MIPS Quality Measure Selection

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This white paper is intended to bring clarity and know-how to the Quality performance category under the Merit-Based Incentive Payment System(MIPS). Specific attention is given to understanding what elements should be considered when finalizing measure selection for the 2017 reporting year.

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The Quality performance category under the Quality Payment Program's Merit-Based Incentive Payment System (MIPS) is worth 60% of the MIPS composite performance score. For success on this performance category, proper attention should be given to measure selection for maximum point earning potential.

Prior to 2017 and under the PQRS, measure selection primarily centered on 2 key components:

1. Which CPT and Diagnosis codes were being billed to Medicare?

2. What clinical quality actions were typically performed by the provider per the standard of care for their patient populations?

The CPT and Diagnosis code elements typically make up the denominator criteria for a measure, while the clinical quality action(s) associated with the measure are known as the numerator for the measure. Both the denominator and the numerator criteria are outlined in the measure specifications manual for each measure. Those elements, along with certain NQS domain and cross-cutting requirements, narrowed down the available measures to a short list from which each provider could choose. Going forward under the MIPS, measure selection for the Quality performance category is no longer as "simple" as looking at which CPT and Diagnosis codes a provider/practice bills throughout the year and picking measures that employ those codes. It is critical that providers/practices not only examine the measure eligibility and quality action requirements, but also the new and critical element of achievable points per measure. Measure selection should be a 4-pronged approach. In addition to the 2 components listed above, the following should also be considered when choosing measures for reporting:

3. Ensure at least 1 measure is an outcome measure type. If no outcome measure is reportable by the practice or clinician, a high-priority measure can be used in lieu of the outcome measure

4. Review the MIPS_Benchmark_Results spreadsheet to confirm that the maximum (10 points) is achievable for each measure being reported on

The final step of reviewing the benchmark spreadsheet for the points available is a critical piece of the measure selection puzzle. New measures, which lack benchmark history from prior years will only offer 3 points maximum. Additionally, some measures are considered "topped out," meaning that even very high performance rates could result in very low point earning potential. To earn 10 points on a "topped out" measure, a perfect performance score would be required.

Another item to take into consideration for measure selection is bonus points, which are available for reporting certain measure types. MIPS clinicians and/or group practices can earn 2 bonus points by reporting additional outcome (and patient experience) measures beyond the minimum requirement. One bonus point can be earned for each additional high-priority measure beyond the minimum requirement. Additionally, using Certified EHR Technology (CEHRT) to submit quality measures is called electronically end-to-end reporting and can result in 1 bonus point. The measure does not need to be in the top 6 Quality measures in order to earn bonus points. Outcome/High Priority measures have a 10% cap for bonus points. Using CEHRT to submit measures also has a cap of 10% for bonus points.

To optimize the measure selection for a MIPS eligible clinician or group practice, it is recommended that you look beyond just the denominator and numerator criteria established for each measure. You should review the decile scoring sheet for each measure to ensure that you are choosing measures that have a maximum earning potential of 10 points each and that are not "topped out," as defined above. Additionally, it is recommended that you look at the possible outcome and high-priority measures that are available for reporting for any potential bonus point earning potential. You can determine measure type (outcome/Intermediate outcome) as well as high-priority measures within the 2017 Measures Listing.

ReportingMD can take the guesswork out of measure selection and shift the focus back to quality of care and better patient outcomes.

Company background:

ReportingMD® provides high quality **Medical Intelligence**™ (**MI**) products, health information consulting, and custom solutions. We are a qualified registry by the Center for Medicare and Medicaid Services (CMS) for Physician Quality Reporting Systems (PQRS) and e-prescribe since 2008 and a data submission vendor (DSV) for PQRS and Meaningful Use. We help our clients meet the technical challenges of reporting through customizable applications through health information technology engineering, MI analytics, cloud computing and web-based solutions.