Quality Payment

PY 2017 Quality Performance Category Scoring for Medicare Shared Savings Program Accountable Care Organizations (ACOs) and the Next Generation ACO Model 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 in Accountable Care Organization (ACO) Entities in the Medicare Shared Savings Program or Next Generation ACO Model. These scoring scenarios are for the 2017 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 2017 performance year.

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

ACO measure number	Measure Title	High priority measure? (# bonus points) ¹	Benchmark available? ²	MIPS Groups submitting quality measure data via Web Interface (assuming data completeness)			Shared Savings Program (all tracks) and Next Generation ACOs under APM scoring standard (if ACO successfully reports)		
				Scored? ³	Minimum points⁴	Maximum Points Possible ⁵	Scored? ³	Minimum points ⁴	Maximum Points Possible ⁵
ACO - 12	Medication Reconciliation Post-Discharge	Yes (1pt)	No	No	N/A	N/A	No	N/A	N/A
ACO - 13	Falls: Screening for Future Fall Risk	Yes (1pt)	Yes	Yes	3	10	Yes	3	10
ACO - 14	Preventive Care and Screening: Influenza Immunization	No	Yes	Yes	3	10	Yes	3	10

MIPS High Priority Measures are quality measures that are outcome, appropriate use, patient safety, efficiency, patient experience, or care coordination measures. 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/Downloads/MSSP-QM-Benchmarks-2016.pdf.

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.

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 Possible⁵
ACO - 15	Pneumonia Vaccination Status for Older Adults	No	Yes	Yes	3	10	Yes	3	10
ACO - 16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	No	Yes	Yes	3	10	Yes	3	10
ACO - 17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No	Yes	Yes	3	10	Yes	3	10
ACO - 18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	No	Yes	Yes	3	10	Yes	3	10
ACO - 19	Colorectal Cancer Screening	No	Yes	Yes	3	10	Yes	3	10
ACO - 20	Breast Cancer Screening	No	Yes	Yes	3	10	Yes	3	10
ACO - 42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	No	No	N/A	N/A	No	N/A	N/A
ACO - 40	Depression Remission at Twelve Months ⁶	Yes (2pts)	No	No	N/A	N/A	No	N/A	N/A
Diabetes Composite	ACO - 27: Hemoglobin A1c Poor Control ACO - 41: Diabetes—Eye Exam	Yes (2pts)	Yes	Yes	3	10	Yes	3	10

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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 Possible⁵
ACO - 28	Hypertension (HTN): Controlling High Blood Pressure	Yes (0pts) ⁷	Yes	Yes	3	10	Yes	3	10
ACO - 30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	No	Yes	Yes	3	10	Yes	3	10
	CAHPS measure (optional for MIPS Groups with 2 or more ECs)	Yes (2pts)	Yes	Yes	3	10	N/A	N/A	N/A
	All-cause readmission measure (automatically calculated for MIPS Groups with 16 or more ECs; not reported by Groups themselves, so not eligible for bonus points)	Yes (0pts)	Yes	Yes	3	10		This Measure is not used in scoring under the APM scoring standard	

⁷ Zero bonus points would be awarded because one outcome measure is required and receives no bonus points. For this example, measure ACO-28 was selected as the required outcome measure.

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

	quality mea	os submitting sure data via nterface	Shared Savings Program (all tracks) & Next Generation ACOs		
	Minimum points	Maximum Points Possible	Minimum points	Maximum Points Possible	
(A) Subtotal earned measure points =	39	130 ⁸	33	110 ⁸	
(B) Total Bonus points [(1) + (2)] =	8	21	6	17	
(1) Subtotal high priority bonus points (i + ii) = (Capped at 10% of total available measure points)**	8	8	6	6	
 Bonus points for reporting high priority in Web Interface, including outcomes measures = 	6	6	6	6	
 ii. Bonus points for reporting high priority measures via patient experience CAHPS⁹ = 	2	2	N/A	N/A	
(2) Bonus points for reporting measures via end-to-end CEHRT = (1 point/measure; Capped at 10% of total available measure points)**	0 ¹⁰	13 ¹¹	010	11 ¹¹	
(C) Total Quality Points [(A) + (B)] = 12	47	130+	39	110+	
(D) Quality Performance Category Score [(C)/Total possible points] = (Note: Cannot exceed 1.0 or 100%)	0.36	1.0	0.35	1.0	
(E) Weight of Quality Performance Category (assuming submission in the Advancing Care Information Category) =	0.6	0.6	0.5	0.5	
(F) Quality Performance points toward the final score [(D) x (E) x 100%] =	21.60%	60.00%	17.50%	50.00%	

^{*} 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.

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^{**} 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 110 = 11 points]

⁸ The "maximum points possible" are also the total possible points used as the denominator in (D). For MIPS Groups, the total possible points are 130, 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 110. The CAHPS and ACR measures are not included for MIPS APM scoring for Shared Savings Program ACOs or NGACOs, and thus the total possible achievement points for them are 110 points.

⁹ For 2017, CAHPS bonus points are only available to MIPS Group Web Interface submitters who submit CAHPS. For the purpose of this table, we assume that the MIPS Groups have elected to report CAHPS.

¹⁰ Assuming that the MIPS Group and ACOs did not achieve end-to-end CEHRT for any of the 14 measures (0 measures x 1 point).

Assuming that the MIPS Group and ACOs achieved maximum number of CEHRT bonus points, which are 13 and 11, respectively.

¹² The maximum possible points for MIPS groups is 130, and the maximum possible points for ACOs under the APM scoring standard is 110.