Eligibility: Any physician practice, accountable care organization (ACO) or large system in the state of Arkansas, Colorado, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, the U.S. territory of Puerto Rico or Texas, with one or more physicians licensed in that state or territory providing care for Medicare fee-for-service patients. All practicing provider(s) must not have been disciplined or excluded by any federal or state regulatory agency, licensing board or health care facility for a period of five years.

The 2018-2019 TMF Physician Practice Quality Improvement Award criteria consist of four categories, which align with the four categories of the Merit-based Incentive Payment System:

1. Quality Measures
2. Promoting Interoperability
3. Improvement Activities
4. Cost/Utilization

SECTION 1: QUALITY MEASURES

To qualify for the award, a physician practice, ACO or large group or system must report levels of care above a threshold that is derived from recognized data sources for 12 months ending Dec. 31, 2018. A physician practice, ACO or large group or system must meet or exceed the indicated threshold on six measures to qualify for the award.

Benchmarks depend on submission method. Visit the Centers for Medicare & Medicaid Services’ Quality Payment Program website for a complete list of measures and benchmarks: https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2018#measures

Measure #1-6: 2018 Measure Reporting

Applicants will choose their top six Quality measures that they reported for 2018 from a list on the application website. Applicants will use the search and filter fields at the top of this section to search for the six Quality measures they would like to submit for this section of the application.

Applicants will indicate method of submission and upload a screenshot of their top six Quality measures reported for 2018, showing a date range of Jan. 1 through Dec. 31, 2018. Below are the three options of acceptable information to upload.

- Upload a screenshot from your Quality Payment Program (QPP) CMS portal submission
- Upload a screenshot from your electronic health record (E.H.R.)/registry/web interface submission (Screenshots should include the health care entity name, date range, measure and numerator and denominator.)
- Upload a screenshot of your submission from the TMF MIPS Toolbox. Note: Visit the TMF MIPS Toolbox and enter data and provide screenshot of results. If you haven’t already, you will need to create an account.
(Optional) Measure #1-6: 2017 Measure Reporting
Applicants will upload a screenshot of their top six Quality measures reported for 2017, showing a date range of Jan. 1 through Dec. 31, 2017. This option provides winners with greater recognition.

- (Optional) Open-ended question:
  How did you sustain or improve this score from 2017 to 2018? What specific actions did your practice implement?

SECTION 2: PROMOTING INTEROPERABILITY
Applicants will upload screenshots showing reporting for at least a consecutive 90-day period within the 2018 calendar year that includes base measure submission and any additional measures reported. Below are the base measures and a few options to upload this information. Each measure needs to have at least a one in the numerator and denominator. At least one base measure data submission is required unless an exclusion applies. Note: See exclusion section below to determine if your organization is exempt from submitting data for this category.

Base measures
- Security Risk Analysis
- Health Information Exchange/Summary of Care
- Provide Patient Access (e.g., patient portal)
- E-prescribing

Upload options
1. Provide a report or screenshot generated from an E.H.R. or a screenshot of your CMS QPP Promoting Interoperability attestation, which includes base measure submission and any additional measures reported.
2. Visit the TMF MIPS Toolbox and enter data and provide screenshot of results. NOTE: If you haven’t already, you will need to create an account by visiting the TMF MIPS Toolbox site.

Exclusion: If any clinicians meet the following definitions, this section will be excluded from the physician award. Check all the selections that apply.
- Non-Patient Facing
- Hospital-Based
- Ambulatory Surgical Center-based
- Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists

SECTION 3: IMPROVEMENT ACTIVITIES MEASURES
At the end of the application, prepare to upload a screenshot showing how your organization reported on two improvement activities, which were implemented for a minimum of 90 days within your practice.

In addition to the screenshots, applicants will be asked to provide at least a 300-word description of your efforts for each measure, and how you met or exceeded on this activity. If applicable, describe how you maintained improvement over time and sustained high performance.
SECTION 4: COST/UTILIZATION

In order to work toward better patient outcomes and simultaneous smarter spending, the overall goal is for cost measures to align with the quality of care assessment. Events such as hospitalizations, readmissions, and certain complications can be identified through claims analysis and can provide information about the quality of care furnished during an episode. For this section, applicants will be asked to submit a 300-word narrative for two options below describing how your organization monitored and implemented specific activities related to total cost of care within your practice.

Cost/Utilization Efforts

- Care Coordination efforts (Definition: Systematic organization of care within the practice and between the practice and community settings, labs, specialists and hospitals, and involves development of standard work processes to close care gaps, enhance coordination in transitions and reduce fragmentation of care.)
- Population Health Management efforts (Definition: Improvement of health outcomes for a group of individuals.)
- Use of EHR Service Utilization Dashboards (Definition: graphical view of electronic health records)
- Work with community outreach workers (e.g., patient navigators, community health workers, promotores)
- Primary care access for same-day encounters for either acute diseases as well as chronic diseases with possible exacerbations
- Completion of a virtual visit (e.g., telemedicine, phone, etc.) for addressing acute illness like upper respiratory infection or follow up on depression, etc.
- Use of remote monitoring of patients with chronic diseases like diabetes or heart failure

FINAL SCORE

Please include documentation of your final QPP MIPS score. We will also accept preliminary MIPS scores if you do not have your final score at the time of award application completion. If you are not participating in MIPS, or have challenges in providing the final score, please complete the application as applicable and reach out to us directly for further questions regarding your submission.

Scoring

Practices will be evaluated on the data and narrative provided. A final MIPS score of 70 is required to achieve a Bronze level award. A final MIPS score of 80.01 is required to achieve a Silver level award and a minimum final MIPS score of 90.01 is required to achieve a Gold level award.

| BRONZE: 70.00 to 80.00 Final Score Average by TIN |
| SILVER: 80.01 to 90.00 Final Score Average by TIN |
| GOLD: 90.01 to 100 Final Score Average by TIN |
Upload instructions: At the end of the application, plan to upload supporting documentation as a PDF file or all screenshots listed in one document that is placed in a compressed Zip file only. To create a Zip file, save all documentation to a single folder. Locate this folder using Windows Explorer or a similar function. Right click on the name of the folder, select “Send to” from the pop-up menu and then “Compressed (zipped) folder.”

The new zipped folder will be saved to the same location as the original folder. To rename it, right click the folder, select “Rename” and type the new name. For further help zipping a folder, you can visit https://support.microsoft.com/en-us/help/14200/windows-compress-uncompress-zip-files.

The criteria are subject to change based on submissions and modifications established by TMF Health Quality Institute.

If you have questions about the program, please email ppqualityaward@tmf.org. Visit https://award.tmf.org for more details and to sign up on our Contact Us page to receive information about this award program.