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Scoring bonuses in the Merit-based Incentive Payment System



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The Medicare Access and Children's Health Insurance Program Reauthorization Act (MACRA), signed into law in 2015, was designed to shift Medicare from a fee-for-service to a pay-for-performance model. Under MACRA, qualifying providers who bill Medicare must participate in either the Merit-based Incentive Payment System (MIPS) or an Advanced Alternative Payment Model (APM). As there are no approved APMs for vascular disease, most vascular surgeons will participate in MIPS in 2018.

The MIPS final score for performance year 2018 is the sum of the weighted scores of four performance categories: Quality (50%); Cost (10%); Clinical Practice Improvement Activities (CPIA; 15%); and Promoting Interoperability (PI, formerly Advancing Care Information; 25%). The final score ranges from 0 to 100. MIPS scores for performance year 2018 that are less than 15 result in a negative payment adjustment of up to -5% for payment year 2020.¹ Scores between 16 and 69 earn a positive payment adjustment up to 5%. Those scoring 70 points or greater are eligible for an exceptional performance adjustment, consisting of \$500 million shared by all exceptional performers.

Centers for Medicare and Medicaid Services (CMS) offers the opportunity to earn MIPS final score bonus points for extenuating circumstances and accomplishing certain activities. Five bonus points are available for solo practitioners and small practices (15 or fewer eligible providers). Five points are available to those who treat patients with high clinical complexity. Small practices are guaranteed to receive double CPIA points and three Quality points, regardless of data completeness. Rural and nonpatient facing providers (those who billed 100 or fewer patient-facing encounters from September 2016 through August 2018) will also receive double

CPIA points. All double-point CPIA adjustments are capped at the maximum possible CPIA points.

Practices affected by natural disasters, public health emergencies, insufficient internet connectivity, and practices with 15 or fewer providers may apply for a "significant hardship" exception. The exception allows the PI category to be weighted to 0%, with the Quality category increased to 75%. Providers who are hospital-based (those delivering 75% or more of their Part B services through a hospital), Ambulatory Surgical Center-based, work in a Health Professional Shortage Area or are non-patient facing *automatically* have PI weighted to 0% and Quality increased to 75%.²

All practices may earn bonus points within individual categories. In the Quality category, bonus points are awarded for measures submitted above the minimum requirement: one point for each high priority measure and two points for each outcome measure. Submission of the MIPS Consumer Assessment of Healthcare Providers and Systems (CAHPS) is worth two bonus Quality points. Up to 10 percentage points may be earned if a practice's 2018 Quality performance improved from 2017.

In the PI category, there are three ways to earn bonus points. Five bonus points are available for reporting to an additional clinical data or public health registry above the minimum requirement. Using Certified Electronic Health Record Technology (CEHRT) Improvement Activities to complete one of 18 specified improvement activities results in 10 bonus points. Using only the 2015-edition CEHRT earns 10 bonus points.³

No bonus points are available in the CPIA category. In the cost category, improvement points are available based on the rate of increase in the cost achievement score from year to year.

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