

## 2018 MIPS Category Weighting

<b>Category</b>	<b>2018 Weight</b>
<b>Cost</b>	10%
<b>Improvement Activities</b>	15%
<b>Promoting Interoperability</b>	25%
<b>Quality</b>	50%

2018 was the second year of MIPS, a Medicare program that measures physician organizations on quality, promoting interoperability, improvement activities, and cost. UHA again achieved “exceptional performance” with an overall score of 97.4/100.

For more information on the MIPS program go to: <https://qpp.cms.gov/>

## 50% - Quality Category Measures Reporting Selected Measures

	Measure	Performance Rate	Count	Points	Measure Type	Bonus Points
1	CMS-117 Childhood Immunization Status	67.5%	834/1236	10	Process	1
2	CMS-22 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	45.1%	53539/118642	9.9	Process	1
3	CMS-144 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	94.4%	573/607	9.7	Process	1
4	CMS-153 Chlamydia Screening for Women	56.5%	3132/5539	9.2	Process	1
5	CMS 160 Depression Utilization of the PHQ-9 Tool	17.5%	4530/25870	9.1	Process	1
6	CMS-122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	30.4%	4403/14493	7.5	Outcome	2
	Total Points Quality			55.4		
	Measure 7: All-Cause Hospital Readmission*	14.22%				
	Estimated Weighted Quality Category Score** (out of 50 possible points)			62.4		
	Estimated Promoting Interoperability Category Score (out of 25 possible points)			25		
	Estimated Improvement Activities Category Score (out of 15 possible points)			15		
	Estimated Cost Category Score (out of 10 possible points)			7.4		
	<b>Estimated 2018 MIPS Performance Score (Quality + PI + IA + Cost) 100 Points Possible</b>			<b>97.4</b>		

The UHA Quality department uses the MIPS estimator module in Epic for guidance on which measures we perform the best on. Each reporting entity selects their best 6 measures for reporting. In partnership with medical group leadership, these are the 6 quality measures UHA reported to CMS for measurement year 2018.

\* All-Cause Hospital Readmission performance estimate based PY 2017 feedback

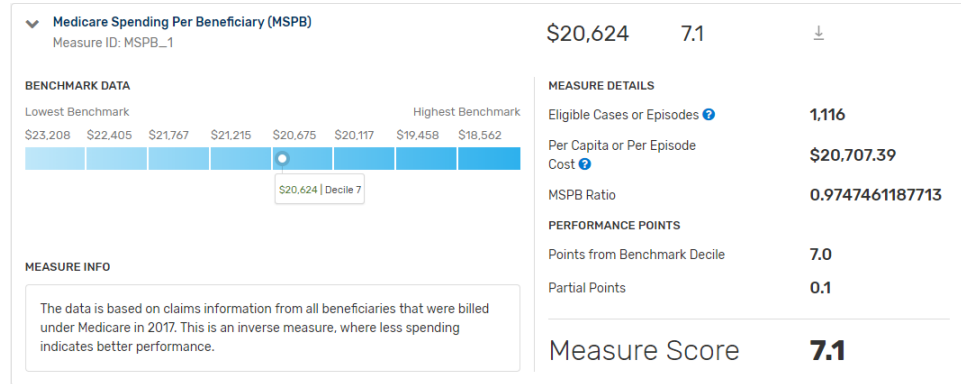
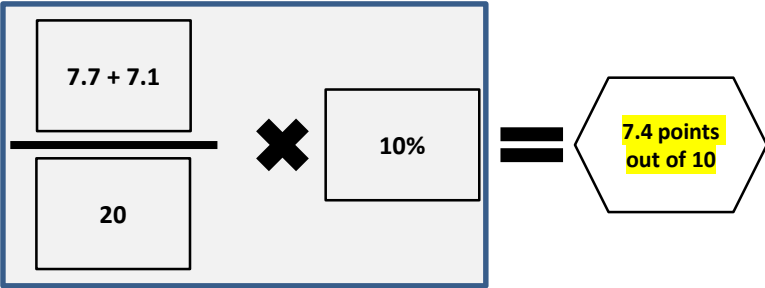
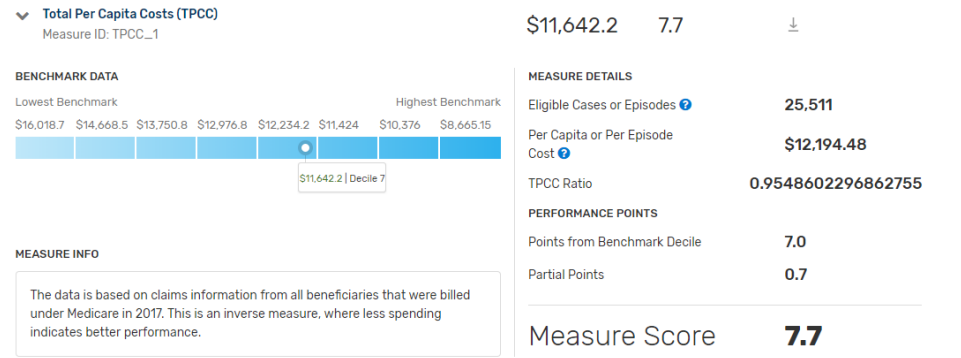
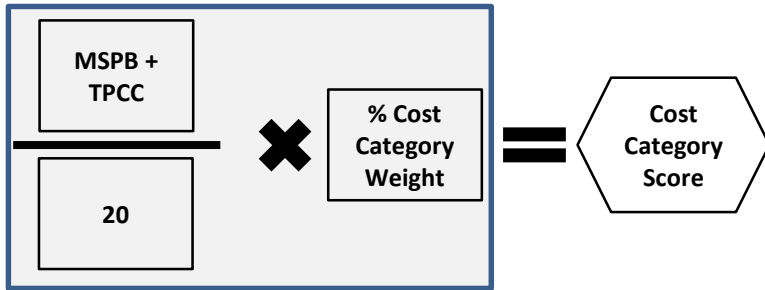
\*\* Includes bonus points – CEHRT bonus and 1 for each priority bonus measure

# 10% - Cost Category ESTIMATE

## ► Assuming we achieve close to 2017 Performance Feedback:

— Note this requires no data submission. This is a claims-based measure.

2017 Performance Feedback Report Cost Section:



The cost category for MIPS is calculated by CMS using claims. Medicare shares data with each reporting entity to help organizations forecast what their total cost of care scores may be. Using historical data provided by CMS, UHA anticipates that we will receive a score of 7.4/10 points for cost. This slightly above average score represents UHA's stewardship of healthcare resources.

## 15% - Selected Improvement Activities

Improvement Activity	Description	CMS Level / Points
Collection and use of patient experience and satisfaction data on access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan	Medium / 10 Points
Improved Practices that Engage Patients Pre-Visit	Implementation of workflow changes that engage patients prior to the visit, such as a pre-visit development of a shared visit agenda with the patient	Medium / 10 Points
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care	High / 20 Points

Under MIPS, each reporting entity is required to report on a selection of CMS defined Improvement Activities. UHA selected the following 3 Improvement Activities. These activities represent work that occurs across the organization within our clinics on a daily basis.