COSMOS
Navigate the Compliance Universe

42 C.F.R. § 414.1275

Value-based payment modifier quality-tiering scoring methodology.

(a) The value-based payment modifier amount for a group and a solo practitioner subject to the value-based payment modifier is based upon a comparison of the composite of quality of care measures and a composite of cost measures.

(b) Quality composite and cost composite are classified into high, average, and low categories based on whether the composites are statistically above, not different from, or below the mean composite scores.

(1) Quality composites that are one or more standard deviations above the mean are classified into the high category. Quality composites that are one or more standard deviations below the mean are classified into the low category.

(2) Cost composites that are one or more standard deviations below the mean are classified into the low category. Cost composites that are one or more standard deviations above the mean are classified into the high category.

(c)

(1) The following value-based payment modifier percentages apply to the CY 2015 payment adjustment period:

CY 2015 Value-Based Payment Modifier Amounts for the Quality-Tiering Approach

Quality/cost	Low cost	Average cost	High cost (percent)
High quality	+ 2.0x*	+ 1.0x*	+ 0.0
Average quality	+ 1.0x*	+ 0.0%	-0.5
Low quality	+ 0.0%	-0.5%	-1.0

* Groups of physicians eligible for an additional + 1.0x if (1) reporting Physician Quality Reporting System quality measures through the GPRO web-interface or CMS-qualified registry, and (2) average beneficiary risk score is in the top 25 percent of all beneficiary risk scores.