Quality Payment
PROGRAM

2018 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have made major cuts to Medicare payment rates for clinicians. The law requires us to implement the Quality Payment Program and provides two options for participation:

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

The CMS Web Interface

Under MIPS, there are six ways to submit quality data, including the CMS Web Interface. The CMS Web Interface is a secure, internet-based data submission mechanism available to groups and virtual groups with 25 or more eligible clinicians. When you choose to submit data through the CMS Web Interface, you're agreeing to the following:

- Submit data on all 15 CMS Web Interface measures, so you don't have to search for and pick quality measures.
- Let us identify a sample of your eligible Medicare Part A and B beneficiaries to the CMS Web Interface measures, so you have a pre-selected population of beneficiaries that are potentially denominator eligible.
- Submit each measure for 248 beneficiaries (or 100% of the assigned beneficiaries if there are fewer than 248 beneficiaries assigned to a measure.)

The CMS Web Interface will be pre-populated with 2018 claims data (as is available) from the Medicare Part A and B beneficiaries who have been assigned to the group and sampled into the CMS Web Interface. These data include demographic and utilization information for those assigned and sampled beneficiaries. You will need to submit clinical information for the identified quality measures on those pre-selected beneficiaries.

To help you decide whether to participate in MIPS through the CMS Web Interface, make sure your group or virtual group is eligible to report using the CMS Web Interface.

- Your group is eligible to participate in MIPS using the CMS Web Interface if the group has met the following criteria:
    - Is a single Taxpayer Identification Number (TIN) with 25 or more eligible clinicians (including at least 1 MIPS eligible clinician) as identified by their National Provider Identifiers (NPIs) who have reassigned their Medicare billing rights to their TIN. You're a MIPS eligible clinician if you're a physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist, or a group that includes such clinicians.

- Your virtual group is eligible to participate in MIPS using the CMS Web Interface if the virtual group has met the following criteria:
  - Has been approved by CMS as a virtual group for the 2018 performance period
  - Has 25 or more eligible clinicians as identified by their National Provider Identifiers (NPIs) who have reassigned their Medicare billing rights to the virtual group's TINs. (Virtual group requirements specify that each TIN participating in the virtual group must include at least one MIPS eligible clinician.)

Groups and virtual groups that are eligible and want to submit data through the CMS Web Interface must register. This will ensure that we perform beneficiary sampling and assignment for your group or virtual group. The 2018 registration period is April 1 – June 30, 2018. Visit qpp.cms.gov to register for the CMS Web Interface. Note that it is permissible for a group or virtual group that registered for the CMS Web Interface to later decide to use another submission mechanism such as a Qualified Registry, Qualified Clinical Data Registry (QCDR), or Electronic Health Record (EHR).

Groups that were registered to report their 2017 quality measures through the CMS Web Interface are automatically registered for the 2018 performance period, though this registration can be edited or cancelled between April 1 and June 30, 2018.

Accountable Care Organizations (ACOs) and their participant TINs do not need to register to report through the CMS Web Interface.

CMS Web Interface Quality Measures

If your group or virtual group is interested in submitting its data through the CMS Web Interface, use the Quality Measure Specifications and supporting documents on the Quality Payment Program Resource Library to make sure your group or virtual group can submit data on the measures below.

CMS Web Interface Measure ID	MEASURE NAME	QUALITY ID	MEASURE TYPE
PREV-5	Breast Cancer Screening	112	Process
PREV-6	Colorectal Cancer Screening	113	Process
HTN-2	*Controlling High Blood Pressure	236	Intermediate Outcome
MH-1	*Depression Remission at Twelve Months	370	Outcome
DM-7	Diabetes: Eye Exam	117	Process
DM-2	*Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1	Intermediate Outcome
CARE-2	*Falls: Screening for Future Fall Risk	318	Process

IVD-2	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	204	Process
CARE-1	*Medication Reconciliation Post-Discharge	46	Process
PREV-8	Pneumococcal Vaccination Status for Older Adults	111	Process
PREV-9	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	128	Process
PREV-7	Preventive Care and Screening: Influenza Immunization	110	Process
PREV-12	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	134	Process
PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	226	Process
PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	438	Process

*Denotes high priority measures; groups or virtual groups using the CMS Web Interface are eligible for the bonus points associated with submitting additional outcome or high priority measures.

MIPS Beneficiary Assignment

With the CMS Web Interface beneficiary assignment methodology, some groups or virtual groups may not be able to submit MIPS quality measures using the CMS Web Interface because they won't have enough beneficiaries assigned to them.

These assigned beneficiaries are assessed for their quality measurement eligibility, including measure-specific denominator eligibility. Eligible beneficiaries are sampled into applicable measures and loaded into the CMS Web Interface for quality submission.

The assignment algorithm assigns beneficiaries to the organization (TIN) because they were deemed to have the plurality of their Medicare services with that organization (according to claims submitted by the organization in 2018). For virtual groups, assignment is conducted for each TIN within the virtual group and then cumulatively aggregated across the virtual group. Beneficiaries sampled into the CMS Web Interface had at least two primary care services furnished by your organization between January 1, and October 31, 2018. Therefore, the organization is accountable for these patients' care and should do its best to obtain the needed information to complete the CMS Web Interface.

For groups, the sampling requirements pertain to patients assigned to the group's TIN. Since virtual groups are a combination of two or more TINs, sampling requirements pertain to patients for all of the TINs in the virtual group.

If the CMS Web Interface measures don't apply to your patient population, or if you don't have at least 12 months of data for your Medicare patients, we urge your group or virtual group to submit data using a different submission mechanism.

Measure Benchmarks

For all groups or virtual groups using the CMS Web Interface, we compare the performance of your group or virtual group to the Medicare Shared Savings Program (Shared Savings Program) quality measure benchmarks. Click here for details on the 2018/2019 Medicare Shared Savings Program benchmarks. While the benchmarks are the same, the scoring will be adjusted to be consistent with other MIPS measures. CMS Web Interface measures that have a measure benchmark and meet the data completeness requirements are scored starting at 3 points. For CMS Web Interface measures that do not meet the required case minimum (20 beneficiaries), CMS will recognize that the measure was submitted, but exclude the measure from being scored. For CMS Web Interface measures that do not have a measure benchmark, CMS will recognize that the measure was submitted, but exclude the measure from being scored as long as data completeness requirements are met. However, CMS Web Interface measures that do not have a benchmark and do not meet the data completeness requirements will be scored and receive zero points.

Shared Savings Program Percentile	Decile	Points
< 30th percentile	Deciles 1-3	3
30th percentile	Decile 4	4 - 4.9
40th percentile	Decile 5	5 - 5.9
50th percentile	Decile 6	6 - 6.9
60th percentile	Decile 7	7 - 7.9
70th percentile	Decile 8	8 - 8.9
80th percentile	Decile 9	9 - 9.9
90th percentile	Decile 10	10

Quality Performance Category Scoring

For groups, virtual groups, and MIPS APM participants submitting data for quality measures via the CMS Web Interface, the Quality performance category is generally scored out of 110 points[1] (the denominator), 10 points for each required measure with a benchmark.

- Because some CMS Web Interface measures do not have benchmarks, performance on these measures will not be scored. However, groups or virtual groups that elect to report via the CMS Web Interface are required to submit the pre-selected 15 CMS Web Interface quality measures. Therefore, the points associated with these measures will not be included in the denominator.
- Measures submitted via the CMS Web Interface that meet data completeness and case minimum requirements will earn between 3 and 10 points, even if the measure is submitted with a 0% performance rate. Groups, virtual groups, and MIPS APM participants will receive bonus points for the additional outcome and high priority measures reported through the CMS Web Interface as long as those measures meet case minimum and data completeness requirements.

Data Completeness and Case Minimum Requirements

Groups and virtual groups submitting data for quality measures via QCDR, Qualified Registry or EHR must report their performance to CMS on 60% of their denominator eligible instances for a given measure to meet 2018 data completeness requirements.

Groups, virtual groups, and MIPS APMs submitting data for quality measures via the CMS Web Interface will be required to consecutively complete a minimum of 248 beneficiaries (or all beneficiaries in the sample if there are fewer than 248). For each beneficiary that is skipped for a prespecified valid reason, the organization must completely report on the next consecutively ranked beneficiary until the target sample of 248 is reached or until the sample has been exhausted.

- Groups, virtual groups, and MIPS APM participants that do not meet the data completeness requirements above for a CMS Web Interface measure will earn 0 points (out of 10) for the measure.

Like other submission mechanisms, CMS Web Interface measures have a case minimum of 20 beneficiaries. CMS Web Interface measures with fewer than 20 beneficiaries in the sample will not be scored and will be excluded from the quality denominator as long as data completeness requirements are met.

[1] Groups and virtual groups scored on the All-Cause Hospital Readmission measure OR the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measure will have a quality denominator of 120 points. Groups and virtual groups scored on the All-Cause Hospital Readmission measure AND the CAHPS for MIPS survey measure will have a quality denominator of 130 points.

Oversamples of Beneficiaries

When submitting data through the CMS Web Interface, there are specified reasons why a group or virtual group may not be able to report performance data for a given beneficiary for a given measure. In order to account for this, CMS provides an oversample when possible, resulting in more than the required 248 beneficiaries ranked in each measure. Any beneficiary above the 248 mark is considered part of the oversample and is not required to be completed to get a score for the measure. However, if you skip any beneficiary in the "minimum" 248, beneficiaries ranked above 248 will move into the "minimum" range and will need to be submitted to meet data completeness requirements.

- You must submit data for beneficiaries in consecutive order until you have submitted data on a total "minimum" of 248 consecutively ranked beneficiaries in each measure. You may submit data on more than the minimum if you choose.
- The more beneficiaries you skip in the minimum, the higher the minimum rank will be for you to complete your submission (data completeness) requirement for the measure.

Data Submission

There will be an 8-week submission period between January 2 and March 31, 2019 for the CMS Web Interface. During this time, you can enter data into the CMS Web Interface by either manually entering data for each beneficiary or uploading an Excel file, which can be populated by Certified EHR Technology (CEHRT). We'll calculate the reporting and performance rates.

Maximizing Performance

As a group or virtual group participating in MIPS using the CMS Web Interface, you may also choose to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS survey. The CAHPS for MIPS survey is an additional way to submit data and earn additional points under the Quality performance category that's focused on patient experiences. In order to conduct the CAHPS for MIPS survey, your group or virtual group must register between April 1, 2018 and June 30, 2018. Your group or virtual group will need to contract with a CMS-approved survey vendor to administer your CAHPS for MIPS survey and pay the associated costs.

In addition, your group or virtual group could earn bonus points by submitting data using end-to-end electronic reporting when your group or virtual group submit data through the CMS Web Interface. For the CMS Web Interface, end-to-end electronic reporting is the upload of data that has been electronically exported or extracted from EHRs, electronically calculated, and electronically formatted into a CMS-specified file that is then electronically uploaded via the CMS Web Interface. Measure data electronically uploaded into the CMS Web Interface are eligible for this bonus; you can earn 1 bonus point per each eligible reported measure (capped at 10% of your denominator).

Training and Resources

We'll offer trainings and support calls for groups and virtual groups using the CMS Web Interface throughout the submission period. We'll post a schedule of the trainings and support calls in the fall of 2018.

More Information

The Quality Payment Program can be reached at 1-866-288-8292 (TTY 1-877-715- 6222), available Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at QPP@cms.hhs.gov.