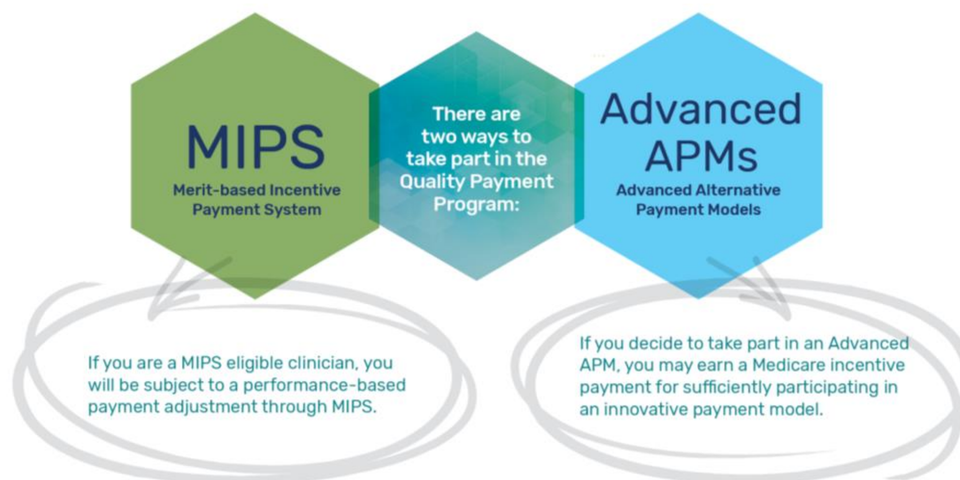
Quality Payment
PROGRAM

2019 Merit-based Incentive Payment Program (MIPS) Facility-Based Measurement Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. By law, MACRA requires the Centers for Medicare & Medicaid Services (CMS) to implement an incentive program, referred to as the Quality Payment Program (QPP), which provides two participation tracks for clinicians:



This fact sheet describes the process used to assess performance at the facility level for select MIPS eligible clinicians, groups, and virtual groups whose primary healthcare responsibilities take place in hospital settings. The 2019 MIPS performance year, which affects clinicians' Physician Fee Schedule payments during 2021, is the first year that CMS will apply facility-based measurement.

Our goal for measuring performance at the facility level is to reduce reporting burden for MIPS eligible clinicians who are facility-based. During the 2019 MIPS performance year, we will give MIPS eligible clinicians who are facility-based and working primarily in hospital settings, an opportunity for their Quality and Cost performance category scores to be based on a hospital's performance under the Hospital Value-based Purchasing (VBP) Program. As value-based programs across different health care settings become more widespread, we will consider expanding this opportunity to other facility types and programs, as appropriate, in the future.

This fact sheet will address the following questions:

- ✓ How will CMS determine who is facility-based?
- ✓ What are the data submission requirements for clinicians who are determined to be facility-based?
- ✓ How does this impact Quality and Cost performance category scores?
- ✓ Will there be an opportunity to preview whether you are facility-based?

How Will CMS Determine Who Is Facility-based?

For the 2019 MIPS performance year, the determination period for facility-based measurement is based on Medicare Part B claims billed by clinicians between October 1, 2017 and September 30, 2018 (including a 30-day claims run out). You will be identified as facility-based on the QPP Participation Status lookup tool if you are a MIPS eligible clinician type and meet all of the following criteria:

1. **You billed at least 75 percent of your covered professional services in a hospital setting.**

   For individual MIPS eligible clinicians that submitted covered professional service claims during the determination period using the same Taxpayer Identification Number (TIN)/ National Provider Identifier (NPI) combination, at least 75 percent of claims were billed at places of service indicating a hospital setting: (1) inpatient hospital (POS = 21); (2) on-campus outpatient hospital (POS= 22); or (3) emergency room (POS=23).

2. **You billed at least one service in an inpatient hospital or emergency room.**

   For individual MIPS eligible clinicians who exceed the 75 percent threshold in criterion 1 using the same TIN/NPI combination, at least one claim billed during the determination period is at an inpatient hospital (POS = 21) or emergency room (POS=23).

3. **You can be attributed to a facility with a Hospital VBP score.**

   We attribute individual MIPS eligible clinicians to a hospital in which they provided services to the greatest number of Medicare beneficiaries during the determination period using the same TIN/NPI combination. Therefore, a MIPS eligible clinician that only provided services to Medicare beneficiaries at one hospital would be attributed to that hospital. A Hospital VBP score at the attributed hospital must exist to consider the TIN-NPI as facility-based.[1] In instances where an individual MIPS eligible clinician treated an equal number of Medicare beneficiaries at more than one hospital, we will attribute the individual MIPS eligible clinician to the hospital with the highest performance score.

We will also identify facility-based groups and virtual groups, in which 75 percent or more of the MIPS eligible clinicians (as identified by their individual NPIs) in a group (NPIs billing under the group's TIN) or virtual group are deemed facility-based. We will attribute clinicians in groups and virtual groups to the hospital at which the plurality of clinicians in the group or virtual group were attributed as individuals.

We will not apply facility-based measurement to MIPS APM participants at this time.

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[1] This criterion is particularly relevant to hospitals in the state of Maryland where CMS has exempted the state from having to participate in the Hospital VBP program.

What are the Data Submission Requirements for Clinicians Who are Determined to be Facility-based?

We will automatically apply facility-based measurement to the Quality and Cost performance category scores if MIPS eligible clinicians, groups, and virtual groups are determined to be facility-based. Therefore, clinicians, groups, and virtual groups do not need to opt in or submit data for the Quality performance category to be considered for facility-based measurement.

Clinicians in a virtual group would have already formed and elected to participate in MIPS as a virtual group prior to the 2019 MIPS performance period. Therefore, if a virtual group is eligible for facility-based measurement, there are no additional data submission requirements. However, we won't score MIPS eligible clinicians at the group level unless data is submitted as a group. By submitting data as a group in the Quality, Improvement Activities and/or Promoting Interoperability performance categories, we can identify MIPS eligible clinicians with an intent to be scored as a group and facility-based measurement will be applied at the group level.

To give MIPS eligible clinicians the greatest opportunity for success, if a clinician who is facility-based decides to submit data for the Quality performance category as an individual, group, or virtual group, we will only apply facility-based measurement if the combined facility-based Quality and Cost performance scores are higher than the combined MIPS Quality and Cost performance category scores received through another MIPS submission.

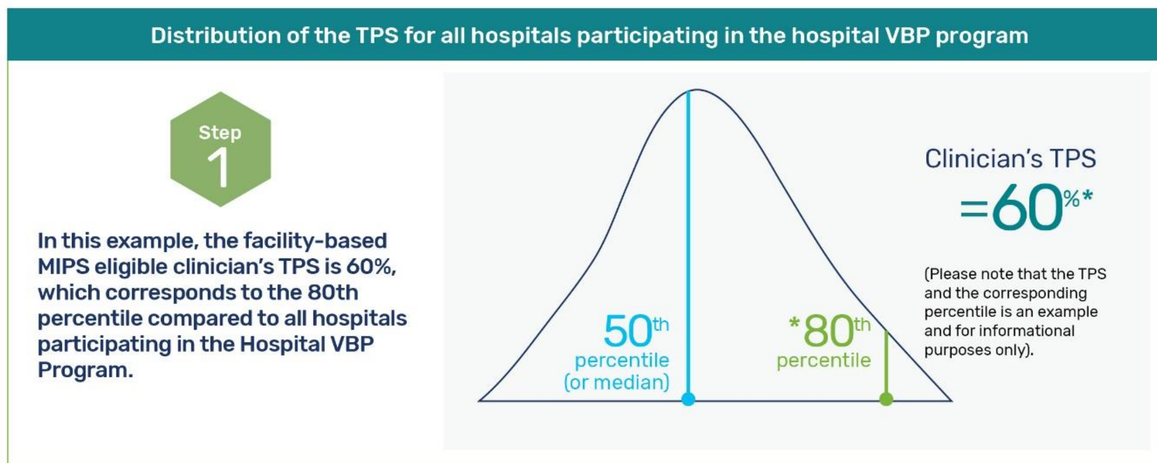
How Does this Impact Quality and Cost Performance Category Scores?

For individual MIPS eligible clinicians, groups, and virtual groups who are determined to be facility-based, we will incorporate all measures used in the Hospital VBP Program, for the program year specified, to calculate the Quality and Cost performance category scores. Specifically, for the 2019 MIPS performance year, we calculate the facility-based Quality and Cost performance category scores based on the Total Performance Score (TPS) calculated under the Hospital VBP Program during FY2020.

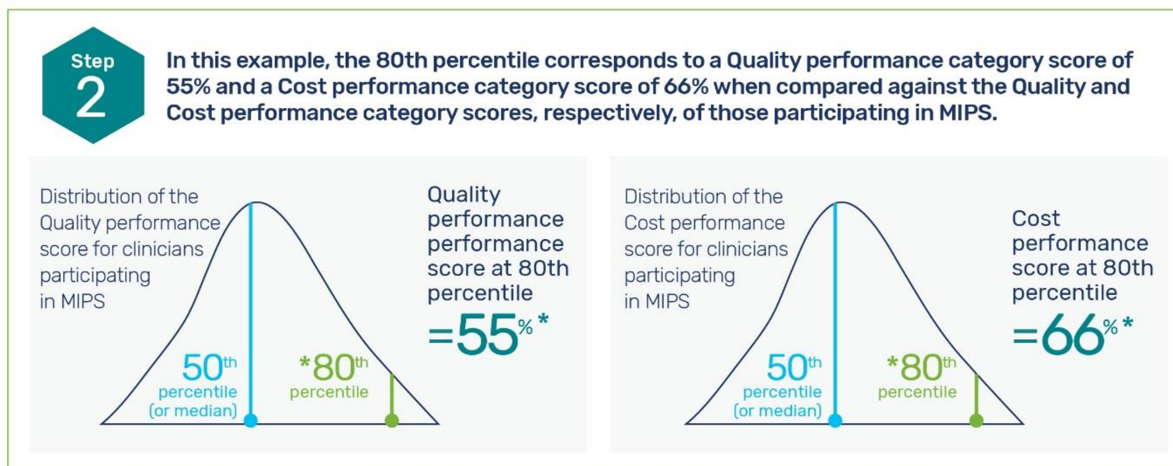
The list of measures we include to calculate the hospital TPS during the FY 2020 is listed in Table 1, below. For additional information on the Hospital VBP Program and the measures methodologies, please refer to: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Hospital-Value-Based-Purchasing-.html.

The TPS is calculated for hospitals participating in the Hospital VBP program. Therefore, the TPS must be translated into a MIPS program-specific score where the Quality and Cost performance scores for facility-based MIPS eligible clinicians, groups, and virtual groups are comparable to others participating in MIPS. We use a two-step process to calculate the Quality and Cost performance category scores for facility-based MIPS eligible clinicians, groups, or virtual groups:

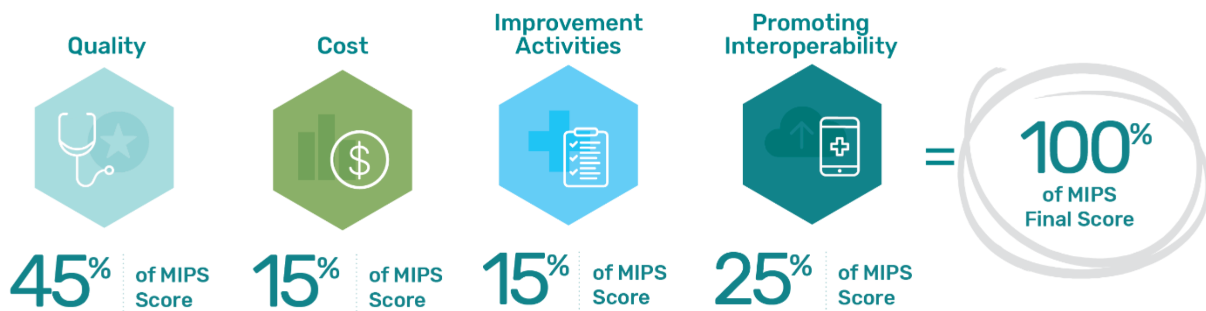
Step 1: Establish percentile performance compared to hospitals participating in the Hospital VBP Program. We will use the TPS at the hospital to which the MIPS eligible clinician, group, or virtual group was attributed Therefore, there will be one TPS assigned to each facility-based MIPS eligible clinician, group, or virtual group. Using the TPS, we will compare the facility-based MIPS eligible clinician, group, or virtual group's TPS to that of all other hospitals participating under the Hospital VBP Program during the corresponding performance year to establish the corresponding percentile.



Step 2: **Calculate the performance score for the MIPS Quality and Cost performance categories.** Once the MIPS eligible clinician, group, or virtual group's TPS percentile performance is established, we will award a Quality and Cost performance score associated with the same percentile performance under MIPS. That is, using the percentile performance established in Step 1, we will determine the corresponding facility-based Quality or Cost performance category score compared against the MIPS Quality and Cost performance category scores.



The Quality and Cost performance category scores that are established for facility-based MIPS eligible clinicians, groups, or virtual groups will be incorporated into the MIPS Final Score in the same manner as those that were not facility-based. We will multiply the final Quality and Cost performance category percent scores by the weights assigned to each performance category to calculate the total contribution of the Quality and Cost performance categories to the MIPS Final Score. Same as MIPS eligible clinicians, groups, and virtual groups that are not facility based, we will apply MIPS scoring rules for special statuses and approved exceptions.



Please note that improvement points will not apply to MIPS eligible clinicians, groups, and virtual groups receiving facility-based performance scores because the Hospital VBP program already incorporates improvement into the TPS from which the facility-based measures are derived. Therefore, we will not be applying improvement points in the Quality performance category to MIPS eligible clinicians, groups, and virtual groups that were facility-based for the first year.

Will There be an Opportunity to Preview What Facility-based Measurement Looks Like?

In early 2019, we will provide a facility-based preview period using data available from the FY2019 Hospital VBP program. This preview period will be applicable for MIPS eligible clinicians and groups who are eligible for facility-based measurement for the 2019 MIPS performance year. We also intend to display the hospital to which they are attributed. For clinician eligible for facility-based measurement, the preview period will enable you to determine if additional Quality data submission is necessary.

Where Can I Learn More?

If you have questions about the HVBP Program, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715- 6222), available Monday through Friday, 7:00 AM-7:00 p.m. CT or email at qnetsupport@hcqis.org.

If you have questions about MIPS, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 p.m. ET or email at QPP@cms.hhs.gov.

Technical Assistance

We provide no cost technical assistance based on your practice size and location to help you successfully participate in the Quality Payment Program. To learn more about this support, or to connect with your local technical assistance organization, we encourage you to visit our Help and Support page on the Quality Payment Program website.

Table 1. FY2020 Hospital VBP Measures

Abbreviated Measure Name (NQF Number)	Measure Name	Measure Domain	Period of Performance
HCAHPS (0228)	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (including Care Transition Measure)	Person and Community Engagement	1/1/2018–12/31/2018
MORT-30-AMI (0230)	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	Clinical Outcomes	7/1/2015-6/30/2018
MORT-30-HF (0229)	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization	Clinical Outcomes	7/1/2015-6/30/2018
MORT-30-PN (0468)	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization.	Clinical Outcomes	7/1/2015-6/30/2018
THA/TKA (1550)	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Clinical Outcomes	7/1/2015-6/30/2018
CAUTI (0138)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Safety	1/1/2018 – 12/31/2018
CLABSI (0139)	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	Safety	1/1/2018 – 12/31/2018
Colon and Abdominal Hysterectomy SSI (0753)	American College of Surgeons—Centers for Disease Control and Prevention (ACS–CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure.	Safety	1/1/2018 – 12/31/2018
MRSA Bacteremia (1716)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcusaureus* (MRSA) Bacteremia Outcome Measure	Safety	1/1/2018 – 12/31/2018
CDI (1717)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure	Safety	1/1/2018 – 12/31/2018
PC-01 (0469)	Elective Delivery	Safety	1/1/2018 – 12/31/2018
MPSB (2158)	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Efficiency and Cost	1/1/2018 – 12/31/2018