

2018 QUALITY PAYMENT PROGRAM PERFORMANCE YEAR DATA: *At a Glance*

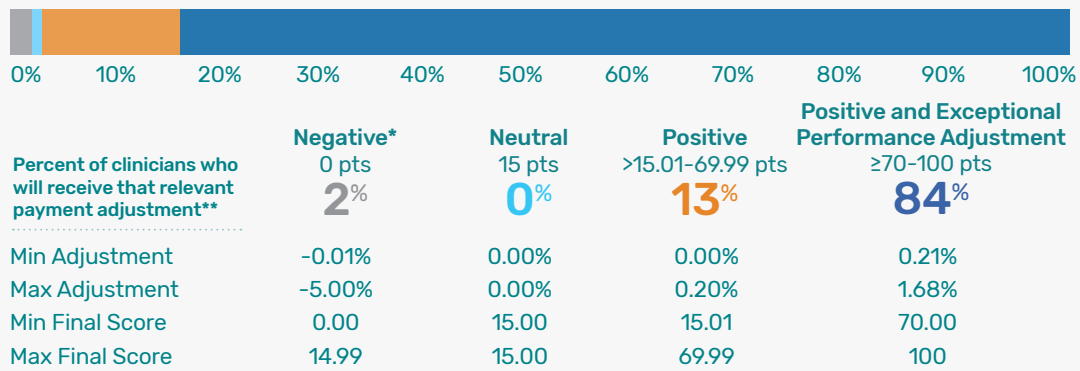
The 2018 performance year for the Quality Payment Program:

HELPED CLINICIANS GAIN FURTHER EXPERIENCE IN THE PROGRAM	INCREASED OVERALL PARTICIPATION NUMBERS IN MIPS AND APMS	INCLUDED PARTICIPATION OF 98% OF ELIGIBLE CLINICIANS
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Snapshot of 2020 Payment Adjustments for MIPS Eligible Clinicians

84% will receive an additional adjustment for exceptional performance	13% will receive a positive payment adjustment	0% will receive a neutral adjustment (no increase or decrease)	2% will receive a negative payment adjustment
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Payment Adjustment Highlights



*For negative payment adjustments only: The Minimum Final Score is associated with the Maximum Payment Adjustment
**These percentages have been rounded to whole numbers for this infographic

General Participation Numbers in 2018

Total MIPS eligible clinicians that will receive a MIPS payment adjustment (positive, neutral, or negative)	889,995
Total MIPS eligible clinicians that will receive a neutral or positive payment adjustment	872,148
Total number of Qualifying APM Participants (QPs)	183,306
Total number of Partial QPs	47

Mean and Median National Final Scores for MIPS

	MEAN	MEDIAN
	86.96 points (out of 100 points) was the overall national mean score for the MIPS 2018 performance year	99.63 points (out of 100 points) was the overall national median score for the MIPS 2018 performance year
	79.07 points was the mean score for clinicians participating in MIPS as individuals or groups (not through an APM)	93.45 points was the median score for clinicians for clinicians participating in MIPS as individuals or groups (not through an APM)
	98.77 points was the mean score for clinicians participating in MIPS through an APM	100 points was the median score for clinicians participating in MIPS through an APM

Note: Mean is the sum of all Final Scores divided by count of Final Scores by unique TIN/NPI;
Median is the midpoint in distribution of all Final Scores

Mean and Median Final Scores by Submitter Type*

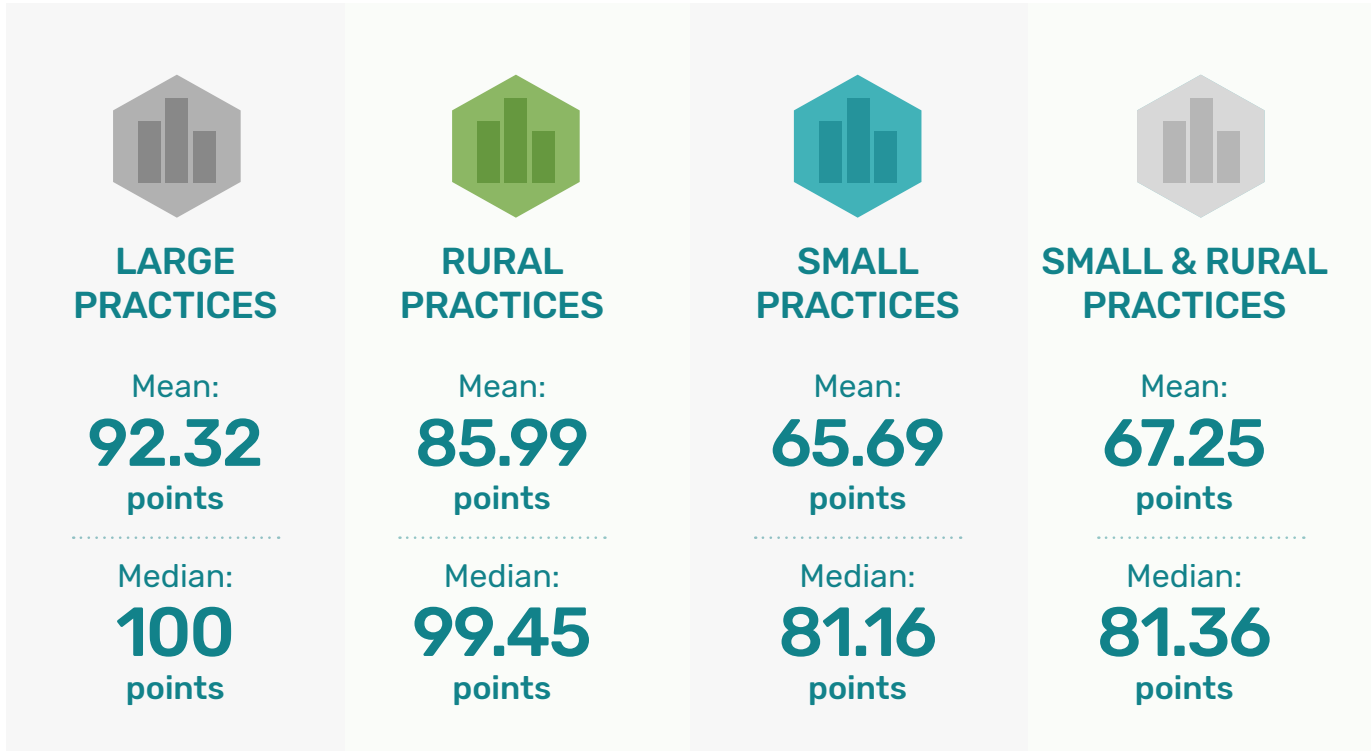
	INDIVIDUALS	GROUPS
MEAN	52.44 points	82.88 points
MEDIAN	57.67 points	95.26 points

*An individual is a single TIN/NPI; a group is two or more NPIs billing under a single TIN or as an APM Entity

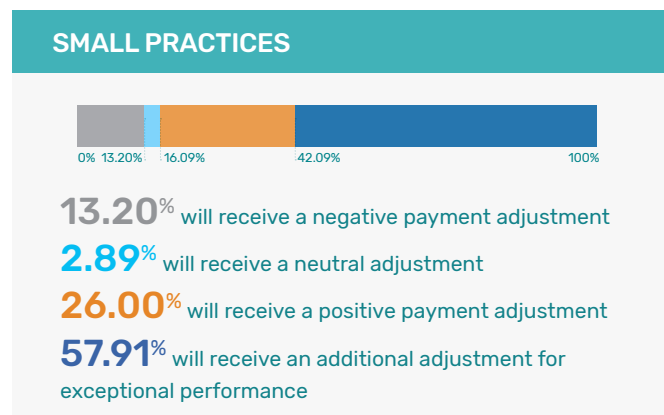
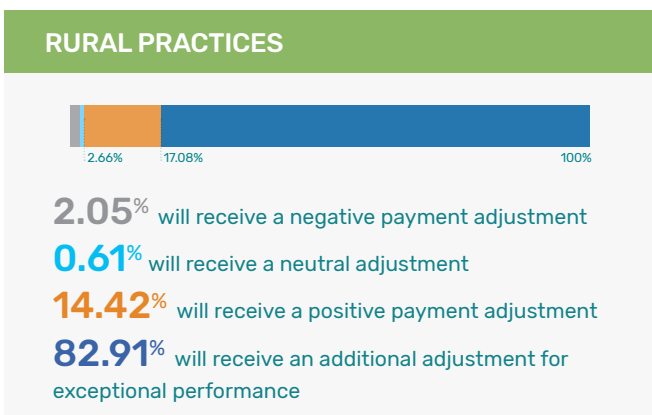


QUALITY PAYMENT PROGRAM 2018 PERFORMANCE DATA BY PRACTICE SIZE & SPECIAL STATUS

Mean and Median Final Scores for Large, Small, and Rural Practices



Additional Breakout of Payment Adjustments Based on Special Status



How We Are Helping Small Practices in the 2020 Performance Period

Generate awareness of program requirements, assist clinicians with selecting appropriate measures, and help clinicians improve performance by providing no-cost technical assistance

ADDITIONAL QUALITY PAYMENT PROGRAM INFORMATION

MIPS Value Pathways (MVPs)

THE MVPs ARE A NEW PARTICIPATION FRAMEWORK BEGINNING IN THE 2021 PERFORMANCE YEAR.

This framework will:

- Move away from siloed activities and measures.
- Move toward an aligned set of measure options more relevant to a clinician's practice and meaningful to patient care.
- Continue reducing complexity and clinician burden while improving quality measurement and clinician success.
- Provide enhanced performance data and feedback.
- Keep the patient at the center of QPP.

Need Help? To learn more about participating in the Quality Payment Program:

Visit the Quality Payment Program [website](#).

Find no-cost [technical assistance](#) for Small, Underserved, and Rural Practices.

Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292.

Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit [QPP.CMS.GOV](https://www.cms.gov/QPP).

Version History

Date	Change Description
6/29/2020	Updated Mean and Median Final Scores by Submitter Type table to fix error that categorized some individuals with negative payment adjustments as groups.
12/13/2019	Original version