Quality Payment PROGRAM

2023 Merit-based Incentive Payment System (MIPS) Cost Measure Benchmarks Fact Sheet

Purpose: This resource provides an overview of how we establish MIPS cost measure benchmarks, how benchmarks are used for scoring, and the information in the 2023 Cost Measure Benchmarks file, which can be downloaded from the Benchmarks page of the QPP website.

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What Are Cost Measure Benchmarks?

Cost measure benchmarks are the point of comparison we use to score the cost measures for which you meet the case minimum. Cost measure benchmarks are calculated exclusively from performance period data; there are no historical benchmarks established for MIPS cost measures.

How Are Benchmarks Established?

MIPS cost measures are calculated using administrative claims data from the performance period. Costs per episode/beneficiary are payment-standardized and calculated after risk adjustment is applied. To calculate the MIPS cost measure score, benchmark deciles are assigned based on linear distribution and derived from cost data from all MIPS eligible clinicians, groups, and virtual groups that met the measure's case minimum. (This includes individual clinicians and groups that were opt-in eligible and elected to opt-in to MIPS participation.)

Reminder: Cost measure data associated with voluntary reporters are excluded from benchmark calculations.

Did You Know?

- A lower average cost per episode/beneficiary indicates that observed patient costs are lower than expected, a generally desirable outcome when assessing resource use and cost performance. This translates to a higher measure score (i.e., more points).

- A higher average cost per episode/beneficiary indicates that observed patient costs are higher than expected. This translates to a lower measure score (i.e., fewer points).

How Are Results Displayed in the Benchmark File and How Are Achievement Points Assigned?

We compare your performance (expressed as a dollar amount) on each cost measure to the performance period benchmark(s). We assign 1 to 10 achievement points to each scored measure based on that comparison. The amount of achievement points assigned to each measure is determined by identifying which benchmark decile range the individual's or group's measure performance falls within.

Each benchmark is presented in terms of deciles, with the benchmark file displaying deciles 1 – 10. Table 1 identifies the range of points generally available for the measure, based on which decile your performance rate falls in.

Table 1.

Decile	Number of Points Assigned for the 2023 Performance Period
Decile 1	1-1.9 points
Decile 2	2-2.9 points
Decile 3	3-3.9 points
Decile 4	4-4.9 points
Decile 5	5-5.9 points
Decile 6	6-6.9 points
Decile 7	7-7.9 points
Decile 8	8-8.9 points
Decile 9	9-9.9 points
Decile 10	10 points

The lower the decile that your measure score falls within, the more expensive your care is relative to others. For example, a cost measure score that falls in decile 3 means that your cost of care was:

- More expensive than 70% of the individual clinicians, groups, and virtual groups that were scored on the measure (i.e., those with scores that fell in deciles 4 – 10).
- Less expensive than 20% of the individual clinicians, groups, and virtual groups that were scored on the measure (i.e., those with scores that fell in deciles 1 or 2).

What are the column descriptions for the information presented in the cost measure benchmark file?

Column Name	Description
Measure Title	The measure's name
Measure ID	The measure's identifier
Group National Standardized Average	For episode-based cost measures (EBCMs), this dollar value represents the national average observed episode cost for all Taxpayer Identification Numbers (TINs). For practices participating in MIPS as a group and scored on EBCMs, the average ratio of observed-to-expected episode cost is multiplied by the group national standardized average observed episode cost to generate a dollar figure representing the group's risk-adjusted average episode cost measure score. For the Medicare Spending Per Beneficiary (MSPB) Clinician measure, a single national average payment-standardized observed MSPB Clinician episode cost value was used to compute MSPB Clinician measure scores. For the Total Per Capita Cost (TPCC) measure, a single national average per capita cost figure was used to compute TPCC measure scores.
Individual National Standardized Average	For EBCMs, this dollar value represents the national average observed episode cost for all TIN-National Provider Identifiers (NPIs). For clinicians participating in MIPS as individuals and scored on EBCMs, the average ratio of observed-to-expected episode cost is multiplied by the individual national standardized average observed episode cost to generate a dollar figure representing the individual's risk-adjusted average episode cost measure score. Note: The Lower Gastrointestinal Hemorrhage measure (COST_LGH_1) is applied to groups only. For the MSPB Clinician measure, a single national average payment-standardized observed MSPB Clinician episode cost value was used to compute MSPB Clinician measure scores.

	For the TPCC measure, a single national average per capita cost figure was used to compute TPCC measure scores.
Average Cost Per Episode or Beneficiary	This value represents the average cost per episode or beneficiary for the measure (expressed as a dollar amount) across the individual MIPS eligible clinicians (TIN/NPIs), groups (TINs), and virtual groups (virtual group ID) that met the case minimum for the measure.

How are points determined when converting a measure's cost per episode or beneficiary to a measure score?

Refer to the graphic below. NOTE: For cost purposes, the term "performance rate" refers to average cost per episode or beneficiary.

Where Can I Go for Help?

Contact the QPP Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Version History

Date	Change Description
07/08/2024	Original version