

2017 QPP Experience Report Public Use File: Methodology

Background

The 2017 Quality Payment Program (QPP) Experience Report Public Use File (PUF) includes detailed data at the Taxpayer Identification Number (TIN)/National Provider Identifier (NPI) level regarding clinician eligibility, performance category scoring, final score, and payment adjustments. This data has been de-identified. Since the PUF provides data at the TIN/NPI level, we have excluded TIN/NPIs with fewer than 15 patients in 2017 according to public reporting guidelines. For that reason, and because these data are more recent, the numbers in the PUF will not match those in the QPP Experience Report.

Methodology and Key Data Sources


The primary data source used to compile this dataset is the CMS's systems of records for Merit-based Incentive Payment System (MIPS). MIPS contains data sourced from Medicare Part B Claims and Provider Enrollment, Chain, and Ownership System (PECOS) in addition to measure and activity data collected and submitted for clinicians and practices. The "Description" in the Data Dictionary provides further information on the data fields.

- 1. Clinician Participation and Eligibility Information** – This PUF only contains data for clinicians determined to be eligible for MIPS payment adjustment. For MIPS Eligibility, CMS reviews past and current Medicare Part B Claims and Provider Enrollment, Chain, and Ownership System (PECOS) data for clinicians and practices twice for each Performance Year (each review is called a determination segment). Data from the two segments are then reconciled and released as the final eligibility determination.

This PUF includes the following information specific to the clinician:

- Practice State or US Territory
- Practice Size
- Clinician Specialty
- Years in Medicare
- NPI
- MIPS Engagement
- MIPS Participation Type





This PUF also includes the following information which is specific to the level at which the clinician participated in MIPS (e.g. group or APM Entity) and received their final score:

- Medicare Patients
- Allowed Charges
- Services
- Opted Into MIPS

- 2. Reporting Factors** – There are certain factors (including Special Statuses, QPP Exceptions and Facility-based Determinations) that can affect the clinician reporting requirements for the different performance categories. These factors can result in fewer or no reporting requirements for a specific performance category.

This PUF includes the following reporting factors information specific to the level at which the clinician participated in MIPS (e.g. group or APM Entity) and received their final score:

- Small Practitioner
- Rural Clinician
- HPSA Clinician
- Ambulatory Surgical Center
- Hospital-Based Clinician
- Non-Patient Facing
- Facility-based
- Extreme Hardship

- 3. Performance Scoring** – This PUF contains the performance category scores, measurements, and activities that make up the final score. Performance is measured through the data reported or calculated in four areas – quality, improvement activities, Promoting Interoperability, and cost.

This PUF includes the following performance and scoring information specific to the level at which the clinician participated in MIPS (e.g. group or APM Entity) and received their final score:

- Final Score
- Payment Adjustment
- Complex Patient Bonus
- Extreme Hardship Quality
- Quality Category Score
- Quality Bonus

- Quality Measure ID
- Quality Measure Score
- Promoting Interoperability (PI) Category score
- Extreme Hardship PI
- PI Hardship
- PI Reweighting
- PI Bonus
- PI CEHRT ID (measurement_set_cehrt_id)
- PI Measure ID
- PI Measure Score
- IA Score
- Extreme Hardship IA
- IA Study
- IA Measure ID
- IA Measure Score
- Cost Score
- Extreme Hardship Cost
- Cost Measure ID
- Cost Measure Score

Version History

Date	Change Description
04/19/2023	Original version