

2022 Merit-based Incentive Payment System (MIPS) Cost Measure Benchmarks Fact Sheet

Purpose: This resource provides an overview of how we establish MIPS cost measure benchmarks, how benchmarks are used for scoring, and the information in the 2022 Cost Measure Benchmarks file (included in this ZIP file).

Table of Contents

[What Are Cost Measure Benchmarks?](#)

[How Are Benchmarks Established?](#)

[How Are Results Displayed in the Benchmark File and How are Achievement Points Assigned?](#)

What Are Cost Measure Benchmarks?

Cost measure benchmarks are the point of comparison we use to score the cost measures for which you meet the case minimum. Cost measure benchmarks are calculated exclusively from **performance period data**; there are no historical benchmarks established for MIPS cost measures.

How Are Benchmarks Established?

MIPS cost measures are calculated using administrative claims data from the performance period. Cost measure scores are payment-standardized and calculated after risk adjustment is applied. For each cost measure, a linear distribution is created based on cost score data from all MIPS eligible clinicians, groups, and virtual groups who met the measure's case minimum, including individual clinicians and groups that were opt-in eligible and elected to opt in to MIPS participation. Deciles are assigned based on the linear distribution.

Reminder: Cost measure data associated with voluntary reporters are excluded from benchmark calculations.

Did You Know?

- A lower cost measure score (expressed as a dollar amount) indicates that observed patient costs are lower than expected, a generally desirable outcome when assessing resource use and cost performance. Cost measures are similar to inverse quality measures, in that a score that falls within a lower decile equates to fewer achievement points assigned to the measure, while a score within a higher decile equates to more achievement points.



- The lower the decile that your measure score falls within, the more expensive your care is relative to others. For example, a cost measure score that falls in decile 3 means that your cost of care was:
 - More expensive than 70% of the individual clinicians, groups, and virtual groups that were scored on the measure (those with scores that fell in deciles 4 – 10).
 - Less expensive than 20% of the individual clinicians, groups, and virtual groups that were scored on the measure (those with scores that fell in deciles 1 or 2).

How Are Results Displayed in the Benchmark File and How Are Achievement Points Assigned?

We compare your performance (expressed as a dollar amount) on each cost measure to the performance period benchmark(s). We assign 1 to 10 achievement points to each scored measure based on that comparison. The amount of achievement points assigned to each measure is determined by identifying which benchmark decile range the individual or group's measure performance falls within.

Each benchmark is presented in terms of deciles, with the benchmark file displaying deciles 1 – 10. [Table 1](#) identifies the range of points generally available for the measure, based on which decile your performance rate falls in.

Table 1

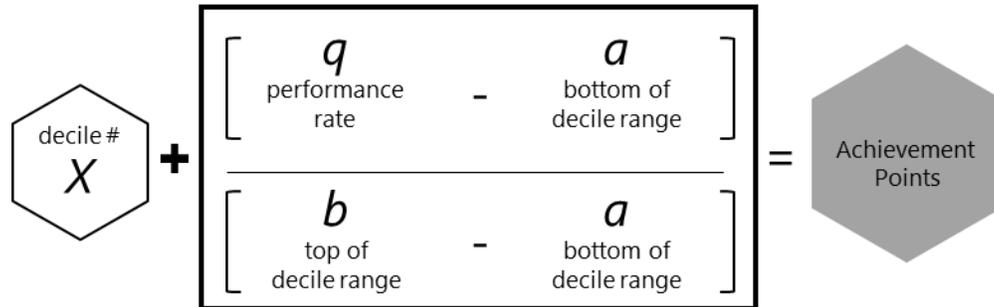
Decile	Number of Points Assigned for the 2022 Performance Period
Decile 1	1-1.9 points
Decile 2	2-2.9 points
Decile 3	3-3.9 points
Decile 4	4-4.9 points
Decile 5	5-5.9 points
Decile 6	6-6.9 points
Decile 7	7-7.9 points
Decile 8	8-8.9 points
Decile 9	9-9.9 points
Decile 10	10 points

What are the column descriptions for information presented in the cost measure benchmark file?

Column Name	Description
Performance Year	MIPS Performance Year
Measure ID	ID of the Measure
Group National Standardized Average	<p>For episode-based cost measures (EBCMs), this dollar value represents the national average observed episode cost for all Tax Identification Numbers (TINs). For practices participating in MIPS as a group and scored on EBCMs, the average ratio of observed-to-expected episode cost is multiplied by the group national standardized average observed episode cost to generate a dollar figure representing the group's risk-adjusted average episode cost measure score.</p> <p>For the Medicare Spending Per Beneficiary (MSPB) Clinician measure, a single national average payment-standardized observed MSPB Clinician episode cost value was used to compute MSPB Clinician measure scores.</p> <p>For the Total Per Capita Cost (TPCC) measure, a single national average per capita cost figure was used to compute TPCC measure scores.</p>
Individual National Standardized Average	<p>For EBCMs, this dollar value represents the national average observed episode cost for all TIN-National Provider Identifiers (NPIs). For clinicians participating in MIPS as individuals and scored on EBCMs, the average ratio of observed-to-expected episode cost is multiplied by the individual national standardized average observed episode cost to generate a dollar figure representing the individual's risk-adjusted average episode cost measure score.</p> <p>For the MSPB Clinician measure, a single national average payment-standardized observed MSPB Clinician episode cost value was used to compute MSPB Clinician measure scores.</p> <p>For the TPCC measure, a single national average per capita cost figure was used to compute TPCC measure scores.</p> <p>Note: The Lower Gastrointestinal Hemorrhage measure (COST_LGH_1) is applied to groups only.</p>
Average Performance Rate	This value represents the simple average measure score, expressed as a dollar amount, assigned to MIPS eligible individuals (TIN-NPIs) and groups (TINs) who met the case minimum for the measure.

How are partial points determined when converting a measure score (in dollars) to points values?

See graphic below. NOTE: for cost purposes, the term “performance rate” is replaced with “measure score, expressed as a dollar amount.”



Where Can You Go for Help?

- Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET).
 - People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.
- Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Version History

If we need to update this document, changes will be identified here.

Date	Change Description
06/30/2023	Original posting.