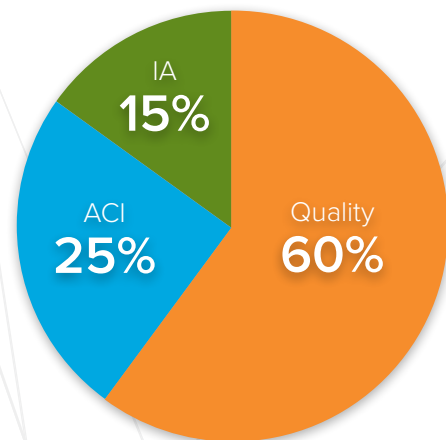


# MIPS DETAILED SCORING

➤ [Step-by-step Scoring Guide](#)

## MIPS Performance Categories for 2017



For CMS's MACRA Quality Payment Program in the 2017 transition year, you can choose how much you want to participate which will be reflected in your Medicare's payment adjustment in 2019.

If you choose to do nothing in 2017, you will receive a -3% adjustment. Participating even a little and earning at least 3 points, will avoid that negative adjustment.

To maximize your score and to help you to utilize AdvancedMD to collect the necessary data, use these Scoring Details along with the step-by-step Beginner's Guides found on NEST. Your score will reflect the amazing things you are doing in your practice to improve the quality of the medical care you provide daily to your patients.

CMS will measure MIPS performance in four performance categories to derive a 'MIPS score' (0 to 100). For the 2017 transition year, the performance categories are weighted:

60% for Quality (formerly PQRS/MU CQMs)

25% for Advancing Care Information: ACI (formerly MU)

15% for Improvement Activities: IA (new)

0% for Cost or Resource Use (formerly CMS Value-based Payment Modifier)

# QUALITY

## (60% of 2017 Total Composite Score)

Select 6 of the MIPS quality measures or a specialty-specific set of measures and report a minimum of 90 days; 1 measure must be:

Outcome measure

OR

High-priority measure – defined as outcome measure, appropriate use measure, patient experience, patient safety, efficiency measures, or care coordination.

### Participation

*TEST* – Submit a minimum amount of data for one measure

*PARTIAL* or *FULL*

Submit at least 6 quality measures, including at least 1 outcome measure, for 90 days

Clinician receives 3 to 10 points on each quality measure (based on performance) that can be reliably scored against a benchmark. The longer a clinician participates the easier it is to meet the case volume criteria needed to receive more than 3 points.

A Reliable score means the following:

Benchmarks exist (see following detail)

Sufficient case volume  $\geq 20$  cases for most measures;  $\geq 200$  cases for readmissions

Data completeness met (at least 50% of possible data is submitted)

The clinician will receive 3 points if a measure cannot be reliably scored against a benchmark.

### Additional Information on Benchmarks:

Benchmarks will be specific for the different reporting mechanisms. Refer to the CMS website for a full list of benchmark data:

<https://qpp.cms.gov/about/resource-library>

EHR, Registry/QCDR and Claims

Each benchmark applies to all reporters regardless of specialty or practice size though many measures have different benchmarks for each reporting method: EHR, Registry/QCDR and Claims

When no historic benchmark exists or cannot be calculated, the measure will receive 3 points.

**Table 1: Using Data in Benchmark to Estimate Points (For Non-Inverse Measures)\***

Decile	Number of Points Assigned for the 2017 MIPS Performance Period
Below Decile 3	3 points
Decile 3	3-3.9 points
Decile 4	4-4.9 points
Decile 5	5-5.9 points
Decile 6	6-6.9 points
Decile 7	7-7.9 points
Decile 8	8-8.9 points
Decile 9	9-9.9 points
Decile 10	10 points

\*For inverse measures, the order would be reversed. Where Decile 1 starts with the highest value and decile 10 has the lowest value.

## Quality reporting in AdvancedMD

**Quality Measures**  
ARCHES MEDICAL CENTER PRACTICE  
Date Range 1/1/2017 to 12/31/2017  
OSDEA, JMMSE

Quality Measure	Denominator	Denominator Exclusion	Numerator	Numerator Exclusion	Exception	Value
Cervical Cancer Screening	0	0	0	-	-	0%
Controlling High Blood Pressure	23	0	14	-	-	61%
Tobacco Use: Screening and Cessation Intervention	17	-	11	-	0	65%

Go to

<https://qpp.cms.gov/about/resource-library>

[2017 Quality Benchmarks \(193KB\)](#)

Measure Name	Measure ID	Submission Method	Measure Type	Benchmark	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out
Diabetes: Hemoglobin A1c Poor Control	1	FHR	Chartroom	Y	54.67 - 55.91	55.91 - 56.63	56.63 - 59.34	59.34 - 59.34	59.34 - 59.34	59.34 - 59.34	59.34 - 59.34	59.34 - 59.34	No
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	107	EHR	Process	Y	53.85 - 44.74	54.75 - 70.98	70.91 - 86.68	86.69 - 89.31	89.32 - 92.90	92.91 - 96.54	96.55 - 98.67	>= 98.68	No
Preventive Care and Screening: Influenza Immunization	110	EHR	Process	Y	11.22 - 18.57	18.58 - 24.99	25.00 - 31.84	31.85 - 38.92	38.93 - 47.86	47.87 - 59.99	60.00 - 79.01	>= 79.02	No
Pneumonia Vaccination Status for Older Adults	111	EHR	Process	Y	14.13 - 23.25	23.26 - 33.02	33.03 - 43.58	43.59 - 53.96	53.97 - 63.60	63.61 - 74.54	74.55 - 85.52	>= 85.53	No
Breast Cancer Screening	112	EHR	Process	Y	12.41 - 22.21	22.22 - 32.30	32.31 - 40.86	40.87 - 47.91	47.92 - 55.25	55.26 - 63.06	63.07 - 73.22	>= 73.23	No

Look for the decile column in which your performance % is found. These are your approximate points for that measure.

## Bonus Points

Clinicians receive bonus points for either of the following:

*Submitting an additional high-priority measure*

2 bonus points for each additional outcome & patient experience measure

1 bonus point for each additional high-priority measure

## QUALITY

**POSSIBLE: 60+**  
**CAPPED AT: 60**

Choose 6

Bonus



$$\frac{6 \text{ QUALITY} + \text{BONUS}}{60} \times 100 = Q$$

For CPS

$$Q \times .6 = \text{CPS } Q$$

In 2017 all participants automatically receive at least 3 points for completing and submitting a measure. Failure to submit performance data for a measure = 0 points. For a full list of measures, visit [https://qpp.cms.gov/docs/QPP\\_Quality\\_Benchmarks\\_Overview.zip](https://qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip)

Refer to CMS documentation for further clarification on scoring for practices with 16 or more clinicians.

# ADVANCING CARE INFORMATION

(25% of 2017 Total Composite Score)

## Participation

**TEST** – Submit all 4 required base score measures

**PARTIAL** or **FULL** – Submit more than the required base score measures in 2017

Each performance score measure is worth 10-20%. The percentage score is based on the performance rate for each measure:

Performance Rate      Percentage Score

1 - 10	1%
11 - 20	2%
21 - 30	3%
31 - 40	4%
41 - 50	5%
51 - 60	6%
61 - 70	7%
71 - 80	8%
81 - 90	9%
91 - 100	10%

Clinicians must submit a numerator/denominator or Yes/No response for each of the following measures:

2017 Advancing Care Information Transition Measures - Required for base score worth 50%

Security Risk Analysis  
ePrescribing  
Provide Patient Access  
Health Information Exchange

2017 Advancing Care Information Measures - Performance score measures worth up to 20%

Provide Patient Access  
Health Information Exchange

2017 Advancing Care Information Measures - Performance score measures worth up to 10%

View, Download, or Transmit  
Patient-Specific Education  
Secure Messaging  
Medication Reconciliation  
Immunization Registry Reporting

We suggest running ACI reports in AdvancedMD regularly. Go to PM Report Center > MU/ACI/Quality > Advancing Care Information (ACI) or ACI Detail reports. Choose the clinician and the date range for the report.

Report Center - Internet Explorer

AdvancedMD

Report Center

Find a Report...

1 MU/ACI/Quality

Advancing Care Information (ACI)

Advancing Care Information Detail

Meaningful Use

Meaningful Use Detail

Medicaid Patient Volume

NQF Quality Measures

NQF Quality Measures Detail

Advancing Care Information (ACI)

Saved Report Settings

Save Setting

4 Run Report

Export on Run

EXCEL

CEHRT Edition

CEHRT: 2014 Edition

Activity Filter

Only include patients active after:

Select Provider Profile

Provider Profile: 2 JONES

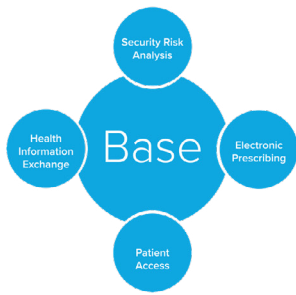
Report As Billed

3 Date Filter

Date Range:

Select a Low Date:

Select a High Date:



Required Base = 50% of your ACI score



Up to 155% possible — ACI is capped at 100%



Performance + Bonus = Up to 50% of your ACI score

**Bonus Score**

For reporting on any of these Public Health and Clinical Data Registry Reporting measures:

**5% BONUS**

- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting

**10% BONUS**

For using CEHRT to report certain Improvement Activities

ADVANCING CARE INFORMATION (ACI)

**POSSIBLE:** 155  
**CAPPED AT:** 100

Base      Performance      Bonus

50 PTS + UP TO 90 PTS + UP TO 15 PTS = ACI

For CPS

ACI x .25 = CPS ACI

\*Failure to meet reporting requirements will result in base score of zero, and an ACI performance score of zero.

**Advancing Care Information: Flexibility**

1. ACI reporting is optional for hospital-based MIPS clinicians, clinicians who lack of face-to-face patient interaction, NP, PA, CRNAs and CNS for the 2017 Transition Year. CMS will automatically reweight ACI performance category to zero for these clinicians. If they choose to report, they will be scored.

2. A clinician can apply to have their performance category score weighted to zero and the 25% will be assigned to the Quality category for the following reasons:  
(1) insufficient internet activity; (2) extreme and uncontrollable circumstances (3) lack of control over the availability of CEHRT.

3. CMS will reweight the category to 0 and assign the 25% to the Quality performance category to offset the difference in the MIPS Final Score.

# IMPROVEMENT ACTIVITIES

(15% of 2017 Total Composite Score)

Select up to 4 from more than 90 activities within 9 subcategories and attest to your participation.

Complete up to 2 activities for a minimum of 90 days for groups with 15 or fewer participants, non-patient facing clinicians, or if you are in a rural or health professional shortage area.

## Participation

*TEST* or *PARTIAL* – Submit 1 improvement activity, either high or medium weight.

*FULL* – Choose 1 of the following and submit:

- 1 or 2 high-weighted activities
- 1 high-weighted and 2 medium-weighted activities
- 4 medium-weighted activities

## Activity Weights

Medium = 10 points  
High = 20 points

**Alternate Activity Weights** for clinicians in small, rural, and underserved practices or with non-patient facing clinicians or groups

Medium = 20 point  
High = 40 points

Clinicians in a patient-centered medical home, Medical Home Model, or similar specialty practice will receive full credit.

## IMPROVEMENT ACTIVITIES (IA)

Earn IA points for activities

**POSSIBLE:** 40  
**CAPPED AT:** 40

\*Medium

\*High

10

20

$$\text{PTS} / 40 \times 100 = \text{IA}$$

For CPS

$$\text{IA} \times .15 = \text{CPS IA}$$

# Calculating Your Final Composite Performance Score

## Your 2017 MIPS Composite Performance Score (CPS)

CPS IA + CPS ACI + CPS Q = 2017 MIPS COMPOSITE PERFORMANCE SCORE

## Your 2019 Payment Adjustment:

Your CPS Score



Your Adjustment



For specific details, see MIPS Scoring Details and CMS QPP websites.

Example:

To avoid a downward adjustment for the 2017 reporting year submit the minimum amount of data.

1 Quality Measure

OR

1 Improvement Activity

OR

4 Required Advancing Care Information Measures

Sources:

Centers for Medicare and Medicaid Services. [Merit-based Incentive Payment System webinar slides](#), November 29, 2016.

Quality Payment Program, [What's the Quality Payment Program?](#)