NORTH CAROLINA AHEC

NC AHEC PRACTICE SUPPORT

The NC resource for practice improvement and success

MIPS COST: UNDERSTANDING YOUR SCORES AND WAYS TO IMPROVE

NOTE: *Based on the 2019 performance year. Cost scores and performance feedback in this category for 2019 will be available July 2020.*

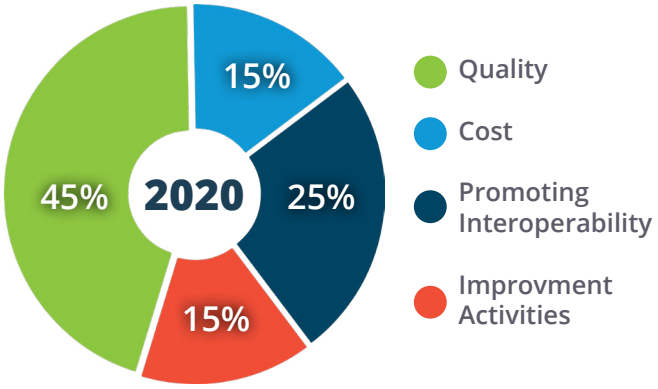
What is the Cost category?

- The Cost category compares the cost of services provided to patients attributed to a MIPS eligible clinician to a national benchmark. Based on a 12-month performance period.
- Clinicians and groups do not need to submit information for the Cost category (calculated using Medicare administrative claims data—Parts A and B—already submitted for billing purposes).

Eligible clinicians/groups will be measured on:

  - Medicare Spending Per Beneficiary (MSPB) measure
  - Total Per Capita Cost (TPCC) measure
  - 18 episode-based measures, 10 of which were added in 2020

- Significant changes to how CMS identifies who is accountable for costs (see below)
- For more info, see the 2020 MIPS: Summary of Cost Measures



TOTAL PER CAPITA COST (TPCC)

Evaluates overall cost of care across all services under Medicare Part A and B delivered to a beneficiary

- Measure is payment-standardized, risk-adjusted, and specialty-adjusted
- Must have minimum 20 cases, or not scored

Revisions in 2020 to attribution method aims to better identify the existence of a primary care relationship between clinician and beneficiaries

- Requires E&M services to have an associated primary care service or a follow up E&M service from the same clinician group
- Excludes certain clinicians who primarily deliver certain non-primary care services (e.g. general surgery)
- Excludes certain specialties unlikely to be responsible for primary care services (e.g. dermatology)

MEDICARE SPENDING PER BENEFICIARY CLINICIAN (MSPB-C)

Evaluates cost of Medicare Part A and B services during an episode (*i.e. 3 days before hospital admission and 30 days after discharge*)

- Measure is payment-standardized and risk-adjusted
- Must have minimum 35 cases, or not scored

Revisions in 2020 to attribution method

- Establishes attribution first at the group level, then at the clinician level to recognize the team-based nature of inpatient care
- Uses separate attribution methods for medical episodes (bills at least 30% of E&Ms within an inpatient stay) and surgical episodes (performs the main procedure of an episode)
- Excludes costs for certain services unrelated to the episode (e.g. hospice)

WHAT YOU CAN DO TO IMPROVE YOUR SUCCESS IN THIS CATEGORY IN 2020

- Review your 2018 CMS performance feedback report (or wait until the 2019 data is available in July 2020). This will tell you if you received a Cost score for the 2018 MIPS reporting year. Your AHEC rep can review this with you.
- Code correctly and specifically in your patient records and on your claims. CMS considers complex patients in cost.
- Review costs associated with individual clinicians.
- Review these Choosing Wisely lists which provide evidence-based information on when tests and procedures may be appropriate.
- Use shared decision-making tools to reduce unnecessary procedures.

PATIENT CARE COORDINATION

- Standardize entire process that goes into a patient appointment
  - Pre-visit: Gather information on previous clinicians and understand patient's health story
  - During visit: Provide patient education
  - Post visit: Follow up with patient and any referrals
- Make sure your patients are current with their vaccinations
- Align processes that could have an impact on other performance categories such as care coordination (Improvement Activities) and referral loops (PI)
- Review care coordination policies
  - Are they outdated?
  - Standardize your care coordination processes
- Closely examine top ~25 attributed patients to see where your costs are going, and potential areas for creating savings and better patient outcomes
  Your AHEC rep has a great tool to help with this—ask us!

For further assistance with any of these needs, contact NC AHEC Practice Support at (919) 445-3508 or practicesupport@ncahec.net.