



MIPS Year 2 (2018)

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

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:
 Large Practice receives 1 point for the measure
 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:
 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:
 Practice of any size receives 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.

Submission Mechanisms

Select one mechanism to report quality measures through.

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