Reweighting of the MIPS Promoting Interoperability (PI) Performance Category to Quality

Scoring Considerations and Example

Automatic Reweighting of the MIPS PI Performance Category for Certain Eligible Clinicians (ECs)

The following types of MIPS ECs qualify for **automatic** reweighting (no application needed):

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

Ambulatory Surgical Center (ASC)-based MIPS ECs

Hospital-based MIPS ECs

Non-patient facing clinicians (lack face-to-face interactions with patients)

Physical Therapists*

Occupational Therapists*

Speech-language Pathologists*

Audiologists*

Clinical Psychologists*

Registered Dieticians or Nutrition Professionals*

* New MIPS Eligible Clinician types in 2019

These ECs can still report PI data if desired. If data is reported, it will be scored accordingly and will override this automatic reweighting. If data is not submitted, the PI performance category weight will be added to the Quality performance category, leaving the PI category weight at 0%.

Request to Reweight the MIPS PI Performance Category by Application

MIPS ECs, Groups and Virtual Groups may request to have the PI performance category reweighted by submitting a Quality Payment Program (QPP) Hardship Exception Application by December 31st of a performance period.

One of the following specified reasons must be citied when submitting the application for review and approval:

- ECs in small practices

- ECs using decertified EHR technology

- Insufficient Internet connectivity

- Extreme and uncontrollable circumstances

- Lack of control over the availability of CEHRT

For additional information on the application process, please visit:

https://qpp.cms.gov/mips/exception-applications?py=2019

2019 MIPS Performance Category Weights

MIPS Eligible Clinicians, Groups and Virtual Groups

| Quality 45% | Cost 15% | PI 25% | IA 15% |

MIPS APM Scoring Standard

| Quality 50% | Cost 0% | PI 30% | IA 20% |

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2019 MIPS Performance Category Weights with PI Reweighted

MIPS Eligible Clinicians, Groups and Virtual Groups with PI Reweighted to Quality

| Quality 70% | Cost 15% | PI 0% | IA 15% |

MIPS APM Scoring Standard with PI Reweighted*

| Quality 80% | Cost 0% | PI 0% | IA 20% |

*NOTE: "Reweighting" within APMs (i.e. ACOs) is measured at the APM entity level (the group in that scenario). See next slide for a detailed explanation.

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How Does Reweighting Work if I'm in an APM (i.e. ACO)?

Since reweighting is calculated at the MIPS APM level (i.e. the ACO), it is extremely unlikely that an APM would qualify to have their PI performance category reweighted to Quality. Instead, MIPS eligible clinicians who are scored under the APM scoring standard (i.e. due to participation in an ACO) and qualify for reweighting at the individual or group (TIN) level will be assigned a null value when calculating the average score for the APM Entity.

▲ To fulfill the reporting requirements within a MIPS APM, ECs must submit PI data either individually or as a TIN group. When submitting data as a TIN group for the Promoting Interoperability performance category, the group should combine **all** their MIPS eligible clinicians' data under one Taxpayer Identification Number (TIN). *This includes the data of MIPS eligible clinicians who may qualify for a reweighting of the Promoting Interoperability performance category when submitting data individually.*

▲ If these MIPS eligible clinicians are reporting as a group and have data in the group's certified EHR technology (CEHRT), their data should be included in the group's data submission. Whether they contribute PI data or not, they will be scored on the Promoting Interoperability performance category like all other members of the MIPS APM.

▲ The Promoting Interoperability performance category will be reweighted for a MIPS APM (i.e. ACO) if all of their MIPS eligible clinicians qualify individually for reweighting based on the clinician types and/or special statuses or if they all receive hardship exceptions. If any MIPS eligible clinician within the MIPS APM does not qualify for reweighting, the MIPS APM participants must submit data to CMS (this is the most likely scenario).

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Scoring Example: Non-APM Eligible Clinician with **PI Reweighted**

★ Quality Score:
43.9/60.0 Points earned = 73.17%
73.17% * 70% weight = 51.22 Points toward final score.

🖥 Promoting Interoperability:
0/100 Points earned = 0.00%
0.00% * 0% weight = 0.00 Points toward final score.

📈 Improvement Activities:
40/40 Points earned = 100.00%
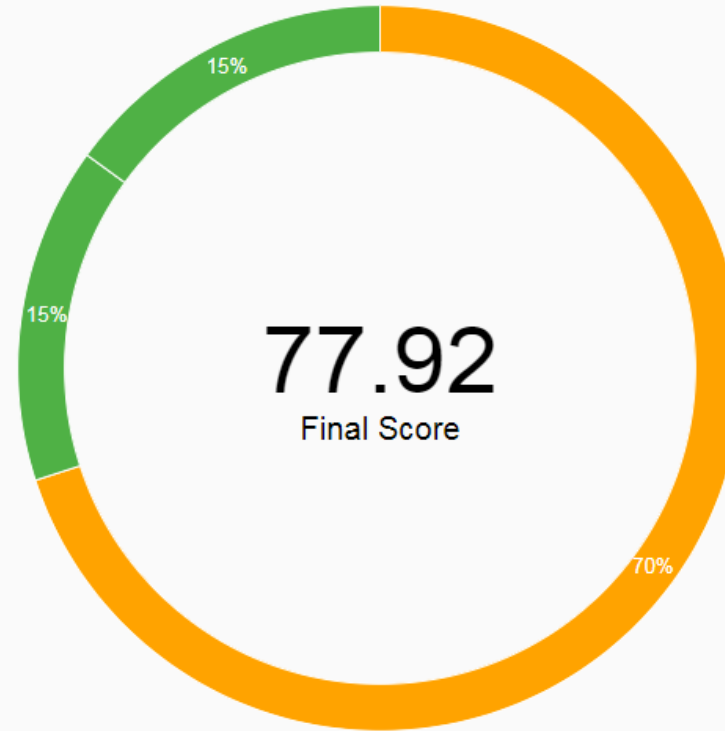100.00% * 15% weight = 15.00 Points toward final score.

$ Cost:
7.8/10 Points earned = 78.00%
78.00% * 15% weight = 11.70 Points toward final score.

◔ Predicted Score:
51.22 + 0.00 + 15.00 + 11.70 = 77.92

77.92
Final Score

15%

15%

70%

Name Your Score: 2019 Non-APM EC with PI Reweighted to Quality

☐ Score Prediction Complete

📄 DOWNLOAD REPORT

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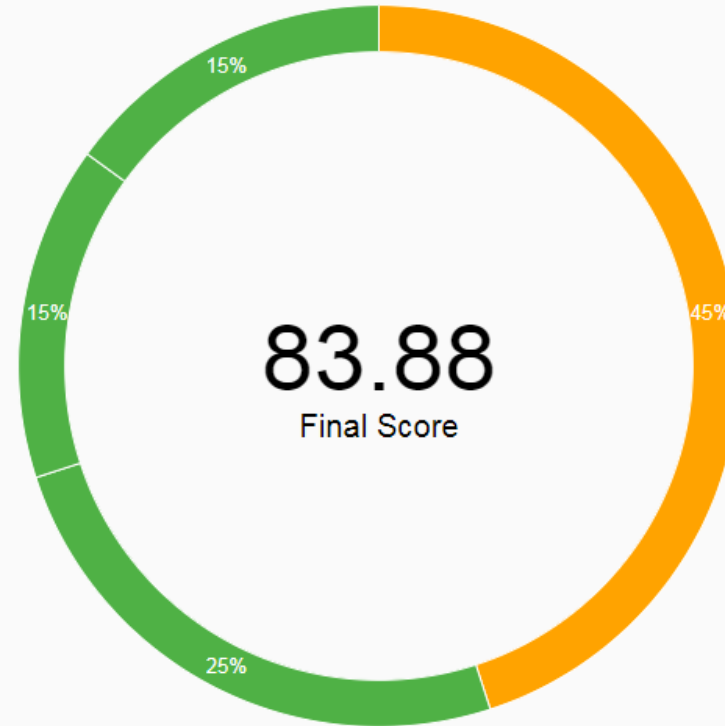# Scoring Example: Non-APM Eligible Clinician with **PI Scored**

★ Quality Score:
43.9/60.0 Points earned = 73.17%
73.17% * 45% weight = 32.93 Points toward final score.

🖥 Promoting Interoperability:
97/100 Points earned = 97.00%
97.00% * 25% weight = 24.25 Points toward final score.

📈 Improvement Activities:
40/40 Points earned = 100.00%
100.00% * 15% weight = 15.00 Points toward final score.

$ Cost:
7.8/10 Points earned = 78.00%
78.00% * 15% weight = 11.70 Points toward final score.

◕ Predicted Score:
32.93 + 24.25 + 15.00 + 11.70 = 83.88

83.88
Final Score

15%

15%

45%

25%

Name Your Score: 2019 Non-APM EC with PI Scored

☐ Score Prediction Complete

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8

Non-APM Eligible Clinician Scoring Variance

- Quality points earned under both predictions were 73.17%.

- Reweighting quality to 70% earned an additional 18.29 quality points.

- Electing not to reweight quality earned 24.25 points in the PI category.

- Conclusion: EC should report PI and not elect the reweighting as this will increase the total score by 5.96 points.

  (24.25 − 18.29 = 5.96)

  (77.92 + 5.96 = 83.88)