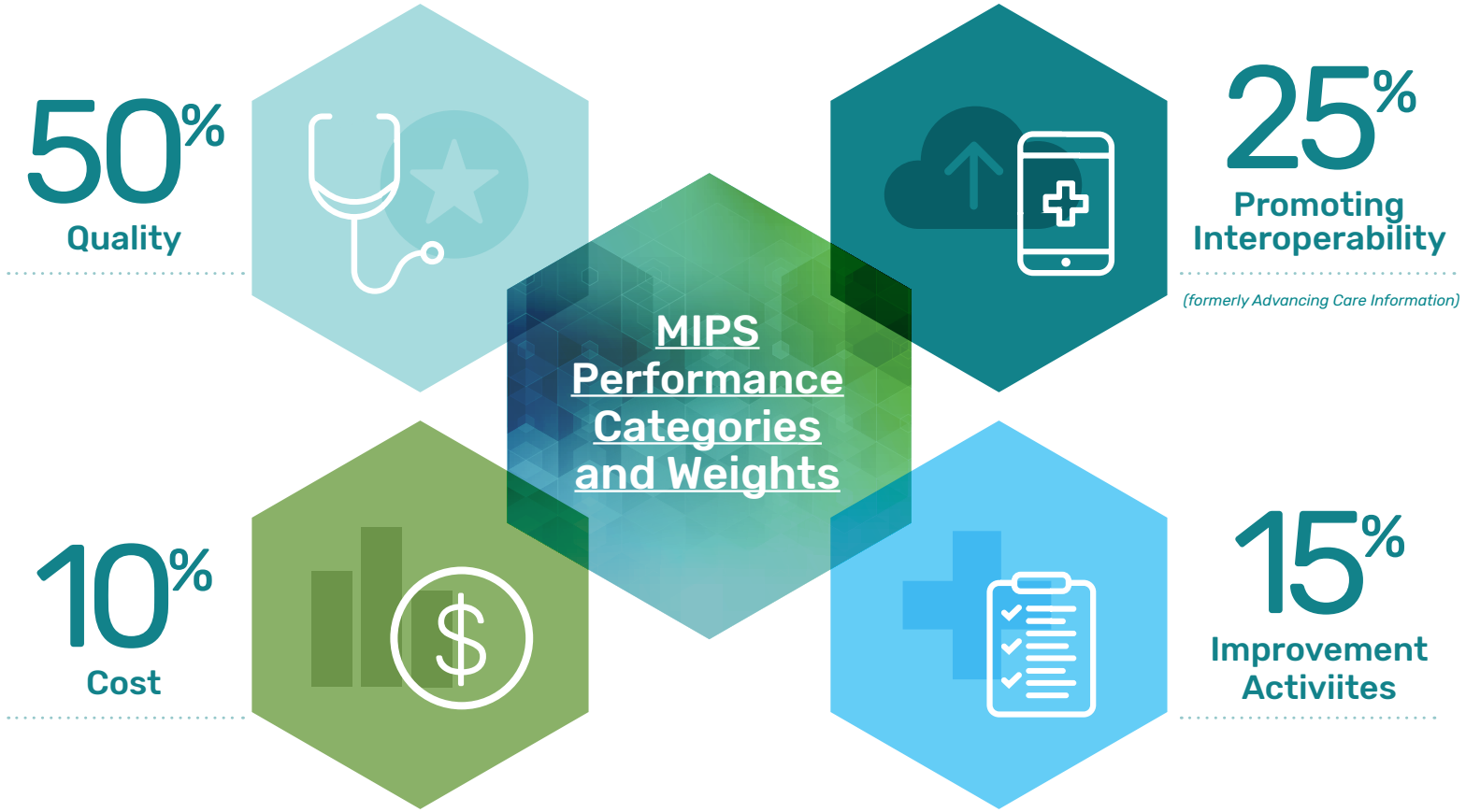
Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) SCORING FOR YEAR 2 (2018) AT-A-GLANCE

The following is an overview of how CMS calculates your score for Year 2 (2018) of MIPS. For a more in-depth overview of MIPS scoring in 2018, please view the 2018 MIPS Scoring 101 Guide.

2018 MIPS Performance Categories and Weights



50%
Quality

How is the Quality Performance Category Scored?

Quality Performance Category Percent Score (Not to exceed 100%) = (**Total Measure Achievement Points** + **Measure Bonus Points**) / **Total Available Measure Achievement Points*** + **Improvement Percent Score**

**Total Available Measure Achievement Points = the number of required measures x 10*

Example

A MIPS eligible clinician submitted 6 measures for the 2018 performance category for the 2018 performance year via Certified EHR Technology. She earned 33 measure achievement points and 6 measure bonus points for end-to-end electronic reporting. Her improvement percent score is 3.1%.

Category Score

(33 Achievement Points + 6 Bonus Points) / 60 Total Available Achievement Points = 65%

65% For Submitted Measures + 3.1% Improvement Percent Score = 68.1%

68.1% Quality Performance Category Percent Score x 50% Quality Category Weight

= Total Contribution to Final Score 34.05

The Quality performance category percent score (68.1) is then multiplied by the weight of the Quality category (50%) to determine the number of points contributing to the final score (34.05).

25%
Promoting Interoperability

How is the Promoting Interoperability (PI) Performance Category Scored?

Promoting Interoperability Performance Category Percent Score = **Total Base Score** + **Total Performance Score** + **Total Bonus Score**

Your Promoting Interoperability performance category percent score is then multiplied by the 25% category weight. The product is then added to the other weighted performance category scores to determine the overall MIPS final score.

The Maximum Performance Category Percent Score is

100%

Example

Category Score

$$\frac{\text{50\% Base Score} + \text{30\% Performance Score} + \text{0\% Bonus Score}}{\text{100 Maximum Number of Points}} = \text{80\% PI Category Score} \times \text{25\% Category Weight}$$

=

Total Contribution to Final Score

20

15%
Improvement Activities

How is the Improvement Activities (IA) Performance Category Scored?

Generally speaking, clinicians, groups and virtual groups will receive the following points for their submitted activities:

medium-weighted activities	=	10 Points	high-weighted activities	=	20 Points

To earn the maximum score of 40 points for the Improvement Activities performance category, you can pick any of these:

2 high-weighted activities or **1** high-weighted activity and **2** medium-weighted activities or **4** medium-weighted activities

Clinicians, groups and virtual groups with special designations will receive the following points for their submitted activities:

medium-weighted activities	=	20 Points	high-weighted activities	=	40 Points

To earn the maximum 40 points for the Improvement Activities performance category, they can complete either:

1 high-weighted activity or **2** medium-weighted activities

15%
Improvement Activities

How is the Improvement Activities (IA) Performance Category Scored?, *continued*

Improvement Activities Performance Category Percent Score = **Total Points Earned for Completed Activities** / **Total Possible Points (40)**

Scoring Example

You are a MIPS eligible clinician who is not in a small, rural or HPSA practice and therefore do not qualify for special scoring for improvement activities. You complete 2 medium-weighted improvement activities and earn 20 of 40 points in this performance category, so 20 of 40 = 50% total possible available points for the Improvement Activities performance category. Your Improvement Activities performance category score is 50%. Your weighted Improvement Activities performance category score is your Performance Activities performance category score (50%) multiplied by the Improvement Activities performance category weight (15%), which equals 7.5%

Category Score

(**20** Medium Activity Points + **0** High Activity Points) / **40** Maximum Number of Points

X 15

= **Total Contribution to Final Score** **7.5**

10%
Cost

How is the Cost Performance Category Scored?

CMS uses Medicare claims data to calculate cost measure performance, so you don't have to report data or take any additional action (other than performing your normal billing practices for Medicare claims) for this performance category.

Cost Performance Category Percent Score = **Total Points Assigned to Each Scored Measure** / **Total Possible Points Available**

Example

A MIPS eligible clinician is only scored on the Total Per Capita Costs for All Attributed Beneficiaries (TPCC) measure. When compared to the performance year benchmark, she earns 4.6 points.

Note: *For a cost measure to be scored, an individual MIPS eligible clinician, group or virtual group must meet or exceed the case minimum for that cost measure. The case minimum for the Medicare Spending Per Beneficiary (MSPB) cost measure = 35, and Total Per Capital Costs for All Attributed beneficiaries (TPCC) cost measure = 20.*

Her Cost performance category percent score will be 46% (4.6/10).

=

Total Contribution to Final Score

4.6

(46% x 10%)

BONUS POINTS ADDED TO THE FINAL SCORE

Small Practice Bonus

If you're in a small practice and you submit data for at least one category (Quality, PI, or IA), you will automatically receive **5 points** added to your final score.

Complex Patient Bonus

You will earn **bonus points** based on the complexity of the patients you provide care for. The following is how CMS would calculate a complex patient bonus score for individuals—this is calculated differently for groups and virtual groups (see the Scoring Guide for those examples).

Individuals

$$\frac{\text{[sum of all risk scores for the unique beneficiaries you treated between 9/1/17 and 8/31/18]}}{\text{[the number of unique beneficiaries you treated between 9/1/17 and 8/31/18]}} + \left(\frac{\text{[unique patients you treated who were dually eligible for Medicare and full-and partial-benefit Medicaid]}}{\text{[unique Medicare beneficiaries you treated]}} \times 5 \right) = \text{Your Complex Patient Bonus}$$

MIPS FINAL SCORE

How is the Final Score Calculated?

Final Score

Quality	Promoting Interoperability	Improvement Activities	Cost			
	+ 	+ 	+ 	+ Bonus Points*	X 100 = Final Score	
Quality performance category percent score x Quality performance category weight	Promoting Inteoperability performance category score X Promoting Interoperability performance category weight	Improvement Activities performance category score X Improvement Activities performance category weight	Cost performance catergory percent score X Cost performance category weight			

**Includes small practice and/or complex patient bonus points, not performance category bonus points*

TIPS

- Under certain circumstances, performance categories may be reweighted.
- If you are participating in a MIPS APM, you'll be scored using the APM Scoring Standard.
- For more about choosing measures and activities, and to view additional scoring scenarios, see the 2018 MIPS Scoring 101 Guide.

For more information, visit
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