HealthCare
Kentucky Regional Extension Center

QPP: 2019 Cost

Under the Merit-Based Incentive Payment System (MIPS), Cost is one of four categories on which Eligible Clinicians (ECs) are scored. Unlike the three other categories, Cost does not require ECs to submit data as performance. Feedback on performance will be provided through the annual feedback report that is released in the summer of 2019. The Cost category is reweighted to zero for MIPS APMS/APMS.

Basics of Cost Category

- 15% of final MIPS score
- Measures have expanded to include 8 episode-based measures
- Measure Scoring:
  - Each measure is worth 10 points
  - If measure threshold is not met, then measure is not scored
- If minimum cases aren't met, then Cost category weighting is reassigned to Quality category
- Benchmarks are based on current performance year, and are not published
- Individual & Group level performance based on claims

Attribution

For organizations submitting at the group/TIN level, Cost performance category scores will be determined by aggregating the scores of the individual clinicians within the TIN. The method used to attribute beneficiary costs to MIPS ECs at the TIN-NPI level differs for each measure within the category. Additional information on attribution can be found at qpp.cms.gov in the resource library:
2019 MIPS Cost Performance Category Fact Sheet

Cost Measures	Definition/Attribution	Thresholds
Medicare Spending Per Beneficiary (MSPB)	All Part A & B costs surrounding a hospital stay up to 3 days prior through 30 days following discharge.	35 Cases
Total Per Capita Cost (TPCC)	Assigned to clinician groups providing primary care services. All Part A & B costs of all attributed beneficiaries.	20 Cases
Elective Outpatient PCI	Attributed to each MIPS EC who renders a triggering service as identified by HCPCS/CPT codes. The clinician rendering the service(s), or the organization the clinician is billing under for the service(s) provided, is identified on the Part B Physician/Supplier claim.	10 Cases
Knee Arthroplasty		
Revascularization for Lower Extremity Chronic Critical Limb Ischemia		
Routine Cataract Removal with IOL Implantation		
Screening/Surveillance Colonoscopy		
Intracranial Hemorrhage or Cerebral Infarction	Episodes are attributed to each MIPS EC who bills inpatient E&M claim lines during a trigger inpatient hospitalization under a TIN that renders at least 30% of the inpatient E&M claim lines in that hospitalization.	20 Cases
Simple Pneumonia with Hospitalization		
STEMI with PCI		

2355 Huguenard Drive, Suite 100 | Lexington, KY 40503 | P: 859-323-3090 | F: 859-257-9366 | kentuckyREC.com

Scoring Example:

In the example below, consider the group is being evaluated on all claims submitted. If the group did not meet the particular case threshold for a measure they are not scored for the particular measure, hence the reduction in total possible points. Beneficiary attribution for MSPB and TPCC are developed around providers providing the most primary care services. This does not automatically exclude specialty providers as the potential is there for a specialist to be the one provider providing the most services to the beneficiary during the year.

With the episode-based measures it is possible that one beneficiary could be attributed to multiple providers. Scoring and measurement is for all claims submitted during the performance year. All claims submitted during calendar year 2019 are measured for Cost category performance for the 2019 performance year and reflected on 2019 feedback reports.

Measure	Points Earned	Total Possible Points
Medicare Spending Per Beneficiary (MSPB)	8.1	10
Total Per Capita Cost (TPCC)	6.8	10
Elective Outpatient PCI	3.2	10
Knee Arthroplasty	Not Scored	N/A
Revascularization for LE Chronic Critical Limb Ischemia	Not Scored	N/A
Routine Cataract Removal w/ IOL Implantation	Not Scored	N/A
Screening/Surveillance Colonoscopy	4.2	10
Intracranial Hemorrhage or Cerebral Infarction	6.9	10
Simple Pneumonia w/ Hospitalization	1.5	10
STEMI w/ PCI	7.7	10
TOTAL POINTS	**38.4**	**70**
38.4/70 = 0.54 (Category Raw Score)	**54 X .15 (Category Weight) = 8.1 Cost Points**	

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