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Understanding MIPS scoring



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The Quality Payment Program, established by the Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (MACRA), requires Medicare providers to participate in either the Merit-based Incentive Payment System (MIPS) or an Advanced Alternative Payment Model to avoid a 7% payment penalty in 2021 Medicare reimbursements.¹ Understanding the MIPS final score calculation can help providers minimize penalties and maximize positive payment adjustments in 2021.

The elements of MIPS are each assigned a weight in 2019: Quality, 45%; Cost, 15%; Promoting Interoperability, 25%; and Improvement Activities, 15%. The final score, which has 100 possible points, is based on points earned in each category plus possible bonus points for rural and small practices and those that treat complex patients. Providers will receive a positive, neutral, or negative adjustment in 2021 payments based on the final 2019 score (Table I). For providers that report as a group, the final score is calculated for the group. The group score will be attributed to each provider in the group.

Bonus points can significantly increase the final score. Small practices (those with fewer than 15 eligible MIPS

clinicians in their group, including nurse practitioners and physician assistants) will have 6 points added to their Quality score and 3 points for every Quality measure reported, without the completeness requirements placed on larger groups. Large practices receive only 1 point for measures that are reported but fail to meet the completeness requirement. An additional 5 bonus points are awarded for complex patients.

Each provider/group must report a minimum of six Quality measures. If more than six measures are reported, the top six scoring measures will be used for the Quality category score. Each measure can earn up to 10 points. Thus, the total possible points (denominator) for the Quality category is 60. For measures that are not topped out and have benchmarks, performance on the measure will determine the number of points earned up to 10. If a measure does not have a benchmark, the highest number of points that can be achieved for that measure is 3 points. If a measure is topped out, the highest number of points that can be achieved is 7. If any one of the measures reported is an outcome measure, an additional two points will be awarded. An example

Table I. The 2021 payment adjustments for 2019 performance

Final score 2019	Payment adjustment 2021
≥75 points	Positive payment adjustment >0% ^a Eligible for additional payment for exceptional performance—minimum of additional 0.5%
30.01-74.99 points	Positive payment adjustment >0% ^a
30 points	Neutral payment adjustment
7.51-29.99 points	Negative payment adjustment between 0% and -7%
0-7.50 points	Negative payment adjustment of 7%

^aAmount of positive payment adjustment is calculated on the basis of amount of negative payment adjustments.

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Table II. Example Quality category score calculation for a large group practice

Measure	Benchmark	Outcome	Topped out	Maximum possible points	Measure score	Measure points earned
1	Yes	No	No	10	155/160	9.6
2	Yes	No	No	10	78/78	10
3	Yes	No	Yes	7	115/124	7
4	No	No	No	3	67/72	3
5	No	No	Yes	3	43/45	3
6	No	No	No	3	89/110	3
7	No	Yes	No	3	11/18	0
						Total Quality points = 35.6
Quality score = [(Quality points + Outcome measure bonus) / Total possible points] * 100 * category weight = [(35.6 + 2) / 60] * 100 * 0.45 = 28.2						

of a quality score calculation for a large group is shown in [Table II](#).

Quality measure selection at the beginning of each year is critical to achieving the highest possible MIPS score. Future articles will detail the score calculation for the remaining categories and the final score.

REFERENCE

1. Sales CM, Rathbun J, Woo K. Increased requirements to avoid payment penalties in Quality Payment Program Year 3. *J Vasc Surg* 2019;69:619.

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