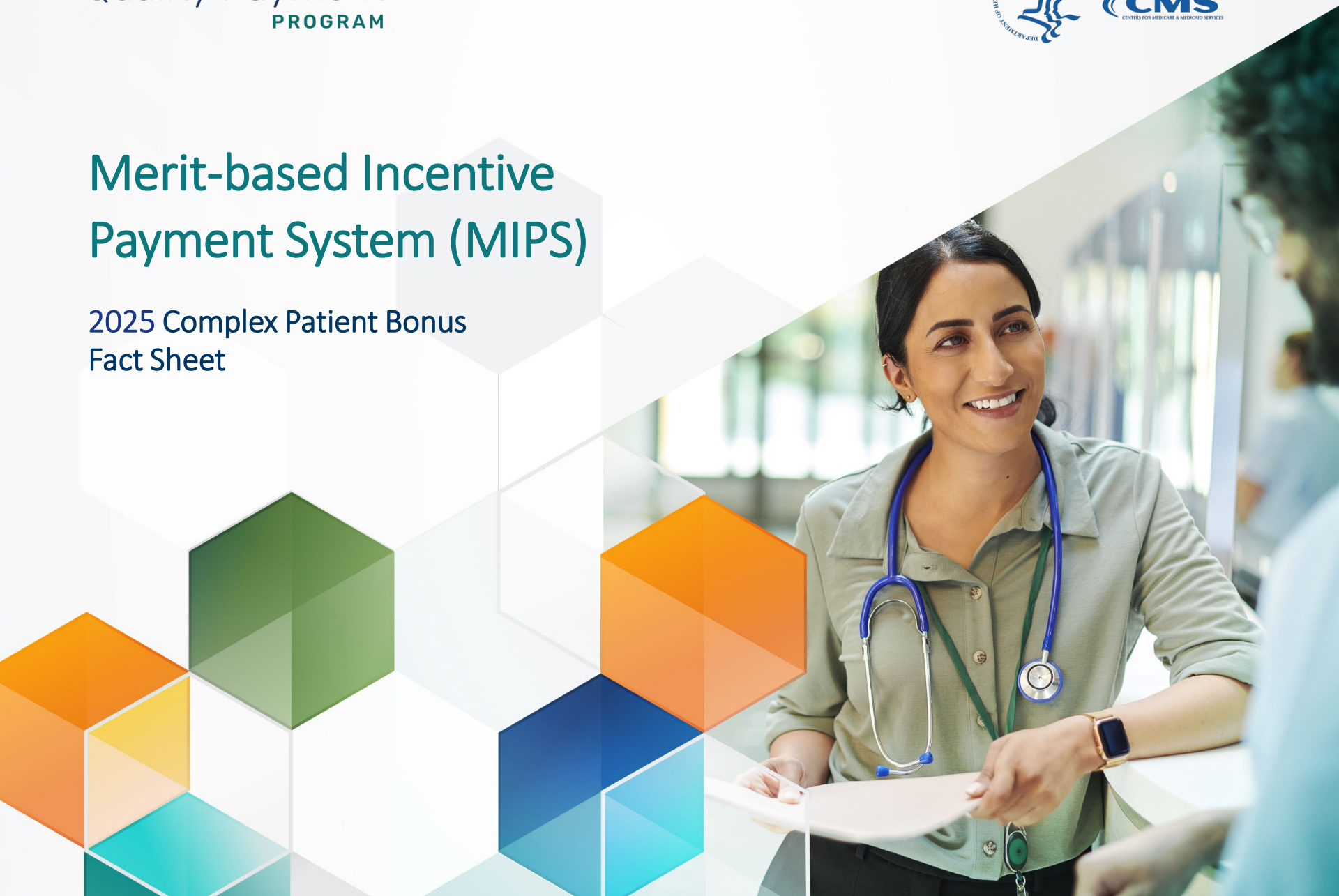
Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2025 Complex Patient Bonus Fact Sheet



Overview

What Is the Complex Patient Bonus?

The complex patient bonus aims to protect access to care for vulnerable, complex patients by awarding bonus points to the clinicians who care for them.

- Clinicians can earn up to 10 bonus points based on the medical complexity and social risk of your patients.

These bonus points are added to the MIPS final score for qualifying MIPS eligible clinicians, groups, subgroups*, virtual groups and APM Entities.

Medical complexity as determined by the average Hierarchical Condition Categories (HCC) risk score of your Medicare patient population.

Social risk as determined by the proportion of your Medicare patient population that's dually eligible for both Medicare and Medicaid.

*As finalized in the CY 2024 Medicare Physician Fee Schedule Final Rule, subgroups will receive the complex patient bonus of their affiliated group.

How Is the Complex Patient Bonus Determined?

The complex patient bonus is composed of 2 distinct calculations which are added together:

The complex patient bonus is limited to MIPS eligible clinicians, groups, virtual groups and APM Entities that submit data for at least one performance category and that have at least one risk indicator (either average HCC risk score or dual eligibility ratio) at or above the median risk indicator calculated for all MIPS eligible clinicians, groups, virtual groups and APM Entities from the prior performance year.

Medical Complexity

What Are Hierarchical Condition Categories?

Hierarchical Condition Categories, or HCCs, are sets of medical codes that are linked to specific clinical diagnoses. CMS has used HCCs since 2004 as part of a risk-adjustment model that identifies individuals with serious acute or chronic conditions. You can find information about the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes eligible for Medicare risk-adjustment here on the CMS website.

Why Use HCC Risk Scores?

We believe that average HCC risk scores are a valid proxy for medical complexity that have been used by other CMS programs. The HCC model was developed by CMS as a risk-adjustment model that uses hierarchical condition categories to assign risk scores to Medicare patients. Those scores estimate how Medicare patients' Fee For Service spending will compare to the overall average for the entire Medicare population.

A patient's HCC risk score is based on:

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

Social Risk

What Are Dually Eligible Patients?

Dually eligible patients are those who are eligible for both Medicare and Medicaid.

How Is the Proportion of Dually Eligible Patients Determined?

We'll calculate the number of your dually eligible patients for the 2025 performance year using claims data from 10/1/2024 to 9/30/2025.

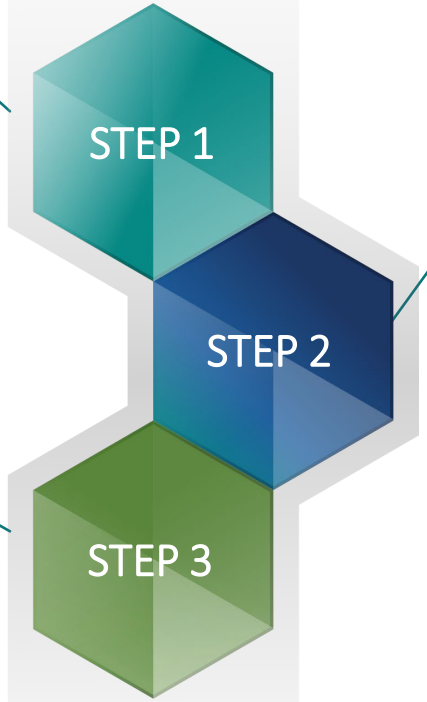
- The proportion will be a comparison of unique patients who are dually eligible for Medicare and Medicaid seen by the MIPS eligible clinician to all unique Medicare patients seen by the MIPS eligible clinician during this time period.

Eligibility for the Complex Patient Bonus

Eligibility for the 2025 Complex Patient Bonus

STEP 1

We'll identify the **median HCC risk score** and **median dual eligibility ratio** based on the 2024 complex patient bonus included in the 2024 final score attributed to each MIPS eligible clinician (whether participating as an individual, group, virtual group or APM Entity)
This is data from last year (2024 performance year).



STEP 2

We'll calculate the **average HCC risk score and dual eligibility ratio** for each MIPS eligible clinician, group, virtual group and APM Entity for **this year (performance year 2025)**.

- **Average HCC risk score** = sum of HCC risk scores for the unique Medicare patients treated*/number of unique Medicare patients treated*
- **Dual eligibility ratio** = unique Medicare patients treated* who were dually eligible for Medicare and full- or partial-Medicaid benefits/unique Medicare patients treated*

*Medicare patients must have been treated between October 1, 2024, and September 30, 2025, to be included in these calculations.

STEP 3

We'll compare your average HCC risk score and dual eligibility ratio (calculated in Step 2) to the median values identified in Step 1.

- **If either (or both) of your risk indicators is at or above the median identified in step 1, you're eligible to receive the complex patient bonus.**

We'll evaluate each MIPS eligible clinician, group, virtual group, or APM Entity that submits data for their eligibility to receive the complex patient bonus, but only the MIPS eligible clinicians, groups, virtual groups and APM Entities that meet the criteria above will receive the bonus.

Calculating the Complex Patient Bonus

Calculating the 2025 Complex Patient Bonus

STEP 1

We'll identify the mean HCC risk score and **mean dual eligibility ratio** based on the 2024 **complex patient bonus** included in the 2024 final score attributed to each MIPS eligible clinician (whether participating as an individual, group, virtual group or APM Entity)

This data is from last year (the 2024 performance year).

This is different than the median calculated to determine eligibility.

If only 1 of the 2 risk indicators – medical complexity or social risk – was at or above the median when we determined your eligibility for the complex patient bonus, then the other will contribute 0 points toward your complex patient bonus.

Calculating the 2025 Complex Patient Bonus
(Continued)

STEP 2

We'll calculate a **standardized** score for the medical complexity component.

Medical Component Standardized Score =

[Your average HCC risk score for this performance year (2025) **MINUS** the 2024 mean HCC risk score from step 1]

The standard deviation for the 2024 mean HCC risk score from step 1

STEP 3

We'll calculate the medical complexity component contribution to your complex patient bonus.

Medical Complexity Complex Patient Bonus Points =

1.5

+

[4 x (standardized score from step 2)]

If only 1 of the 2 risk indicators – medical complexity or social risk – was at or above the median when we determined your eligibility for the complex patient bonus, then the other will contribute 0 points toward your complex patient bonus.

Calculating the 2025 Complex Patient Bonus
(Continued)

STEP 4

We'll calculate a **standardized** score for the social risk component.

Social Component Standardized Score =

(Your dual eligibility ratio this performance year (2025) **MINUS** the 2024 mean dual eligibility ratio from step 1) / (The standard deviation for the 2024 mean dual eligibility ratio from step 1)

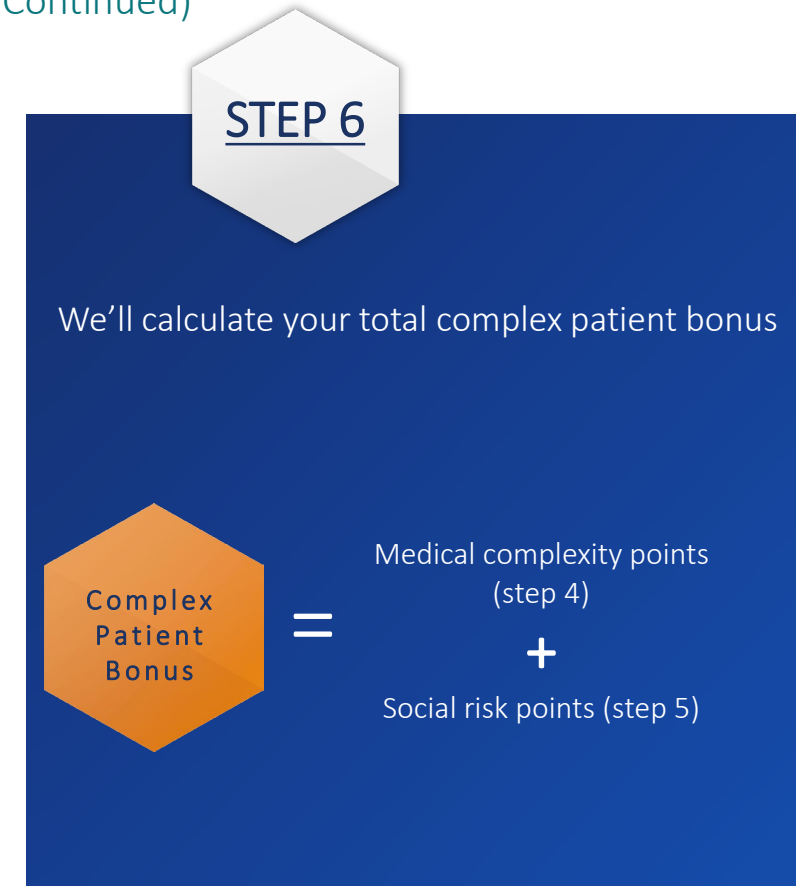
STEP 5

We'll calculate the social risk component contribution to your complex patient bonus.

Social Risk Complex Patient Bonus Points = 1.5 + [4 x (standardized score from step 4)]

If only 1 of the 2 risk indicators – medical complexity or social risk – was at or above the median when we determined your eligibility for the complex patient bonus, then the other will contribute 0 points toward your complex patient bonus.

Calculating the 2025 Complex Patient Bonus
(Continued)



Reminders:

- The complex patient bonus is capped at 10 points.
- Your final score can't exceed 100 points.
- You must submit data for at least 1 performance category to be eligible for the complex patient bonus.

If only 1 of the 2 risk indicators – medical complexity or social risk – was at or above the median when we determined your eligibility for the complex patient bonus, then the other will contribute 0 points toward your complex patient bonus.

Version History

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

DATE	DESCRIPTION
12/19/2025	Original Version.