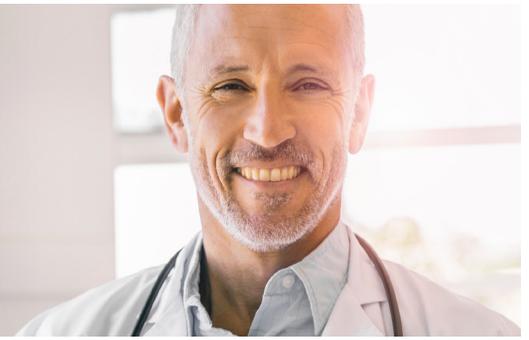


# Clinical Integration Educational Series

## Deep Dive into the Quality Category of MIPS



### Introduction

The Medicare Access and CHIP Reauthorization Act (MACRA) establishes a new clinician reimbursement mechanism with two payment tracks: the Merit-Based Incentive Payment System (MIPS) track and the Advanced Alternative Payment Model (APM) track.

In the last three installments in our educational series we reviewed MACRA, the timing of implementation, and the impact of MIPS on clinician reimbursement. As a reminder, MIPS adjusts clinician payments based on their performance across four categories. This week, we will go into detail about the quality category.



### Quality Reporting under MIPS

The quality category within MIPS replaces the Physician Quality Reporting System (PQRS) and the quality portion of the value modifier. The quality score will make up 60% of a clinician's total MIPS score in performance year 2017. The weight of the quality category decreases to 50% in 2018 and 30% in 2019, as the weight of the cost category increases.

As a reminder, clinician performance under MIPS in 2017 impacts payment in 2019.

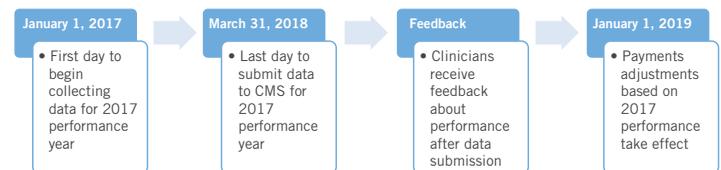
In order to meet the quality category requirements in performance year 2017, **clinicians in groups smaller than 25 are required to report six measures including at least one outcome measure for at least a 90-day period.** Clinicians can choose measures that are most relevant to them.

In addition:

- If an outcome measure is not available, clinicians must report another high-priority measure (i.e., measures related to outcomes, appropriate use, patient experience, patient safety, efficiency, or care coordination.)

- If fewer than six measures apply in a specialty subset, then clinicians must report on each measure that is applicable.
- Measures are selected from a set of 300 provided by CMS or a specialty-specific measure set.
- Bonus points are available for reporting additional high-priority measures or reporting with a certified electronic health record (an electronic health record that meets certain CMS specifications).

### Reporting Timeline



### Reporting Mechanisms

Quality data for MIPS can be reported through:

1. Claims
2. Qualified Clinical Data Registries
3. Qualified Registry
4. Electronic Health Records

You may only use one method to submit all your quality data. A combination of methods is not allowed. Regardless of the method of data submission, for 2017, clinicians in groups smaller than 25 whose measures fall below the data completeness threshold of 50% will receive three points for submitting the measure.

Groups of 25 or more clinicians may report using the CMS Web Interface. However, these groups must report on all 15 measures included in the Interface for a full year and must meet the data submission requirements on the sample of the Medicare Part B patients CMS provides.

*This informational series will be distributed every other week to help clinicians stay updated on MACRA and other initiatives. The next topic will be an overview of the improvement activities category under the Merit-Based Incentive Payment System (MIPS). Dignity Health will be publishing a MACRA Playbook in January which will detail the data reporting requirements. Because 2017 is a reporting-only year, the MACRA Playbook will focus on a narrow subset of measures decided by the CI network Clinical Steering Committee under the leadership of Dr. Greensweig. In the meantime, for more details on MACRA and to explore measures please visit <https://qpp.cms.gov/measures/quality>.*

*The MACRA final rule was released on October 14. Given that the law passed with bipartisan support, implementation is expected to continue under the new administration.*