



2018 MIPS

Quality Performance Category



REQUIREMENTS

- 6 Quality Measures: One of the 6 must be an Outcome (if available for specialty) or High Priority Measure (Appropriate Use, Patient Safety, Efficiency, Patient Experience, Care Coordination)
- Performance Period is for 12 months

SUBMISSION MECHANISMS

Must use ONE submission mechanism:

- **Individual EC** reporting: QCDR, Qualified Registry, EHR, Claims
- **Group/Virtual Group** reporting: QCDR, Qualified Registry, EHR, CMS Web Interface (groups of 25 or more)

SCORING

- 50% of the ECs Final Score
- Each measure will be scored on a scale from 1-10 or 1-7 for Topped Out measures if the following criteria is met: Data Completeness, Case Volume and measure Benchmark.

Data Completeness is 60%

Failure to meet data completeness on a quality measure:

1. Large Practice receives 1 point for the measure
2. Small Practice receives 3 points for the measure

Case Volume = 20 Cases

Failure to meet case volume but data completeness is met on a quality measure:

1. Practice of any size receives 3 points for the measure

Benchmark: If there is NO benchmark for the quality measure but data completeness is met:

1. Practice of any size receives 3 points for the measure

- Bonus Points:

- 2 Points for each additional Outcome measure reported
- 1 Point for each additional High Priority measure reported
- 1 Point for each measure submitted thru EHR reporting

- Improvement Scoring:

- Will be based on the rate of improvement such that higher improvement results in more points for those who have not previously performed well.
- Improvement will be measured at the performance category level.
- Up to 10 percentage points available.