Quality Payment PROGRAM

2019 Merit-based Incentive Payment System Complex Patient Bonus Fact Sheet

What is the Complex Patient Bonus?

The Complex Patient Bonus is added to the MIPS final score and based on the overall medical complexity and social risk for the patients treated by a clinician or group. We recognize that there can be challenges and additional costs associated with the care you provide to these patients. The Complex Patient Bonus awards up to five bonus points, which is added to your final score, based on the complexity of the patients you treat. This bonus is based on a combination of the average Hierarchical Condition Category (HCC) risk score of the beneficiaries treated and the proportion of dually eligible patients treated. This fact sheet will address who is eligible for the bonus, how the bonus is determined and calculated, and how it is applied to your MIPS final score.

Who is eligible for the Complex Patient Bonus?

All MIPS eligible clinicians, groups, virtual groups, and APM entities that care for complex patients and submit data for at least one MIPS performance category (Quality, Promoting Interoperability, or Improvement Activities) are eligible for the complex patient bonus of up to five points added to their final score.

Note: The Cost performance category is not included in the submission requirements because we evaluate and calculate cost measures based on administrative claims data.

How is the Complex Patient Bonus determined?

We use two indicators to measure patient complexity:

1. Medical complexity is measured by the average Hierarchical Condition Category (HCC) risk score of beneficiaries treated; and
2. Social risk is measured by the proportion of patients treated who are dually eligible to receive Medicare and either full or partial Medicaid benefits.

Starting with the 2019 performance period, we calculate the HCC risk scores of beneficiaries and determine the proportion of dual eligible patients treated during the second 12-month segment (October 1, 2018 – September 30, 2019) of the MIPS determination period.

Each MIPS eligible clinician, group, virtual group, and APM entity will be evaluated for the complex patient bonus. There is no minimum amount or percentage of dually eligible patients or patients diagnosed with a condition that has an HCC risk score required for the clinician to be scored for the complex patient bonus.

How is my HCC risk score determined?

Each MIPS eligible clinician will receive an HCC risk score which is an average of the risk scores assigned to beneficiaries that the clinician treats during the second 12-month segment of the MIPS determination period.

A beneficiary's risk score is based on:

- Age and gender;
- Diagnoses from the previous year; and
- Whether they are eligible for Medicaid, first qualified for Medicare on the basis of disability, or live in an institution (usually a nursing home).

We use claims data from CY 2018 (1/1/2018 – 12/31/2018) to calculate the risk score for each beneficiary you treated between 10/1/18 and 9/30/19.

Your HCC risk score is the average of the risk scores assigned to these beneficiaries.

How is my proportion of dual eligible patients determined?

The number of dually eligible patients will be calculated using claims data from the second 12-month segment of the MIPS determination period.

The proportion will be a comparison of unique patients who are dually eligible for Medicare and Medicaid seen by the MIPS eligible clinician to all unique Medicare beneficiaries seen by the MIPS eligible clinician during the second segment.

How is the Complex Patient Bonus calculated?

$$\frac{\text{[sum of all risk scores for the unique beneficiaries treated*]}}{\text{[number of unique beneficiaries treated]}} + \left(\frac{\text{[unique patients treated who were dually eligible for Medicare and full- and partial-benefit Medicaid]}}{\text{[unique Medicare beneficiaries treated]}} \times 5 \right) = \text{Complex Patient Bonus}$$

*Unique beneficiaries and patients (both dually-eligible and HCC) must be treated between 10/1/18 and 9/30/19 to be included in the Complex Patient Bonus calculation.

When participating as an individual or group: The complex patient bonus is calculated for individual MIPS eligible clinicians and groups by adding the dual eligible ratio (multiplied by five) to the beneficiary weighted average HCC risk score.

When participating as a virtual group or APM entity: The complex patient bonus is calculated for APM entities and virtual groups by adding the beneficiary weighted average HCC risk score for all MIPS eligible clinicians to the average dual eligible ratio for all MIPS eligible clinicians, multiplied by five. This calculation will be made, if technically feasible, for TINs in an APM entity that rely on complete TIN participation and for TINs in a virtual group.

When is the Complex Patient Bonus applied to the MIPS Final Score?

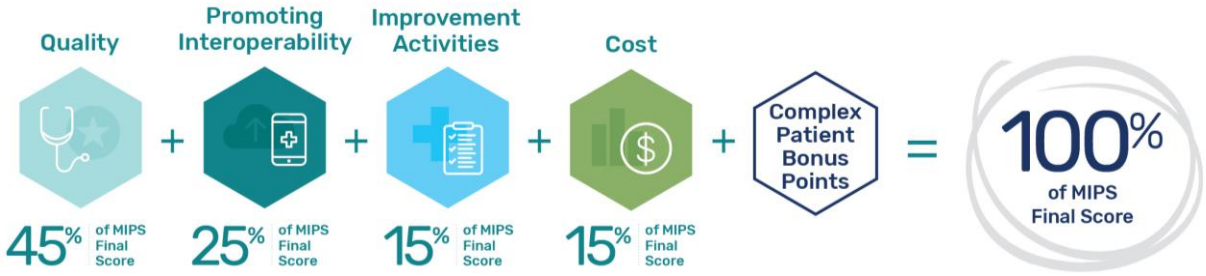
Each MIPS eligible clinician, group, virtual group and APM entity that qualifies for the complex patient bonus will receive a complex patient bonus. The complex patient bonus will be added to their MIPS final score and is expected to be available with final 2019 performance feedback on qpp.cms.gov in summer 2020.

Based on historical data, clinicians in the lowest quartile (based on HCC risk scores) are expected to receive an estimated bonus of about 2.5 points, and clinicians in the highest quartile are expected to receive an estimated bonus of about 3.7 points.

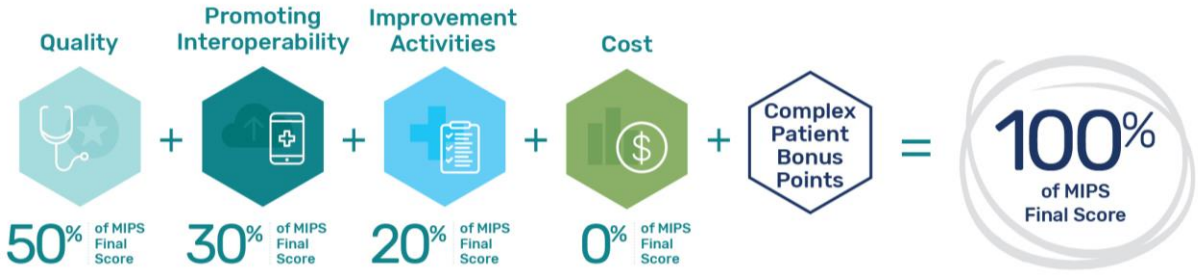
How is my MIPS Final Score determined with Bonus Points?

The final score is determined by adding together the four performance category scores plus any bonus points added to the final score. A final score cannot exceed 100 points, even if bonus points result in a score greater than 100. **Note:** performance category weights can change based on the circumstances of the MIPS eligible clinician, group, virtual group, or APM entity.

2019 MIPS Performance Category Weights



2019 APM Scoring Standard MIPS Performance Category Weights



How Can I Learn More?

Visit the Quality Payment Program website to check out other resources, like additional information on scoring in the Resource Library, upcoming and past webinars, and other help and support available to you.

Questions?

You can contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715- 6222), Monday through Friday, 8:00 AM-8:00 PM Eastern time or by email at: QPP@cms.hhs.gov.