Merit-based Incentive Payment System (MIPS)
2017 Performance Feedback User Guide

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We're listening to you and continuing to make adjustments to improve your performance feedback experience. As a result, many screenshots in this guide are current as of the original date of the document publication.

Introduction

Individual clinicians, groups, Medicare Shared Savings Program (Shared Savings Program) ACOs, and their authorized representatives will be able to view MIPS performance feedback by logging into qpp.cms.gov with the same EIDM credentials that allowed them to submit and view their data during the submission period. Please see the next page for more information on the different roles needed to access feedback.

- Shared Savings Program ACOs will be able to access MIPS performance feedback at the APM Entity (ACO) level by logging into qpp.cms.gov with the same credentials that allowed them to submit Quality measure data.

- Groups and solo practitioners participating in a Shared Savings Program ACO (Participant TINs) will also be able to access the APM Entity level feedback by logging into qpp.cms.gov with the same credentials that allowed them to submit their Advancing Care Information measure data.

- **All other MIPS APM participants will receive their performance feedback and payment adjustment from their APM Entity, not by logging into qpp.cms.gov.**

This user guide addresses MIPS performance feedback as displayed on qpp.cms.gov, and offers helpful hints while answering questions about what you're seeing and how to find different pieces of information.

NOTE: Clinicians who practice in multiple groups (as identified by a Tax Identification number, or TIN) will have performance feedback for each group under which they participated in MIPS.

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Who Can Access MIPS Performance Feedback on qpp.cms.gov?

Clinicians and groups who are not scored under the APM Scoring Standard
Individual clinicians, practice staff, and other authorized representatives who have been approved for one of the following EIDM roles for the practice (TIN):

- Security Official
- PQRS Submitter
- Web Interface Submitter

Solo practitioners, practice staff, and other authorized representatives who have been approved for one of the following EIDM roles for the solo practitioner's practice (TIN):

- Individual Practitioner
- Individual Practitioner Representative

Shared Savings Program ACO MIPS APM entities and participants with clinicians scored under the APM Scoring Standard
Shared Savings Program ACO (APM Entity) staff and other authorized representatives who have been approved for one of the following EIDM roles for the APM Entity (ACO Primary TIN):

- ACO Security Official
- Web Interface Submitter

Groups participating in a Shared Savings Program ACO, practice staff and other authorized representatives (which can include clinicians) who have been approved for one of the following EIDM roles for the group (Participant TIN):

- Security Official
- PQRS Submitter
- Web Interface Submitter

Solo practitioners participating in a Shared Savings Program ACO, practice staff and other authorized representatives who have been approved for one of the following EIDM roles for the solo practitioner (Participant TIN):

- Individual Practitioner
- Individual Practitioner Representative

Note: Clinicians with Qualifying APM Participant (QP) status for the 2017 performance year will not have MIPS performance feedback.

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Key Differences between Preliminary Performance Feedback and Final Performance Feedback
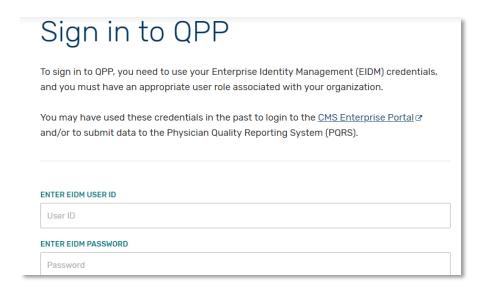
At the end of the submission period, we started providing preliminary performance feedback which shared scores in progress. These preliminary scores were subject to change as more data became available.

Final MIPS Performance Feedback will include the following:
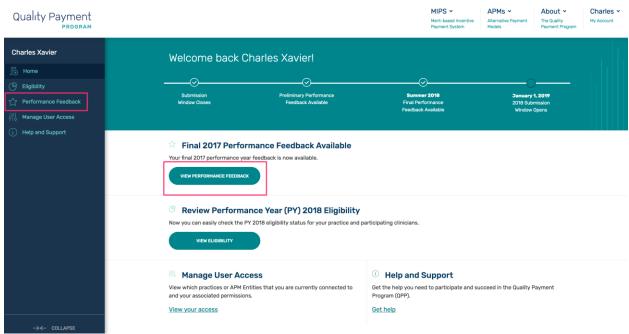
- Performance on the All-Cause Hospital Readmission measure, calculated using administrative claims data
- Performance on Cost measures (informational only), calculated using administrative claims data
- Performance on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measure
- Scoring updates based on approved Advancing Care Information hardship applications
- Scoring updates based on special status (ex. reweighting the Advancing Care Information performance category to zero percent for hospital-based clinicians)
- Scoring updates based on participation in the Improvement Activities Study
- Scoring updates based on the creation of performance period benchmarks for quality measures without a historical benchmark
- 2019 payment adjustment information for MIPS eligible clinicians
- Access to request a targeted review

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Accessing Your Performance Feedback in the QPP Portal

Log into qpp.cms.gov using the appropriate EIDM credentials.

Sign in to QPP

To sign in to QPP, you need to use your Enterprise Identity Management (EIDM) credentials, and you must have an appropriate user role associated with your organization.

You may have used these credentials in the past to login to the CMS Enterprise Portal ☑ and/or to submit data to the Physician Quality Reporting System (PQRS).

ENTER EIDM USER ID

User ID

ENTER EIDM PASSWORD

Password

Once logged in, select "Performance Feedback" from the left-hand navigation pane or select "View Performance Feedback" button.

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Practice List

Once you click Performance Feedback, you will see a list of all the practices (TINs) and APM Entities (ACO Primary TINs) associated with your EIDM permissions.

Note: When accessing performance feedback, APM entities are included in the list of Practices. (During submissions, they were listed under "Entity".)

Group and Individual Participation
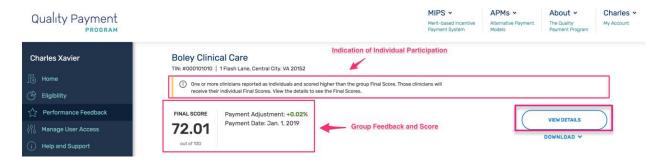
If you have EIDM permissions to view performance feedback for a practice that exclusively submitted data at the group level (aggregated data for all MIPS eligible clinicians in the group), you will see your final score and payment adjustment based on the group submission from the practice list. Clicking View Details will allow you to access the details of the group's feedback:
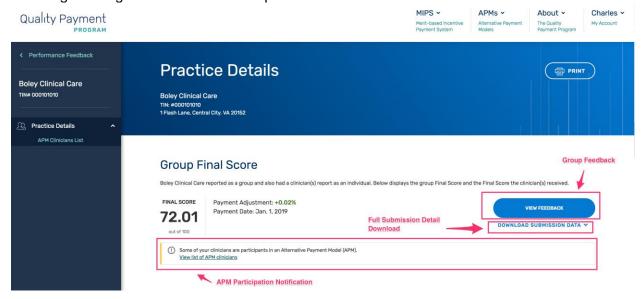
If you have EIDM permissions to view performance feedback for a practice that exclusively submitted data at the individual level (each MIPS eligible clinician submitted their own TIN/NPI level data), you will see that indicated. Clicking View Details will allow you to access your Connected Clinicians and see their individual final scores, payment adjustment and feedback:

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If you have EIDM permissions to view performance feedback for a practice that submitted data at both the group and individual level, you will see the final score and payment adjustment based on the group submission, along with an indicator of individual participation. Clicking View Details will allow you to access details of the group's feedback, along with their individual final scores, payment adjustment and feedback for any clinicians who submitted individually:

If you have EIDM permissions to view performance feedback for a practice with clinicians participating in a MIPS APM Entity (not a Shared Savings Program ACO), you will see the following message associated with the practice:
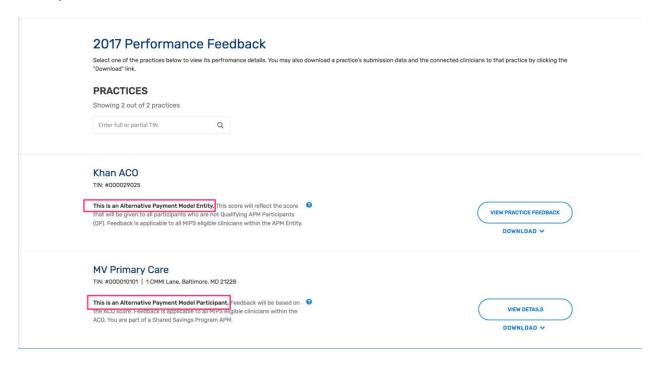
Reminder: any feedback that is accessible when you click View Feedback will not apply to MIPS eligible clinicians who were scored under the APM scoring standard. These clinicians are identified in the Connected APM Clinicians list.

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Shared Savings Program ACOs
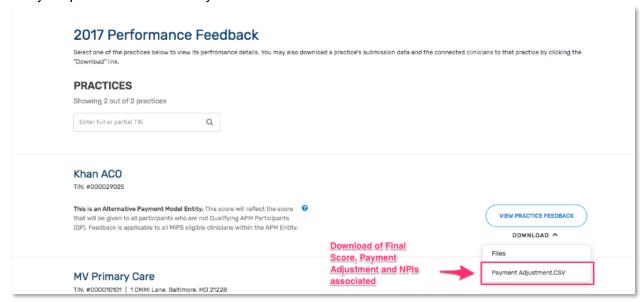
If you have EIDM permissions to view performance feedback for a Shared Savings Program ACO, you will see the practice identified as an APM Entity.

If you have EIDM permissions to view performance feedback for a practice participating in a Shared Savings Program ACO (Participant TIN), you will see the practice identified as an APM Participant.

2017 Performance Feedback

Select one of the practices below to view its performance details. You may also download a practice's submission data and the connected clinicians to that practice by clicking the "Download" link.

PRACTICES

Showing 2 out of 2 practices

Enter full or partial TIN

Khan ACO
TIN: #000029025

This is an Alternative Payment Model Entity. This score will reflect the score that will be given to all participants who are not Qualifying APM Participants (QP). Feedback is applicable to all MIPS eligible clinicians within the APM Entity.

VIEW PRACTICE FEEDBACK

DOWNLOAD ⌄

MV Primary Care
TIN: #000010101 | 1 CMMI Lane, Baltimore. MD 21228

This is an Alternative Payment Model Participant. Feedback will be based on the ACO score. Feedback is applicable to all MIPS eligible clinicians within the ACO. You are part of a Shared Savings Program APM.

VIEW DETAILS

DOWNLOAD ⌄

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Final Score and Payment Adjustment Summary

From the practice list view, you will have the option to download a list of the NPIs associated with your practice or APM entity.

In cases where a clinician submitted data at the individual (NPI) level and the group (TIN)level, the most advantageous final score, category scores, and payment adjustment will be identified and attributed for the payment year.

For Shared Savings Program ACO APM entities, this list will identify all of the NPIs participating in the **entity** who will receive the final score and payment adjustment associated with the APM entity.

For groups and solo practitioners participating in a Shared Savings Program ACO, this list will identify all the NPIs participating in the **group or solo practice** who will receive the final score and payment adjustment associated with the APM entity.

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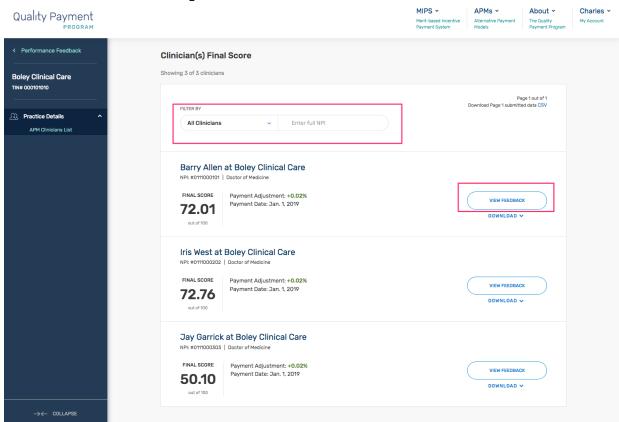# MIPS Performance Feedback for Individuals and Groups

In a Shared Savings Program ACO? Skip ahead by clicking here.

View Feedback
Selecting view feedback will take you to the practice dashboard, where you can view details for a group (TIN-level) submission and access a list of your Connected Clinicians.
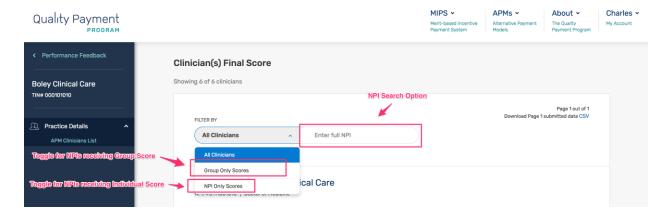
If you did not submit group (TIN-level) data on behalf of all the MIPS eligible clinicians in your practice, you will only see a list of your Connected Clinicians and the ability to view individual feedback for each clinician that submitted data.

Connected Clinicians Once you select a practice, you can also view the Connected Clinicians associated with that practice. From this page, you will be able to search by NPI for a specific clinician or scroll down through the list.
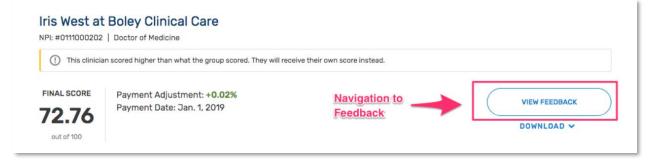
You can also filter your clinicians to view either the group score or individual scores associated with your clinicians.

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Who's included in the Connected Clinicians list?

This is a list of all the NPIs who billed to your TIN between 9/1/15 and 8/31/17, regardless of MIPS eligibility.

If a Connected Clinician submitted individual (TIN/NPI level) data for your practice, you'll be able to view their performance feedback by clicking the View Feedback link next to their name.
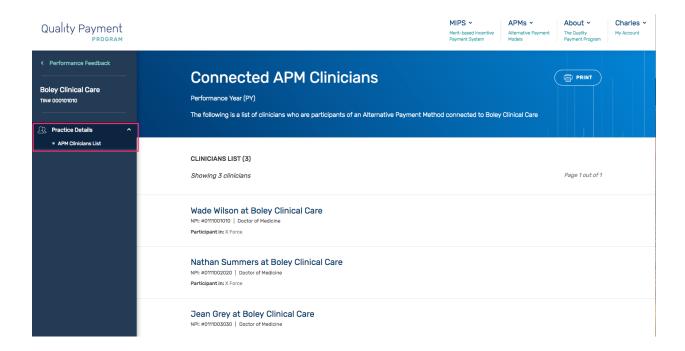
Beneath each Clinician's name, you will see messaging that indicates:

- If a Connected Clinician is participating in a MIPS APM and scored under the APM Scoring Standard (**Note:** no individual feedback will be accessible for this clinician)

- If a Connected Clinician submitted data but is not MIPS eligible (voluntary submitter)

- If a Connected Clinician submitted individual (TIN/NPI level) data that resulted in a higher final score than a group (TIN level) submission

- If a Connected Clinician submitted individual (TIN/NPI level) data that resulted in a lower final score than a group (TIN level) submission

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Connected APM Clinicians

If your practice includes clinicians who participate in a MIPS APM (other than a Shared Savings Program ACO), these clinicians will be identified on a Connected APM Clinician list accessible under the Practice Details in the left-hand navigation panel.

These clinicians are scored under the APM scoring standard and will not receive a final score or payment adjustment based on any group or individual submissions under your practice. Instead, they will receive the APM Entity's final score and payment adjustment. You will not be able to able to access this information in performance feedback.

Your Final Score at a Glance

Once you've decided to view feedback for a Practice or Connected Clinician, you will see a summary of 2017 MIPS performance for the practice or clinician.

Helpful hint: If you're reviewing feedback for a large number of practices and/or clinicians, it can be hard to remember whose feedback you're reviewing. Look to the top of your screen for this information.
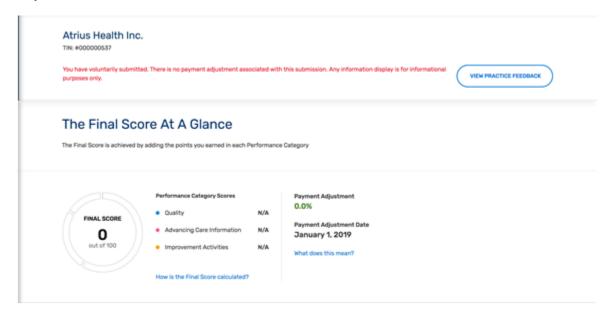
Practice feedback:

Individual feedback:

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Clinicians who were not eligible to participate in MIPS for the 2017 performance period and submitted data voluntarily will see scores in performance category details. Voluntary submitters will see zero for both the final score and payment adjustment and will not receive a payment adjustment in 2019.

Atrius Health Inc.
TIN: #000000537

You have voluntarily submitted. There is no payment adjustment associated with this submission. Any information display is for informational purposes only.

(VIEW PRACTICE FEEDBACK)

The Final Score At A Glance

The Final Score is achieved by adding the points you earned in each Performance Category

FINAL SCORE

0

out of 100

Performance Category Scores

- Quality   N/A
- Advancing Care Information   N/A
- Improvement Activities   N/A

How is the Final Score calculated?

Payment Adjustment
0.0%

Payment Adjustment Date
January 1, 2019

What does this mean?

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If you received **a final score of 70.00 or greater**, you qualify for an additional adjustment for exceptional performance. This additional adjustment is shown as the Exceptional Performance Adjustment. If your final score is below 70.00, you will see an N/A next to the Exceptional Performance Adjustment.

Your Final Score At A Glance

Your Final Score is achieved by adding the points you earn in each Performance Category.

FINAL SCORE

62.9

out of 100

Performance Category Scores

- Quality — 35.4 of 60
- Advancing Care Information — 20 of 25
- Improvement Activities — 7.5 of 15

How is my Final Score calculated?

| Payment Adjustment | 0.28% |
| Exceptional Performance Adjustment | N/A |

Total MIPS Adjustment(s) **+0.28%**

payment adjustment date
January 1, 2019

What does this mean?

Tell me more about the payment adjustment information.

The payment adjustment information is specific to the final score that's being viewed.

If you are viewing performance feedback for a **practice** (aggregated data for the entire group):

- The Total MIPS Adjustment will be applied to the MIPS eligible clinicians in your Connected Clinicians list unless they have a more advantageous payment adjustment from an individual submission under your practice. (See Final Score and Payment Adjustment Summary section for more information.)

If you are viewing performance feedback for an **individual**:

- The Total MIPS adjustment will be applied to that MIPS eligible clinician unless he or she has a more advantageous payment adjustment based on a group submission from your practice. (See Final Score and Payment Adjustment Summary section for more information.)

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Performance Category Overview
Below the Final Score at a Glance, you will see an overview for each performance category.

Want to skip ahead to the details?
You can access them by clicking on the header of a performance category, by selecting the performance category from the left-hand navigation bar, or by clicking on 'View All Details' at the bottom of each section.

Each performance category section displays information associated with the highest scoring submission method – this is the one that was used for scoring.

What about data submitted through other submission methods?
We will only display the highest scoring submission method for each category, because this is the data that contributed to your final score. Data submitted through other submission methods is available by selecting Download Submission Data below the View Feedback link.

Each category also includes a section that identifies suggestions of how you could increase your score for the next year.

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Quality Category Overview

The Quality Category overview includes the applicable performance period for the data submitted, which, for 2017 could be as little as one day (if you used the Pick Your Pace test option), or as long as 365 days with full participation.
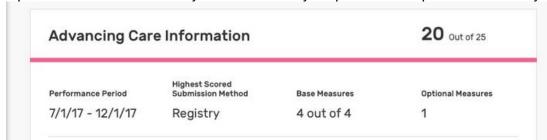
Quality			35.4 Out of 60
Performance Period	**Highest Scored Submission Method**	**Reported Measures**	**High-Priority Measures**
1/1/17 - 12/31/17	Registry	9	1

How did you determine my performance period for claims?

For the Claims submission method, we use the first and last date of the QDCs (G-codes) submitted as an indication of the performance period. If you submitted QDCs for a period less than 90 days, we took the first date a QDC was submitted and added 90 days. If the first submission was after October 3rd, we will use the last 90 days of the year.

Advancing Care Information Category Overview

The Advancing Care Information Category overview differentiates between the number of base measures reported and the number of optional (performance or bonus score) measures. Optional measures could only be submitted if your performance period was 90 days or greater.

Advancing Care Information			20 Out of 25
Performance Period	**Highest Scored Submission Method**	**Base Measures**	**Optional Measures**
7/1/17 - 12/1/17	Registry	4 out of 4	1

Certain clinicians and groups qualify for automatic reweighting (to 0%) in this category, and you'll see this displayed in the category overview.
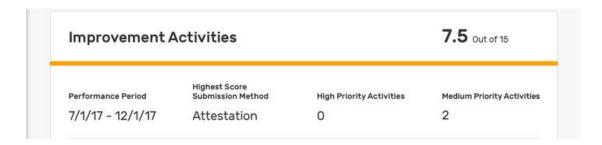
Why did I get a category score when I qualified for reweighting?

If any data for the category was submitted, you were scored according to the data submitted and the category was not reweighted. If you received a score of 0 out of 25 but didn't submit data and should have qualified for reweighting based on your clinician type, special status or hardship status, you may need to request a targeted review.

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Improvement Activities Category Overview

The Improvement Activities Category overview differentiates between the number of high-weighted and medium-weighted activities. Certain clinicians and groups qualify for reduced submission requirements to earn full points in this category which will be indicated in this section.

- o For example, clinicians and groups who practice in a certified patient-centered medical home earned 15 out 15 points in this category without completing additional activities if they attested to this during submission.
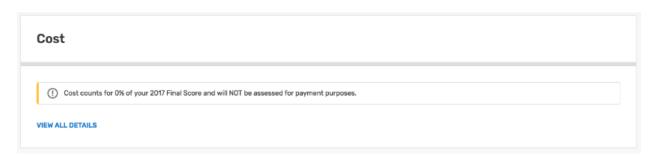
Improvement Activities			**7.5** Out of 15
Performance Period	Highest Score Submission Method	High Priority Activities	Medium Priority Activities
7/1/17 – 12/1/17	Attestation	0	2

Cost Performance Category Overview

If cost measures, average cost per beneficiary and the resulting measure score, can be calculated for the individual or group, that information is displayed in the cost performance category overview. The cost measures and corresponding (projected) score is what you **would** have earned if the Cost performance category was used in the 2017 MIPS Final score.

Cost

⊙ Cost counts for 0% of your 2017 Final Score and will NOT be assessed for payment purposes.

VIEW ALL DETAILS

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Items and Services

This section includes information about items and services provided to your patients by other suppliers or service providers, as required by statute. It is not a part of your score, it is provided only for reference.
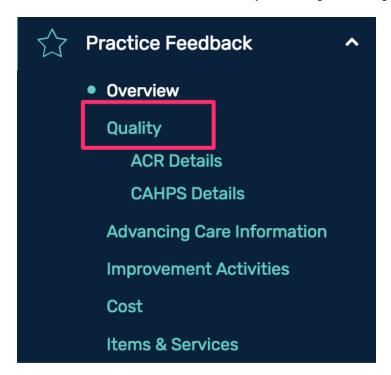
Items & Services

This section includes information about your patient's emergency department visits based on 2017 claims data. This information is not part of your score and is provided for your reference only.

VIEW ALL DETAILS

Performance Category Details

A detailed view of your feedback in each of the four performance categories at the practice and individual level data can be viewed by selecting the category on the left-hand side of the screen.

Quality Details

For the Quality performance category details, you will continue to see your performance at a glance, before moving into the details of your measures.

Submitted Measures (Quality): Claims, EHR, Qualified Registry, QCDR

You will see a list of the measures you submitted, broken out into 3 groups:

- Measures that counted towards the category score
- Measures that received bonus points
- Measures that did not count towards the performance category score

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Measures that counted towards the category score

Submitted Measures

Measures that count toward Quality (6)

These measure(s) are your top six scoring measures. Your measure score includes both performance points and bonus points.

Measure Score Legend ⌃

	3.0 to 5.0 Low Performance	5.1 to 7.9 Medium Performance	8.0 + High Performance

Measure Name EXPAND ALL	Performance Rate	Measure Score	Download Specifications
› Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Measure ID: 005	100%	10.0	↓
› Preventive Care and Screening: Influenza Immunization Measure ID: 110	100%	10.0	↓
› Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128	100%	10.0	↓
› Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures Measure ID: 192	0%	12.0	↓
› Chlamydia Screening for Women Measure ID: 310	100%	10.0	↓

How did you determine the measures that counted towards the category score?

- If you submitted more than 6 measures, we first selected your highest scored outcome measure, or other high priority measure if there were no outcome measures submitted. We then selected the next 5 highest scored measures.

- When there are multiple measures with a historical benchmark and the same score, we will then select measures for the top six based on the order they were included in your submission.

- If you didn't submit an outcome or other high priority measure, you will only see 5 measures that counted towards the category score.

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Why are measures with higher performance rates not counted towards my category score?

We included your highest <u>scoring</u> measures. Remember that scoring is determined by comparing the performance rate to the measure's benchmark. If you submit two measures, each with an 85% performance rate, one may earn 7 points while the other earns 10 points, based on the benchmarks for each measure.
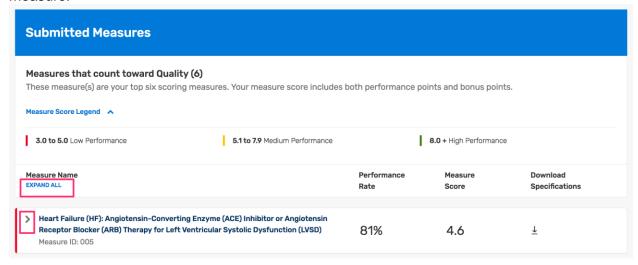
What do the colors next to my measures mean?

The Quality page uses color coding to identify different levels of performance – red for low performance, yellow for medium performance, and green for performance. This color coding is based on your performance in comparison with the benchmark, and the performance metrics don't change across measures. For example, any measure that earned 7 points will be yellow.

Measure Score Legend ⌃

| **3.0 to 5.0** Low Performance | **5.1 to 7.9** Medium Performance | **8.0 +** High Performance |
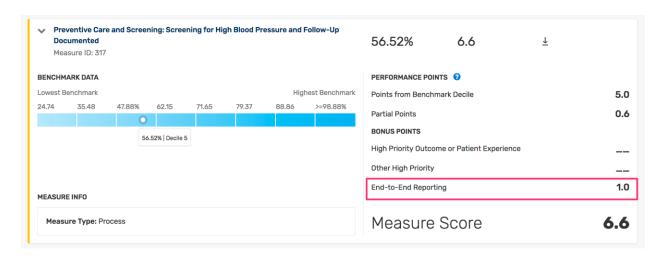
How do I see details about the measures I submitted?

Choose "Expand All" beneath the Measure Name header to see the details for all of your measures or click the carat (">") next a specific measure to open the details just for that measure.
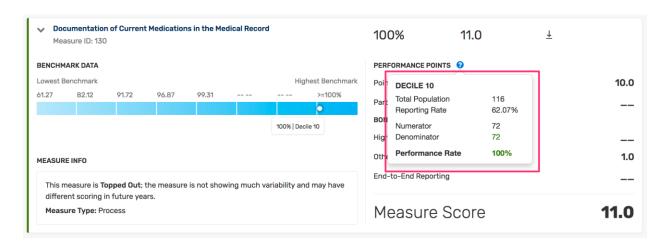
Submitted Measures

Measures that count toward Quality (6)
These measure(s) are your top six scoring measures. Your measure score includes both performance points and bonus points.

Measure Score Legend ⌃

3.0 to 5.0 Low Performance	**5.1 to 7.9** Medium Performance	**8.0 +** High Performance

| Measure Name EXPAND ALL	Performance Rate	Measure Score	Download Specifications
> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Measure ID: 005	81%	4.6	↓

Once you're in the details of a measure, you can see how your performance (rate) compared to the benchmark, view your performance points (those based on comparison to the benchmark) and any bonus points earned. Measures that earned an End-to-End Reporting bonus were scored based on comparison to the EHR benchmark (if available).

⌄ Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Measure ID: 317	56.52%	6.6	↓

BENCHMARK DATA

Lowest Benchmark — Highest Benchmark

| 24.74 | 35.48 | 47.88% | 62.15 | 71.65 | 79.37 | 88.86 | >=98.88% |

56.52% | Decile 5

MEASURE INFO

Measure Type: Process

PERFORMANCE POINTS ?

Points from Benchmark Decile	5.0
Partial Points	0.6
BONUS POINTS	
High Priority Outcome or Patient Experience	––
Other High Priority	––
End-to-End Reporting	1.0
Measure Score	**6.6**

Where can I find information about data completeness, numerators and denominators?

Click the '?' next to the Performance Points within the measure details.

- **Total Population** refers to the **case minimum**; if this number is 20 or greater, the measure met case minimum requirements.
- **Reporting Rate** refers to **data completeness**; if this is 50% or greater, the measure met data completeness requirements.
- We divided the **Numerator** by the **Denominator** to determine the measure's Performance Rate.

Measures Scored Against a Benchmark

- If a benchmark exists and the measure met case minimum and data completeness requirements, you will earn 3-10 points depending on the decile you performed within.
  - Depending on where you land within the decile range you would receive partial points based on that value.
- Measures that received an End-to-End Reporting bonus point were scored using the EHR benchmark. (If there was no EHR benchmark, we used the Registry benchmark.)

Why did I only earn 3 points for a measure with a high performance rate?
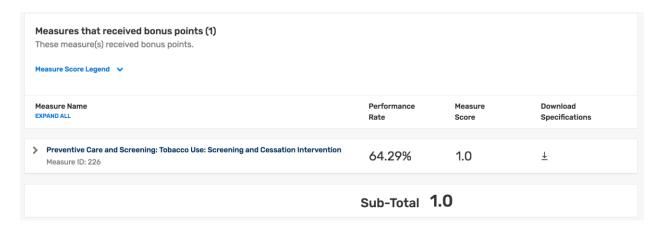
There are 3 reasons a measure would earn 3 points:

- There is no historical benchmark and there wasn't enough data to create a performance period benchmark.
- You submitted a measure for less than 20 instances or patients (case minimum).
- You submitted performance information for less than 50% of the instances or patients (data completeness) eligible for the measure.

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Measures that received bonus points
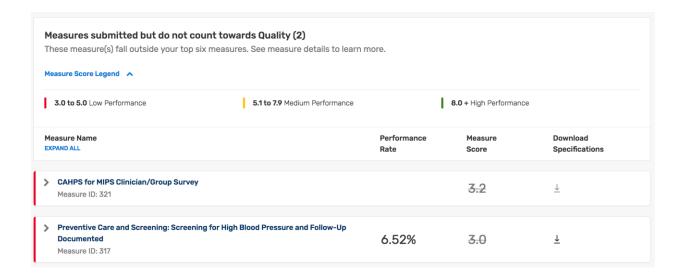
If you submitted more than 6 measures, you may have still earned bonus points from the ones that don't count towards your category score, as long as you haven't exceeded the cap.

- Bonus points for submitting additional high priority and outcome measures are capped at 10% of your denominator

- Bonus points for submitting measures that meet end-to-end electronic reporting criteria are capped at 10% of your denominator.

Measures that received bonus points (1)
These measure(s) received bonus points.

Measure Score Legend ⌄

Measure Name EXPAND ALL	Performance Rate	Measure Score	Download Specifications
❯ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Measure ID: 226	64.29%	1.0	⤓
	Sub-Total	**1.0**	

We're listening to you and continuing to make adjustments to improve your performance feedback experience. As a result, many screenshots in this guide are current as of the original date of the document publication.

Measures submitted but do not count towards Quality:

These measure(s) fall outside of your top six highest scored measures (including your highest scoring outcome or other high priority measure.

Measures submitted but do not count towards Quality (2)
These measure(s) fall outside your top six measures. See measure details to learn more.

Measure Score Legend ∧

| | 3.0 to 5.0 Low Performance | | 5.1 to 7.9 Medium Performance | | 8.0 + High Performance |

Measure Name **EXPAND ALL**	Performance Rate	Measure Score	Download Specifications
› **CAHPS for MIPS Clinician/Group Survey** Measure ID: 321		3.2	↓
› **Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented** Measure ID: 317	6.52%	3.0	↓

Note: If you see a measure in this section that has a higher score than another measure which counts towards your Quality score, this is due to the requirement to submit an outcome or other high priority measure.
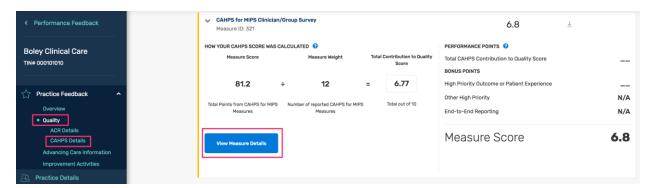
Submitted Measures (Quality): CMS Web Interface

Groups who submitted their quality measures through the CMS Web Interface will be directed the CMS Web Interface to view their measure details. This information will be displayed just as it was during the submission period.

CAHPS for MIPS Survey
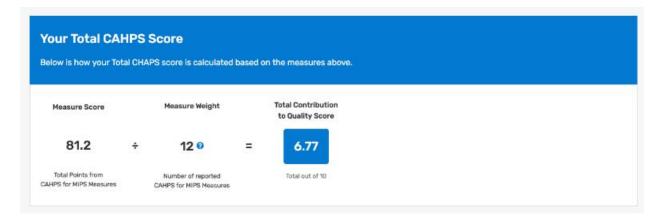
The CAHPS for MIPS survey measure can count for 1 of the 6 Quality measures.

- If you administered the CAHPS for MIPS survey AND submitted 6 or more quality measures via EHR, QCDR or Registry, the CAHPS for MIPS survey may not contribute to your category score if it wasn't one of your 6 highest scored measures.

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From the Quality page, you will see an overall summary of the CAHPS for MIPS survey measure. You click into the details by selecting CAHPS Details on the left-hand navigation pane, or by clicking View Measure Details.

From here, you will see a list of the 12 measures that comprise the CAHPS for MIPS survey, and can click into the details of each measure just as you did on the main quality page. Performance on each measure is compared to a benchmark and scored accordingly, and your overall CAHPS for MIPS survey score is the average of the individual measure scores.
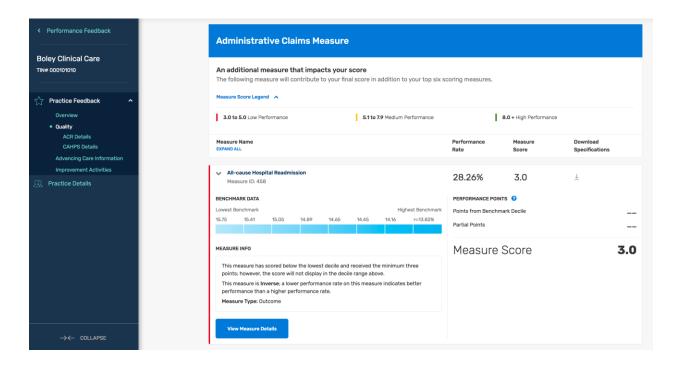
All-Cause Hospital Readmissions (ACR) Measure

The ACR measure applies to groups of 16 or more clinicians who meet the case volume of 200 Medicare patients; if the group did not meet the case volume, there will be no ACR measure data.
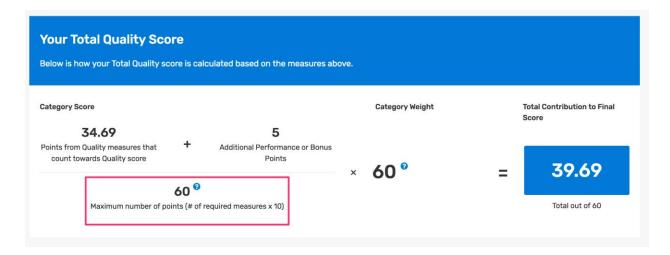
- A group may be scored on the ACR measure even if no other measures were submitted for the Quality performance category.

From the Quality page, you will see an overall summary of the ACR measure. You click into the details by selecting ACR Details on the left-hand navigation pane, or by clicking View Measure Details.

Within the Details, you will see information about the top three readmission cause pairs based on your specific claims data – for each initial diagnosis, you will see the number of original admissions and the number of unplanned readmissions. Your planned readmissions are not included and don't count towards your performance on the measure.

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Your Total Quality Score:

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

Category Score		Category Weight	Total Contribution to Final Score

34.69 + **5**
Points from Quality measures that count towards Quality score   Additional Performance or Bonus Points

60 ❓
Maximum number of points (# of required measures x 10)

× **60 ❓**

= **39.69**

Total out of 60

Reasons your Maximum Number of Points might not be 60 (Claims, EHR, Registry/QCDR):

- If you are scored on 6 measures plus the All-Cause Readmission measure, your maximum number of points would be 70.
- If you report a specialty set with less than 6 measures, or you submitted via Claims or Registry and we determine that less than 6 measures are available (based on the Eligibility Measure Applicability, or EMA, process), we'll lower the total possible points in the denominator by 10 points for each measure that isn't available.

I submitted all of the measures available to me through claims/Registry; why is my maximum number of points still 60?

If you submitted all available measures through claims or Registry and were still scored out of a maximum of 60 points, you may want to request a targeted review so we can take another look.

Maximum Number of Points for CMS Web Interface submissions

If you submitted through the CMS Web Interface, your total maximum points could be:

- 130 points if you're a group with complete reporting and are scored on the readmission measure and CAHPS for MIPS survey.
- 120 points if you're a group with complete reporting and are scored on either the readmission measure or CAHPS for MIPS survey.
- 110 points if you're a group with complete reporting and don't have the readmission measure included.

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We submitted quality data through the Web Interface; why are our maximum number of points less than 110?
Measures with less than 20 beneficiaries/cases in the denominator are not included in MIPS scoring and are excluded from the maximum number of points.

More questions about quality scoring? Use the link to the 2017 Scoring Guide in the <u>Useful Resources</u> section.

Advancing Care Information Details
For the Advancing Care Information performance category details, you will continue to see your performance at a glance, before moving into the details of your measures.

Attestation statements
The green check marks next each attestation statement mean you've fulfilled this part of the Advancing Care Information requirements.
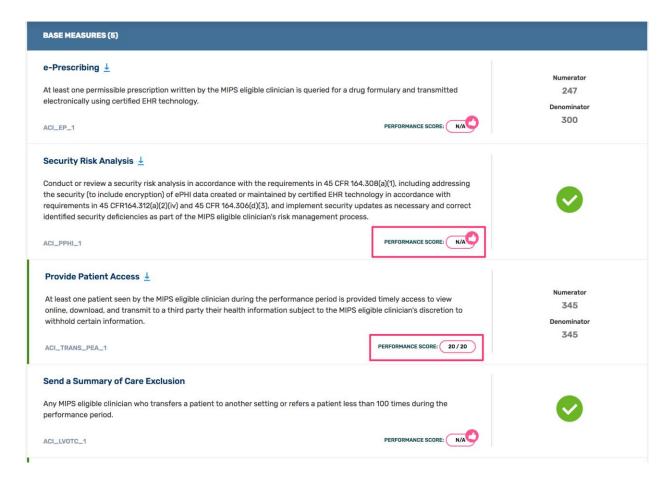
Base Measures
To earn any points in this category, you must satisfy all base measures requirements:
- Submit a yes (indicated with a green check mark) for the Security Risk Analysis measure
- Submit a minimum of 1 patient in the numerator and denominator of the remaining measures, or claim exclusions for e-Prescribing and Health Information Exchange measures

Some base measures also qualify for a performance score if your performance period is 90 days or more and this information is displayed in the base score section.

Note: A measure can add up to 10 or up to 20 percentage points in the performance score based on your CEHRT edition.

BASE MEASURES (5)

e-Prescribing ⤓

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

ACI_EP_1

PERFORMANCE SCORE: N/A 👍

Numerator
247

Denominator
300

Security Risk Analysis ⤓

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

ACI_PPHI_1

PERFORMANCE SCORE: N/A 👍

✅

Provide Patient Access ⤓

At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

ACI_TRANS_PEA_1

PERFORMANCE SCORE: 20 / 20

Numerator
345

Denominator
345

Send a Summary of Care Exclusion

Any MIPS eligible clinician who transfers a patient to another setting or refers a patient less than 100 times during the performance period.

ACI_LVOTC_1

PERFORMANCE SCORE: N/A 👍

✅

Note: Example shows measures from the Transition Measure Set, which is why 20 percentage points are possible for Provide Patient Access.

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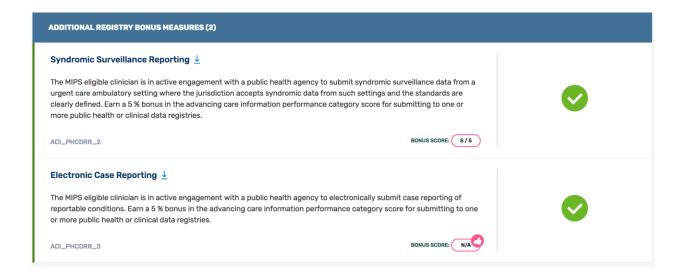## Optional Performance Measures

If you submitted additional measures beyond those required for the base score, they'll appear here.

Your performance score is determined by your performance rate, which we calculated from the numerator and denominator values you submitted. (Numerator/Denominator = Performance Rate.)

OPTIONAL PERFORMANCE MEASURES (5)

Immunization Registry Reporting ↓

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.

ACI_TRANS_PHCDRR_1   PERFORMANCE SCORE: 10 / 10

Patient-Specific Education ↓

The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician.

ACI_TRANS_PSE_1   PERFORMANCE SCORE: 4 / 10

Numerator
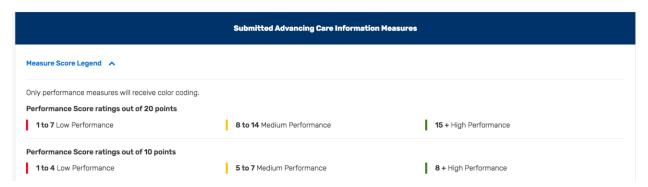20544

Denominator
54712

Additional Registry Bonus Measures

If you submitted measures indicating that you reported to additional public health and clinical data registries beyond the Immunization Registry Reporting measure, you will earn a 5% bonus. The first additional registry measure listed will display the bonus points; any additional registry measures will display N/A for the Bonus Score.
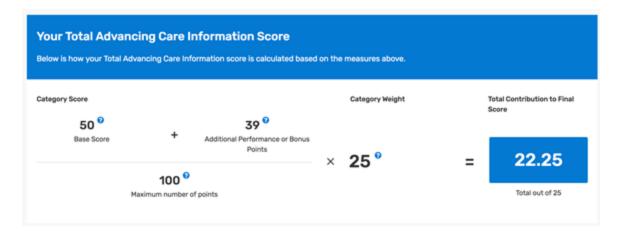

What do the colors next to my measures mean?

The Advancing Care Information Category page uses color coding to identify different levels of performance – red for low performance, yellow for medium performance, and green for performance. This color coding is based on your performance in comparison with the benchmark, and the performance metrics don't change across measures. For example, any measure that earned 7 out of 10 percentage points will be yellow.
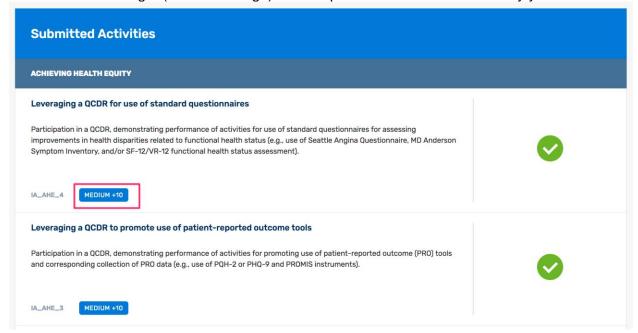

We're listening to you and continuing to make adjustments to improve your performance feedback experience. As a result, many screenshots in this guide are current as of the original date of the document publication.

Total Advancing Care Information Score

Your Total Advancing Care Information Score

Below is how your Total Advancing Care Information score is calculated based on the measures above.

Category Score

$$\frac{50 \text{ (Base Score)} + 39 \text{ (Additional Performance or Bonus Points)}}{100 \text{ (Maximum number of points)}} \times 25 = 22.25$$

Category Weight

Total Contribution to Final Score

Total out of 25

More questions about Advancing Care Information scoring? Use the link to the 2017 Advancing Care Information 101 Guide in the <u>Useful Resources section</u>.

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Improvement Activities Details

For the Advancing Care Information performance category details, you will continue to see your performance at a glance, before moving into the details of your measures.

Submitted Activities

You will see the weight (medium or high) and the points earned for each activity you submitted.
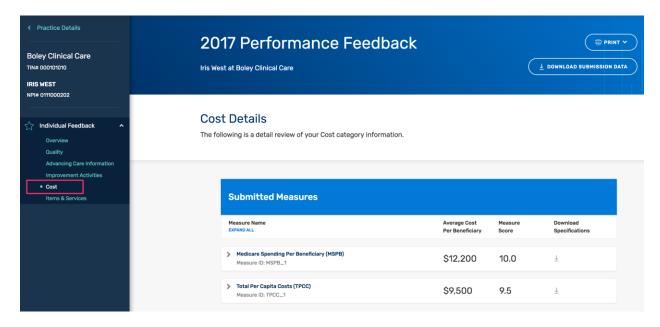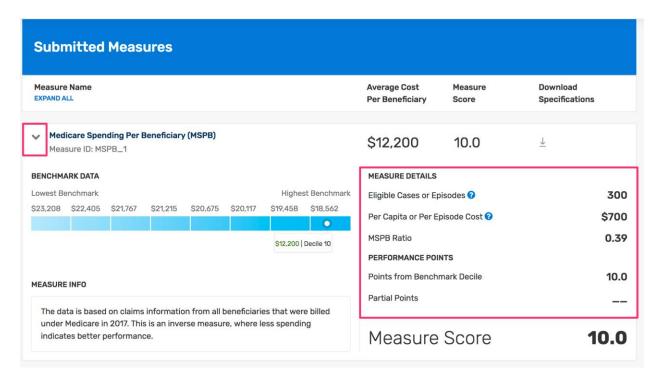

Total Improvement Activities Score

Cost Details

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Performance information on Cost measures is provided in the final performance feedback if the case minimums are met and performance can be calculated.

Cost does **NOT** factor in as part of the final score (or payment adjustment) for the 2017 performance period. The Cost performance feedback simply allows participants to understand how they perform on these Cost measures and to identify areas of improvement before they are included in the final score in future program years.

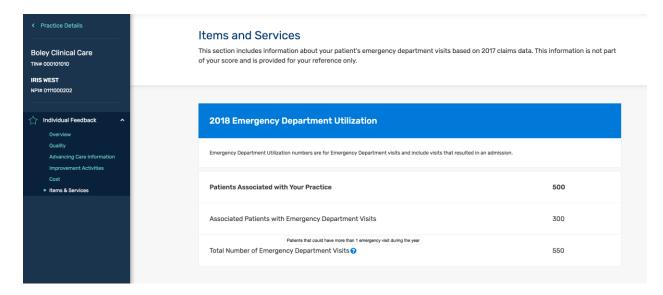Reminder: There is no data submission required for these measures.

For each individual measure (click "Expand All" or carat arrows) to view more details around the measure.

Submitted Measures

Measure Name EXPAND ALL	Average Cost Per Beneficiary	Measure Score	Download Specifications
⌄ Medicare Spending Per Beneficiary (MSPB) Measure ID: MSPB_1	$12,200	10.0	⬇

BENCHMARK DATA

Lowest Benchmark   Highest Benchmark

$23,208 $22,405 $21,767 $21,215 $20,675 $20,117 $19,458 $18,562

$12,200 | Decile 10

MEASURE INFO

The data is based on claims information from all beneficiaries that were billed under Medicare in 2017. This is an inverse measure, where less spending indicates better performance.

MEASURE DETAILS

Eligible Cases or Episodes ❓	300
Per Capita or Per Episode Cost ❓	$700
MSPB Ratio	0.39
PERFORMANCE POINTS	
Points from Benchmark Decile	10.0
Partial Points	——

Measure Score   **10.0**

Items & Services

This section includes information about items and services provided to your patients by other suppliers or service providers, as required by statute. During feedback sessions, clinicians identified the importance of emergency department utilization metrics in informing them about their patient's frequency and use of the emergency department. Emergency department utilization is costly and, in some cases, avoidable. Providing meaningful and actionable information to clinicians is the first step in assisting clinicians in managing care efficiently. Because this information was identified as actionable and important to clinicians, final MIPS performance feedback for groups and individuals will also include:

- The number of your attributed beneficiaries
- The number of your attributed beneficiaries who visited an emergency department in the last calendar year
- The number of emergency department visits by your attributed beneficiaries in the last calendar year (may include multiple visits by a single beneficiary)

We will continue to hold feedback sessions as we look to expand this content; we recognize that the Emergency Department utilization is primarily relevant for primary care practitioners. We welcome your feedback and recommendations; please reach out to us directly by email (QPP@cms.hhs.gov) with suggestions for other information you would find valuable.

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MIPS Performance Feedback for Shared Savings Program ACOs

View Feedback
Selecting View Feedback for the APM Participant (group participating in the ACO) or APM Entity (the ACO) will take you to the practice dashboard, where you can view the APM entity-level feedback.
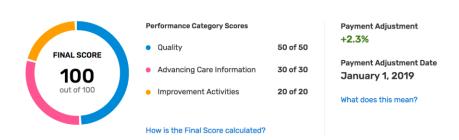
Your Final Score at a Glance
Once you've selected view feedback for a Practice (Participating TIN or Entity), you will see a summary of 2017 MIPS performance for the entity. The information displayed represents the APM Entity final score, category scores, and payment adjustment information.

If you received **a final score of 70 or greater**, you qualify for an additional adjustment for exceptional performance.
- Currently, this additional adjustment is included in the Payment Adjustment percentage displayed. We are investigating our ability to show these as two distinct adjustment amounts, and we will update this guide accordingly if this is technically feasible.

The Final Score At A Glance

The Final Score is achieved by adding the points you earned in each Performance Category

Performance Category Scores

● Quality		50 of 50
● Advancing Care Information		30 of 30
● Improvement Activities		20 of 20

FINAL SCORE
100
out of 100

How is the Final Score calculated?

Payment Adjustment
+2.3%

Payment Adjustment Date
January 1, 2019

What does this mean?

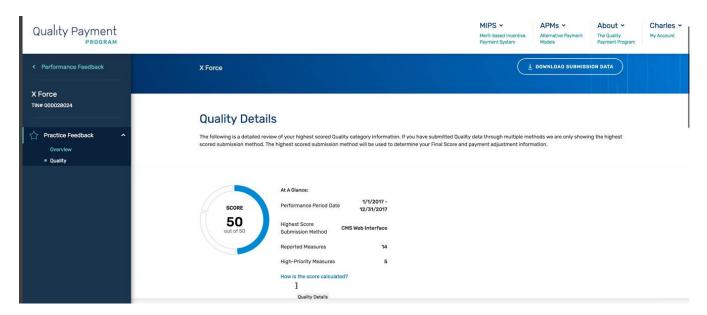## Tell me more about the payment adjustment information.
This is the payment adjustment that will be applied to the MIPS eligible clinicians in the APM Entity (ACO) scored under the APM Scoring Standard. (See Final Score and Payment Adjustment Summary section for accessing this information.)

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Quality Performance Category

APM Entities will be able to view the Quality performance category score, along with a list of the submitted CMS Web Interface quality measures broken out into 2 groups:

- Measures that were successfully submitted
- Measures that were not submitted

Groups/solo practitioners within a Shared Savings Program ACO Entity will be able to view the Quality performance category score but will not be able to view CMS Web Interface measure details.
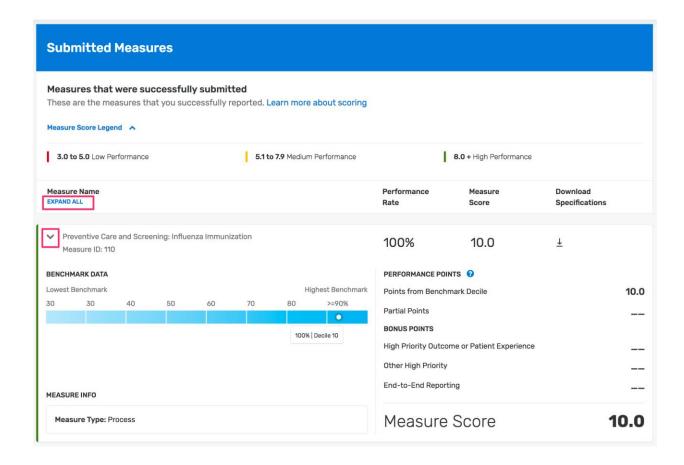

Measures that were successfully submitted

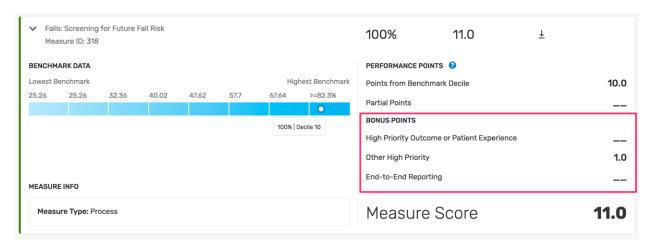In order to earn any points for a Web Interface measure, you must have met the following:

- You submitted required measure data for 248 consecutive beneficiaries in the sample; OR
- You submitted required measure data for 100% of the beneficiaries in the sample (if less than 248)

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How do I see details about the measures?

Choose "Expand All" beneath the Measure Name header to see the details for all of your measures or click the carat (">") to the left of a specific measure.

Once you're in the details of a measure, you can see how your performance (rate) compared to the benchmark, view your performance points (those based on comparison to the benchmark) and any bonus points earned.
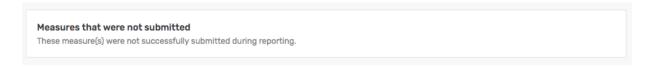

Measures Scored Against a Benchmark
- If a benchmark exists and you submitted enough data, you will earn 3-10 points depending on the decile you performed within.
    - Depending on where you land within the decile range you would receive partial points based on that value.

Measures that were not submitted
In order to earn any points for a Web Interface measure, you must have met data completeness requirements.
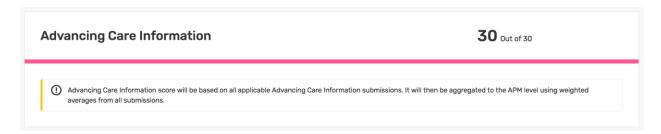

The measures that appear in this section did not meet the data completeness requirements or otherwise did not meet MIPS scoring requirements and earned 0 out of 10 points.

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Advancing Care Information Performance Category

The Advancing Care Information score displayed in performance feedback represents the weighted average for:
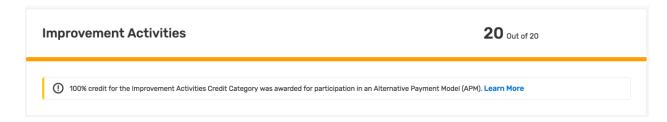
- Groups and solo practices in Shared Savings Program ACOs

IMPORTANT NOTE: Scores for data submitted by individuals and groups within the ACO Entity are not available. For more information on Advancing Care Information scoring, please review the 2017 Medicare Shared Savings Program and MIPS Interactions document.

Advancing Care Information	30 Out of 30

(!) Advancing Care Information score will be based on all applicable Advancing Care Information submissions. It will then be aggregated to the APM level using weighted averages from all submissions.

Improvement Activities Performance Category

All eligible clinicians participating in Shared Savings Program and Next Generation ACOs receive full credit in this category. For more information on how points were determined, please see the Learn More About Improvement Activities and APMs.
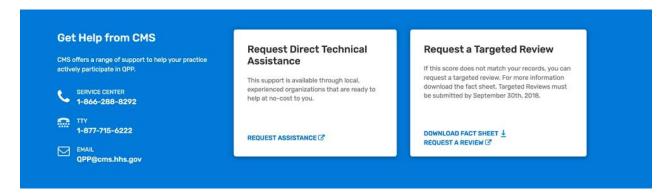
Improvement Activities	20 Out of 20

(!) 100% credit for the Improvement Activities Credit Category was awarded for participation in an Alternative Payment Model (APM). **Learn More**

Cost Performance Category

MIPS APM entities and participants are not scored in the Cost category and will see messaging that reflects this.

Cost

(!) Alternative Payment Models (APM) are not subject to scoring based on cost. No cost information will be displayed.

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Targeted Reviews

A targeted review is a process where MIPS eligible clinicians or groups or APM's can request that CMS review the calculation of their 2019 MIPS payment adjustment factor and, as applicable, their additional MIPS payment adjustment factor for exceptional performance. For more information about Targeted Review, please refer to the Targeted Review Fact Sheet and Targeted Review User Guide.

You can submit a targeted review request by navigating to the bottom of any page of the Performance Feedback and clicking on "Request a Review" in the "Request a Targeted Review" box. This must be completed no later than September 30, 2018.

Getting Help and Support

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

Useful Resources

- For full descriptions with details regarding the calculations of category scores and final scores, refer to the MIPS Scoring 101 Guide.
- For in-depth details on the Advancing Care Information performance category, refer to the Advancing Care Information 101 Guide.
- For more information about the APM Scoring Standard, refer to the 2017 Medicare Shared Savings Program and MIPS Interactions document.
- For additional information about performance feedback, refer to the Performance Feedback Fact Sheet.
- For more information about targeted reviews, refer to the Targeted Review Fact Sheet and Targeted Review User Guide.
- For more information about the payment adjustment, refer to the Payment Adjustment Fact Sheet.

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