**MIPS Scoring Writeup**

1. **Background**

Following the 2015 Medicare Access and CHIP Reauthorization Act, the CMS established the Quality Payment Program in 2017 to incentivize high-value and high-quality care. Clinicians have two tracks in the program to choose from: the Advanced Alternative Payment Models (AAPM) track and the Merit-based Incentive Payment System (MIPS) track.

1. **Eligibility**

|  |  |  |
| --- | --- | --- |
| **Individuals** | **Groups** | **MIPS APM Entities** |
| Eligible “type” (physicians, NPs, PAs, etc.) | At least one member must satisfy the three conditions on the left | Participates under a legal agreement with CMS |
| Previously enrolled as a Medicare provider | At least one MIPS-eligible physician on the participation list |
| Cannot be a Qualifying APM Participant in the AAPM track | APM must base own payment incentives on performance on cost/utilization and quality measures |
| Low volume threshold: (1) Bill more than $90,000 for Part B services; (2) Serve >200 Part B patients; and (3) Provide >200 services to Part B patients. | Exceeds the low-volume threshold as a group | Exceeds the low-volume threshold as a group (no longer the case starting 2021). |

MIPS APMs could include AAPMs but also APMs that do not qualify as AAPMs due to no risk-sharing. APMs that are not MIPS APMs can report in a group. There is also a “virtual group” category, but these appear very few times in the data.

1. **Reporting requirements**

All MIPS eligible clinicians must participate as individuals, in a MIPS-eligible group (if affiliated with it), or in a MIPS APM; or as both individuals and group (and receive adjustments based on the higher score). MIPS eligible groups are not required to participate as a group. Clinicians who satisfy one or two of the three thresholds can also opt-in (and receive payment adjustments) and or voluntarily report (and not receive).

1. **Scoring**

Each MIPS-eligible clinician in a group/MIPS APM will receive the same aggregate group/APM score. The final score is the weighted average of the four categories: Quality, Promoting Interoperability (PI), Improvement Activities (IA), and Cost. MIPS APMs may choose to follow a different scoring standard to account for activities already required by the APM to reduce duplication of reporting.

|  |  |  |
| --- | --- | --- |
|  | **Individuals/Groups** | **APM Scoring Standard** |
| **Quality** | Weight: 45% in 2019, 55% in 2020.  Select 6 from more than 250 available quality measures to collect and submit data for. Bigger groups have to submit an additional Readmission measure.  Earn points for each measure, assessed against a historical benchmark.  Total maximum points (denominator) depend on group size and other things. Bonuses apply only to numerator.  Bonuses:  *Small practice (<16 members) bonus*: 6 points.  *Improvement scoring bonus*: can earn up to 10 bonus p.p. based on the rate of improvement in quality category from previous year.  Small groups can earn more points for incomplete submissions than large groups.  Measure bonus points (capped at 10% of denominator + only for some collection types): 1 bonus point for each measure reported meeting **end-to-end electronic reporting** criteria; 1-2 **high-priority-bonus** points if report additional measures | Weight: 50%  Uses the quality measures required by the APM itself  Bonuses:  Small practice bonus  Improvement scoring bonus |
| **PI** | Weight: 25% in 2019, 30% in 2020  Must report the following four objectives + some additional requirements, else zero score: e-Prescribing, Health Info Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange.  Denominator always 100.  Bonus:  Submission of two bonus measures (1) Query of Prescription Drug Monitoring Program, (2) Verify Opioid Treatment Agreement (2019 only): 5 points each. | Weight: 30%  Average of PI scores of all APM participants. Participants exempted from reporting PI will not count toward the avg.  Bonus:  Query of Prescription Drug Monitoring Program. |
| **IA** | Weight: 15%  Submitting 1-4 improvement activities. Denominator is 40 points. 20 points for each high-weighted activity and 10 points for each medium-weighted activity.  Bonus:  Automatic 40 points if in a certified patient-centered medical home or a Medical Home Model APM.  APMs scored under normal MIPS automatically get 50% of the points and can submit additional activities. | Weight: 20%  Automatic maximum points for all MIPS APMs (in a certain list) scored under this standard. |
| **Cost** | Weight: 15% in 2019, 0% in 2020  Uses Medicare claims data to calculate performance (against national benchmarks) across 10 cost measures. | Weight: 0% |
| **Final Score** | Bonus:  *Complex Patient Bonus*: up to 5 points. Based on patients’ medical complexity (average HCC risk score) and social risk (dual eligibility status). | Bonus:  Complex Patient Bonus |

1. **Reweighting Policy**

The **Extreme and Uncontrollable Circumstances (EUC) Policy** allow clinicians/groups to apply for *any of the 4 categories* to be reweighted zero. If that is the case, the weight will be redistributed to other categories. If all 4 categories are reweighted, the clinician/practice will receive the minimum score for neutral payment adjustment (30 in 2019, 45 in 2020).

* These are circumstances that cause the clinicians to be unable to collect the necessary information, or that impact normal processes which affect their performance on cost measures.

**PI Only**:

* **PI Hardship Exception Application**: clinicians and groups can apply to reweight PI to zero due to insufficient internet connectivity, EUC, lack of control over availability of CEHRT, small practice, and decertified EHR.
* **Automatic reweighting of individual PI score** to zero if the clinician is a PA, NP, hospital-based clinician, ASC-based clinician, non-patient facing clinicians as well as some other types. A group PI score qualifies for automatic reweighting only if all its MIPS eligible clinicians do. If such a clinician participates in a group or APM, she will still get the group/APM score; her weight toward the final score will just be zero.

**COVID**: In 2020 all MIPS eligible clinicians got all categories reweighted to zero unless they submitted data for two or more performance categories. This does not apply to groups.