

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

MIPS 101 Guide for the
2020 Performance Year



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Purpose: This detailed resource focuses on MIPS requirements in the performance year (PY), including data collection and submission. For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



Overview



Overview

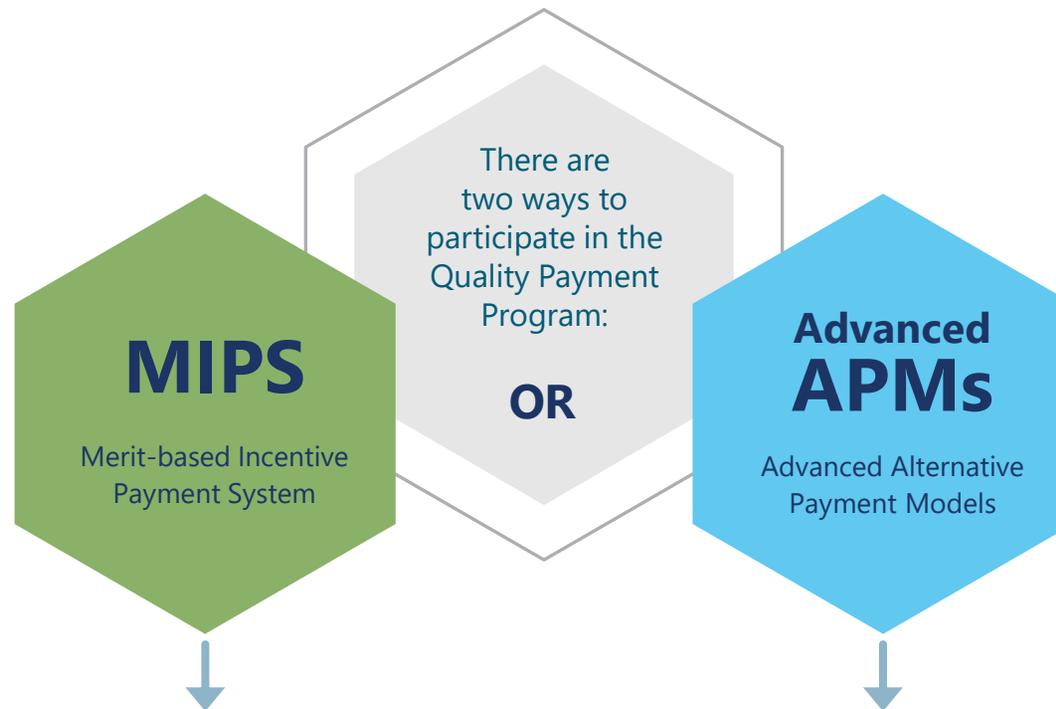
COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency has impacted all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2020 performance year, we will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. We have already introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS for the important work they are already doing across the country.

Additionally, in the 2021 QPP Proposed Rule, we propose for the 2020 performance year to 1) allow APM Entities to submit Extreme and Uncontrollable Circumstances applications and 2) to increase the complex patient bonus from a 5- to 10-point maximum for MIPS participants to offset the additional complexity of their patient population due to COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response webpage](#).

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of two ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you participate in an Advanced APM and achieve QP status, you will be excluded from MIPS and may be eligible for a 5% incentive payment

This guide provides an overview of the MIPS track. For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).

Overview

MIPS Overview

MIPS is one way to participate in the Quality Payment Program.

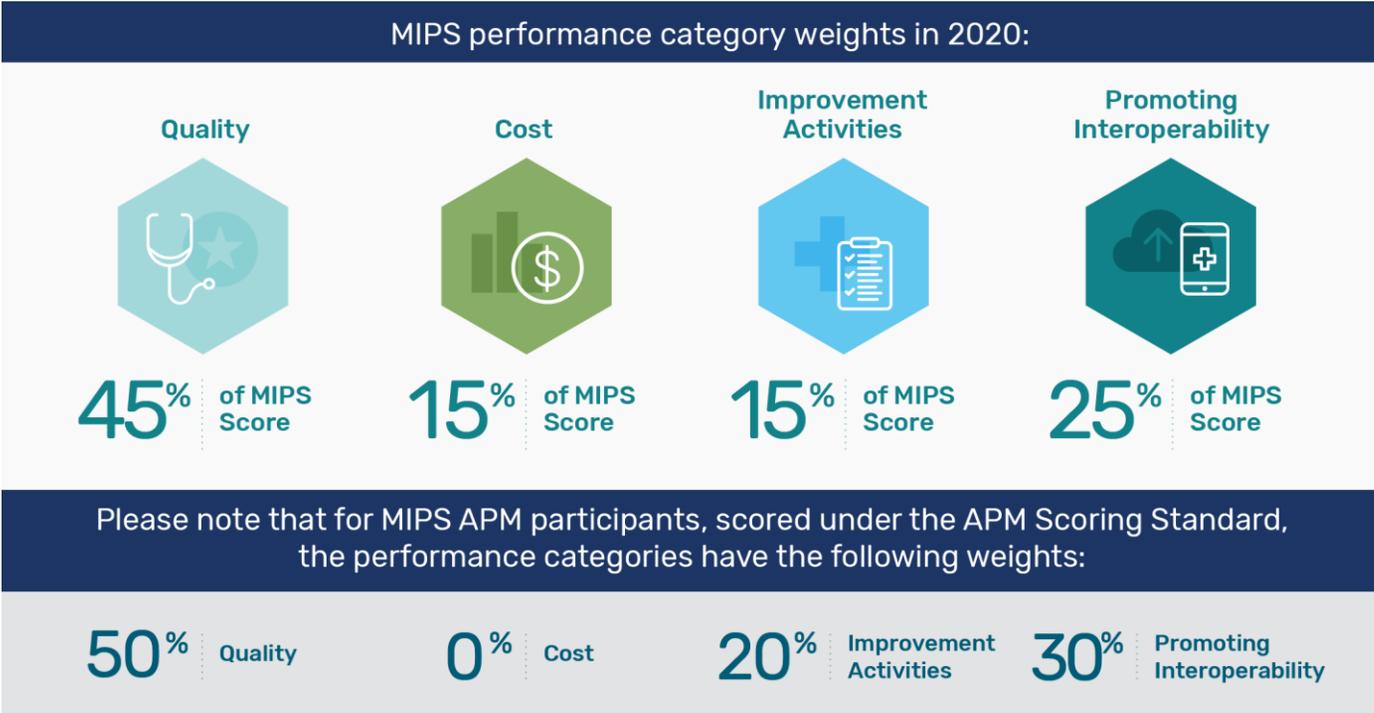
Under MIPS, we evaluate your performance across 4 categories that lead to improved quality and value in our healthcare system.



Overview

MIPS Overview (continued)

The MIPS performance categories have different “weights” and the scores from each of the categories are added together to give you a MIPS Final Score.



To learn more about how to participate in MIPS:

- Visit the [How MIPS Eligibility is Determined](#) and [Individual or Group Participation](#) webpages on the [Quality Payment Program website](#).
- View the [2020 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).



Participating in MIPS in 2020

Participating in MIPS in 2020

When Does the 2020 MIPS Performance Year Start?

If you're participating in MIPS in 2020, the performance year starts on January 1, 2020 and ends on December 31, 2020.

Below are some key dates for 2020 participation:

<p>Dec. 2019</p>	<p>Jan. 1, 2020</p>	<p>May 2020</p>	<p>Oct. 3, 2020</p>	<p>Dec. 2020</p>	<p>Dec. 31, 2020</p>	<p>Jan. 4, 2021 – Mar. 31, 2021</p>	<p>July 2021</p>	<p>Jan. 1, 2022 – Dec. 31, 2022</p>
<p>Initial 2020 MIPS eligibility is available</p>	<p>2020 MIPS performance year begins</p>	<ul style="list-style-type: none"> • Promoting Interoperability Performance Category Hardship Exception Application opens • Extreme and Uncontrollable Circumstance Exception Application (available for all performance categories) opens 	<p>Last day to start a 90 continuous day performance period for the Improvement Activities and/or Promoting Interoperability performance categories</p>	<p>Final 2020 MIPS eligibility is available (for non-Alternative Payment Model (APM) participants)</p>	<ul style="list-style-type: none"> • 2020 MIPS performance year ends • Deadline for submitting a Promoting Interoperability Performance Category Hardship Exception Application • Deadline for submitting an Extreme and Uncontrollable Circumstance Exception Application (available for all performance categories) 	<p>2020 MIPS performance year data submission window</p>	<ul style="list-style-type: none"> • 2020 MIPS Final Score and performance feedback available • Targeted review opens for 60 days after the release of performance feedback and payment adjustment information 	<p>2022 payment adjustments based on 2020 MIPS performance are applied to payments made for Part B covered professional services payable under the Physician Fee Schedule (PFS)</p>

Participating in MIPS in 2020

What Types of Clinicians are Included in MIPS for the 2020 Performance Year?

The clinician types included in MIPS for the 2020 performance year are:

Physicians

(including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry; osteopathic practitioners; and chiropractors¹)

¹With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function.

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

Clinical Psychologists

Physical Therapists

Occupational Therapists

Qualified Speech-Language Pathologists

Qualified Audiologists

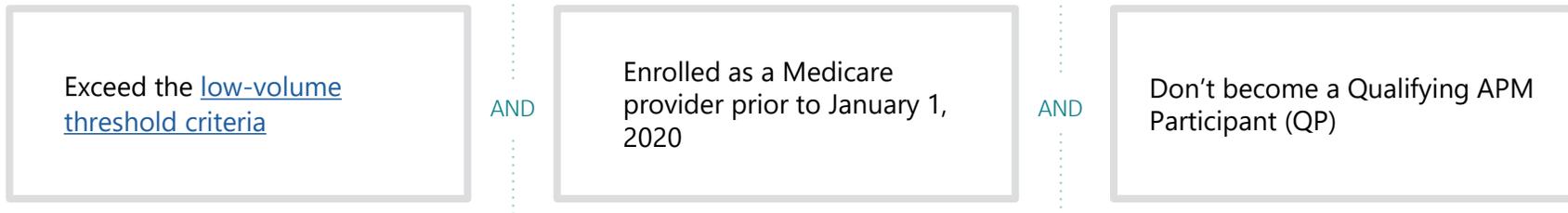
Registered Dietitians or Nutritional Professionals

Groups or virtual groups that include 1 or more of these MIPS eligible clinician types

Participating in MIPS in 2020

Who is Required to Participate in MIPS for the 2020 Performance Year?

If you are one of the [MIPS eligible clinician types](#), you are eligible for MIPS in 2020 and will receive a payment adjustment if you:



Who is Not Required to Participate in MIPS for the 2020 Performance Year?

If you are a [MIPS eligible clinician type](#), you can still be excluded from participating in MIPS for the 2020 performance year if you:



If you're not a MIPS eligible clinician or are otherwise excluded from MIPS in the 2020 performance year, you do not have to participate in MIPS for the 2020 performance year and you will not receive a MIPS payment adjustment in 2022.

Participating in MIPS in 2020

MIPS Determination Period

We look at your Medicare claims from two 12-month segments, referred to as the MIPS Determination Period, to assess the volume of care you provide to Medicare patients.

The two 12-month segments used to assess eligibility for the 2020 MIPS performance year are:

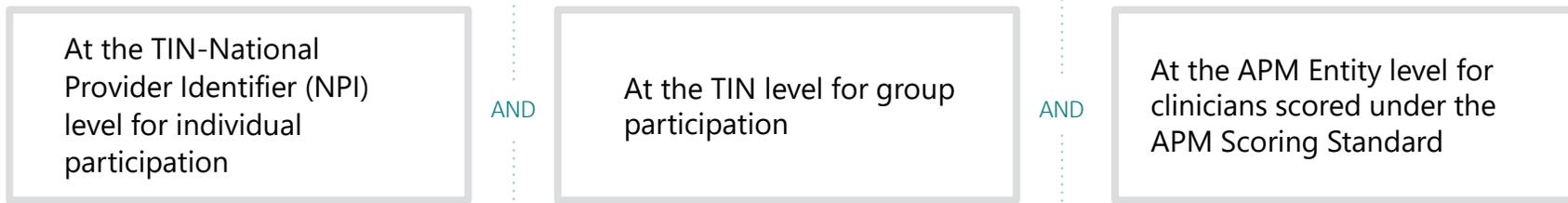


NOTE: You must exceed the low-volume threshold during both 12-month segments to be eligible for MIPS. If you join a new practice after September 30, 2019 and assign your billing rights to a new or different Taxpayer Identification Number (TIN), your eligibility will be evaluated under that new practice during the second 12-month segment of the MIPS Determination Period.

Participating in MIPS in 2020

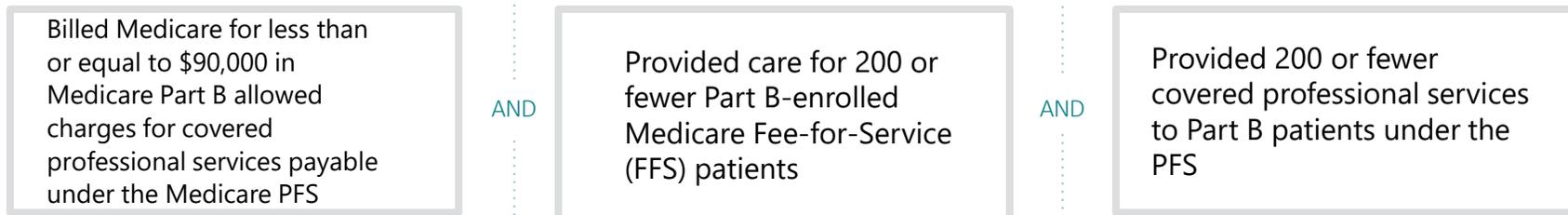
Low-Volume Threshold

The low-volume threshold is calculated and applied:



For more information on the low-volume threshold and MIPS eligibility, please refer to the [2020 Eligibility and Participation Quick Start Guide](#).

The low-volume threshold criteria for the 2020 performance year is the same as 2019. Clinicians, groups, and MIPS APM Entities are excluded from MIPS if, during either 12-month segment of the MIPS Determination Period they:



The low-volume threshold is calculated at both the practice (TIN) level and clinician (TIN-NPI) level. MIPS eligible clinicians who have reassigned billing rights to multiple practices will be evaluated against the low-volume threshold at each practice (under each TIN-NPI combination), which means you may be required to participate in MIPS at 1 practice, but not required to participate in MIPS at another.

Participating in MIPS in 2020

What is the Opt-in Policy?

The [opt-in policy](#) allows some clinicians who would otherwise be excluded from participating in MIPS the opportunity to participate and earn a payment adjustment.

MIPS eligible clinicians, groups, and APM Entities can elect to opt-in to MIPS if they exceed 1 or 2, but not all 3 [low-volume threshold criteria](#). Clinicians and groups that do not exceed *any* low-volume threshold criteria in either 12-month segment of the MIPS Determination Period are not eligible to opt-in.

If an individual, group, and/or MIPS APM Entity elects to opt-in, they will:



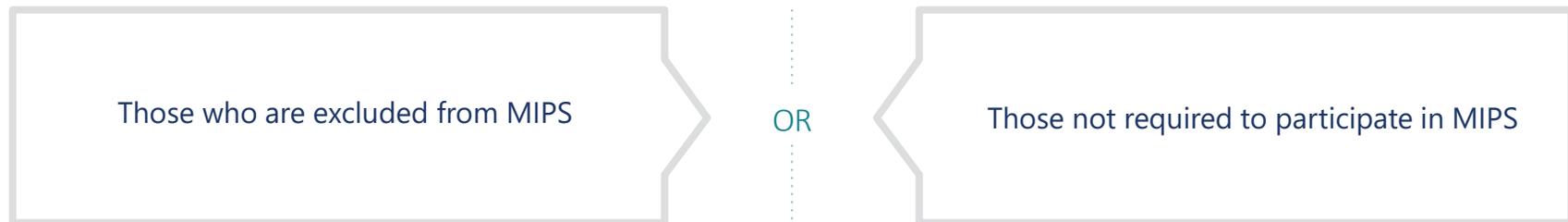
TIP: The decision to opt-in to MIPS is **irreversible**. If you are considering this option, be sure to explore program requirements, measures, and activities to ensure these are applicable to you/your group.

For information specific to the opt-in policy, refer to the [2020 MIPS Eligibility and Participation User Guide](#) in the [QPP Resource Library](#).

Participating in MIPS in 2020

What is the 2020 MIPS Voluntary Reporting Policy?

Certain clinicians can choose to voluntarily report MIPS measures and activities:



If a clinician or group chooses to voluntarily report and bills Medicare Part B claims in the second 12-month segment of the MIPS Determination Period, they will receive performance feedback, allowing them to prepare for future years. However, they will not receive a payment adjustment or be included in the calculation of MIPS measure benchmarks based on the data submitted. MIPS eligible clinicians who voluntarily submitted data will have the opportunity during the Preview Period to opt-out of having their performance information publicly reported on Physician Compare.

Please note that if an individual clinician or group has the option to either elect to opt-in to MIPS or voluntarily report but chooses to do nothing, then they will continue to be excluded from MIPS and will not receive a MIPS payment adjustment.

Virtual groups, TINs participating in a virtual group, and MIPS APM Entities cannot voluntarily report for MIPS.

For more information, refer to the [2020 Eligibility and Participation User Guide](#) in the QPP Resource Library.

Participating in MIPS in 2020

What are Special Status Designations?

For 2020, you can receive a “special status” designation if you are practicing in a Health Professional Shortage Area (HPSA), rural practice, or small practice, or if you’re non-patient facing, hospital-based, or Ambulatory Surgical Center (ASC)-based.

If you receive a special status designation, it doesn’t mean you’re exempt from participating in MIPS. A special status designation affects the total number of measures, activities, or entire categories that you, your group, or your virtual group must submit to us. Specific details are outlined in the table below.

For more information on how special statuses are determined and designated at the individual clinician (TIN-NPI) level, group (TIN) level, and virtual group level, please visit the [Special Statuses webpage](#) on the [QPP website](#).

Special Status	Quality	Cost	Improvement Activities	Promoting Interoperability
HPSA	No impact	No impact	Double points on each activity submitted: <ul style="list-style-type: none"> • 40 points for high-weighted activities • 20 points for medium weighted activities 	No impact
Rural practice	No impact	No impact	Double points on each activity submitted: <ul style="list-style-type: none"> • 40 points for high-weighted activities • 20 points for medium weighted activities 	No impact
Small practice	6 bonus points for clinicians who submit at least 1 measure, either individually, or as a group or virtual group	No impact	Double points on each activity submitted: <ul style="list-style-type: none"> • 40 points for high-weighted activities • 20 points for medium weighted activities 	You can apply to have this performance category reweighted to 0% through a hardship exception application ; the 25% weight would generally be reallocated to the Quality performance category
Non-patient facing	No impact	No impact	Double points on each activity submitted: <ul style="list-style-type: none"> • 40 points for high-weighted activities • 20 points for medium weighted activities 	Rewighted to 0% of the MIPS Final Score; 25% weight would be redistributed to another performance category or categories unless you choose to submit Promoting Interoperability data
Hospital-based	No impact	No impact	No impact	Rewighted to 0% of the MIPS Final Score; 25% weight would be redistributed to another performance category or categories unless you choose to submit Promoting Interoperability data
ASC-based	No impact	No impact	No impact	Rewighted to 0% of the MIPS Final Score; 25% weight would be redistributed to another performance category or categories unless you choose to submit Promoting Interoperability data

Participating in MIPS in 2020

Quality Payment Program Exceptions

In addition to [reweighting of the Promoting Interoperability performance category](#) because of a special status designation, there are two types of [exceptions](#) that could result in the reweighting of certain performance categories for MIPS eligible clinicians, groups, and virtual groups:

Promoting Interoperability Hardship Exception

- Refer to the [Promoting Interoperability performance category section](#) of this guide for more information.

Extreme and Uncontrollable Circumstances Exception

- MIPS eligible clinicians, groups, and virtual groups may submit an application for reweighting of any or all MIPS performance categories if they've been impacted by extreme and uncontrollable circumstances that extend beyond the Promoting Interoperability performance category.
- Extreme and uncontrollable circumstances are defined as rare events entirely outside of your control and the control of the facility in which you practice. These circumstances would:
 - Cause you to be unable to collect information necessary to submit for a MIPS performance category, or;
 - Cause you to be unable to submit information that would be used to score a MIPS performance category for an extended period of time (for example, if you were unable to collect data for the Quality performance category for 3 months), and/or;
 - Impact your normal processes, affecting your performance on cost measures and other administrative claims measures

Participating in MIPS in 2020

Quality Payment Program Exceptions (*continued*)

Extreme and Uncontrollable Circumstances Exception (*continued*)

- **Clinicians impacted by the COVID-19 public health emergency may submit an application to reweight any or all of the MIPS performance categories.** Those requesting relief via the application will need to provide a justification of how their practice has been impacted by the public health emergency. CMS has proposed to allow APM Entities to submit an application as well and intends to allow APM Entities to submit applications now. Please note **CMS will not be able to make final determinations on APM Entity applications until and unless the policy proposal is finalized.**
- **Note:** We will automatically apply this exception for MIPS eligible clinicians located in a CMS-designated region affected by an extreme and uncontrollable event, such as a Federal Emergency Management Agency (FEMA)-designated major disaster. These individual clinicians will not need to apply, and they will have all 4 performance categories reweighted to 0%. The automatic policy does not apply to groups or virtual groups.

Find more information and access the exceptions applications on the [About QPP Exceptions webpage](#). Applications became available in May 2020 and will close on December 31, 2020.

New: We may also reweight performance categories due to data integrity issues. The 2020 QPP Final Rule established a new policy beginning with the 2018 MIPS performance period and 2020 MIPS payment year that allows CMS to reweight performance categories in the event that data is inaccurate, unusable, or otherwise compromised due to circumstances outside of the control of the clinician or its agents. Requests for reweighting will be evaluated on a case-by-case basis.

MIPS eligible clinicians or third-party intermediaries should inform us of such circumstances prior to the beginning of the associated MIPS payment year. (We may also independently learn of qualifying circumstances.)

You can find more info in the QPP Final Rule Overview Fact Sheet and in the [2020 QPP Final Rule](#).

Participating in MIPS in 2020

Facility-Based Scoring

Clinicians, groups, and virtual groups are able to use their facility-based scores from the Hospital Value-Based Purchasing (VBP) Program as an alternate scoring mechanism for the Quality and Cost performance categories.

Specifically, for the 2020 MIPS performance year, we will calculate the Quality and Cost performance category scores for facility-based clinicians, groups, and virtual groups based on the fiscal year (FY) 2021 Total Performance Score (TPS) for the Hospital VBP Program.

For more information, review the [2020 Facility-based Measurement Quick Start Guide](#).

For the 2020 MIPS performance year, the determination period for facility-based measurement is based on Medicare Part B claims billed by clinicians between October 1, 2018 through September 30, 2019 (including a 30-day claims run out).

You will be identified as facility-based on the [QPP Participation Status Tool](#) if you are a MIPS eligible clinician type and you meet the first 2 criteria detailed below. The third criteria will determine final facility-based status and will become available in early 2021 when the Hospital VBP Program scores become publicly available:

1. You billed at least 75% of your covered professional services in a hospital setting.

For individual MIPS eligible clinicians that submitted covered professional service claims during the determination period using the same TIN-NPI combination, at least 75% of claims were billed at places of service indicating a hospital setting: (1) inpatient hospital (POS = 21); (2) on-campus outpatient hospital (POS = 22); or (4) emergency room (POS = 23).

2. You billed at least 1 service in an inpatient hospital or emergency room.

For individual MIPS eligible clinicians who exceed the 75% threshold in criterion 1 using the same TIN-NPI combination, at least 1 claim billed during the determination period is at an inpatient hospital (POS = 21) or emergency room (POS = 23).

Participating in MIPS in 2020

Facility-Based Scoring *(continued)*

3. You are assigned to a facility with a FY 2021 Hospital VBP Program score.

We assign individual MIPS eligible clinicians to the hospital in which they provided services to the greatest number of Medicare beneficiaries during the determination period using the same TIN-NPI combination. The hospital must participate in the Hospital VBP Program and have a score for the appropriate year. A MIPS eligible clinician that only provided services to Medicare beneficiaries at 1 hospital would be assigned to that hospital, and would be eligible for performance year (PY) 2020 facility-based scoring as long as that facility receives a FY 2021 Hospital VBP Program score.

Important: These scores will not be available until the end of, or after, the 2020 MIPS performance year. In instances where an individual MIPS eligible clinician treated an equal number of Medicare beneficiaries at more than 1 hospital, we will assign the individual MIPS eligible clinician to the hospital with the highest performance score. It is possible for a facility to have a FY 2020 Hospital VBP Program score but not receive a FY 2021 Hospital VBP Program score. If this happens, we will update your facility-based status in the [QPP Participation Status Tool](#), you will no longer be eligible for facility-based measurement, and you will need to submit quality measure data to MIPS.

We will also identify facility-based groups and virtual groups, in which more than 75% of the MIPS eligible clinicians (as identified by their individual NPIs) in a group (NPIs billing under the group's TIN) or virtual group are deemed facility-based. We will assign clinicians in groups and virtual groups to the hospital at which the plurality of clinicians in the group or virtual group were attributed as individuals.

We will not apply facility-based measurement to MIPS APM participants at this time.

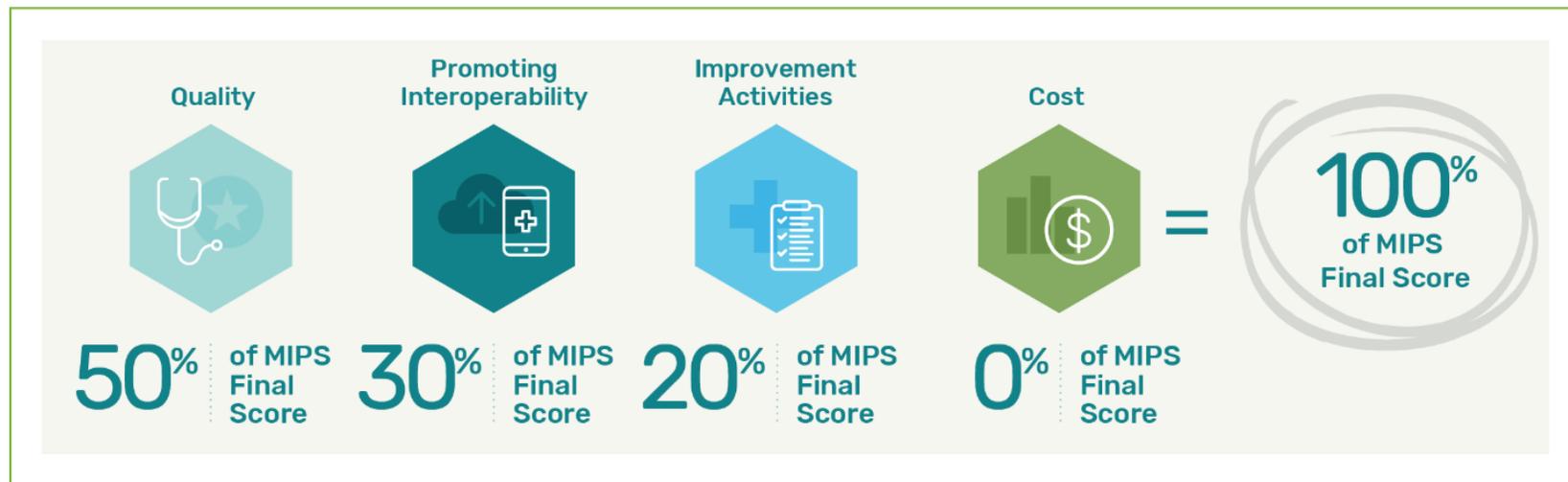
Participating in MIPS in 2020

Participating in MIPS APMs

If you're in a specific type of APM called a MIPS APM, you will participate in MIPS through that APM and be scored using what is called the "APM Scoring Standard."

This APM Scoring Standard:

- Is designed to account for activities already required by the APM; and
- Eliminates the need for MIPS eligible clinicians to duplicate the submission of certain quality and improvement activities data.



Participating in MIPS in 2020

How Can I Check if I am Eligible to Participate in MIPS in 2020?

To check if you're eligible to participate in 2020, you can use the [QPP Participation Status Tool](#) on qpp.cms.gov. You can also sign in to view more detailed information for the clinicians in your organization. Just enter your 10-digit NPI.

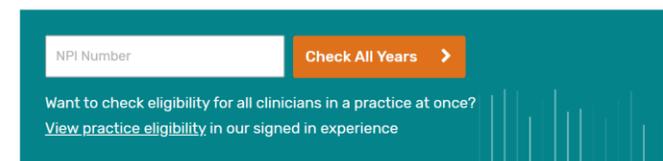
This tool:

- Reflects eligibility based on clinician type and Medicare enrollment date.
- Includes a clinician's MIPS eligibility determination for each practice association based on low-volume threshold calculations, as well as information about special status designations, such as being hospital-based.
- Currently displays initial 2020 eligibility from the first 12-month segment review period (Provider Enrollment, Chain, and Ownership System (PECOS) and Medicare Part B claims data from October 1, 2018 through September 30, 2019).

In late 2020, we will review PECOS and Medicare Part B claims data from October 1, 2019 to September 30, 2020, and update the tool to reflect your *final* 2020 MIPS eligibility status.

QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to view your QPP participation status by performance year (PY).



NOTE: If a MIPS eligible clinician joins a new practice between October 1, 2019 and September 30, 2020, they may become individually eligible for MIPS based on the second 12-month segment low-volume threshold analysis of claims submitted under that new TIN-NPI combination.

For more information on how to review your eligibility and what it means, review the [2020 Eligibility and Participation Quick Start Guide](#).

Participating in MIPS in 2020

Way to Participate in MIPS

If you participate in MIPS in 2020 as:



Individual Clinicians

An individual:

- You submit measures and activities for the practice(s) (TIN(s)) under which you're MIPS eligible.
- You'll be assessed across all 4 performance categories at the individual (TIN-NPI level).

Your final score and MIPS payment adjustment will be based on your individual performance. (Voluntary submitters, which includes clinicians who do not exceed the low-volume threshold as individuals, will not receive a payment based on submitted data.)



Group

A group:

- You must meet the definition of a group at all times during the performance year and aggregate your performance data across the 4 MIPS performance categories for a single TIN (including clinicians who may not be eligible to participate in MIPS) in order to have your performance assessed as a group.
- Each MIPS eligible clinician in your group will receive the same payment adjustment based on the group's performance across all 4 MIPS performance categories.



Both Individual and Group

Both an individual and group:

- You can report data as an individual and as part of a group under the same TIN. In this instance, you will be evaluated across all 4 MIPS performance categories on your individual performance and on the group's performance, with a final score calculated for each evaluation.
- You will receive a payment adjustment based on the higher of the 2 scores.



Virtual Group

A virtual group:

- You must have elected and been approved by CMS to participate as a virtual group via [e-mail](#) by December 31, 2019. (Note, the election period for 2020 virtual groups is closed, but you can elect to participate as a virtual group in 2021. Review virtual group resources in the [QPP Resource Library](#) to learn more.)
- You must meet the definition of a virtual group at all times during the performance year.
- You must aggregate your performance data across the multiple TINs within the virtual group for all 4 MIPS performance categories in order to be assessed and scored at the virtual group level.
- Each clinician (NPI) in the virtual group will receive a final score based on the performance of the virtual group; however only MIPS eligible clinicians will receive a payment adjustment.



MIPS APM Entity Participant

A MIPS APM Entity participant:

- This means you've been or expect to be identified in the [QPP Participation Status Tool](#) as participating in a MIPS APM. You'll have modified participation requirements and will be scored according to the APM Scoring Standard. Review the [Eligibility Determination Periods and Snapshots Webpage](#) for more information on when eligibility data is released.
- For the APM Scoring Standard, MIPS eligible clinicians are grouped and assessed through their collective participation in a MIPS APM Entity.

Participating in MIPS in 2020

Way to Participate in MIPS *(continued)*

What's the difference between a group and a virtual group?

A **group** is defined as a TIN with 2 or more eligible clinicians (at least 1 clinician within the group must be MIPS eligible) as identified by their NPI, who have reassigned their Medicare billing rights to the TIN.

A **virtual group** is defined as a combination of 2 or more TINs consisting of the following:

- Solo practitioners who are MIPS eligible (a solo practitioner is defined as the only clinician in a practice); and/or
- Groups that have 10 or fewer clinicians (at least 1 clinician within the group must be MIPS eligible). A group is considered to be an entire single TIN.

TIP: If you bill under multiple TINs during the performance year, you may participate in different ways for each practice (TIN) under which you are MIPS eligible. If you're eligible for MIPS at multiple practices, you will receive a MIPS payment adjustment under each TIN-NPI combination based on the data submitted under that practice.

Review the [2020 Eligibility and Participation Quick Start Guide](#) for more information on how to check your MIPS eligibility and understand your reporting options.



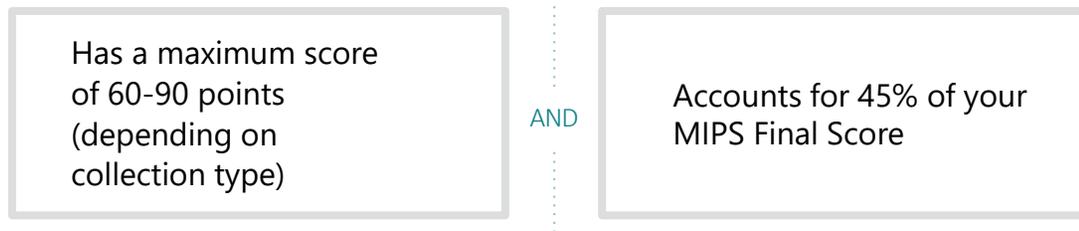
MIPS Performance Categories

MIPS Performance Categories

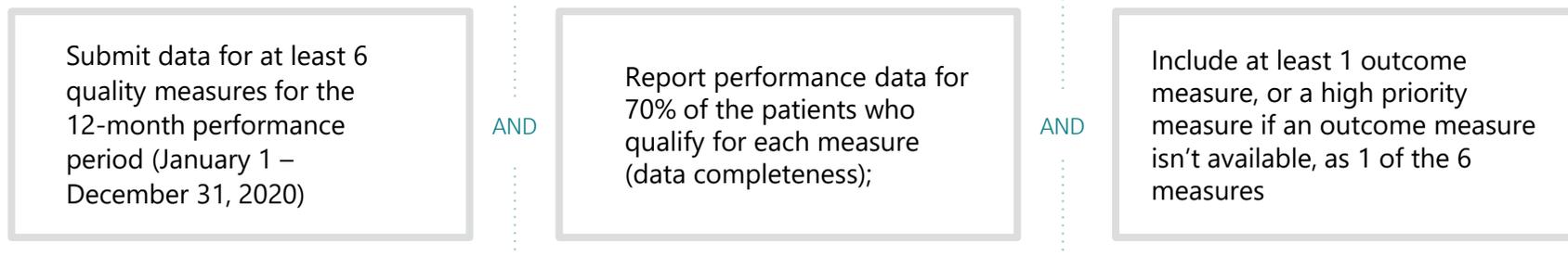
Quality Overview

The Quality performance category assesses the quality of care you deliver as evidenced by your performance on quality measures. Quality measures are tools that help us measure health care processes, outcomes, and patient experiences of their care.

For the **2020 performance period**, the MIPS Quality performance category:



To meet Quality performance category requirements, you need to:



Measures that don't meet data completeness will earn 0 points unless you are a small practice, in which case you will receive 3 points.

MIPS Performance Categories

How to Choose Quality Measures

If you're participating in MIPS in 2020, you can choose from:

- **More than 200 Quality measures, which include specialty sets**, for the 2020 performance period
 - You may select a specialty-specific set of measures (e.g., cardiology, dentistry, emergency medicine, general surgery). In doing so, you must submit data on at least 6 measures within that set. If the specialty measure set has fewer than 6 measures, you need to submit all measures within that specialty set.
- **Qualified Clinical Data Registry (QCDR) measures developed by QCDRs** (outside of the MIPS measure set, if you choose to report quality data through a QCDR)
- **CMS Web Interface Measures** (ACOs and other pre-registered APM Entities, groups and virtual groups of 25 or more clinicians only)
 - If you are registered to submit data through the CMS Web Interface, your organization will need to submit data for all 10 CMS Web Interface measures. This option is available to groups, virtual groups, and APM Entities with 25 or more clinicians that [register](#) in advance (April 1 – June 30, 2020) of the reporting period.

NEW: In 2020, we added 7 new specialty sets for Speech Language Pathology, Audiology, Clinical Social Work, Chiropractic Medicine, Pulmonology, Nutrition/Dietician, and Endocrinology. *Note: Clinical social workers are **not** MIPS eligible clinicians at this time but may be added through future rulemaking.*

TIP: For an overview of the quality measures, including specialty measure sets, use the [Explore Measures Tool](#) on the Quality Payment Program [website](#).

MIPS Performance Categories

How to Choose Quality Measures *(continued)*

We will aggregate quality measures collected through multiple collection types into a single Quality performance category score. If the same measure is collected via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring. However, CMS Web Interface measures cannot be scored with other collection types other than the Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS Survey and/or administrative claims measures.

If you are participating in an MIPS APM, this category is weighted at 50% of your MIPS Final Score under the APM Scoring Standard. Please note that the Quality performance category requirements differ by model. MIPS eligible clinicians in MIPS APMs will be required to report a minimum of 6 MIPS measures (including 1 outcome measure) or to complete CMS Web Interface reporting.

ACOs participating in the Medicare Shared Savings Program (SSP) or the Next Generation ACO Model (NGACO) are required to submit data via the CMS Web Interface as part of their participation in SSP and NGACO. However, ACOs have the option to report alternative measures through other MIPS submission methods, in order to be scored under the APM Scoring Standard for MIPS. ACOs that report measures through other MIPS submission methods, instead of the CMS Web Interface, would not meet the Quality performance standard under SSP and NGACO and would not be eligible to share in savings.

New in 2020: In recognition of the 2019 Novel Coronavirus (COVID-19) public health emergency, CMS has made available [Telehealth Guidance for Medicare Part B Claims and MIPS Clinical Quality Measure \(CQMs\) for 2020 Quality Reporting](#).

For telehealth guidance related to electronic clinical quality measures (eCQMs), please refer to the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).

New MIPS APM Quality Performance Category Policies for 2020:

- MIPS APM participants whose model participation does not automatically count towards Quality performance category credit will automatically receive half credit for the performance category through the APM Quality Reporting Credit.
- These participants will need to submit additional quality data outside of the model requirements, and their performance category score will be determined based on whether they submit at the individual, TIN, or APM Entity level. If they submit at the APM Entity level, their score will be determined by averaging scores for all MIPS eligible clinicians in the APM Entity.

MIPS Performance Categories

How to Submit Quality Measures

You can submit your 2020 Quality performance category measure data in the following ways:

Individuals

- QCDR Measures
- MIPS Clinical Quality Measures (CQMs)
- Electronic Clinical Quality Measures (eCQMs)
- Medicare Part B Claims *(only for small practices of less than 16 clinicians)*

Groups, Virtual Groups, or APM Entities

- QCDR Measures
- MIPS CQMs
- eCQMs
- Medicare Part B Claims *(only for small practices of less than 16 clinicians)*
- CMS Web Interface Measures *(only for registered groups, virtual groups, and APM Entities with 25 or more clinicians)²*
- CAHPS for MIPS Survey Measure *(only for registered groups, virtual groups, and APM Entities (not available to ACOs) with 2 or more clinicians that register between April 1 and June 30, 2020)*

Note: *If you submit eCQMs, you'll need to use certified electronic health record technology (CEHRT) to collect the data. Your electronic health record (EHR) technology will need to be certified to the 2015 edition by the last day of the Quality performance period (December 31, 2020).*

²ACOs are required to submit data through the CMS Web Interface and to administer the CAHPS for ACO Survey. They also have the option to report measures from other collection types in addition to these required measures. These additional measures would not contribute to the ACO's quality score.

MIPS Performance Categories

How to Submit Quality Measures *(continued)*

All-Cause Hospital Readmission Measure: Groups and virtual groups with 16 or more clinicians are automatically scored on the All-Cause Hospital Readmission Measure if they meet the case minimum of 200 patients for the measure. Please note that no data submission action is required; we calculate this measure using administrative claims. The All-Cause Hospital Readmission measure is not a part of the APM Scoring Standard and won't be calculated for groups participating in a Shared Savings Program Accountable Care Organization (ACO).

View the [Quality requirements webpage](#) and the [2020 Quality Quick Start Guide](#) for more information on the Quality performance category quality measures and supporting documentation.

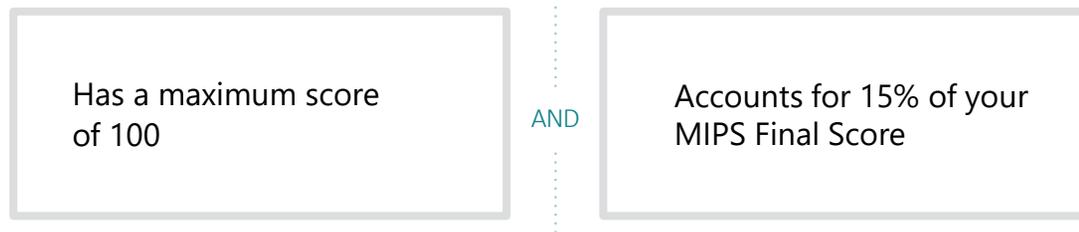
NOTE: *Small practices that submit at least 1 quality measure will earn 6 bonus points, added to their Quality performance category score.*

MIPS Performance Categories

Cost Overview

The Cost performance category is an important part of MIPS. Although clinicians don't personally determine the price of individual services provided to Medicare beneficiaries, they can affect the amount and types of services that are provided to their patients. By better coordinating care and seeking to improve health outcomes by ensuring their patients receive the right services, clinicians play a meaningful role in delivering high quality care at a reasonable cost.

For the **2020 performance period**, the MIPS Cost performance category:



NOTE: We will use data from Medicare Part A and B claims—with dates of service from January 1, 2020 to December 31, 2020—to calculate your Cost performance category score. You do not need to submit any data for this performance category. If you're in a MIPS APM, you won't be scored on the Cost performance category under the APM Scoring Standard.

MIPS Performance Categories

Cost Measures

NEW: A total of 20 cost measures are used to evaluate Cost performance in the 2020 MIPS performance year. In 2020, we added the following 10 new episode-based cost measures to evaluate performance in the Cost performance category:

- Acute Kidney Injury Requiring New Inpatient Dialysis
- Elective Primary Hip Arthroplasty
- Femoral or Inguinal Hernia Repair
- Hemodialysis Access Creation
- Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
- Lumpectomy Partial Mastectomy, Simple Mastectomy
- Non-Emergent Coronary Artery Bypass Graft (CABG)
- Renal or Ureteral Stone Surgical Treatment
- Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
- Lower Gastrointestinal Hemorrhage (applies to groups only)

The following cost measures were also significantly revised for 2020:

Medicare Spending Per Beneficiary Clinician measure:

- Updated name – Medicare Spending Per Beneficiary Clinician (MSPB Clinician) measure
- Refined attribution methodology for medical and surgical episodes
- Service exclusions for costs that are unlikely to be influenced by clinicians

Total Per Capita Cost (TPCC) measure:

- Refined attribution methodology for identifying primary care relationships
- Specialty exclusions for clinicians who don't provide primary care services
- Refined risk adjustment to account for changes in patient health status during the year

MIPS Performance Categories

Cost Measures *(continued)*

The following 8 episode-based measures were used in the 2019 performance year and will also be used to assess performance in 2020. Notably, we have changed the way these episodes are attributed to clinicians:

- Elective Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with Intraocular Lens (IOL) Implantation
- Screening/Surveillance Colonoscopy
- Intracranial Hemorrhage or Cerebral Infarction
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

For additional information, please refer to the [2020 Cost Measure Code Lists](#) and the [2020 MIPS Cost Performance Category Quick Start Guide](#).

TIP: For a cost measure to be scored, an individual MIPS eligible clinician, group, or virtual group must have enough attributed cases to meet or exceed the case minimum for that cost measure. If only 1 measure can be scored, that measure's score will serve as the Cost performance category score. If, for example, 7 out of the 10 cost measures are scored, the Cost performance category score is the equally-weighted average of the 7 scored measures. If none of the 10 measures can be scored, the Cost performance category will count toward 0% of your MIPS Final Score, and the 15% will be distributed to another performance category (or categories).

MIPS Performance Categories

Improvement Activities Overview

The Improvement Activities performance category focuses on activities that relevant MIPS eligible clinician organizations and stakeholders have identified as improving clinical practice or care delivery and that the Secretary determines, when effectively executed, are likely to result in improved outcomes.

For the **2020 performance period**, the MIPS Improvement Activities performance category:



NOTE: MIPS eligible clinicians in a MIPS APM are scored under the APM Scoring Standard (which assigns a weight of 20% to the Improvement Activities performance category) and are assigned the maximum Improvement Activities category score for the 2020 performance year. The [2020 MIPS APMs Improvement Activities Fact Sheet](#) details the Improvement Activities performance category scores that we will assign MIPS APMs participants.

MIPS Performance Categories

Improvement Activities Overview *(continued)*

New Improvement Activities Policies in 2020:

- We increased the performance threshold for groups and virtual groups to attest to an activity:
 - **At least 50% of the clinicians (in the group or virtual group) must perform the same activity for any continuous 90-day period**, or as specified in the activity description, within the same performance period.
- We added a new high weighted improvement activity that promotes participation in COVID-19 clinical trials and clinical reporting for COVID-19 related care.
- We clarified patient-centered medical home designation by removing specific examples of entity names of accreditation organizations or comparable specialty practice program.
- We **concluded the CMS Study on Factors Associated with Reporting Quality Measures**. This study is no longer available for credit in the Improvement Activities performance category.
- We **added a new COVID-19 clinical trials improvement activity**. There are two ways MIPS eligible clinicians or groups can receive credit for this new improvement activity:
 - A clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a COVID-10 patient and report their findings through a clinical data repository or clinical data registry for the duration of their study; or
 - A clinician must participate in the care of COVID-19 patients and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research.

MIPS Performance Categories

Choosing Improvement Activities

More than 100 MIPS improvement activities are divided into the following 8 subcategories (categorized as either high-weighted or medium-weighted):

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Achieving Health Equity
- Emergency Response and Preparedness
- Integrated Behavioral and Mental Health

You don't need to pick activities from each of the subcategories or from a certain number of subcategories; you should attest to the activities that you performed and are most meaningful to your practice.

For most MIPS eligible clinicians to successfully participate in the [Improvement Activities performance category](#), you'll need to:

Report between 2 and 4 improvement activities, depending on the activities' weight

AND

Actively engage in each activity for at least a continuous 90-day period during the performance year (activities do not have to be performed concurrently)

MIPS Performance Categories

Improvement Activities Special Statuses

If you have a special status designation, you can earn full credit in the Improvement Activities performance category if you attest to 1 high-weighted activity OR 2 medium-weighted activities. Special status designations include:

- Non-patient facing
- Small practice
- Rural
- HPSA

You can earn **full credit** for the Improvement Activities performance category if you are practicing in a certified patient-centered medical home (PCMH), including a Medicaid Medical Home Model, Medical Home Model, or comparable specialty practice, for at least a continuous 90-day period (to begin no later than October 3, 2020). A MIPS eligible clinician or group must attest to their status as a PCMH or comparable specialty practice in order to receive full credit.

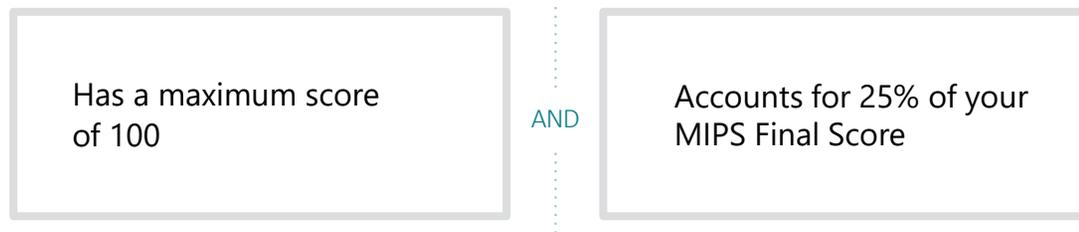
For additional information, please refer to the full list of [2020 MIPS Improvement Activities](#) and the [Improvement Activities webpage](#).

MIPS Performance Categories

Promoting Interoperability Overview

The Promoting Interoperability performance category promotes patient engagement and the electronic exchange of health information using CEHRT.

For the **2020 performance period**, the MIPS Promoting Interoperability performance category:



NOTE: MIPS eligible clinicians in a MIPS APM participate in MIPS through their MIPS APM Entity and are scored under the APM Scoring Standard. Under the APM Scoring Standard, this category is weighted at 30% of your MIPS Final Score.

New in 2020:

- We reduced the threshold for a group to be considered hospital-based.
 - Instead of 100% of clinicians, more than 75% of the clinicians in a group must be hospital-based individual MIPS eligible clinicians for the group to be considered hospital-based.
- We've removed the optional **Verify Opioid Treatment Agreement** measure.
- The **Query of Prescription Drug Monitoring Program (PDMP) measure** will continue to be an optional measure (available for bonus points) and requires a yes/no response instead of a numerator and denominator.

MIPS Performance Categories

Promoting Interoperability Measures

There is a single set of [Promoting Interoperability Objectives and Measures](#) to report: 10 measures spread across 4 objectives. Clinicians must report the required measures from each of the 4 objectives, unless an exclusion is claimed.

MIPS eligible clinicians must submit data collected using 2015 Edition CEHRT for the required measures from each of the objectives, unless an exclusion is claimed, for the same 90 continuous days (or more) during 2020.

In addition to submitting measures, you must provide your EHR's CMS Certification ID and submit a "yes" to the following:

- The Prevention of Information Blocking Attestation,
- The ONC Direct Review Attestation, and;
- The Security Risk Analysis measure.

Objectives	Measures
e-Prescribing	e-Prescribing
	Bonus/Optional (not required): Query of PDMP
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information
	Support Electronic Referral Loops by Receiving and Incorporating Health Information
Public Health and Clinical Data Exchange (Must report 2 measures from this objective)	Immunization Registry Reporting
	Syndromic Surveillance Reporting
	Electronic Case Reporting
	Public Health Registry Reporting
	Clinical Data Registry Reporting

We will score each measure by multiplying the performance rate (calculated from the numerator and denominator or a "yes or no" statement you submit) by the available points for the measure. You can earn full points in the Public Health and Clinical Data Exchange objective by submitting "yes" for at least 2 of the 5 measures, or by submitting "yes" for 1 measure and claiming an exclusion for 1 of the measures. You must submit a numerator of **at least 1 or a "yes"** to fulfill the required measures.

TIP: Clinicians, groups, and virtual groups can earn 5 bonus points for submitting a yes for the optional measure in addition to the required e-Prescribing measure, Query of PDMP.

MIPS Performance Categories

Promoting Interoperability Reweighting

Your Promoting Interoperability performance category may be reweighted to 0% if you meet one of the following criteria and apply for and receive a MIPS Promoting Interoperability performance category [hardship exception](#):

- MIPS eligible clinician in a small practice
- MIPS eligible clinician using decertified EHR technology
- Insufficient Internet connectivity
- Face extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

NOTE: Lacking 2015 CEHRT does not qualify you for a MIPS Promoting Interoperability performance category hardship exception.

For additional information, please refer to the:

- [2020 MIPS Promoting Interoperability Performance Category webpage](#)
- [2020 Promoting Interoperability Performance Category Quick Start Guide](#)
- [2020 Promoting Interoperability Measure Specifications](#)

MIPS Performance Categories

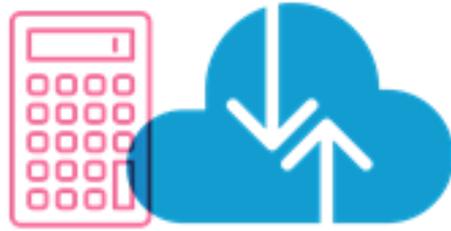
Promoting Interoperability Reweighting (*continued*)

The performance category will automatically reweight to 0% for the following clinicians:

- Non-patient facing clinicians
- Hospital-based clinicians
- ASC-based clinicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

Reminder, MIPS eligible clinicians, groups and virtual groups designated as non-patient facing, as well as those that are hospital-based or ASC-based, are automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. To be designated as a non-patient facing group, more than 75% of the clinicians in the group or virtual group must meet the definition of non-patient facing as individuals.

NOTE: *If you're reporting as a group or virtual group, every MIPS eligible clinician in your group or virtual group must qualify for reweighting as an individual, unless the group or virtual group has a special status that qualifies them for automatic reweighting.*



MIPS Payment Adjustment

MIPS Payment Adjustment

How are Payment Adjustments Applied?

If you participate in MIPS in 2020, you'll receive a MIPS payment adjustment in 2022 based on your 2020 performance.

- If you submit data (and exceed the low-volume threshold or opt-in) as an individual, you'll receive a payment adjustment at the TIN-NPI level based on your individual performance.
- If you submit data as a group or virtual group, you'll be assessed as a group or virtual group across all 4 performance categories; the MIPS eligible clinicians in the group or virtual group will receive the same score and payment adjustment.
- If you submit data for the same practice as part of a group AND individually, we will take the higher of the 2 final scores and apply the MIPS payment adjustment associated with it.
 - Only 1 MIPS Final Score and MIPS payment adjustment is assigned to each unique TIN-NPI combination.
- If you participate in MIPS through an APM Entity, you will receive a MIPS Final Score and payment adjustment based on the APM Entity's combined performance. The score is calculated by weighting and combining Quality, Improvement Activities, and Promoting Interoperability scores. (Cost is not factored into the score in 2020.)
- If you participate in MIPS through 2 or more MIPS APMs, we will use the highest final score to calculate your MIPS payment adjustment.
 - There is 1 exception to this: If you are a dual participant in the Medicare Shared Savings Program and the Comprehensive Primary Care Plus (CPC+) Model, you will be only scored on your performance within the Shared Savings Program ACO for purposes of MIPS.
- If you participate in a MIPS APM and virtual group, we will base your final score and payment adjustment on your APM Entity's final score only.

MIPS Payment Adjustment

How are Payment Adjustments Applied? *(continued)*

The MIPS payment adjustment percentage is applied to the Medicare PFS paid amount after calculating deductible and coinsurance but before sequestration. Payment adjustments are applied to payments for Medicare Part B covered professional services payable under the PFS; they will not be applied to Part B items and services furnished outside of the PFS.

The [PFS Look-Up Tool](#) provides information on services covered by the PFS, including fee schedule status indicators. For definitions of these procedure status indicator codes (or "PROC STAT" codes) please see page 9 of the document titled "PFPREV20PA.pdf" in the [PFS National Payment Amount File](#).

NOTE: The 2022 MIPS payment adjustment is applied only to Medicare Part B claims that are billed and paid on an assignment-related basis. When non-participating clinicians choose not to accept assignment for a claim, Medicare makes payment directly to the beneficiary, and the clinician collects payment from the beneficiary. In this circumstance, the MIPS payment adjustment does not impact this clinician. Non-participating clinicians who accept assignment for a claim accept the Medicare-allowed charge amount (PFS amount) as payment in full for the Part B-covered services provided to beneficiaries. The beneficiary's liability is limited to any applicable deductible plus any applicable coinsurance (typically 20%). In this situation, the MIPS payment adjustment would be applied to the payments for covered professional services billed on the claim.



Help, Resources, Glossary, and Version History

Help, Resources, Glossary, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. Eastern Time or by e-mail at:

QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program.

Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out resources available in the [QPP Resource Library](#).

Help, Resources, Glossary, and Version History

Additional Resources

General:

- [2020 MIPS Quick Start Guide](#)
- [2020 MIPS Eligibility and Participation Quick Start Guide](#)
- [2020 QPP Final Rule Executive Summary](#)
- [2020 QPP Final Rule Overview Fact Sheet](#)
- [2020 QPP Final Rule FAQs](#)
- [2020 QPP Final Rule](#)
- [QPP Access User Guide](#)

Quality

- [2020 Quality Measure Requirements Webpage](#)
- [2020 Quality Quick Start Guide](#)
- [2020 Quality User Guide](#)
- [2020 Quality Benchmarks](#)
- [2020 Clinical Quality Measure Specifications and Supporting Documents](#)
- [2020 Medicare Part B Claims Measures Specifications and Supporting Documents](#)
- [2020 MIPS Quality Measures List](#)
- [2020 QCDR Measure Specifications](#)
- [2020 QCDR Qualified Posting](#)
- [2020 Qualified Registries Qualified Posting](#)

Promoting Interoperability

- [2020 Promoting Interoperability Measures Requirements Webpage](#)
- [2020 Promoting Interoperability Quick Start Guide](#)
- [2020 Promoting Interoperability User Guide](#)
- [2020 Promoting Interoperability Measure Specifications](#)

Improvement Activities

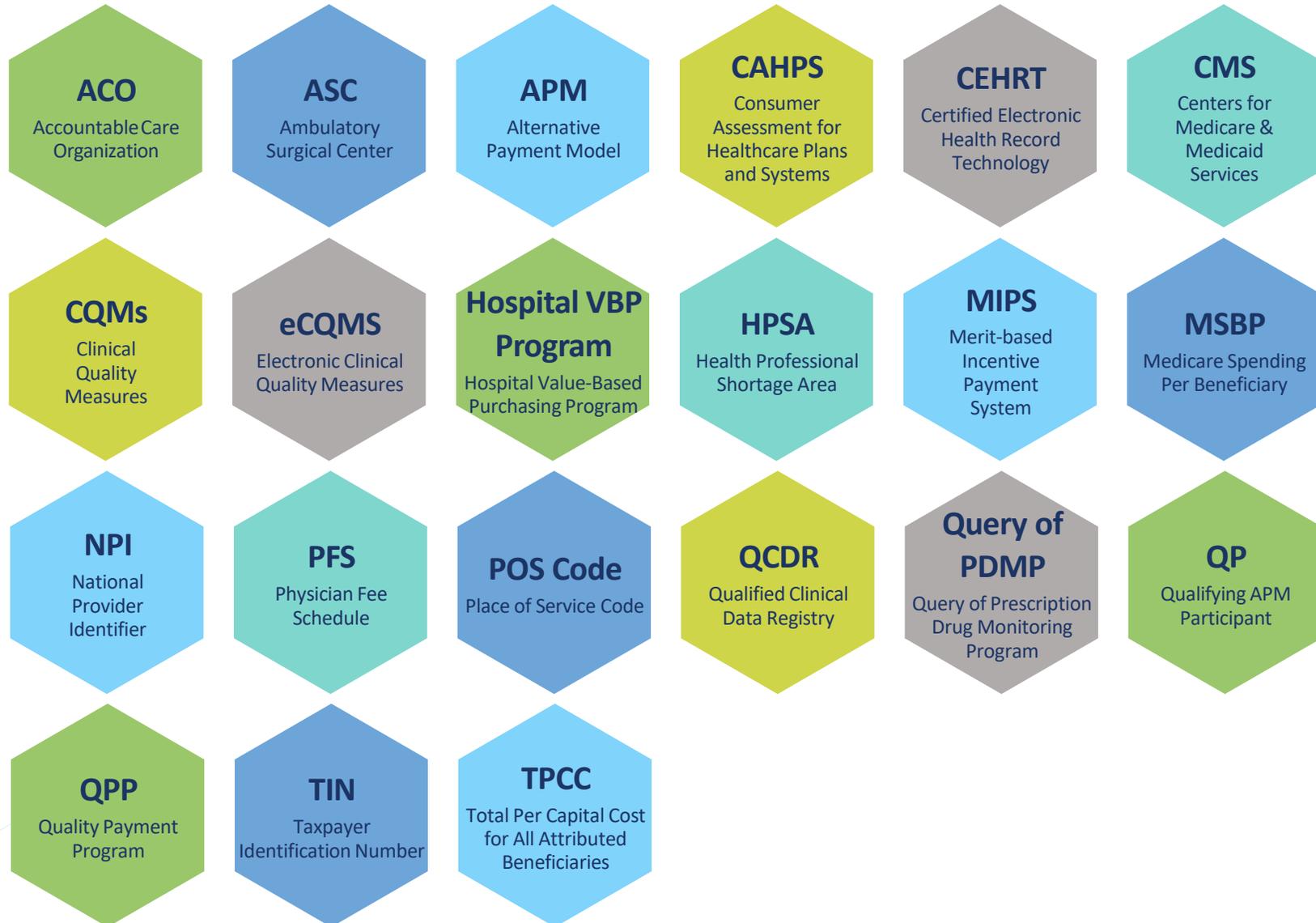
- [2020 Improvement Activities Requirements Webpage](#)
- [2020 Improvement Activities Quick Start Guide](#)
- [2020 Improvement Activities User Guide](#)
- [2020 Improvement Activities Inventory](#)
- [2020 Improvement Activities Data Validation Criteria](#)

Cost

- [2020 Cost Measures Requirements Webpage](#)
- [2020 Cost Quick Start Guide](#)
- [2020 Cost User Guide](#)
- [2020 Cost Measure Code Lists](#)
- [2020 Cost Measure Information Forms](#)

Help, Resources, Glossary, and Version History

Glossary



Help, Resources, Glossary, and Version History

Version History

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

Date	Change Description
10/9/2020	Original posting