The Physicians Advocacy Institute’s Medicare Quality Payment Program (QPP) Physician Education Initiative

2020 Merit-Based Incentive Payment System Alternative Payment Model (MIPS APM) Scoring Overview
2020 MIPS APM Scoring Overview

What are MIPS APMs?

MIPS APMs are a hybrid between the MIPS pathway and the Advanced APM pathway and have different reporting requirements and scoring than if physicians were participating in exclusively one pathway. There are two ways physicians can be in a MIPS APM:

- If you are participating in an APM Entity\(^1\) that is participating in an Advanced APM but the APM Entity does not meet the Medicare patient or payment count thresholds for a qualifying Advanced APM participant (QP) or a partially qualifying Advanced APM participant (PQ).

OR

- If you are participating in an APM Entity that is participating in an APM that is not considered an Advanced APM.

For additional information on MIPS APMs, see the MIPS APM Overview available on the [PAI QPP Resource Center Advanced APM Pathway page](#).

How is performance measured under MIPS APMs?

All MIPS APMs are subject to the same standardized scoring and category weights and only three categories will be scored for MIPS APM: quality, promoting interoperability (PI), and improvement activities.

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\(^1\) Participation in APMs is through an APM Entity, which can be a separate entity like an Accountable Care Organization, or could be the practice itself, as is the case with Comprehensive Primary Care Plus (CPC+).
Under this scoring standard, physicians’ MIPS APM scores are determined on their APM Entity’s overall performance in each of the three scored MIPS categories compared to the CMS performance threshold score for a given year. The APM Entity will receive a score in each category, and its MIPS final score will be the sum of the weighted score of each category. Physicians will receive the same MIPS final score as the APM Entity.

However, it is possible that the quality or PI category could be reweighted to 0% similar to traditional MIPS scoring. For example, if the APM has no quality measures available for calculating the category score or if there is a hardship that requires reweighting the PI category.\(^2\) In these cases, the category weights will be as follows:

- If quality category is reweighted to 0, then improvement activities category will weigh 25%, and PI category will weigh 75%.
- If the PI category is reweighted to 0, then improvement activities category will weigh 20% and quality category will weigh 80%.

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\(^2\) See the PAI PI Category Hardship and Reweighting resource for additional information on the hardship exceptions.
Note: there is a two-year gap between the performance year and the payment adjustment year. Therefore, 2020 MIPS performance will be used to assess the 2022 payment adjustment. Individual physician scores will carry forward, even if the physician changes billing entity or employment.

**How do I earn a positive payment adjustment?**

For the 2020 performance year, CMS set the performance threshold at 45 points. This is a significant increase from the 30-point threshold in the 2019 performance year. If the final score is below the threshold, physicians will receive a negative payment adjustment of their Medicare Part B payments in 2022; if the final score is equal to the threshold, physicians will receive a neutral adjustment of their Medicare Part B payments; and if the final score is above the threshold, physicians will receive a positive adjustment of their Medicare Part B payments. Additionally, physicians whose performance meets or exceeds a final score of at least 85 points, will be eligible for an additional positive payment adjustment of their Medicare Part B payments for exceptional performance, funded from a pool of $500 million.

If you are participating in multiple MIPS APMs, then CMS will generally use the highest APM Entity score to calculate your MIPS payment adjustment. The exception to this is if physicians participate in CPC+ and in an MSSP ACO, in which case the physician’s MIPS score will be based on the MSSP ACO’s MIPS final score.
How are the scores for each category calculated?

Generally, the same scoring standard applies to all MIPS APMs.

<table>
<thead>
<tr>
<th>Category</th>
<th>Submission Requirements</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>The APM Entity will submit quality measures to CMS as required by the MIPS APM. If the APM does not submit measures by the MIPS submission deadline, the APM will receive a score of 0 for the quality category.</td>
<td>If the MIPS APM requires the APM Entity to use a MIPS submission mechanism to submit the quality data, the same APM Entity score will apply to each TIN/NPI. CMS will derive an aggregate APM Entity score based on the available APM measures, and the same quality category performance score will apply to each TIN/NPI in the APM Entity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the MIPS APM does not require the APM Entity to use a MIPS submission mechanism but a MIPS submission mechanism was sued, then the APM Entity will receive a 50% credit for the quality category score which will be added to the APM Entity’s quality category performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the APM Entity does not use a MIPS submission mechanism to submit the quality data, then the score for each MIPS eligible clinician is the higher of either the TIN level aggregate score OR the individual level score.</td>
</tr>
<tr>
<td>PI</td>
<td>Each MIPS eligible clinician, through individual or group TIN, report the PI information to MIPS.</td>
<td>The same APM Entity score will apply to each MIPS eligible clinician. CMS will take the highest score attributable to each MIPS eligible clinician, which may be derived from either group or individual reporting, and then average these scores for a single APM Entity score that will apply to each MIPS eligible clinician in the APM Entity.</td>
</tr>
<tr>
<td>Improvement</td>
<td>CMS will use evaluate the category score based on activities already required for participation in the MIPS APM. If CMS determines the score is below 40 points, APM Entities will have the opportunity to submit additional improvement activities to raise the APM Entity improvement activity score.</td>
<td>The same APM Entity score will apply to each MIPS eligible clinician in the APM Entity based on the activities involved in participation in the MIPS APM. CMS has determined that APM Entities participating in any of the MIPS APMs listed on page 3 of this document will receive a full score for the Improvement Activities category.</td>
</tr>
<tr>
<td>Activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additionally, a small practice bonus and improvement scoring for the quality category are available.

- **Small Practice Bonus** – APM Entities that consist of 15 or fewer eligible clinicians will have 6 bonus points added to their quality category score.\(^3\)
- **Improvement Scoring for the Quality Category** – improvement scoring is available for APM Entities that demonstrate an improvement in performance in the quality category as a whole in the current year as compared to the previous year. An APM Entity may earn up to 10 bonus points for the quality category based on the rate of improvement in their quality category performance. The following formula will be used:

\[
\text{Quality Improvement Score} = \left( \frac{\text{Absolute Improvement}}{\text{Previous Year Quality Performance Category Percent Score Prior to Bonus Points}} \right) \times 10.
\]

However, there are some differences in how the quality category is scored based on the measures reported as part of the CMS Web Interface Reporter (i.e., those participating in Medicare Shared Savings Program (MSSP) and Next Generation accountable care organizations (ACOs)) and Other MIPS APMs.

**Quality Category**

Under the MIPS APM scoring standard, the quality category scores for an APM Entity depends on its performance in the quality measures reported per the MIPS APM requirements, and if such quality data is submitted through a MIPS Submission Mechanism (i.e., Part B claims measures, MIPS CQMs, eCQMs, QCDR measures, CMS Web Interface measures, and/or CAHPS for MIPS Survey measures). If the MIPS APM requires the APM Entity to submit data through a MIPS Submission Mechanism, the APM Entity will be provided an aggregate score based on its performance in the quality measures reported. This aggregate score will apply to each TIN/NPI in the APM Entity. If the APM Entity submits quality data through a submission mechanism that is not a MIPS Submission Mechanism, then the score for each MIPS eligible clinician is the higher of either the TIN-level aggregate score OR the individual-level score.

Notably, if a MIPS APM does not require an APM Entity to submit quality data through a MIPS Submission Mechanism but the APM Entity chooses to submit data through a MIPS Submission Mechanism, the APM Entity will automatically receive a 50% “APM Quality Reporting Credit” towards its total quality performance category score. This APM Quality Reporting Credit will be added to the APM Entity’s quality performance score (however the total quality category score may not exceed 100%).

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\(^3\) However, they must participate in MIPS by submitting data for at least 1 MIPS performance category.
CMS will use the MIPS APM’s measure benchmarks and the quality measure data reported for the MIPS APMs to calculate the MIPS quality category score. If a benchmark is not available, then CMS will use the benchmark score for the measure used for the MIPS quality category generally.

1 to 10 points will be awarded for each measure, based on the performance in measure compared to the measure’s benchmark. More points will be received with higher performance compared to the benchmark for the measure. For 2020, the benchmark for each measure is presented in terms of 10 deciles. Each decile is associated with a performance range, and the number of points that a physician will receive for any measure will depend on their exact position in the decile. For example, for a given measure, if an ACO submits data showing 66% performance on a measure, and for that measure the 66% performance falls in the range for decile 7, then the ACO would receive 7.0-7.9 points for that measure. The table below depicts the number of points that are achievable for each decile.

<table>
<thead>
<tr>
<th>Decile</th>
<th>Illustrative MIPS Performance Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decile 1</td>
<td>1.0-1.9 points</td>
</tr>
<tr>
<td>Decile 2</td>
<td>2.0-2.9 points</td>
</tr>
<tr>
<td>Decile 3</td>
<td>3.0-3.9 points</td>
</tr>
<tr>
<td>Decile 4</td>
<td>4.0-4.9 points</td>
</tr>
<tr>
<td>Decile 5</td>
<td>5.0-5.9 points</td>
</tr>
<tr>
<td>Decile 6</td>
<td>6.0-6.9 points</td>
</tr>
<tr>
<td>Decile 7</td>
<td>7.0-7.9 points</td>
</tr>
<tr>
<td>Decile 8</td>
<td>8.0-8.9 points</td>
</tr>
<tr>
<td>Decile 9</td>
<td>9.0-9.9 points</td>
</tr>
<tr>
<td>Decile 10</td>
<td>10 points</td>
</tr>
</tbody>
</table>

The score for the quality category will then be calculated by taking the total number of points received for all reported measures and dividing the total number of points received by the maximum number of points that could have been achieved (maximum points = 10 x number of measures reported).
Again, as mentioned above, the Quality Category score for the ACO will be determined at the APM Entity level, not the individual physician level.

**PI Category – Applicable to all MIPS APMs**

As discussed above, physicians, either individually or part of their group practice participating in the APM Entity, will be required to report the PI category according to the standard MIPS requirements. However, the scores will be averaged to yield a single score for the APM Entity, and the APM Entity’s score will be applied to each physician.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Required for PI Score?</th>
<th>Max Points</th>
<th>Reporting Requirement</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information</td>
<td>Security Risk Analysis</td>
<td>Required</td>
<td>0</td>
<td>Yes/No Statement</td>
<td>N/A</td>
</tr>
<tr>
<td>(1) Electronic Prescribing</td>
<td>e-Prescribing</td>
<td>Required</td>
<td>10</td>
<td>Numerator/Denominator</td>
<td>Write fewer than 100 permissible prescriptions</td>
</tr>
<tr>
<td></td>
<td>Query of Prescription Drug Monitoring Program (PDMP)</td>
<td>Bonus</td>
<td>5</td>
<td>Yes/No Statement (retroactive to 2019)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| (2) Health Information Exchange  | Support Electronic Referral Loops by Sending Health Information | Required               | 20         | Numerator/Denominator  | • EC who is unable to implement measure for 2019  
• Receive fewer than 100 transitions of care or referrals, or has fewer than 100 encounters with patients never before encountered during performance year |
|                                  | Support Electronic Referral Loops by Receiving and Incorporating Health Information | Required               | 20         | Numerator/Denominator  | • EC who is unable to implement measure for 2019  
• Receive fewer than 100 transitions of care or referrals, or has fewer than 100 encounters with patients never before encountered during performance year |
Physicians must report the required measures, unless an exclusion is claimed, to earn any points for the PI performance category. If an exclusion is claimed on any of the measures, the related points will be allocated elsewhere within the PI overall score. For example: if an exclusion for e-Prescribing is claimed, the 10 related points are allocated to the Health Information Exchange (split evenly among both support measures); if exclusions for ‘Support Electronic Referral Loops by Receiving and Incorporating Health Information’ measures are claimed, the 20 related points are allocated to the ‘Support Electronic Referral Loops by Sending Health Information’ measure, and so forth. A detailed process of point re-allocation methods can be found in the CMS 2019 PI Category Fact Sheet – the re-allocation methodology has not changed since the 2019 performance year.

Under the PI category, the score for each measure is determined by multiplying the performance rate by the available maximum points for the measure (as detailed in chart above). The performance rate is determined by dividing the total number of cases for which the measure activity was performed by the total number of applicable cases (i.e., numerator/denominator calculation).

Additionally, the following non-scoring requirements must be completed to receive a PI performance category score:

- Collecting data in CEHRT with 2015 Edition functionality for a minimum of a continuous 90-day period in 2020
  - Visit the Certified Health IT Product List (CHPL) to determine if your EHR is a 2015 Edition CEHRT
  - You will need to provide your EHR’s CMS-certified identification code that is provided in the CHPL
• Submitting “yes” to the Prevention of Information Blocking Attestations
• Submitting “yes” to the ONC Direct Review Attestation
• Submitting “yes” that you have completed the Security Risk Analysis in 2020 (which is also reflected in the chart above)

While the maximum number of points you may achieve for the PI category can be over 100, the maximum score you can achieve for the PI category is 100%.

As mentioned above, this score will be calculated for each physician and other clinicians part of the APM Entity, and then the average of all scores will be used to determine the final APM Entity score that will be used for the MIPS APM Scoring Standard.

Where can I go for more information?
To learn more about MIPS APMs, see the MIPS APM Overview resource and additional resources and materials available on PAI’s QPP Resource Center and the CMS QPP Resource Library.