

Merit-based Incentive Payment System (MIPS) Performance Feedback Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant reduction in payment rates for clinicians participating in Medicare. MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program (QPP), which provides two participation tracks for clinicians:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Clinicians that participate in either track of the Quality Payment Program may receive feedback on their performance to identify areas of excellence and improvement.

This fact sheet provides more information about MIPS Performance Feedback.

Who Will Have MIPS Performance Feedback?

Individual clinicians (including voluntary submitters), groups, and MIPS APM Entities (those with MIPS eligible clinicians scored under the APM scoring standard) will receive MIPS performance feedback.

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

Partial Qualifying APM Participants (Partial QPs) will only receive MIPS performance feedback if they elected to participate in MIPS.

Qualifying APM Participants (QPs) will not receive MIPS performance feedback.

What is MIPS 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, such as:

- Scoring updates based on a special status (ex. reweighting the Advancing Care Information performance category to zero % for hospital-based MIPS eligible clinicians)
- All-Cause Hospital Readmission measure calculations
- CAHPS for MIPS Survey results
- Advancing Care Information hardship exception application status
- Improvement Study Participation and Results
- Performance period benchmarks for Quality measures that didn't have a historical benchmark

Final MIPS performance feedback, available July 2018, will reflect special scoring circumstances and all the MIPS data submitted or calculated for an individual clinician, group, or APM Entity. Final MIPS performance feedback includes the 2017 final score, 2019 payment adjustment information (excluding voluntary submitters), and details about measures and activities.

How Do I Access My MIPS Performance Feedback?

Individual clinicians, groups, Medicare Shared Savings Program ACOs and Next Generation ACOs, and their authorized representatives will be able to access performance feedback by logging into gpp.cms.gov with the same EIDM credentials that allowed them to submit and view their data during the submission period.

- Shared Savings Program ACOs will have access to final MIPS performance feedback at the APM Entity (ACO primary TIN) level. Groups and solo practitioners participating in a Shared Savings Program ACO (ACO Participant TINs) will also be able to access the APM Entity level feedback by logging into gpp.cms.gov.
- Next Generation ACOs will have access to MIPS final performance feedback at the APM Entity (primary TIN) level only.

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

With the exception of Shared Savings Program and Next Generation ACOs, **APM Entities with MIPS eligible clinicians scored under the APM scoring standard will not be able to access their MIPS performance feedback by logging into qpp.cms.gov, and therefore will not need to get EIDM accounts to access performance feedback.** (For a full list of MIPS APMs, please click [here](#).)

- Final MIPS performance feedback will be distributed by the specific APM team to APM Entities with at least one MIPS eligible clinician scored under the APM scoring standard.

Don't have an EIDM account? Don't wait. Start the process now to ensure you can access MIPS performance feedback in a timely manner, and if necessary submit a request for targeted review if you believe there are errors in your final score or payment adjustment. Please see the [Frequently Asked Questions](#) section for more information on EIDM.

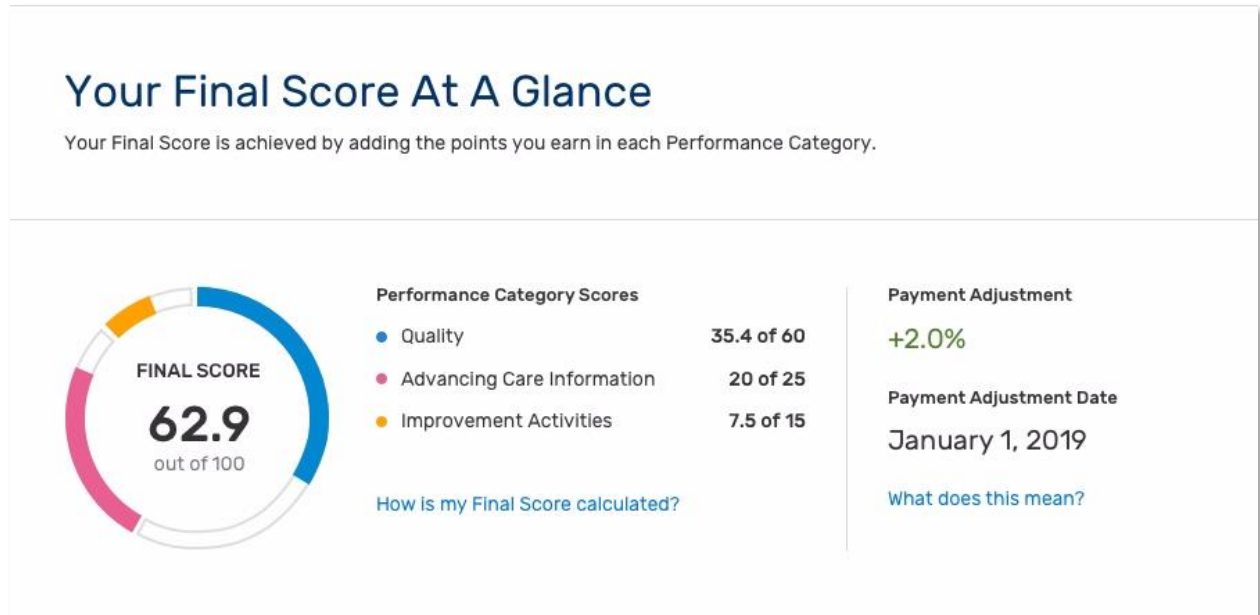
We strongly encourage clinicians and practice representatives to obtain the necessary EIDM credentials no later than July 31, 2018.

What is Included in My Final MIPS Performance Feedback?

Final MIPS performance feedback will include the following information for each individual clinician, group, or APM Entity:

- 2017 final score
- 2019 MIPS payment adjustment applied to MIPS eligible clinicians (Note that payment adjustments will not be applied to voluntary submitters)
- Final performance category scores and weights

When first accessing your performance feedback, you will see:



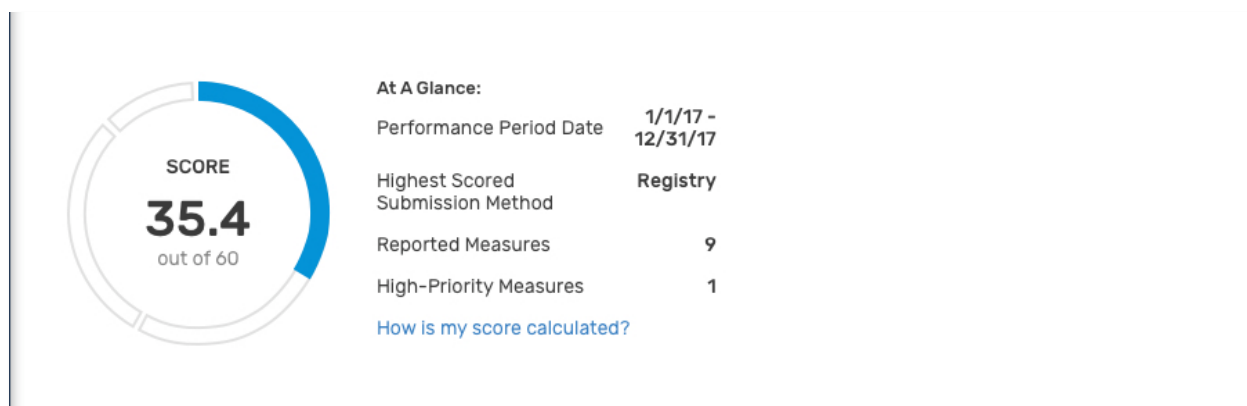
In addition to final score and payment adjustment information, final MIPS performance feedback will also include:

- Scoring and performance details for Quality and Advancing Care Information measures
- Scores for Improvement Activities
- Performance details for Cost measures (informational only for 2017, not applicable to MIPS eligible clinicians who are scored under the APM scoring standard)
- Items and services (information about Emergency Department utilization for attributed beneficiaries) (This information has no impact on your MIPS score)

Performance Category Overviews

The Performance Feedback Overview identifies the score, performance period, highest scored data submission mechanism, and number of measures submitted through that mechanism for each performance category. Each category also includes a section that identifies the lowest scoring measures that counted towards the final score, or other indicators of how performance could have been improved.

Example of Quality Performance Category Overview:



Performance Category Details

In addition to the overview, performance feedback includes details about the measures and activities reported and information about how your score was calculated for each performance category.

Quality:

- Measure-level scores, including performance and/or bonus points
- Benchmark information
- Performance Rates
- Numerator and denominator values
- Access to measure specifications

Advancing Care Information:

- Measure-level performance scores
- Numerator and denominator values
- Access to measure specifications

- Indicator of special scoring considerations, such as reweighting to 0% due to an approved hardship exception

Improvement Activities:

- Weight of each submitted activity
- Scores for each submitted activity
- Access to activity specifications
- Indicator of special scoring considerations, such as full credit in the category for participation in the Improvement Activity study

Cost (not applicable to MIPS eligible clinicians who are scored under the APM scoring standard):

- Measure-level scores (informational only, as Cost does not contribute to the final score in the transition year)
- Measure-specific details such as the number of eligible cases or episodes, and the average cost per episode
- Access to measure specifications

Items & Services

This section includes information about Medicare covered items and services furnished to your patients by other suppliers and providers of services, 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. 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 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

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.

Frequently Asked Questions

Can my vendor or third party intermediary access my final performance feedback?

It depends on their EIDM access.

- Yes, if your practice’s Security Official approved an EIDM role request for your organization from a health IT vendor or third-party intermediary to submit data on behalf of your practice.
- No, if your vendor (qualified registry or Qualified Clinical Data Registry) had an EIDM role for their own organization to submit data on behalf of your practice.

What EIDM role do I need to access performance feedback by signing into qpp.cms.gov?

Who Wants to Access Feedback?	Which EIDM Roles Allow Access to Feedback on qpp.cms.gov ?
Group representative/Practice staff (2 or more clinicians billing to the TIN)	<ul style="list-style-type: none"> • Security Official; or • PQRS Submitter; or • Web Interface Submitter
Individual Clinicians (2 or more clinicians billing to the TIN)	<ul style="list-style-type: none"> • PQRS Submitter
Solo/Individual Practitioner (1 clinician billing to the TIN)	<ul style="list-style-type: none"> • Individual Practitioner
Practice Staff (1 clinician billing to the TIN)	<ul style="list-style-type: none"> • Individual Practitioner Representative
Shared Savings Program ACO Entity representative	<ul style="list-style-type: none"> • ACO Security Official; or • Web Interface Submitter

Who Wants to Access Feedback?	Which EIDM Roles Allow Access to Feedback on gpp.cms.gov ?
Group participating in a Shared Savings Program ACO (2 or more clinicians billing to the TIN)	<ul style="list-style-type: none"> • Security Official; or • PQRS Submitter; or • Web Interface Submitter
Solo practitioner participating in a Shared Savings Program ACO (1 clinician billing to the TIN)	<ul style="list-style-type: none"> • Individual Practitioner • Individual Practitioner Representative (for practice staff)
Next Generation ACO Entity representative	<ul style="list-style-type: none"> • ACO Security Official; or • ACO Web Interface Submitter
Group or clinician participating in a Next Generation ACO	Contact your ACO entity representative
Other MIPS APM Entities (did not submit data through the CMS Web Interface)	Contact your APM entity representative
Group or clinician participating in Other MIPS APMs	Contact your APM entity representative

For additional information about creating an EIDM account or requesting these roles, please review [EIDM User Guide](#) or [EIDM ACO User Guide](#) as appropriate; both available on the [2017 Resource Library](#).

Will we still get QRURs?

No. Previous program reports, such as the Quality and Resource Use Report (QRUR), have been replaced by MIPS performance feedback.

Why are some of my clinicians missing?

If your practice participated as individuals and you don't see a clinician represented in the Connected Clinicians section during the preliminary performance feedback period, refer to the data submission file that is available for download in the portal to check for the clinician's data. However, all clinicians associated with your practice should appear as Connected Clinicians when final MIPS performance feedback is available. Clinicians associated with your practice but identified as participating in MIPS APM entity will appear in a separate list ("Connected APM Clinicians").

Will I receive feedback if I voluntarily submitted?

Yes. You can access your performance feedback by logging into the QPP Portal. This information is made available to help clinicians who are excluded from MIPS in the performance period, but who may be considered MIPS eligible clinicians in future years, to prepare for participation in the Quality Payment Program when there are payment

consequences associated with participation. Please note that no payment adjustment information is provided to voluntary submitters.

What if I believe there's an error with my final score or feedback?

You will be able to request a targeted review if you believe there is an error, and you may be asked to provide supporting documentation in connection with your request for targeted review. More information on this process will be available on the Quality Payment Program resource library by July. You may request a targeted review by selecting the 'Request a Review' link at the bottom of each page of your performance feedback.

Request a Targeted Review

If this score does not match your records, you can request a targeted review. For more information download the fact sheet. Targeted Reviews must be submitted by September 30th, 2018.

[DOWNLOAD FACT SHEET](#) 
[REQUEST A REVIEW](#) 

Which information included in the feedback report will be publicly reported on the Physician Compare website?

Starting with the 2017 performance period, all 2017 Quality Payment Program data are technically available for public reporting on Physician Compare starting in late 2018 (81 FR 77390 through 77399). Although these data are considered available for public reporting, not all data will be publicly reported on Physician Compare. Except as otherwise required by statute, all data on Physician Compare must meet our established public reporting criteria. Additionally, first year measures and 2017 data that were voluntarily reported will not be publicly reported on Physician Compare. Data must be statistically valid, reliable, and accurate; comparable across collection types; and, meet the minimum reliability threshold to be included in the Physician Compare Downloadable Database. To be included on Physician Compare public-facing profile pages, data must resonate with website users, as determined by user testing. The Physician Compare support team will share information about which data are targeted for public reporting in 2018 as it becomes available. We encourage you to subscribe to the Physician Compare [listserv](#) to receive the latest information on public reporting.

What if I have additional questions?

If you have questions about your MIPS performance feedback or would like to make a suggestion for future years, please contact the Quality Payment Program by:

- Phone: 1-866-288-8292/TTY: 1-877-715-6222, or
- Email: QPP@cms.hhs.gov
- For Physician Compare questions, please contact the Physician Compare support team at: PhysicianCompare@westat.com

Additional Resources

- For additional information on final MIPS performance feedback, please review the MIPS Performance Feedback User Guide which will be available on the [2017 Resource Library](#).
- For additional information on targeted reviews, please review the Targeted Review Fact Sheet and User Guide, both of which will be available on the [2017 Resource Library](#).
- For additional information about creating an EIDM account or requesting a role, please review [EIDM User Guide](#) or [EIDM ACO User Guide](#) as appropriate; both available on the [2017 Resource Library](#).
- For additional Physician Compare information, please visit the [Physician Compare Initiative](#) page.