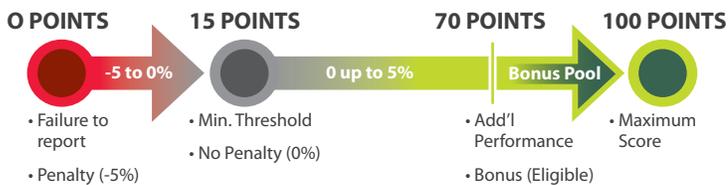


# 2018 MIPS Strategic Scoring Guide

Year 2 of the Medicare Incentive Payment System (MIPS) began on January 1, 2018 and will directly impact Medicare Part B clinician reimbursement in 2020 by up to +/- 5 percent. Some MIPS-eligible clinicians may receive exemptions from certain portions of the program or be eligible for bonus points based on their practice type. The information below and the AMA's corresponding Scoring Cheat Sheet are designed to help you formulate your 2018 MIPS strategy.

## Understanding MIPS Scoring

The Centers for Medicare & Medicaid Services (CMS) will calculate a MIPS score of 0 – 100 points for each MIPS-eligible professional or group. The below graphic shows key markers related to potential payment adjustments:



Your MIPS score is based on performance in four categories: 1) Quality (50%); 2) Advancing Care Information (ACI) (25%); 3) Improvement Activities (IA) (15%); and 4) Cost (10%). Some reweighting of the categories based on practice type is discussed below.

CMS uses the following formula within each category to determine points earned:

$$\frac{\text{POINTS EARNED}}{\text{TOTAL POSSIBLE POINTS IN CATEGORY}} \times \text{PERFORMANCE CATEGORY WEIGHT} = \text{EARNED POINTS}$$

There are a variety of ways to meet the 15 point threshold to avoid a penalty applied to your 2020 reimbursement [See AMA's Guidance on Avoiding a Penalty in 2018]. CMS has also outlined ways for you to score higher and become eligible for positive payment adjustments. As discussed below, you may be eligible for "special scoring" (including certain exceptions and bonuses) that increase your score if you are part of a small practice, or meet certain other criteria. For those who seek to achieve a higher score, there are a number of other metrics to keep in mind to increase your score. Those "exceptional performers" who score more than 70 points will be eligible for an additional positive MIPS payment adjustment and may share in the pool of \$500,000,000 of funding available for the year.

## Special Scoring Opportunities

CMS has developed two major categories of special scoring that are available to certain kinds of providers. First, you can earn Bonus Points that are added directly to your total MIPS score. Second, you can qualify for more Flexible Scoring based on special rules that change the way CMS calculates your total score. We summarize both categories separately below.

### Opportunity 1: Total MIPS Score Bonuses



CMS will automatically add 5 points to a small practice's total MIPS score. A small practice is either: 1) a practice with 15 or fewer MIPS-eligible clinicians, or 2) a solo practitioner.

**+5**

CMS will add up to 5 points to your total MIPS score based on the clinical complexity of your patients. CMS determines complexity based on two factors: 1) the ratio of your Medicare patients who are “dual-eligible” and 2) the average Hierarchical Condition Category (HCC) risk score of your/your practice’s patients. CMS calculates HCC risk scores as part of calculating the Cost category. [See more information about that methodology.](#)

### Opportunity 2: Flexible Scoring

Separate and apart from the Total MIPS Score bonus, you/your practice may qualify for flexible scoring based on your type of practice. For some types of clinicians or practices, as discussed below, CMS will adjust how different MIPS categories are scored. In other cases, CMS will apply other special rules like providing double points or making it easier to earn points in certain MIPS categories.

#### Small Practice Bonuses & Exceptions

**x2**

Small practices will receive double points for reporting IA measures. This means you can earn all the available points in this category by reporting two “medium-weighted” activities or one “high-weighted” activity. A small practice is a practice with 15 or fewer clinicians or a solo practitioner.

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If a small practice is not able to collect data for enough patients to meet the “data completeness” standard for a given Quality measure, it will still receive 3 points for that measure. (Whereas larger practices will only earn one point)



For 2018, small practices can choose to apply for a “significant hardship exception” to have their ACI category reweighted to 0%. More information about this application process is available later in this document.

#### Non-Patient Facing Clinician Bonus & Exceptions

**x2**

Non-patient facing clinicians and clinicians in non-patient facing groups will receive double points for Improvement Activities (i.e., they can receive full points in this category by reporting two “medium-weighted” activities or one “high-weighted” activity). A clinician is considered “non-patient facing” if they bill 100 or fewer patient-facing encounters during the non-patient facing determination period. For performance year 2018, the determination period will consist of two one-year periods running from September 1, 2016 to August 31, 2018. CMS will check your eligibility to be considered as a “non-patient facing” clinician once each year. [Find your non-patient facing status.](#) Note that this information is provided both on an individual basis and for each potential group through which you bill. The agency has stated it intends to make this information available for 2018 as soon as possible (but has not provided a specific timeline).

“Patient-facing encounters” are comprised primarily of surgical and Evaluation and Management (E&M) services, and also include Medicare telehealth services. A group is considered “non-patient facing” if more than 75 percent of the National Provider Identifiers (NPIs) billing under the group’s Taxpayer Identification Number (TIN) or within a virtual group, as applicable, meet the definition of a non-patient facing individual MIPS clinician during that period. [Find more information about patient-facing encounters and coding.](#)

#### Rural & Health Professional Shortage Areas Bonus

**x2**

Clinicians located in a federally defined rural or [Health Professional Shortage Area \(HPSA\)](#) will receive double points for reporting IA measures. This means you can receive all the available points in this category by reporting two “medium-weighted” activities or one “high-weighted” activity.

### Quality Bonus Points



Extra points can be earned by reporting more than one high priority or outcome measure. You need to report at least one outcome or high priority measure to meet the minimum Quality reporting requirements. But you can earn two added points in this category for every additional “patient experience and outcome measure,” reported and one added point for every additional “high priority” measure reported by your practice.



You can earn up to another 10 percentage points on your Quality score if your 2018 performance has improved as compared to 2017. This potentially includes those who participated in 2017 under the “minimal” or “partial” track, and participate fully this year, if they reported Quality data.



You can earn one additional bonus point in the Quality category for every quality measure you report using “end-to-end” [Certified Electronic Health Record Technology \(CEHRT\)](#). To get this bonus, you must use CEHRT to collect, export, and transmit data to CMS (including through a third party vendor if it uses automated software to perform data aggregation, calculation, filtering, and data submission).

### Special Status Exemptions



Certain “special status” clinicians are automatically exempted from the ACI category meaning their ACI score will be reweighted to zero. These clinicians are as follows:

- “Hospital-based” clinicians who deliver 75% or more of their Medicare Part B services through a hospital
- Ambulatory Surgical Center (ASC)-based clinicians
- Health Professional Shortage Area (HPSA) based clinicians
- Non-patient facing clinicians

If you are a clinician who is exempted from the ACI category, the Quality category will be reweighted to be worth 75% of your total MIPS score (an increase from 50% for other non-special status clinicians).

### Significant Hardship Exemptions



Certain other clinicians may be exempted from the ACI category, but they must apply to CMS to obtain an exemption for “significant hardship.” If CMS grants an exemption, their ACI score will be reweighted to zero. CMS will allow you to request that exemption online in the latter half of 2018, but you can begin to consider whether any of the below may apply to you:

- **Insufficient internet connectivity:** Clinicians who demonstrate that there were “insurmountable barriers” to obtaining internet infrastructure sufficient to submit data under the ACI category.
- **Extreme and uncontrollable circumstances:** This includes events such as natural disasters, closure of a practice or a hospital, severe financial distress (such as bankruptcy or debt restructuring).
- **Lack of control over the availability of CEHRT:** This includes situations where a practice is unable to access CEHRT for reasons beyond its control. This exception is granted if 50% or more of a clinician’s outpatient encounters occur in a location where they have no control over the health IT decisions of the facility, such as clinicians who practice in multiple sites, or if they primarily practice through another entity (such as a SNF).
- **Small practice:** You must demonstrate that there are “overwhelming barriers” that prevent you from complying with the requirements of this category. CMS has said it will release more information about the application process for this exception later in the year.
- **Decertification of CEHRT:** Eligible if the CEHRT used by a practice was decertified during 2017 or 2018. Clinicians must demonstrate in their application and with supporting documentation that they made a good faith effort to adopt and implement another CEHRT.