Quality Payment PROGRAM

New Quality Performance Category Scoring Standard in Performance Year (PY) 2020 for Merit-based Performance System (MIPS) Alternative Payment Models (APMs)

Updated 10/6/2020

Purpose

This brief presents the new scoring standard for the Quality performance category for MIPS APMs in PY 2020 and provides examples. This new scoring standard is for MIPS APMs in PY 2020 that fall into one of two groups detailed below.

Description	Programs
MIPS APMs that **require** APM Entities to submit quality data through a MIPS submission mechanism	• Medicare Shared Savings Program • Next Generation ACO (NGACO) Model *These programs submit quality data through the CMS Web Interface.*
MIPS APMs that **do not require** APM Entities to submit quality data through a MIPS submission mechanism	• Comprehensive Primary Care Plus (CPC+) Model • Oncology Care Model (OCM) • Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model • Independence at Home (IAH) Demonstration • Bundled Payments for Care Improvement (BPCI) Advanced Model • Maryland Total Cost of Care - Primary Care Program • Vermont All-Payer ACO (VT ACO) Model *These programs use their own quality submission or reporting criteria.*

Quality Performance and MIPS APMs Scoring

The Quality performance category is one of four performance categories that make up the MIPS final score under the Quality Payment Program. The performance category weights used to calculate the MIPS final score for an APM Entity for the PY 2020 APM Scoring Standard are as follows:

Complete details on the PY 2020 APM Scoring Standard can be found in the 2020 APM Quality Scoring Methodology Fact Sheet in the 2020 APM Quality Scoring Resources zip file.[1]

Quality Performance Category Scoring Period for PY 2020

The period for the Quality performance category for the APM Scoring Standard in PY 2020 is January 1, 2020, through December 31, 2020.

About the New Quality Performance Scoring Standard

Beginning in PY 2020, CMS is implementing a new approach to the Quality performance category scoring for MIPS APMs[2]. The new APM Scoring Standard Methodology:

1. Requires MIPS eligible clinicians participating in MIPS APMs to report on MIPS quality measures;
2. Allows reporting on quality measures through MIPS at the APM Entity level; and
3. Provides an APM Quality Reporting Credit for some APM participants.

MIPS APMs will be required to report a minimum of six MIPS measures (including one outcome measure), or the number of measures required to complete CMS Web Interface reporting if doing so through that mechanism.

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[1] https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1048/2020%20APM%20Quality%20Scoring%20Resources.zip

[2] https://www.federalregister.gov/d/2019-24086/p-5986

Impact of the New Standard

Prior to PY 2020, the MIPS Quality performance category score under the APM Scoring Standard was based on performance reported for the set of quality measures already used in each respective model.

Beginning in PY 2020, the MIPS Quality performance category score is based instead on performance on MIPS quality measures as reported through a MIPS submission mechanism at the APM Entity-level, but may be rolled up from the TIN- or NPI-level.

Furthermore, for participants in MIPS APMs that require quality reporting outside of MIPS, an additional score of 50 percent, also called an "APM Quality Reporting Credit," will be applied to the MIPS Quality performance category.

How the Quality Performance Category Score is Calculated

The APM Scoring Standard for the Quality performance category has four scoring concepts:

1. Quality measure achievement points, scored according to performance against a benchmark

2. Quality measure bonus points;[3]

3. Quality improvement score, if applicable;[4] and

4. Quality reporting credit, if applicable.[5]

The total Quality performance category score for MIPS APMs reporting at the APM Entity level is generated by first summing achievement points and any applicable bonus points earned by the APM Entity, then dividing the sum by the total number of available achievement points, then multiplying by 100 percent, and finally adding to the quality improvement score. MIPS APMs that do not require reporting through MIPS submission mechanisms are eligible for the quality reporting credit, which adds 50 percent to the total sum, up to a cap on the total score of 100 percent.

> *Quality performance category percent score = [(total measure achievement points + measure bonus points)/total available measure achievement points 100%] + quality improvement score + quality reporting credit (50 percentage points)*

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[3] Measure bonus points are available in the Quality performance category via (1) high priority measures after the first of such measures reported, (2) CEHRT end-to-end electronic reporting, or (3) small practice designation.

[4] To be eligible for the quality improvement score, comparable data from the previous performance period must be available.

[5] CMS will apply a score of 50 percent, or an "APM Quality Reporting Credit" under the MIPS Quality performance category for eligible MIPS APMs in PY 2020 that are not required to report quality measures through MIPS submission mechanisms.

For MIPS APMs that do not report at the APM Entity level but rather report at the TIN or NPI level, the total Quality performance category score is calculated using NPI- or TIN-level data submitted for the eligible clinician and using the higher score. The APM Entity score is then calculated as the average of the scores for each MIPS eligible clinician in the APM Entity:

*Quality performance category percent score = ∑ [(total measure achievement points + measure bonus points) / total available measure achievement points * 100%] / number of attributed ECs + quality improvement score + quality reporting credit (50 percentage points) if applicable*

For example, APM Entity "ABC" is composed of two groups (TIN A and TIN B), with five MIPS eligible clinicians (NPIs) in TIN A and two NPIs in TIN B. TIN A reported as a group and earned a performance score of 45 percent after accounting for achievement and bonus points which will be attributed to its NPIs. However, the fifth NPI in this group also separately submitted as an individual MIPS eligible clinician and earned a score of 48 percent; this score will be chosen for the NPI rather than the TIN-level score. The two NPIs in TIN B reported individually, with one NPI earning a score of 70 percent and the other earning a score of 50 percent. The quality performance score for entity ABC is calculated as:

Quality performance category percent score =
(45% + 45% + 45% + 45% + 48% + 70% + 50%) / 7 NPIs + quality improvement score (assumed not applicable in this example) + quality reporting credit (50%)
= 49.7143% +50%
= <u>99.7143%</u>

Therefore, APM Entity "ABC" earned 99.7143 percent as their Quality performance category percent score in PY 2020 prior to category weighting.

Example Performance Category Score Calculations and Scenarios

Examples of these APM Quality performance category scoring calculations for MIPS APMs are shown below in **Table 1** through **Table 3**. Each table displays possible achievement points for each measure, under both a maximum points scenario and a more realistic "real-world" performance scoring scenario for the purpose of illustration. The calculations of the Quality performance category score are then shown by combining the achievement points with any bonus points, quality improvement score, and quality reporting credit and weighting the final score by the weight of the category (50 percent).

- **Table 1** and **Table 2** provide detailed examples of the Quality performance category score calculation under the APM Scoring Standard for MIPS APMs that report quality data at the entity level through the CMS Web Interface.
    - o **Table 1** reflects the scoring standard for entities that are required by their MIPS APMs to submit through the CMS Web Interface (*e.g.*, ACOs), and

- o **Table 2** reflects the scoring standard for entities that are not required by their MIPS APMs to submit through the CMS Web Interface but that choose to do so.
- **Table 3** displays different possible scoring scenarios based on the MIPS APM's measure selection and performance when quality measure performance is reported at the entity level through a submission mechanism other than the Web Interface. It provides the maximum points possible, a hypothetical more realistic "real-world" performance scoring scenario, and a minimum points scenario for illustration purposes.

Table 1. MIPS APM Quality Performance Category Percentage Score Calculation for Entities that Must Submit Through the CMS Web Interface (Medicare Shared Savings Program and NGACO)

Quality ID	Measure Title	High Priority Measure? (# bonus points)	Eligible for end-to-end CEHRT Bonus?	Benchmark Available?	MIPS APM Web Interface Reporting Max. Points Scenario		MIPS APM Web Interface Reporting Hypothetical Scenario*	
					Scored?	Achievement Points Earned	Scored?	Achievement Points Earned
318	Falls: Screening for Future Falls	Yes (0 points**)	Yes	Yes	Yes	10.0	Yes	5.4
110	Preventive Care and Screening: Influenza Immunization	No	Yes	Yes	Yes	10.0	Yes	5.4
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No	Yes	Yes	Yes	10.0	Yes	5.4
113	Colorectal Cancer Screening	No	Yes	Yes	Yes	10.0	Yes	5.4
112	Breast Cancer Screening	No	Yes	Yes	Yes	10.0	Yes	5.4
1	Hemoglobin A1c (HbA1c) Poor Control (>9%)	Yes (0 points**)	Yes	Yes	Yes	10.0	Yes	5.4
236	Hypertension: Controlling High Blood Pressure	Yes (0 points**)	Yes	Yes	Yes	10.0	Yes	5.4
370	Depression Remission at 12 Months	Yes (0 points**)	Yes	No	No	N/A	No	N/A
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	Yes	No	No	N/A	No	N/A
134	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	No	Yes	No	No	N/A	No	N/A
Composite	CAHPS for ACO	Yes (2 points; patient experience)	No	Yes	Yes	10.0	Yes	5.4

N/A = not applicable
* For ease of illustration, we assume that this CMS Web Interface submitting APM entity receives 5.4 out of 10 achievement points for each eligible measure in this hypothetical but more realistic scenario.
** Per regulations, "beginning with the 2021 MIPS payment year, MIPS eligible clinicians do not receive such [high priority] measure bonus points for CMS Web Interface measures"; CAHPS for ACO measure is eligible for 2 high priority bonus points.

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Table 1. MIPS APM Quality Performance Category Percentage Score Calculation for Entities that Must Submit Through the CMS Web Interface (Medicare Shared Savings Program and NGACO) *(continued)*

	MIPS APM Web Interface Reporting Max. Points Scenario		MIPS APM Web Interface Reporting Hypothetical Scenario*	
		Achievement Points Earned		Achievement Points Earned
(A) Total Possible Measure Achievement Points[a]		80		80
(B) Earned Measure Achievement Points[b]		**80.0**		**43.2**
(C) Earned High Priority Bonus Points		2		2
(D) Earned CEHRT Bonus Points[c,d]		8		8
(E) Total Bonus Points[e] = [(C)+(D)]		**10**		**10**
Total Earned Quality Performance Category points = [(B)+(E)]		90.0		53.2
(F) Quality Performance Category Achievement Score = [[(B)+(E)]/(A)*100%]		112.5000%		66.5000%
(G) Quality Performance Category Improvement Score[f]		10.0000%		10.0000%
(H) APM Quality Reporting Credit[g]		N/A		N/A
(I) Total Quality Performance Category Percent Score[h] = [(F)+(G)+(H)]		**100.0000%**		**76.5000%**
(J) Weight of the Quality Performance Category		0.5		0.5
Total Quality Performance Category Percent Score Toward Final Score = [(J)*(I)]		**50.0000%**		**38.2500%**

N/A = not applicable

[*] For ease of illustration, we assume that this CMS Web Interface submitting APM Entity receives 5.4 out of 10 achievement points for each eligible measure in this hypothetical but more realistic scenario.

[a] Assumes the 20-case minimum has been met and benchmarks are available.

[b] Assumes data completeness requirements have been met; for the maximum points scenario, assumes a maximum score of 10 on all measures.

[c] CEHRT bonus points are capped at 10% of the Total Possible Measure Achievement Points (A).

[d] Assuming end-to-end CEHRT reporting for all ten eligible measures; CAHPS is not eligible for CEHRT submission.

[e] Small practices may be eligible for an additional six bonus points; assuming not a small practice for this example.

[f] Assumes the maximum Quality Performance Category Improvement Score of 10%.

[g] NGACO, VT ACO and MSSP entities are required to report quality measure performance through a MIPS submission mechanism as part of APM participation and are thus ineligible for the APM reporting credit.

[h] Total Quality Performance Category Percent Score is capped at 100 percent. These values are expressed to the fourth decimal place.

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Table 2. MIPS APM Quality Performance Category Percentage Score Calculation for Entities that Choose to Submit Through the CMS Web Interface

Quality ID	Measure Title	High Priority Measure? (# bonus points)	Eligible for end-to-end CEHRT Bonus?	Benchmark Available?	MIPS APM Web Interface Reporting Max. Points Scenario		MIPS APM Web Interface Reporting Hypothetical Scenario*	
					Scored?	Achievement Points Earned	Scored?	Achievement Points Earned
318	Falls: Screening for Future Falls	Yes (0 points**)	Yes	Yes	Yes	10.0	Yes	5.4
110	Preventive Care and Screening: Influenza Immunization	No	Yes	Yes	Yes	10.0	Yes	5.4
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No	Yes	Yes	Yes	10.0	Yes	5.4
113	Colorectal Cancer Screening	No	Yes	Yes	Yes	10.0	Yes	5.4
112	Breast Cancer Screening	No	Yes	Yes	Yes	10.0	Yes	5.4
1	Hemoglobin A1c (HbA1c) Poor Control (>9%)	Yes (0 points**)	Yes	Yes	Yes	10.0	Yes	5.4
236	Hypertension: Controlling High Blood Pressure	Yes (0 points**)	Yes	Yes	Yes	10.0	Yes	5.4
370	Depression Remission at 12 Months	Yes (0 points**)	Yes	No	No	N/A	No	N/A
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	No	Yes	No	No	N/A	No	N/A
134	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	No	Yes	No	No	N/A	No	N/A
321	CAHPS for MIPS	Yes (2 points; patient experience)	No	Yes	Yes	10.0	No***	N/A

N/A = not applicable

* For ease of illustration, we assume that this CMS Web Interface submitting APM Entity receives 5.4 out of 10 achievement points for each eligible measure in this hypothetical but more realistic scenario.

** Web Interface measures are ineligible for high priority bonus points.

*** Under the hypothetical scenario, we assume the APM Entity did not choose to participate in the CAHPS for MIPS measure.

**** To be eligible to submit through the CMS Web Interface, the MIPS APM Entity must have at least 25 providers, which means it will surpass the minimum 16 providers required for the readmission measure to be automatically calculated, and this measure will be included assuming it meets the case minimum of 200.

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Table 2. MIPS APM Quality Performance Category Percentage Score Calculation for Entities that Choose to Submit Through the CMS Web Interface *(continued)*

	MIPS APM Web Interface Reporting Max. Points Scenario		MIPS APM Web Interface Reporting Hypothetical Scenario[*]	
		Achievement Points Earned		Achievement Points Earned
(A) Total Possible Measure Achievement Points[a]		80		70
(B) Earned Measure Achievement Points[b]		**80.0**		**37.8**
(C) Earned High Priority Bonus Points		2		N/A
(D) Earned CEHRT Bonus Points[c,d]		8		7
(E) Total Bonus Points[e] = [(C)+(D)]		**10**		**7**
Total Earned Quality Performance Category points = [(B)+(E)]		90.0		44.8
(F) Quality Performance Category Achievement Score = [[(B)+(E)]/(A)*100%]		125.0000%		64.0000%
(G) Quality Performance Category Improvement Score[f]		10.0000%		10.0000%
(H) APM Quality Reporting Credit[g]		50%		50%
(I) Total Quality Performance Category Percent Score[h] = [(F)+(G)+(H)]		**100.0000%**		**100.0000%**
(J) Weight of the Quality Performance Category		0.5		0.5
Total Quality Performance Category Percent Score Toward Final Score = [(J)*(I)]		**50.0000%**		**50.0000%**

N/A = not applicable

[a] Assumes the 20-case minimum has been met and benchmarks are available.

[b] Assumes data completeness requirements have been met; for the maximum points scenario, assumes a maximum score of 10 on all measures.

[c] Web Interface measures are ineligible for high priority bonus points through MIPS.

[d] CEHRT bonus points are capped at 10% of the Total Possible Measure Achievement Points (A). Assuming end-to-end CEHRT reporting for all ten eligible measures; CAHPS is not eligible for CEHRT submission.

[e] Small practices may be eligible for an additional six bonus points; assuming not a small practice for this example.

[f] Assumes the maximum Quality Performance Category Improvement Score of 10 percent.

[g] Assumes entity not required to report quality measure performance through a MIPS submission mechanism as part of APM participation.

[h] Total Quality Performance Category Percent Score is capped at 100 percent. These values are expressed to the fourth decimal place.

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Table 3. MIPS APM Quality Performance Category Percentage Score Calculation for Quality Data Submitted Through Other MIPS Mechanisms (other than the CMS Web Interface)

Quality ID	Measure Title (Example measures selected for illustration purpose only)	High Priority Measure? (# bonus points)	Eligible for end-to-end CEHRT Bonus? (collection type)	Benchmark Available?	MIPS APM Max. Points Scenario		MIPS APM Hypothetical Points Scenario		MIPS APM Minimum Points Scenario	
					Scored?	Potential Achievement Points	Scored?	Potential Achievement Points	Scored?	Potential Achievement Points
370	Depression Remission at 12 Months	Yes (0 pt; first reported outcome)	Yes (eCQM)	Yes	Yes	10	Yes	3.5	Did not submit	0
321	CAHPS for MIPS	Yes (2 pt; patient experience)	No (CAHPS for MIPS)	Yes	Yes	10	Yes	4	Did not submit	0
047	Advance Care Plan	Yes (1 pt; care coordination)	No (Medicare Part B claims)	Yes	Yes	10	Yes	3 pt-floor	Did not submit	0
238	Use of High-Risk Medications in the Elderly	Yes (1 pt; patient safety)	Yes (eCQM)	Yes	Yes	10	Yes	4	Did not submit	0
236	Controlling High Blood Pressure	Yes (2 pt; outcome)	Yes (QCDR)	Yes	Yes	10	Did not submit	0	Did not submit	0
112	Breast Cancer Screening	No	No (Medicare Part B claims)	Yes	Yes	10	Not needed (lowest score)	3 pt-floor	Did not submit	0
475	HIV screening	No	Yes (eCQM)	Yes	Not needed*	0	Yes	4.4	Did not submit	0
111	Pneumococcal Vaccination Status for Older Adults	No	No (Medicare Part B claims)	Yes	Not needed*	0	Yes	3.5	Did not submit	0

*The minimum requirement of 6 submitted measures already met.

Table 3. MIPS APM Quality Performance Category Percentage Score Calculation for Quality Data Submitted Through Other MIPS Mechanisms (other than the CMS Web Interface) *(continued)*

	MIPS APM Max. Points Scenario		MIPS APM Hypothetical Points Scenario		MIPS APM Minimum Points Scenario
	Achievement Points Earned		Achievement Points Earned		Achievement Points Earned
(A) Total Possible Measure Achievement Points[a]		60		60	60
(B) Earned Measure Achievement Points[b]		**60.0**		**22.4**	**0**
(C) Earned High Priority Bonus Points[c]		6		4	0
(D) Earned CEHRT Bonus Points[c,d]		4		3	0
(E) Total Bonus Points[e] = [(C)+(D)]		**10**		**7**	**0**
(F) Total Earned MIPS measure points = [(B)+(E)]		70.0		29.4	0
(G) Quality Performance Category Achievement Score = [[(B)+(E)]/(A)*100%]		116.6667%		49.0000%	0.0000%
(H) Quality Performance Category Improvement Score[f]		10.0000%		0.0000%	-
(I) APM Quality Reporting Credit[g]		50.0000%		50.0000%	50.0000%
(J) Total Quality Performance Category Percent Score[h] = [(G)+(H)+(I)]		**100.0000%**		**99.0000%**	**50.0000%**
(K) Weight of the Quality Performance Category		0.50		0.50	0.50
Total Quality Performance Category Percent Score Toward Final MIPS Score = [(J)*(K)]		**50.0000%**		**49.5000%**	**25.0000%**

[a] Assumes the 20-case minimum has been met and benchmarks are available.

[b] Assumes data completeness requirements have been met; for the maximum points scenario, assumes a maximum score of 10 on all measures; only the best six measure achievement scores are used in the calculation.

[c] High priority and CEHRT bonus points are separately capped at 10 percent of the Total Possible Measure Achievement Points (A).

[d] Assumes successful end-to-end CEHRT reporting for all eligible measures submitted by APM Entities.

[e] Small practices may be eligible for an additional six bonus points; assuming not a small practice for this example.

[f] Assumes the maximum Quality Performance Category Improvement Score of 10 percent for the maximum scenario and 0 percent for the hypothetical scenario; the Improvement Score does not apply in the last scenario where no MIPS measures were submitted.

[g] Assumes entity not required to report quality measure performance through a MIPS submission mechanism as part of APM participation.

[h] Total Quality Performance Category Percent Score is capped at 100 percent. These values are expressed to the fourth decimal place.

Version History

Date	Change Description
10/6/2020	Updated Tables 1 and 2 to reflect change in measure 134: Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan. This measure is pay-for-reporting and, therefore, does not have a benchmark. For purposes of MIPS, this measure is excluded from scoring for the 2020 performance year as long as data completeness requirements are met.
5/18/2020	Original posting

Updated 10/6/2020