

## How Will CMS Score Clinicians Under MIPS?

For 2017, eligible clinicians will receive a total **MIPS Composite Score** based on their performance on the Quality, ACI, and IA categories. CMS will continue to calculate cost measures and provide clinicians with confidential feedback on their resource use, but will not use those scores to determine payment adjustments in 2019.

MIPS Composite Scores will be based on a scale of 0-100 points. Clinicians will be able to earn up to a certain number of points based on their performance in each category. As shown below, each category contributes a different weight toward the overall score.

MIPS Performance Category	Total Possible Points
Quality	60
Advancing Care Information	25
Improvement Activities	15
<b>TOTAL MIPS COMPOSITE SCORE</b>	<b>100</b>

More information about MIPS Performance Categories may be found via the following links below:

[Quality](#)

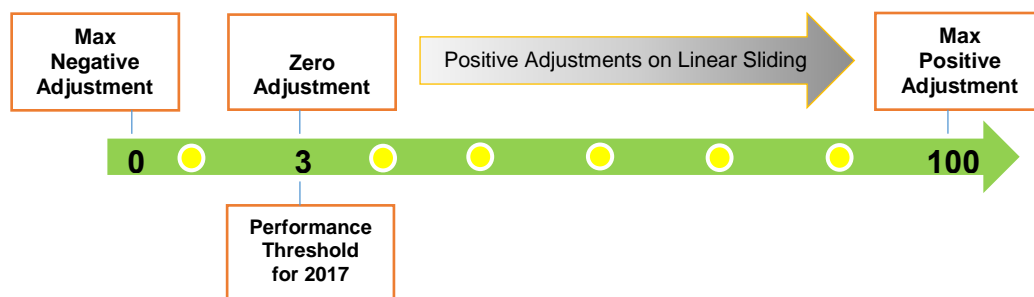
[Advancing Care Information](#)

[Improvement Activities](#)

[Cost](#)

## How will 2017 MIPS Composite Scores Translate into Payment Adjustments in 2019?

CMS will provide positive payment adjustments on a linear sliding scale such that scores at the MIPS performance threshold (set at 3 points for 2017) will receive a neutral adjustment and those with a score of 100 will receive the highest upward adjustment assigned to that year. That amount is set at 4% for 2019, but CMS has the authority to increase or decrease this percentage by a scaling factor (up to 3x) to ensure budget neutrality. As such, the total amount of downward adjustments in 2019 will determine the extent of upward adjustments.



The MACRA legislation also includes \$500 million for each year of MIPS for ***exceptional performance bonuses***. For 2017, clinicians scoring between 70 and 100 points are eligible to receive an ***additional*** upward payment adjustment from this pool of funding. Adjustments will be made on a separate linear sliding scale such that an additional bonus of 0.5% would be assigned for a final score at the exceptional performance threshold (70 points) and an additional bonus of 10% would be assigned for a final score of 100. The exceptional performance adjustments are subject to their own scaling factor (up to 1x), if necessary, to ensure that bonuses do not exceed the available pool of funding.

The translation of 2017 MIPS Composite Scores into 2019 Medicare payment adjustments is summarized below:

MIPS Composite Score	Level of Participation	Payment Adjustment
<b>≥70 points</b>	<ul style="list-style-type: none"> <li>Fully satisfy <b>and/or</b> perform well on multiple MIPS performance categories</li> </ul>	<ul style="list-style-type: none"> <li>Larger positive adjustment, up to 4% for 2019</li> <li>Also eligible for an additional exceptional performance bonus: 70 points = 0.5% → 100 points = 10%</li> </ul>
<b>4-69 points</b>	<ul style="list-style-type: none"> <li>Report more than 1 Quality measure; <b>and/or</b></li> <li>Attest to more than 1 Improvement Activity; <b>and/or</b></li> <li>Report more than required ACI measures.</li> </ul>	<ul style="list-style-type: none"> <li>Smaller to modest positive adjustment</li> <li>Not eligible for exceptional performance bonus</li> </ul>
<b>3 points</b>	<ul style="list-style-type: none"> <li>Report 1 Quality measure; <b>or</b></li> <li>Attest to 1 Improvement Activity; <b>or</b></li> <li>Report “required” ACI measures (4-5 depending on CEHRT edition)</li> </ul>	<ul style="list-style-type: none"> <li>Avoid penalty; neutral payment adjustment</li> </ul>
<b>0 points</b>	<ul style="list-style-type: none"> <li>Submit nothing</li> </ul>	<ul style="list-style-type: none"> <li>Negative payment adjustment: -4%</li> </ul>

### What Data Submission Mechanisms Are Available to Clinicians in 2017?

Individual clinicians and groups must submit all data for a specific MIPS performance category via the same data submission mechanism. However, they can use different submission mechanisms across different performance categories. For example, a clinician may submit quality measures data via a QCDR, but use CMS’ Web-based Attestation tool to submit ACI data if the QCDR does not offer that service.

Performance Category	Available Data Submission Mechanisms
<b>Quality</b>	<ul style="list-style-type: none"> <li>Claims (only available for individual reporting; not group reporting)</li> <li>Qualified Clinical Data Registry (QCDR)</li> <li>Qualified Registry</li> <li>EHR</li> <li>CMS Web Interface (only available to groups with ≥25 eligible clinicians)</li> <li>CMS-approved survey vendor for CAHPS for MIPS (must be reported in conjunction with one other data submission mechanism)</li> </ul>
<b>Resource Use</b>	<ul style="list-style-type: none"> <li>Administrative claims (no submission required)</li> </ul>
<b>Advancing Care Information</b>	<ul style="list-style-type: none"> <li>CMS Web-based Attestation Tool</li> <li>QCDR (if offered by vendor)</li> <li>Qualified Registry (if offered by vendor)</li> <li>EHR</li> <li>CMS Web Interface (groups of 25 or more)</li> </ul>

Performance Category	Available Data Submission Mechanisms
Improvement Activities	<ul style="list-style-type: none"><li>• CMS Web-based Attestation Tool</li><li>• QCDR (if offered by vendor)</li><li>• Qualified Registry (if offered by vendor)</li><li>• EHR (if offered by vendor)</li><li>• CMS Web Interface (groups of 25 or more)</li></ul>