



How to Avoid a Penalty in 2018 MIPS Program

For 2018 reporting, which determines your 2020 payment, CMS has set the performance threshold at 15 points. If you are interested in earning an incentive you must score above the performance threshold. The following are examples of how an eligible clinician and group practice can meet the performance threshold and avoid a payment penalty.

The general formula used to determine a physicians' score within a performance category is as follows:

$$\frac{\text{Points earned by physician}}{\text{total possible points within the performance category}} \times \text{performance category weight} = \text{Earned points}$$

A physician's four performance category scores (as well as any bonus points) will then be added to determine a physician's final score.

Please note, if you qualify for special circumstances that cause your MIPS categories to be reweighted such as non-patient facing or hospital-based clinician, or you qualify for a hardship exemption, the numbers below may not apply.

Small Practices (15 or fewer clinicians):

Option 1: Report 1 high-weighted Improvement Activity

Performance Category	Performance Score	Category Weight	Earned Points
Quality	0	50%	0
Cost	0	10%	0
Improvement Activities	40 out of 40 points	15%	15
Advancing Care Information	0	25%	0
Bonus Points			Small practice bonus 5 points
Final Score			20 points

Option 2: Report 1 medium-weighted Improvement Activity and 1 Quality measure

Performance Category	Performance Score	Category Weight	Earned Points
Quality	Minimum 3 out of 60 points	50%	2.5
Cost	0	10%	0
Improvement Activities	20 out of 40 points	15%	7.5
Advancing Care Information	0	25%	0
Bonus Points			Small practice bonus 5 points
Final Score			15 points

Option 3: Report 6 Quality Measures

Performance Category	Performance Score	Category Weight	Earned Points
Quality	Minimum 18 out of 60 points	50%	15
Cost	0	10%	0
Improvement Activities	0	15%	0
Advancing Care Information	0	25%	0
Bonus Points			Small practice bonus 5 points
Final Score			20 points

Option 4: Report Advancing Care Information base score and 1 Quality measure

Performance Category	Performance Score	Category Weight	Earned Points
Quality	Minimum 3 out of 60 points	50%	2.5
Cost	0	10%	0
Improvement Activities	0	15%	0
Advancing Care Information	50 out of 100 points	25%	12.5
Bonus Points			Small practice bonus 5 points
Final Score			20 points

Large Practices (16 or more clinicians)

Please note, for the examples below, we assume the quality measures reported meet the data completeness requirement (60% of all eligible patients and report each measure for a minimum of 20 patients) and that the practice is scored on the all-cause hospital readmission measure.¹

Option 1: Report 2 high-weighted or 4 medium-weighted Improvement Activities

Performance Category	Performance Score	Category Weight	Earned Points
Quality	0	50%	0
Cost	0	10%	0
Improvement Activities	40 out of 40 points	15%	15
Advancing Care Information	0	25%	0
Final Score			15 points

Option 2: Report 2 medium-weighted Improvement Activities and 4 Quality measures

Performance Category	Performance Score	Category Weight	Earned Points
Quality	Minimum 12 out of 70 points	50%	8.5
Cost	0	10%	0
Improvement Activities	20 out of 40 points	15%	7.5
Advancing Care Information	0	25%	0
Final Score			16 points

Option 4: Report Advancing Care Information base score and 2 Quality measures

Performance Category	Performance Score	Category Weight	Earned Points
Quality	Minimum 6 out of 70 points	50%	4.2
Cost	0	10%	0
Improvement Activities	0	15%	0
Advancing Care Information	50 out of 100 points	25%	12.5
Final Score			16.7 points

¹ The 30-day All-Cause Hospital Readmission measure is based on Medicare fee-for-service claims calculated by CMS. The measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute-care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge. A practice of 16 or more must have 200 or more eligible cases to be scored on the measure. Based on the attribution methodology, we do not anticipate many practices will be scored on the measure.