

# HIMSS MACRA Fact Sheet

**Merit-based Incentive Payment System (MIPS) Scoring:  
Improvement Activities Performance Category &  
Cost Performance Category**



## Key Themes

- **Improvement activities are those that support broad aims within healthcare delivery including**
  - **care coordination**
  - **beneficiary engagement**
  - **population management**
  - **health equity**

- **This performance category accounts for 15% of the final score**
- **The highest potential score is 40 points for a given MIPS year**

FOR MORE INFORMATION
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## Weights

Improvement activities have relative weights of high & medium.

- **Eligible clinicians (ECs) will receive full credit for being a certified patient-centered medical home or comparable specialty practice** that has received the NCQA Patient-Centered Specialty Recognition
- MIPS eligible clinicians participating in APMs that are not patient-centered medical homes for a performance period shall earn a minimum score of one-half of the highest potential score for the improvement activities performance category

Weighted Activity Points
HIGH-WEIGHTED=20 PT
MEDIUM-WEIGHTED=10 PT

- For
  - Small practices
  - rural practices
  - or practices located in geographic health professional shortage areas (HPSAs)
  - and non-patient facing MIPS eligible clinicians

the Alternative Activity Weights are High-weighted activities = 40 points  
and Medium-weighted = 20 points

### Scoring Formula\*

$$\text{Improvement Activities Performance Category Score} = \left[ \frac{\text{Total number of points scored for completed activities}}{\text{Total maximum number of points (40)}} \right] \times 100$$

ECs can choose from 90+ Improvement Activities under 9 subcategories

- Expanded Practice Access
- Beneficiary Engagement
- Achieving Health Equity
- Population Management
- Patient Safety & Practice Assessment
- Integrating Behavioral & Mental Health
- Care Coordination
- Participation in an APM
- Emergency Preparedness & Response

## Scoring Cost Performance Category

For the transition year a weight of **zero percent** for the cost performance category in the final score. Cost measures **do not require reporting of any data by MIPS-eligible clinicians** to CMS. *There are no bonus points in this category.*

Cost measures will not be used in the transition year. CMS does intend to calculate performance on certain cost measures and give this information in performance feedback to clinicians by:

- Calculating measures of *total per capita costs for all attributed beneficiaries* and a *Medicare Spending per Beneficiary (MSPB)* measure
- Finalizing *10 episode-based measures* that were previously made available to clinicians in feedback reports and met standards for reliability

*Starting in performance year 2018*, as performance feedback is available on at least an annual basis, the final score will gradually increase from **0 to the 30 percent** by the third MIPS payment year of 2021. Benchmarks are based on the performance period. Cost measures must have a benchmark to be scored

- A MIPS-eligible clinician receives one to ten achievement points for each cost measure attributed to the MIPS eligible clinician based on the MIPS eligible clinician's performance compared to the measure benchmark
- MIPS-eligible clinicians must meet the minimum case volume specified by CMS to be scored on a cost measure
- MIPS-eligible clinician's cost performance category score is the equally-weighted average of all scored cost measures.

## Resources

[MACRA Resource Center](#)

[MACRA Final Rule Executive Summary](#)