

## 2018 Other MIPS APM Quality Performance Category

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) streamlines a patchwork collection of programs into a single quality payment program that rewards doctors and other clinicians for better care. There are two paths in this program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (Advanced APMs)

In the Advanced APM track of the Quality Payment Program, you can earn incentives for achieving threshold levels of payments or patients through Advanced APMs. If you achieve these thresholds, you are excluded from the MIPS reporting requirements and payment adjustment. If you're in a specific type of APM called a "MIPS APM" and you don't achieve the threshold to be excluded from MIPS, you may be scored using a special APM scoring standard. The APM scoring standard is designed to account for activities already required by the APM. For example, the APM scoring standard eliminates the need for MIPS clinicians to duplicate submission of Quality and Improvement Activity performance category data and allows them to focus instead on the goals of the APM.

Under MIPS, there are four performance categories that may affect your final score, and the MIPS payment adjustment that applies to Medicare payments in the payment year:

- Quality;
- Cost;
- Improvement activities; and
- Promoting interoperability (formerly Advancing Care Information).

This paper presents the scoring methodology for the quality performance category for MIPS eligible clinicians in certain APMs under MIPS. Specifically, it addresses the APM scoring standard pertaining to the Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model, the Comprehensive Primary Care Plus (CPC+) Model, and the Oncology Care Model (OCM), collectively referred to as "Other MIPS APMs" in 2018. Information on the quality scoring methodology for MIPS eligible clinicians in APM entities that submit data via the CMS Web Interface is provided separately.

### Performance Period under the APM Scoring Standard

The MIPS performance period applies for the APM scoring standard. For the 2018 performance year, which corresponds to the 2020 payment year, the APM scoring standard performance period for the quality performance category is Calendar Year (CY) 2018 (January 1, 2018, through December 31, 2018). For the Promoting Interoperability and Improvement Activities



performance categories, the 2018 performance period is a minimum of a continuous 90-day period within CY 2018, up to and including the full CY 2018.<sup>1</sup>

## **APM Performance Categories and Weights**

The performance category weights used to calculate the MIPS final score under the APM scoring standard for an APM Entity group for the 2018 performance period are as follows:

- (1) Quality: 50 percent;
- (2) Cost: 0 percent;
- (3) Improvement activities: 20 percent; and
- (4) Promoting interoperability: 30 percent.

However, if CMS determines there are not sufficient measures applicable and available to MIPS eligible clinicians in the quality performance category, the performance categories will be weighted as follows:

- (1) Quality performance category is reweighted to 0 percent;
- (2) Improvement activities performance category will remain at 25 percent; and
- (3) Promoting interoperability performance category is reweighted to 75 percent.

On the other hand, if the MIPS eligible clinicians in an APM Entity group qualify for a zero percent weighting for the Promoting Interoperability performance category, then the performance categories will be weighted as follows:

- (1) Quality performance category is reweighted to 80 percent; and
- (2) Improvement activities performance category will remain at 20 percent.

## **APM Scoring Standard for Other MIPS APMs**

In the CY 2018 Quality Payment Program Final Rule, the APM scoring standard for the quality performance category has three scoring concepts: (1) quality measures achievement points, scored according to performance against a benchmark; (2) quality measures bonus points; and (3) quality improvement score if applicable.

### **Achievement Points**

For a quality measure to be scored under the APM scoring standard, it must meet all the following criteria:

- (1) Be tied to payment<sup>2</sup>;
- (2) Be available for scoring<sup>3</sup>;
- (3) Have a minimum of 20 cases available for reporting; and

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<sup>1</sup> 42 C.F.R. § 414.1370(c) 2017; *see id.* § 414.1320(b)

<sup>2</sup> Only pay-for-performance measures from the APM entity would be eligible for APM scoring; pay-for-reporting measures will not be scored.

<sup>3</sup> Measures that are available for scoring are those that have been submitted by the close of the MIPS submission period and have been processed and made available to MIPS for scoring in time to calculate a MIPS quality performance category score.

(4) Have an available benchmark.

If any of the above conditions are not met for a given measure, the APM Entity that reported the measure will receive a null score for that measure's achievement points, and the measure will be removed from both the numerator and the denominator of the quality performance category percentage.

The minimum number of required measures to be reported will be the minimum number of quality measures that is available for scoring up to the minimum number of measures that are required under the terms of the APM. If an APM Entity reports fewer quality measures than the minimum number required by the corresponding MIPS APM, then that APM Entity will receive a zero for those unreported measures. On the other hand, if an APM Entity reports more than the minimum, and those additional measures meet the criteria for scoring, only the measures with the highest scores will be scored, up to the number of measures required to be reported under the MIPS APM.

Under the APM scoring standard, CMS will use the benchmarks for each measure based on the APM's own established benchmarks. If the APM does not produce a set of benchmark scores for a reportable measure, CMS will use the MIPS benchmarks, provided the measure specifications are the same under both the MIPS final list and the APM measures list. If neither the APM nor MIPS has a set of benchmarks scores available for a reported measure, then the measure would be "disqualified" and removed from both the numerator and the denominator of the quality performance category percentage.

Quality measure benchmarks are defined as decile breakpoints in the performance rating distribution for a given measure, MIPS APM, performance year, and even by submission mechanism. Thus, a given set of benchmarks will be distinct to the combination of measure, MIPS APM, performance year, and submission mechanism.

### **Bonus Points in the Quality Performance Category**

Quality measure bonus points are available in the quality performance category in two ways:

(1) High-priority measures. High-priority measures are defined as outcome, appropriate use, patient safety, efficiency, patient experience, and care coordination measures. Measure bonus points are not available for the first reported outcome measure, which is required to be reported. Outcome and patient experience measures receive two measure bonus points. Other high-priority measures receive one measure bonus point. Note that if no outcome measures are available, then one high-priority measure is required, and thus one bonus point will be awarded for each additional high-priority measure reported beyond the first required high-priority measure.

- To qualify for measure bonus points, each measure must:
  - Be reported with sufficient case volume to meet the required case minimum,
  - Meet the required data completeness criteria, and

- Not have a zero percent performance rate.<sup>4</sup>

Measure bonus points may be included in the calculation of the quality performance category percent score regardless of whether the measure is included in the calculation of the total measure achievement point. However, measure bonus points for high-priority measures cannot exceed 10 percent of the total available measure achievement points for the 2019 and 2020 MIPS payment years.

(2) Certified EHR Technology (CEHRT) bonus points. One measure bonus point is also available for each measure submitted with end-to-end electronic reporting for a quality measure under certain criteria determined by the Secretary. Bonus points cannot exceed 10 percent of the total available measure achievement points for the 2019 and 2020 MIPS payment years (2017 and 2018 performance years, respectively). If the same measure is submitted via two or more submission mechanisms, the measure will receive measure bonus points only once for the measure beginning in the 2021 MIPS payment year.

Any bonus points earned by an APM Entity reporting on measures beyond the minimum number of measures required by the model will still be awarded, subject to the limitations discussed above, even if the measure may not be scored for achievement points.

## Quality Improvement Score

CMS will calculate a quality improvement score for the APM Entity group beginning in 2018.<sup>5</sup> The improvement percent score is assessed at the performance category level for the quality performance category.<sup>6</sup> To be eligible for the quality improvement score, data must be comparable to meet the requirement of data sufficiency, which means the following:

- The quality performance category percent score is available for the current performance period and the previous performance period and quality performance category achievement percent scores can be compared.
- The quality performance category percent scores are comparable when submissions are received from the same identifier for two consecutive performance periods.<sup>7</sup>

The improvement percent score is awarded based on the rate of increase in the quality performance category achievement percent score of MIPS eligible clinicians from the previous performance period to the current performance period. In particular, this score is calculated by dividing the increase in the quality performance category achievement percent score from the prior performance period to the current performance period by the prior performance period quality performance category achievement percent score multiplied by 10 percent, without


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<sup>4</sup> For any high-priority measures that are inverse measures, the requirement becomes “not have a 100 percent performance rate.”

<sup>5</sup> 42 C.F.R. §414.1370(g)(1)(i) 2017

<sup>6</sup> 42 C.F.R. §414.1380(b)(1)(xvi) 2017

<sup>7</sup> If the identifier is not the same for two consecutive performance periods from an APM Entity, the comparable quality performance category achievement percent score is the average of the quality performance category achievement percent score associated with the final score from the prior performance period that will be used for payment for each of the individuals in the group.



consideration of measure bonus points or improvement percent score. The improvement percent score may not total more than 10 percentage points and cannot be lower than zero percentage points.

For the 2020 MIPS payment year (i.e., 2018 performance year), if an APM Entity or MIPS eligible clinician has a previous year quality performance category achievement percent score less than or equal to 30 percent, then the 2018 performance will be compared to an assumed 2017 quality performance category achievement percent score of 30 percent. But the improvement percent score will be zero if the MIPS eligible clinician did not fully participate in the quality performance category for the current performance period.

## **Total Quality Performance Category Score**

The total quality performance category percent score is generated by first summing achievement points and any applicable bonus points. This sum is then divided by the total number of available achievement points, multiplied by 100 percent. This percentage score is then combined with the quality improvement score for the total quality performance category score, which may not exceed 100 percent.

$$\text{Quality performance category percent score} = \left( \frac{\text{total measure achievement points} + \text{measure bonus points}}{\text{total available measure achievement points}} * 100\% \right) + \text{quality improvement percent score}$$

Note that the number of available achievement points is the number of measures required under the terms of the APM, which meet the criteria for scoring multiplied by 10. Bonus points for CEHRT reporting and bonus points for reporting high-priority measures are each capped at 10 percent of the total available measure achievement points; the quality improvement score is capped at 10 percent of the total quality performance category percent score

## **2018 APM Scoring Examples for Other MIPS APMs**

Tables 1 through 3 delineate the 2018 APM quality scoring standard for *CEC*, *CPC+*, and *OCM*, respectively, and display both the maximum points possible and a second “real-world” performance scoring scenario for illustrative purposes. Note that CMS expects that each of these Other MIPS APMs will have at least one eligible measure for 2018 APM scoring. In the event that a model or an APM entity has no 2018 performance year data available for APM scoring, they will be given a weight of zero for the quality performance category.



**Table 1. Comprehensive ESRD Care (CEC) Quality Performance Category Percentage Score Calculation**

Measure title	High-priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CEC Model max. points scenario		CEC Model hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
ESCO Standardized Mortality Ratio	Yes (0 points; first required outcome)	0	Yes	Yes	10	Yes	5.4
ICH-CAHPS: Nephrologists' Communication and Caring	Yes (2 points; Patient Experience)	0	Yes	Yes	10	Yes	5.4
ICH-CAHPS: Quality of Dialysis Center Care and Operations	Yes (2 points; Patient Experience)	0	Yes	Yes	10	Yes	5.4
ICH-CAHPS: Providing Information to Patients	Yes (2 points; Patient Experience)	0	Yes	Yes	10	Yes	5.4
ICH-CAHPS: Rating of Kidney Doctors	Yes (2 points; Patient Experience)	0	Yes	Yes	10	Yes	5.4
ICH-CAHPS: Rating of Dialysis Center Staff	Yes (2 points; Patient Experience)	0	Yes	Yes	10	Yes	5.4
ICH-CAHPS: Rating of Dialysis Center	Yes (2 points; Patient Experience)	0	Yes	Yes	10	Yes	5.4
Falls: Screening, Risk Assessment and Plan of Care to Prevent Future Falls	Yes (1 point; Patient Safety)	1	Yes	Yes	10	Yes	5.4

Measure title	High-priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CEC Model max. points scenario		CEC Model hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
Advance Care Plan	Yes (1 point; Care Coordination)	1	Yes	Yes	10	Yes	5.4
Medication Reconciliation Post Discharge	No	1	Yes	Yes	10	Yes	5.4
Diabetes Care: Eye Exam	No	1	Yes	Yes	10	Yes	5.4
Diabetes Care: Foot Exam	No	1	Yes	Yes	10	Yes	5.4

**Table 1. Comprehensive ESRD Care (CEC) Quality Performance Category Percentage Score Calculation  
(continued)**

Measure title	High-priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CEC Model max. points scenario		CEC Model hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
Influenza Immunization for the ESRD Population	No	1	Yes	Yes	10	Yes	5.4
Pneumococcal Vaccination Status	No	1	Yes	Yes	10	Yes	5.4
Screening for Clinical Depression and Follow-Up Plan	No	1	Yes	Yes	10	Yes	5.4
Tobacco Use: Screening and Cessation Intervention	No	1	Yes	Yes	10	Yes	5.4
(A) Total Possible Measure Achievement Points <sup>a</sup>					160		160
<b>(B) Maximum Earned Measure Achievement Points<sup>b</sup></b>					<b>160.0</b>		<b>86.4</b>
(C) Maximum Earned High Priority Bonus Points <sup>c</sup>					14		14
(D) Maximum Earned CEHRT Bonus Points <sup>c,d</sup>					9		9
<b>(E) Total Bonus Points = [(C)+(D)]</b>					<b>23</b>		<b>23</b>
Total possible Quality Performance Category points = [(B)+(E)]					183.0		109.4
(F) Quality Performance Category Achievement Score= [(B)+(E)]/(A)*100%					114.4%		68.4%
(G) Quality Performance Category Improvement Percent Score <sup>e</sup>					10.0%		10.0%
<b>(H) Total Quality Performance Category Percent Score<sup>f</sup>= [(F)+(G)]</b>					<b>100.0%</b>		<b>78.4%</b>
(I) Weight of the Quality Performance Category					0.5		0.5
<b>Total Quality Performance Category Points Toward Final Score = [(H)*(I)]</b>					<b>50.0%</b>		<b>39.2%</b>



**Table 2. Comprehensive Primary Care Plus (CPC+) Quality Performance Category Percentage Score Calculation**

Measure title	High-priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CPC+ Model Max. points scenario		CPC+ Model Hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
Controlling High Blood Pressure	Yes (0 points; first outcome required)	1	Y	Yes	10	Yes	5.4
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Yes (2 points; outcome)	1	Y	Yes	10	Yes	5.4
Falls: Screening for Future Fall Risk	Yes (1 point; Patient Safety)	1	Y	Yes	10	Yes	5.4
Diabetes: Eye Exam	No	1	Y	Yes	10	Yes	5.4
Dementia: Cognitive Assessment	No	1	Y	Yes	10	Yes	5.4
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	No	1	Y	Yes	10	Yes	5.4
Closing the Referral Loop: Receipt of Specialist Report	1 (Patient Safety)	1	Y	Yes	10	Yes	5.4
Cervical Cancer Screening	No	1	Y	Yes	10	Yes	5.4
Colorectal Cancer Screening	No	1	Y	Yes	10	Yes	5.4
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No	1	Y	No	N/A	No	N/A
Breast Cancer Screening	No	1	Y	No	N/A	No	N/A
Preventive Care and Screening: Influenza Immunization	No	1	Y	No	N/A	No	N/A
Pneumonia Vaccination Status for Older Adults	No	1	Y	No	N/A	No	N/A
Diabetes: Medical Attention for Nephropathy	No	1	Y	No	N/A	No	N/A

Measure title	High-priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CPC+ Model Max. points scenario		CPC+ Model Hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
Ischemic Vascular Disease (IVD): Use of Aspirin or Another	No	1	Y	No	N/A	No	N/A

(continued)

**Table 2. Comprehensive Primary Care Plus (CPC+) Quality Performance Category Percentage Score Calculation (continued)**

Measure title	High priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CPC+ Model max. points scenario		CPC+ Model hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	No	1	Y	No	N/A	No	N/A
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	1	Y	No	N/A	No	N/A
Inpatient Hospital Utilization (IHU)	Yes (2 points; outcome)	0	Y	No	N/A	No	N/A
Emergency Department Utilization (EDU)	Yes (2 points; outcome)	0	Y	No	N/A	No	N/A
CAHPS	Yes (2 points; Patient Experience)	0	Y	No	N/A	No	N/A
(A) Total Possible Measure Achievement Points <sup>a</sup>					90		90
<b>(B) Maximum Earned Measure Achievement Points<sup>b</sup></b>					<b>90.0</b>		<b>48.6</b>
(C) Maximum Earned High Priority Bonus Points <sup>c</sup>					9		9

Measure title	High priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	CPC+ Model max. points scenario		CPC+ Model hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
(D) Maximum Earned CEHRT Bonus Points <sup>c,d</sup>					9		9
<b>(E) Total Bonus Points = [(C)+(D)]</b>					<b>18</b>		<b>18</b>
Total possible Quality Performance Category points = [(B)+(E)]					108.0		66.6
(F) Quality Performance Category Achievement Score = [(B)+(E)]/(A)*100%					120.0%		74.0%
(G) Quality Performance Category Improvement Percent Score <sup>e</sup>					10.0%		10.0%
<b>(H) Total Quality Performance Category Percent Score<sup>f</sup> = [(F)+(G)]</b>					<b>100.0%</b>		<b>84.0%</b>
(I) Weight of the Quality Performance Category					0.5		0.5
<b>Total Quality Performance Category Points Toward Final Score = [(H)*(I)]</b>					<b>50.0%</b>		<b>42.0%</b>

N/A = not applicable.

<sup>a</sup> Assumes measure performance data are available for scoring, the 20-case minimum has been met, and benchmarks are available; assuming nine of the highest-scoring measures will be scored for CPC+.

<sup>b</sup> Assumes data completeness requirements have been met and a maximum score of 10 on all measures.

<sup>c</sup> Bonus points are capped at 10% of the Total Possible Measure Achievement Points (A). Any bonus points earned by an APM Entity reporting on measures beyond the minimum number of measures required by the model will still be awarded even if the measure may not be scored for achievement points.

<sup>d</sup> Assumes end-to-end CEHRT reporting for all eligible measures submitted by APM Entities.

<sup>e</sup> Assumes the maximum Quality Performance Category Improvement Score of 10%.

<sup>f</sup> Total Quality Performance Category Percent Score is capped at 100%.

**Table 3. Oncology Care Model (OCM) Quality Performance Category Percentage Score Calculation**

Measure title	High-priority measure? (# bonus points)	Eligible for CEHRT bonus (1 point ea.)	Benchmark available?	Oncology Care Model max. points scenario		Oncology Care Model hypothetical points scenario	
				Scored?	Achievement points earned	Scored?	Achievement points earned
Patient-Reported Experience of Care	Yes (2 points; Patient Experience)	0	Y	Yes	10	Yes	5.4
Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode	Yes (0 points; first outcome required)	0	Y	Yes	10	Yes	5.4
Risk-adjusted proportion of patients with all-cause ED visits or observation stays that did not result in a hospital admission within the 6-month episode	Yes (2 points; outcome)	0	Y	Yes	10	Yes	5.4
Proportion of patients who died who were admitted to hospice for 3 days or more	Yes (2 points; outcome)	0	Y	Yes	10	Yes	5.4
(A) Total Possible Measure Achievement Points <sup>a</sup>					40		40
<b>(B) Maximum Earned Measure Achievement Points<sup>b</sup></b>					<b>40.0</b>		<b>21.6</b>
(C) Maximum Earned High Priority Bonus Points <sup>c</sup>					4		4
(D) Maximum Earned CEHRT Bonus Points <sup>c,d</sup>					0		0
<b>(E) Total Bonus Points = [(C)+(D)]</b>					<b>4</b>		<b>4</b>
Total possible Quality Performance Category points = [(B)+(E)]					44.0		25.6
(F) Quality Performance Category Achievement Score= [(B)+(E)]/(A)*100%					110.0%		64.0%
(G) Quality Performance Category Improvement Percent Score <sup>e</sup>					10.0%		10.0%
<b>(H) Total Quality Performance Category Percent Score<sup>f</sup> = [(F)+(G)]</b>					<b>100.0%</b>		<b>74.0%</b>
(I) Weight of the Quality Performance Category					0.5		0.5
<b>Total Quality Performance Category Points Toward Final Score = [(H)*(I)]</b>					<b>50.0%</b>		<b>37.0%</b>

<sup>a</sup> Assumes measure performance data are available for scoring, the 20-case minimum has been met, and benchmarks are available.

<sup>b</sup> Assumes data completeness requirements have been met and a maximum score of 10 on all measures.

<sup>c</sup> Bonus points are capped at 10% of the Total Possible Measure Achievement Points (A). Any bonus points earned by an APM Entity reporting on measures beyond the minimum number of measures required by the model will still be awarded even if the measure may not be scored for achievement points.

<sup>d</sup> Assumes end-to-end CEHRT reporting for all eligible measures submitted by APM Entities.

<sup>e</sup> Assumes the maximum Quality Performance Category Improvement Score of 10%.

<sup>f</sup> Total Quality Performance Category Percent Score is capped at 100%.