

## Performance Category Evaluations for MIPS APMs



### Resource Use/Cost

CMS finalized a policy to not calculate a cost performance score for MIPS APMs under the APM Scoring Standard. This is due to the fact that ACOs are already being measured on cost in their respective MSSP and Next Generation ACO Models. By not evaluating ACOs on cost under MIPS, it allows ACOs to continue to focus on one set of cost measures and not be subject to additional cost measures with different specifications and benchmarks. CMS notes that it may continue to consider how the agency might incorporate an assessment of the MIPS cost performance category into the APM scoring standard for ACOs.

However, CMS explains that the zero weight for the cost performance category for ACOs will remain in place for subsequent years unless CMS modifies it through future notice and comment rulemaking. For non-ACOs, the cost performance category weight increases from 10 percent for the 2018 performance year to 15 percent for the 2019 performance year. CMS will increase the cost performance category weight by 5 percent each year until the cost category is worth 30 percent of a MIPS EC's overall score.

In addition to the Total Per Capita Cost and Medicare Spending Per Beneficiary measures, in 2019 CMS will begin implementing eight-episode cost measures for MIPS ECs (non-ACOs). CMS provided some ECs with feedback on these episode cost measures through select field testing completed in 2017. These measures are supported by the National Quality Forum's Measure Applications Partnership (MAP).

The episode cost measures include:

- Elective Outpatient Percutaneous Coronary Intervention,
- Knee Arthroplasty,
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia,
- Routine Cataract Removal with Intraocular Lens Implantation,
- Screening/Surveillance Colonoscopy,
- Intracranial Hemorrhage or Cerebral Infarction,
- Simple Pneumonia with Hospitalization, and
- ST-Elevation Myocardial Infarction with Percutaneous Coronary Intervention.

## MIPS Cost Performance Category for ACO Participants

The attribution method for such measures will be made available on the CMS [website](#). In sum, for acute inpatient medical condition episodes, CMS will attribute episodes to each EC who bills inpatient E/M claims during a trigger inpatient hospitalization under a TIN rendering at least 30 percent of the inpatient E/M claims in that hospitalization. For procedural episodes, CMS would attribute to each EC who renders a trigger service as identified by procedure codes.