

# Quality Payment PROGRAM

## MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

### 2020 MIPS Eligibility and Participation User Guide



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**Purpose:** *This detailed resource focuses on performance year (PY) 2020 MIPS eligibility and participation requirements, including data collection and submission.*



## 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.

## Table of Contents

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## Hyperlinks

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



## Overview



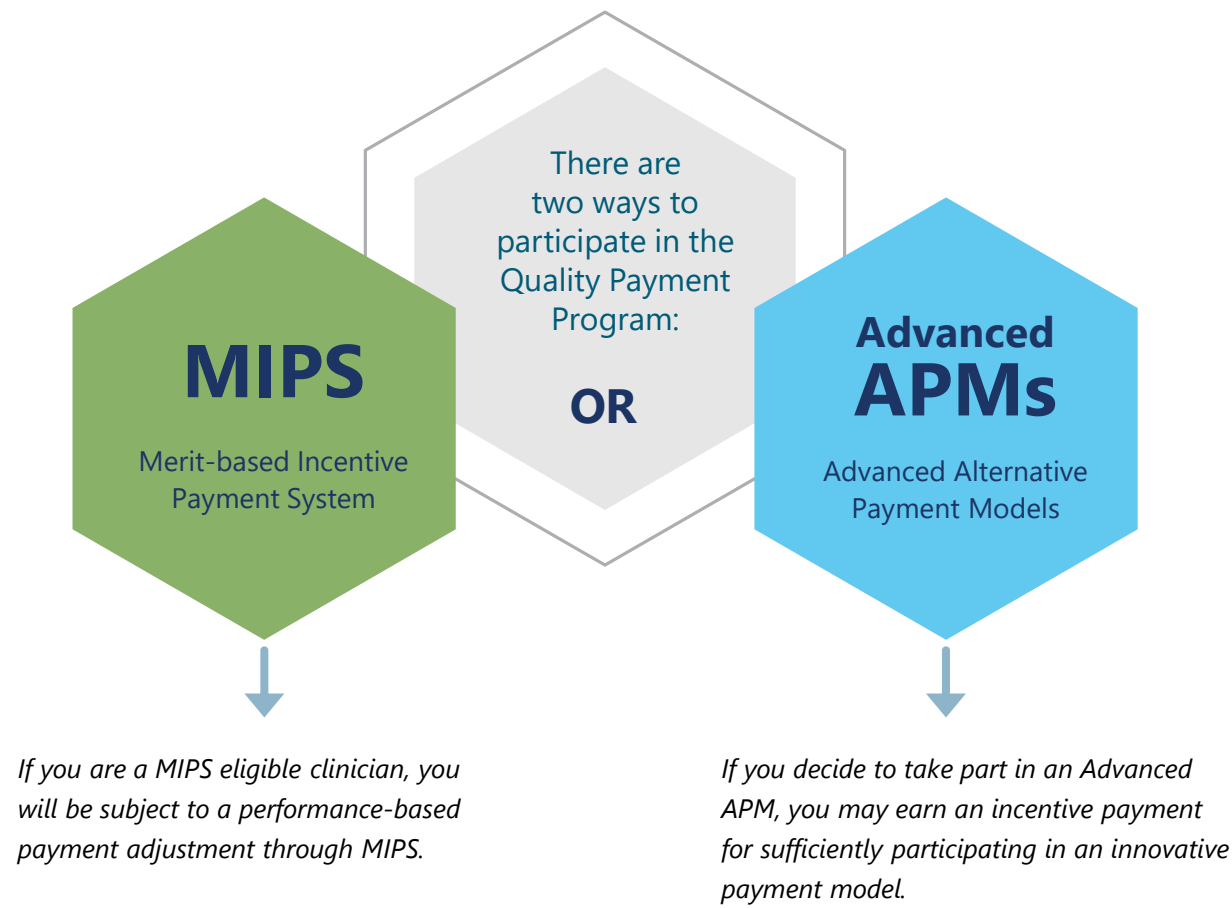
## COVID-19 and 2020 Participation

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 payment rates for clinicians participating in Medicare. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides 2 participation tracks for clinicians:



## MIPS Overview

MIPS is one way to participate in QPP. The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

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

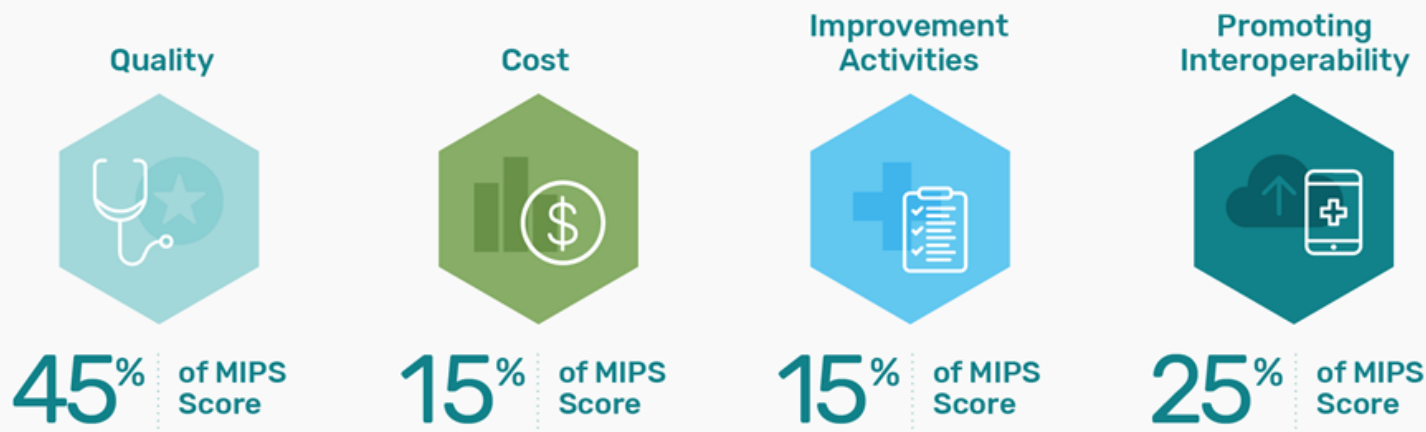
If you're [eligible for MIPS in 2020](#):

- You generally have to submit data for the [Quality](#), [Improvement Activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [Cost](#) performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points. The MIPS performance category weights in the performance year (PY) are the same as in PY 2019.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based off your performance during the 2020 performance year and applied to payments for covered professional services beginning on January 1, 2022.



## MIPS Overview *(continued)*

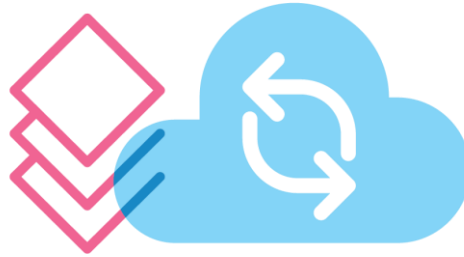
### MIPS performance category weights in 2020:



Please note that for MIPS APM participants, scored under the APM Scoring Standard, the performance categories have the following weights:



If you're included in but don't report for MIPS in the 2020 performance year, you may receive a negative payment adjustment of up to 9% during the 2022 payment year.



## MIPS Eligibility and Participation Overview



## Eligibility and Participation Timeline

Below are some key dates for MIPS eligibility and participation:

<b>Dec. 2019</b>	<b>Jan. 1, 2020</b>	<b>Dec. 2020</b>	<b>Dec. 31 2020</b>	<b>Jan. 4, 2021</b>	<b>Mar. 31, 2021</b>	<b>July 2021</b>	<b>Jan. 1, 2022</b>
Initial 2020 MIPS eligibility information available	Performance year begins	Final 2020 MIPS eligibility information available	Performance year ends	Submission period opens for 2020 performance year	Submission period closes for 2020 performance year	Final performance feedback available for the 2020 performance year	MIPS payment adjustments for the 2020 performance year go into effect

## Eligibility and Participation at a Glance

This user guide outlines details about MIPS eligibility and participation, and will cover:

- How to Check Your Eligibility and Participation Status
- Eligibility Basics
- Participation Basics
- Reporting Factors
- MIPS Payment Adjustments

## How to Check Your Eligibility and Participation

To quickly assess your eligibility status, you may use the:

- [QPP Participation Status Tool](#), or
- Sign in to [qpp.cms.gov](https://qpp.cms.gov)

**Helpful Hint:** Your initial eligibility status is available until December 2020, after which your final eligibility will be available.

### QPP Participation Status Tool

To use the status tool, enter your 10-digit [National Provider Identifier \(NPI\)](#) and make sure you're viewing your PY 2020 Participation Status:

PY 2017

PY 2018

PY 2019

PY 2020

2020 Participation Status

### QPP Participation Status

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

Want to check eligibility for all clinicians in a practice at once?  
[View practice eligibility](#) in our signed in experience

Please note that the QPP Participation Status Tool is only a technical resource and is not dispositive of any eligible clinician's, group's, or organization's status under QPP. For more information, please refer to the Quality Payment Program regulations at 42 C.F.R. part 414 subpart O.

## How to Check Your Eligibility and Participation *(continued)*

### Sign in to [qpp.cms.gov](https://qpp.cms.gov)

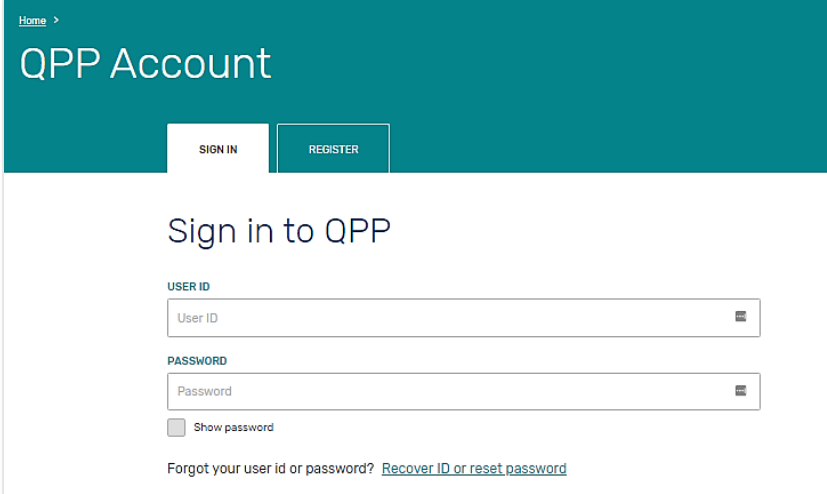
Groups identified by a single Taxpayer Identification Number (TIN) can review and download eligibility information for all clinicians in the practice by signing into the [Quality Payment Program website](https://qpp.cms.gov):

*When you sign in **before** eligibility is updated in December 2020:*

- Your clinician list displays the clinicians who appeared in your TIN's Part B claims submitted with dates of service from Oct. 1, 2018 to Sept. 30, 2019 and received by CMS by October 30, 2019.

*When you sign in **after** eligibility is updated in December 2020:*

- Your clinician list displays the clinicians who appeared in your TIN's Part B claims submitted with dates of service from Oct. 1, 2019 to Sept. 30, 2020 and received by CMS by October 30, 2020.
- If you have clinicians who participate in a MIPS APM, you may also see clinicians who did not bill Part B claims but were identified as part of your practice on an APM participation list.



The screenshot shows the 'QPP Account' sign-in page. At the top, there is a teal header with a 'Home' link and the title 'QPP Account'. Below the header, there are two buttons: 'SIGN IN' and 'REGISTER'. The main section is titled 'Sign in to QPP'. It contains two input fields: 'USER ID' with a placeholder 'User ID' and a password icon, and 'PASSWORD' with a placeholder 'Password' and a password icon. Below these fields is a checkbox labeled 'Show password'. At the bottom, there is a link: 'Forgot your user id or password? [Recover ID or reset password](#)'.



## How MIPS Eligibility Is Determined



## Eligibility Basics

To evaluate your MIPS eligibility and determine your participation status, we review each unique combination of your:

- NPI, and
- TIN(s) under which you bill Medicare Part B claims

A TIN can belong to:

- You, if you're self-employed (e.g., solo or individual practitioner)
- A group or practice
- A hospital or other organization

If you bill Medicare Part B claims under multiple TINs, you should check your status under each of your TIN/NPI combinations.

*You **are eligible** for MIPS if you:*

Are a MIPS  
eligible  
clinician type

AND

Exceed the low-volume threshold as an individual  
OR  
are participating as a group that  
exceeds the low-volume threshold  
OR  
are part of an APM Entity that  
exceeds the low-volume threshold  
OR  
are part of a CMS-approved virtual group

AND

Enrolled in Medicare  
as a clinician before  
January 1, 2020

AND

Do not become a  
Qualifying APM  
Participant (QP) or  
Partial QP

# How MIPS Eligibility Is Determined

## Eligibility Basics *(continued)*

You are **not eligible** for MIPS if you:

Are not a MIPS eligible  
clinician type

OR

Enrolled in Medicare after  
January 1, 2020

OR

Became a Qualifying APM  
Participant (QP) or Partial QP

You may also be ineligible for MIPS based on the low-volume threshold.

Clinicians with Partial QP status may elect to participate in MIPS and receive a payment adjustment.

## MIPS Determination Period

To determine your individual MIPS eligibility, we review Medicare Part B claims for covered professional services during two 12-month segments—referred to as the MIPS Determination Period—to see if you meet the [low-volume threshold](#) criteria.

### Segment 1:

October 1, 2018 – September 30, 2019

AND

### Segment 2:

October 1, 2019 – September 30, 2020



# How MIPS Eligibility Is Determined

## MIPS Eligible Clinician Types

For the 2020 performance year, you are a MIPS eligible clinician if you are one of the following clinician types:

**Physicians\***

*\*Including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry; osteopathic practitioners; and chiropractors<sup>1</sup>*

<sup>1</sup>With 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**

## MIPS Low-volume Threshold

We look at your Medicare Part B claims data from the two 12-month segments of the MIPS Determination Period to assess the volume of care you provide to Medicare patients against the low-volume threshold.

*The 3 low-volume threshold criteria are:*

**Charges:** bill more than \$90,000 for Part B covered professional services under the Physician Fee Schedule (PFS)

AND

**Patient count:** see more than 200 Part B patients

AND

**Covered services:** provide more than 200 covered professional services to Part B patients

**TIP:** One professional claim line with positive allowed charges is considered one covered professional service.

*We apply the low-volume threshold at the:*

TIN/NPI level for  
**individual** eligibility

TIN level for **group** eligibility

**APM Entity** level for eligibility  
under the APM scoring standard

## MIPS Low-volume Threshold *(continued)*

To be included in MIPS, you must **exceed all 3 of the low-volume threshold criteria** during both 12-month segments of the [MIPS Determination Period](#).

If you exceed 1 or 2, but not all 3 of the low-volume threshold criteria during 1 of the 12-month segments of the MIPS Determination Period and are a MIPS eligible clinician type, enrolled in Medicare as a clinician before January 1, 2020, and do not have a QP or Partial QP status, you have the option to participate in MIPS through the following means:

- [Opt-In Reporting](#); or
- [Voluntary Reporting](#).

**Note:** *If you join a new practice (establish a new TIN/NPI combination) in the second 12-month segment of the MIPS Determination Period, your eligibility at that practice is based solely on this segment.*

## Application of the Low-volume Threshold

We evaluate eligible clinicians under each TIN/NPI combination for the low-volume threshold at both the individual and group level.

Individual (TIN/NPI) Level	Group (TIN) Level
<p>If you <b>exceed</b> all 3 low-volume threshold criteria as an individual:</p> <ul style="list-style-type: none"><li>• You <b>are eligible</b> for MIPS and are required to participate.</li><li>• You can report as an individual and/or group (TIN) or virtual group, if your practice chooses to report as a group or part of a virtual group.</li></ul>	<p>If your practice <b>exceeds</b> all 3 low-volume threshold criteria as a group:</p> <ul style="list-style-type: none"><li>• The practice <b>is eligible</b> for MIPS and can choose whether or not to participate at the individual level, group level, or virtual group level.</li><li>• If the practice does not participate as a group or as part of a virtual group, all of the MIPS eligible clinicians in the practice who exceed the low-volume threshold at the individual level must participate as individuals.</li></ul>
<p>If you <b>don't exceed</b> all 3 low-volume threshold criteria as an individual:</p> <ul style="list-style-type: none"><li>• You <b>are ineligible</b> for MIPS unless your practice is eligible, and chooses to participate, as a group or virtual group.</li><li>• You can voluntarily report as an individual.</li><li>• You may be eligible to opt-in as an individual.</li></ul>	<p>If your practice <b>doesn't exceed</b> all 3 low-volume threshold criteria as a group:</p> <ul style="list-style-type: none"><li>• The practice can voluntarily report as a group.</li><li>• The practice may be eligible to opt-in as a group or part of a virtual group.</li></ul>

## Application of the Low-volume Threshold *(continued)*

For MIPS eligible clinicians participating in a virtual group, we do NOT apply the low-volume threshold at the virtual group level, but at the TIN level.

### Virtual Group Level

If you participate in an approved virtual group, you are required to participate in MIPS through your virtual group.

- To be approved as a virtual group, the TINs electing to form a virtual group must have no more than 10 clinicians (NPIs) associated with the TIN and exceed at least 1 of the low-volume threshold criteria.

For eligible clinicians participating in a MIPS APM, we only apply the low-volume threshold at the APM Entity level.

### APM Entity Level

If you participate in a MIPS APM and your APM Entity exceeds all 3 low-volume threshold criteria:

- You are required to participate in MIPS through your APM Entity under the APM Scoring Standard

If you participate in a MIPS APM and your APM Entity does not exceed all 3 low-volume threshold criteria:

- The APM Entity may be eligible to opt-in, but you are otherwise not required to participate

**Curious about how your eligibility can change?** Continue to the next page for information on how your eligibility can change between the two 12-month segments of the MIPS Determination Period.

## How MIPS Eligibility Can Change

Your eligibility can change between now and December 2020 for practices you're currently associated with:

Eligible	Opt-in Eligible	Exempt
<p>If you are <b>currently eligible</b>, you could:</p> <ul style="list-style-type: none"> <li>• Remain eligible;</li> <li>• Become opt-in eligible OR</li> <li>• Become ineligible.</li> </ul>	<p>If you are <b>currently opt-in eligible</b>, you could:</p> <ul style="list-style-type: none"> <li>• Remain opt-in eligible; or</li> <li>• Become ineligible.</li> </ul>	<p>If you are <b>currently ineligible</b>, you will remain ineligible, unless your QP status changes.</p>
<p>Your eligibility and reporting options can also change if you are later identified as part of a virtual group or as a participant in a MIPS APM.</p>		

## Reasons Eligibility Can Change

Reason	Effect on Individual Eligibility
You start to bill Medicare Part B claims under a new practice during the second 12-month segment	If you bill Medicare Part B claims under a new TIN/NPI combination during the second 12-month segment, your eligibility is based solely on the data collected during that 12-month segment.
You bill Medicare Part B claims during the first 12-month segment, but not the second 12-month segment	If you bill Medicare Part B claims during the first 12-month segment, but not the second 12-month segment; you won't be eligible for MIPS under that TIN/NPI combination.
You fall below the low-volume threshold during the second 12-month segment	If you exceed the low-volume threshold during the first 12-month segment, but not the second 12-month segment; you won't be required to participate in MIPS as an individual under that TIN/NPI combination.
You change your provider type/specialty code between 12-month segments	<p>If you change your provider type/specialty code between 12-month segments, your MIPS eligible clinician type may change and impact your MIPS eligibility.</p> <p>For example, if your initial provider type/specialty code was considered a MIPS eligible clinician type and your new provider type/specialty code isn't a MIPS eligible clinician type, you will no longer be MIPS eligible.</p>
You are identified as an APM participant in any of the APM Snapshots	<p>If you are identified as an APM participant, your eligibility will be based on your APM participation.</p> <ul style="list-style-type: none"> <li>• If you're identified as a QP you will be excluded from MIPS.</li> <li>• If you're identified as a partial QP, you may opt-in to MIPS.</li> <li>• If you're identified as a MIPS APM participant, you will participate through your APM Entity under the APM scoring standard.</li> </ul>

## MIPS Eligibility Scenarios

**If you join a new practice (establish a new TIN/NPI combination)** in the second 12-month segment of the MIPS Determination Period (October 1, 2019 - September 30, 2020), your eligibility at that practice is based solely on this segment.

Ann, a nurse practitioner and MIPS eligible clinician, joined Integrated Care Associates (TIN) on November 15, 2019. Ann was not included in our evaluation of the first 12-month segment of the MIPS Determination Period at Integrated Care Associates.

### Individual (TIN/NPI) Low-Volume Threshold Assessment

First 12-month Segment	Second 12-month Segment
No Part B claims data billed under Ann's unique TIN/NPI combination associated with Integrated Care Associates.	<ul style="list-style-type: none"><li>✓ <b>Charges:</b> billed \$92,000 in Part B covered professional services under the PFS</li><li>✓ <b>Patient Count:</b> saw 202 Part B patients</li><li>✓ <b>Covered Services:</b> provided 315 covered professional services to Part B patients</li></ul>

### Group (TIN) Low-Volume Threshold Assessment

First 12-month Segment	Second 12-month Segment
<ul style="list-style-type: none"><li>✓ <b>Charges:</b> billed \$340,000 in Part B covered professional services under the PFS</li><li>✓ <b>Patient Count:</b> saw 350 Part B patients</li><li>✓ <b>Covered Services:</b> provided 380 covered professional services to Part B patients</li></ul>	<ul style="list-style-type: none"><li>✓ <b>Charges:</b> billed \$440,000 in Part B covered professional services under the PFS</li><li>✓ <b>Patient Count:</b> saw 415 Part B patients</li><li>✓ <b>Covered Services:</b> provided 450 covered professional services to Part B patients</li></ul>

**Outcome:** Ann is **MIPS eligible as an individual** at Integrated Care Associates because she exceeds all 3 [low-volume threshold criteria](#) during the second 12-month segment of the [MIPS Determination Period](#). Newly established TIN/NPI combinations can only be evaluated in the 2<sup>nd</sup> 12-month segment of the MIPS Determination period.

Integrated Care Associates is **MIPS eligible as a group** because the practice exceeds all 3 [low-volume threshold criteria](#) in both segments of the [MIPS Determination Period](#).

**Ann is required to participate in MIPS as an individual and/or as a group.**

## MIPS Eligibility Scenarios *(continued)*

If you start billing Medicare Part B claims under a new TIN between October 1 and December 31, 2020, you'll:

- Get a neutral payment adjustment if your new practice doesn't report as a group.
- Receive a payment adjustment based on group-level or virtual group-level performance if your new practice reports as a group or part of a virtual group.
- Be scored under the APM scoring standard if you are identified as a participant in the Medicare Shared Savings Program in the 4th snapshot.

Dr. Ahmed is an optometrist who joined a practice called the Vision Center on October 1, 2020. The Vision Center is MIPS eligible as a group (TIN) and **will** be reporting to MIPS as a group.

### Individual (TIN/NPI) Eligibility Assessment

First 12-month Segment

Second 12-month Segment

No Part B claims data billed under Dr. Ahmed's unique TIN/NPI combination associated with the Vision Center.

### Group (TIN) Low-Volume Threshold Assessment

First 12-month Segment

Second 12-month Segment

- ✓ **Charges:** billed \$350,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 450 Part B patients
- ✓ **Covered Services:** provided 350 covered professional services to Part B patients

- ✓ **Charges:** billed \$325,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 415 Part B patients
- ✓ **Covered Services:** provided 320 covered professional services to Part B patients

**Outcome:** Dr. Ahmed is **ineligible for MIPS** as an **individual** at Vision Center because he started billing under the practice's TIN beginning on October 1, 2020, after the conclusion of the [MIPS Determination Period](#). The Vision Center is **MIPS eligible as a group** and will be reporting as a group.

**Dr. Ahmed will participate in MIPS as part of a group and will receive a MIPS payment adjustment based on the group's final score.**






## MIPS Participation



## Ways to Participate in MIPS

If you're an eligible clinician and included in MIPS for the 2020 performance year, you can participate:




Individual  
Clinician

1. ***As an Individual***  
under an NPI and  
Taxpayer Identification  
Number (TIN) where they  
reassign benefits



Group

2. ***As a Group***  
of 2 or more clinicians  
(NPIs) who have  
reassigned their billing  
rights to a single TIN



Virtual Group

3. ***As a Virtual Group***  
made up of solo  
practitioners and groups  
of 10 or fewer eligible  
clinicians who come  
together "virtually" (no  
matter what specialty or  
location) to participate in  
MIPS for a performance  
year



APM Entity

4. ***As an APM Entity***  
Made up of eligible  
clinicians participating in a  
MIPS APM

## Who Must Participate

You are eligible as an individual and will receive a MIPS payment adjustment if you:

Are an eligible clinician type

AND

Exceed the low-volume threshold as an individual

AND

Enrolled in Medicare before January 1, 2020

AND

Are not identified as a QP or Partial QP

## Who May Have to Participate?

If you're **ineligible** to participate in MIPS as an individual, you **may still be required** to participate and receive a MIPS payment adjustment if:

Your practice is eligible, and chooses to participate, as a group

OR

You or your practice is opt-in eligible and chooses to opt-in to MIPS

OR

You are part of an approved virtual group

OR

You participate in a MIPS APM Entity that is above the low-volume threshold

## Opt-In and Voluntary Reporting

You can still participate in MIPS if you don't exceed the low-volume threshold.

### Opt-in Eligible

If you or your group is otherwise eligible for MIPS and **exceeds 1 or 2, but not all 3 low-volume threshold criteria**, you are considered “**opt-in eligible**”.

**If you are opt-in eligible, you can:**

- **Do nothing.** You don't exceed the low-volume threshold and are not required to participate in MIPS.
- **Elect to opt-in.** If you choose to opt-in, you'll submit data, receive performance feedback, and receive a MIPS payment adjustment in 2022.
- **Elect to voluntarily report.** If you do not want to receive a MIPS payment adjustment in 2022, but want to participate in MIPS, you can **voluntarily report** data and receive performance feedback.

The decision to opt-in to MIPS is irreversible. If you are considering this option, be sure to explore program requirements to ensure that you're prepared to collect and report on data needed to demonstrate successful performance.

### Voluntary Reporting

If you choose to voluntarily report, you'll receive performance feedback based on the measures and activities for which you submitted data. This can help to inform your potential future MIPS participation. You will submit data, receive performance feedback, but will not receive a payment adjustment.

**TIP:** Visit [Appendix A](#) for comprehensive eligibility scenarios.

## Opt-In and Voluntary Reporting *(continued)*

### Virtual Groups: Opt-in and Voluntary Reporting

If you (solo practitioner or group) elected to be a part of a virtual group for the 2020 performance year and exceeded 1 or 2, but not all 3 of the low-volume threshold criteria, then the virtual group's election to participate in MIPS as a virtual group also serves as your election to opt-in to MIPS and be subject to the MIPS payment adjustment.

As a result, solo practitioners and groups participating in a virtual group don't need to independently make elections to opt-in to MIPS. Solo practitioners and clinicians in groups who are part of an approved virtual group are considered MIPS eligible and will be subject to the MIPS payment adjustment.

When a clinician, identified by a TIN/NPI combination, participates in both a virtual group and MIPS APM Entity, their participation in a MIPS APM takes precedence. If the MIPS APM Entity is below the low-volume threshold and chooses not to elect to opt-in to MIPS, the clinician is excluded from MIPS and will not receive a payment adjustment based on data submitted by the virtual group.

Groups and solo practitioners who are included in a CMS-approved virtual group are NOT able to voluntarily report.

## Opt-In and Voluntary Reporting (*continued*)

### APM Entities: Opt-in and Voluntary Reporting

If you're a MIPS eligible clinician in a MIPS APM, opt-in elections occur at the APM Entity level.

APM Entities in MIPS APMs that exceed 1 or 2 but not all 3 of the low-volume threshold criteria must decide whether to opt-in. If your APM Entity decides NOT to opt-in to MIPS, you're excluded from MIPS participation and won't get a MIPS payment adjustment as part of the APM Entity—even if your TIN or virtual group did opt-in.

The option for an APM Entity in a MIPS APM to opt-in to MIPS due to exceeding at least 1, but not all 3, of the low-volume threshold elements is different than, and separate from, the ability of an APM Entity in an Advanced APM to elect to be scored under the APM scoring standard due to achieving Partial QP status at the APM Entity level. Although both decisions/actions will result in the clinicians in the APM Entity to be scored under MIPS, the process through which Partial QP determinations are made is separate from the process used to evaluate APM Entities against the low-volume threshold criteria.

*For more information about how we make Partial QP determinations for both APM Entities in Advanced APMs and individual clinicians in Advanced APMs, please refer to the [Advanced APMs](#) webpage on the [Quality Payment Program](#) website.*

***NOTE: APM Entities in MIPS APMs that decide not to opt-in to MIPS cannot voluntarily report.***

## Opt-In and Voluntary Reporting *(continued)*

Implications for MIPS Eligible Clinicians who are Included / Required to Participate in MIPS vs. Eligible to Opt-In vs. Voluntarily Report

	If you're required to participate in MIPS	If you elect to opt-in	If you choose to voluntarily report
Are you required to make an active election indicating the chosen participation option?	NO	YES	YES (If you are opt-in eligible)  NO (If you are ineligible)
Will you receive performance feedback?	YES	YES	YES
Will you receive a positive, neutral, or negative payment adjustment?	YES	YES	NO
Are you eligible for data to be published on Physician Compare?	YES	YES	YES (But able to opt-out of public reporting during preview period)
Will your quality measure submissions be used to establish historical MIPS measure benchmarks for future program years?	YES	YES	NO



## Reporting Factors





## Reporting Factors Overview

There are certain factors, such as QPP exceptions, special statuses, and facility-based determinations that can affect your reporting requirements for different performance categories.

- These factors can result in fewer or no reporting requirements for a specific performance category.
- These designations only apply at the level (i.e. clinician or practice) indicated and are not transferrable to other levels. See page 37 for an [example](#).

## Special Status & Other Reporting Factor Designations

A special status or other reporting factor designation does not mean you're excluded from participating in MIPS. Rather, these designations can qualify you for **reduced MIPS reporting requirements**.

During the MIPS Determination Period, we will review Medicare Part B claims data and determine if a clinician, group, or virtual group qualifies for any special statuses or other reporting factors.

To see if you qualify for a special status or other reporting factor designation, check your eligibility in the [QPP Participation Status Tool](#) or sign in to [qpp.cms.gov](https://qpp.cms.gov). You must sign in to see special status information at the virtual group or APM Entity level.

## Special Status & Other Reporting Factor Designations (*continued*)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirements
<b>Ambulatory Surgical Center (ASC)-based</b>	<b>Individual Clinician:</b> You furnish more than 75% of your covered professional services in sites of service identified by Place of Service (POS) code 24 during 1 or both 12-month segments of the MIPS Determination Period.	You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.  If no Promoting Interoperability data is submitted, the 25% category weight will be redistributed to another category (or categories).
	<b>Group:</b> All MIPS eligible clinicians associated with your practice are designated as ASC-based during 1 or both 12-month segments of the MIPS Determination Period.	
	<b>Virtual Group:</b> All MIPS eligible clinicians associated with your virtual group are designated as ASC-based during 1 or both 12-month segments of the MIPS Determination Period.	
<b>Hospital-based</b>	<b>Individual Clinician:</b> You furnish 75% or more of your covered professional services in a hospital setting identified by POS codes 19, 21, 22, and 23 during 1 or both 12-month segments of the MIPS Determination Period.	You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.  If no Promoting Interoperability data is submitted, the 25% category weight will be redistributed to another category (or categories).
	<b>Group:</b> More than 75% of the MIPS eligible clinicians associated with your practice are designated as hospital-based during 1 or both 12-month segments of the MIPS Determination Period.	
	<b>Virtual Group:</b> More than 75% of the MIPS eligible clinicians associated with your virtual group are designated as hospital-based during 1 or both 12-month segments of the MIPS Determination Period.	

## Special Status & Other Reporting Factor Designations (*continued*)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirements
<b>Non-patient Facing</b>	<b>Individual Clinician:</b> You have 100 or fewer Medicare Part B patient-facing encounters (including telehealth services) during 1 or both 12-month segments of the MIPS Determination Period	<p>You will earn 2x the points for each improvement activity you submit.</p> <p>You also qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.</p> <p>If no Promoting Interoperability data is submitted, the 25% category weight will be redistributed to another performance category (or categories).</p>
	<b>Group:</b> More than 75% of the clinicians billing under your practice's TIN meet the individual definition of non-patient facing during 1 or both 12-month segments of the MIPS Determination Period.	
	<b>Virtual Group:</b> More than 75% of the clinicians in your virtual group meet the individual definition of non-patient facing during 1 or both 12-month segments of the MIPS Determination Period.	
<b>Small Practice</b>	<b>Individual Clinician:</b> You are a MIPS eligible clinician who is 1 of 15 or fewer clinicians billing under your practice's TIN during 1 or both 12-month segments of the MIPS Determination Period.	<p>You will earn 2x the points for each improvement activity you submit.</p> <p>If you submit at least 1 Quality measure, you will also receive 6 bonus points in the Quality performance category.</p>
	<b>Group:</b> There are 15 or fewer clinicians billing under your practice's TIN during 1 or both 12-month segments of the MIPS Determination Period.	
	<b>Virtual Group:</b> There are 15 or fewer clinicians billing across all the TINs participating in the virtual group during 1 or both 12-month segments of the MIPS Determination Period.	
<b>Health Provider Shortage Area (HPSA)</b>	<b>Individual Clinician:</b> You are a MIPS eligible clinician who practices in an area designated as HPSA under section 332(a)(1)(A) of the Public Health Service Act).	<p>You will earn 2x the points for each improvement activity you submit.</p>
	<b>Group:</b> Your group has at more than 75% of clinicians in the TIN designated as HPSA.	
	<b>Virtual Group:</b> More than 75% of the clinicians in your virtual group are designated as HPSA.	

## Special Status & Other Reporting Factor Designations (*continued*)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirements
<b>Rural</b>	<b>Individual Clinician:</b> You are a MIPS eligible clinician associated with a practice (TIN) billing claims with a zip code designated as rural (a ZIP code designated as rural by the Federal Office of Rural Health Policy (FORHP), using the most recent FORHP Eligible ZIP Code file available).	You will earn 2x the points for each improvement activity you submit. For example, a high weighted activity will earn 40 points.
	<b>Group:</b> More than 75% of the clinicians in the TIN are in a zip code designated as rural using the most recent FORHP data.	
	<b>Virtual Group:</b> More than 75% of the clinicians in the virtual group are in a zip code designated as rural using the most recent FORHP data.	
<b>Facility-based</b>	<b>Individual Clinician:</b> During the first 12-month segments of the MIPS Determination Period, you: <ul style="list-style-type: none"> <li>Furnished 75% or more of your covered professional services in a hospital setting identified by POS codes 21, 22, and 23; AND</li> <li>Billed at least 1 service in an inpatient hospital or emergency room; AND</li> <li>Can be assigned to a facility with a FY 2021 Hospital VBP Program score.</li> </ul>	You may qualify to receive scores for the Quality and Cost performance categories based on your assigned facility's FY 2021 Hospital VBP Program score.
	<b>Group:</b> More than 75% of the clinicians in the TIN are facility-based as individuals.	
	<b>Virtual Group:</b> More than 75% of the clinicians in the virtual group are facility-based as individuals.	

## Reporting Factors Example – Special Status Designations

Tyler is a physician assistant who practices in a rural community. He is MIPS eligible as an individual and as a part of a practice. He qualifies for various special status designations at both the clinician (individual reporting) and practice (group reporting) levels.

### Clinician Level

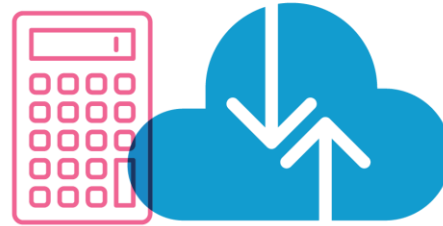
SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Non-patient facing	Yes
SPECIAL STATUS Rural	Yes

### Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Non-patient facing	Yes

If Tyler reports as an **individual clinician**, he qualifies for 4 special status designations (HPSA, hospital-based, non-patient facing, rural).

However, if the practice reports as a **group**, the practice only qualifies for 2 special status designations (HPSA, non-patient facing). The 2 other statuses (hospital-based, rural) he qualifies for individually will not apply to group reporting.



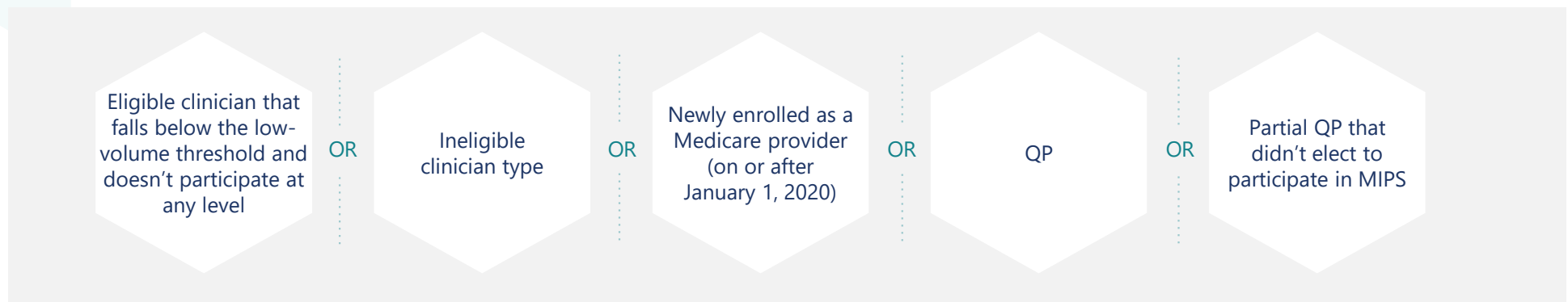
## MIPS Payment Adjustments

## Who is Eligible for a MIPS Payment Adjustment

You **will receive** a MIPS payment adjustment if you are a(n):



You **will not receive** a MIPS payment adjustment if you are a(n):



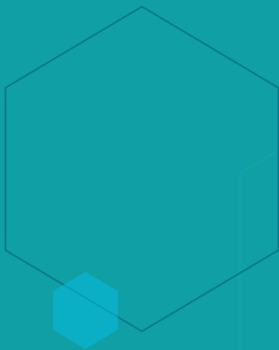
## Hierarchy for Assigning the 2020 MIPS Final Score When More Than One Final Score is Associated with a TIN/NPI Combination for a MIPS Eligible Clinician

Scenario	Final Score Used to Determine Payment Adjustments
TIN/NPI is scored under the APM scoring standard and has more than one APM Entity final score	The highest of the APM Entity final scores
TIN/NPI has an APM Entity final score and another MIPS final score (individual, group or virtual group)	APM Entity final score
TIN/NPI has virtual group final score and an individual or group final score	Virtual group final score
TIN/NPI has a group final score and an individual final score	The higher of the 2 final scores





## 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](mailto: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

The following resources are available on the [QPP Resource Library](#) and other QPP webpages:

- [2020 How MIPS Eligibility is Determined](#)
- [2020 Eligibility Determination Periods and Snapshots](#)
- [2020 MIPS Eligibility and Participation Quick Start Guide](#)
- [2020 MIPS Quick Start Guide](#)
- [2020 Facility-based Quick Start Guide](#)
- [QPP COVID-19 Response Fact Sheet](#)
- [2020 MIPS Exception Applications Fact Sheet](#)

# 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
8/17/2020	Original posting



## Appendix



## Participation Scenarios for Individuals: Required, Opt-in, and Voluntary

The table below identifies the different low-volume threshold results across the 2 segments of the MIPS determination period and final eligibility determinations for an individual MIPS eligible clinician<sup>2</sup> (identified by a unique TIN/NPI combination).

Results from 1 <sup>st</sup> 12-month Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	Initial MIPS Eligibility	Results from 2 <sup>nd</sup> 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	FINAL MIPS Eligibility After Reconciling 1 <sup>st</sup> And 2 <sup>nd</sup> 12-month Segments		
	Displayed in QPP Participation Status Tool (Available December 2019)		Displayed in QPP Participation Status Tool (Available December 2020)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? <sup>3</sup>
<i>No Part B claims billed under TIN/NPI combination</i>	<b>N/A</b> Not found in participation status tool	<i>No Part B claims billed under TIN/NPI combination</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as an individual</i>	<b>Opt-in Eligible</b> as an individual	<b>Yes</b>	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as an individual</i>	<b>Eligible</b> as an individual	No	No
<i>Exceeded 0 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	<i>No Part B claims billed under TIN/NPI combination</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	No	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	No	<b>Yes</b>

<sup>2</sup>Individual is an eligible clinician type, enrolled in Medicare before the performance year, is not a Qualifying APM Participant, etc.

<sup>3</sup>If a clinician doesn't bill any Medicare Part B claims under a practice in the second 12-month segment of the MIPS determination period, we will remove their association with that practice from our eligibility and submission systems, including the lookup tool, when final eligibility status is posted. Because of this, these clinicians would not have access to performance feedback, which is a primary benefit of voluntary reporting. For these operational reasons, these clinicians cannot choose to voluntarily report.

## Participation Scenarios for Individuals: Required, Opt-in, and Voluntary *(continued)*

Results from 1 <sup>st</sup> 12-month Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	Initial MIPS Eligibility	Results from 2 <sup>nd</sup> 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	FINAL MIPS Eligibility After Reconciling 1 <sup>st</sup> And 2 <sup>nd</sup> 12-month Segments		
	Displayed in QPP Participation Status Tool (Available December 2019)		Displayed in QPP Participation Status Tool (Available December 2020)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? <sup>3</sup>
<i>Exceeded 1 or 2 low-volume threshold criteria as an individual</i>	<b>Opt-in Eligible</b> as an individual	<i>No Part B claims billed under TIN/NPI combination</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as an individual</i>	<b>Opt-in Eligible</b> as an individual	<b>Yes</b>	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as an individual</i>	<b>Opt-in Eligible</b> as an individual	<b>Yes</b>	<b>Yes</b>
<i>Exceeded all 3 low-volume threshold criteria as an individual</i>	<b>Eligible</b> as an individual	<i>No Part B claims billed under TIN/NPI combination</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as an individual</i>	<b>Ineligible</b> as an individual	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as an individual</i>	<b>Opt-in Eligible</b> as an individual	<b>Yes</b>	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as an individual</i>	<b>Eligible</b> as an individual	No	No



## Participation Scenarios for Groups: Required, Opt-in, and Voluntary

The table below identifies the different low-volume threshold results across the 2 segments of the MIPS determination period and final eligibility determinations for a group (identified by TIN).

Results from 1 <sup>st</sup> 12-month Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	Initial MIPS Eligibility	Results from 2 <sup>nd</sup> 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	FINAL MIPS Eligibility After Reconciling 1 <sup>st</sup> And 2 <sup>nd</sup> 12-month Segments		
	Displayed in QPP Participation Status Tool (Available December 2019)		Displayed in QPP Participation Status Tool (Available December 2020)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
<i>No Part B claims billed under TIN/NPI combinations associated with TIN</i>	<b>N/A</b> Not found in participation status tool	<i>No Part B claims billed under TIN/NPI combination</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as a group</i>	<b>Opt-in Eligible</b> as a group	<b>Yes</b>	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as a group</i>	<b>Eligible</b> as a group	No	No
<i>Exceeded 0 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	<i>No Part B claims billed under TIN/NPI combinations associated with TIN</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	No	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	No	<b>Yes</b>

## Participation Scenarios for Groups: Required, Opt-in, and Voluntary (*continued*)

Results from 1 <sup>st</sup> 12-month Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	Initial MIPS Eligibility	Results from 2 <sup>nd</sup> 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	FINAL MIPS Eligibility After Reconciling 1 <sup>st</sup> And 2 <sup>nd</sup> 12-month Segments		
	Displayed in QPP Participation Status Tool (Available December 2019)		Displayed in QPP Participation Status Tool (Available December 2020)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
<i>Exceeded 1 or 2 low-volume threshold criteria as a group</i>	<b>Opt-in Eligible</b> as a group	<i>No Part B claims billed under TIN/NPI combinations associated with TIN</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as a group</i>	<b>Opt-in Eligible</b> as a group	<b>Yes</b>	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as a group</i>	<b>Opt-in Eligible</b> as a group	<b>Yes</b>	<b>Yes</b>
<i>Exceeded all 3 low-volume threshold criteria as a group</i>	<b>Eligible</b> as a group	<i>No Part B claims billed under TIN/NPI combinations associated with TIN</i>	<b>N/A</b> Not found in participation status tool	No	No <sup>3</sup>
		<i>Exceeded 0 low-volume threshold criteria as a group</i>	<b>Ineligible</b> as a group	No	<b>Yes</b>
		<i>Exceeded 1 or 2 low-volume threshold criteria as a group</i>	<b>Opt-in Eligible</b> as a group	<b>Yes</b>	<b>Yes</b>
		<i>Exceeded all 3 low-volume threshold criteria as a group</i>	<b>Eligible</b> as a group	No	No

## Which MIPS Payment Adjustment is Applied in the 2022 Payment Year

Scenario	MIPS Payment Adjustment
Clinician has a 2020 final score under <b>TIN A</b> . Clinician continues to bill under <b>TIN A</b> in the 2022 payment year.	Clinician will receive a payment adjustment for covered professional services under their <b>TIN A</b> /NPI combination based on 2020 final score attributed to that <b>TIN A</b> /NPI combination.
Clinician has a single 2020 final score, received at <b>TIN A</b> and did not practice at any other TIN in 2020. Clinician leaves <b>TIN A</b> and joins <b>TIN B</b> in 2022 payment year and begins to bill under TIN B.	Clinician will receive a payment adjustment for covered professional services under their <b>TIN B</b> /NPI combination based on 2020 final score attributed to their <b>TIN A</b> /NPI combination.
Clinician has a single 2020 final score, received at <b>TIN A</b> . The clinician then joined another TIN, <b>TIN B</b> in 2022. The clinician begins to bill under TIN B in 2022, in addition to TIN A.	Clinician will receive a payment adjustment under both TIN/NPI combinations based on their <b>TIN A</b> score.
Clinician has two 2020 final scores under two TINs ( <b>TIN A</b> and <b>TIN B</b> ). Then, clinician joins <b>TIN C</b> in the 2022 payment year and begins to bill under TIN C.	Clinician will receive a payment adjustment for covered professional services under their <b>TIN C</b> /NPI combination based on their higher 2020 final score – either attributed to their <b>TIN A</b> /NPI combination or <b>TIN B</b> /NPI combination.
<p>Clinician has two 2020 final scores under two TINs (<b>TIN A</b> and <b>TIN B</b>).</p> <ul style="list-style-type: none"> <li>• Clinician has a 2020 final score under <b>TIN A</b>.</li> <li>• Clinician has a 2020 final score under <b>TIN B</b>.</li> </ul> <p>Clinician bills under <b>TIN A</b> and <b>TIN B</b> in the 2022 payment year.</p>	<p>Clinician will receive a payment adjustment for covered professional services under their <b>TIN A</b>/NPI combination based on 2020 final score attributed to that <b>TIN A</b>/NPI combination.</p> <p>Clinician will receive a payment adjustment for covered professional services under their <b>TIN B</b> /NPI combination based on 2020 final score attributed to that <b>TIN B</b> /NPI combination.</p>