

Scoring: MIPS Transition Year (2017)

Final Score Calculation

Final Score =

$$\left[\begin{array}{l} \text{Clinician Quality} \\ \text{performance} \\ \text{category score x} \\ \text{actual Quality} \\ \text{performance} \\ \text{category weight} \end{array} \right] + \left[\begin{array}{l} \text{Clinician Cost} \\ \text{performance} \\ \text{category score x} \\ \text{actual Cost} \\ \text{performance} \\ \text{category weight} \end{array} \right] + \left[\begin{array}{l} \text{Clinician} \\ \text{Improvement} \\ \text{Activities} \\ \text{performance} \\ \text{category score x} \\ \text{actual} \\ \text{Improvement} \\ \text{Activities} \\ \text{performance} \\ \text{category weight} \end{array} \right] + \left[\begin{array}{l} \text{Clinician} \\ \text{Advancing Care} \\ \text{Information} \\ \text{performance} \\ \text{category score x} \\ \text{actual Advancing} \\ \text{Care Information} \\ \text{performance} \\ \text{category weight} \end{array} \right] \times 100$$

Final Score	Payment Adjustment
>70 points	<ul style="list-style-type: none"> Positive adjustment Eligible for exceptional performance payment of 0.5%
4-69 points	<ul style="list-style-type: none"> Positive adjustment Not eligible for exceptional performance payment
3 points	<ul style="list-style-type: none"> Neutral payment adjustment
0 points	<ul style="list-style-type: none"> Negative payment adjustment of 1% 0 points = does not participate

Quality (60% of Final Score):

- Requirement**
 - Select 6 of the 271 available quality measures for full year participation OR select at least 1 quality measure for partial year participation
 - Include at least 1 outcome quality measure. If an appropriate outcome measure is not applicable to your specialty, report at least 1 high priority quality measure
 - The readmission measure is required for group reporting for groups with at least 16 clinicians and over 200 cases
 - Reviewed via administrative claims, no requirement to submit
- Scoring**
 - Maximum score cannot exceed 100%
 - Measures are scored using a percentile distribution, separated by decile categories
 - CMS calculates the decile breaks for measure performance and assigns points based on which benchmark decile range the MIPS eligible clinician's measure rate is between **(see additional scoring information)**
 - CMS will assign partial points based on percentile distribution
 - Data completeness – there is a 50% data completeness threshold for all submission methods
 - Minimum case requirements for quality measures are 20 cases in the measures denominator
 - Exception: All-cause hospital readmission measure is 200 cases
- Points**
 - Clinicians receive 3 to 10 points on each quality measure based on performance against benchmarks

$$\text{Total Quality Performance Category Score} = \frac{\left[\begin{array}{l} \text{Points earned on} \\ \text{required 6 quality} \\ \text{measures} \end{array} \right] + \left[\begin{array}{l} \text{Any bonus} \\ \text{points} \end{array} \right]}{\text{Maximum number of points}^*}$$

Quick Tip: Maximum score cannot exceed 100%
 *Maximum number of points = # of required measures x 10

- If a measure is submitted but cannot be scored because it does not meet the required case minimum, the measure will still receive a score of 3 points
 - Exception: The administrative claims-based (all-cause hospital readmission) measure and CMS Web Interface measures will not be scored if required case minimum is not met
 - Measures without a benchmark will receive 3 points
 - Exception: CMS Web Interface measures without a benchmark will not be scored
 - If you do not submit performance data for a measure, you will receive 0 points
 - Benchmarks
 - There are separate benchmarks for the different reporting mechanisms (EHR, QCDR/registries, claims, CMS Web Interface, administrative claim measures, and CAHPS for MIPS)
 - All reporters (individual and groups) regardless of specialty or practice size are combined into one benchmark
 - Topped out measures
 - Measures are considered topped out if the median performance rate historically is 95% or higher (non-inverse measure) or is 5% or lower (inverse measures)
 - May have different scoring starting in the 2018 performance year
 - If there is no historic benchmark – MIPS will attempt to calculate benchmarks based on 2017 performance data
 - Benchmarks will be created if there are at least 20 reporting clinicians or groups, the minimum case size is met, the data completeness criteria are met, and the performance is greater than 0% (non-inverse measure) or less than 100% (inverse measures)
 - Note
 - Bonus points are available
 - Submitting an additional high-priority measure
 - 2 bonus points for each additional outcome and patient experience measure
 - 1 bonus point for each additional high priority measure
 - Using CEHRT to submit measures to registries or CMS
 - 1 bonus point (per measure) for submitting electronically end-to-end
 - Bonus points cannot exceed 10% of total possible points for MIPS payment year 2019
 - Up to 6 bonus points for additional high priority measures and up to 6 bonus points for submitting electronically end-to-end

Cost (0% of Final Score):

- Requirement
 - No submission requirements – CMS assess through Medicare B claims data
- Scoring
 - Cost does not contribute to 2017 score but CMS will provide feedback on how you performed
 - Clinicians earn a maximum of 10 points per episode cost measure
 - Cost measures include but are not limited to
 - Medicare Spending Per Beneficiary (MSPB)
 - Total Per-Capita Cost for All Attributed Beneficiaries
- Note
 - No bonus points available

$$\text{Cost Performance Category Score} = \frac{\text{Points assigned for scored measures}}{10 \times \left\{ \text{Number of scored measures} \right\}}$$

Improvement Activities (15% of Final Score):

- Requirement
 - Small, rural, underserved practices or non-patient facing clinicians/groups
 - 1 high weighted activity OR
 - 2 medium weighted activities
 - Large practices (16 or more clinicians)
 - 2 high weighted activities OR
 - 1 high and 2 medium weighted activities OR
 - 4 medium weighted activities

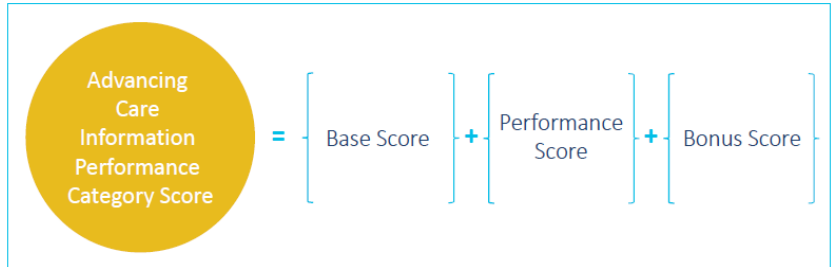
$$\text{Improvement Activities Performance Category Score} = \left[\frac{\text{Total number of points scored for completed activities}}{\text{Total maximum number of points (40)}} \right] \times 100$$

Quick Tip: Maximum score cannot exceed 100%

- Participants in certified patient-centered medical homes, comparable specialty practices or an APM designated as a Medical Home Model: Automatically earn full credit
- **Scoring**
 - Total points available for this category is 40
 - Activity weights
 - Small, rural, underserved practices or non-patient facing clinicians/groups
 - Medium = 20 points
 - High = 40 points
 - Large practices
 - Medium = 10 points
 - High = 20 points

Advancing Care Information (25% of Final Score):

- **Requirement**
 - There are two measure set options for reporting and the option you choose is based on your EHR edition (2014 vs. 2015 certification)
 - For partial and full participation, you must submit more than the base score



- **Scoring**
 - Maximum score cannot exceed 100% but can earn up to 155% maximum score
 - Overall ACI score is made up of the base score + performance score + bonus score
 - The required base score accounts for 50% of the total ACI score
 - Must submit a numerator/denominator (at least a 1 in the numerator) or yes/no response for Option 1 (2015 certified) or Option 2 (2014 certified)
 - The performance score accounts for up to 90% of total ACI score
 - Report up to 9 ACI measures for Option 1 (2015 certified) or 7 ACI measures for Option 2 (2014 certified)
 - Each measure is worth 10-20%. The percentage score is based on the performance rate for each measure **(see additional scoring information)**
 - The bonus score accounts for up to 15% of total ACI score
 - 5% bonus for reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure
 - 10% bonus for using CEHRT to report certain Improvement Activities **(see additional scoring information)**
- **Note**
 - Clinicians need to fulfill the Base Score or score will be a zero for this category
 - Under certain criteria the Advancing Care Information performance category can be reweighted to 0% **(see additional scoring information)**

Option 1: Advancing Care Information Objectives and Measures – EHR is 2015 Certified			
Measure Name	Required for Base Score	Performance Score Weight	Bonus Score
e-Prescribing	Yes	-	-
Provide Patient Access	Yes	Up to 10%	-
Security Risk Analysis	Yes	-	-
Send a Summary of Care Record	Yes	Up to 10%	-
Summary of Care Measure	Yes	Up to 10%	-
Clinical Data Registry Reporting	No	-	5%
Clinical Information Reconciliation	No	Up to 10%	-
Electronic Case Reporting	No	-	5%
Immunization Registry Reporting	No	0 or 10%	-
Patient-Generated Health Data	No	Up to 10%	-

Patient-Specific Education	No	Up to 10%	-
Public Health Registry Reporting	No	-	5%
Secure Messaging	No	Up to 10%	-
Syndromic Surveillance Reporting	No	-	5%
View, Download and Transmit (VDT)	No	Up to 10%	-

Option 2: 2017 Advancing Care Information Transition Objectives and Measures – EHR is 2014 Certified			
Measure Name	Required for Base Score	Performance Score Weight	Bonus Score
e-Prescribing	Yes	-	-
Health Information Exchange	Yes	Up to 20%	-
Provide Patient Access	Yes	Up to 20%	-
Security Risk Analysis	Yes	-	-
Immunization Registry Reporting	No	0 or 10%	-
Medication Reconciliation	No	Up to 10%	-
Patient-Specific Education	No	Up to 10%	-
Secure Messaging	No	Up to 10%	-
Specialized Registry Reporting	No	-	5%
Syndromic Surveillance Reporting	No	-	5%
View, Download, or Transmit (VDT)	No	Up to 10%	-

Additional Scoring Information

Using Data in Benchmark to Estimate Points for Non-Inverse Measures

Benchmark Decile	Number of Points Assigned for the 2017 MIPS Performance Period
Below Decile 3	3 points
Decile 3	3.0 – 3.9 points
Decile 4	4.0 – 4.9 points
Decile 5	5.0 – 5.9 points
Decile 6	6.0 – 6.9 points
Decile 7	7.0 – 7.9 points
Decile 8	8.0 – 8.9 points
Decile 9	9.0 – 9.9 points

Decile 10	10 points
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NOTE: For inverse measures (where a positive performance is seen in a lower score), the order would be reversed. Where Decile 1 starts with the highest value and decile 10 has the lowest value.

MIPS Scoring for Advancing Care Information: Performance Score

- Your performance rate is determined by your numerator divided by your denominator. For example, for Provide Patient Access you submitted (850/1000) *100 = 85 points which equates to a percentage score of 9%
- The Immunization Registry reporting measure is the only performance score that is a yes/no. MIPS eligible clinicians who fulfill this measure will submit a “yes” and receive the full 10%
- If you submit more than one performance measure, you would add the percentage score for each measures performance rate to determine your overall performance score

Performance Rates for Each Measure Worth Up to 10%	
Performance Rate 1-10 = 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%

Improvement Activities Eligible for Advancing Care Information Bonus Score

Activity Name	Improvement Activity Performance Category Weight
Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record	High
Anticoagulant management improvements	High
Glycemic management services	High
Chronic care and preventative care management for empaneled patients	Medium
Implementation of methodologies for improvements in longitudinal care management for high risk patients	Medium
Implementation of episodic care management practice improvements	Medium
Implementation of medication management practice improvements	Medium

Implementation of use of specialist reports back to referring clinician or group to close referral loop	Medium
Implementation of documentation improvements for practice/process improvements	Medium
Implementation of practices/processes for developing regular individual care plans	Medium
Practice improvements for bilateral exchange of patient information	Medium
Use of certified EHR to capture patient reported outcomes	Medium
Engagement of patients through implementation of improvements in patient portal	Medium
Engagement of patients, family and caregivers in developing a plan of care	Medium
Use of decision support and standardized treatment protocols	Medium
Leveraging a QCDR to standardize processes for screening	Medium
Implementation of integrated PCBH model	High
Electronic Health Record Enhancements for BH data capture	Medium

Reweighting the Advancing Care Information Score

Adapted from the Advancing Care Information Performance Category Fact Sheet 12.29.16 on qpp.cms.gov

A MIPS eligible clinician's performance score may be reweighted for the following reasons:

1. They apply for reweighting, citing one of the three specified reasons:
 - a. Insufficient Internet Connectivity
 - b. Extreme and Uncontrollable Circumstances
 - c. Lack of Control over the Availability of CEHRT

These MIPS clinicians must submit an application for CMS to reweight the Advancing Care Information performance category to 0%. More information about the application will be available in 2017. Note: Simply lacking CEHRT is not sufficient to qualify for reweighting of the category.

2. They are one of the following MIPS eligible clinicians that qualify for an automatic reweighting:
 - a. Hospital-based MIPS clinicians
 - b. Physician assistants
 - c. Nurse practitioners
 - d. Clinical nurse specialists
 - e. Certified registered nurse anesthetists
 - f. Clinicians who lack face-to-face interactions with patients

These MIPS eligible clinicians can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their Advancing Care Information performance accordingly.

For these two groups of MIPS eligible clinicians, CMS will reweight the category to 0% and assign the 25% to the Quality performance category.

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