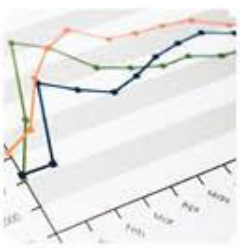


Quality Reporting

With Kim Baxter



Meeting Decorum

- Panelists, please mute yourself when you are not actively speaking
- Attendees are automatically muted in the webinar
- To ask a question, please use the Q&A function
- The Presentation slide deck will be provided in an email following today's session
- Today's presentation will be emailed to all participants following the meeting.

Today's Presenter



Kim Baxter, MBA
Senior Health Informatics

OFMQ

- Since 1972, OFMQ has been a trusted resource through collaborative partnerships and hands-on support to healthcare communities

MISSION:

“Leading efforts to advance healthcare and improve lives.”

OFMQ Services

Quality Reporting

HIPAA Security & Privacy

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Security Awareness Training

Value-Based Care programming

Security Risk Management

Medical case review

HIE Outreach & Onboarding

Indian Health Services (IHS) & Tribal Health consulting

Community Engagement

Long-term Care QI

Continuing Education

<https://www.ofmq.com/>

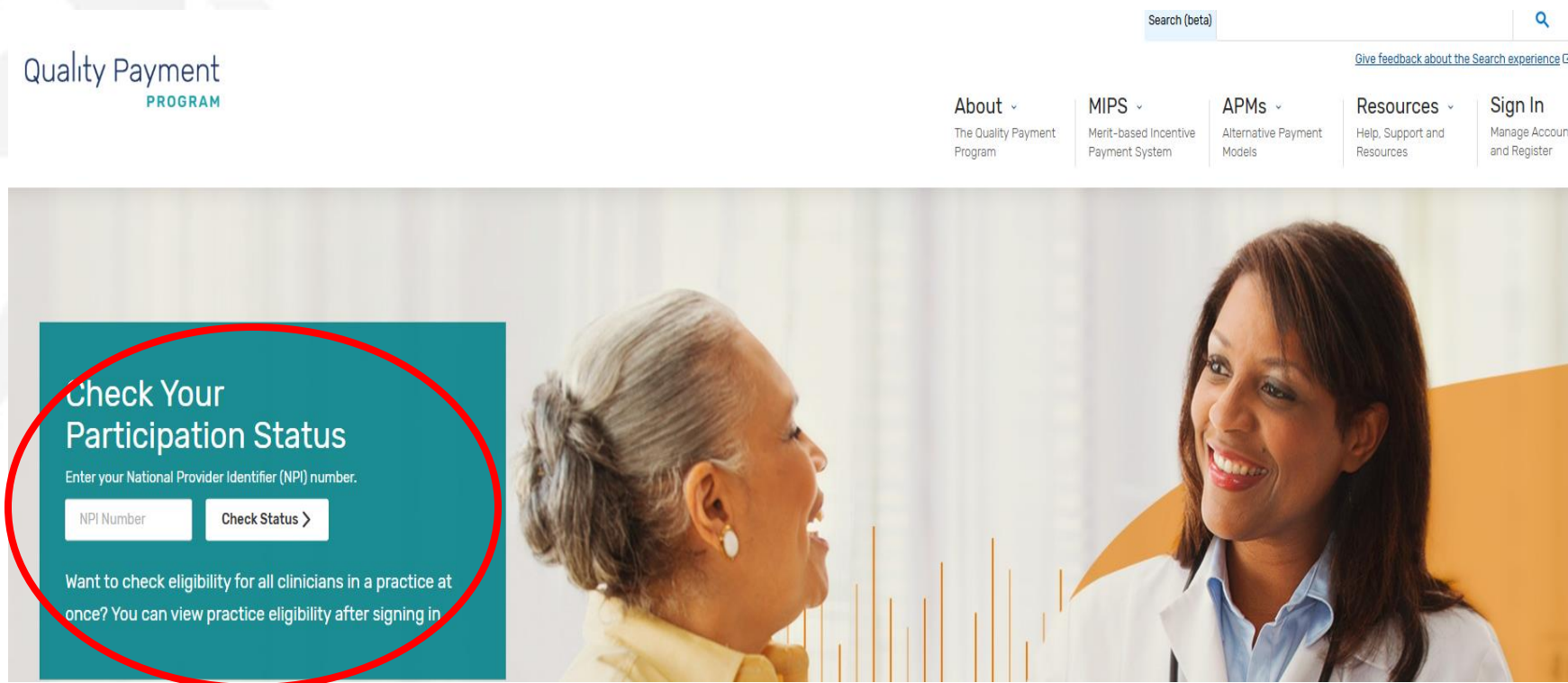


MIPS Quality Reporting



How to Check Eligibility Status

<https://qpp.cms.gov/>



The screenshot shows the Quality Payment Program (QPP) website. The header includes the QPP logo, a search bar, and navigation links for About, MIPS, APMs, Resources, and Sign In. The main content area features a large teal box with the heading 'Check Your Participation Status' circled in red. Below the heading, it prompts the user to 'Enter your National Provider Identifier (NPI) number.' and provides a text input field labeled 'NPI Number' and a 'Check Status >' button. A note at the bottom of the teal box states: 'Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.' The background of the page shows two women, one older and one younger, smiling and talking.

Quality Payment PROGRAM

Search (beta) [Give feedback about the Search experience](#)

About [The Quality Payment Program](#)

MIPS [Merit-based Incentive Payment System](#)

APMs [Alternative Payment Models](#)

Resources [Help, Support and Resources](#)

Sign In [Manage Account and Register](#)

Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

NPI Number [Check Status >](#)

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

NPI Number

Check All Years >



Associated Practices (2)

MEDICAL GROUP PLLC

+ Expand

MIPS Eligibility:

☒ INDIVIDUAL ☒ GROUP

☒ CHECK APM REQUIREMENTS

WOUND CARE LLC

+ Expand

MIPS Eligibility:

☒ INDIVIDUAL ☒ GROUP

MIPS Participation

MIPS Eligibility:

☒ INDIVIDUAL ☒ GROUP

MIPS REPORTING REQUIREMENTS

This clinician is not required to report because they are a Qualifying APM Participant (QP).

MIPS REPORTING & PARTICIPATION OPTIONS

This clinician may voluntarily report traditional MIPS.

APM Participation (1)

☒ CHECK APM REQUIREMENTS

[REDACTED] a participant in 1 APM entity at this practice, and may need to submit data in this system as part of APM specific reporting requirements.

[REDACTED] LLC

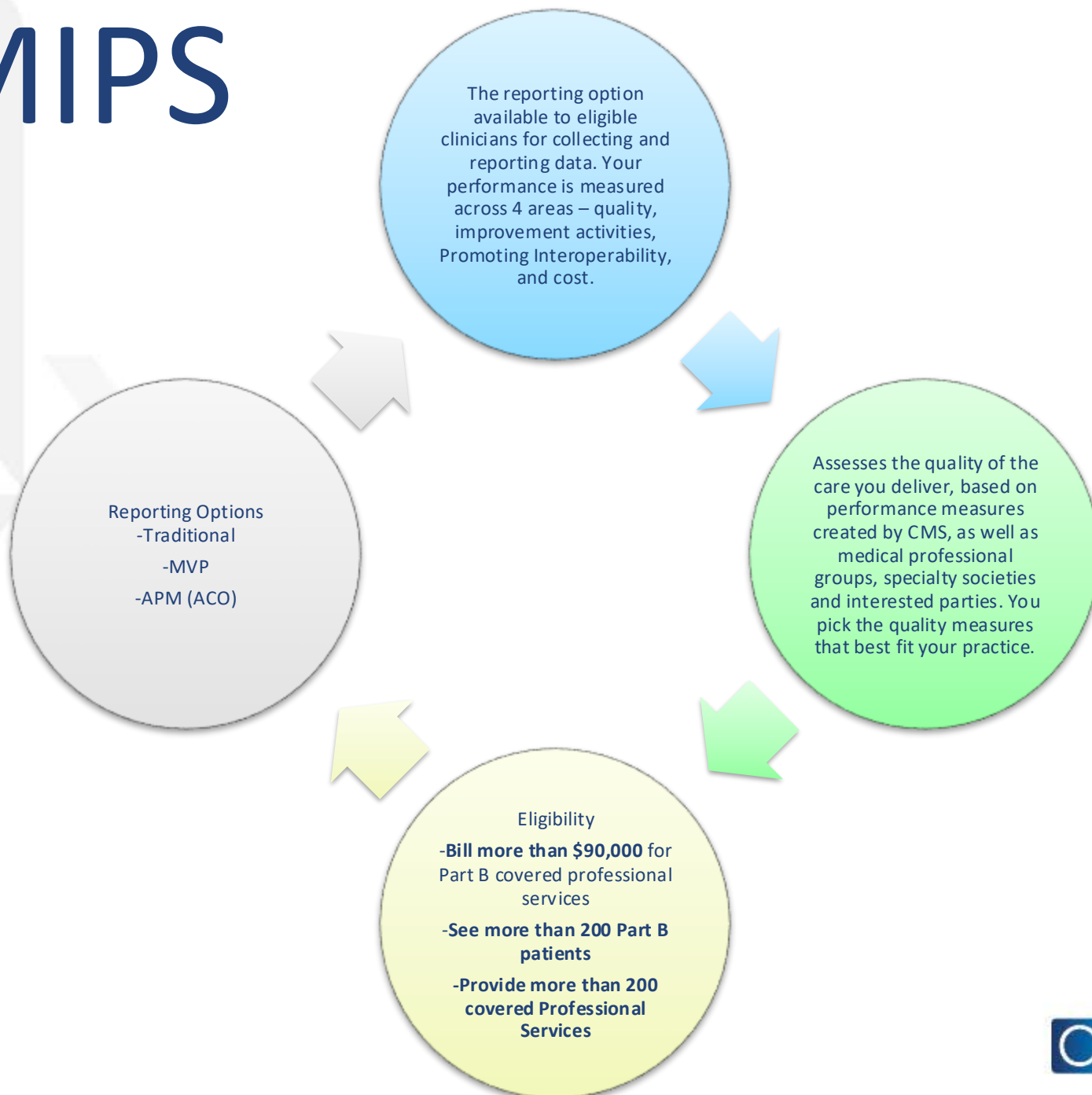
Clinician Level Information

Exceeds low volume threshold ?	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds \$90,000
Covered services for this clinician	Exceeds 200
MIPS eligible clinician type ?	Yes
Enrolled in Medicare before January 1, 2025	Yes

Practice Level Information

Exceeds low volume threshold ?	Yes
Medicare patients at this practice	Exceeds 200
Allowed charges at this practice	Exceeds \$90,000
Covered services at this practice	Exceeds 200

MIPS



Weighting per Category



Quality

- Trad MIPS 30%
- APM 55%
- APP 50%



Cost

- Trad MIPS 30%
- APM 0%
- APP 0%



Improvement

- Trad MIPS 15%
- APM 15%
- APP 20%



Interoperability

- Trad MIPS 25%
- APM 30%
- APP 30%



MIPS Quality Updates

2025 – 195 Quality Measures

2026 – 190 Quality Measures

Addition of 5 new measures

Removal of 10 measures

Substantive Changes to 30 existing quality measures.

MIPS Quality Updates

2026 New Finalized Measures:

- Q513 Patient Reported Falls and Plan of Care – MIPS CQM
- Q512 Prevalent Standardized Kidney Transplant Waitlist Ratio – MIPS CQM
- Q514 Diagnostic Delay of Venous thromboembolism in Primary Care – eCQM
- Q515 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes – eCQM
- Q516 Hepatitis C Virus (HCV) Sustained Virological Response (SVR) – MIPS CQM

Collection Types

Collection Types Remain the same for one more year

1. eCQMs
2. Medicare CQMs – **only available to MSSP ACOs**
3. MIPS CQMs
4. QCDR Measures
5. CAHPS for MIPS Survey
6. Administrative claims – **only small practices may use this collection type.**

Collection Types

Benchmarking Methodology for Scoring Administrative Claims-based Quality Measures

CMS updated the benchmarking methodology for administrative claims quality measures to **align with the benchmarking methodology for cost measures beginning with the CY 2025 performance period/2027 MIPS payment year.**

- **The Median will be set a 7.5**

Traditional MIPS

- Select a minimum of 6 quality measures(including 1 outcome or high priority measure) from the complete MIPS quality measure inventory.

Traditional MIPS Requirements

- 30% of Final Score

Can change if:

- Special Status
- Exception application
- APM Entity Participation

MVP

- Select a minimum of 4 quality measures(including 1 outcome or high priority measure) from your chosen MVP
- Each MVP includes a subset of quality measures that best align with a given specialty or medical condition.

MVP

- 2026 has 6 New MVPS
 - Diagnostic Radiology
 - Interventional Radiology
 - Neuropsychology
 - Pathology
 - Podiatry
 - Vascular Surgery

MVP

- Modifying all 21 existing MVPs
- Groups will attest to their specialty composition
- Multispecialty small practices will still be able to report an MVP as a group
- Qualified Clinical Data Registries (QCDRs) will have one year after a new MVP is finalized before they are required to fully support that MVP

APM – Alternative Payment Model

- Performance is measured in 3 areas
 - Quality
 - Improvement Activities
 - Promoting Interoperability

Quality Measures: APP Requirements - QPP

APM Quality Reporting

- 2 Quality Measure Sets
 - Existing APP Quality Measure Set
 - New APP Plus Quality Measure Set
 - CMS is incorporating additional measures into the APP Plus set.
 - Quality #113: Colorectal screening
 - Quality #484 Clinician and Clinician Group Risk

[Quality Measures: APP Requirements - QPP](#)

APP Plus Quality Measure Set

Measure Name (Quality ID)	Performance Period
Diabetes: Glycemic Status Assessment Greater Than 9% (Quality #001, previously named Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%))	2025
Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality #134)	2025
Controlling High Blood Pressure (Quality #236)	2025
CAHPS for MIPS Survey (Quality #321)	2025
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible MIPS Clinician Groups (Quality #479)	2025
Breast Cancer Screening (Quality #112)	2025
Colorectal Cancer Screening (Quality #113)	2026

Measure Name (Quality ID)	Performance Period
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure (Quality #484, not included in the Adult Universal Foundation)	2026
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Quality #305)	2027
Adult Immunization Status (Quality #493)	2028 or the performance period that is one year after the eCQM specification becomes available, whichever is later

Quality Reporting Annually

Who (Submitter Type)	What (Collection Type)	How (Submission Type)	When
You (Individual, Group, Virtual Group, Subgroup, or APM Entity Representative)	Medicare Part B Claims Measures (small practice only)	Through your routine Medicare Part B billing practices	Throughout the performance period (must be processed by your MAC and received by CMS by March 1, 2026)
	eCQMs	Sign in to the QPP website and upload a QRDA III file	January 2 – March 31, 2026
	MIPS CQMs	Sign in to the QPP website and upload a QPP JSON file	January 2 – March 31, 2026
Third Party Intermediaries QCDRs or Qualified Registries	eCQMs MIPS CQMs QCDR Measures	Sign in to the QPP website and upload a QRDA III or QPP JSON file OR Use the QPP Submission Application Programming Interface (API)	January 2 – March 31, 2026
CMS-Approved Survey Vendors	CAHPS for MIPS Survey Measure	Secure method outside of the QPP website	In January 2026 - following data collection (standardized annual timeframe)

[Merit-based Incentive Payment System \(MIPS\): 2025 Quality Performance Category Quick Start Guide](#)

Quality Reporting

Scoring: Up to 10 points per measure, aiming for 60 points in total for the Quality category.

- Measures are scored based on performance compared to benchmarks, with some "topped out" measures having a maximum of 7 points.

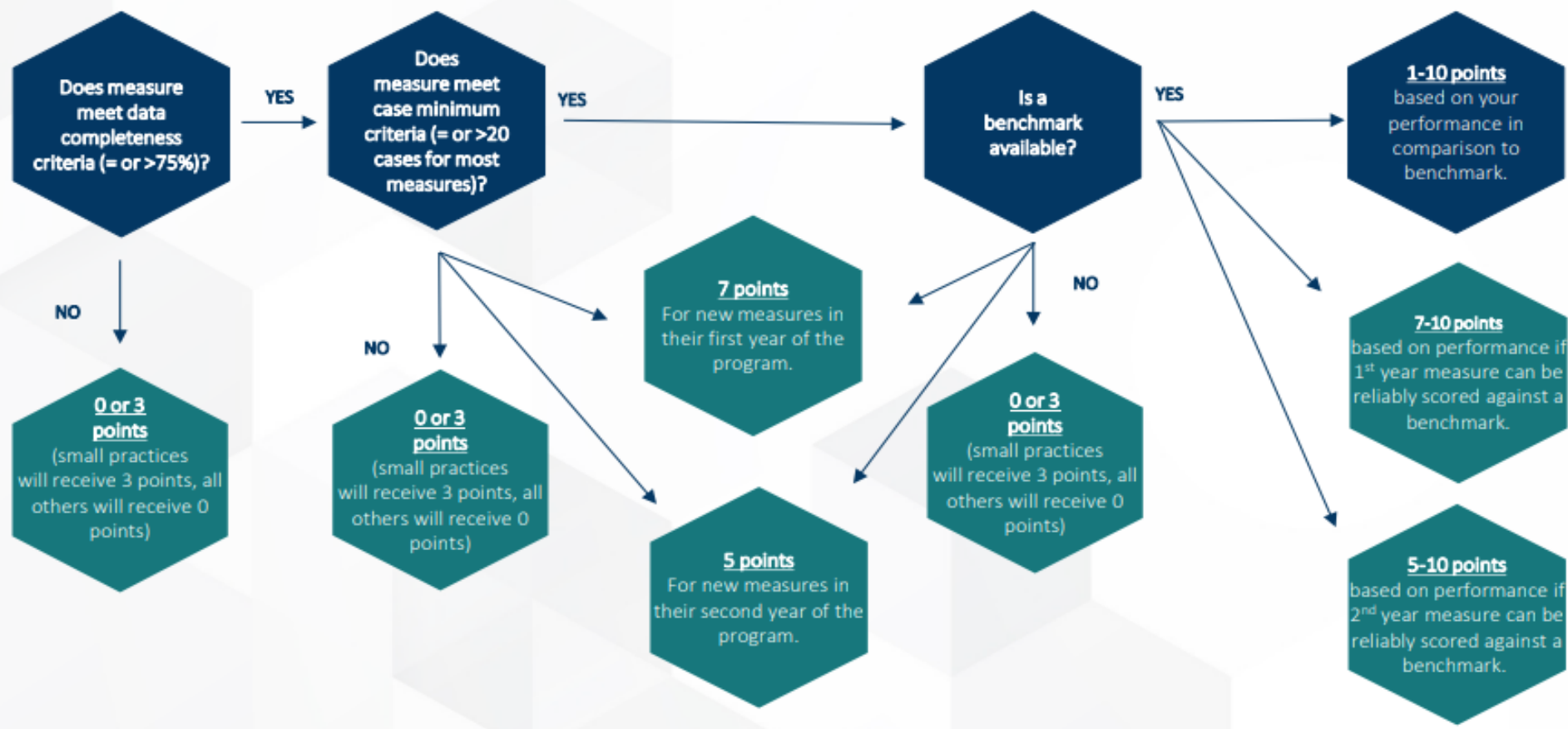
Quality is scored based on how they stack up against set benchmarks. For a measure to get a reliable score means:

- There's a benchmark in place
- It meets the case minimum
- Usually, 20 cases submitted per measure
- It fulfills data completeness requirements
- At least 75% of eligible patients/cases are reported

Bonus points are only available for small practices.

- Six bonus points will continue to be added to the quality per

Quality Scoring



Quality Scoring Example

eClinicalWorks¹²

MIPS

Home Setup Quality 2025 PI IA

Individual

Reporting Type: Individual Computation status: completed Data Set: 2025-01-01 To 2025-11-14 Select Provider CSV

Code	Measure	Version Year	IPP	DEN + EXCL	NUM	NUM EXCL	EXCL	DM	EXC	Perf. Not Met	Perf. Rate (%)	ECW AVG (%)	DECILE
		All	All	All	All	All	All	All	All	All	>	All	All
											40.0		
130	Documentation of Current Medications in the Medical Record	2025		3993	3893	0	0	100	0	NA	97.5	85.22	3
134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2025		1936	1133	0	23	779	1	NA	59.26	44.73	1
236	Controlling High Blood Pressure	2025		579	464	0	8	1	0	106	81.26	65.96	9
CMS165	Controlling High Blood Pressure	2025	599	599	438	0	11		0	150	74.49	70.11	7
CMS2	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2025	1936	1936	1097	0	23		0	816	57.34	40.55	6
CMS347A	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	2025	142	142	94	0	0		7	41	69.63	70.58	0
CMS347B	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	2025	120	120	83	0	0		3	34	70.94	62.80	0
CMS347C	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	2025	183	183	122	0	0		3	58	67.78	68.15	0

Quality Reporting Data Management

Standardize Data Entry Processes

- Establish clear guidelines for data entry to minimize errors. Consistent data entry methods lead to more accurate and reliable data.
- Regular Data Audits

Periodically audit your data for accuracy and completeness. Regular audits help

- identify and correct errors in a timely manner.

Training and Education

- Regularly train staff on the importance of accurate data collection and reporting.

Prepare for Submission Deadlines

- Be aware of MIPS reporting deadlines and prepare your submission well in advance to avoid last-minute rushes that can lead to errors.

Quality Reporting Tips

Stay Informed

- Annually review each quality measure's specifications to confirm requirements haven't changed

Prioritize High-Impact Measures

- Choose measures that enhance patient outcomes and offer high scores

Optimize Current Performance

- Use historical performance data to identify strong areas and those needing improvement; select measures accordingly to demonstrate progress or strengths

Relevance

- Before selecting measures consider your patient population and specialty.

Report More Than Required

- CMS considers your top-performing measures

Plan for Future

- Select measures aligning with long-term quality improvement goals

Payment Adjustments

If you're eligible for MIPS:

- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.

- **Positive payment** adjustment for clinicians with a final score above the performance threshold (75 points in 2022 – 2025 performance years).
- **Neutral payment** adjustment for clinicians with a final score equal to the performance threshold (75 points in 2022 – 2025 performance years).
- **Negative payment** adjustment for clinicians with a final score below the performance threshold (75 points in 2022 – 2025 performance years).

- Your MIPS payment adjustment is based on your performance during the performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1 of the payment year.
- E.g., 2027 is the payment year for the 2025 performance year.

Resources for Reporting

- [Quality Payment Program \(QPP\)](#)
- [Participation Lookup - QPP](#)
- [Resource Library – QPP](#)
- [Merit-based Incentive Payment System \(MIPS\): 2025 Quality Performance Category Quick Start Guide](#)

Questions



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