

2017 QUALITY PAYMENT PROGRAM PERFORMANCE YEAR DATA

At a Glance

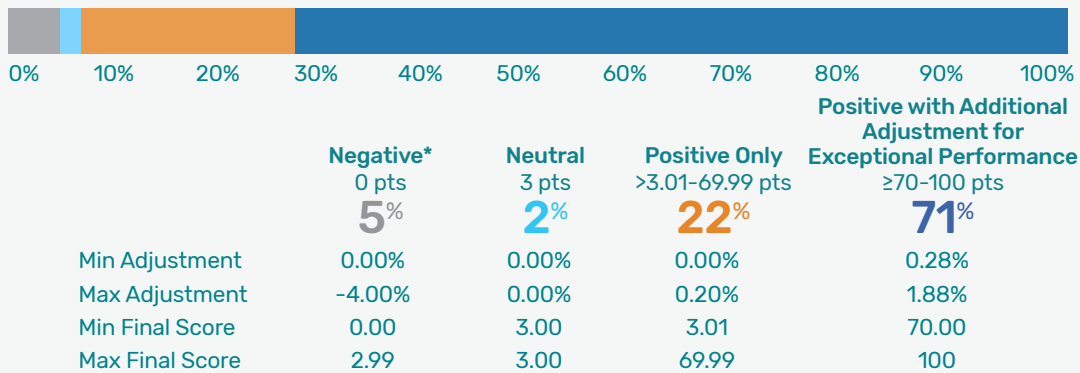
The 2017 performance year for the Quality Payment Program was:

THE FIRST YEAR OF THE PROGRAM	A TRANSITION YEAR FOR MANY CLINICIANS	IMPLEMENTED GRADUALLY THROUGH "PICK YOUR PACE"	FOCUSED ON FLEXIBILITY TO REDUCE PARTICIPATION BURDEN
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Snapshot of Payment Adjustments for MIPS Eligible Clinicians

71% earned a positive adjustment and an adjustment for exceptional performance	22% earned a positive payment adjustment only	2% received a neutral adjustment (no increase or decrease)	5% received a negative payment adjustment
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Payment Adjustment Highlights



*For negative payment adjustments only: The Minimum Final Score is associated with the Maximum Payment Adjustment

General Participation Numbers in 2017

Total MIPS eligible clinicians* receiving a MIPS payment adjustment (positive, neutral, or negative)	1,057,824
Total MIPS eligible clinicians that reported data and received a neutral payment adjustment or better	1,006,319
Total number of Qualifying APM Participants (QPs)	99,076
Total number of Partial QPs	52

Mean and Median National Final Scores for MIPS

	MEAN	MEDIAN
	74.01 points (out of 100 points) was the overall national mean score for the MIPS 2017 performance year	88.97 points (out of 100 points) was the overall national median score for the MIPS 2017 performance year
	65.71 points for clinicians participating in MIPS as individuals or groups (not through an APM)	83.04 points for clinicians participating in MIPS as individuals or groups (not through an APM)
	87.64 points for clinicians participating in MIPS through an APM	91.67 points for clinicians participating in MIPS through an APM

*Clinicians are identified under the Quality Payment Program by their unique Taxpayer Identification Number/National Provider Identifier combination (TIN/NPI).

Mean and Median Final Scores by Submitter Type*

	INDIVIDUALS	GROUPS
MEAN	55.08 points	76.2 points
MEDIAN	60.00 points	91.04 points

*An individual is a single TIN/NPI; a group is two or more NPIs billing under a single TIN or as an APM Entity



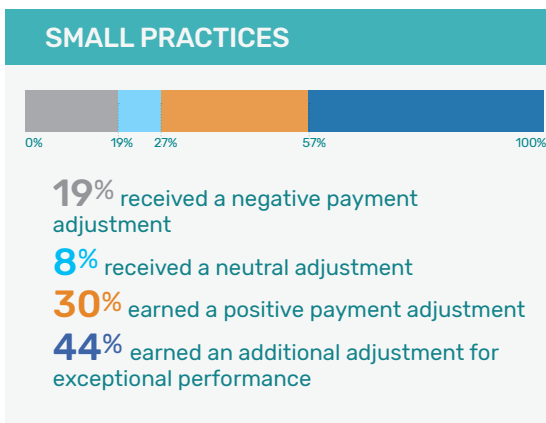
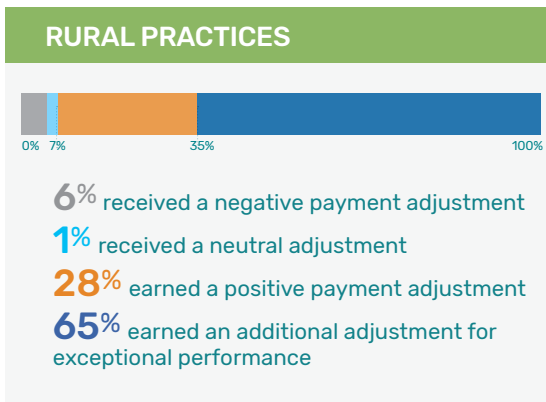
Quality Payment
PROGRAM

QUALITY PAYMENT PROGRAM 2017 PERFORMANCE DATA BY PRACTICE SIZE & SPECIAL STATUS

Mean and Median Final Scores for Large, Small, and Rural Practices



Additional Breakout of Payment Adjustments based on Special Status



*Note: Mean is the sum of all Final Scores/count of Final Scores by unique TIN/NPI
Median is the midpoint in distribution of all Final Scores*

How We Are Helping Small Practices in Year 3

- Continuing to offer no-cost, customized support to small and rural practices through the Small, Underserved, and Rural Support technical assistance initiative
- Retaining the small practice bonus under MIPS and moving it to the Quality performance category
- Allowing small practices to continue submitting quality data for covered professional services through the Medicare Part B claims submission type for the Quality performance category
- Continuing the application-based reweighting option for the Promoting Interoperability performance category for clinicians in small practices
- Continuing to provide small practices with the option to participate in MIPS as a virtual group

Need Help? To learn more about participating in the Quality Payment Program:

Visit the Quality Payment Program [website](#)
Find your local support organization for no-cost [technical assistance](#)

Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222)

Visit QPP.CMS.GOV

