

CMS Quality Payment Program Fact Sheet

Merit-based Incentive Payment System (MIPS) Scoring

Cost Performance Category

CY2018 Update, Proposed Rule



Topic

Merit-based Incentive Payment System (MIPS) Scoring Cost Performance Category component of CMS Proposed Rule: RIN 0938–AT13 | Published June 30, 2017.

Scoring Cost Performance Category

- In this proposed rule, CMS is proposing to weight the cost performance category at zero percent of the final score for the 2020 MIPS payment year in order to improve clinician understanding of the measures and continue development of episode-based measures that will be used in this performance category.
- For the 2018 MIPS performance period, CMS is proposing the total per capita costs for all attributed beneficiaries measure and the Medicare Spending per Beneficiary (MSPB) measure that were adopted for the 2017 MIPS performance period. For the 2018 MIPS performance period, CMS is not proposing to use the 10 episode-based measures that were adopted for the 2017 MIPS performance period. Although data on the episode-based measures has been made available to clinicians in the past, CMS is in the process of developing new episode-based measures with significant clinician input and believe it would be more prudent to introduce these new measures over time.
- Starting in performance year 2018, as performance feedback is available on at least an annual basis; the final score will increase from zero to the 30 percent by the third MIPS payment year of 2021. CMS will continue to offer performance feedback on episode-based measures prior to potential inclusion of these measures in MIPS to increase clinician familiarity with the concept as well as specific episode based measures.
- Benchmarks are based on the performance period. Cost measures must have a benchmark to be scored.
- 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 sum of the following, not to exceed 100 percent:
 - The total number of achievement points earned by the MIPS eligible clinician divided by the total number of available achievement points; and
 - The cost improvement score.
- Cost improvement scoring is available to MIPS eligible clinicians that demonstrate improvement in performance in the current MIPS performance period compared to their performance in the immediately preceding MIPS performance period.
- The cost improvement score is determined at the measure level for the cost performance category.
- The cost improvement score is calculated only when data sufficient to measure improvement is available. Sufficient data is available when a MIPS eligible clinician or group participates in MIPS using the same identifier in 2 consecutive performance periods and is scored on the same cost measure(s) for 2 consecutive performance periods. If the cost improvement score cannot be calculated because sufficient data is not available, then the cost improvement score is zero.
- The cost improvement score is determined by comparing the number of measures with a statistically significant change (improvement or decline) in performance; a change is determined to be significant based on application of a t-test. The number of cost measures with a significant decline is subtracted from the number of cost measures with a significant improvement, with the result divided by the number of cost measures for which the MIPS eligible clinician or group was scored for two consecutive performance periods. The resulting fraction is then multiplied by the maximum improvement score.
- The cost improvement score cannot be lower than zero percentage points. The maximum cost improvement score for the 2020 MIPS payment year is zero percentage points. Cost performance category percent score is not calculated if a MIPS eligible clinician is not attributed any cost measures because the clinician or group has not met the case minimum requirements for any of the cost measures or a benchmark has not been created for any of the cost measures that would otherwise be attributed to the clinician or group.

Resources

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Ian E. Hoffberg, Applied Innovation Manager, HIS, at ihoffberg@himss.org