

2018 Merit-based Incentive Payment System Bonus Overview Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



Under MIPS, there are four performance categories that will affect Medicare payments:

- Quality
- Improvement Activities
- Promoting Interoperability (formerly Advancing Care Information)
- Cost

MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities (APM entities participating with MIPS eligible clinicians in a MIPS APM), may receive bonuses (additional points) as part of their performance category scores in the Quality and Promoting Interoperability (formerly Advancing Care Information) performance categories. They may also earn bonus points towards their final score if they meet certain criteria.

- Quality Performance Category Bonuses
- Promoting Interoperability Performance Category Bonuses
- Final Score Bonuses

Quality Performance Category Requirements

For the 2018 performance period, eligible clinicians, groups, and Virtual Groups reporting via claims, Certified Electronic Health Record Technology (CEHRT), Qualified Clinical Data Registry (QCDR), or Qualified Registry are required to submit a full year of data for six quality measures, including one outcome measure, or a high-priority measure if an outcome measure isn't available. Alternately, clinicians, groups, and Virtual Groups can choose to report a Specialty Measure Set. Each of these measures can receive between 1 and 10 points, except for small practices who will earn between 3 and 10 points per reported measure.

Groups, Virtual Groups and MIPS APM participants reporting through the CMS Web Interface are required to submit data on all 15 measures in the CMS Web Interface (the two Diabetes Miletus measures are scored as a single composite measure) and will earn up to 10 points for each of the 11 measures with a historic benchmark, assuming they meet the case minimum and data completeness criteria.

Quality performance category requirements for Other MIPS APMs (those MIPS APMs for which data on quality measures are not submitted via the CMS Web Interface) under the APM scoring standard differ by model; please refer to the 2018 Other MIPS APM Quality Performance Category fact sheet for details.

Bonus Overview

MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM participants can receive bonus points in the Quality performance category in two ways:

- Submitting additional high-priority, measures, including outcome, or patient experience measures
- Using end-to-end electronic reporting

In addition, they can increase their Quality performance category scores by demonstrating improvement in their performance when compared to the previous year.

Note: The Quality performance category is capped at 100%; bonus points and improvement scoring cannot create a final performance category score greater than 100%.

Bonus: Submitting Additional High-Priority or Outcome Measures Non-CMS Web Interface Submissions

Clinicians, groups and Virtual Groups are required to submit an outcome measure, or another high-priority measure if an outcome measure is unavailable. Other MIPS APM participants (APM entities participating with MIPS eligible clinicians in Other MIPS APMs) have a specific set of required measures, which varies by model; Bonus points can be earned by submitting additional outcome or high-priority measures, beyond the one required:

- One bonus point each for other high-priority measures
- Two bonus points for each additional outcome and patient experience measure

Other MIPS APM participants have a designated set of quality measures to submit, and bonus points are available for the additional high-priority and outcome measures required by their model.

To qualify for this bonus, the measure:

- Must meet the required case minimum (20 cases)
- Must meet the required data completeness criteria (60%)
- Must have performance rate greater than 0%¹
- Does not have to be in the top six measures scored for achievement points

The total number of bonus points available for submitting additional outcome or high-priority measures is capped at 10% of the Quality performance category denominator. (This is separate from the 10% cap on the end-to-end electronic reporting bonus.)

Bonus points are added to the Quality performance category achievement points (those earned based on performance) and can be earned in addition to the bonus points available for end-to-end electronic reporting.

Example 1. A clinician, participating individually, submits six measures via claims, all of which meet data completeness and case minimum requirements, and have a performance rate greater than 0%.

#	Measure Type	Achievement Points	Bonus Points
1	Process	9.9	0
2	Outcome	7.9	0*
3	Outcome	5.0	2
4	Outcome	6.0	2
5	Outcome	7.8	2
6	High-Priority	9.2	1
Totals:		45.8	6**
Points Earned (Numerator)			51.8
Possible Points (Denominator)			60

*The first (required) outcome measure is not eligible for bonus points

**The bonus points are capped at 6 points, which is 10% of the total possible points.

¹ Inverse measures must have a performance rate less than 100%.

Example 2. A practice, submitting data as a group, submits seven measures via Qualified Registry, all of which meet data completeness and case minimum requirements and have a performance rate greater than 0%. They are also scored on the All Cause Hospital Readmission (ACR) measure, which CMS calculates via administrative claims.

#	Measure Type	Achievement Points	Bonus Points
1	Process	9.9	0
2	Outcome	7.9	0*
3	Process	8.1	0
4	Outcome	6.0	2
5	Outcome	7.8	2
6	High-Priority	9.2	1
-	Outcome	-	2**
7	ACR Measure	7.1	0
Totals:		56	7***
Points Earned (Numerator)			63
Possible Points (Denominator)			70

*The first (required) outcome measure is not eligible for bonus points

**This outcome measure is eligible for bonus points, even though it does not contribute achievement points

***The group is eligible to earn 7 bonus points because the ACR measure increased their total possible points to 70

Note: The ACR measure is not eligible for bonus points, but it increases the denominator and therefore the 10% cap on bonus points for groups and Virtual Groups scored on this measure.

CMS Web Interface Submissions

Groups, Virtual Groups and MIPS APM participants are required to submit all of the required CMS Web Interface measures and can still earn bonus points for the high-priority and outcome measures required by the CMS Web Interface.

- Two bonus points are applied for each outcome measure (after the first required outcome measure):
 - Diabetes Mellitus composite measure (DM-2/ACO-27 and DM-7/ACO-47)
 - Controlling High Blood Pressure (HTN-2/ACO-28)
 - Note: Depression Remission at 12 Months (MH-1/ACO-40) is the first required outcome measure (bonus points are not applied)
- One bonus point for each high-priority measure
 - Medication Reconciliation Post-Discharge (CARE-1/ACO-12)
 - Falls: Screening for Future Risk (CARE-2/ACO-13)
- Two bonus points for administering the CAHPS for MIPS survey, which is a patient experience measure

- This measure is optional for groups and Virtual Groups, and will also be scored for achievement points if submitted
- This measure is required for MIPS APM participants, and will also be scored for achievement points if submitted

Note: The cap on these bonus points is separate from the bonus points available for end-to-end electronic reporting.

To qualify for bonus points, the measure:

- Must meet the required case minimum (20 cases)
- Must meet the required data completeness criteria (248 consecutively completed beneficiaries, or 100% of the sample if less than 248)
- Must have performance rate greater than 0%²

Bonus for End-to-End Electronic Reporting

EHR, QCDR, Qualified Registry, and Other MIPS APM Submissions


MIPS eligible clinicians, groups, Virtual Groups can receive one bonus point per measure (up to a maximum of 10% of their Quality denominator) for submitting their quality data captured in their certified Electronic Health Record technology (CEHRT) directly to CMS in the Quality Reporting Document Architecture Category III (QRDA III) format, which is the standard document format for the exchange of electronic clinical quality measure (eCQM) data. They can also receive bonus points if the data captured in their certified health information technology (IT) is exported to a Qualified Registry, QCDR, or other third-party intermediary that uses automated and verifiable software to calculate and submit the measure data to CMS on behalf of the MIPS eligible clinician in a CMS-approved format.

Other MIPS APM participants can receive one bonus point per measure that is eligible for this bonus, providing the submission, through the mechanism specified by their model, meets the criteria for end-to-end electronic reporting.

The end-to-end electronic reporting bonus can be achieved in many ways, including:

- The MIPS eligible clinician, group, Virtual Group or MIPS APM entity uses certified health IT to record the measure's demographic and clinical data elements in conformance to the standards relevant for the measure and submission pathway.
- The MIPS eligible clinician, group, Virtual Group or MIPS APM entity exports and transmits measure data electronically to a third-party using relevant standards or directly to CMS.
- The third-party intermediary (for example, a QCDR) uses automated software to aggregate measure data, calculate measures, perform any filtering of measurement data, and submits the data electronically to CMS.

² Inverse measures must have a performance rate less than 100%.



There are several key steps common across all submission pathways for end-to-end electronic reporting:

- 1) The collection of data at the point of care;
- 2) The calculation of clinical quality measure (CQM) performance as a numerator/ denominator ratio; and
- 3) The submission of the data to CMS using a standard format.

Any manual intervention in these steps negates the ability to receive this bonus.

To qualify for this bonus, the measure:

- Does not have to meet the required case minimum (20 cases)
- Does not have to meet the required data completeness criteria (60%)
- Does not have to have a performance rate greater than 0%³
- Does not have to be in the top six measures scored for achievement points

Quality measures (eCQMs) reported to CMS in the QRDA III format will automatically receive this bonus. Quality measures (including QCDR measures) reported to CMS in the QPP JSON/XML format (including those reported by Application Programming Interface [API]) by a QCDR, Qualified Registry, or other third-party intermediary will receive this bonus if the third-party intermediary indicates in the submission that the measure(s) meet the standards for end-to-end electronic reporting.

These bonus points are capped at 10% of the Quality performance category denominator.

- MIPS eligible clinicians participating as individuals, and groups and Virtual Groups who are not scored on the ACR measure can earn a maximum of six bonus points for end-to-end electronic reporting.
- Groups and Virtual Groups who are scored on the ACR measure can have a quality denominator of 70 points, which would allow for 7 bonus points if more than six measures are submitted that meet the standards for end-to-end electronic reporting.
- The number of required measures, and therefore the 10% cap on bonus points, vary by model for Other MIPS APM participants. (More information is available [here](#).)

Notes:

- This bonus is in addition to the bonus points available for submitting additional high-priority or outcome measures.
- The CAHPS for MIPS survey is not eligible for end-to-end electronic reporting bonus points.
- Quality measures submitted via claims are not eligible for end-to-end electronic reporting bonus points.

³ Inverse measures do not need a performance rate less than 100%.

CMS Web Interface Submissions

Groups, Virtual Groups and MIPS APM entities can receive one bonus point per measure (up to a maximum of 10% of their Quality denominator) by exporting (either directly or through a third-party intermediary) the data captured in their certified health IT into the CMS approved template for CMS Web Interface reporting.

To qualify for this bonus, the measure:

- Does not have to meet the required case minimum (20 cases)
- Does not have to meet the required data completeness criteria (248 consecutively completed beneficiaries, or 100% of the sample if less than 248)
- Does not have to have a performance rate greater than 0%

Groups and Virtual Groups can earn a maximum of 13 bonus points on their CMS Web Interface measures for end-to-end electronic reporting if they are scored on the ACR measure and/or administer the CAHPS for MIPS survey.

Groups and Virtual Groups that are not scored on the ACR measure and do not administer the CAHPS for MIPS survey can earn a maximum of 11 bonus points on their CMS Web Interface measures for end-to-end electronic reporting.

MIPS APM entities can earn a maximum of 12 bonus points on their CMS Web Interface measures for end-to-end electronic reporting because they administer the CAHPS for ACOs survey.

Notes:

- The cap on end-to-end electronic reporting bonus points is separate from the bonus points available for submitting additional high-priority or outcome measures.
- The ACR measure is not eligible for bonus points, but it increases the denominator and therefore the 10% cap on bonus points.
- The CAHPS for MIPS and CAHPS for ACOs surveys are not eligible for end-to-end electronic reporting bonus points, but they increase the denominator for CMS Web Interface Submissions and therefore increases the 10% cap on bonus points.

Opportunities for Improvement Scoring in the Quality Performance Category

Beginning with the 2018 performance period, MIPS eligible clinicians can earn up to 10 additional percentage points based on the rate of their improvement in the Quality performance category from the previous year. Improvement points will be incorporated into the Quality performance category score for clinicians, groups, Virtual Groups, and MIPS APM participants. The improvement percent score—the score that represents improvement in achievement from one year to the next— may not total more than 10 percentage points and is awarded based on the rate of increase based on achievement in the Quality performance category.

Eligibility for these additional percentage points is determined by meeting the following criteria:

- Full participation in the Quality category for the current performance period:
 - For example, submits six measures with at least one outcome measure
 - All submitted measures must meet data completeness requirements
- Data sufficiency standard is met meaning there is data available and can be compared:
 - There is a Quality performance category achievement percent score (the score earned by measures based on performance excluding bonus points) for the previous performance period (transition year) and the current performance period; and
 - Data was submitted under the same identifier for the two performance periods, or CMS can compare the data submitted for the two performance periods. (See Appendix A)

Improvement scoring is calculated by comparing the Quality performance category achievement percent score from the previous period to the quality achievement percentage points in the current period. Measure bonus points are not included in improvement scoring.

If CMS can't compare data between two performance periods, or there is no improvement, the improvement score will be 0%.

To account for transition year policies that let clinicians test their participation, MIPS eligible clinicians with a 2017 Quality performance category achievement percent score below 30% will be scored for improvement based on a 30% achievement percent score. This is the lowest score a MIPS eligible clinician can achieve with complete reporting in the transition year. This policy lets us score a MIPS eligible clinician on improvement, yet still account for differences in participation levels between the two years.

$$\text{Improvement Percent Score} = \frac{\text{Increase in Quality Performance Category Achievement Percent Score (from Prior Performance Period to Current Performance Period)}}{\text{Prior Performance Period to Quality Performance Category Achievement Percent Score}} \times 10\%$$

Example:

In the transition year, a MIPS eligible clinician earned 25 measure achievement points and 2 measure bonus points for reporting an additional outcome measure.

For the 2018 performance period, the same MIPS eligible clinician earned 33 measure achievement points and 6 measure bonus points for end-to-end electronic reporting.

- 2017 Quality performance category achievement percent score = 42%

- 25 achievement points ÷ 60 possible points
- Excludes the 2 bonus points
- 2018 Quality performance category achievement percent score = 55%
 - 33 achievement points ÷ 60 possible points
 - Excludes the 6 bonus points
- The increase in Quality performance category achievement percent score from prior performance period to current performance period = 13%
 - 55% - 42%
- The improvement percent score = 3.1%
 - $(13\% \div 42\%) \times 10\%$

Note: The Bipartisan Budget Act of 2018 included several changes to MIPS, one of which delays implementation of improvement scoring in the Cost performance category until the sixth year of the program. Improvement scoring in the Cost performance category was previously finalized to begin implementation in Year 2.

Calculating the Quality Performance Category Percent Score with Bonus Points

Eligible clinicians, groups, Virtual Groups and MIPS APM entities will first be scored on the measures they submitted (including bonus points), and then their improvement score will be added to this percentage, resulting in their Quality performance category percent score. This score is capped at 100%, even if the addition of measure bonus points and improvement scoring result in a score greater than 100%.



Continuing the previous example:

In the 2018 performance period, the MIPS eligible clinician earned 33 measure achievement points and 6 measure bonus points for end-to-end electronic reporting. Her improvement percent score from the previous year was calculated to be 3.1%.

- Quality performance category percent score = 68.1%
 - $(33 \text{ achievement points} + 6 \text{ bonus points}) \div (60 \text{ total available achievement points}) = 65\%$
 - $65\% \text{ (for submitted measures)} + 3.1\% \text{ (improvement percent score)}$

Promoting Interoperability Performance Category Requirements

To earn any points in the Promoting Interoperability performance category, a MIPS eligible clinician, group, Virtual Group, or MIPS APM entity must first satisfy the base score requirements:


- Submit a yes for the Security Risk Analysis measure
- Submit a numerator and denominator of at least 1 for the remaining base score measures
OR
Claim the exclusion for the e-Prescribing and/or Health Information Exchange measure(s) and submit a numerator and denominator of at least 1 for the remaining base score measures
- Submit data for a minimum of a continuous 90-day performance period in calendar year 2018

Bonus Overview

The Promoting Interoperability performance category provides the following bonus points in the 2018 performance period for MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities that use CEHRT for certain measures and activities.

- A 10% bonus for exclusively using the 2015 Edition CEHRT
- A 5% bonus for reporting to one or more additional public health agencies or clinical data registries beyond the one identified for the performance score
- A 10% bonus for using CEHRT to complete an eligible Improvement Activity

MIPS eligible clinicians, groups, Virtual Groups and MIPS APM entities can earn up to 25% in bonus percentage points, although the Promoting Interoperability performance category score is capped at 100%; bonus percentage points will not result in a Promoting Interoperability performance category score greater than 100%.



Bonuses can be earned through all submission mechanisms available for the Promoting Interoperability performance category:

- Attestation
- EHR
- QCDR
- Qualified Registry

Most measures are worth a maximum of 10 percentage points, except for two measures included in the 2018 Transition measures, which are worth up to 20 percentage points. Additional information can be found in the [2018 MIPS Promoting Interoperability Performance Category Fact Sheet](#).

Bonus for Exclusively Using 2015 Edition CEHRT

To be eligible for this 10% bonus, MIPS eligible clinicians, groups, Virtual Groups, or MIPS APM entities must report exclusively from the 2018 Promoting Interoperability Objectives and Measures measure set using 2015 Edition CEHRT. Submitting any of the 2018 Promoting Interoperability Transition Objectives and Measures will not result in the bonus.

Bonus for reporting to one or more additional public health agencies or clinical data registries

To be eligible for this 5% bonus, MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities must submit data to at least one public health agency or clinical data registry that is different from the one to which they submitted data for purposes of the performance score. Groups and Virtual Groups are eligible for this bonus as long as one MIPS eligible clinician in the group is actively engaged with an agency or registry that is different from the one that is submitted for the performance score.

To earn this 5% bonus, MIPS eligible clinicians, groups, Virtual Groups, or MIPS APM entities must:

- Submit “yes” for a Public Health Agency or Public Health and Clinical Data Registry Reporting measure in the performance score
- Submit “yes” for one or more additional public health agencies or clinical data registries for a Public Health Agency or Public Health and Clinical Data Registry Reporting measure

Note: This bonus is 5%, regardless of the number of additional agencies or registries submitted.

- In the 2018 Promoting Interoperability Objectives and Measures measure set, this includes the Immunization Registry Reporting, Syndromic Surveillance Reporting, Electronic Case Reporting, Public Health Registry Reporting, and Clinical Data Registry Reporting measures within the Public Health and Clinical Data Registry Reporting Objective.

- In the 2018 Promoting Interoperability Transition Objectives and Measures measure set, this includes the Immunization Registry Reporting, Syndromic Surveillance Reporting, and Specialized Registry Reporting measures in the Public Health Reporting Objective.

Additional information can be found in the bonus section of the [2018 MIPS Promoting Interoperability Performance Category Fact Sheet](#).

Bonus for Using CEHRT to Complete Improvement Activities

To further support the integration of CEHRT into clinicians' workflow, MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities that complete and attest to completing any of the 30 Improvement Activities listed in Appendix B using CEHRT will qualify for a bonus in the Promoting Interoperability performance category score.

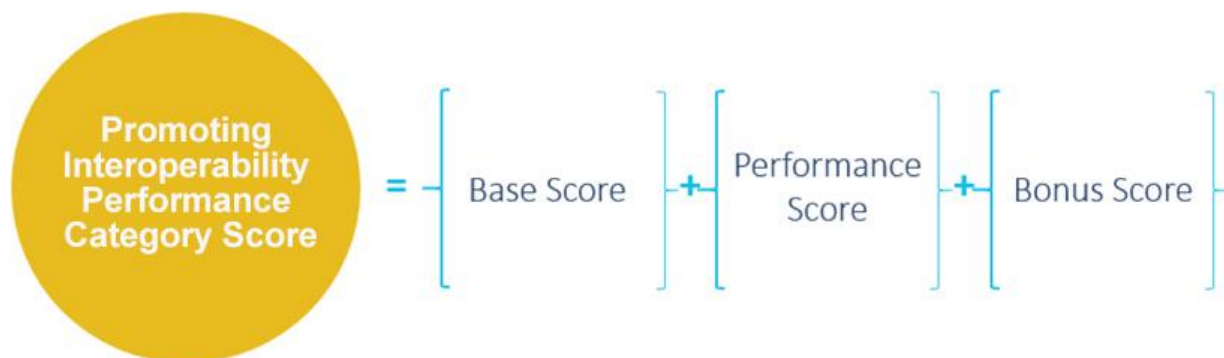
These Improvement Activities can be tied to the objectives, measures, and CEHRT functions of the Promoting Interoperability performance category and will qualify for the bonus in the Promoting Interoperability performance category if they are completed using CEHRT. While these activities can be greatly enhanced through the use of CEHRT, these activities do not require the use of CEHRT for the purposes of the Improvement Activities performance category. To receive the bonus, MIPS eligible clinicians, groups, and Virtual Groups must perform the activity using CEHRT and attest for the Promoting Interoperability performance category that they performed the Improvement Activity using CEHRT.

To earn this bonus, MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities must:

- Complete and attest, submit "yes," to the completion of at least one of the specified Improvement Activities (Appendix B) for the Promoting Interoperability performance category
- Attest to an eligible activity (Appendix B) in the Improvement Activities performance category

Calculating the Promoting Interoperability performance category score with bonus points

The performance score and bonus score are added to the base score to get the total Promoting Interoperability performance category score:



For example, if a MIPS eligible clinician receives the base score (50%), a 40% performance score, and a 25% bonus score, the values add up to 115%, but her Promoting Interoperability performance category score would be capped at 100%. They would earn the full 25 points for the Promoting Interoperability performance category.

Final Score Bonuses

Overview

In addition to the bonuses applied at the performance category level, there are two bonuses that can be applied to a MIPS final score:

- Five bonus points added to the final score of MIPS eligible clinicians in small practices
- Up to five bonus points added for the care of complex patients

Small Practice Bonus

A bonus of five points will be added to the final score for the 2020 MIPS payment year for MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities that are designated as small practices.

To be eligible for this bonus, MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities must:

- Be designated by CMS as a small practice. A small practice, by definition, is a practice of 15 or fewer eligible clinicians. Please refer to the [2018 MIPS Participation NPI Lookup Tool](#) for information on this special status
- Participate in MIPS by submitting data on *at least one* performance category (Quality, Promoting Interoperability, or Improvement Activities) for the 2018 performance period

Complex Patient Bonus

All MIPS eligible clinicians, groups, Virtual Groups, and MIPS APM entities that care for complex patients and submit data for at least one MIPS performance category (Quality, Promoting Interoperability, or Improvement Activities) will receive a bonus of up to five points added to their final score. This bonus is based on a combination of the average Hierarchical Condition Category (HCC) risk score of the patients treated and the number of dually eligible patients treated.

Two indicators will be used to measure patient complexity:

- Medical complexity as measured through average Hierarchical Condition Category (HCC) risk scores, and
- Social risk as measured through the proportion of patients with dual eligible status (qualified to receive both Medicare and Medicaid benefits).

Each MIPS eligible clinician will receive an HCC risk score which is an average of the HCC risk scores of the beneficiaries he or she treats September 1, 2017 – August 31, 2018.

- HCC risk scores are based on:
 - a beneficiary's age and gender;
 - whether the beneficiary is eligible for Medicaid, first qualified for Medicare on the basis of disability, or lives in an institution (usually a nursing home); and
 - the beneficiary's diagnoses from the previous year
- For the 2018 MIPS performance period, the HCC risk scores of beneficiaries are calculated based on information from the 2017 calendar year (January 1 – December 31, 2017).

For each MIPS eligible clinician, CMS will determine the proportion of dually eligible beneficiaries treated by the clinician between September 1, 2017 – August 31, 2018.

- The number of dually eligible beneficiaries will be calculated using claims data from September 1, 2017 – August 31, 2018.
- The proportion will be a comparison of unique patients who are dually eligible for Medicare and full- and partial-benefit Medicaid seen by the MIPS eligible clinician during the period to all unique Medicare beneficiaries seen by the MIPS eligible clinician during the period.

There is no minimum amount or percentage of dually eligible patients or patients diagnosed with a condition that has an HCC risk score required for the clinician to be scored for the complex patient bonus.

The complex patient bonus will be calculated for MIPS eligible clinicians and groups by adding the dual eligible ratio (multiplied by five) to the average HCC risk score.

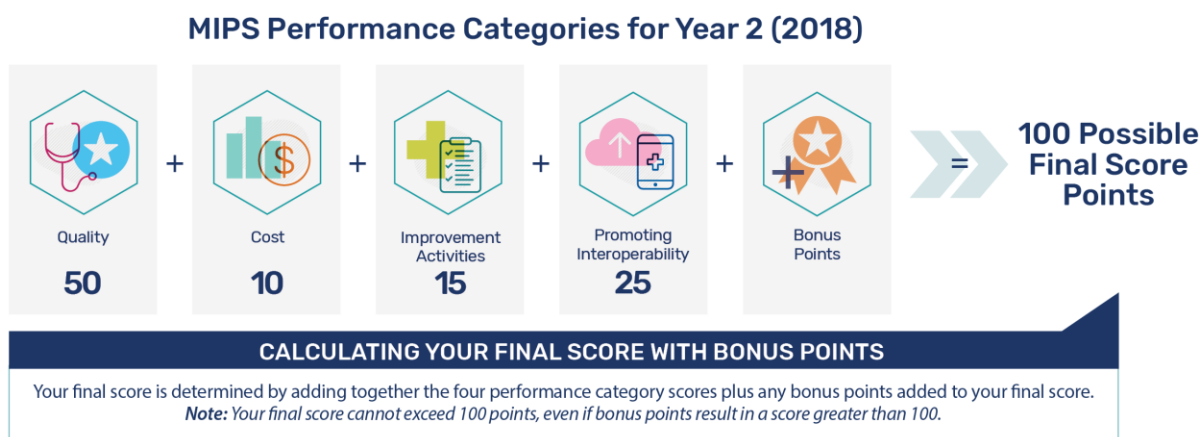
The complex patient bonus will be calculated for MIPS APM entities and Virtual Groups by adding the average dual eligible ratio (multiplied by five) for all MIPS eligible clinicians in the MIPS APM entity or Virtual Group to the beneficiary-weighted average HCC risk score for all MIPS eligible clinicians in the MIPS APM entity or Virtual Group.

If technically feasible, the calculation will be performed at the Taxpayer Identification Number (TIN) level for MIPS APM entities and Virtual Groups that rely on complete TIN participation.

Each MIPS eligible clinician, group, Virtual Group and MIPS APM entity that qualifies for the complex patient bonus will receive a complex patient bonus, with clinicians in the lowest quartile (based on HCC risk scores) receiving an estimated bonus of about 2.5 points, and clinicians in the highest quartile receiving an estimated bonus of about 3.7 points (based on historical data).


Calculating the MIPS Final Score with Bonus Points

The final score is determined by adding together the four performance category scores plus any bonus points added to the final score. A final score cannot exceed 100 points, even if bonus points result in a score greater than 100.



Notes:

- MIPS APM entities evaluated under the APM scoring standard are not scored on Cost. For these MIPS eligible clinicians, the Improvement Activities performance category weight is



increased to 20%, and the Promoting Interoperability performance category weight is increased to 30%. The Quality performance category remains weighted at 50%.

- Performance category weights can change based on the circumstances of the MIPS eligible clinician, group, Virtual Group, or MIPS APM entity.

Additional Adjustment for Exceptional Performance

MIPS eligible clinicians earn a payment adjustment based on their final score. MIPS eligible clinicians (participating individually, as a group or Virtual Group, or through their MIPS APM entity) with a final score of 70 points or more are eligible for an additional payment adjustment for exceptional performance on top of their positive payment adjustment. Although additional payment adjustments for exceptional performance aren't required to be budget neutral, the total amount CMS can spend on additional payment adjustments for exceptional performance for all MIPS eligible clinicians cannot exceed \$500 million in 2019. The additional adjustment factors for exceptional performance are based on a linear sliding scale range starting at 0.5 percent.

Contact Us

The Quality Payment Program can be reached at 1-866-288-8292 (TTY 1-877-715- 6222), Monday through Friday, 8:00 AM-8:00 PM Eastern time or by email at: QPP@cms.hhs.gov.

Appendix A

Improvement Scoring – Year to Year Comparisons				
Scenario	Current MIPS performance period identifier	Prior MIPS performance period identifier (with score greater than 0)	Eligible for improvement scoring	Data comparability
No change in identifier.	Individual (TIN A/NPI 1)	Individual (TIN A/NPI 1)	Yes	Current individual score is compared to individual score from prior performance period.
No change in identifier.	Group (TIN A)	Group (TIN A)	Yes	Current group score is compared to group score from prior performance period.
Individual is with same group but chooses to submit as an individual instead of with the group.	Individual (TIN A/NPI 1)	Group (TIN A)	Yes	Current individual score is compared to the group score associated with the TIN/NPI from the prior performance period.
Individual moves to a new practice but submitted to MIPS before as an individual.	Individual (TIN B/NPI)	Individual (TIN A/NPI 1)	Yes	Current individual score is compared to the individual score from the prior performance period.
Individual moves to a new practice and has multiple scores in an earlier performance period.	Individual (TIN C/NPI)	Group (TIN A/NPI); Individual (TIN B/NPI)	Yes	Current individual score is compared to highest score from the prior performance period.
Group doesn't have a previous group score from prior performance period.	Group (TIN A/NPI)	Individual scores (TIN A/NPI 1, TIN A/NPI 2, TIN A/NPI 3, etc.)	Yes	The current group score is compared to the average of the scores from the prior performance period of

Improvement Scoring – Year to Year Comparisons

Scenario	Current MIPS performance period identifier	Prior MIPS performance period identifier (with score greater than 0)	Eligible for improvement scoring	Data comparability
				individuals who comprise the current group.
Virtual Group doesn't have previous group score from prior performance period.	Virtual Group (Virtual Group Identifier A) (Assume virtual group has 2 TINs with 2 clinicians.)	Individuals (TINA/NPI 1, TIN A/NPI 2, TIN B/NPI 1, TIN B/NPI 2)	Yes	The current group score is compared to the average of the scores from the prior performance period of individuals who make up the current group.
Individual has score from prior performance period as part of an APM Entity	Individual (TIN A/NPI 1)	APM Entity (APM Entity Identifier)	Yes	Current individual score is compared to the score of the APM entity from the prior performance period.
Individual doesn't have a quality performance category achievement score for the prior performance period.	Individual (TIN A/NPI 1)	Individual wasn't eligible for MIPS and didn't voluntarily submit any quality measures to MIPS.	No	The individual quality performance category score is missing for the prior performance period and not eligible for improvement scoring.

Appendix B

2018 Improvement Activities Eligible for Advancing Care Information Bonus Score			
Improvement Activity Performance Category Subcategory	Activity ID	Activity Name	Improvement Activity Performance Category Weight
Expanded Practice Access	IA_EPA_1	Provide 24/7 Access to Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	High
Population Management	IA_PM_2	Anticoagulant Management Improvements	High
Population Management	IA_PM_4	Glycemic Management Services	High
Population Management	IA_PM_13	Chronic Care and Preventative Care Management for Empaneled Patients	Medium
Population Management	IA_PM_14	Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients	Medium
Population Management	IA_PM_15	Implementation of Episodic Care Management Practice Improvements	Medium
Population Management	IA_PM_16	Implementation of Medication Management Practice Improvements	Medium
Population Management	IA_PM_18	Provide Clinical-Community Linkages	Medium
Population Management	IA_PM_19	Glycemic Screening Services	Medium
Population Management	IA_PM_20	Glycemic Referring Services	Medium
Population Management	IA_PM_21	Advance Care Planning	Medium
Care Coordination	IA_CC_15	Perioperative Surgical Home (PSH) Care Coordination	Medium
Care Coordination	IA_CC_16	Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients	Medium
Care Coordination	IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop	Medium
Care Coordination	IA_CC_8	Implementation of Documentation Improvements for Practice/Process Improvements	Medium
Care Coordination	IA_CC_9	Implementation of Practices/Processes for Developing Regular Individual Care Plans	Medium

2018 Improvement Activities Eligible for Advancing Care Information Bonus Score

Improvement Activity Performance Category Subcategory	Activity ID	Activity Name	Improvement Activity Performance Category Weight
Care Coordination	IA_CC_13	Practice Improvements for Bilateral Exchange of Patient Information	Medium
Care Coordination	IA_CC_14	Practice Improvements that Engage Community Resources to Support Patient Health Goals	Medium
Beneficiary Engagement	IA_BE_1	Use of Certified EHR to Capture Patient Reported Outcomes	Medium
Beneficiary Engagement	IA_BE_4	Engagement of Patients through Implementation of Improvements in Patient Portal	Medium
Beneficiary Engagement	IA_BE_15	Engagement of Patients, Family and Caregivers in Developing a Plan of Care	Medium
Beneficiary Engagement	IA_BE_14	Engage Patients and Families to Guide Improvement in the System of Care	High
Patient Safety and Practice Assessment	IA_PSPA_16	Use of Decision Support and Standardized Treatment Protocols	Medium
Patient Safety and Practice Assessment	IA_PSPA_25	Cost Display for Laboratory and Radiographic Orders	Medium
Patient Safety and Practice Assessment	IA_PSPA_26	Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event	Medium
Patient Safety and Practice Assessment	IA_PSPA_29	Consulting AUC Using Clinical Decision Support when Ordering Advanced	Medium
Achieving Health Equity	IA_AHE_2	Leveraging a QCDR to Standardize Processes for Screening	Medium
Achieving Health Equity	IA_AHE_3	Promote Use of Patient-Reported Outcome Tools	High
Integrated Behavioral and Mental Health	IA_BMH_7	Implementation of Integrated Patient Centered Behavioral Health model	High
Integrated Behavioral and Mental Health	IA_BMH_8	Electronic Health Record Enhancements for BH Data Capture	Medium