



Service. Technology. Innovation.

MIPS Year 3 (2019) Cost Performance Category

Requirements:

- There are no unique requirements on behalf of the EC or group
- CMS will automatically collect data on the cost measures
- Performance Period is for 12 months

Cost Measures (Case Minimum)

Total per Capita Cost – (20)

Medicare Spending per Beneficiary (MSPB) – (35)

Elective Outpatient Percutaneous Coronary Intervention (PCI) – (10)

Knee Arthroplasty – (10)

Revascularization for Lower Extremity Chronic Critical Limb Ischemia – (10)

Routine Cataract Removal with Intraocular Lens – (10)

Screening/Surveillance Colonoscopy – (10)

Intracranial Hemorrhage or Cerebral infarction – (20)

Simple Pneumonia with Hospitalization – (20)

ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI) – (20)

Scoring

- 15% of the ECs Final Score
- Each individual MIPS eligible clinician's and group's cost performance will be calculated using administrative claims data if they meet the case minimum of attributed patients.
- Performance is compared against performance of other MIPS eligible clinicians and groups during the performance period so benchmark is not based on a previous year. Research
- Performance category score is the average of all measures.
- If only one measure can be scored, it will serve as the performance category score.

Submission Type

- CMS will collect data through administrated claims
- Individual ECs and groups are not required to submit any additional information