



Quality Payment PROGRAM

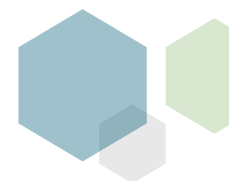
MERIT-BASED INCENTIVE PAYMENT SYSTEM

Participation and Eligibility
In the 2019 Performance Year



Updated 4/27/2020





CONTENTS

<u>How to Use This Guide</u>	3
<u>Overview</u>	5
<u>MIPS Eligibility and Participation Status at a Glance</u>	8
<u>Participation Basics</u>	13
<u>Low-Volume Threshold Basics</u>	17
<u>Opt-in and Voluntary Participation</u>	22
<u>Special Status Designations</u>	28
<u>Resources, Glossary, and Version History</u>	30

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*





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HOW TO USE THIS GUIDE





Please Note: This guide was prepared as a summary for informational purposes only, not intended to grant rights, impose obligations, or take the place of the written law. 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

The table of contents is interactive. Click on a chapter in the table of contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

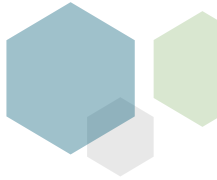
Hyperlinks

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



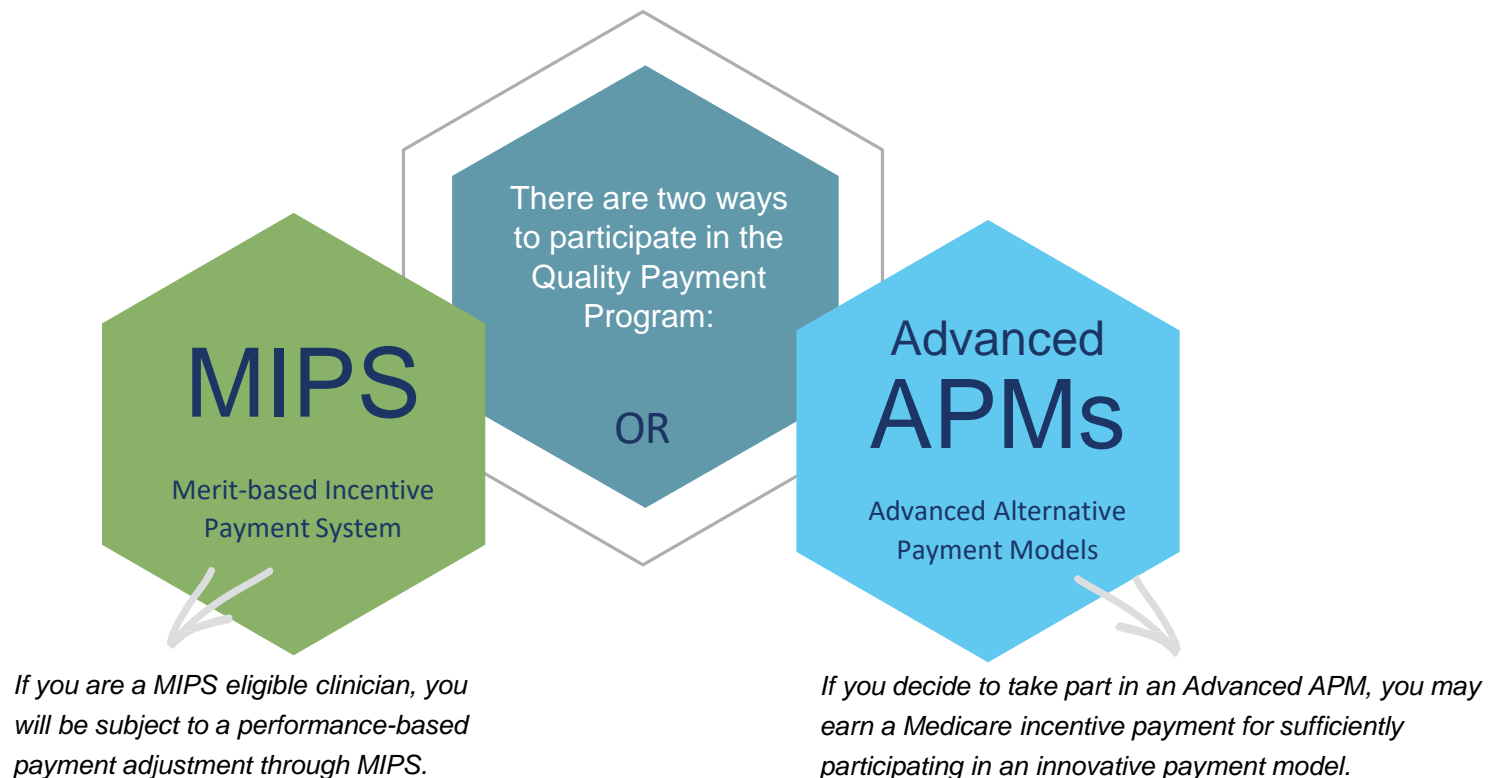
OVERVIEW





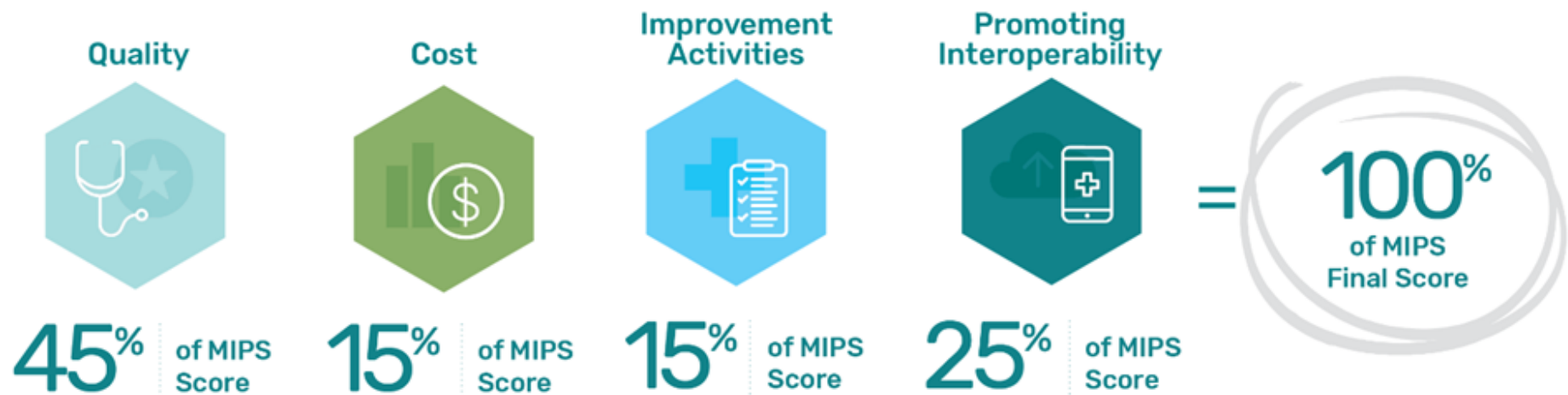
What is the Quality Payment Program?

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 two participation tracks for clinicians:



About the Quality Payment Program and Merit-based Incentive Payment System

Under [MIPS](#), there are four performance categories that could impact your future Medicare payments. Each performance category is scored by itself and has a specific weight that contributes to your MIPS Final Score. Your payment adjustment is determined based on your Final Score. Below are the four performance categories and their weights for the 2019 MIPS performance year:



If you're included in but don't report for MIPS in the 2019 performance year, you may receive a negative payment adjustment of up to 7% during the 2021 payment year.



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MIPS ELIGIBILITY AND PARTICIPATION STATUS AT A GLANCE






Eligibility Basics

This user guide outlines details about MIPS eligibility and participation. To quickly assess whether you're included in MIPS, use our:

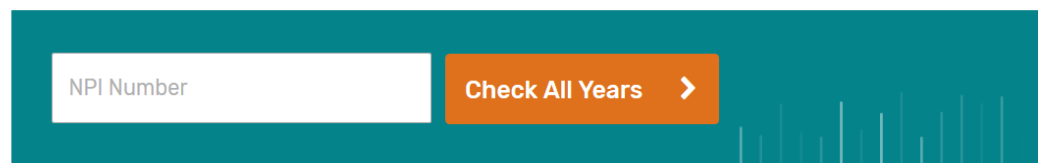
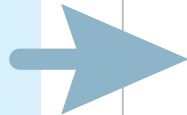
- [2019 MIPS Eligibility Decision Tree](#)
- [QPP Participation Tool](#)

QPP Participation Status

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

QPP Participation Status includes APM Participation as well as MIPS Participation.

To use the status tool,
just enter your 10-digit
[National Provider Identifier \(NPI\)](#):

The screenshot shows a teal-colored interface for the QPP Participation Status tool. It features a white input field labeled "NPI Number" and an orange button labeled "Check All Years" with a right-pointing arrow. The background of the tool has a subtle pattern of vertical lines of varying heights.



Eligibility Basics (*continued*)

Groups/practices identified by a single Taxpayer Identification Number (TIN) can review and download eligibility information for all clinicians in the practice by signing into the [QPP website](#):

SIGN IN **REGISTER**

Sign in to QPP

USER ID

PASSWORD

☐ Show password

Forgot your user id or password? [Recover ID or reset password](#)





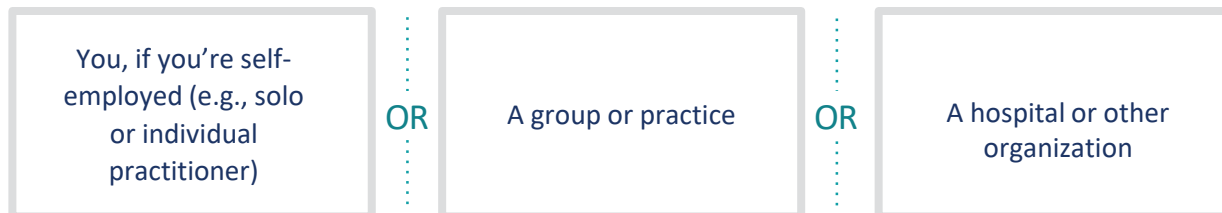
Eligibility Basics (*continued*)

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



To determine your MIPS eligibility, we look at Medicare Part B claims data from two 12-month segments—referred to as the MIPS determination period—to see if you meet the low-volume threshold criteria. More details are available in the [Low-Volume Threshold Basics](#) section of this guide.

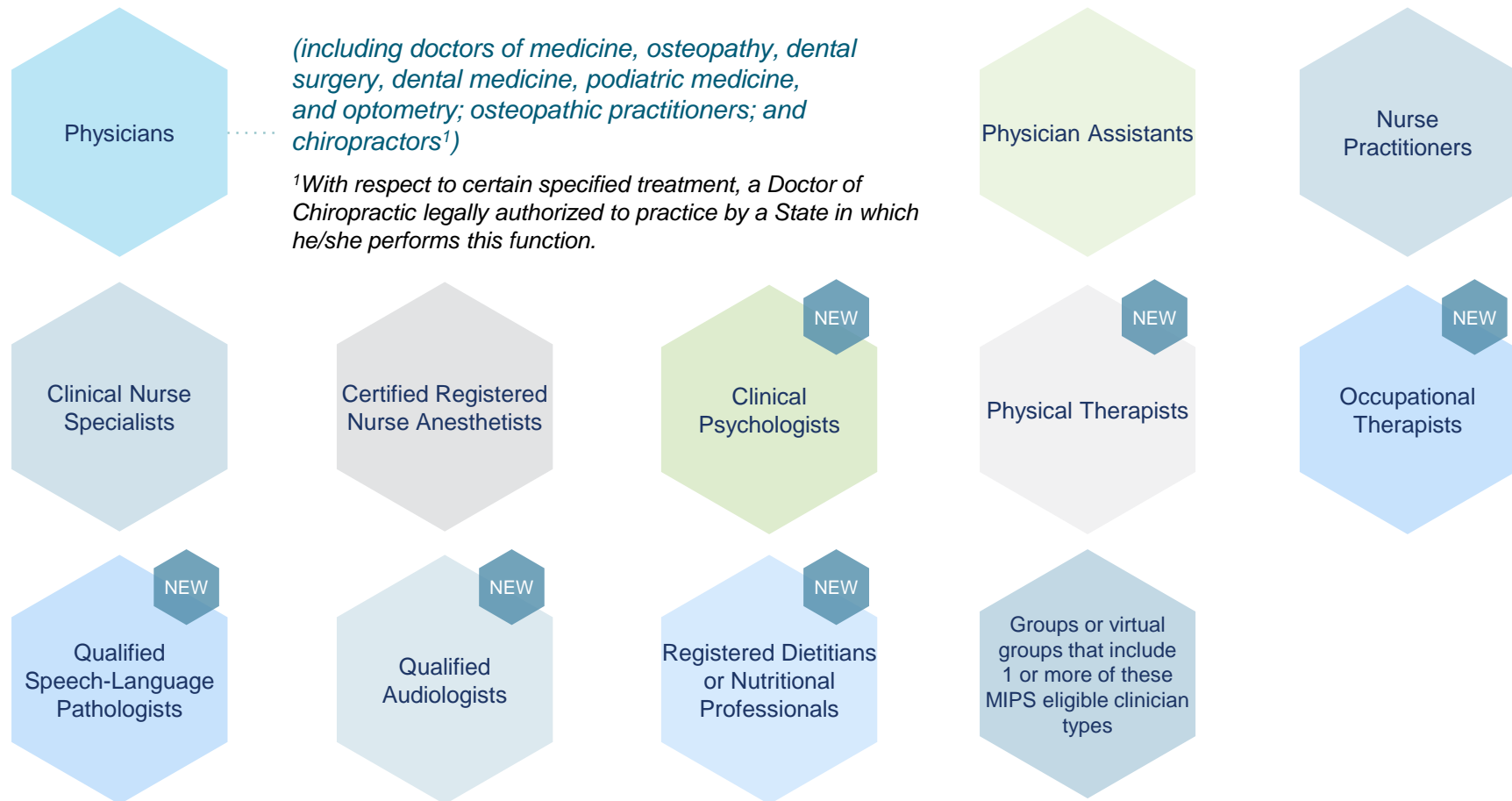
A TIN can belong to:



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

MIPS Eligible Clinician Types

For the 2019 performance year, you are a MIPS eligible clinician if you are one of the following clinician types:



You will be excluded from MIPS if you enrolled in Medicare for the first time in 2019 or participate in an Advanced APM and are determined to be a QP or partial QP and do not elect to participate in MIPS.





PARTICIPATION BASICS



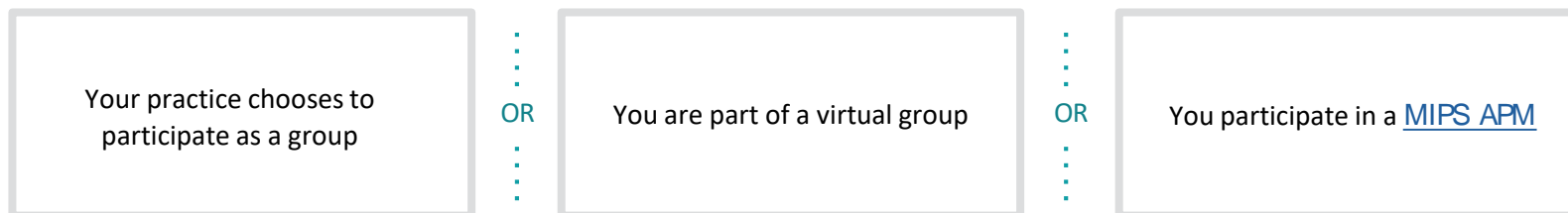


Who Must Participate

If you're an eligible clinician type, you must participate in MIPS if you:



If you're not required to participate in MIPS as an individual, you may still be required to participate (and receive a payment adjustment) if:





Ways to Participate in MIPS

If you're an eligible clinician and included in MIPS for the 2019 performance year, you can participate:

Individual
Clinicians

1. As [an Individual](#) under an NPI and TIN(s) where they reassign billing rights

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 period

MIPS APM Entity
Participant


4. As a [MIPS APM Entity participant](#), where you'll be scored under the APM Scoring Standard





Ways to Participate in MIPS *(continued)*

If you participate in MIPS in 2019 as:



Individual Clinicians

An [individual](#), you submit measures and activities for the practice(s)—identified by TIN—in which you're MIPS eligible. Your MIPS payment adjustment will be based on your individual performance at the TIN/NPI level. Note, MIPS eligible clinicians who don't exceed the low-volume threshold aren't expected to report data and will not receive a payment adjustment.



Group

A [group](#), your performance data is aggregated across the TIN on behalf of all the MIPS eligible clinicians in the practice. MIPS eligible clinicians in the group will receive the same payment adjustment, whether or not they exceed the [low-volume threshold](#) at the individual level.



Virtual Group

A [virtual group](#), you must have elected to participate as a virtual group before 2019. All MIPS eligible clinicians in the virtual group (including Partial QPs) will receive the same payment adjustment.



MIPS APM Entity Participant

A [MIPS APM Entity participant](#), you've been identified as participating in a MIPS APM. MIPS eligible clinicians are assessed through their collective participation in a MIPS APM Entity.



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LOW-VOLUME THRESHOLD BASICS





Low-Volume Threshold Basics

We look at your Medicare claims data from two 12-month segments, referred to as the MIPS determination period, to assess the volume of care you provide to Medicare beneficiaries. We calculate the low-volume threshold at both clinician (TIN/NPI) and group (TIN) level when evaluating eligibility.

The two segments for the 2019 performance year:

Segment one: October 1, 2017 – September 30, 2018

Segment two: October 1, 2018 – September 30, 2019

First Review Segment

10/1/2017 – 9/30/2018

Second Review Segment

10/1/2018 – 9/30/2019

January 2019

QPP Participation status
tool updated with 2019
eligibility data base on
first review segments

Late 2019

QPP Participation status
tool updated with final
2019 eligibility data based
on second review

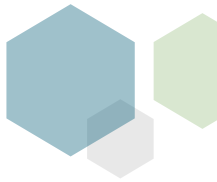
2017

2018

2019

2020





Low-Volume Threshold Basics

To be included in MIPS, clinicians must exceed **all three** of the low-volume threshold criteria during both segments:

Charges: Bill more than \$90,000 for Part B covered professional services under the Physician Fee Schedule

AND

Patient Count: See more than 200 Part B patients

AND

Covered Services: Provide 200 or more covered professional services to Part B patients

NEW

You can [check your preliminary status](#), based on our review of segment one:

- **If you don't exceed all three low-volume threshold criteria** during segment one, your status will not change—so you won't be included in MIPS—unless you join or form a new practice during segment two.
- **If you do exceed all three low-volume threshold criteria** during segment one, you will be included in MIPS **if you also exceed all three criteria during segment two**.

Final MIPS eligibility determinations are made *after* a reconciliation of the first and second segments of the MIPS determination period. They will be available in late 2019.

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





Application of the Low-Volume Threshold

We look at your Medicare claims data from the two 12-month segments to assess the volume of care you provide to Medicare beneficiaries. The low-volume threshold is applied at the following levels:



OR



OR



For individual clinicians, we evaluate each TIN/NPI combination associated with a single clinician.

Individual clinicians:

- Are eligible for MIPS if they exceed all three low-volume threshold criteria
- Can report as an individual and/or the TIN can choose to report as a group

For groups, we separately evaluate each TIN that contains two or more eligible clinicians (including at least one MIPS eligible clinician)

Groups:

- Are eligible for MIPS if the TIN exceeds all three low-volume threshold criteria
- Can choose to report as a group and submit data for all their clinicians, including those who aren't included in MIPS
- Can choose not to report as group; but, all clinicians in the group who are MIPS eligible and exceed low-volume threshold at the individual level must report to MIPS under that TIN as individuals

For APM Entities in MIPS APMs, we separately evaluate each APM Entity in a MIPS APM against the low-volume threshold criteria

Eligible clinicians in MIPS APMs are:

- Eligible for MIPS if the APM Entity in a MIPS APM exceeds all three low-volume threshold criteria; all eligible clinicians in the MIPS APM Entity are required to participate in MIPS and will be scored using the APM Scoring Standard
- Excluded from MIPS if the APM Entity in a MIPS APM exceeds at least one but not all three of the low-volume threshold criteria. However, the APM entity may opt-in to participate in MIPS on behalf of all eligible clinicians in the APM Entity





MIPS Determination Period and Low-Volume Threshold Scenarios

New TIN/NPI
individual or TIN
Group

If you're a newly established individual (TIN/NPI combination) or group (TIN) between Oct 1, 2018, and Sept 30, 2019, you'll be assessed for MIPS eligibility based solely on results of our review of that second segment.

New TIN between
Oct 1 and Dec 31,
2019

If you start billing under a new TIN between Oct 1 and Dec 31, 2019, you'll:

- Get a neutral payment adjustment if your new practice doesn't report as a group
- Receive your group's or virtual group's payment adjustment if your practice reports as a group or virtual group
- Be scored under the APM scoring standard if your practice is part of a Shared Savings Program Accountable Care Organization

No billing for
Part B covered
services

If you don't bill for any Part B covered services during the determination period, you may not be identified during segment reviews. You aren't included in MIPS.





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OPT-IN AND VOLUNTARY PARTICIPATION





Opt-in and Voluntary Participation

You can still participate in MIPS if you don't exceed all three of the low volume threshold criteria. You can:



If you or your group is otherwise eligible for MIPS and exceeds one or two of the three criteria, you can elect to opt-in. You'll receive a payment adjustment in 2021.



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 not receive a payment adjustment.

TIP: 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.



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

The table below identifies the different low-volume threshold results across the two segments of the MIPS determination period and final eligibility determinations for an individual MIPS eligible clinician² (identified by a unique TIN/NPI combination). To learn more, see the [2019 MIPS Opt-in and Voluntary Reporting Policy Fact Sheet](#).

Results from 1 st Segment of the MIPS Determination Period (10/1/2017 9/30/2018)	Preliminary MIPS Eligibility	Results from 2 nd Segment of the MIPS Determination Period (10/1/2018 9/30/2019)	FINAL MIPS Eligibility After Reconciling 1 st And 2 nd Segment		
	Displayed in QPP Lookup Tool (Available February 2019)		Displayed in QPP Lookup Tool (Available December 2019)	Can Elect to Opt in as an individual?	Can Choose to Voluntarily Report as an individual? ³
No claims billed under TIN/NPI combination	N/A Not found in look up tool	No claims billed under TIN/NPI combination	N/A Not found in look up tool	No	No ⁵
No claims billed under TIN/NPI combination	N/A Not found in look up tool	Exceeded 1 or 2 elements of the low-volume threshold as an individual	Ineligible as an individual	Yes	Yes
No claims billed under TIN/NPI combination	N/A Not found in look up tool	Exceeded 0 elements of the low-volume threshold as an individual	Ineligible as an individual	No	Yes
No claims billed under TIN/NPI combination	N/A Not found in look up tool	Exceeded all 3 elements of the low-volume threshold as an individual	Eligible as an individual	No	No

²Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant or participant in the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) demonstration, etc.

³If a clinician doesn't bill any Medicare Part B claims under a practice in the second 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 and Groups: Required, Opt-in, and Voluntary (continued)

Results from 1 st Segment of the MIPS Determination Period (10/1/2017 9/30/2018)	Preliminary MIPS Eligibility	Results from 2 nd Segment of the MIPS Determination Period (10/1/2018 9/30/2019)	FINAL MIPS Eligibility After Reconciling 1 st And 2 nd Segment		
	Displayed in QPP Lookup Tool (Available February 2019)		Displayed in QPP Lookup Tool (Available December 2019)	Can Elect to Opt in as an individual?	Can Choose to Voluntarily Report as an individual? ³
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	No	No
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>No claims billed under TIN/NPI combination⁵</i>	N/A Not found in look up tool	No	No ⁵
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	Yes	Yes
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>Exceeded 0 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	No	Yes
<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Opt-in Eligible as individual	<i>No claims billed under TIN/NPI combination</i>	N/A Not found in look up tool	No	No ⁵

³If a clinician doesn't bill any Medicare Part B claims under a practice in the second 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 and Groups: Required, Opt-in, and Voluntary (continued)

Results from 1 st Segment of the MIPS Determination Period (10/1/2017 9/30/2018)	Preliminary MIPS Eligibility	Results from 2 nd Segment of the MIPS Determination Period (10/1/2018 9/30/2019)	FINAL MIPS Eligibility After Reconciling 1 st And 2 nd Segment		
	Displayed in QPP Lookup Tool (Available February 2019)		Displayed in QPP Lookup Tool (Available December 2019)	Can Elect to Opt in as an individual?	Can Choose to Voluntarily Report as an individual? ³
<i>Exceeded 0 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	<i>No claims billed under TIN/NPI combination</i>	N/A Not found in look up tool	No	No ⁵
<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Opt-in Eligible as individual	<i>Exceeded all 3 elements of the low-volume threshold</i>	Ineligible as an individual	Yes	Yes
<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Opt-in Eligible as individual	<i>Exceeded 0 of the three elements of the low-volume threshold as an individual</i>	Ineligible as an individual	No	Yes
<i>Exceeded 0 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	<i>Exceeded all 3 elements of the low-volume threshold</i>	Ineligible as an individual	No	Yes
<i>Exceeded 0 of the three elements of the low-volume threshold as an individual</i>	Ineligible as an individual	<i>Exceeded 0 of the three elements of the low-volume threshold as an individual</i>	Ineligible as an individual	No	Yes

³If a clinician doesn't bill any Medicare Part B claims under a practice in the second 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.





Virtual Groups

If you elected to be part of a virtual group for 2019, that selection serves as your election to opt-in to MIPS if you exceed one or two (but not all three) of the low-volume threshold criteria.

APM Entities

If you're a MIPS eligible clinician or group in a MIPS APM, opt-in participation occurs at the APM Entity level.

APM Entities in MIPS APMs that **exceed one or two but not all three** of the low-volume threshold criteria must decide whether to opt-in. In this case, 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.

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





SPECIAL STATUS DESIGNATIONS





Special Status Designations

A special status designation does not mean you're excluded from participating in MIPS. Rather a special status designation can qualify you for reduced MIPS reporting requirements. During the MIPS determination period, we will review and determine if a clinician, group, or virtual group qualifies for any of these special statuses:

Non-patient
Facing Status

Small Practice
Status

Hospital-based
and Ambulatory
Surgical Center
(ASC)-based
status

Data from the Health Resources and Services Administration is used to determine two other special status designations based on geographic location:

Rural Area

Health
Professional
Shortage
Area
(HPSA)





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RESOURCES, GLOSSARY, AND VERSION HISTORY



Resources, Glossary, and Version History

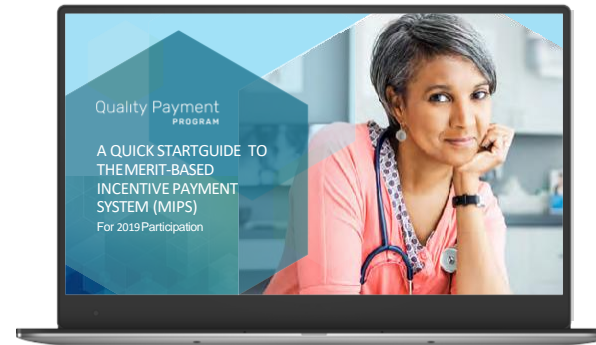
Additional Resources

Visit the [QPP website](#) for these resources and more:

- [2019 About MIPS Participation](#)
- [2019 MIPS Eligibility and Participation Fact Sheet](#)
- [2019 MIPS Eligibility Decision Tree](#)
- [2019 MIPS Overview](#)
- [2019 MIPS Quick Start Guide](#)

For help and support, contact:

- The Quality Payment Program by:
 - Email at QPP@cms.hhs.gov
 - Phone at 1-866-288-8292, Monday through Friday, 8:00AM - 8:00PM ET (Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.)
 - Your local [technical assistance](#) organizations







Version History

Date	Description
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
6/7/2019	Original posting