



Quality Payment Program

MIPS: Quality Category

Quality replaces the PQRS program as well as quality from Value-Based Modifier Program (VBM). If you already report PQRS measures, this will provide a smooth transition due to familiarity. Performance is measured against benchmarks. **This category is weighted at 60%.**

REPORTING

Select 6 out of 300+ quality measures.
OR
Report on a specialty-specific set (more than 25 specialty sets to choose from)
OR
If you participate in MSSP, report your annual ACO quality data

One measure must be an outcome measure or a high priority measure; in addition, all cause readmissions will be calculated based on claims for certain providers.

Large groups with more than 25 clinicians can use CMS' Web Interface to report at a minimum of 15 measures (must be registered by **June 30, 2017**).

SCORING

Each quality measure has a point value range up to 10 points.
Failure to submit at least one measure will give you 0 points in this category.

Easier to achieve more than 3 points if you participate longer. Must report for a minimum of 90 days to be eligible for maximum payment adjustment.
Bonus Points available around high priority measures and end-to-end electronic reporting (certified electronic health record technology use)

Pick Your Pace Options: *Quality Category*

"Pace" Option:	How Long You Need to Report:	Minimum Reporting Requirements:	Estimated Scoring:
"Run" 	Minimum of 90 consecutive days. While not mandatory, the reporting goal is a full year for a potentially higher percentage payment adjustment.	Report 6 Quality measures	40 - 60 points
"Walk" 	Minimum of 90 consecutive days starting on or before October 1, 2017.	≥ 2 Quality measures	30 - 50 points
"Crawl" 	Report once in 2017	Report a minimum of one Quality measure, one time to earn a minimum of 3 points	3 points