QUALITY PAYMENT PROGRAM BASICS
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

YEAR 2 PERFORMANCE CATEGORY WEIGHTS FOR MIPS

- **QUALITY**: Report 6 measures, including an outcomes measure, on 50% of patients
- **COST**: Medicare spending per beneficiary and total per capita cost measures will be used in calculating Cost performance category score for information purposes
- **IMPROVEMENT ACTIVITIES**: Must report multiple medium and/or high weight activities to achieve a total of 40 points (proposed IAs include activities focused on type 2 diabetes screening and referral)
- **ADVANCING CARE INFORMATION**: Composite score includes base and performance scores

CMS proposes to reward demonstrated improvement in the Quality category for current performance period compared to previous with up to 10 points added to the composite score. Cost will be considered for inclusion in future years.

MIPS PAYMENT ADJUSTMENT

Clinician’s MIPS composite score will be compared against a MIPS performance threshold to determine payment adjustment.

<table>
<thead>
<tr>
<th>LOW PERFORMANCE</th>
<th>BENCHMARK</th>
<th>HIGH PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGATIVE ADJUSTMENT</td>
<td>NEUTRAL ADJUSTMENT</td>
<td>POSITIVE ADJUSTMENT</td>
</tr>
<tr>
<td>PORS+VM+EHR INCENTIVE PENALTIES (COMBINED)</td>
<td>-4.5%</td>
<td>-6.0%</td>
</tr>
<tr>
<td>MIPS BONUS/PENALTY (MAX)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Visit endocrine.org/topics/macra for additional resources.
### Qualifying Requirements

**YEAR 1 FINAL**
- Minimum 90-day performance period for Quality, Advanced Care Information (ACI), and Improvement Activities (IA)
- Cost is based on 12 months of data for feedback purposes only

**YEAR 2 PROPOSED**
- 12-month calendar year performance period for Quality and Cost
- 90-day performance period for ACI and IA
- 12-month Cost performance will be provided for feedback purposes only

### Low Volume Threshold Qualifications for Exemption from MIPS

**YEAR 1 FINAL**
- ≤ $30,000 in Part B allowed charges, OR
- ≤ 100 Part B beneficiaries

**YEAR 2 PROPOSED**
- ≤ $90,000 in Part B allowed charges, OR
- ≤ 200 Part B beneficiaries
  - *CMS solicited comments on allowing clinicians that fall under the low volume threshold to opt-in to MIPS*

### Opportunities to Earn Bonus Points Towards MIPS Composite Score

**COMPLEX PATIENT BONUS**
- Apply adjustment of 1 to 3 bonus points to final score based on complexity of the patients cared for by clinician or clinicians in the group (based on average Hierarchical Conditions Category risk score for beneficiaries).

**SMALL PRACTICE**
- Adjust final score of MIPS eligible clinician or group who is in a small practice (15 or fewer clinicians) by adding 5 points (must submit data on at least 1 performance category in performance period). Small practices also receive special accommodations in Quality, IA, and ACI categories.

**ADVANCING CARE INFORMATION**
- Apply 10-point bonus to ACI score for those clinicians who use 2015 Certified Electronic Health Record Technology (CEHRT) exclusively.

### Proposed MIPS APM Scoring for Year 2

The Alternative Payment Model (APM) scoring standard offers a special, minimally-burdensome way of participating in MIPS for eligible clinicians in APMs who do not meet the requirements to become Qualified Participants (QPs) and are therefore subject to MIPS, or eligible clinicians who meet the requirements to become a Partial QP and therefore able to choose whether to participate in MIPS.

#### MIPS APMS
- Shared Saving Program
- Next Generation ACO Model
- Other MIPS APMS
  - Have an agreement with CMS
  - Includes at least one MIPS eligible clinician
  - Based incentives on performance on Cost and Quality

#### YEAR 2 PROPOSED

<table>
<thead>
<tr>
<th>Domain</th>
<th>All MIPS APMS</th>
<th>Quality</th>
<th>Cost</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>20%</td>
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<td></td>
<td></td>
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<tr>
<td>Advancing Care Information</td>
<td>30%</td>
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