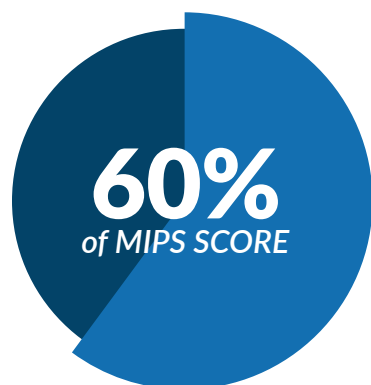


Quality Measures



The MIPS Quality Performance Category is closely related to its predecessor, the Physician Quality Reporting System (PQRS). Much like PQRS, the Quality Performance Category can be reported individually or as a group, and requires submission of quality measure information to CMS. It is the most valuable performance category in 2017, worth 60% of the MIPS composite performance score.

PQRS	MIPS Quality Performance Category
Report 9 Individual Measures	Report 6 Individual Measures
Measures cover 3 NQS domains	No NQS Domain Requirement
Measure groups are reportable	No measure groups available, specialty measure sets
Report 50% of eligible instances for Medicare Part B patient visits	Report 50% of eligible instances across all payers
One cross-cutting measure	One outcome or "high priority" measure

1 Select Measures

- Determine level of participation
 - Report 1 Quality Measure to avoid the MIPS penalty, or report up to 6 Quality Measures to get an incentive payment.
- Select at least 1 outcome measure
 - If no outcome measure is applicable, report at least 1 high-priority measure
- Select the rest of the measures you plan to report
 - Bonus points will be awarded for selecting outcome or high-priority measures
 - Selecting more than 6 measures can be a good idea. At the end of the year, CMS will accept the highest performing measures and disregard the rest!

2 Record Quality Measure Data

- Determine reporting period
 - Your reporting period in 2017 must be at least 90 consecutive days between January 1, 2017 and December 31, 2017.
 - 50% the eligible instances across all payers must be reported for the allotted time period.
 - For the best chance at an incentive, the entire year must be reported.

3 Review Data & Submit!

Your MIPS Quality Performance Category score will be determined based on benchmarks obtained from a prior year. MIPS PRO features a dashboard integrated with these benchmarks. Start early to monitor and achieve a maximized score!

