

Quality Payment PROGRAM

Merit-based Incentive
Payment System (MIPS)

SCORING 101 GUIDE FOR THE 2017 PERFORMANCE PERIOD



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How to Use This Guide



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Hyperlinks

There are hyperlinks to the Quality Payment Program [website](#) throughout the guide that will take you to more information and resources.



Resources

There are icons in the guide so you'll know that there are more resources on the topic you're reading about.

*We made this guide to help you and give you a general summary about MIPS scoring. **Please note that this guide does not address MIPS APM policies.** Additionally, it's not intended to give rights or impose obligations or to take the place of either the written law or regulations. We urge you to take a look at the specific statutes, regulations, and other interpretive materials for their full and accurate contents.*

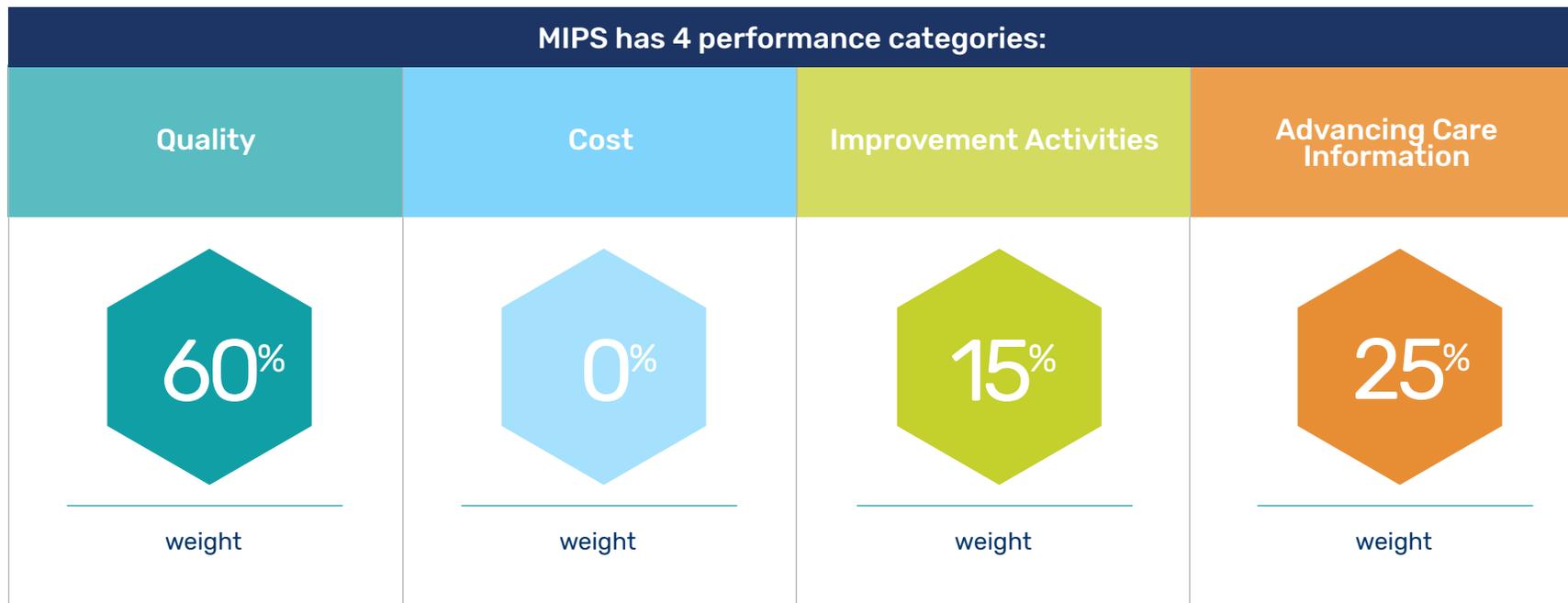
In this guide, we use the term "clinician" for MIPS eligible clinicians.

PROGRAM OVERVIEW



Overview

The Merit-based Incentive Payment System (MIPS) is 1 of 2 tracks of the Quality Payment Program.



The quality and advancing care information performance categories might be reweighted for the transition year, which includes the 2017 performance period and the 2019 payment year. See this guide's [quality](#) and [advancing care information](#) sections for more details.

MIPS QUALITY PERFORMANCE CATEGORY



What Are the Quality Performance Category Requirements?

You'll pick **6 of about 300** available quality measures. You'll need to submit data covering a minimum of 90 days performance period to obtain a higher score and receive a higher payment adjustment.

- **1 of the 6 quality measures must be either:**
 - An outcome measure OR
 - A high-priority measure
- The CAHPS for MIPS survey measure can count for 1 of the 6 measures. The measure can be counted either as a patient experience measure or 1 high priority measure if there's no applicable outcome measure (for groups reporting at the TIN level).

Instead of picking 6 measures from the MIPS measures list, you can choose to do the following:

- Pick a specific specialty measure set.
- Choose to report the CMS Web Interface measures. CMS Web Interface is for group reporting only by groups that have 25 or more eligible clinicians in them.
- Report 6 measures through a qualified clinical data registry (QCDR). Some QCDRs have their own measures, which are not on the list of MIPS measures.

In addition, a readmission measure applies to group reporting for groups that have at least 16 clinicians and a sufficient case volume. This measure is a claims-based measure and is calculated by CMS.



Are the Requirements Different for Groups that Report Through the CMS Web Interface?

Groups using the CMS Web Interface will report 14 quality measures for a full year. The diabetes composite measure has 2 parts but is counted as 1 measure.

How are Points Assigned in the Quality Performance Category?

- Based on your performance, you'll get 3 to 10 measure points on each quality measure you submit if the measure can be scored against benchmarks. Those measure points add to the quality score and then the quality score adds to the final score.
- In the 2017 transition year, you'll automatically get 3 points just for submitting 1 quality measure on 1 eligible patient at any time during the performance period.
- If you don't submit at least 1 available measure, you will not receive any points in this category.
- You can get bonus points if you:
 - Submit more outcome or high-priority measures.
 - Use end-to-end electronic reporting.



What are Quality Measure Benchmarks?

When you submit measures for the MIPS quality performance category, each measure is assessed against its benchmarks to see how many points the measure earns.

Benchmarks depend on which of these submission mechanisms you use:

- Electronic Health Records (EHRs)
- Qualified Clinical Data Registries (QCDRs)
- Qualified registries
- Claims
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey

Except for the CAHPS for MIPS survey, these other historic benchmarks are based on the actual performance data submitted to Physician Quality Reporting System (PQRS) in 2015. For the CAHPS for MIPS survey, the benchmarks are based on 2 sets of surveys: 2015 CAHPS for PQRS and CAHPS for Accountable Care Organizations (ACOs) surveys. If you submit through the CMS Web Interface, we'll use benchmarks from the Medicare Shared Savings Program.

2017 benchmarks are available on the [CMS website](#)

- The measure was available in 2015 and its specifications are similar to the 2017 measure.
- 20 or more individuals or groups submitted the measure with a mechanism that:
 - Met or exceeds the minimum case volume (has enough data for it to be reliably measured).
 - Met or exceeds data completeness criteria.
 - Has performance greater than 0%.

Not all measures will have a benchmark and many measures may be benchmarked based on the number of clinicians reporting that allow for the criteria above to be met from within the performance year. If there's no benchmark, then you'll get 3 points for the measure during year 1.

Everyone who reports, individuals and groups regardless of specialty or practice size, are combined in the calculation to derive into 1 benchmark.

What if a Quality Measure Doesn't Have a Historic Benchmark?

For measures that don't have a historic benchmark, MIPS will try to calculate benchmarks based on your 2017 performance data on those measures. If enough clinicians report on a measure that does not have a historic benchmark, the measure may still be benchmarked using 2017 performance data.

How are Benchmarks Used in Scoring for the Quality Performance Category?

If a measure that you submit can be scored against a benchmark, it means:

- A benchmark exists.
- The volume of cases you've reported is sufficient (you have to have 20 or more cases for most measures).
- You've met data completeness requirements because you've submitted at least 50% of your possible data that is applicable to this measure.

If a measure **can be** reliably scored against a benchmark, then you **can earn 3 to 10 points**.

If a measure **can't be** reliably scored against a historic benchmark or no benchmark can be calculated, then you'll earn 3 points.

If you participate for longer than the 90-day performance period, it's easier for you to collect enough data to meet the case volume criteria needed to earn more than 3 points.

How Can I Earn Bonus Points?

You can earn bonus points by either submitting more high-priority measures or using Certified Electronic Health Record Technology (CEHRT) to submit your measures to us.

How are Benchmarks Used in Scoring for the Quality Performance Category?

High priority measures include the following categories of measures: outcome, appropriate use, patient experience, patient safety, efficiency measures, and care coordination. If you submit more than the required one high-priority measures you'll earn:

- **2 bonus points** for each **extra** outcome or patient experience measure.
- **1 bonus point** for each **extra** high-priority measure categorized as: appropriate use, patient safety, efficiency, and care coordination. You can only earn high-priority bonus points up to 10% of the quality performance category denominator (total possible points you could earn in the quality performance category).

If you submit your measures to registries or to us using CEHRT, you'll earn:

- **1 bonus point** for each measure you submit with end-to-end electronic reporting.

You can't earn end-to-end electronic reporting bonus points for claims-based measures. You can only earn end-to-end electronic bonus points up to 10% of the quality performance category denominator.



What is the Maximum Number of Points for the Quality Performance Category?

If you submit through the CMS Web Interface, your total score will be:

- 130 points if you're a group with complete reporting and have the readmission measure and CAHPS.
- 110 points if you're a group with complete reporting and don't have the readmission measure included.

If you submit in other ways, your total score will be:

- 70 points if you have 6 measures, plus 1 readmission measure.
- 60 points if the readmission measure doesn't apply to you.

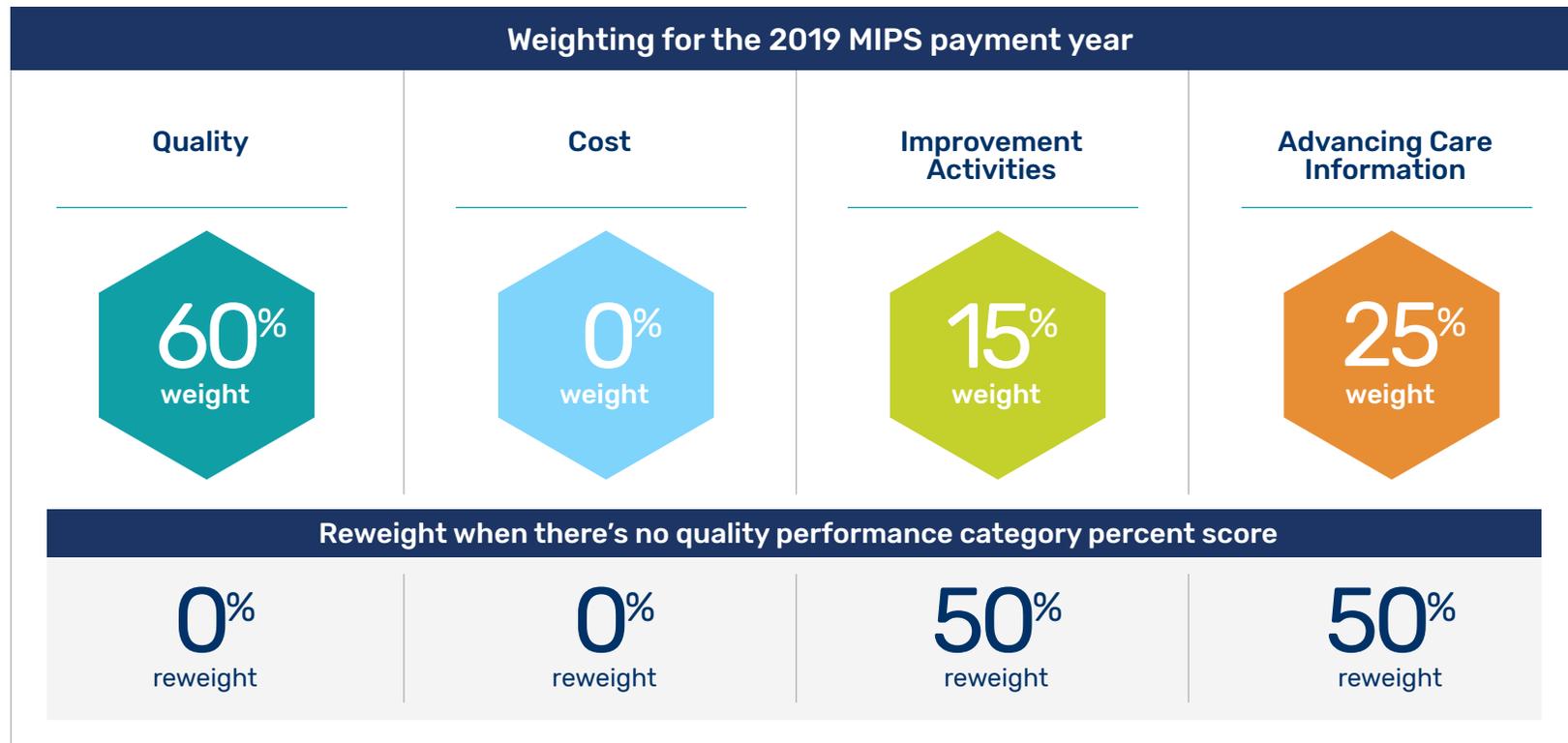
Can the Denominator (maximum number of points) Be Lower Than 60 Points?

If you report some specialty sets with less than 6 measures or if you don't have 6 measures that apply to you based on eligible measure applicability (EMA), then your denominator can be lowered. The EMA process is a way to validate that a sufficient number of measures have been submitted (if you submit less than 6). The EMA process is only used with claims or qualified registry data submissions. .

If you report a specialty set with less than 6 measures, or EMA finds that less than 6 measures are available (if the measures are reported by claims or registry only), then we'll lower the total possible points in the denominator by 10 points for each measure that isn't available.

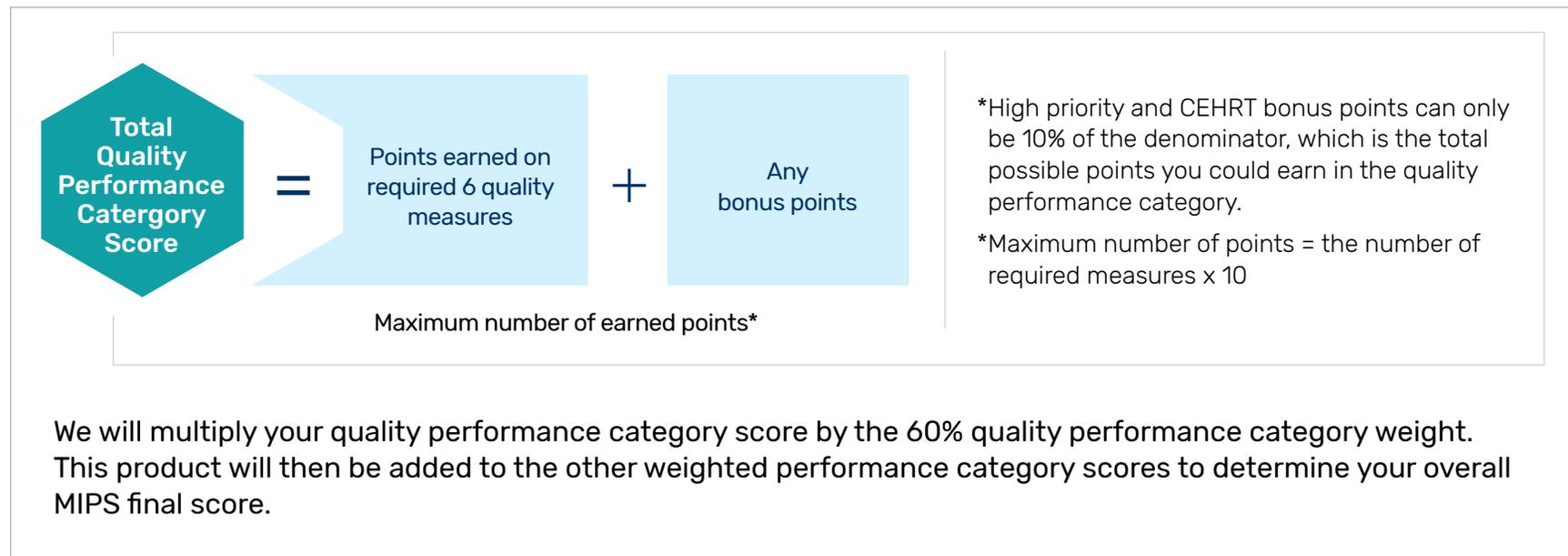
Can the Quality Performance Category be Reweighted?

If you don't submit data for the quality performance category because there are no quality measures available to you, you won't earn any points in this category, and the improvement activities and advancing care information performance categories would each be reweighted to 50%. We anticipate that reweighting of the quality performance category would be rare because there are quality measures applicable and available for most clinicians. CMS will determine whether you have available quality measures to report.



How Does Quality Scoring Work?

The quality performance category is 60% of your final score for the first performance year.



We will multiply your quality performance category score by the 60% quality performance category weight. This product will then be added to the other weighted performance category scores to determine your overall MIPS final score.

Quality Scoring Example

Example: A MIPS eligible clinician solo practitioner submits 6 measures, including 2 high priority measures and 4 measures submitted using end-to-end reporting using CEHRT, earning:

- **25.8** achievement points
- **2** bonus points for reporting one additional high priority measure
- **4** bonus points for using CEHRT for submission of 4 measures

For a total **31.8** points.

Those 31.8 category points earned are then divided by the maximum possible number of category points. Since the quality performance category requires clinicians to report 6 quality measures, the most points that this solo clinician practitioner could possibly earn is 60. Therefore, quality performance category score would be quality category achievement points ÷ total or maximum quality category points. Numerically, $31.8 \div 60 = 0.53$. This number (0.53) is then multiplied by the weight of the quality category (60%) contributing to the MIPS total performance score. The clinician in this scenarios would then earn a total of 31.8 points for the quality performance category score. Numerically, $0.53 \times 60 = 31.8$.

What are the Steps to Score Quality Measures?

1	<p>For each submitted measure, check to see if the measure can be scored against a benchmark.</p> <ul style="list-style-type: none"> a. If Yes – find the benchmark and assign points b. If No – assign 3 points
2	<p>Find the benchmark and assign achievement points. Achievement points are calculated by mapping the performance rate to the benchmark by the submission type.</p> <ul style="list-style-type: none"> a. Determine the decile that the performance rate falls in and assign points b. Repeat assignment of achievement points for each submitted measure c. Pick the top 6 measures, including 1 high-priority measure, based on the highest number of achievement points for each measure <p>The Appendix 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.</p>
3	<p>Calculate and add any bonus points.</p> <ul style="list-style-type: none"> a. The measure(s) doesn't have to be in the "top 6" to earn bonus points b. The high-priority bonus measure(s) has to meet the case minimum and data completeness requirements c. The end-to-end bonus does not have to meet the cases minimum and data completeness requirements d. Each category of bonus points (high-priority and CEHRT) is capped at 10% of the denominator of the Quality performance category score
4	<p>Calculate the quality performance category score, from 0-100%, and figure the points that add to the final score.</p> <ul style="list-style-type: none"> ● Quality performance category score = $([\text{Points earned on required 6 Quality measures}] + [\text{Any bonus points*}]) / \text{Maximum number of points}$ ● High-priority and CEHRT bonus points each can only be 10% of the denominator (total possible points the MIPS eligible clinician could receive in the Quality performance category). ● The total score can't be more than 100 points.

MIPS COST PERFORMANCE CATEGORY



How Much is the Cost Performance Category Worth?

The cost performance category is worth 0% of your final score for the first performance period, and you don't have to report any additional data other than Medicare claims for this performance category.

Even though the cost performance category doesn't add anything to your final score, we'll still use Medicare claims data to evaluate your cost performance and give you feedback on how you did in 2017. We aim to get you feedback on your 2017 performance by July 2018. Your 2019 payments won't be affected, though. You can expect to get performance feedback, as applicable, from the first group of measures from the group of cost measures from the Physician Value-Based Payment Modifier (VM) program.

How's My Cost Performance Evaluated?

For the 2017 performance period, there are 2 groups of cost measures. All the cost measures are risk-adjusted to account for differences in patients.

The first group of cost measures is from the Physician Value-Based Payment Modifier (VM) program:

- Medicare Spending Per Beneficiary (MSPB)
 - Measures the Medicare Part A and Part B costs of care related to inpatient hospital visits
- Total Per-Capita Cost for All Attributed Beneficiaries
 - Measures all Medicare Part A and Part B costs

The second group includes 10 episode-based measures:

1. Aortic/mitral valve surgery
2. Cholecystectomy and common duct exploration
3. Colonoscopy
4. Coronary artery bypass graft (CABG)
5. Hip replacement or repair
6. Inpatient hip/femur fracture or dislocation treatment
7. Knee arthroplasty (replacement)
8. Lens and cataract procedures
9. Mastectomy for breast cancer
10. Transurethral resection of the prostate

**MIPS IMPROVEMENT
ACTIVITIES
PERFORMANCE
CATEGORY**





How are Points Earned in the Improvement Activities Performance Category?

You can earn up to 40 points in the **improvement activities** performance category:

Improvement activities have been assigned to one of two categories: Medium-Weighted or High-Weighted

Groups of more than 15 clinicians will receive the following points for activities reported:

Medium-weighted activities = 10 points

High-weighted activities = 20 points

To earn the maximum score of 40 points for the improvement activities performance category, you can pick any of these:

- 2 high-weighted activities
- 4 medium-weighted activities
- 1 high-weighted activity and 2 medium-weighted activities

More points are given for improvement activities for: groups of 15 or fewer clinicians, non-patient facing clinicians, and clinicians in a health professional shortage area (HPSA) or rural area:

Medium = 20 points

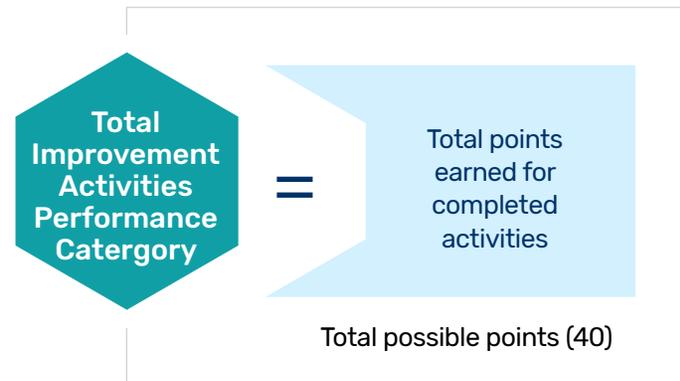
High = 40 points

To earn the maximum 40 points for the improvement activity performance category, you can pick either of these:

- 1 high-weighted activity
- 2 medium-weighted activities

How Does Improvement Activities Scoring Work?

The improvement activities performance category is 15% of your final score for the first performance year.



Your improvement activities performance category score is then multiplied by the 15% improvement activities performance category weight. The product is then added to the other weighted performance category scores to determine the overall MIPS final score. The maximum score is 100%.

How Does Scoring Work if I'm in an in Patient-Centered Medical Home, or an APM?

If you're in a certified or recognized patient-centered medical home, comparable specialty practice, or an APM designated as a Medical Home Model, you'll automatically earn full credit for the improvement activities performance category.

Examples:

Scenario 1: You complete 1 medium-weight improvement activity and earn 10 of 40 points in the improvement activities performance category, so 10 of 40 = 25% of total possible available points for improvement activities. Your improvement activities score is 25%. Your weighted improvement activities score is your improvement activities score (25%) multiplied by the improvement activities performance category weight (15%), which equals 3.75%.



Scenario 2: You complete 1 high-weight improvement activity and earn 20 of 40 points in this performance category, so 20 of 40 = 50% total possible available points for improvement activities. Your improvement activities score is 50%. Your weighted improvement activities score is your improvement activities score (50%) multiplied by the improvement activities performance category weight (15%), which equals 7.5%.



Scenario 3: You complete 4 medium-weight improvement activities and earn 40 of 40 points in the performance category, so 40 of 40 = 100% of available points for improvement activities. Your improvement activities score is 100%. Your weighted improvement activities score is your improvement activities score (100%) multiplied by the improvement activities performance category weight (15%), which equals 15%.

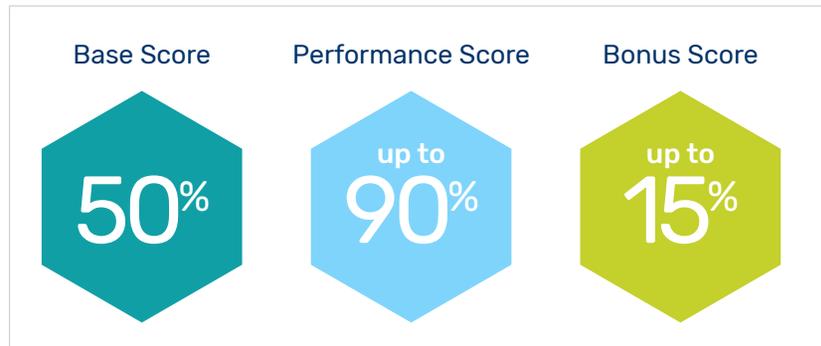


MIPS ADVANCING CARE INFORMATION PERFORMANCE CATEGORY



How Does Advancing Care Information Scoring Work?

For the 2017 performance period, there are 3 scores that make up the advancing care information performance category score:



If you earn 100 or more percentage points for the advancing care information performance category score, you will receive the full 25 points for this category in the final score.

Required Base Score—Worth 50%

You have to meet the requirements of all the base score measures to earn the 50% base score. If you don't meet the base score requirements you won't be able to earn any points in the overall advancing care information performance category score. Therefore, if you don't meet reporting requirements, you'll get a base score of 0 and an advancing care information performance score of 0.

In order to receive the 50% base score, you must submit a **“yes”** for the security risk analysis measure, and **at least a 1** in the numerator for the numerator/denominator for the rest of the measures.

There are two measure set options for reporting. The option you use is dependent on your electronic health record edition.



continued

The base score advancing care information measures are:

- | | |
|----------------------------|--------------------------------------|
| 1. Security risk analysis | 4. Send a summary of care* |
| 2. E-prescribing | 5. Request/accept a summary of care* |
| 3. Provide patient access* | |

The base score 2017 advancing care information transition measures are:

- | | |
|---------------------------|---------------------------------|
| 1. Security risk analysis | 3. Provide patient access* |
| 2. E-prescribing | 4. Health information exchange* |

*Some base score measures are also performance score measures, so you'll be able to earn a score that adds to the base score.

Performance score-worth up to 90%

The performance score is calculated by using the numerators and denominators submitted for measures included in the performance score, or for one measure, by the yes or no answer submitted. ¹For each measure with a numerator/denominator, the percentage score is determined by the performance rate. Most measures are worth a maximum of 10 percentage points, except for two measures reported under the 2017 Transition measures, which are worth up to 20 percentage points.²

Each measure is worth up to 10% (or 20% for two measures) and the percentage score is based on the performance rate for each measure:

Performance rate >0-10	1%	Performance rate 51-60	6%
Performance rate 11-20	2%	Performance rate 61-70	7%
Performance rate 21-30	3%	Performance rate 71-80	8%
Performance rate 31-40	4%	Performance rate 81-90	9%
Performance rate 41-50	5%	Performance rate 91-100	10%

¹The immunization registry reporting measure is the only yes/no performance score measure. If you're actively engaged with a public health agency to submit immunization data and submit a "yes," you'll earn the full 10% for this measure.

²For the advancing care information transition measures, the provide patient access measure and health information exchange measure are worth up to 20 percentage points.

continued

There are 2 options for reporting performance score measures, based on whether you are using the 2014 Edition and/or 2015 Edition of CEHRT:

1. Report up to 9 Advancing Care Information Measures:		2. Report up to 7 2017 Advancing Care Information Transition Measures:	
Measure	Performance score	Measure	Performance score
Provide patient access	Up to 10%	Provide patient access	Up to 20%
Patient-specific education	Up to 10%	Health information exchange	Up to 20%
View, download and transmit (VDT)	Up to 10%	View, download, transmit	Up to 10%
Secure messaging	Up to 10%	Patient-specific education	Up to 10%
Patient-generated health data	Up to 10%	Secure messaging	Up to 10%
Send a summary of care	Up to 10%	Medication reconciliation	Up to 10%
Request/accept summary of care	Up to 10%	Immunization registry reporting	0 or 10%
Clinical information reconciliation	Up to 10%		
Immunization registry reporting	0 or 10%		

The Advancing Care Information Measure Specifications can give you more details on performance score measures.

continued

Bonus
score-worth
up to
15%

=

You can earn bonus percentage points by:

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the immunization registry reporting measure (**5% bonus**).
- Reporting “yes” that you completed at least 1 of the specified improvement activities using certified EHR technology (CEHRT) (**10% bonus**).

If you do both, you’ll earn a **15% total bonus** score.

Below are the public health and clinical data registries that an eligible clinician may report to for the **5% bonus** score:

Advancing Care Information Measures:	2017 Advancing Care Information Transition Measures:
<ul style="list-style-type: none"> • Syndromic surveillance reporting • Electronic case reporting • Public health registry reporting • Clinical data registry reporting 	<ul style="list-style-type: none"> • Syndromic surveillance reporting • Specialized registry reporting

You can earn a 10% bonus for using CEHRT to perform certain improvement activities. Appendix B of the Advancing Care Information Performance Category Fact Sheet has more details about each improvement activity.



Under What Circumstances Will the Advancing Care Information Performance Category be Reweighted to Zero Percent and Not Count Towards My Total MIPS Score?

There are 2 ways you can get the advancing care information performance category will be reweighted to zero percent:

1. You or your group may submit a [Quality Payment Program Hardship Exception Application](#), citing one of the following specified reasons for review and approval:

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

If we approve your application, the advancing care information performance category will be reweighted. You can learn more about [Hardship Exceptions](#).

2. You qualify as a special status clinician

There are some clinicians who have a special status and will be automatically reweighted.

For 2017, you're a special status clinician if you're a:

- Hospital-based clinician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Non-patient facing clinician

If you're a special status clinician, you can still report if you want to. If you submit data on the measures for the advancing care information performance category either as an individual or as a group, we'll score your performance just like any other clinician in MIPS and weight your advancing care information performance category at 25% of the final score. These clinicians can still choose to report, and if data is submitted, we will score their performance and weight their advancing care information performance accordingly.



How can I get the advancing care information performance category reweighted? *(continued)*

If you have an approved hardship exception or are a special status clinician, we'll reweight the category to 0% and assign the 25% to the quality performance category so you can earn up to 100 points in your MIPS final score. But, if you choose to report on the measures for the advancing care information performance category as a group, you'll lose your [special status](#) or [hardship exception](#) unless each clinician in the group has a special status.

Weighting for the 2019 MIPS payment year			
<p>Quality</p> <p>60% weight</p>	<p>Cost</p> <p>0% weight</p>	<p>Improvement Activities</p> <p>15% weight</p>	<p>Advancing Care Information</p> <p>25% weight</p>
Reweight if there's no advancing care information performance category score			
<p>85% reweight</p>	<p>0% reweight</p>	<p>15% reweight</p>	<p>0% reweight</p>

What if I Report as Part of a Group?

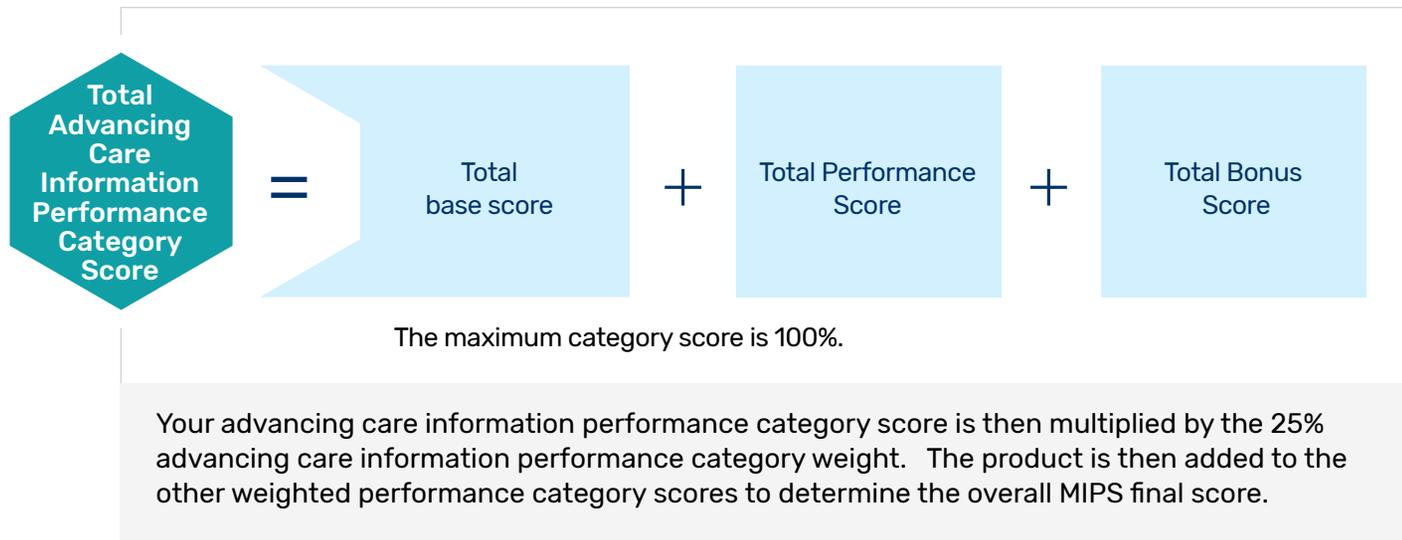
A group's advancing care information performance category score is reweighted, and the group would not need to submit a Quality Payment Program Advancing Care Information Hardship Exception Application if all of their MIPS-eligible clinicians within the group receive a hardship exception or fall into one or more of the special status categories noted above, with the exception of a non-patient facing group which only requires that 75 percent of clinicians are non-patient facing.

In addition, a group is automatically reweighted and does not need to submit a Quality Payment Program Hardship Exception Application if it is non-patient facing. Groups are considered non-patient facing if more than 75 percent of its clinicians have 100 or fewer patient-facing encounters (including Medicare telehealth services).

If all of the MIPS-eligible clinicians within a group do not qualify for an automatic reweighting or do not submit an application for and receive a hardship exception, the group will not qualify for an automatic reweighting and will have to report on the advancing care information performance category.

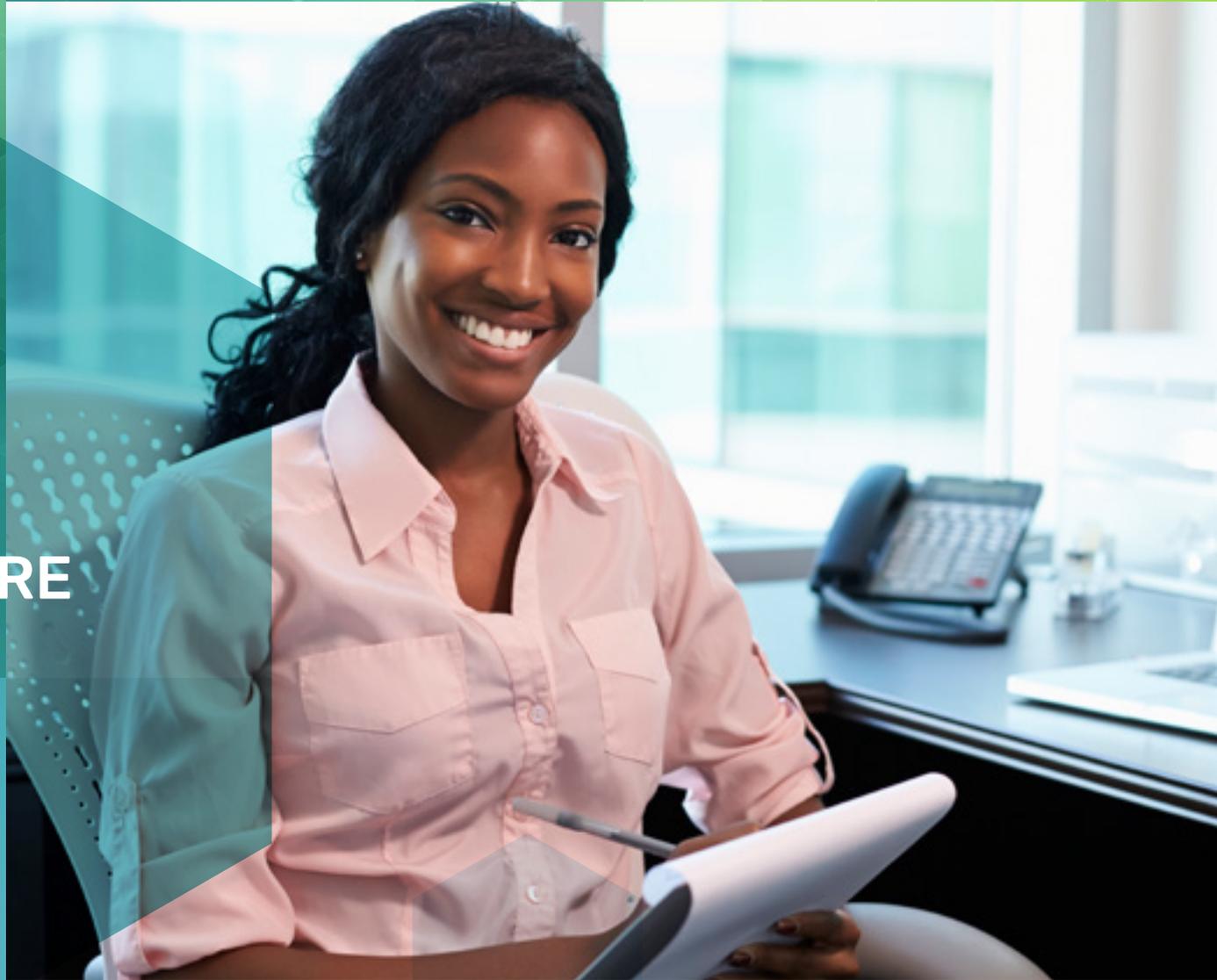
How Does the Total Advancing Care Information Performance Category Scoring Work?

The advancing care information performance category is 25% of your final score for the first performance period.

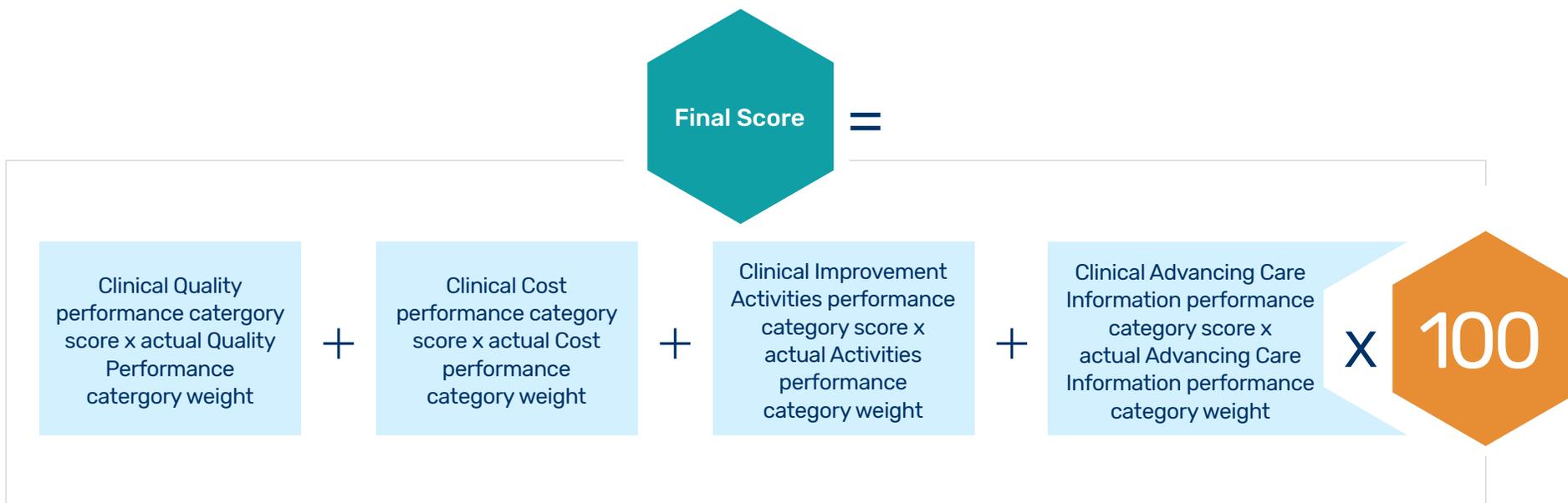


Example: A MIPS eligible clinician earns a 50% base score and a 40% performance score but no bonus score, earning a 90% advancing care information performance category score. When weighted by 25%, this adds 22.5 percentage points to the overall MIPS final score: (90% x 25 points = 22.5 **final score points**).

FINAL MIPS SCORE



How is the Final Score Under MIPS Calculated?



**PAYMENT
ADJUSTMENT
BASED ON FINAL
SCORE**



The MIPS Final Score Will be Between 0 and 100 points. How is the Payment Adjustment Based on the MIPS Final Score Calculated?

Final score	Payment adjustment
Additional performance threshold >70 points	<ul style="list-style-type: none"> Positive adjustment Eligible for additional adjustment for exceptional performance bonus
4-69 points	<ul style="list-style-type: none"> Positive adjustment Not eligible for additional adjustment for exceptional performance bonus
Performance threshold = 3 points	<ul style="list-style-type: none"> Neutral payment adjustment
0 points	<ul style="list-style-type: none"> Negative payment adjustment of -4% 0 points = does not participate

There are two MIPS payment adjustments. The first applies to all MIPS eligible clinicians, and the second is an additional adjustment that applies only to those eligible clinicians with a score at 70 points or higher:

- **MIPS Payment Adjustment** – The first payment adjustment is calculated in a way to ensure budget neutrality. Clinicians below the performance threshold of 3 points will be subject to a negative adjustment. The maximum negative adjustment is -4% for not participating. Clinicians at or above the performance threshold of 3 points earn a neutral or positive adjustment. The adjustment is applied on a linear scale, so clinicians with higher scores earn a higher adjustment. The amount of the positive adjustments is scaled and will depend on the scores as well as the total number of clinicians both above and below the performance threshold. The positive payment adjustment in 2019 for a score of 100 is established at +4% adjusted up or down by a scaling factor. In the first year of the program, it is anticipated that the positive adjustments may be considerably less than +4%.
- **Additional MIPS payment adjustment** - The additional payment adjustment for exceptional performance is for scores that are 70 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 and will depend on the scores and the number of clinicians receiving a score at 70 or higher.

RESOURCES





Additional Resources:

- 2017 Quality Benchmarks
- A Quick Start Guide to the Merit-Based Incentive Payment System
- CAHPS for MIPS Fact Sheet
- CMS Web Interface Fact Sheet
- Eligible Measures Applicability (EMA) materials
- MIPS Improvement Activities Fact Sheet
- MIPS Participation Fact Sheet
- MIPS Group Participation User Guide
- Technical Assistance Resource Guide

GLOSSARY OF TERMS



Acronyms

ACO	Accountable Care Organization	EHR	Electronic Health Record	PQRS	Physician Quality Reporting System
APM	Alternative Payment Model	MIPS	Merit-Based Incentive Payment System	QCDR	Qualified Clinical Data Registry
CAHPS	Consumer Assessment of Healthcare Providers and Systems	MSPB	Medicare Spending Per Beneficiary	QP	Qualifying APM Participant
CEHRT	Certified Electronic Health Record Technology	NPI	National Provider Identifier	TIN	Taxpayer Identification Number
CMS	Centers for Medicare & Medicaid Services	OCM	Oncology Care Model	VM	Value-Based Payment Modifier

APPENDIX



Appendix: 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 given by different submission mechanisms for the same measure. Achievement points are figured by mapping the performance rate to the benchmark by submission method.

Eligible clinician measure performance:

Measures reported	Type of measure	Submission method	Measure performance rate										Cases reported
Measure 130 – Document Current Meds	Process	EHR	97.64 (mapped to decile 7 below)										90
Measure name	Measure ID #	Submission method	Measure type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	
Documentation of current medications in the medical record	130	Claims	Process	Y	96.11 – 98.73	98.74 – 99.64	99.65 – 99.99	--	--	--	--	100	
Documentation of current medications in the medical record	130	EHR	Process	Y	76.59 – 87.88	87.89 – 92.73	92.74 – 95.35	95.36 – 97.08	97.09 – 98.27	98.28 – 99.12	--	>= 99.76	
Documentation of current medications in the medical record	130	Registry/QCQR	Process	Y	61.27 – 82.11	82.12 – 91.71	91.72 – 96.86	96.87 – 99.30	99.31 – 99.99	--	--	100	

continued

2. Figuring achievement points in a decile.

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

Measure performance rate = 97.64

Measures reported	Type of measure	Submission method	Measure performance rate	Cases reported
Measure 130 – Document Current Meds	Process	EHR	97.64 (mapped to decile 7 below)	90

Measure name	Measure ID #	Submission method	Measure type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Documentation of current medications in the medical record	130	Claims	Process	Y	96.11 – 98.73	98.74 – 99.64	99.65 – 99.99	--	--	--	--	100
Documentation of current medications in the medical record	130	EHR	Process	Y	76.59 – 87.88	87.89 – 92.73	92.74 – 95.35	95.36 – 97.08	97.09 – 98.27	98.28 – 99.12	--	>= 99.76
Documentation of current medications in the medical record	130	Registry/QCQR	Process	Y	61.27 – 82.11	82.12 – 91.71	91.72 – 96.86	96.87 – 99.30	99.31 – 99.99	--	--	100

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

$$\text{Achievement points} = X + \frac{(q-a)}{(b-a)}$$

$$\text{Achievement points} = 7 + \frac{(97.64-97.09)}{(98.278-97.09)}$$

Achievement points = 7.5

X = decile #
 q = performance rate
 a = bottom of decile range
 b = top of decile range

Note: Partial achievement points are rounded up at the tenths digit for scores from 0.1 to 0.8. Partial achievement points above 0.9 are truncated to 0.9.

continued

3. Repeat assignment of achievement points for each submitted measure

Clinician reports by EHR, 100% submission for all measures.

Measures reported	Type of measure	Measure performance rate	Cases reported	Achievement points	Comment
Measure 130 – document current meds	Process	97.64	90	7.5	Compare to benchmark
Measure 111 – pneumococcal vaccination for elderly	Process	22.12	112	3.8	Compare to benchmark
Measure 113 – colorectal cancer screening	Process	36.32	13	3.0	Below 20 case minimum; assign 3 points
Measure 119 – diabetes: attention for nephropathy	Process	77.19	43	4.7	Compare to benchmark
Measure 226 – preventive care – tobacco	Process	49.33	32	3.0	Compare to benchmark; apply 3 point floor due to poor performance
Measure 236 – controlling high blood pressure	Outcome	63.82	86	6.1	Compare to benchmark
Measure 238 – use of high-risk meds in elderly	Process*	2.01	40	7.6	Compare to benchmark

*These measures are inverted for scoring purposes.

Assumptions: Measures meet data completeness/case minimum unless stated otherwise; Measures are submitted by EHR; Measures are scored on achievement for the submitted outcome measure and next 5 highest scored measures. Although not shown in this example, the next 5 highest scored measures could include another outcome measure; the all-cause readmission doesn't apply; CEHRT bonus points are available for all measures meeting bonus criteria.

continued

4. Pick the top 6 measures based on points

Measures sorted by measure number	Types of measure	Measure performance rate	Achievement points
Measure 130 – document current meds	Process	97.64	7.5
Measure 111 – pneumococcal vaccination for elderly	Process	22.12	3.8
Measure 113 – colorectal cancer screening	Process	36.32	3.0
Measure 119 – diabetes: attention for nephropathy	Process	77.19	4.7
Measure 226 – preventive care – tobacco	Process	49.33	3.0
Measure 236 – controlling high blood pressure	Outcome	63.82	6.1
Measure 238 – use of high-risk meds in elderly	Process	2.01	7.6

Then, sort them based on achievement points. Put the outcome measure first, then sort the rest from highest to lowest points.

Measures sorted by performance	Performance rate	Achievement points
1. Outcome/ high-priority: Measure 236	63.82	6.1
2. Measure 130	97.64	5
3. Measure 238	2.01	7.6
4. Measure 119	77.19	4.7
5. Measure 111	22.12	3.8
6. Measure 113	36.32	3.0
The following measure isn't included in the quality score		
Measure 226	49.33	3.0

*Note: Either measure 113 or 226 could have been included since they both had the same achievement points.