

QPP: 2018 Quality

Under the Merit-Based Incentive Payment System (MIPS), Quality is one of four categories on which eligible clinicians are scored. Quality replaces the historical Physician Quality Reporting System (PQRS) and, for year two of the program, makes up 50%.

Basics of Quality

- 50% of total MIPS score
- Total Points Available: 50 Points
- Measures not meeting data completeness requirements will now earn one point
- Small Practices not meeting data completeness requirements will continue to receive 3 points
- There are over 270 quality measures
- Also available are select specialty-specific measure sets
- You will continue to select at least 6 individual measures with one being an Outcome OR High-priority measure
- Minimum performance period is 12 months

Special Considerations

- CMS designation of Small, Hospital Based, Non-Patient Facing MIPS ECs, NP's, PA's, CNS, and CRNAs
- Reweighting potential from PI to Quality

Classifications

- **Rural**= Zip codes using most recent Data Set
- **Small**= < 15 ECs
- **HPSA**= Areas as designated the Public Health Service Act
- **NPF**= Individual billing ≤ 100 patient-facing encounters

MIPS Scoring Improvement for Quality – ***NEW for Year 2**

For the Quality category, CMS will now be assessing a Performance Improvement Score..

**Improvement will be measured at the performance category level, requiring statistically significant improvement*

**Up to 10 percentage points available in the Quality performance category without exceeding 100 category points*

Bonus Points Opportunities

- Report an additional high priority or outcome
 - Points are up to 10%
- Use of End to End Electronic Submission
 - Points are up to 10%
- The CAHPS for MIPS survey is a high priority measure; reporting awards up to 2 bonus points

Topped Out Measures

- Measure Cap of 7 pts after 2 consecutive years of topped out
- For PY18 a set of 6 measures have been identified as topped out Quality Measures
 - 21, 224, 23, 262, 359, & 52

APMs & MIPS APMs Scoring

- In 2018, participants in MIPS APMs will be scored under MIPS using the quality measures that they are already required to report on as a condition of their participation in the APM.
 - Quality will make up 50% of your score

Submission Methods

* CMS Web Interface only available for Group level reporting for groups ≤25

➤ **Qualified Registry** ➤ **EHR** ➤ **QCDR** ➤ ***CMS Web Interface** ➤ **Claims**

Funding for this document was provided by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not represent the official views of HHS or any of its agencies. The information contained in this presentation is for general information purposes only. The information is provided by UK HealthCare's Kentucky Regional Extension Center and while we endeavor to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to content.