

Performance Category Evaluations for MIPS APMs



Quality

Note: For ACO participants, MIPS Quality data will be collected by NPO data abstractors and submitted to CMS, on your behalf, via the CMS Web Interface

ACOs will only need to submit their quality measures to CMS per the MSSP or Next Generation program requirements. That data will then also be used by CMS to calculate a MIPS quality score, thus avoiding additional reporting requirements in MIPS for ACOs. As with other MIPS performance categories, an ACO's MIPS quality performance will be evaluated at the ACO entity level. ACOs will submit CMS WI measures on behalf of their participating MIPSECs as they currently do in the MSSP and/or Next Generation Models. ACO program claims-based measures will not be included in the MIPS APM quality performance category score for ACOs. Likewise, MIPS population health measures will not be included in the quality performance category score for ECs in ACOs that are evaluated under the MIPS APM scoring standard. In the rare event that an ACO does not report on quality measures as required by the MSSP or Next Generation Model, the ACO participant TINs must report data for the MIPS quality performance category according to the MIPS submission and reporting requirements (starting in 2019, when an ACO fails to report quality measures, CMS will allow an individual clinician who is also a solo practitioner to report on any available MIPS measures, including individual quality measures).

MIPS quality measures and scores

For 2019, ACOs will be scored on a total of 9 quality measures in MIPS and up to 10 points can be earned for each measure. CMS will score performance using a percentile distribution separated by decile categories. For each benchmark, CMS will calculate the decile breaks for measure performance and assign points based on the benchmark decile range into which the APM Entity's measure performance falls. CMS uses a graduated points-assignment approach, where a measure is assigned a continuum of points out to one decimal place, based on its place in the decile. For example, a raw score of 55 percent would fall within the sixth decile of 41.0 percent to 61.9 percent and would receive between 6.0 and 6.9 points. Table 11 in the final 2018 QPP rule provides an outline of the benchmark decile distribution (p.

MIPS Quality Performance Category for ACO Participants

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ACO Quality Measures Scored Under MIPS Quality Performance Category for 2019

ACO Quality Measure	Measure Description	MIPS High Priority Designation
ACO-13	Screening for Falls Risk	Yes
ACO-14	Influenza Immunization	No
ACO-17	Tobacco Use: Screening and Cessation Intervention	No
ACO-18	Screening for Depression and Follow-up Plan	No
ACO-19	Colorectal Cancer Screening	No
ACO-20	Breast Cancer Screening	No
ACO-27	Diabetes Measure	Yes
ACO-28	Controlling High Blood Pressure	Yes
ACO-1 through ACO-7, ACO-34, 45, 46	CAHPS for ACOs	Yes

Benchmarks

CMS will use MIPS quality performance category scoring requirements and benchmarks to determine the MIPS quality performance score for ACOs. MSSP quality benchmarks will be used not only for ACOs, but also for all ECs in groups reporting through the WI. These benchmarks will be determined based on the corresponding MSSP reporting year. CMS will post the MIPS CMS WI benchmarks in the same manner as the other MIPS benchmarks. CMS will apply the MIPS scoring methodology to each measure.

MIPS Quality Performance Category for ACO Participants

Bonus Points

Previously, CMS provided ACOs with bonus points for reporting Web Interface measures categorized as “high priority” by MIPS. Despite NAACOS objections, beginning in 2019, CMS will no longer award ACOs with these bonus points. CMS noted it may remove bonus opportunities for high priority measures altogether in future program years. CMS did not eliminate bonus points awarded to those who report quality using end-to-end electronic reporting.

Improvement Points

Additional points may be earned for quality improvement year over year in MIPS, which will also be applicable to ACOs scored under the APM Scoring Standard. This will compare quality scores from the prior performance period and will be measured at the performance category level (rather than at the measure level). Up to 10 percentage points are available in this performance category. Specifically, CMS finalized that the improvement percent score will be calculated by dividing the increase in the quality performance category achievement percent score of an individual MIPS EC or group (calculated by comparing the quality performance category achievement percent score from the prior performance period to the current performance period) by the prior performance period’s quality performance category achievement percent score, and multiplying by 10 percent. For an example, please see Table 24 in the final 2018 QPP rule, which was the first year these bonus points were made available (p. 53746).

Policy for Clinicians in ACOs Who Fail to Report Quality Measures

In 2019, CMS finalized a slight change to its policy regarding alternative reporting options for clinicians in MIPS in the rare case that an ACO fails to report quality measures for the MSSP or Next Generation Model. Starting in 2019, when an ACO fails to report quality measures, CMS will allow an individual clinician who is also a solo practitioner to report on any available MIPS measures, including individual quality measures.