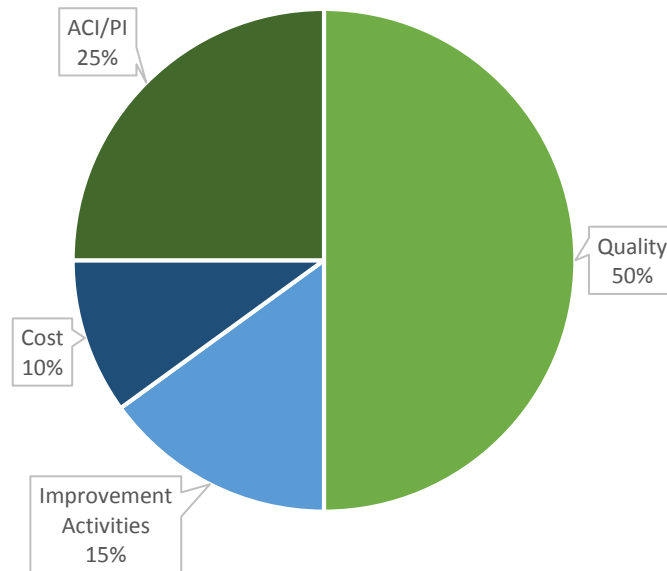


The QPP Scoring System-Explainer

The threshold to avoid a negative payment adjustment has increased; for 2018 the threshold is **15 points**, up from 3 points in 2017. How is your final score calculated? The final score is a weighted composite of the four scores from each Performance Category plus any bonus points. The four categories are:

- Quality: 50% of final score
- Improvement Activities: 15% of final score
- Cost: (automatically calculated) 10% of final score
- Advancing Care Information/Promoting Interoperability: 25% of final score



Each category is scored individually then multiplied by the weight to calculate the final score

Quality: Must report at least 6 measures, at least one of which must be an outcome measures

- If you report more than 6 measures, CMS takes the 6 with the highest score (or the 5 with the highest scores + 1 outcome measure)
- If you don't report an outcome measure, you will only be scored on 5 measures even if you report more than that
- For measures with a benchmark: **3 to 10 points** available unless:
 - You don't meet data completeness criteria (report at least 60% of patients), then **1 point**
 - The measure is topped out, then **max 7 points**.
- For measures without a benchmark: **3 points**
- Additional bonus points available for reporting additional high-priority and outcome measures, up to 10% of denominator for performance category
- **Example**: you report 7 measures
 - 4 have benchmarks: based on your percentile you earn 10 points for one, 8 points for the second and, 6 points for the third. The fourth is topped out, so you earn the max of 7 points
 - 3 don't have benchmarks: would be 3 points each, but CMS only scores highest 6 measures—4 benchmarked + 2 without
 - One of the non-benchmarked measures is an additional outcome measure: 2 additional points
 - $10+8+7+6+3+3+2=39$ points x 0.5 (Quality Performance Category weight)=19.5 points
- Improvement in the Quality Performance Category can also earn up to 10% points bonus-CMS will calculate based on available data

Improvement Activities: Must report 40 points worth of activities that are medium or high weight

- You can report either 4 medium-weight (10 points each) or 2 high-weight (20 points each) activities or a combination thereof
- Small practices (less than 15 eligible clinicians) can report 2 medium-weight (20 points each) or 1 high-weight (40 points) activity to earn full credit
- **Example:** you attest to 2 medium weight and 1 high-weight activities
 - 2 medium weight= 2 x 10 points= 20 points
 - 1 high weight= 1 x 20 points= 20 points; 40 points total
 - Points you earned/Possible points: 40 points/40 points= 100%
 - Percent x 0.15 (Improvement Activities Performance Category weight)=15 points

Advancing Care Information/Promoting Interoperability: To score any points at all, must first meet base score requirements (worth **50%** of ACI/PI score): answer “yes” to the **security risk analysis** measure and at least a 1 in the numerator and denominator of the following base measures:

- E-prescribing
- Send a summary of care
- Request/accept a summary of care
- Provide patient access

Once the base score is met, you gain additional points in the performance score (worth **90%** of the ACI/PI score) by reporting up to 9 additional measures (available measures depend on which CEHRT edition you use)

- Each measure is worth up to 10% of the performance score
- Points are earned based strictly on percentile: numerator/denominator gives percentile score

There are additional bonus points (up to **10%** of the ACI/PI score) available for the following:

- Reporting to at least one public health agency or clinical data registry
- Some additional Improvement Activities qualify for ACI bonus
- Using only 2015 CEHRT

It is possible to earn up to 165% in ACI/PI but any score over 100% is capped at 100%

- **Example:** you report “yes” to the security risk analysis and greater than 1 in the numerator for the base measures: 50% earned
 - Each of the performance measures is out of 10 possible percentage points: for your 100 patients, you report 85 had Patient-Specific Education=85/100=85 Performance rate=9% points out of 10% possible
 - You report 8 of the 9 measures, earning 70%
 - You use only the 2015 CEHRT Edition: an additional 10%
 - 50%+70%+10%=130%, capped at 100%
 - Percent x 0.25 (Advancing Care Information Performance Category weight)=25 points

Cost: Will be automatically calculated by CMS on two measures:

- Medicare Spending per Beneficiary
- Total per Capita Cost
- Originally proposed to use 10 episode-based measures but for 2018 performance year, these will not be used

A mid-year performance review will be available to evaluate how you are doing in Cost

Final MIPS Score: Based on the example above, you earn 19.5 points (Quality)+15 points (IA)+25 points (ACI)+8 points (Cost)=**67.5 points**

The new scoring system is as follows:

- 0-3.75 points: negative adjustment of 5%
- 3.76-14.99 points: negative adjustment of less than 5% but greater than 0%
- 15.00-70.00 points: positive adjustment of greater than 0% but less than 5%
- 70.01+ points: positive adjustment of 5% plus possible bonus adjustment of 0.5%

So your score qualified you for a **positive payment adjustment** less than 5%

Additional bonus points can be added to the Final Score for Complex Patients (up to 5 bonus points)

