

New “Facility-based Scoring” for Quality and Cost Categories

- ▲ Facility-based scoring is an option for clinicians who meet certain criteria beginning with the 2019 performance period
 - Allows for certain clinicians to have their Quality and Cost performance category scores based on the performance of the hospitals at which they work

Applicability: Individual

- MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (Place of Service code 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period
- Clinician is required to have at least a single service billed with POS code used for inpatient hospital or emergency room

Applicability: Group

- A facility-based group would be one in which 75% or more of eligible clinicians billing under the group’s TIN are eligible for facility-based measurement as individuals

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▲ Attribution

- Facility-based clinician is attributed to the hospital where they provide services to most patients
- Facility-based group is attributed to hospital where most facility-based clinicians are attributed
- If unable to identify a facility with the Hospital Value-based Purchasing (VBP) score to attribute clinician’s performance, that clinician would not be eligible for facility-based measurement and would have to participate in MIPS via other methods

▲ Election

- CMS will automatically apply facility-based measurement to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who would benefit from it
- No submission requirements for individual clinicians in facility-based measurement, but a group would need to submit data for the Improvement Activities or Promoting Interoperability performance categories at the group level in order to be measured as a facility-based group

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▲ Measurement

- For facility-based measurement, the measure set for the fiscal year Hospital VBP Program that begins during the applicable MIPS performance period would be used for facility-based clinicians
- Example: For the 2019 MIPS performance period (Year 3), the measures used would be those for the 2020 Hospital VBP Program along with the associated benchmarks and performance periods

▲ Benchmarks

- Benchmarks for facility-based measurement are those that are adopted under the hospital VBP Program of the facility for the year specified

▲ 2019 Facility-based Measurement Fact Sheet:

https://qpp-cm-prod-content.s3.amazonaws.com/uploads/454/2019%20Facility-Based%20Measurement%20Fact%20Sheet_Final.pdf

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▲ Assigning MIPS Category Scores

- The Quality and Cost performance category scores (which are separate scores) for facility-based clinicians are based on how well the clinician’s hospital performs in comparison to other hospitals in the Hospital VBP Program

▲ Scoring – Special Rules

- Some hospitals do not receive a Total Performance Score in a given year in the Hospital VBP Program, whether due to insufficient quality measure data, failure to meet requirements under the Hospital In-patient Quality Reporting (IQR) Program, or other reasons
- In these cases, CMS will be unable to calculate a facility-based score based on the hospital’s performance, and facility-based clinicians would be required to participate in MIPS via another method

- From the Fact Sheet:

To give MIPS eligible clinicians the greatest opportunity for success, if a clinician who is facility-based decides to submit data for the Quality performance category as an individual, group, or virtual group, we will only apply facility-based measurement if the combined facility-based Quality and Cost performance scores are higher than the combined MIPS Quality and Cost performance category scores received through another MIPS submission.