

Facility-Based Preview on QPP.CMS.GOV

The QPP Participation Status lookup tool indicates that I am facility-based, what does this mean?

Beginning with the 2019 performance period, we are providing MIPS eligible clinicians who qualify for facility-based measurement the option to use their facility-based scores from the Hospital Value Based Purchasing program as an alternate scoring mechanism for the Quality and Cost performance categories.

What is the Facility-Based Preview available on qpp.cms.gov?

The Facility-Based Preview allows you to preview what your Quality and Cost performance category scores *could* look like for the 2019 MIPS performance period if you are identified as facility-based and attributed to a facility with a Fiscal Year (FY) 2020 Hospital Value-Based Purchasing (VBP) score.

Please note that these are not your 2019 MIPS performance period Quality and Cost performance category scores under the facility-based scoring option. The calculation of those scores is described below.

The preview we are providing displays the FY 2019 Hospital VBP score that is currently available for the facility to which you've been attributed for the 2019 MIPS performance period. The Hospital VBP score is then mapped to scores for the Quality and Cost performance categories under MIPS, using 2017 QPP data from the Quality and Cost performance categories.

This will give you an idea of what your scores for these performance categories might look like, which will help you decide how you want to participate in MIPS for these two categories in the 2019 performance period – through facility-based scoring, or through submission of quality measures.

How do I access the facility-based preview?

Sign into the [QPP website](#) using your HARP identity management credentials. If you do not have an account, we encourage you to review the [QPP Access User Guide](#) to get started. Once you're signed-in, from the home page, click Preview Facility Score (or click the Facility Based Preview link in the left-hand navigation).



Are these my scores in the Quality and Cost performance categories for the 2018 performance period?

No. The Facility-Based Preview is not connected to your scores or data submission for the 2018 MIPS performance period. This preview is intended to help inform your decision about the need to submit additional Quality measures for the 2019 MIPS performance period.

Will these be my scores in the Quality and Cost performance categories for the 2019 performance period?

No. The Facility-Based Preview reflects FY 2019 Hospital VBP scores mapped to QPP data from the 2017 performance period. We will use the FY 2020 Hospital VBP score for the same facility when determining your 2019 Quality and Cost scores under facility-based measurement. We will map the facility's FY 2020 Hospital VBP score to MIPS scores in the Quality and Cost performance categories, using QPP data collected and submitted for the 2019 performance period.

If I qualify for facility-based scoring, do I have to submit any data for the 2019 performance period?

It depends on how you will be participating for the 2019 MIPS performance period.

If you will be **participating as an individual** and are individually eligible and identified as facility-based, the following applies:

- You will receive scores in the Quality and Cost performance categories based on the FY 2020 Hospital VBP score of the facility to which you're attributed.
- To maximize your final score, you will need to collect and submit data for the Improvement Activities and Promoting Interoperability performance categories.
- If you submit MIPS quality measures and/or can be scored on the 2019 MIPS cost measures, we will only apply facility-based measurement if the combined facility-based Quality and Cost performance scores are higher than the combined MIPS Quality and Cost performance category scores received through another MIPS submission.

If you will be **participating as a virtual group** and the virtual group is identified as facility-based, the following applies:

- You will receive scores in the Quality and Cost performance categories based on the FY 2020 Hospital VBP score of the facility to which the virtual group is attributed.
- To maximize your final score, you will need to collect and submit data for the Improvement Activities and Promoting Interoperability performance categories.

- If you submit MIPS quality measures and/or can be scored on the 2019 MIPS cost measures, we will only apply facility-based measurement if the combined facility-based Quality and Cost performance scores are higher than the combined MIPS Quality and Cost performance category scores received through another MIPS submission.

If you will be **participating as a group** and the practice is identified as facility-based, the group will need to submit data to signal your intent to participate as a group. Data must be submitted as a group for at least one of the MIPS performance categories that require data submission (Improvement Activities or Promoting Interoperability).

- You will receive scores in the Quality and Cost performance categories based on the FY 2020 Hospital VBP score of the facility to which the group is attributed.
- To maximize your final score, you will need to collect and submit data for both the Improvement Activities and Promoting Interoperability performance categories.
- If you submit MIPS quality measures and/or can be scored on the 2019 MIPS cost measures, we will only apply facility-based measurement if the combined facility-based Quality and Cost performance scores are higher than the combined MIPS Quality and Cost performance category scores received through another MIPS submission.

If I am a facility-based clinician, can I still qualify for re-weighting in the Promoting Interoperability performance category score?

During performance year 2019 clinicians, groups, and virtual groups that are facility based will be eligible for re-weighting of the Promoting Interoperability performance category to zero percent if they: (1) are certain clinician types, such as hospital-based, non-patient facing, or a specific clinician specialty (such as physical therapist, occupational therapist, or clinician psychologist); or (2) submit and are approved for a Promoting Interoperability performance category hardship exception application.

However, in the Facility-Based Score Preview, all facility-based clinicians, groups and virtual groups will not see any re-weighting of the Promoting Interoperability performance category score.

Is a hospital-based clinician the same as a facility-based clinician?

No. Although there are overlaps in the place of service (POS) codes used to identify hospital-based and facility-based clinicians, the two types of clinicians are not the same and have different implications for reporting:

- Hospital-based clinicians are eligible for re-weighting of the Promoting Interoperability performance category to zero percent, from 25%, and the Quality performance category to 70%, from 45%.

- Facility-based clinicians are eligible for facility-based measurement, where the facility's Quality and Cost performance category scores will be based on the hospital facility to which the clinician, group, or virtual group was attributed. Facility-based clinicians, groups, or virtual groups are only eligible for re-weighting of the Promoting Interoperability and Quality performance category scores if they are also hospital-based.

	Facility-based Criteria	Hospital-based Criteria
Individual	<p>At least 75 percent of claims billed in the first segment of the 2019 MIPS determination period at place of service indicating a hospital facility-based setting:</p> <ol style="list-style-type: none"> 1. inpatient hospital (POS=21); 2. on-campus outpatient hospital (POS=22); or 3. emergency room (POS=23). <p>At least one claim billed during the determination period is at an inpatient hospital (POS=21) or emergency room (POS=23).</p> <p>Attributed to a facility with a Hospital VBP score.</p>	<p>At least 75 percent of claims billed in either segment of the 2019 MIPS determination period at place of service indicating a hospital setting:</p> <ol style="list-style-type: none"> 1. off-campus outpatient hospital (POS=19) 2. inpatient hospital (POS=21); 3. on-campus outpatient hospital (POS=22); or 4. emergency room (POS=23).
Groups and Virtual Groups	<p>At least 75% of MIPS eligible clinicians billing under the group's TIN or virtual group's TINs are identified as facility based.</p> <p>Attributed to a facility with a Hospital VBP score.</p>	<p>100% of MIPS eligible clinicians billing under the group's TIN or virtual group TINs are identified as hospital based.</p>

Will Alternative Payment Models (APMs) or MIPS APMs be eligible for facility-based measurement?

No. We will not apply facility-based measurement to clinicians scored under the APM scoring standard.

How should I interpret the Hospital VBP, Quality, and Cost performance category score figures that are available in the preview?

In the PY 2018 Facility-Based Score Preview, we provide three different figures showing a performance rate and the correlating percentile: your facility's FY 2019 Total Performance Score (TPS) calculated under the Hospital VBP program, and the corresponding Cost and Quality performance category scores based on the facility's percentile in the Hospital VBP program. The example figures below walk through the three figures and how the numbers should be interpreted.

Please note that the Facility-Based Preview reflects FY2019 Hospital VBP scores mapped to QPP data from the 2017 performance period. The 2019 Quality and Cost performance scores will use the FY2020 Hospital VBP scores mapped to QPP data from the 2019 performance period. The scores between the preview and the 2019 performance year may change due to: (1) changes in the hospital to which the clinician, group, or virtual group is attributed; (2) updates to the HVBP TPS between FY 2019 and FY2020 at the attributed hospital; and/or (3) updates to the distribution of MIPS quality and cost performance scores.

HVBP Score

43.88%

73rd

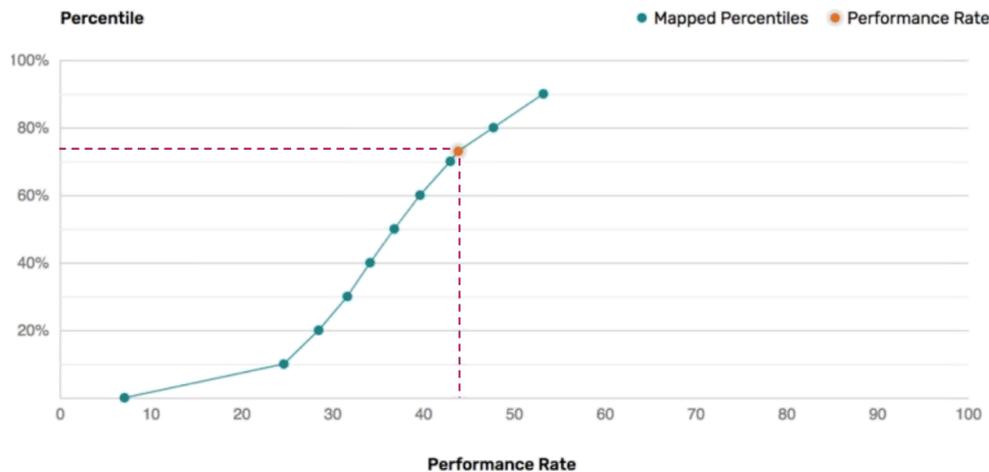


Figure. HVBP Score Performance Rate and Percentile

The vertical y-axis represents the HVBP TPS percentiles and the horizontal x-axis represents the HVBP TPS performance rate.

Each blue dot (“Mapped Percentiles”) represents the performance rate of the TPS across all Medicare hospitals at the 10th, 20th, ... and 100th percentiles. For example, the TPS at the 20th percentile is 30%. This means that 20% of hospitals had a TPS of less than 30%.

The orange dot (“Performance Rate”) represents the performance rate of the TPS, at the hospital to which the clinician, group, or virtual group is attributed, and the associated percentile value. In this example, the TPS is approximately 43.88% and the associated percentile value is the 73rd percentile. Therefore, 73 percent of Medicare hospitals performed at least as well as or worse than the hospital to which the clinician, group, or virtual group was attributed.



Figure. Cost Performance Rate and Percentile

The vertical y-axis represents the Cost performance category score percentiles and the horizontal x-axis represents the Cost performance category rates.

Each green dot (“Mapped Percentiles”) represents the performance rate of the Cost Performance Category across all MIPS-participating clinicians at the 10th, 20th, ... and 100th

percentiles. For example, the Cost Performance Score at the 20th percentile is around 33%. This means that 20% of MIPS eligible clinicians had a Cost Performance Score equal to or less than 33%.

The orange dot (“Performance Rate”) represents the clinician, group, or virtual group’s Cost performance rate corresponding to the TPS percentile performance. In this example, the TPS percentile (as shown above) was the 73rd percentile and the corresponding Cost Performance Rate for that percentile is 81.4%. Therefore, 73% of MIPS eligible clinicians had a Cost Performance Score equal to or less than 81.4%.

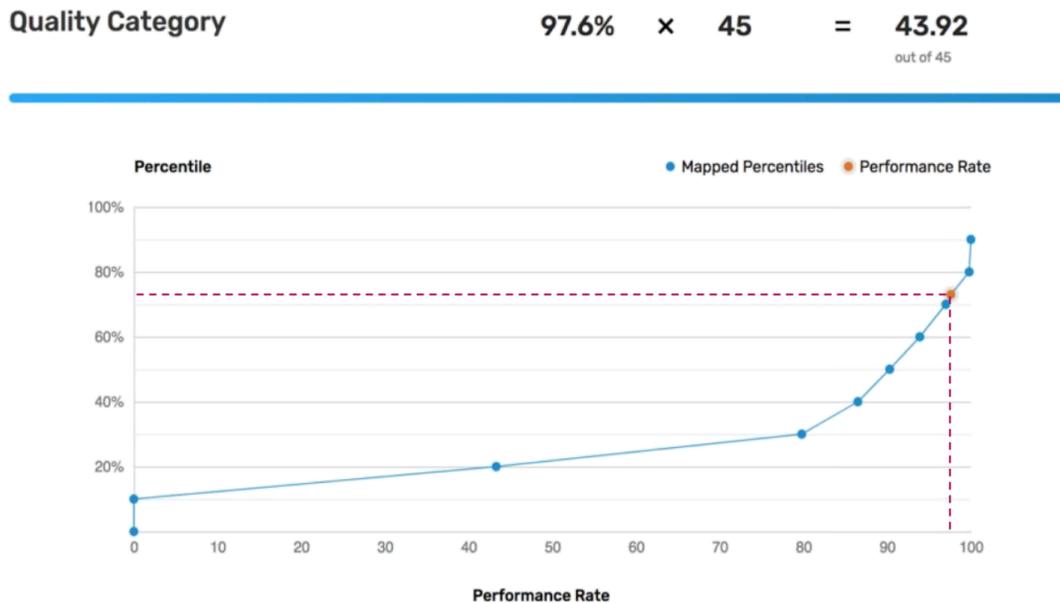


Figure. Quality Performance Rate and Percentile

The vertical y-axis represents the Quality performance category score percentiles and the horizontal x-axis represents the Quality performance category rates.

Each blue dot (“Mapped Percentiles”) represents the performance rate of the Quality Performance Category across all MIPS-participating clinicians at the 10th, 20th, ... and 100th percentiles. For example, the Quality Performance Score at the 20th percentile is around 43%. This means that 20% of MIPS eligible clinicians had a Quality Performance Score of less than 43%.



The orange dot (“Performance Rate”) represents the clinician, group, or virtual group’s Quality performance rate corresponding to the TPS percentile performance. In this example, the TPS percentile (as shown above) was 73rd percentile and the corresponding Quality Performance Score is 97.6%. Therefore, 73% of MIPS eligible clinicians had a Quality Performance Score equal to or less than 97.6%.

Can I view my Total Performance Score (TPS) on Hospital Compare?

You can also review your FY2019 TPS used for the Facility-based Score Preview on the Hospital Compare website: <https://www.medicare.gov/hospitalcompare/data/total-performance-scores.html>

Have Questions?

If you have questions, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 p.m. ET or email at QPP@cms.hhs.gov.

You can also review the [2019 Facility-based Measurement Fact Sheet](#) for more information.

Technical Assistance

We provide no-cost technical assistance, based on your practice size and location, to help you successfully participate in the Quality Payment Program. To learn more about this support, or to connect with your local technical assistance organization, we encourage you to visit our [Help and Support page](#) on the Quality Payment Program [website](#).