

2017 Merit-based Incentive Payment System (MIPS) Score Estimator: **Frequently Asked Questions**

General Questions

How do I use the MIPS Score Estimator?

The 2017 MIPS Score Estimator tool allows MIPS Eligible Clinicians (ECs) and groups to assess the approximate score they may receive for the 2017 MIPS performance year. The estimated MIPS score is generated based on data manually entered into the tool across MIPS performance categories. Detailed instructions for how to use the tool are included on each page, and in a brief video tutorial available on the [2017 MIPS Score Estimator webpage](#).

How does the tool calculate the estimated MIPS score?

The estimated MIPS score is based on information CMS published in the MIPS Final Rule and through other Quality Payment Program resources available at the time the tool was published. The tool is currently in Beta version, and we plan to update the tool annually as CMS continues to finalize MIPS scoring details.

How do I reset all values to the default once I've already input some data?

To reset the tool to its default state, we recommend downloading a new copy.

Will this tool help me assess whether I will earn the APM bonus?

No, this tool calculates an estimated MIPS score. Providers that do not qualify for the Advanced Alternative Payment Model (APM) payment track may use this tool to estimate what their score may be in the MIPS payment track. For assistance with APM track qualification questions, please contact your Advisory Board Account Manager.

Where do I go to learn more about MIPS and MACRA?

For more information, please see our [2017 MACRA Final Rule Detailed Analysis webconference](#).

Who do I contact for assistance with the tool?

If you have additional questions about how to use the tool or suggestions for improvements, please contact your Advisory Board Account Manager.

Quality Category

Where do I find the Quality measure benchmarks?

The [2017 MIPS Quality benchmarks](#) are available from the CMS Quality Payment Program website.

How do I input benchmark data into the tool?

For **Claims, EHR, and registry/QCDR** reporting methods, reference the following CMS benchmark data:

- **Performance Decile.** Use the CMS benchmark data to determine the Decile range in which a measure's performance rate falls per reporting mechanism. For example, for the *Diabetes: Hemoglobin A1c Poor Control* measure, a claims-based performance rate of 30% falls within Decile 3 decile range (i.e., 35.00 – 25.72 highlighted below).

Measure_Name	Measure_ID	Submission_Method	Measure_Type	Benchmark	Decile 3
Diabetes: Hemoglobin A1c Poor Control	1	Claims	Outcome	Y	35.00 - 25.72

Note: for a measure with a Performance Rate *below the 3rd decile* or *in the 10th decile*, you are not required to enter Left Benchmark Bound, Right Benchmark Bound, or Performance Rate data into the tool. A measure with a Performance Rate *below the 3rd decile* receives a Measure Performance Score of 3, and a measure with a Performance Rate *in the 10th decile* receives a Measure Performance Score of 10.

- **Left Benchmark Bound.** For each Decile, the Left Benchmark Bound is the value on the left of the benchmark range (e.g., 35.00 is the left benchmark bound for Decile 3 in the example above).
- **Right Benchmark Bound.** The Right Benchmark Bound is the value on the right (e.g., 25.72 is the right benchmark bound for Decile 3 in the example above).

Note: groups that plan to report **CMS Web Interface** measures do not need to input benchmark data. The tool will reference the relevant benchmarks and calculate the score based on the measure performance data input.

How do I determine the “Measure Type”?

You may reference our [2017 MIPS Measure List](#) tool to determine the Measure Type on the Quality tab. If a measure qualifies as more than one Measure Type below, select the relevant Measure Type that occurs first in the list.

- **Outcome** measures are identified in Column L
- Other High Priority measure types are identified as follows:
 - **Patient Experience** = “Person and Caregiver-Centered Experience and Outcomes” in Column S
 - **Appropriate Use** = “X” in Column R
 - **Patient Safety** = “Patient Safety” in Column S
 - **Efficiency** = “Efficiency and Cost Reduction” in Column S
 - **Care Coordination** = “Communication and Care Coordination” in Column S

What is “End-to-end Electronic Reporting”?

CMS defines end-to-end electronic reporting as a measure for which:

- Quality data is collected in certified EHR technology (CEHRT);
- Data is exported and electronically transmitted either directly to CMS or through a third party vendor; and
- If using a third party vendor, automated software is used to aggregate measure data, calculate measures, perform any filtering of measurement data, and submit the data electronically to CMS.

How does the tool assign a score for the All-Cause Hospital Readmissions Quality score?

We have chosen to give a score of 3 for the All-Cause Hospital Readmissions Quality measure as the lowest possible score groups can receive. CMS has yet to release the decile benchmark data as of the date our MIPS Score Estimator was published.

Improvement Activities Category

What is the definition of “non-patient facing”?

CMS defines a non-patient facing clinician or group as:

- A MIPS EC who bills 100 or fewer patient-facing encounters; or
- A group of MIPS ECs with more than 75 percent of individual non-patient facing ECs billing under the group’s TIN.

What is the difference if I input “Yes” or “Yes using CEHRT”?

A response of “Yes” indicates that an activity is performed, whereas “Yes using CEHRT” indicates that Certified EHR Technology is used to carry out the activity. Applicable activities that are carried out using CEHRT qualify for bonus points, awarded in the Advancing Care Information (ACI) category, when “Yes using CEHRT” is input into the tool.

While ECs must report that CEHRT is used to carry out the activity in order to earn the bonus points, they are not required to report the related measures in the ACI performance category to qualify for the bonus.

I participate in a MIPS APM, do I need to enter any Improvement Activities information?

Once a MIPS APM is selected on the Overview page, the tool will automatically award full credit in the Improvement Activities category, and no additional improvement activities information is required.

Advancing Care Information (ACI) Category

Can I use this tool to compare my performance between Modified Stage 2 and Stage 3 measures?

Yes, you may input measure data for both Modified Stage 2 equivalent, and Stage 3 equivalent measure sets. The tool will use the highest score between measure sets to derive the estimated MIPS score.

My practice plans to report MIPS as a group, how do I enter our ACI data?

The tool will estimate the group's ACI score based on the group's aggregate numerator and denominator value input for each applicable measure.

Special Scenarios

Can I use this tool if my practice participates in an Accountable Care Organization (ACO)?

The tool supports individual or group reporting under MIPS. Please contact your Advisory Board Account Manager for further assistance for Medicare Shared Savings Program (MSSP) ACO entities that include multiple participant Tax ID Number (TIN) groups, or Next Generation ACO entities that include individual ECs from multiple TINs.

How should I answer the alternative payment model (APM) participation question on the Overview page if our TIN plans to report MIPS as a group and only some ECs within our group participate in an APM?

When reporting MIPS as a group, you should answer "No" to any relevant APM if only some ECs within your group (i.e., TIN) participate in the APM.

Only answer "Yes" to any relevant APM only if **all** ECs within your group (i.e., TIN) participate in the APM.

How do I use the tool if there are not sufficient Quality or ACI measures applicable to my scope of practice?

The tool is best for individuals and groups that can report the minimum requirements for each MIPS performance category. Please contact your Advisory Board Account Manager for further assistance for any special circumstances, such as insufficient measures or category reweighting.