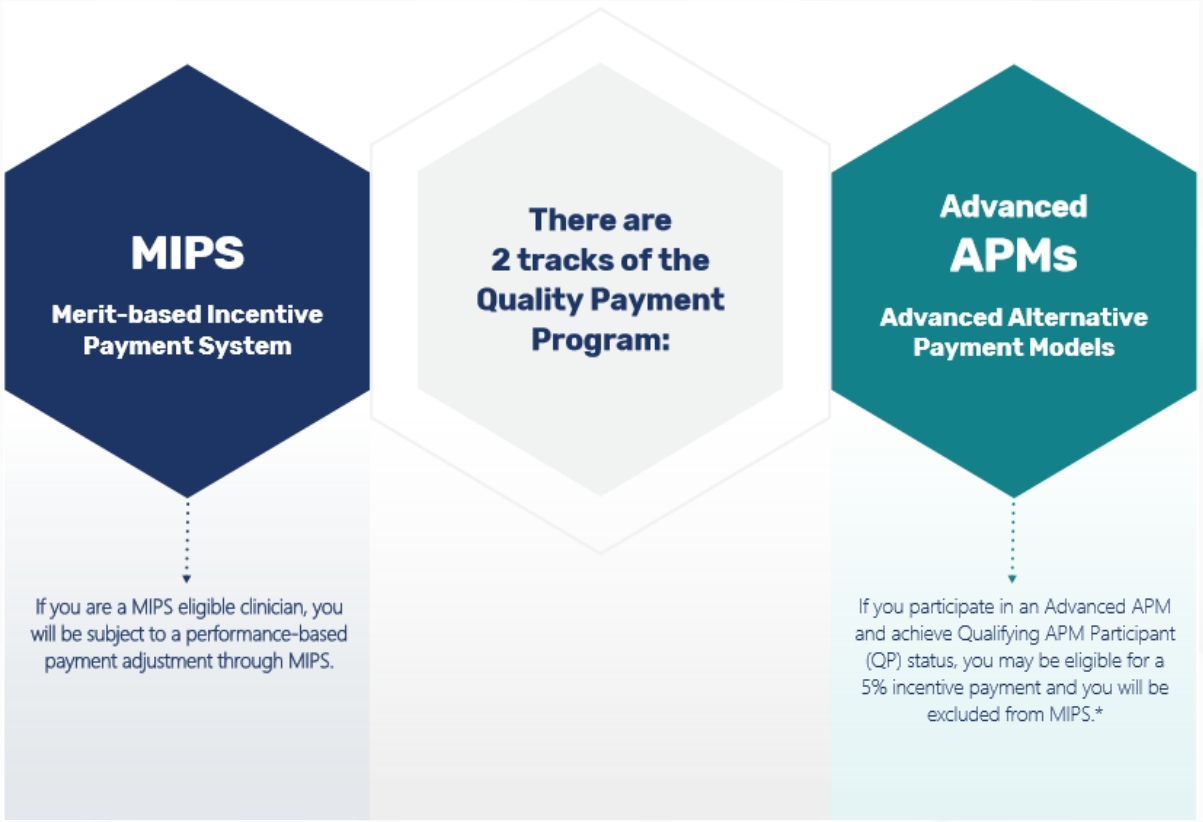
Due to the anticipated need for continued COVID-19 clinical trials and data collection, MIPS eligible clinicians, groups, and virtual groups that meet the improvement activity criteria will be able to receive credit for the COVID-19 Clinical Reporting with or without Clinical Trial improvement activity for the 2021 performance year.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the QPP COVID-19 Response webpage.

Overview

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides 2 participation tracks:



* Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

The Merit-based Incentive Payment System (MIPS) and the APM Scoring Standard

MIPS is one way to participate in the Quality Payment Program. The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes. Under MIPS, we evaluate your performance across four performance categories that lead to improved quality and value in our healthcare system.

For clinicians in an APM and reporting to MIPS, the APM Scoring Standard accounts for activities already required by the APM to reduce duplication of reporting and allow clinicians to focus on the goals of the APM. Therefore, the MIPS performance category weighting and reporting requirements are different than the general MIPS scoring standard.

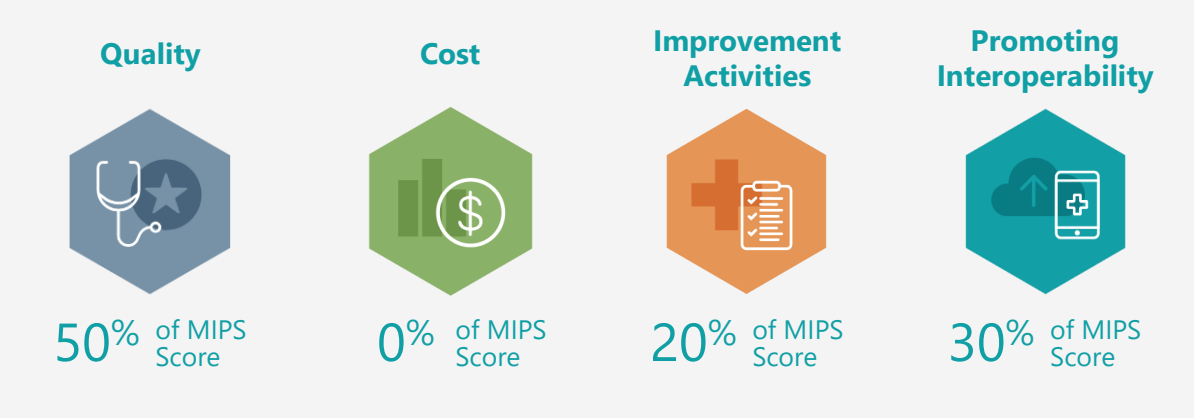
MIPS eligible clinicians in a MIPS APM Entity are scored under the APM Scoring Standard. This includes clinicians under an APM Entity that is both an Advanced and MIPS APM and who didn't achieve Qualifying APM Participant (QP) status.

For 2020, the following models are considered MIPS APMs:

The Merit-based Incentive Payment System (MIPS) and the APM Scoring Standard (continued)

If you're eligible for MIPS through your MIPS APM participation in 2020:

- Data must generally be submitted for the Quality and Promoting Interoperability performance categories.
  - Clinicians in MIPS APMs automatically receive full credit for the Improvement Activities performance category
  - Clinicians in MIPS APMs qualify for reweighing of the Cost performance category in MIPS
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points. The performance category weights under the APM Scoring Standard in the 2020 performance year (PY) are the same as in PY 2019.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based off your performance during the 2020 performance year and applied to payments for covered professional services beginning on January 1, 2022.



Overview

Getting Started: Reviewing MIPS Terms

Collection Type*

Collection Type is a set of quality measures with comparable specifications and data completeness criteria, identified as:

- Electronic clinical quality measures (eCQMs);
- MIPS clinical quality measures (CQMs);
- Qualified Clinical Data Registry (QCDR) measures;
- Medicare Part B claims measures;
- CMS Web Interface measures;
- Consumer Assessment of Healthcare, Providers and Systems (CAHPS) for MIPS survey measure; and
- Administrative claims measures.

*** The term "Collection Type" is unique to the Quality performance category and does not apply to the other three performance categories**

Overview

Getting Started: Reviewing MIPS Terms

Submitter Type

Submitter Type refers to the MIPS eligible clinician, group, virtual group, or third-party intermediary (acting on behalf of a MIPS eligible clinician, group, or virtual group) that submits data on measures and activities. APM Entities (and their third-party intermediaries) can also submit quality data on behalf of clinicians in the Entity.

Submission Type

Submission Type is the mechanism by which the submitter type submits data to CMS:

- Direct (transmitting data through a computer-to-computer interaction, such as an Application Program Interface, or API);
- Sign in and upload (attaching a file);
- Sign in and attest (manually entering data);
- Medicare Part B claims; and
- CMS Web Interface.

Data Aggregation and Multiple Submissions

Measures and activities submitted via multiple submission types can count towards a single performance category score but there is some variation between performance categories. Please see Data Aggregation and Multiple Submissions within each performance category section.

MIPS Quality Performance Category

MIPS Quality Performance Category

Quality Payment PROGRAM

What are the Quality Performance Category Data Submission Requirements for MIPS APM participants?

For PY 2020, we are implementing a transition approach to the Quality performance category scoring for MIPS APMs. The new APM Scoring Standard Methodology:

1. Requires MIPS eligible clinicians participating in MIPS APMs to report on MIPS quality measures;
2. Allows reporting on quality measures to MIPS at the APM Entity level, or individual or group level to be rolled up to APM Entity level; and
3. Provides an APM Quality Reporting Credit for some APM participants.

Quality

50% of MIPS Score

You can report your quality measures at the individual, group or APM Entity level, but all MIPS eligible clinicians in the APM Entity will receive the same Quality performance category score under the APM scoring standard.

- **If you report at the Entity level,** we will only use the measures submitted by the APM Entity to calculate the APM Entity's quality performance category score.
- **If you report at the individual or group level**, we will average the quality scores earned by individual and group reporting to determine the APM Entity's quality performance category score.

You can select from more than 200 available quality measures finalized for Year 4 (2020). You will need to collect and submit data for each quality measure for the entire calendar year of 2020.

With the exception of CMS Web Interface measures, CMS will aggregate quality measures collected through multiple collection types. If you submit the same measure through multiple collection types, we will select the collection type for that measure with the greatest number of measure achievement points for scoring.

MIPS Quality Performance Category

Quality Payment PROGRAM

Quality 50% of MIPS Score for MIPS APM Participants

To meet the Quality performance category requirements, you can:

Submit 6 quality measures for the 12-month performance period

Submit 6 quality measures for the 12-month performance period:

- 1 of these 6 must be an outcome measure OR another high priority measure in the absence of an applicable outcome measure.
- If you're reporting from a defined specialty measure set that has fewer than 6 measures, you need to submit all measures within that specialty set.
- The CAHPS for MIPS survey measure counts as 1 of the 6 measures for registered groups and virtual groups. The CAHPS for MIPS survey measure is a patient experience measure and can be counted as a high priority measure if there are no applicable outcome measures.
- If you're reporting fewer than 6 measures, you will be evaluated to determine if there were any clinically related measures that should have been reported.

OR

Submit all quality measures included in the CMS Web Interface

Submit all quality measures included in the CMS Web Interface, a collection type available to registered groups and APM entities with 25 or more eligible clinicians. The CAHPS for MIPS survey measure can be submitted as an additional high priority measure.

- Medicare Shared Savings Program and Next Generation ACOs are required to complete CMS Web Interface reporting for scoring under those models
- In the CY 2021 NPRM, we proposed to waive the requirements for ACOs to administer a Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs survey.

Did you know?
Beginning with the 2020 performance period, clinicians in most MIPS APMs can report their quality measures at the individual, group or APM Entity level.

Are the Quality Performance Category Data Submission Requirements Different for the CMS Web Interface?

Yes. ACOs and registered groups and APM entities using the CMS Web Interface will submit data for all the required quality measures in the CMS Web Interface for a full year, even if they are also submitting the CAHPS for MIPS measure.

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Are you submitting your quality measures through the CMS Web Interface? Skip ahead.

Reminders:

- This guide focuses on quality scoring for purposes of MIPS and does not address model-specific reporting requirements or scoring policies for APM Entities, such as CPC+ Practice Sites or Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program.
- ACOs participating in the Medicare Shared Savings Program or the Next Generation ACO Model are required to submit data via the CMS Web interface.
- ACOs and their participants have the option to voluntarily report additional measures for MIPS through other MIPS submission types. These additional measures will only count toward the MIPS Quality performance category score if the ACO **doesn't** complete CMS Web Interface reporting as required. However, only quality measures reported through the CMS Web Interface will be used for purposes of calculating an ACO's Medicare Shared Savings Program quality score.

MIPS Quality Performance Category

Quality Payment PROGRAM

How are measures assessed in the Quality performance category for Year 4 (2020)?

Your performance on each quality measure is assessed against a benchmark to see how many points you earn for the measure.

Benchmarks are differentiated by collection type. There may be different benchmarks for the same measure if it can be reported through multiple collection types.

- eCQMS
- Medicare Part B Claims measures (small practices only)
- MIPS CQMs
- QCDR measures

Whenever possible, we create historical benchmarks and post them on the QPP Resource Library at the start of the performance period. Historical benchmarks for each collection type are based on performance data from a baseline period, the 12-month calendar year that is 2 years prior to the applicable performance period. The historical benchmarks for the 2020 MIPS performance period were established from quality data submitted for the 2018 MIPS performance period.

For more information about 2020 quality benchmarks, please review the information included in the 2020 Quality Benchmark zip file on the QPP Resource Library.

Did you know? If you submit eCQMs, you need to use CEHRT to collect the eCQM data. The CEHRT used to collect the data will need to be certified to the 2015 Edition by the last day of the Quality performance period (December 31, 2020).

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

What if a quality benchmark doesn't have a historical benchmark?

For a measure without a historical benchmark, we will try to calculate a benchmark following the submission period based on 2020 performance data on those measures.

Performance period benchmarks can be calculated when 20 or more individuals, groups, virtual groups, or APM Entities submit the measure via the same collection type where the measure:

- Meets or exceeds the minimum case volume of 20 eligible cases (has enough data for it to be reliably measured);
- Meets or exceeds the 70 % data completeness criteria; and
- Has a performance rate greater than 0 % (or less than 100% for inverse measures).

Individuals, groups, virtual groups, and APM entities must be included in MIPS (i.e. are not voluntarily reporting) for their data to be used in the creation of a benchmark.

How are measures scored?

If a measure can be reliably scored against a benchmark, it means:

- A benchmark is available; and
- The volume of cases you've submitted is sufficient (> 20 cases for most measures; > 200 cases for the hospital readmission measure); and
- You've met data completeness requirements (submitted data for at least 70 % of the denominator eligible patients/instances).

MIPS Quality Performance Category

Quality Payment PROGRAM

Did you know?

In 2020, we established an alternate benchmarking methodology for scoring quality measures MIPS 001, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%), and MIPS 236 (Controlling High Blood Pressure) when we determine that their historical, performance-based benchmarks may potentially incentivize treatment that may be inappropriate for the patient.

- We will use **flat benchmarks** to score all collection types for MIPS 236.
- We will use **flat benchmarks** to score the Medicare Part B claims and MIPS CQM collection types for MIPS 001.
- We will continue to use the **historical, performance-based benchmark** to score the eCQM collection type of MIPS 001.

The 2020 Quality Benchmarks file reflects these flat benchmarks.

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Quality Payment PROGRAM

Measure Achievement Points

Measure achievement points are based on your performance on a measure in comparison to a benchmark, exclusive of bonus points.

EXAMPLE 1: A group has 4 physicians on staff, all of whom have reassigned their billing rights to the TIN.	
3-10 points	• You will continue to receive between 3 and 10 achievement points for Quality measures that meet case minimum and data completeness requirements, and that can be scored against a benchmark. • Exception: There are specified, topped out measures that are capped at 7 points. (These measures are identified on the 2020 MIPS Quality Historical Benchmarks Excel file – see column Q – in the 2020 Quality Benchmark zip file.)
3 points	• You will continue to earn 3 points for quality measures that meet data completeness requirements but do not have a benchmark or meet the case minimum.
3 points (small practices only)	• You will continue to receive 3 point for measures that don't meet data completeness requirements.
0 (out of 10 points)	• NEW! If you are not (in) a small practice, you will receive 0 points for measures that do not meet data completeness requirements.

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Quality Payment PROGRAM

Measure Bonus Points

You can earn bonus points in the Quality performance category in addition to measure achievement points when reporting eCQMs, MIPS CQMs, QCDR measures and Medicare Part B Claims measures.

Bonus Type	High Priority Bonus		End-to-End Reporting Bonus
	Additional Outcome or Patient Experience Measures (beyond the 1 required)	Other High Priority Measures	End-to-End Electronically reported Measures
Bonus Points per measure	2	1	1
Performance Rate > 0% Required? (or less than 100% for inverse)	Yes		No
Must meet case minimum (20) and data completeness requirements (70%)?	Yes		No
Measures submitted through multiple collection types receive the bonus point(s) once?	Yes		N/A
Points for each Bonus type capped at 10% of the Quality performance category denominator?	Yes		Yes
Points automatically applied to eCQMs?	No		Yes*

*Bonus points can be applied to MIPS CQMs without an eCQM equivalent and QCDR measures if the submission indicates that the measure(s) meets end-to-end electronic reporting criteria. Please refer to Appendix C for more information.

What if I submit more than 6 measures?

If you submit more than 6 measures, only 6 of those measures will contribute measure achievement points to your Quality performance category score. However, we will include any bonus points from the remaining measures provided you haven't exceeded the 10% cap for the applicable bonus.

When determining which submitted measures are included in the top 6:

- We will select the highest scoring outcome measure.
  - If no outcome measure is available, then we will select the highest scoring high priority measure.
- We will then select the next 5 highest scoring measures.
- If you don't submit an outcome or high priority measure, we will select your 5 highest scoring measures and you will receive a score of 0/10 for the missing outcome or high priority measure unless the Eligible Measure Applicability (EMA) process finds you didn't have one available.

Remember that scoring is determined by comparing the performance rate to the measure's benchmark. If you submit 2 measures, each with an 85% performance rate, one may earn 7 points while the other earns 10 points, based on the benchmarks for each measure.

When there are multiple measures with the same score, we will select measures for the top 6 based on the measure ID (in ascending order).

- **Example:** You submit 7 measures, and your 2 lowest scoring measures (after the outcome measure) were the Colorectal Cancer Screening and Photodocumentation of Cecal Intubation measures, both earning 3 points. The Colorectal Cancer Screening measure will be included in the top six because its measure ID (113) has a lower value than the Photodocumentation of Cecal Intubation measure (425).

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Data Aggregation and Multiple Submissions

If an individual, group or APM Entity submits the same quality measure multiple times through the same collection type, we will use the most recently reported data they submitted for that specific measure. We will not aggregate measure level performance data when the same measure is reported multiple times.

When the same measure is reported as different collection types—e.g. as a Medicare Part B claims measure and as an eCQM—we will select the higher scoring collection type of the measure based on achievement points. Under no circumstances will you earn achievement points from two collection types of the same measure.

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Quality Payment PROGRAM

How many measure points can I earn in the Quality performance category under the APM Scoring Standard when reporting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs?

This can vary based on the level at which data is submitted.	
Individuals (clinicians in a MIPS APM) – this score would be included in the average calculated for the APM Entity	• 60 POINTS for 6 required measures
Groups (with clinicians participating in a MIPS APM) – this score would be included in the average calculated for the APM Entity	• 60 POINTS for 6 required measures*
APM Entities	• 60 POINTS for 6 required measures

*For the 2020 performance period, groups with 16 or more eligible clinicians were to be scored on the All-Cause Hospital Readmission measure if they met the case minimum. However, CMS is suppressing the All-Cause Hospital Readmission Measure under MIPS for the 2020 performance period. This means the measure will not be scored or attributed to a group's quality performance category score. For more information on the 2020 suppressed measures, please refer to the 2020 Suppressed MIPS Quality Measures fact sheet.

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Quality Payment PROGRAM

How many measure points can I earn in the Quality performance category under the APM Scoring Standard when reporting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs?

There is a 50% credit available to some APM Entities in the Quality performance category, even if no quality measures are reported. The following models qualify for this 50% credit:

APM Entities that are required to report their quality measures through a MIPS submission type (i.e. the Shared Savings Program and Next Generation ACOs required to report through the CMS Web Interface) **aren't** eligible for this 50% credit in the Quality performance category under the APM scoring standard.

MIPS Quality Performance Category

Submitting Medicare Part B Claims Measures, QCDR Measures, eCQMs, and/or MIPS CQMs

Can the denominator (maximum number of points) be lower than 60 points?

Yes, under certain circumstances your denominator (10 x the number of measures you're required to report) may be lowered.

This applies to APM Entity reporting, and to individual and group reporting that is averaged when calculating the APM Entity's score.

IF...	THEN...
You submit a complete specialty measure set with fewer than 6 measures by Medicare Part B claims or as MIPS CQMs.	We will lower the denominator by 10 points for each measure that isn't available.
You submit fewer than 6 Medicare Part B claims measures or fewer than 6 MIPS CQMs AND the Eligible Measure Applicability (EMA) process determines no additional measures were available. **How?** We compare the measures you submitted with a predefined list of clinically related measures.	We will lower the denominator by 10 points for each measure that isn't available. **NOTE:** If we find additional clinically related measures that you didn't report, then we won't remove those measures from the maximum number of points available for the Quality performance category and you will earn a score of 0 out of 10 for each of these measures.
You submit a measure(s) significantly impacted by clinical guideline (or other) changes that CMS believes may result in patient harm or misleading results. We will identify these measures by the beginning of the submission period via QPP list serv	We will lower the denominator by 10 points for each impacted measure. **Why?** So that you receive credit for having reported the measure and aren't penalized for low performance because you're following current clinical guidelines that aren't accounted for in the measure specification.
Your group registers for the CAHPS for MIPS survey but does not meet the minimum beneficiary sampling requirements AND submits fewer than 6 measures.	We'll lower the denominator by 10 points to account for your inability to report the CAHPS for MIPS survey measure.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

Quality Payment PROGRAM

What are the steps to score CMS Web Interface measures?

Step 1

1. **Check to see if the 70% data completeness requirement was met.**

a) If Yes – continue to step 2

b) If No – assign 3 points to measures submitted by a small practice, or 0 points to all others

Step 2

2. **Check to see if 20 case minimum requirement was met.**

a) If Yes – continue to step 3

b) If No – assign 3 points

Step 3

3. **Check to see if there is a benchmark associated with the collection type.** (We'll attempt to create a performance period benchmark following the submission period if there is no historical benchmark.)

a) If Yes – continue to step 4

b) If No – assign 3 points

Step 4

4. **Assign achievement points based on the benchmark.** Achievement points are calculated by mapping the performance rate to the benchmark for the collection type.

a) Determine the decile that the performance rate falls in and assign points

Reminder: Measures 001 and 236 will generally be scored against a flat benchmark instead of a performance-based historical benchmark.

Step 5

5. **Note:** Specified topped out measures identified on the 2020 MIPS Quality Historical Benchmarks Excel file are capped at 7 points. **Calculate and add any bonus points.**

a) The measure(s) doesn't/don't have to be in the "top 6" to earn bonus points

b) The high priority/outcome bonus measure(s) must meet the case minimum and data completeness requirements and have a performance rate greater than 0% (or less than 100% for inverse measures

c) The end-to-end bonus measure(s) does/do not have to meet the case minimum and data completeness requirements

d) Each category of bonus points (high priority and end-to-end) is capped at 10% of the denominator of the Quality performance category score

Repeat steps 1 – 5 for each measure.

- Appendix A gives you an example of how to find a benchmark, determine achievement points, and pick the top 6 measures based on the number of points.
- Skip ahead to review how we calculate the Quality performance category score.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

How are Web Interface measures assessed for the MIPS Quality performance category for Year 4 (2020)?

When you submit measures through the CMS Web Interface, your performance on each measure is assessed against a benchmark to see how many points you earn for the measure. Groups with clinicians in a MIPS APM and APM entities submitting their quality measures through the CMS Web Interface will be assessed against benchmarks from the Medicare Shared Savings Program. For more information, review the Medicare Shared Savings Program Quality Measure Benchmarks for the 2020/2021 Performance Years.

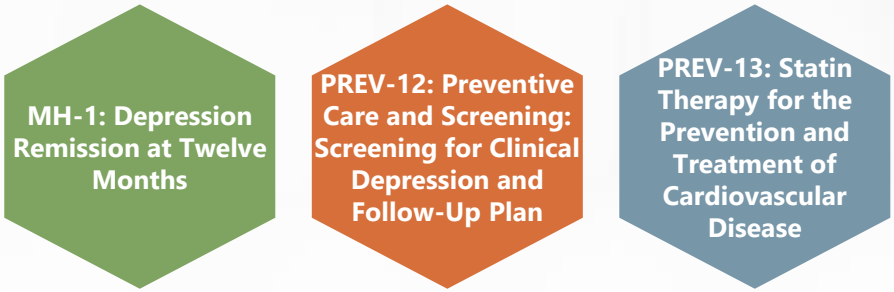
REMINDER: This guide focuses on scoring for MIPS and does not address reporting requirements or scoring policies for APM Entities, specific to their participation in an APM such as the Medicare Shared Savings Program or Next Generation ACO model.

NOTE: CMS Web Interface measures cannot be combined with other collection types other than the CAHPS for MIPS survey measure.

What if a CMS Web Interface measure doesn't have a benchmark?

Unlike other collection types, we will not attempt to calculate a performance period benchmark if there isn't an existing benchmark for MIPS scoring (which generally occurs when the measure is classified as pay-for-reporting in the Shared Savings Program). CMS Web Interface measures without an existing benchmark do not count toward your Quality performance category score, as long as you meet data completeness requirements.

The following measures do not have benchmarks for 2020 MIPS scoring:



This leaves a total of 7 measures that can be scored against a benchmark.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

Quality Payment PROGRAM

How are CMS Web Interface measures scored?

Measure achievement points are based on your performance on a measure in comparison to a benchmark, exclusive of bonus points.

If you don't report at least 1 measure that meets data completeness requirements, you will receive 0 points in this category.

Measure Achievement Points

3-10 points

You will continue to receive between 3 and 10 achievement points for Quality measures that meet case minimum and data completeness requirements, and that can be scored against a benchmark.

0 (0 out of 10 points)

You will continue to receive 0 points (0 out of 10) for measures that are not reported.

0 (0 out of 10 points)

You will continue to receive 0 points (0 out of 10) for measures that do not meet data completeness requirements.

N/A (0 out of 0 points)

You will not be scored on measures for which your sample is fewer than 20 Medicare patients, provided you report on all the patients in the sample.

N/A (0 out of 0 points)

You will not be scored on measures without an existing benchmark (or designated as "pay-for-reporting" under the Shared Savings Program) provided that data completeness requirements are met.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

Quality Payment PROGRAM

Measure Bonus Points

You can earn 1 bonus point per CMS Web Interface measure submitted according to Web Interface **end-to-end electronic reporting** criteria. For the 2020 performance period, this means submitting data collected in your CEHRT directly to CMS via the Web Interface Application Programming Interface (API) or Excel upload.

Did you know?

- These bonus points are capped at 10% of the Quality performance category denominator (or the total available measure achievement points).
- We discontinued bonus points for reporting high priority measures required by the CMS Web Interface for ACOs beginning with the 2020 performance period.
- Groups and APM entities can still earn 2 bonus points for reporting the CAHPS for MIPS survey measure in addition to the CMS Web Interface measures.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

Quality Payment PROGRAM

How many measure points can I earn in the Quality category when reporting?

Maximum Points by Reporting Level	
Groups* (with clinicians participating in a MIPS APM) – this score would be included in the average calculated for the APM Entity	• 70 POINTS for CMS Web Interface measures • 80 POINTS for CMS Web Interface measures + CAHPS for MIPS Survey
Non-ACO APM Entities (scored under the APM scoring standard)	• 70 POINTS for CMS Web Interface measures • 80 POINTS for CMS Web Interface measures + CAHPS for MIPS Survey
ACOs (scored under the APM scoring standard)	• 70 POINTS for CMS Web Interface measures • 80 POINTS for CMS Web Interface measures + CAHPS for ACO Survey

*For the 2020 performance period, groups with 16 or more eligible clinicians were to be scored on the All-Cause Hospital Readmission measure if they met the case minimum. However, CMS is suppressing the All-Cause Hospital Readmission Measure under MIPS for the 2020 performance period. This means the measure will not be scored or attributed to a group's quality performance category score. For more information on the 2020 suppressed measures, please refer to the 2020 Suppressed MIPS Quality Measures fact sheet.

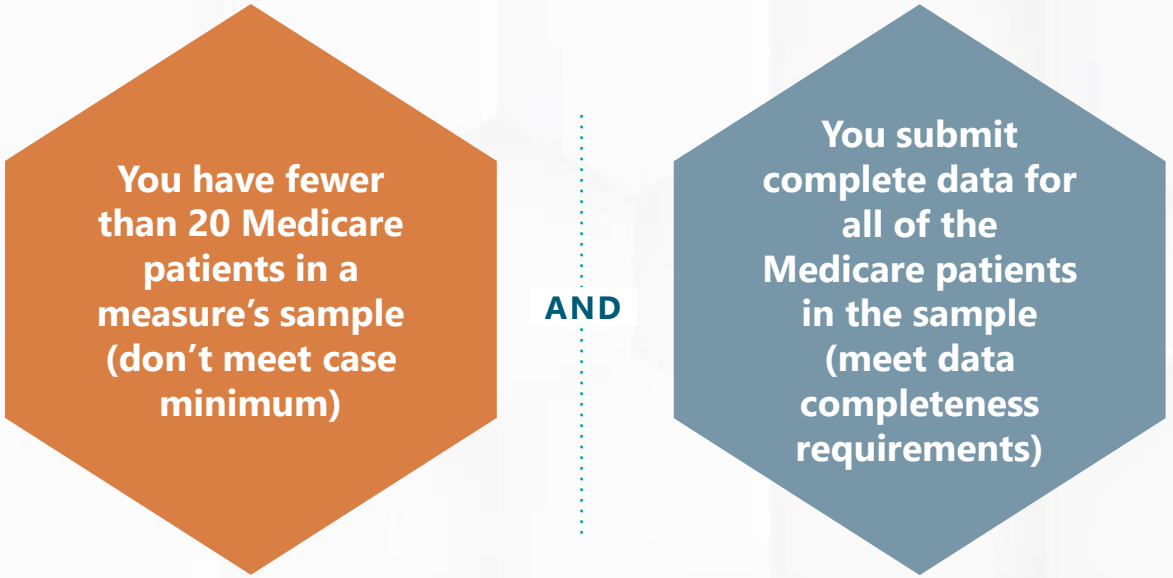
We proposed to waive the requirement for ACOs to administer a Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACOs survey. If this proposal is finalized, Shared Savings Program ACOs could receive a maximum of 70 points in the MIPS Quality performance category under the APM scoring standard.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

Can the denominator (maximum number of achievement points) be lower than 70 points?

Yes, your denominator will be lowered if:



If you meet data completeness requirements, then we'll lower the denominator (maximum number of points) by 10 points for each measure that doesn't meet case minimum.

MIPS Quality Performance Category

Submitting CMS Web Interface Measures

Quality Payment PROGRAM

What are the steps to score CMS Web Interface measures?

Step 1

1. **Check to see if data completeness requirements are met (measure is reported for the first 248 consecutively assigned Medicare patients in the sample or 100% of the sample if less than 248 Medicare patients).**

a) If Yes – continue to step 2

b) If No – assign 0 points to measure

Step 2

2. **Check to see if the 20 case minimum requirement was met.**

a) If Yes – continue to step 3

b) If No – exclude from scoring (measure earns 0 out of 0 points)

Step 3

3. **Check to see if there is a Shared Savings Program benchmark associated with the measure.**

a) If Yes – continue to step 4

b) If No – exclude from scoring (measure earns 0 out of 0 points)

Step 4

4. **Assign achievement points based on the benchmark.** Achievement points are calculated by mapping the performance rate to Shared Savings Program benchmark.

a) Determine the decile that the performance rate falls in and assign points

Step 5

5. **Calculate and add any bonus points.**

a) The measure must meet the case minimum and data completeness requirements and have a performance rate > 0%

b) The end-to-end reporting category of bonus points is capped at 10% of the denominator of the Quality performance category score

Repeat steps 1 – 5 for each measure.

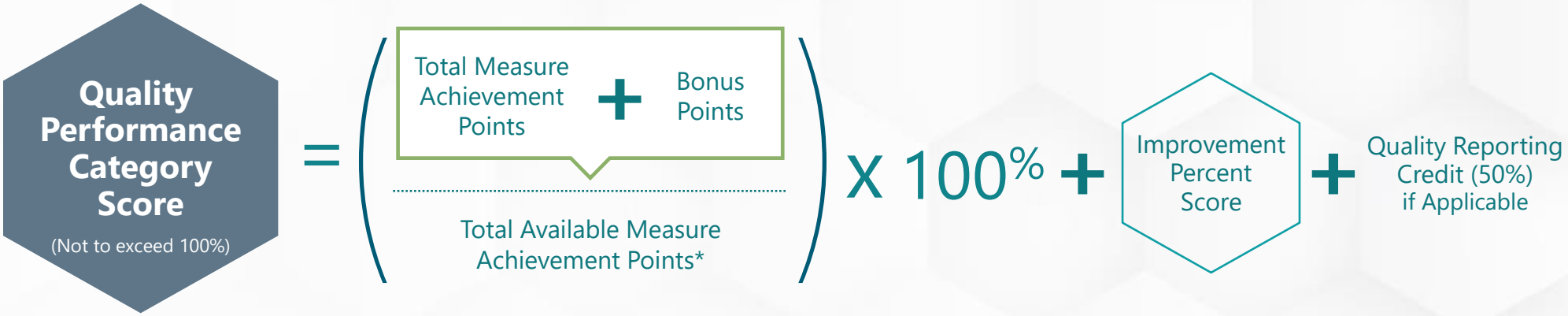
MIPS Quality Performance Category

Quality Payment PROGRAM

Calculating the Quality Performance Category Score: APM Scoring Standard

APM Entity-Level Reporting

The Quality Performance Category Score is a product of the following equation for MIPS APMs reporting at the APM Entity level:



Quality Payment PROGRAM

Calculating the Quality Performance Category Score: APM Scoring Standard (continued)

Individual and Group Reporting

Step 1. Calculate the Quality score for each of the MIPS eligible clinicians in the MIPS APM based on individual (TIN/NPI) or group (TIN) reporting.

For MIPS APM participants reporting as an individual or group and are not part of a small practice:

Quality Performance Category Score (Not to exceed 100%) = (Total Measure Achievement Points + Measure Bonus Points) / Total Available Measure Achievement Points*

For MIPS APM participants reporting as an individual or group and are part of a small practice:

Quality Performance Category Score (Not to exceed 100%) = (Total Measure Achievement Points + Measure Bonus Points + Small Practice Bonus (6 points)) / Total Available Measure Achievement Points

*Total Available Measure Achievement Points = the number of required measures x 10

High priority and end-to-end electronic reporting bonus points are each capped at 10% of the denominator, which is the total possible points you could earn in the Quality performance category.

For example, if your Quality performance category denominator is 60 points, then you can earn up to 12 measure bonus points total, 6 points from each bonus category.

The maximum score is 100% of the category weight.

MIPS Quality Performance Category

Quality Payment PROGRAM

Calculating the Quality Performance Category Score: APM Scoring Standard (continued)

Individual and Group Reporting

Step 2. Calculate the average of the scores for each MIPS eligible clinician in the APM Entity (from Step 1)

$$\sum \left(\frac{\text{Total Measure Achievement Points} + \text{Bonus Points}}{\text{Total Available Measure Achievement Points}} \right) \times 100\%$$

Number of Attributed Eligible Clinicians

Step 3. Add Quality Improvement score at the Entity level and 50% quality reporting credit if applicable to the average score (from Step 2) to arrive at the APM Entity's quality score.

Quality Performance Category Score
(Not to exceed 100%)

=

APM Entity's Quality Performance Category Score
(Average of the Scores for each MIPS EC from Step 2)
+ Improvement Score
+ 50% Quality Reporting Credit
(if applicable)

MIPS APMs that don't require reporting through a MIPS submission type (i.e. the CMS Web Interface) are eligible for the quality reporting credit, which adds 50% to the total sum, up to a cap on the total score of 100%.

- For example, a CPC+ practice is eligible for this credit. While CPC+ entities upload their eCQMs to qpp.cms.gov, these eCQMs are not assessed for MIPS reporting.

MIPS APMs that do require reporting through the CMS Web Interface are not eligible for this credit.

- Shared Savings Program ACOs and Next Generation ACOs aren't eligible for the 50% quality reporting credit.

For additional information about and examples of the APM Scoring Standard for the Quality performance category, please review the 2020 APM Quality Scoring Resources.

MIPS Quality Performance Category

How is my Quality Performance Category Score Calculated?

What is Improvement Scoring?

MIPS eligible clinicians can earn up to 10 additional percentage points in the Quality performance category based on the rate of their improvement in the Quality performance category from the previous year. The improvement percent score—calculated at the category level and represents improvement in achievement from one year to the next— may not total more than 10 percentage points. If CMS can't compare data between two performance periods, or there is no improvement, the improvement score will be 0%. The improvement percent score cannot be negative.

Eligibility for these additional percentage points is determined by meeting the following criteria:

1. **Full participation in the Quality category for the current performance period:**

- Submits 6 measures (with at least 1 outcome/high priority measure); OR
- Submits a complete specialty measure set (which may have fewer than 6 measures); **OR**
- Submits all the measures in the CMS Web Interface.

All submitted measures must meet data completeness requirements.

2. **Data sufficiency standard is met, meaning there is data available and can be compared:**

- There is a Quality performance category achievement percent score (the score earned by measures based on performance excluding bonus points) for the Entity in the previous performance period (Year 3, 2019) and the current performance period; **AND**
- Data was submitted under the same identifier for the two consecutive performance periods, or CMS can compare the data submitted for the two performance periods

MIPS Quality Performance Category

Quality Payment PROGRAM

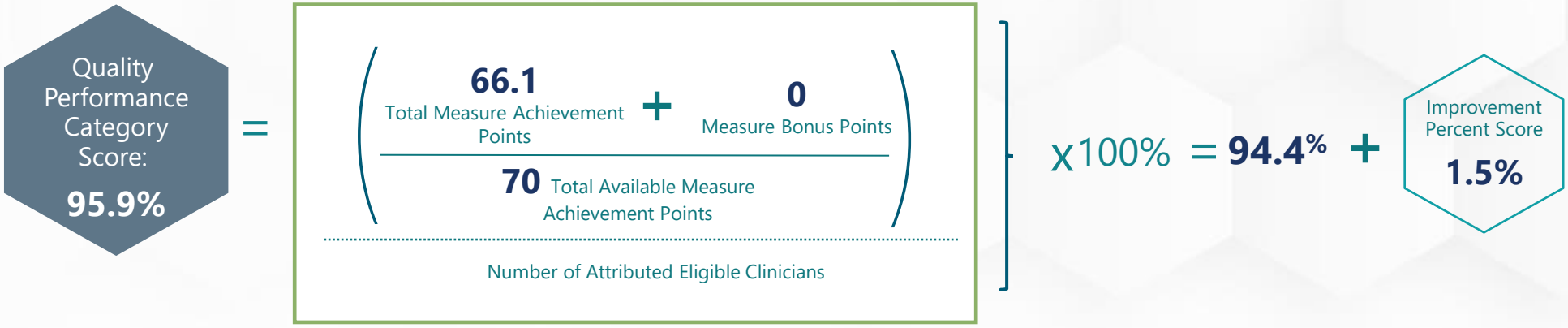
Improvement Scoring Example

A Shared Saving Program ACO with clinicians scored under the APM scoring standard reported through the CMS Web Interface for 2019 and 2020. They earn 66.1 achievement points (and 0 bonus points) out of 70 possible points for the 2020 performance period.

They qualify for improvement scoring because their achievement percent score showed improvement from last year.

- Their 2020 achievement percent score = 66.1/70 = 94.4%
- Their 2019 achievement percent score = 82.2%
- The increase in their achievement percent score = 94.4% - 82.2% = 12.2%
- Their improvement percent score = (12.2% ÷ 82.2%) x 10 = 1.5%

Scoring Example



MIPS Quality Performance Category

Quality Payment PROGRAM

Quality Performance Category Scoring Example

A Comprehensive Primary Care Plus (CPC+) Practice Site has 6 MIPS eligible clinicians that bill under 2 TINs. Their Practice Site didn't report MIPS quality measures as an APM Entity, so the MIPS eligible clinicians at one TIN reported their quality measures as individuals while the clinicians at the second TIN reported as a group. None of the MIPS eligible clinicians in the practice reported quality measures to MIPS last year, so they are not eligible for improvement scoring.

	Total Points Earned (achievement points and bonus points, including small practice bonus)	**Quality Performance Category Score**
MIPS Eligible Clinician 1	30	30/60 = **50%**
MIPS Eligible Clinician 2	30	30/60 = **50%**
MIPS Eligible Clinician 3	42	24/60 = **40%**
MIPS Eligible Clinician 4	27	21/60 = **35%**
MIPS Eligible Clinician 5	33	33/60 = **55%**
MIPS Eligible Clinician 6	39	39/60 = **65%**

$$\left(\frac{50 + 50 + 40 + 35 + 55 + 65}{6 \text{ Eligible Clinicians}}\right) = 49.17\%$$

Improvement Percent Score + **0%**

Quality Reporting Credit + **50%**

Quality Performance Category Score **99.17%**

Can the Quality Performance Category be Reweighted?

In rare instances, the Quality performance category can be reweighted under the APM Scoring Standard for the 2020 performance period. This could occur when all of the practices within the APM Entity have an approved extreme & uncontrollable circumstance application to reweight the Quality performance category. As finalized in the CY 2021 Quality Payment Program Final Rule, an APM Entity is able to submit an application, but can only request reweighting for all performance categories.

Please check the Quality Payment Program COVID-19 Response Fact Sheet, 2020 MIPS Exceptions Application Fact Sheet or the Exceptions Application webpage for more information.

Please refer to Appendix B for more information on performance category reweighting, including the extreme and uncontrollable circumstances policy.

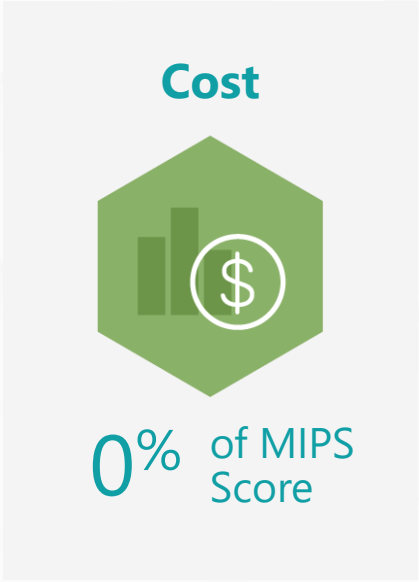
MIPS Cost Performance Category

MIPS Cost Performance Category

Quality Payment PROGRAM

What are the Cost Performance Category Data Submission Requirements under the APM Scoring Standard?

MIPS eligible clinicians that participate in a MIPS APM are not scored on the Cost performance category under the APM Scoring Standard. This performance category contributes a weight of 0% to your final score.



MIPS Improvement Activities Performance Category

MIPS Improvement Activities Performance Category

Quality Payment PROGRAM

What are the Data Submission Requirements for the Improvement Activities Performance Category under the APM Scoring Standard?

There are no data submission requirements for MIPS APM participants for this performance category.

MIPS eligible clinicians in a MIPS APM will automatically receive the maximum (40) points for the 2020 performance period based on their APM participation. You do not need to perform or submit additional activities and will not receive additional points if you do.

Improvement Activities

20% of MIPS Score

MIPS Promoting Interoperability Performance Category

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

The 2020 Promoting Interoperability performance category focuses on four objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange. These objectives are comprised of six required measures and attestations.

What are the Data Submission Requirements for the Promoting Interoperability Performance Category?

2015 Edition CEHRT is required for participation in this performance category

There's a single set of measures and objectives you must report for the 2020 performance period as outlined in the table below.

MIPS eligible clinicians in a MIPS APM report their Promoting Interoperability data at the individual or group level. We calculate a score for the APM Entity as a weighted average of the scores received from individual and group reporting.

The following information applies to the data submitted at the individual or group level.

When you report on required measures that have a numerator/denominator, you must submit at least a 1 in the numerator if you do not claim an exclusion.

Promoting Interoperability

30% of MIPS Score

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

Promoting Interoperability 30% of MIPS Score for MIPS APM Participants

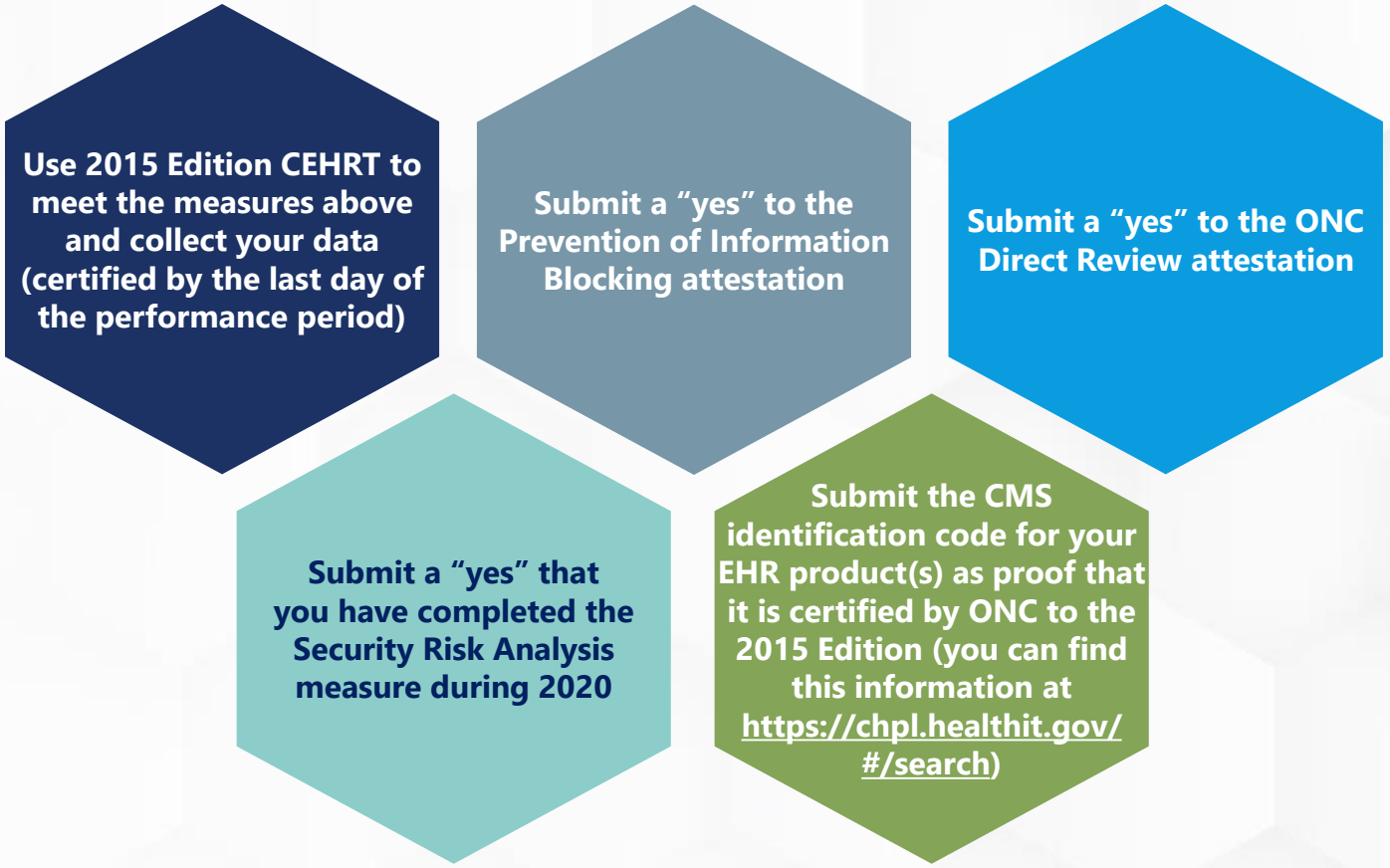
Objectives	Measures	Requirements
e-Prescribing	e-Prescribing	Required unless an exclusion is claimed
	Bonus (Optional): Query of Prescription Drug Monitoring Program (PDMP)	Optional measure cannot be reported if an exclusion is claimed for the required e-Prescribing measure
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Required unless an exclusion is claimed
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Required unless an exclusion is claimed
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Required (no exclusion available)
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	Required unless an exclusion(s) is claimed

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

What are the Data Submission Requirements for the Promoting Interoperability Performance Category?

In addition to reporting the previously listed measures, each individual or group in the APM Entity must also:



If any of these requirements are **not met**, you will contribute 0 points out of 30 points to the APM Entity's score in the Promoting Interoperability performance category.

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

Data Aggregation and Multiple Submissions

We recommend a single submission (file upload, API or attestation; by you or a third party) to report your promoting interoperability data.

Any conflicting data submitted for a single measure or required attestation will result in a performance category score of 0 for the clinician or group, and you will contribute 0 out of 30 points towards the APM Entity's score.

How are Measures Assessed and Scored in the Promoting Interoperability Performance Category for 2020?

For the 2020 performance period, each required measure will be scored based on the performance data you report. The measure performance rate is calculated based on the submitted numerator and denominator, except for the Query of PDMP measure (optional) and the Public Health and Clinical Data Exchange objective's measures, which require a "yes" or "no" submission. Each measure will contribute to your total Promoting Interoperability performance category score.

NOTE: If exclusions are claimed, the points for excluded measures will be reallocated to other measures.

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

How are Measures Assessed and Scored in the Promoting Interoperability Performance Category for 2020?

Each required measure (or objective, in the case of the Public Health and Clinical Data Exchange) has a maximum number of points that can be earned based on performance.

For measures submitted with a numerator and denominator, we calculate a score for each measure by dividing the numerator by the denominator you submitted for the measure, and then multiplying that performance rate by the maximum points available for the measure.

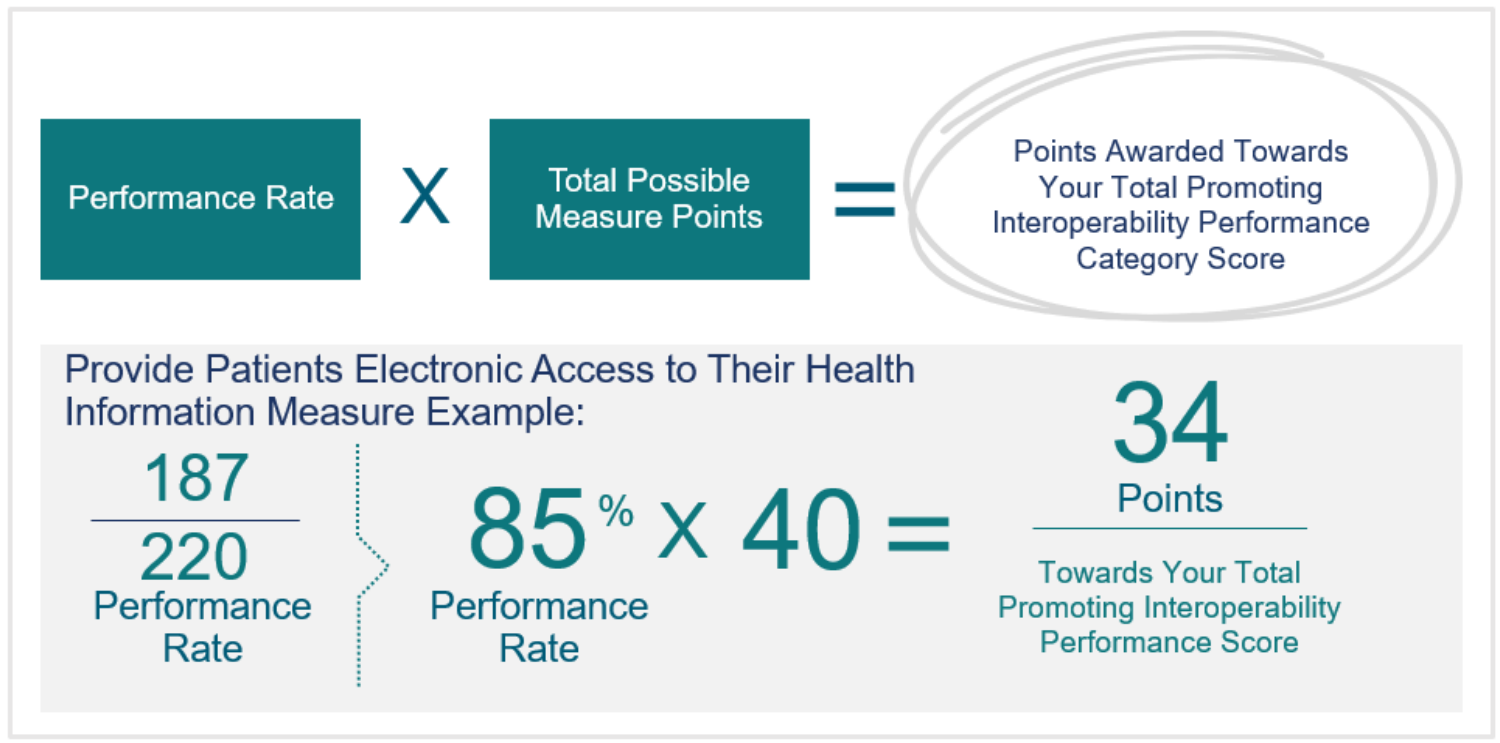
- **Exception:** The bonus measure in the e-Prescribing objective will earn 5 points if submitted. NOTE: We will award these bonus points at the APM Entity level when at least one MIPS eligible clinician in the Entity reports the Query of PDMP measure.

- **Exception:** When a clinician earns a measure score of less than 0.5, the score is rounded up to 1 as long as at the clinician reported on at least 1 patient.

Objectives	Measures	Available Points
e-Prescribing	e-Prescribing	1 – 10 points
	Bonus (optional): Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points (Added to the APM Entity score)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	1 – 20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	1 – 20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	1 – 40 points
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	10 points (for the entire objective)

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM



The Public Health and Clinical Data Exchange objective is scored differently because these measures are submitted with a "yes" or "no" instead of numerator and denominator values.

You will receive 10 points in this objective when:

- You submit a "yes" to 2 measures in the objective*
- You submit a "yes" to 1 measure and claim an exclusion for a second measure

***You can report the same measure twice as long as you're actively engaged with two different agencies or registries.**

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

How is the Promoting Interoperability Performance Category Scored for Individual and Group Reporting?

We'll add the scores for each of the individual required measures (or objective) together and divide the sum by the total possible achievement points (100 points) to calculate the Promoting Interoperability performance category score.

REMINDER: You will contribute 0 points to the APM Entity's Promoting Interoperability performance category score if you fail to: submit a required attestation; report on a required measure; or claim an exclusion for a required measure (where applicable).

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

Scoring Example

Measures	Numerator / Denominator (Performance Rate)	Maximum Points	Points Earned
e-Prescribing	Exclusion claimed	10 points → 0 points	N/A
Bonus (optional): Query of Prescription Drug Monitoring Program (PDMP)	N/A – this measure isn't factored into the individual and group scores. These bonus points are added to the APM Entity score.		
Support Electronic Referral Loops by Sending Health Information	180 / 250 (.72)	20 points → 25 points re-allocated from e-Prescribing	.72 x 25 = 18 points
Support Electronic Referral Loops by Receiving and Incorporating Health Information	176 / 200 (.88)	20 points → 25 points re-allocated from e-Prescribing	.88 x 25 = 22
Provide Patients Electronic Access to Their Health Information	187 / 220 (.85)	40 points	.85 x 40 = 34 points
Report to 2 different public health agencies or clinical data registries for any of the following: • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	Reported "yes" to Immunization Registry Reporting measure	10 points	10 points (this objective is all or nothing)
Promoting Interoperability Performance Category Score			84 points / 100 points = 84%

MIPS Promoting Interoperability Performance Category

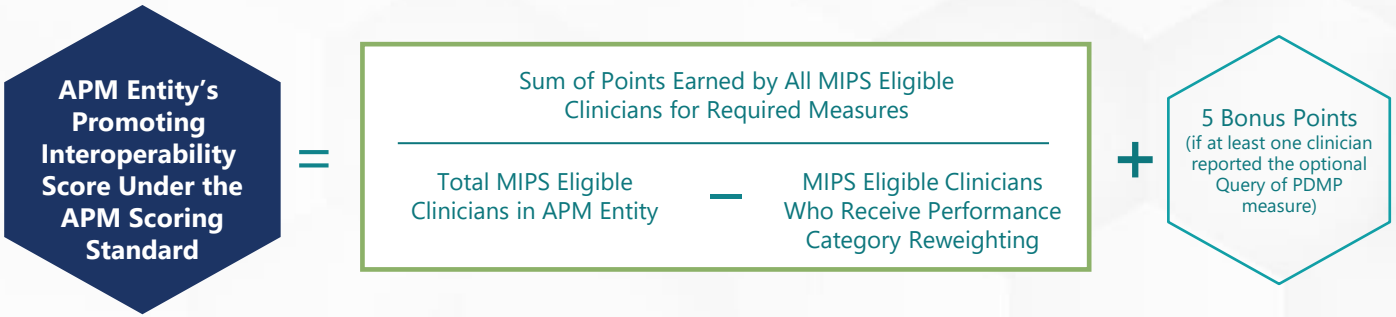
Quality Payment PROGRAM

How Do You Calculate the APM Entity's Score Under the APM Scoring Standard?

Each MIPS eligible clinician in an APM Entity receives the same Promoting Interoperability performance category score, under the APM Scoring Standard.

MIPS eligible clinicians in a MIPS APM report their Promoting Interoperability measures as individuals or as a group. We score the required measures just as we do for all other individuals and groups, and then use those scores to calculate a score for the Entity.

The APM Entity's Promoting Interoperability performance category score is an average of the highest score attributed to each MIPS eligible clinician in the APM Entity based on the required measures from their individual or group reporting. The APM Entity can also earn the 5 bonus points that are available if at least one individual or group in the APM Entity reports the optional Query of PDMP measure, but the Promoting Interoperability performance category score can't exceed 100%.



MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

Scoring Example (APM Scoring Standard)

Let's continue our example of the CPC+ Practice Site with 6 MIPS eligible clinicians. The points assigned to each clinician are those earned through either individual or group reporting.

	Points for Required Measures (excluding bonus points)	Optional Query of PDMP Measure reported?
MIPS Eligible Clinician 1	**87**	Yes
MIPS Eligible Clinician 2	**87**	No
MIPS Eligible Clinician 3	**77**	Yes
MIPS Eligible Clinician 4	N/A – qualified for reweighting	N/A – qualified for reweighting
MIPS Eligible Clinician 5	**92**	No
MIPS Eligible Clinician 6	**85**	Yes

[(87 + 87 + 77 + 92 + 85) / 5] + 5 = 85.6, which is the Promoting Interoperability score attributed to all 6 MIPS eligible clinicians, including Clinician #4. The APM Entity receives the 5 bonus points because at least 1 clinician in the APM Entity reported the optional Query of PDMP measure.

Promoting Interoperability Performance Category Score = $\frac{87 + 87 + 77 + 92 + 85}{5}$ + 5 = 85.6

Points from Required Measures / Number of Clinicians Included in Calculation; Points from Bonus Measure

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

How Does Reweighting Work for MIPS APM Participants?

As finalized in the CY 2021 Quality Payment Program Final Rule, an APM Entity is able to submit an application, but can only request reweighting for all performance categories.

Please check the Quality Payment Program COVID-19 Response Fact Sheet, 2020 MIPS Exceptions Application Fact Sheet or the Exceptions Application webpage for more information.

Individual MIPS eligible clinicians and groups in a MIPS APM that qualify for automatic reweighting or have an approved Promoting Interoperability hardship exception do not need to submit data for the Promoting Interoperability performance category. They will be excluded from the calculation when determining the APM Entity's score, but they will still receive the APM Entity's score for this performance category. In rare instances, the Promoting Interoperability performance category can be reweighted for the entire Entity under the APM Scoring Standard for the 2020 performance period. This could occur when all of the clinicians within the APM Entity qualify for reweighting either individually or as a group (depending on how data was reported) for the Promoting Interoperability performance category.

If the individual or group qualifies for reweighting but chooses to submit data for the, their data will be scored and included in the calculation of the APM Entity's score.

1. You can submit a Promoting Interoperability Hardship Exception Application, citing one of the following specified reasons for review and approval:
    1. Insufficient internet connectivity
    2. Extreme and uncontrollable circumstances
    3. Lack of control over the availability of CEHRT
    4. Small Practice
    5. Decertified HER

If we approve your application, then the Promoting Interoperability performance category will be reweighted, unless you submit data for this performance category. Learn more about Hardship Exceptions.

2. You will qualify for automatic reweighting if you are identified as any of the following (see the QPP Participation Status Tool):
    1. Physician Assistant
    2. Nurse Practitioner
    3. Clinical Nurse Specialist
    4. Certified Registered Nurse Anesthetist
    5. Physical Therapist
    6. Occupational Therapist
    7. Qualified Speech-language Pathologist
    8. Qualified Audiologist
    9. Clinical Psychologist
    10. Registered Dietitian or Nutrition Professional
    11. Hospital-based Clinician
    12. Ambulatory Surgical Center (ASC)-based Clinician
    13. Non-patient Facing Clinician

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

Complex Patient Bonus

For the 2020 performance year, we have finalized out proposal to double the complex patient bonus, which would allow up to 10 bonus points added to your final score.

The Complex Patient Bonus is added to the MIPS final score and based on the overall medical complexity and social risk for the patients treated by a clinician or group. We recognize that there can be challenges and additional costs associated with the care you provide to these patients. The Complex Patient Bonus awards up to five bonus points, which is added to your final score, based on the complexity of the patients you treat. This bonus is based on a combination of the average Hierarchical Condition Category (HCC) risk score of the Medicare patients you treat and the proportion of dually eligible patients you treat.

All APM Entities that care for complex patients and submit data for at least one MIPS performance category (Quality or Promoting Interoperability) are eligible for the complex patient bonus of up to five bonus points to their final score.

How is the Complex Patient Bonus determined?

We use two indicators to measure patient complexity:

Medical complexity is measured by the average Hierarchical Condition Category (HCC) risk score of Medicare patients treated

Social risk is measured by the proportion of patients treated who are dually eligible to receive Medicare and either full or partial Medicaid benefits

We calculate the HCC risk scores of Medicare patients and determine the proportion of dual eligible patients treated during the second 12-month segment (October 1, 2019 – September 30, 2020) of the MIPS determination period.

Each MIPS eligible clinician, group, virtual group and APM entity will be evaluated for the complex patient bonus. There is no minimum amount or percentage of dually eligible patients or patients diagnosed with a condition that has an HCC risk score required for the clinician to be scored for the complex patient bonus.

MIPS Promoting Interoperability Performance Category

Quality Payment PROGRAM

Complex Patient Bonus (continued)

How is a clinician's HCC risk score determined?

Each MIPS eligible clinician will receive an HCC risk score which is an average of the risk scores assigned to Medicare patients that the clinician treats from 10/1/2019 to 9/30/2020.

A beneficiary's risk score is based on:

We use claims data from CY 2019 (1/1/2019 – 12/31/2019) to calculate the risk score for each beneficiary you treated between 10/1/19 and 9/30/20.

Your HCC risk score is the average of the risk scores assigned to these Medicare patients.

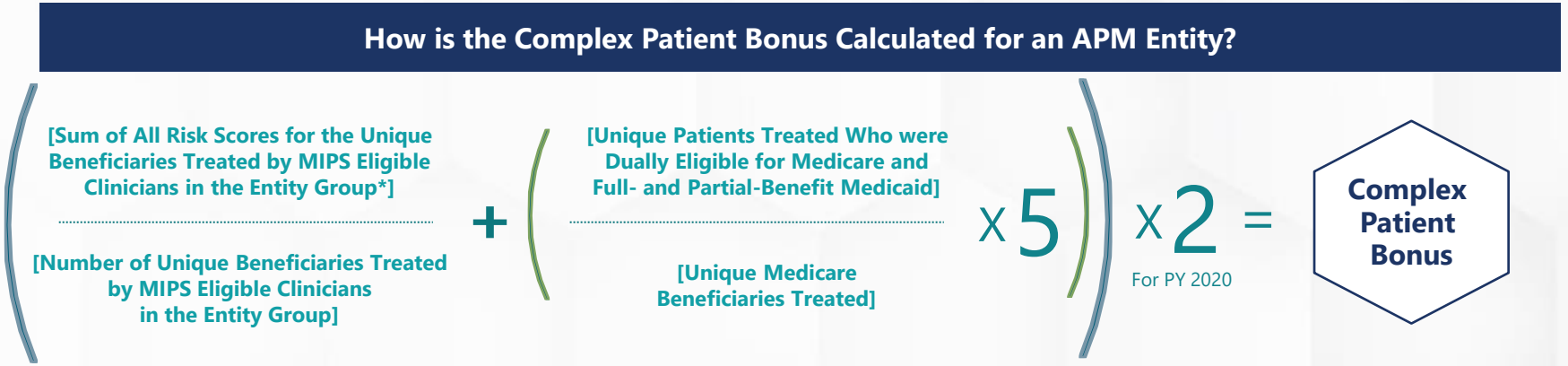
How is my proportion of dual eligible patients determined?

We will calculate the number of your dually eligible patients using claims data from 10/1/2019 to 9/30/2020.

The proportion will be a comparison of unique patients who are dually eligible for Medicare and Medicaid seen by the MIPS eligible clinician to all unique Medicare patients seen by the MIPS eligible clinician during this time period.

Complex Patient Bonus (continued)

How is the Complex Patient Bonus Calculated for an APM Entity?



*Unique beneficiaries and patients (both dually-eligible and HCC) must be treated between 10/1/18 and 9/30/19 to be included in the Complex Patient Bonus calculation.

The complex patient bonus is calculated for APM entities by adding the beneficiary-weighted average HCC risk score for all MIPS eligible clinicians in the Entity to the average dual eligible ratio for all MIPS eligible clinicians in the Entity, multiplied by five. For 2020 only, we will multiply this number by 2.

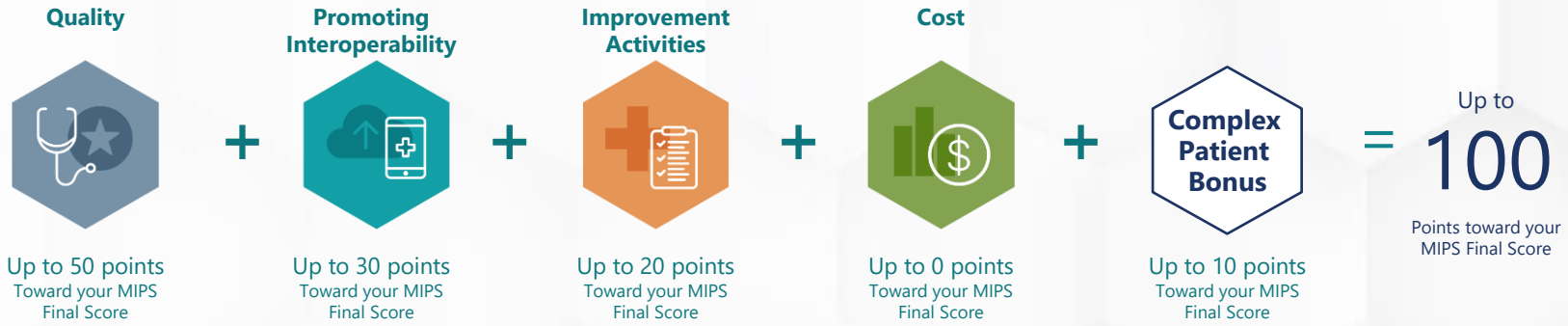
MIPS Final Score

MIPS Final Score

Quality Payment PROGRAM

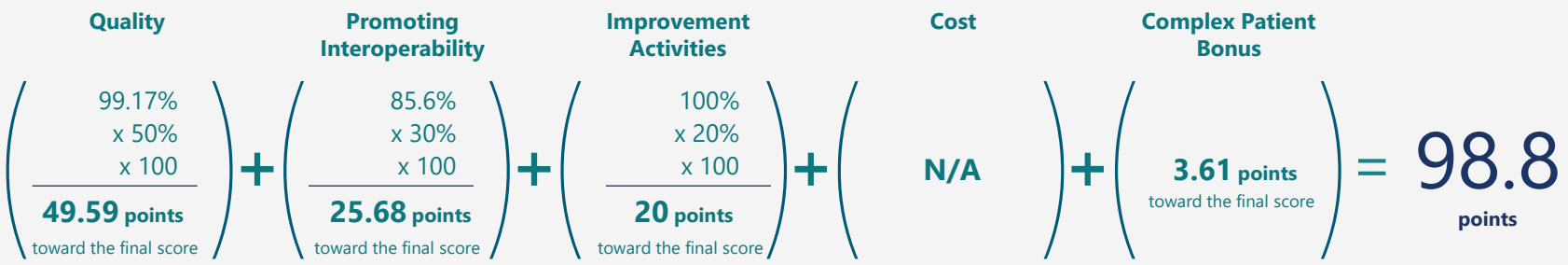
How is My Final Score Calculated?

We multiply your performance category score by the category's weight, and multiple that by 100, to determine the number of points that contribute to your final score for each performance category. Then we add the points for each performance category to any complex patient bonus you may have received to arrive at your final score.



Scoring Example (APM Scoring Standard)

Let's continue our example of the CPC+ Practice Site and review how their APM Entity final score is calculated under the APM scoring standard.



Payment Adjustment Based on MIPS Final Score

Payment Adjustment Based on MIPS Final Score

Quality Payment PROGRAM

How Does My MIPS Final Score Determine My Payment Adjustment?

Your MIPS final score will be between 0 and 100 points. Each final score will correlate to a payment adjustment(s), but in most cases we can't project what this correlation will be. Why? MIPS is required by law to be a budget neutral program, which generally means that the amount of the payment adjustments will be dependent on the overall participation and performance of clinicians in the program for that year.

Final Score	Payment Adjustment
85.00 – 100.00 points (Additional performance threshold = 85.00 points)	• Positive MIPS payment adjustment (subject to a scaling factor to preserve budget neutrality) • Eligible for additional adjustment for exceptional performance (subject to a scaling factor to account for available funds)
45.00 – 84.99 points	• Positive MIPS payment adjustment (subject to a scaling factor to preserve budget neutrality) • Not eligible for additional adjustment for exceptional performance
45.00 points (Performance threshold = 45.00 points)	• Neutral MIPS payment adjustment (0%)
11.26 – 44.99 points	• Negative MIPS payment adjustment (between -9% and 0%)
0 – 11.25 points	• Negative MIPS payment adjustment of -9%

Payment Adjustment Based on MIPS Final Score

Quality Payment PROGRAM

How Does My MIPS Final Score Determine My Payment Adjustment? (continued)

There are two components of the MIPS payment adjustments. The first applies to all MIPS eligible clinicians, and the second is an additional payment adjustment for exceptional performance that applies only to those MIPS eligible clinicians with a final score of 85 points or higher.

- **MIPS Payment Adjustment –** The first component is calculated in a way to ensure budget neutrality. Clinicians with a final score at the performance threshold of 45 points earn a neutral adjustment. Clinicians with a final score above the performance threshold of 45 points earn a positive adjustment (subject to a scaling factor). Clinicians with a final score below the performance threshold of 45 points will be subject to a negative adjustment. The maximum negative adjustment is -9%. The final MIPS payment adjustments will be determined by the distribution of final scores across MIPS eligible clinicians and the performance threshold. More MIPS eligible clinicians with final scores above the performance threshold means the scaling factors would decrease because more MIPS eligible clinicians receive a positive MIPS payment adjustment. More MIPS eligible clinicians with final scores below the performance threshold means the scaling factors would increase because more MIPS eligible clinicians would have negative MIPS payment adjustments and relatively fewer MIPS eligible clinicians would receive positive MIPS payment adjustments.

- **Additional MIPS payment adjustment for exceptional performance –** The second component is applied to MIPS eligible clinicians with a final score of 85 points or higher. The amount of the adjustment is also applied on a linear scale so that clinicians with higher scores receive a higher adjustment. The amount of the adjustment is scaled; it will depend on the scores and the number of clinicians receiving a score of 85 points or higher. Note: The 2022 performance year/2024 payment year will be the final year for the additional adjustment.

Resources, Glossary, and Version History

Resources, Glossary, and Version History

Quality Payment PROGRAM

Resources

The following resources are or will be available on the QPP Resource Library.

Quality:

- 2020 APM Quality Scoring Resources
- 2020 Quality Benchmarks
- Medicare Shared Savings Program Quality Measure Benchmarks for the 2020/2021 Performance Years

Improvement Activities:

- 2020 MIPS APMs Improvement Activities

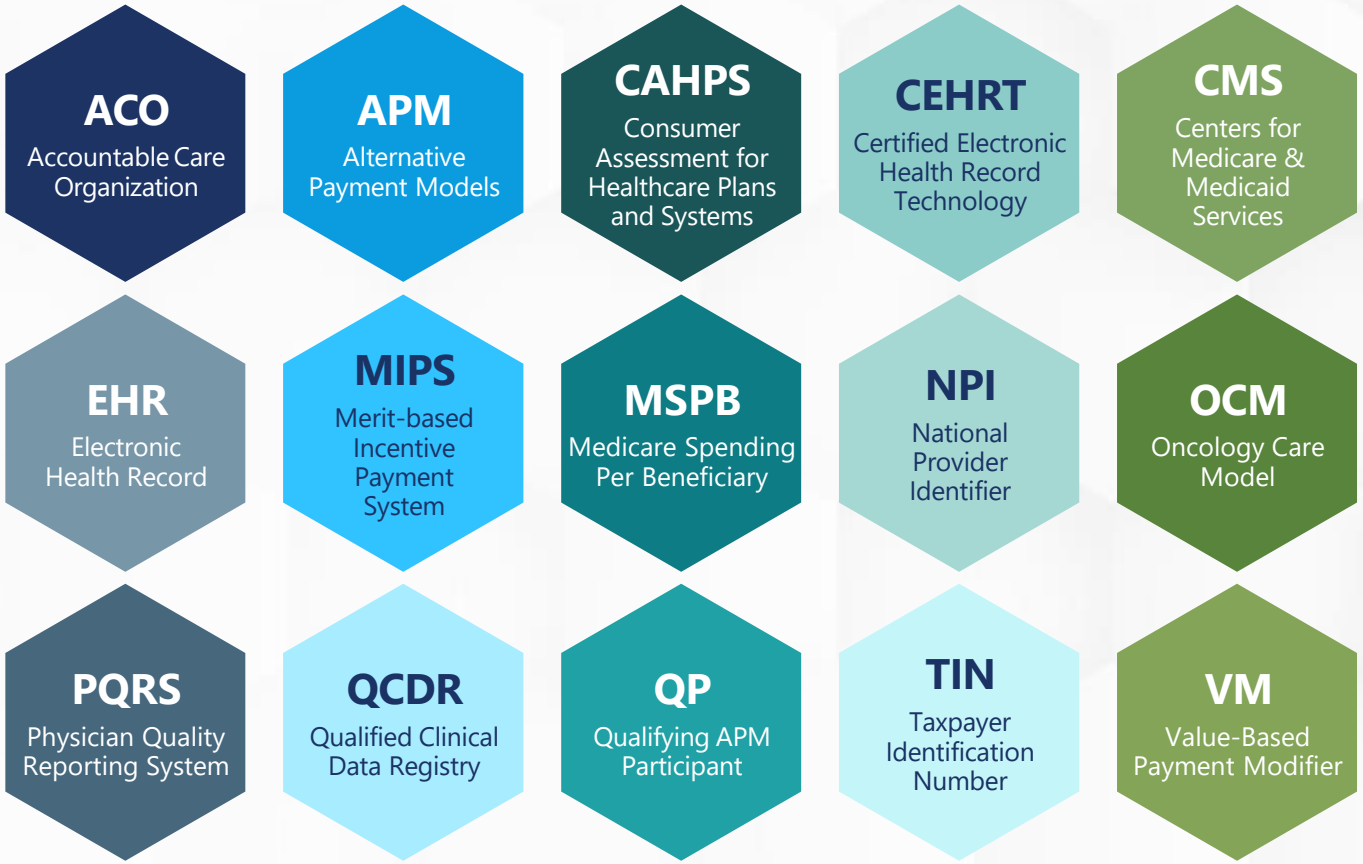
Promoting Interoperability:

- 2020 Promoting Interoperability User Guide

Resources, Glossary, and Version History

Quality Payment PROGRAM

Glossary



Help, Resources, and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Description
05/14/2021	Original posting

Appendices

Appendix A: Scoring Quality Measures

This example can help you find a benchmark, figure achievement points, and pick the top 6 measures based on the number of points.

1. **Find the benchmark and figure achievement points based on collection type for the measure.**

- Achievement points are figured by mapping the performance rate to the benchmark for the measure, specific to collection type.
- **Example:** Small practice reporting as a group submits Measure 236 as an eCQM.

Measure Reported	Type of Measure	Collection Type	Measure Performance Rate	Cases Reported
Measure 236 – Controlling High Blood Pressure	Intermediate Outcome	eCQM	66.74 (mapped to highlighted decile below)	90

- This is an extract from the 2020 benchmarking file showing the range of performance rates associated with each decile for each collection type (Remember that Measure 236 is scored according the flat benchmark methodology, which is reflected in the 2020 Historical Quality Benchmarks file):

Measure Name	Measure ID #	Collection Type	Measure Type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Controlling High Blood Pressure	236	Medicare Part B Claims	Intermediate Outcome	Y	20 – 20.99	30 – 39.99	40 – 40.99	50 – 50.99	60 -60.99	70 – 70.99	80 – 80.99	>=90
Controlling High Blood Pressure	236	eCQM	Intermediate Outcome	Y	20 – 20.99	30 – 39.99	40 – 40.99	50 – 50.99	60 -60.99	70 – 70.99	80 – 80.99	>=90
Controlling High Blood Pressure	236	MIPS CQM	Intermediate Outcome	Y	20 – 20.99	30 – 39.99	40 – 40.99	50 – 50.99	60 - 60.99	70 – 70.99	80 – 80.99	>=90

Appendix A: Scoring Quality Measures (continued)

2. Figure achievement points in a decile.

1. Determine the decile that the performance rate falls in:

   Measure performance rate = 66.74

Measure Name	Measure ID #	Collection Type	Measure Type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Controlling High Blood Pressure	236	eCQM	Intermediate Outcome	Y	20 – 29.99	30 – 39.99	40 – 49.99	50 – 59.99	60 – 69.99	70 – 79.99	80 – 89.99	>=90

2. Apply the following formula based on the measure performance and decile range:

$$\text{decile \#}\ X + \frac{[\,q\ \text{performance rate} - a\ \text{bottom of decile range}\,]}{[\,b\ \text{top of decile range} - a\ \text{bottom of decile range}\,]} = \text{Achievement Points}$$

NOTE: Partial achievement points are rounded to the tenths digit for partial points between 0.01 to 0.89. Partial achievement points above 0.9 are truncated to 0.9.

$$\text{decile \#}\ 7 + \frac{[\,66.74 - 60\,]}{[\,69.99 - 60\,]} = 0.67 = 7.7$$

...which is rounded to 0.7

Appendix A: Scoring Quality Measures (continued)

3. Repeat assignment of achievement points for each submitted measure.

- **Example:** Small group submits 7 eCQMs and 2 claims measures, meeting data completeness for all measures.

Measures Reported	Collection Type	Types of Measure	Measure Performance Rate	Cases Reported	Achievement Points	Comments
Measure 236 Controlling High Blood Pressure	eCQM	Outcome	66.74	86	7.7	Compare to benchmark; required outcome measure (no bonus points available); meets end-to-end bonus point criteria;
Measure 130 Documentation of Current Medications in the Medical Record	eCQM	Process	96.74	90	5.9	Compare to benchmark; meets end-to-end bonus point criteria
Measure 111 Pneumococcal Vaccination for Elderly	eCQM	Process	22.12	112	4.9	Compare to benchmark; meets end-to-end bonus point criteria
Measure 111 Pneumococcal Vaccination for Elderly	Medicare Part B Claims	Process	70.56	113	5.5	Compare to benchmark
Measure 113 Colorectal Cancer Screening	eCQM	Process	36.32	13	3.0	Apply 3-point floor because it's below 20 case minimum; meets end-to-end bonus point criteria
Measure 119 Diabetes: Attention for Nephropathy	eCQM	Process	77.19	43	5.5	Compare to benchmark; meets end-to-end bonus point criteria
Measure 110 Preventive Care and Screening: Influenza Immunization	eCQM	Process	0.09	32	3	Compare to benchmark; apply 3-point floor due to poor performance; meets end-to-end bonus point criteria
Measure 238 Use of High-Risk Meds in Elderly	eCQM	Process*	2.01	40	6.6	Compare to benchmark; meets end-to-end bonus point criteria
Measure 317 Preventive Care—High Blood Pressure	Medicare Part B Claims	Process	35.81	160	4.2	Compare to benchmark

*This is an inverse measure

Appendix A: Scoring Quality Measures (continued)

4. Sort and group measures based on achievement and bonus points.

a) First identify the highest scoring outcome measure based on achievement points, then identify the next 5 highest scoring measures based on achievement points.

The following measures contribute achievement points AND bonus points toward the Quality performance category score.				
Measures Sorted by Performance	**Collection Type**	**Performance Rate**	**Achievement Points**	**Bonus Points**
1. Outcome/High-priority: **Measure 236**	eCQM	66.74	7.7	1
2. **Measure 238**	eCQM	2.01	6.6	1
3. **Measure 130**	eCQM	96.74	5.9	1
4. **Measure 111**	Medicare Part B Claims	70.56	5.5	0
5. **Measure 119**	eCQM	77.19	5.5	1
6. **Measure 317**	Medicare Part B Claims	35.81	4.2	0

b) Identify measures that contribute bonus points only to the Quality performance category score.

The following measures do not contribute achievement points but DO contribute bonus points toward the Quality performance category score.					
Measures Sorted by Performance	**Collection Type**	**Performance Rate**	**Achievement Points**	**Bonus Points**	**Comments**
Measure 111	eCQM	22.12	N/A	1	Higher scoring than Measure 317, but Measure 111 was also reported as a claims measure – the higher scoring collection type (claims) was counted toward the top 6
Measure 110	eCQM	0.09	N/A	1	Not one of the top 6 scored measures

Appendix A: Scoring Quality Measures (continued)

4. Sort and group measures based on achievement and bonus points. (continued)

c) Identify measures that won't contribute any points to the Quality performance category score.

The following measure doesn't contribute achievement points or bonus points toward the Quality performance category score.					
Measures Sorted by Performance	**Collection Type**	**Performance Rate**	**Achievement Points**	**Bonus Points**	**Comments**
Measure 113	eCQM	36.32	N/A	N/A	1. Not one of the top 6 scored measures 2. Group has already reached the 10% cap on the end-to-end bonus points.

Appendix B: Reweighting the Performance Categories

Performance Category Weight Redistribution under the APM Scoring Standard

The table below outlines the performance category weights when 0 or 1 performance categories are reweighted to 0% based on any circumstances.

Performance Category Redistribution for the 2022 MIPS Payment Year				
Reweighting Scenario	**Quality**	**Cost**	**Improvement Activities (IA)**	**Promoting Interoperability (PI)**
No Reweighting Needed				
General weighting for all performance categories	50%	0%	20%	30%
Reweighting 1 Performance Category				
No Promoting Interoperability	80%	0%	15%	0%
No Quality	0%	0%	25%	75%

NOTE: If you have multiple performance categories reweighted to 0% so that a single performance category is weighted as 100% of your final score, you will receive a score equal to the performance threshold regardless of any data submitted or not submitted.

Appendix C: End-to-End Electronic Reporting (eCQMs and MIPS CQMs)

The table below outlines the submission options for submitting eCQMs or MIPS CQMs that meet the criteria to earn end-to-end electronic reporting bonus points.

Collection Type	Submission Type	Format/ Specification	Specification Indicators	Benchmark
eCQM	Login and Upload	QRDA III	N/A	eCQM
eCQM	Direct Login and Upload	QPP JSON	'submissionMethod=electronicHealthRecord'	eCQM
MIPS CQM (no eCQM equivalent)*	Direct Login and Upload	QPP JSON	'submissionMethod=registry' 'isendtoendreported=true'	MIPS CQM

*If you submit a MIPS CQM with an eCQM equivalent, your submission will be rejected if it includes an indicator of end-to-end electronic reporting.

If you are reporting a mixture of eCQMs and MIPS CQMs using the QPP JSON format, you must submit these types as separate measurement sets:

- One measurement set of eCQMs (indicate EHR as the submission method) and a separate measurement set of MIPS CQMs (indicate Registry as the submission method).

Please refer to the Submission API documentation in the Developer Tools section of the QPP website for the most current information.

Appendix D: Reallocation of Points for Promoting Interoperability Measure(s)

When an Exclusion is Claimed

The table below outlines where points are redistributed when an exclusion is claimed.

Objectives	Measures	Exclusion Available	When the Exclusion is Claimed…
e-Prescribing	e-Prescribing	Yes	…the 10 points are redistributed equally among the measures associated with the Health Information Exchange objective: • 5 points to the Support Electronic Referral Loops by Sending Health Information measure • 5 points to the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure
	Bonus (optional): Query of Prescription Drug Monitoring Program (PDMP)	N/A	N/A
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Yes	…the 20 points are redistributed to the Provide Patients Electronic Access to the Health Information
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Yes	…the 20 points are redistributed to the Support Electronic Referral Loops by Sending Health Information measure
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No	N/A
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	Yes	…the 10 points are still available in this objective if you **claim one exclusion** and submit a 'yes' attestation for one of the 5 measures in the objective. …the 10 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure if you **claim two exclusions**.