



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
*CENTERS FOR MEDICARE & MEDICAID SERVICES*

**Great Plains**



Quality Innovation Network

# MIPS Quality Category

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**Holly Arends, CMQP, CHSP**

**Program Manager**

**Great Plains QIN**





# MIPS Categories

## MIPS Performance Categories for Year 2 (2018)



# MIPS Category Reporting Periods

## Transition Year 1 (2017) Final

Performance Category	Minimum Performance Period
 Quality	90-days minimum; full year (12 months) was an option
 Cost	Not included. 12-months for feedback only.
 Improvement Activities	90-days
 Advancing Care Information	90-days



## Year 2 (2018) Final

Performance Category	Minimum Performance Period
 Quality	12-months
 Cost	12-months
 Improvement Activities	90-days
 Promoting Interoperability	90-days

# APM Categories

- Performance Period: Jan 1-Dec 31, 2018
  - Quality 50%
    - Reported through APM reporting
    - Pre-defined measure set
  - Cost 0%
    - Reported through APM reporting
  - Promoting Interoperability 30%
    - Min 90 days
    - Reported through QPP Portal
  - Improvement Activities 20%
    - Min 90 days
    - Participation in an APM gets full credit

# MIPS-Quality Category

- **50%** of MIPS final score
- 270+ measures, QCDRs have other reportable measures
- Six (6) Quality measures (or complete specialty measure set)
  - 1 Outcome or High Priority Measure

# Measure Changes

- Tobacco Use: Screening and Cessation Intervention
  - Now 3 rates instead of 1
- BMI Screening and Follow up Plan:
  - Decreased BMI Measurement frequency from 6 mos. to 12 mos.
- Influenza Immunization
  - Removed 2 visit requirement for inclusion in denominator
- Use of High Risk Meds in the Elderly
  - Rate B changed from two different medications to two instances of the same medication
- Closing the Referral Loop: Receipt of Specialist Report
  - Added option to report via registry

# Topped Out Measures

Capped at 7 points

- QM ID 21—Perioperative Care: Selection of Prophylactic Antibiotic-First or Second Gen Cephalosporin
- QM ID 224—Melanoma: Overutilization of Imaging Studies in Melanoma
- QM ID 23—Perioperative Care: VTE Prophylaxis
- QM ID 262—Image Confirmation of Successful Excision of Image-Localized Breast Lesion
- QM ID 359—Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for CT Imaging
- QM ID 52—COPD: Inhaled Bronchodilator Therapy

# Data Completeness

- QCDR/Qualified Registry/EHR
  - Report at least **60%** of all payer patients or visits that qualify for the measure denominator
- Claims
  - Report at least **60%** of Medicare patients or visits
- CMS Web Interface and CAHPS for MIPS
  - Reporting requirement of at least **248** Medicare patients randomly selected by CMS



# Quality Benchmarks

- Specific to submission method
- Scored by decile ranking
- Multi stratum measures
  - Average or weighted average
- No benchmark or not meet case minimum (denominator of 20)
  - 3 points

# Quality Category Improvement Scoring

- Possible to earn up to 10 percentage points based on rate of improvement
- HOW?
  - Have a Quality category % score in both 2018 and 2017
  - Participate fully in Quality category in 2018
  - Submit data under the same identifier (many scenarios allowed) for 2 performance periods
  - Scoring Example:
    - 2017 Quality Category Score = 25 points/60 points = 42%
    - 2018 Quality Category Score = 33 points/60 points = 55%
    - Increase from 2017 to 2018 = 13 percentage points
    - Improvement percent score =  $(13\%/42\%)*10 = 3.1\%$ , which will be added to the 2018 Quality category % score (58.1%)

# 30-Day All-Cause Hospital Readmission Measure

- Added to Quality Category
  - Groups and Virtual Groups with 16+ clinicians
    - Minimum 200 patients that meet measure specifications
- *Risk-standardized readmission rate for beneficiaries 65 or older who were hospitalized and experienced an unplanned readmission for any cause to a nonfederal, short-stay acute-care hospital or CAH within 30 days of discharge.*
- Administrative Claims (Parts A & B)

# Quality Category Bonus Points

- End-to-End reporting = 1 bonus point per measure
- Additional high priority measure submitted = 1 bonus point for each
- Additional outcome measure submitted = 2 bonus points for each

# Thank you for attending!

**Mark your calendars for the next QPP Power Hour Webinar**

**When:** Wednesday, June 20, 2018, @ 12 noon CT

**Topic:** Promoting Interoperability Category

**Register:** [bit.ly/62018MIPS](http://bit.ly/62018MIPS)

Visit the Great Plains Quality Innovation Network website for resources and contact information.

<http://greatplainsqin.org/initiatives/qpp/>