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More Merit-Based Incentive Payment System scoring



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The Medicare Access and Children's Health Insurance Program Reauthorization Act is a bipartisan legislation signed into law in 2015. The Medicare Access and Children's Health Insurance Program Reauthorization Act requires all providers (physicians, dentists, podiatrists, chiropractors, nurse practitioners, certified nurse anesthetists) who bill Medicare to participate in the Merit-Based Incentive Payment System (MIPS) or an Advanced Alternative Payment Model to avoid a 7% penalty in 2021 Medicare reimbursements. Currently, no approved Advanced Alternative Payment Model exists for vascular disease; thus, most vascular surgeons who are not part of a large multispecialty group will participate in MIPS.

Performance in MIPS is measured by the MIPS final score, which is generated as a weighted composite of four component categories: quality (45%), cost (15%), promoting interoperability (PI; 25%), and improvement activities (IA; 15%). Calculation of the quality category score has been discussed previously.¹ This article focuses on scoring for the remaining three categories.

The PI category hallmark change for 2019 is the requirement that clinicians must use electronic health record technology certified to the 2015 edition certification criteria. The performance period for 2019 is any continuous 90-day period making October 3, 2019, the last day to start a continuous 90-day reporting period for 2019. At least one measure, each worth 10, 20, or 40 points, must be reported from each of four objectives. A maximum of 100 base points can be earned. Ten bonus points are possible for querying a prescription drug monitoring program and verifying an opioid treatment agreement. The base points plus any bonus points are then multiplied by 0.25 (category weight) to determine the PI performance category points.

The performance period for IA is also any continuous 90-day period in 2019. A total of 118 activities are available

for 2019. The maximum number of points is 40, with 10 points for medium weight and 20 points for high weight activities. The data for the activity, once collected, are reported through one's electronic health record, direct upload to Centers for Medicare and Medicaid Services, or attestation. The total measure points are multiplied by the category weight to determine the IA performance category points.

The final part of the MIPS score is for cost. The cost score is determined through administrative claims data requiring no reporting by the clinician. The Medicare Spending Per Beneficiary (MSPB) and Total Per Capita Cost (TPCC) Measures will be used. In 2019, there will also be eight new episode-based cost measures. One such measure relevant to vascular surgeons is the Revascularization for Lower Extremity Chronic Critical Limb Ischemia measure. If a clinician meets the threshold for number of patients for an episode-based cost measure(s), that measure(s) will also be used for the cost category score. Each measure is worth a possible 10 points. As an example, assume a clinician meets the minimum eligible cases for the MSPB, TPCC, and two episode-based cost measures and earns: (1) 6 out of 10 measure achievement points for MSPB, (2) 8 out of 10 points for TPCC, (3) 4 out of 10 points for episode-based measure A, and (4) 6 out of 10 points for episode-based measure B. The cost category percent score would be: $(6 + 8 + 4 + 6) / (4 \times 10) = 24/40 = 60\%$. And the cost category performance score would be $60\% \times 15\% \times 100 = 9$ MIPS points.

REFERENCE

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