

How to Improve Your Quality Measure Scores

With a little over three months left in the QPP 2018 performance period, it is a good time to review your quality measure data and get tips on how to improve your scores. As a quick refresher, clinicians and groups must submit data on at least six quality measures that cover the entire 12-month performance period (January 1, 2018 through December 31, 2018) to receive the maximum amount of points in the Quality performance category. One of the six measures must be an outcome measure or another high-priority measure in the absence of an applicable outcome measure. Each quality measure is given a score between 1 and 10 points based on how your performance compares against national benchmarks. Small practices who submit individual measure data for the entire 12-month performance period will automatically receive 3 points per measure in the Quality performance category, even if they do not meet data completeness requirements. In 2018, there are a number of ways that clinicians and groups can receive additional points towards their Quality category score. Similar to last year, clinicians and groups are eligible to receive bonus points for reporting additional high-priority measures and outcome measures, and by submitting measures electronically using certified EHR technology (CEHRT). As a new feature of MIPS in 2018, clinicians and groups can earn up to 10 percentage points in the Quality performance category based on their rate of improvement from 2017 to 2018.¹ The graphic below explains how the percentage points for improvement are calculated.



*Total Available Measure Achievement Points = the number of required measures x 10

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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor. Questions or suggestions about the newsletter can be sent to

If you have questions about calculating your Quality category score or desire assistance in identifying areas for improvement, please reach out to your region’s Technical Assistance Contractor for **FREE** support. Not only are the Technical Assistance Contractors standing by to assist you with all of your questions regarding the Quality category, many of the them have developed their own interactive benchmark reports and [MIPS score calculators](#) that can be helpful towards your efforts!

¹ For more information on Improvement Scoring, please review to the [Bonus Overview Fact Sheet](#).

New CMS 2017 Performance Feedback and Targeted Review Video Demonstrations

The Centers for Medicare & Medicaid Services (CMS) has released new instructional videos to help providers understand how to access their 2017 MIPS Performance feedback. The videos are tailored for practices based on whether they reported as an individual, a group, an Alternative Payment Model (APM), or a voluntary participant in 2017. CMS has also released a video showing participants how to request a targeted review if they believe their 2017 MIPS final score or payment adjustment has an error.

CMS Performance Feedback Instructional videos:

[How to Access Performance Feedback for APM Entities](#)

[How to Access Performance Feedback for Individuals](#)

[How to Access Performance Feedback for Voluntary Submitters](#)

[How to Request a Targeted Review](#)

Reminder: Make sure your EIDM account stays active in the coming months!

If it has been more than 180 days since you have logged into your EIDM account, it may have deactivated. To reactivate your account, please call the Open Payments Help Desk at 1-855-326-8366. Your EIDM credentials are essential to accessing your 2017 MIPS Final Score Performance Feedback, requesting a Targeted Review, and reporting your 2018 MIPS data beginning in January 2019. For information on account reactivation, please see the EIDM Registration Guide: <https://www.cms.gov/OpenPayments/Downloads/Quick-Reference-Guide-Enterprise-Identity-Management-System-Registration.pdf>

WEBSITES

Centers for
Medicare and
Medicaid Services
[cms.gov](https://www.cms.gov)

Quality Payment
Program
qpp.cms.gov

Healthcare
Communities
healthcarecommunities.org

For **FREE** assistance
funded by CMS,
clinicians in small
practices can contact
their **Direct Support
Organization**
qpp.cms.gov/about/small-underserved-rural-practices

CONTACT US

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Support Team
(202) 774-1060
qppsurs@impagint.com

CMS QPP Service Desk
1 (866) 288-8292
1 (877) 715-6222 (TTY)
qpp@cms.hhs.gov

2018 Hardship Exception Application Now Available!

The hardship exception applications for the **Promoting Interoperability (PI)** performance category and the **Extreme and Uncontrollable Circumstances** are now available on the Quality Payment Program website (qpp.cms.gov).

Promoting Interoperability Hardship Exception:

To be considered for the PI exception, you must select one of the following specified reasons for review and approval:

- You are a MIPS-eligible clinician in a small practice
- You are a MIPS-eligible clinician using decertified EHR technology
- You have insufficient Internet connectivity
- Other extreme and uncontrollable circumstances
- Lack of control over the availability of certified electronic health record technology (CEHRT)

If your application for the PI hardship exception is approved, you will not be required to submit data for the PI category. Instead, the 25% original weighting of the Promoting Interoperability category will be reallocated to the Quality performance category, making the Quality category worth 75% of your final MIPS score.

Extreme and Uncontrollable Circumstances Hardship Exception:

To qualify for the Extreme and Uncontrollable Circumstances exception, you must indicate in your application the circumstances that affected your ability to collect and submit data. CMS defines extreme and uncontrollable circumstances as “rare events (highly unlikely to occur in a given year) entirely outside your control and the facility in which you practice.” For more information on both exceptions and links to applications, see the following link: <https://qpp.cms.gov/mips/exception-applications>

Both hardship applications must be submitted by **December 31, 2018**. For more information, see the [2018 Hardship Exceptions Frequently Asked Questions](#).

Breaking down the 2018 Promoting Interoperability (PI) Performance Category Score

The Promoting Interoperability (PI) performance category score comprises 25% of the final MIPS score for the 2018 performance period. The goal of this performance category is to promote the electronic exchange of patient information using certified EHR technology (CEHRT). You must meet the requirements of all the base score measures to earn the 50% base score. If you don't meet the base score requirements, you'll get a base score of 0 and a Promoting Interoperability performance score of 0.

To gain points in the PI category, clinicians will have to submit one of two available Objectives and Measures sets:

- 1) PI Objectives and Measures
- 2) PI Transition Objectives and Measures

There are two measure set options for reporting. The option you use is dependent on your certified EHR Edition, either the 2014 Edition or the 2015 Edition. For further information, visit the [Promoting Interoperability Requirements](#). Clinicians or groups that report the PI Objectives and Measures using 2015 edition CEHRT exclusively will receive a 10% bonus to their PI score, and will be better prepared for the required exclusive use of 2015 CEHRT for the QPP 2019 performance period.

The overall PI performance category score is the sum of three different sub-scores: 1) the Required Base score (50%), 2) the Performance score (up to 90%), and 3) the Bonus score (up to 25%).²

Base Score:

To receive the 50% base score, a provider must submit a “**yes**” for the Security Risk Analysis measure, and **at least a 1** in the numerator for the rest of the base measures (in either the PI Transition Objectives and Measures set or the PI Objectives and Measures set), unless you qualify for and claim the exclusion for the E-Prescribing measure or Health Information Exchange measure(s). Data must be collected on these measures for 90 consecutive days or more during 2018. If these base score requirements are not met, it will result in a score of 0 for the overall PI performance category.

The four base score measures for the PI Transition Objectives and Measures Set are:

1. Security Risk Analysis
2. e-Prescribing*
3. Provide Patient Access
4. Health Information Exchange*

Reminder: Start collecting data now to meet 90-day reporting requirements!

The reporting period for the Promoting Interoperability and Improvement Activity performance categories is a minimum of 90 consecutive days. If you are planning on reporting data for these two categories and haven't started your data collection and reporting, make sure to start by **October 3, 2018!**

² For scoring in the PI performance category, a maximum score of up to **165%** may be earned, but any score above 100% will be capped at **100%**.

The five base score measures for the PI Objectives and Measures Set are:

1. Security Risk Analysis
2. e-Prescribing*
3. Provide Patient Access
4. Send a Summary of Care*
5. Request/Accept Summary of Care*

*Some base score measures are also performance score measures, so you'll be able to earn a performance score that adds to the base score for submitting these measures. Click here for more information: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Promoting-Interoperability-Fact-Sheet.pdf>.

Additionally, providers must submit a "yes" to the Prevention of Information Blocking Attestation and the ONC Direct Review Attestation in order to meet the minimum PI requirements.

Performance Score:

After meeting the base score requirements, providers can report additional measures to increase their PI performance score. The potential total performance score is 90%.

For details on how your PI performance score is calculated, please see the CMS 2018 Promoting Interoperability Fact Sheet: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Promoting-Interoperability-Fact-Sheet.pdf>

Bonus Score:

Up to 25% in bonus percentage points can be earned by:

- Reporting "yes" to one or more additional public health and clinical data registry reporting measures or one of the public health reporting measures beyond the one reported for the performance score; this will result in a 5% bonus. Like the performance score measure, groups can claim this as long as one MIPS eligible clinician in the group is actively working with a public health agency or clinical data registry that's different from the entity reported for the performance score registry measure.
- Reporting "yes" to the completion of at least one of the specified Improvement Activities using CEHRT and attesting to having completed the qualifying activity in the Improvement Activities performance category; this will result in a 10% bonus.
- Reporting exclusively from the PI Objectives and Measures set using only 2015 edition CEHRT; this will result in a 10% bonus.

For more details on how the MIPS PI performance category is scored, click here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Promoting-Interoperability-Fact-Sheet.pdf>

Frequently Asked Questions

1. How do we avoid a penalty if we do not use an EHR?

To avoid the penalty, you have to earn a MIPS score of at least 15 points. You can meet the minimum threshold by collecting and submitting data in the Quality and Improvement Activities performance categories. Quality measures can be reported via claims or qualified registry and improvement activities via attestation. Small practices should keep in mind that they do not have to meet the data completeness criteria—they can still earn 3 points per quality measure for submitting data even if they do not report data on 60% of their patient population. Additionally, practices can apply for the PI Hardship Exception to have the PI category reweighted to zero. If approved, the 25% PI weight will be applied to the quality performance category, making the quality category worth 75% of the final MIPS score. Finally, CMS awards 5 bonus points to the final MIPS score of small practices, which could also help small practices reach the 15-point minimum threshold.

2. If we file claims with the measure, do we still need to create an account with MIPS?

You do not need to create and use an EIDM account to submit quality measures via claims, as your normal Part B claims billing process is used to report MIPS quality measures via claims. However, to view any performance feedback (quality performance category or otherwise), you will need to obtain a CM EIDM account. (See “Create an EIDM Account” in the Resources Section.)

3. If we have providers that are exempt from attesting this year, are they still exempt even if we decide to attest as a group instead of as individuals?

If you report as a group, you must include the information for all the providers in that group, including those providers who are exempt at the individual level.

Monthly Observance: National Hispanic Heritage Month

National Hispanic Heritage Month begins on September 15, 2018 and goes through October 15, 2018. Hispanics and Latinos are the largest ethnic minority in the country, but there are significant healthcare disparities in this population compared to non-Hispanic whites. According to the Centers for Disease Control and Prevention (CDC), Hispanics and Latinos are 50% more likely to die from diabetes or liver disease, 22% less likely to have controlled high blood pressure, and three times more likely to be uninsured than non-Hispanic whites.

To help address the healthcare needs for your Hispanic and Latino patients, consider reporting on quality measures related to higher-need areas such as high blood pressure, obesity, and diabetes. Example quality measures include diabetic foot exams, eye exams, and hemoglobin A1c control, blood pressure management, and weight assessment and counseling for obesity.

You can find links to all 2018 MIPS quality measures here: <https://qpp.cms.gov/mips/explore-measures/quality-measures>. For additional information on National Hispanic Heritage Month, click here: <https://www.hispanicheritagemonth.org/>.

Upcoming Events

INFORMATION REGARDING UPCOMING EVENTS, ALONG WITH REGISTRATION INFORMATION, CAN BE FOUND BELOW:



October 2018 LAN Webinar: Submitting your 2018 MIPS Data: Advice for Solo and Small Group Practices

Date: **Tuesday, October 16, 2018** 3:30pm to 4:30pm ET, Register here: https://qppsurs.adobeconnect.com/esvnddyixqhx/event/event_info.html

Date: **Thursday, October 18, 2018** 11:00am to 12:00pm ET, Register here: https://qppsurs.adobeconnect.com/eu63117i95dy/event/event_info.html

November 2018 LAN Webinar: Overview of the 2019 Final Rule: Implications for Solo and Small Group Practices

Date: **Tuesday, November 13, 2018** 11:00 am to 12:00pm ET, Register here: https://qppsurs.adobeconnect.com/e3hr7jkj0ij/event/event_info.html

Date: **Thursday, November 15, 2018** 3:30pm to 4:30pm ET, Register here: https://qppsurs.adobeconnect.com/ehgo8f72fwon/event/event_info.html

Additional Upcoming Events and Links to Past Events

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

Past QPP SURS events are listed here: <https://qppsurs.wordpress.com/resources/>