# Performance Year 2020 Quality Performance Category Score for MIPS APM Participants

This fact sheet provides an overview and example of the quality category score calculation for MIPS eligible clinicians in the Merit-based Incentive Payment System (MIPS) Alternative Payment Models (APMs) for performance year (PY) 2020. MIPS eligible clinicians in MIPS APMs receive special scoring under the APM Scoring Standard. The calculated quality performance category score is generated from all quality category scores of MIPS eligible clinicians participating in the APM Entity unless you report at the APM Entity level.

### **Quality Scoring Under the APM Scoring Standard**

For PY 2020, we implemented a new approach to quality performance category scoring for MIPS eligible clinicians scored under the APM Scoring Standard, requiring that MIPS eligible clinicians participating in MIPS APMs report MIPS quality measures.

Quality measures could be reported at the individual, group or APM Entity level, but all MIPS eligible clinicians in the APM Entity received the same quality performance category score under the APM scoring standard.

- If you reported at the Entity level, we only used the measures submitted by the APM Entity to calculate
  the APM Entity's quality performance category score, even if data were also submitted at the individual
  and/or group level.
- If you didn't report at the Entity level, we averaged the quality scores earned through individual and group reporting to determine the APM Entity's quality performance category score.

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 APM Entity's quality performance category score, up to a cap on the total score of 100%.

 Because Savings Program Accountable Care Organization (ACOs) and Next Generation ACOs are required to report through the CMS Web Interface, participants in those APMs were not eligible for the 50% reporting credit.

### **Quality Scoring Roll-Up Methodology for APM Entity**

We follow 3 steps for calculating a quality performance category score for the APM Entity when quality measure data wasn't submitted by the APM Entity.

- 1. We calculate the quality score for each MIPS eligible clinician in the APM Entity based on individual (TIN/NPI) or group (TIN) reporting.
  - **a.** We assign a score of zero points to any MIPS eligible clinician in the APM Entity that didn't report quality measure data at the individual or group level.
- 2. We calculate the average of the scores for each MIPS eligible clinician in the APM Entity (from Step 1).
  - **a.** When calculating the average, we exclude MIPS eligible clinicians that qualified for reweighting in the quality performance category because of an individual or group extreme and uncontrollable circumstances exception application, unless they submitted quality data.
- 3. If applicable, add quality improvement score at the Entity level and 50% quality reporting credit to the average score (from Step 2) to arrive at the APM Entity's quality score.
  - **a. REMINDER**: Shared Savings Program ACOs and Next Generation ACOs aren't eligible for the 50% quality reporting credit.

#### **MIPS Performance Feedback**

To access the APM Entity's MIPS performance feedback, including the quality performance category score, you must have a HARP account and a QPP role that grants you access to the APM Entity.

APM Entity groups that don't exceed the low volume threshold are excluded from MIPS and don't receive an APM Entity-level quality performance category score.

If you reported quality measures at the APM Entity level, you'll see measure-level performance and scoring details.

If you didn't report quality measures at the APM Entity level, you'll be able to **Download Quality Scores** from the **Overview** page of the APM Entity's performance feedback.

When viewing the downloaded quality scores file:

- The "Exempt" column will be populated with "False" when the clinician (and his/her scores listed in the row) did contribute to the APM Entity's Score.
- The "Exempt" column will be populated with "True" when the clinician didn't contribute to the APM Entity's Score. (This occurs when the clinician isn't a MIPS eligible clinician or qualified for reweighting in the quality performance category.)

Review the **Register for a HARP Account** and **Connect to an Organization** documents in the <u>Quality Payment</u> <u>Program Access User Guide (ZIP)</u> for more information about the credentials and access needed to view the APM Entity's performance feedback.

Review the <u>2020 MIPS Performance Feedback FAQs (PDF)</u> for more information about the information included in your performance feedback.

## **APM Entity Quality Rollup Report Example (Data Not Reported by APM Entity)**

APM Entity	TIN	NPI	First Name	Last Name	Quality Score <sup>1</sup>	Exempt	Performance Year
APM Entity ID	Taxpayer ID Number	National Provider ID	Clinician First Name	Clinician Last Name	Quality Score Assigned to Individual Clinician (Individual or Group Reporting)	Excepted from Quality Category or Not MIPS Eligible	2020
APM_101	1	1	John	Doe	100	FALSE	2020
APM_101	1	2	James	Johnson	60	FALSE	2020
APM_101	1	3	Jane	Smith		TRUE	2020
APM_101	2	4	Joanne	Jones	0	FALSE	2020
APM_101	2	5	Sam	Williams	50	FALSE	2020
APM_101	2	6	John	Miller	0	FALSE	2020
APM_101	3	7	Lesley	Wilson	75	FALSE	2020
APM_101	3	8	John	Brown	80	FALSE	2020
APM_101	3	9	Mindy	Davis		TRUE	2020

<sup>&</sup>lt;sup>1</sup> The "Quality Score" is each MIPS eligible clinician's quality category score contribution (out of 100 points) to the APM Entity's final quality performance category score.

Example APM Entity Quality Performance Category Calculation						
Step	Totals					
Calculation to Determine the Average Score	7 (number of MIPS eligible clinicians with scores that contribute to the APM Entity score) =52.14%					
Improvement Score	0%					
50% Auto- Credit	50%					
Total Quality Score	100% (50 out of 50 points in the quality performance category)					