



Merit-Based Incentive Payment System Performance Categories and Scoring for 2019 Payment

QUALITY

- 50% of Composite Performance Score
- Performance based on 6 reported quality measures and 3 population-based measures (each measure worth 10 points). *All-cause hospital readmissions measure not applicable to groups of less than 10 eligible clinicians*
- Measure thresholds must be met or zero points for that measure
 - 80% for claims
 - 90% for QCDRs, EHRs, Registry (*Medicare and non-Medicare patients*)
- Bonus points for reporting high-priority measures, including appropriate use measures

RESOURCE USE

- 10% of Composite Performance Score
- Performance based on current value modifier measures: total per capita cost and Medicare spending per beneficiary (MSPB) measures
- CMS interested in adding episode groups to measure cost
 - 41 episode groups proposed, of which 12 are cardiovascular
 - 8 cardiovascular episode groups included in 2014 Quality and Resource Use Reports (QRURs)
- CMS would average scores of all the resource use measures for an eligible professional to calculate resource use performance score

CLINICAL PRACTICE IMPROVEMENT ACTIVITIES

- 15% of composite score
- Clinical Practice Improvement Activities (CPIAs) weighted as “high” and “medium”
 - High CPIAs = 20 points
 - Medium CPIAs = 10 points
- Highest score of 100% = 60 points (Groups with 15 or fewer eligible clinicians must only report 2 CPIAs, high or medium)
- 90-day performance period

ADVANCING CARE INFORMATION

(Formerly EHR Meaningful Use)

- 25% of composite score
- Stage 3 EHR meaningful use measures and objectives form the basis of the Advancing Care Information category
- No more measure thresholds
- Performance score divided into three components:
 - Base Score (50 points)
 - Performance (80 points)
 - Bonus points
- 100 points or more = 25%

All information is based on CMS' Proposed Rule. A Final Rule will be released in Fall 2016 and parameters of the program could change based upon public comment to the proposed rule. MIPS applies to all physicians with 3 exceptions: 1) Physicians newly enrolled in Medicare; 2) Physicians with < \$10,000 in Medicare charges and <100 Medicare patients; and 3) Physicians significantly participating in an Advanced Alternative Payment Model (APM).