

Reporting MIPS: The 1 Report You Need to Understand the Cost Category

Practices may have already chosen their measures to report for the 2018 performance year (to be submitted to CMS in early 2019), and hopefully understand all the implications of changes from the previous year. This article will focus on the Cost performance category in MIPS reporting.

Cost focuses on the resources clinicians use to care for patients and the Medicare payments for care (items and services) given to a beneficiary during an episode of care.¹ Practices **do not** submit data for this category. CMS will calculate scores using data from administrative claims for the Total per Capita Cost, or total cost of care for attributed beneficiaries (average annual costs per patient), and the Medicare Spending per Beneficiary (MSPB), which includes the Medicare Parts A and B payments from three days prior and 30 days after an inpatient hospitalization. Cost metrics include those claims billed by your practice as well as claims billed by other providers outside your tax ID number who treated the beneficiaries attributed to your practice.

This is a very complicated calculation but reviewing and understanding the data in your MIPS Feedback Report, what is formerly known as the QRUR, from CMS will help you by reviewing the episodes developed and attribution logic.

The Cost performance category didn't count toward the total MIPS score in 2017; however, CMS will provide full Cost performance details in the MIPS Feedback Report. In 2018, it will count for 10 percent of your total MIPS score, and in 2019, the percentage may increase to as much as 30 percent of the total MIPS score.

From what was initially proposed, CMS made minimal changes for reporting for 2018. What was updated includes:

- Ten new episode-based measures will be included in the MIPS Feedback Report. Performance on these measures will not be included in the calculation of your Cost performance score.

For help understanding your measures, making sure you are collecting the correct data and reviewing the data on a regular basis, providers can reach out to the Quality Reporting Engagement Group for answers to questions and guidance by calling 877-570-8721 x2 or sending an email to sales@intrinsiq.com.

1. <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Cost-Performance-Category-Fact-Sheet.pdf>