



## Merit Based Incentive Payment System (MIPS) - 2018

In November 2017, CMS finalized MACRA's Medicare **Quality Payment Program (QPP)** rules for Year 2. Here are some of the program highlights:

1. There are four performance categories for Year 2. Points are earned in each category to calculate your final score. Categories and weight are:
  - *Quality* – 50%
  - *Cost* – 10%
  - *Improvement Activities* – 15%
  - *Advancing Care Information* – 25%
2. The *low volume threshold* exemption for individual clinicians, has been set at less than or equal to \$90,000 in Medicare Part B allowed charges or less than or equal to 200 Part B Medicare beneficiaries.
3. Burden reduction exceptions are included for small practices (15 or fewer eligible clinicians) and rural or HPSA designated practices.
4. A minimum of 15 points is needed to avoid a negative payment adjustment. Exceptional performer is 70 points.
5. Payment adjustment is +/- 5%.

### ***Year2 Performance Category Highlights:***

- **Quality:**
  - There are 270+ available quality measures.
  - Report on six quality measures including at least one Outcome or High Priority measure or one specialty specific or subspecialty specific measure set.
  - The minimum performance period is **12 months**.
  - Data Completeness has been increased to 60%. Measures that do not meet data completeness earn 1 point.
  - Burden Reduction Aim: Small practices will continue to receive 3 points for measures that fall below the data completeness requirement.
- **Cost:**
  - New for 2018.
  - Medicare Spending per Beneficiary (MSPB) and total per capita cost measures are included in calculating Cost performance category score for the 2018 MIPS performance period.
  - Each individual MIPS eligible clinician's and group's cost performance will be calculated using administrative claims data if they meet the case minimum of attributed patients.
  - Individual MIPS eligible clinicians and groups are not required to submit any additional information for the cost performance category.

- **Improvement Activities:**
  - There are 112 activities available.
  - IA remains at a minimum 90-day performance period.
  - A simple “yes” is all that is required to attest to completing an improvement activity.
  - For group reporting, only one MIPS eligible clinician in a TIN must perform the Improvement Activity for the TIN to receive credit.
- **Advancing Care Information**
  - ACI remains at a minimum 90-day performance period
  - No change to the base score requirements.
  - Burden Reduction Aim: MIPS eligible clinicians may use either the 2014 or 2015 CEHRT or a combination in 2018.
  - A 10% bonus is available for using only 2015 Edition CEHRT.

*Reference the **Year 2 Fact Sheet** on our 2018 MIPS Reporting Information page for more details.*