

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

**Eligibility and Participation in the 2022
Performance Year: Traditional MIPS**



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Purpose: This detailed resource focuses on eligibility and participation requirements for the 2022 MIPS performance year, including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource doesn't address eligibility and participation requirements under the Alternative Payment Model Pathway (APP).



How to Use This Guide



Please note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't 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 [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



Overview

COVID-19 and 2022 Participation

The 2019 Coronavirus (COVID-19) public health emergency continues to impact 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 2022 performance year, we'll continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. The application will be available in spring of 2022 along with additional resources.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the [QPP COVID-19 Response webpage](#).



What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program describes 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 multiple categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2022:

- 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.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options](#) web pages on the [Quality Payment Program website](#).
- View the [2022 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



What is the Merit-based Incentive Payment System? (Continued)

Traditional MIPS, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under the traditional MIPS, participants select from 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)**, is a streamlined reporting framework available beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.
- **MIPS Value Pathways (MVPs)** are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are 7 MVPs finalized for reporting in the 2023 performance year:**

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the CY 2022 Physician Fee Schedule Final Rule. We'll also be adding more information to [MIPS Value Pathways section of the QPP website](#).

What is the Merit-based Incentive Payment System? (Continued)

To learn more about the APP:

- Visit the [APM Performance Pathway webpage](#) on the QPP website.
- View the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet](#), [2021 APM Performance Pathway \(APP\) Infographic](#), [2021 APM Performance Pathway Reporting Scenarios](#), and [2021 APM Performance Pathway Quick Start Guide](#).

To learn more about the MVPs:

- Visit the [MIPS Value Pathways \(MVPs\) webpage](#) on the QPP website.





MIPS Eligibility and Participation Overview

MIPS Eligibility and Participation Timeline

Key Dates:

Dec.
2021

Initial 2022
MIPS
eligibility
results
published

Jan. 1,
2022

Performance
year begins

July
2022

QP status &
results of APM
Snapshot 1
published

Oct.
2022

QP status &
results of APM
Snapshot 2
published

Nov./Dec.
2022

Final 2022
MIPS eligibility
status
published

Dec.
2022

QP status &
results of APM
Snapshot 3
published

Dec. 31
2022

Performance
year ends

Jan. 3,
2023

Submission
period opens
for 2022
performance
year

Mar. 31,
2023

Submission
period closes
for 2022
performance
year

Mar.
2023

Results of
APM
Snapshot 4
published
(based on
data from
1/1/2022-
12/31/2022)

Summer
2023

Final
performance
feedback
available for
the 2022
performance
year

Jan. 1
2024

MIPS payment
adjustments
from the 2022
performance
year go into
effect

MIPS Eligibility and Participation at a Glance

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

- What's New in 2022?
- How to Check Your Eligibility Status and Participation Options
- Eligibility Basics
- Participation Basics
- Reporting Factors
- MIPS Payment Adjustments

Eligibility requirements are the same for both reporting frameworks. However, the participation options vary between traditional MIPS and the APP. For information about APP participation, please refer to the APP Fact Sheet (PDF) and the 2022 APP Quick Start Guide (PDF). For more information about participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [Quality Payment Program Resource Library](#).



What's New in 2022?

We've added the following 2 new clinician types as eligible clinician types beginning in the 2022 performance year:

- Clinical social workers (CSWs)
- Certified nurse-midwives.

How to Check Your Eligibility and Participation

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

- Check the [QPP Participation Status Tool](#)
- Sign in to qpp.cms.gov

Helpful Hint

Your initial eligibility status is available until December 2022, after which your final eligibility status 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 2022 Eligibility 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.

PY 2017PY 2018PY 2019PY 2020PY 2021PY 2022

2022 Participation Status

Sign in to 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](#).

Home >

QPP Account

Sign in to QPP

USER ID

PASSWORD

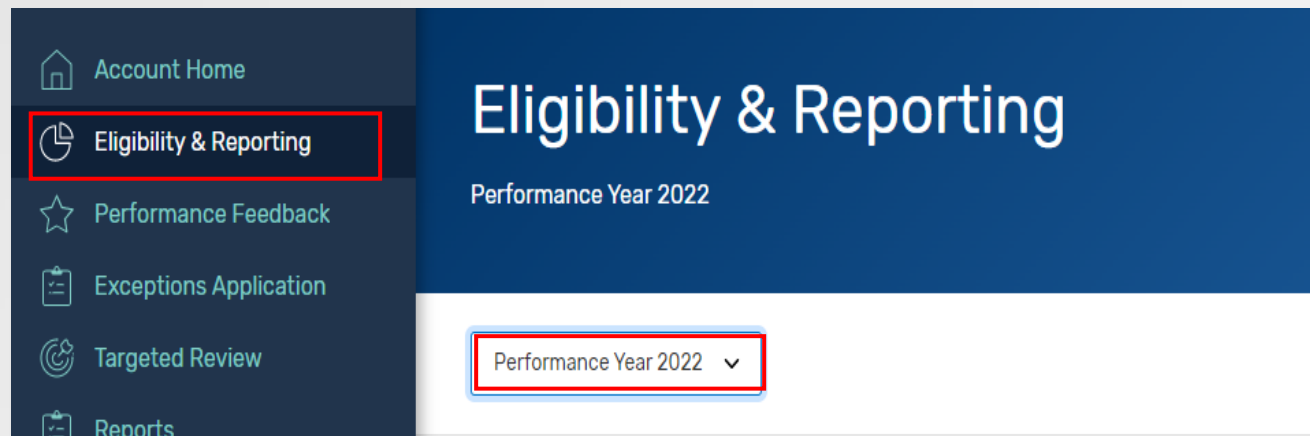
☐ Show password

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



Sign in to qpp.cms.gov (Continued)

Click Eligibility & Reporting and select "Performance Year 2022" from the drop down at the top of the page:



Account Home

Eligibility & Reporting

Performance Feedback

Exceptions Application

Targeted Review

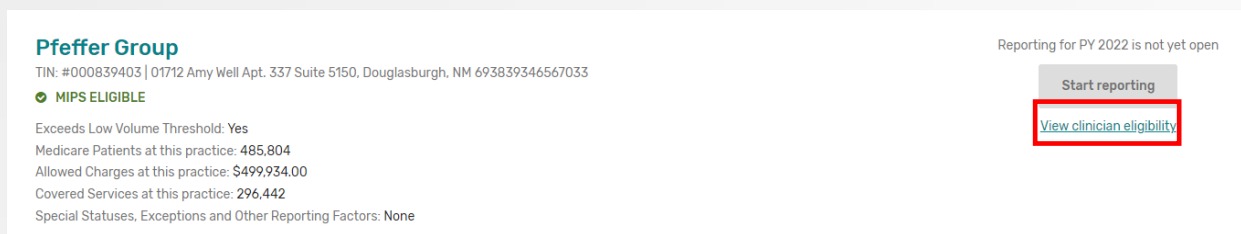
Reports

Eligibility & Reporting

Performance Year 2022

Performance Year 2022 ▼

Click "View clinician eligibility"



Pfeffer Group
TIN: #000839403 | 01712 Amy Well Apt. 337 Suite 5150, Douglasburgh, NM 693839346567033

● **MIPS ELIGIBLE**

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 485,804
Allowed Charges at this practice: \$499,934.00
Covered Services at this practice: 296,442
Special Statuses, Exceptions and Other Reporting Factors: None

Reporting for PY 2022 is not yet open

Start reporting

[View clinician eligibility](#)

Sign in to qpp.cms.gov (Continued)

The Practice Details & Clinicians page provides the current eligibility status for your practice (for group participation) and the individual clinicians in the practice. Click View complete eligibility details to see detailed information about the low-volume threshold and any special statuses held by the practice (applicable to group participation) and individuals (applicable to individual participation).

The screenshot shows the 'Practice Details & Clinicians' page for ITScoring-53 | Performance Year (PY) 2022. The left sidebar contains navigation links: Account Home, ITScoring-53 (TIN: 0000435653), and Eligibility & Reporting (Practice Details & Clinicians). The main content area has a 'Performance Year 2022' dropdown. A red box highlights the 'MIPS ELIGIBLE' status with a '+ View complete eligibility details' link, with an arrow pointing to the text 'Practice eligibility information, applicable to group participation'. Below this is the 'Clinicians' section, which includes a search bar and a list of 4 clinicians. A red box highlights a clinician entry for 'Two Scoring-53 at ITScoring-53' (NPI: #0042481550, Doctor of Medicine, MIPS Eligibility: INDIVIDUAL), with arrows pointing to the text 'Clinician eligibility information, applicable to individual participation'. The clinician entry also shows 'REPORTING REQUIREMENTS' and 'REPORTING OPTIONS' sections, with a '+ View complete eligibility details' link at the bottom.

When you sign in **before** eligibility statuses are updated in December 2022:

- This page lists the clinicians who appeared in your TIN's Part B claims submitted with dates of service from Oct. 1, 2020 to Sept. 30, 2021 and received by CMS by October 30, 2021.

When you sign in **after** eligibility statuses are updated in December 2022:

- This page lists the clinicians who appeared in your TIN's Part B claims submitted with dates of service from Oct. 1, 2021 to Sept. 30, 2022 and received by CMS by October 30, 2022.
- If you have clinicians who participate in a MIPS APM, you may also see clinicians who didn't bill Part B claims but were identified as part of your practice on an APM participation list.



How MIPS Eligibility is Determined

Eligibility Basics

Your eligibility is based on your:

- National Provider Identifier (NPI) and
- Associated Taxpayer Identification Numbers (TINs).

A TIN can belong to:

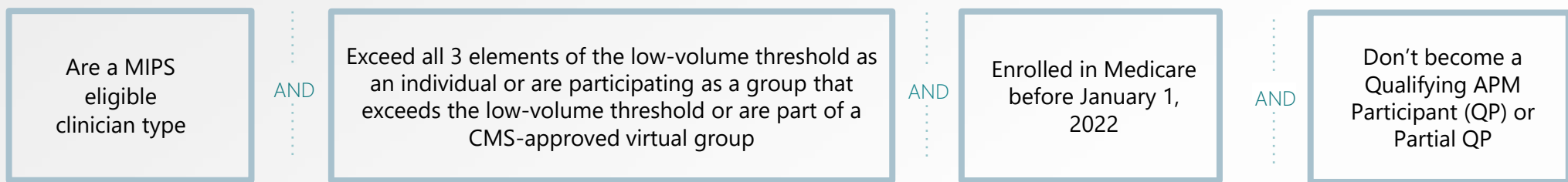
- You, if you're self-employed or a solo practitioner,
- A group or practice, or
- An organization like a hospital.

When you reassign your Medicare billing rights to a TIN, your NPI becomes associated with that TIN. This association is referred to as a TIN/NPI combination.

If you reassign your billing rights to multiple TINs and/or bill Medicare Part B claims under multiple TINs, you'll have multiple TIN/NPI combinations. You should check the eligibility status for each of your TIN/NPI combinations.

We evaluate each TIN/NPI combination for MIPS eligibility and use TINs to evaluate practices for eligibility.

You're a MIPS eligible clinician if you:



Eligibility Basics (Continued)

You're **not a MIPS eligible clinician** if you:



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 MIPS eligibility, we review Medicare Part B claims and Provider Enrollment, Chain, and Ownership System (PECOS) data for clinicians and practices twice for each Performance Year. Each review, or "segment," analyzes a 12-month period.

Analysis of data from the first segment is released as preliminary eligibility determinations. Analysis of data from the second segment is reconciled with the first segment and released as the final eligibility determination.

Clinicians and practices generally must exceed the low-volume threshold during both segments of the MIPS Determination Period to be eligible for MIPS. Exception: Eligibility will be based solely on segment 2 data when a TIN or TIN/NPI combination is newly established during segment 2 of the MIPS Determination Period.

Segment One:

October 1, 2020 – September 30, 2021

Segment Two:

October 1, 2021 – September 30, 2022

How MIPS Eligibility is Determined

MIPS Eligible Clinician Types

There are 2 new MIPS eligible clinician types in performance year 2022.

If you're not one of the following clinician types, you're excluded from MIPS reporting:

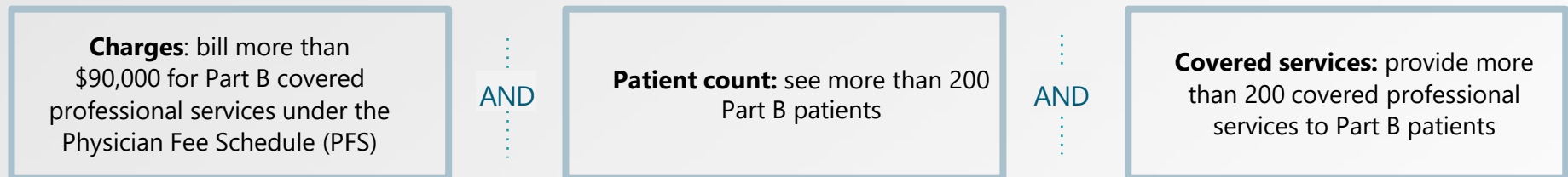


¹ With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function.

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:



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

We apply the low-volume threshold at the:



As of PY2021, we no longer conduct low-volume threshold determinations at the APM Entity level. The same rules for MIPS eligibility apply to APM participants as to other MIPS eligible clinicians. Clinicians who are both MIPS APM participants and MIPS eligible at the individual or group level can report via traditional MIPS and/or the APM Performance Pathway (APP).

MIPS Low-volume Threshold (Continued)

Clinicians and practices must exceed all 3 of the low-volume threshold criteria during both 12-month segments of the [MIPS Determination Period](#) to be eligible for MIPS.

Exception: Eligibility will be based solely on segment 2 data when a TIN or TIN/NPI combination is newly established during segment 2 of the MIPS Determination Period.

If you or your group exceed 1 or 2 but not all 3 low-volume threshold criteria during one of the 12-month segments of the MIPS Determination period and aren't otherwise excluded from MIPS, you have the option to participate in MIPS through the following means:

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



Applying the Low-volume Threshold

We evaluate eligible clinicians under each TIN/NPI combination for eligibility against the low-volume threshold at both the individual and group level. The participation options available to you are informed by your eligibility status:

Individual (TIN/NPI) Level	Group (TIN) Level
<p>If you exceed all 3 low-volume threshold criteria as an individual:</p> <ul style="list-style-type: none"> You are eligible for MIPS and are required to participate and report MIPS data. You can participate in MIPS and report MIPS data individually, as part of a group, or both. You can participate in and report to traditional MIPS as a virtual group if you're part of a CMS-approved virtual group. If you're also a MIPS APM participant, you can participate in and report to traditional MIPS as an APM Entity. If you're identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during the performance period, you can report to MIPS via the APP at the individual, group, and/or APM Entity levels.² If you're required to participate in MIPS, you'll receive a MIPS payment adjustment based on the data you submit or don't submit. 	<p>If your practice exceeds all 3 low-volume threshold criteria as a group:</p> <ul style="list-style-type: none"> The practice is eligible for MIPS and can choose whether or not to participate as a group. The practice can participate in and report to traditional MIPS as a virtual group if the practice is part of a CMS-approved virtual group. If the practice doesn't 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 and report to MIPS as individuals. If any clinicians in the practice are identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the 4 snapshot dates (March 31, June 30, August 31, and December 31) during the performance period, the practice can report to MIPS via the APP at the group level but the final score will only apply to the MIPS eligible clinicians in a MIPS APM.

²The APP is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the 4 snapshot dates (March 31, June 30, August 31, and December 31) during a performance period. The APP is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels beginning with the 2021 performance year.



Applying the Low-volume Threshold (Continued)

Individual (TIN/NPI) Level	Group (TIN) Level
<p>If you don't exceed all 3 low-volume threshold criteria as an individual:</p> <ul style="list-style-type: none">You aren't required to participate in MIPS unless your practice is eligible and chooses to participate as a group or CMS-approved virtual group.You can voluntarily report as an individual.You may be eligible to opt-in as an individual.	<p>If your practice doesn't exceed all 3 low-volume threshold criteria as a group:</p> <ul style="list-style-type: none">The practice can voluntarily report as a group.The practice may be eligible to opt-in as a group.

Virtual Group Level
<p>For clinicians participating in a virtual group, the low-volume threshold is assessed at the TIN level, not at the virtual group level. To be MIPS eligible in a virtual group, you must:</p> <ul style="list-style-type: none">Be identified as a MIPS eligible clinician type on Medicare Part B claims,Have enrolled as a Medicare provider before 2022,Not be a QP, andParticipate in a CMS-approved virtual group. <p>If you're MIPS eligible in a virtual group, the virtual group is required to report your data and you'll receive a final score and MIPS payment adjustment based on the virtual group's reporting.</p>

Curious about how your eligibility can change?

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

How MIPS Eligibility Status Can Change

Your eligibility status can change between now and December 2022 for each practice (TIN) you're currently associated with:

Eligible	Opt-in Eligible	Exempt
If you're currently eligible , you could: <ul style="list-style-type: none">• Remain eligible;• Become opt-in eligible; OR• Become ineligible.	If you're currently opt-in eligible , you could: <ul style="list-style-type: none">• Remain opt-in eligible; OR• Become ineligible	If you're currently ineligible , you will remain ineligible, unless your QP status changes.

Your available participation and reporting options, but not your eligibility status, will change if you're later identified as a participant in a MIPS APM. MIPS eligible individuals (and those who are opt-in eligible and elect to opt-in to MIPS) who are also MIPS APM participants may report to MIPS as an individual, group, or APM Entity either via the APP or traditional MIPS. You can't voluntarily report the APP.

MIPS eligible clinicians within a MIPS APM are required to report to MIPS. MIPS eligible clinicians participating in a MIPS APM have the option to report to MIPS via the APP. If they don't wish to report to MIPS via the APP, then they are required to report via traditional MIPS.

Reasons Eligibility Status Can Change

Reason	Effect on Eligibility Status
You start to bill Medicare Part B claims under a new practice (TIN) 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 status 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 particular 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 clinician type may change and impact your MIPS eligibility status.</p> <p>For example, if your initial provider type/specialty code was considered an eligible clinician type and your new provider type/specialty code isn't an eligible clinician type, you'll no longer be MIPS eligible.</p>
You're identified as a QP	If you're identified as a QP you'll be excluded from MIPS.
You're identified as a partial QP	If you're identified as a partial QP, you may opt-in to MIPS.



Reasons Eligibility Status Can Change (Continued)

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, 2021 - September 30, 2022), 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, 2021. Ann was not included in our evaluation of the first 12-month segment of the MIPS Determination Period at Integrated Care Associates. Neither Ann nor Integrated Care Associates are identified as MIPS APM participants.

Individual (TIN/NPI) Low-Volume Threshold Assessment

First 12-month Segment

No Part B claims data billed under Ann's unique TIN/NPI combination associated with Integrated Care Associates.

Second 12-month Segment

- ✓ **Charges:** billed \$92,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 202 Part B patients
- ✓ **Covered Services:** provided 315 covered professional services to Part B patients

Group (TIN) Low-Volume Threshold Assessment

First 12-month Segment

- ✓ **Charges:** billed \$340,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 350 Part B patients
- ✓ **Covered Services:** provided 380 covered professional services to Part B patients

Second 12-month Segment

- ✓ **Charges:** billed \$440,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 415 Part B patients
- ✓ **Covered Services:** provided 450 covered professional services to Part B patients

Outcome: Ann is **MIPS eligible as an individual** at Integrated Care Associates because she exceeds all three 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 2nd 12-month segment of the [MIPS Determination Period](#).

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

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

Reasons Eligibility Status Can Change (Continued)

If you start billing Medicare Part B claims under a new TIN between October 1 and December 31, 2022, 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 performance if your new practice reports as a group.

Dr. Ahmed is an optometrist who joined a practice called the Vision Center on October 1, 2022. The Vision Center is MIPS eligible as a group (TIN) and **will** be reporting to MIPS as a group.

Individual (TIN/NPI) Low-Volume Threshold 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 | ✓ Charges: billed \$325,000 in Part B covered professional services under the PFS |
| ✓ Patient Count: saw 450 Part B patients | ✓ Patient Count: saw 415 Part B patients |
| ✓ Covered Services: provided 350 covered professional services to 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 the Vision Center because he started billing under the practice's TIN beginning on October 1, 2022, 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

MIPS Participation

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS. There are 4 participation options--MIPS eligible clinicians can participate in MIPS as an individual, group, virtual group, or as an APM Entity, as illustrated in the graphic below:

If you're an eligible clinician and included in MIPS for the 2022 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/or 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 the MIPS APM Entity

Who Must Participate?

You're required to participate in MIPS 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 as a Medicare provider before January 1, 2022

AND

Aren't identified as a QP or Partial QP

Who May Have to Participate?

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

Your practice is eligible at the group level 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're part of a CMS-approved virtual group

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're considered "opt-in eligible".

If you're opt-in eligible, you can:

- **Do nothing.** You don't exceed the low-volume threshold and aren't 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 2024.
- **Elect to voluntarily report.** If you don't want to receive a MIPS payment adjustment in 2024, but want to participate in MIPS, you can **voluntarily report** data and receive performance feedback on the data you report.

Your election to opt-in or voluntarily report is irreversible. If you're considering an opt-in election, be sure to explore program requirements to ensure you're prepared to collect and report 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. You'll submit data, receive performance feedback, but will not receive a payment adjustment.

TIP: Visit [Appendix 1](#) for comprehensive eligibility scenarios.



Virtual Groups: Opt-in and Voluntary Reporting

If you (as a solo practitioner or group) elected to be a part of a virtual group for the 2022 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.

If you participate as a virtual group, you'll receive a payment adjustment based on the virtual group's final score, even if you have additional final scores from other participation options.

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

Implications for Clinicians Who Are 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 (limited)
Will you receive a positive, neutral, or negative payment adjustment?	YES	YES	NO
Are you eligible for data to be published in the Doctors & Clinicians section of Medicare Care Compare, formerly known as 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 and special statuses that can affect your reporting requirements for different performance categories under traditional MIPS or the APP.

- These factors can result in bonus points or reduced 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 Slide 39 for an [example](#).

Special Status & Other Reporting Factor Designations

To determine if a MIPS eligible clinician, practice, virtual group or APM Entity will be assigned a special status, we retrieve and analyze Medicare Part B claims data. Special statuses are generally assigned if you fulfill the requirements for at least 1 of the 2 segments of the MIPS Determination Period.

To see if you've been assigned a special status or other reporting factor designation, check your eligibility status in the [QPP Participation Status Tool](#) or sign in to qpp.cms.gov. You must sign in to see special status information at the virtual group or APM Entity level. The only special status available to APM Entities is "small practice."

Special Status & Other Reporting Factor Designations (Continued)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirement
Ambulatory Surgical Center (ASC)-based	Individual Clinician: You furnish more than 75% of your covered professional services in sites of service identified by Place of Service (POS) code 24 during one or both 12-month segments of the MIPS Determination Period.	You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.
	Practice: All MIPS eligible clinicians associated with your practice are designated as ASC-based during one or both 12-month segments of the MIPS Determination Period.	The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.
	Virtual Group: All MIPS eligible clinicians associated with your virtual group are designated as ASC-based during one or both 12-month segments of the MIPS Determination Period.	
Hospital-based	Individual Clinician: You furnish 75% or more of your covered professional services in a hospital setting identified by POS codes 19, 21, 22, and 23 during one or both 12-month segments of the MIPS Determination Period.	You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.
	Practice: More than 75% of the MIPS eligible clinicians associated with your practice are designated as hospital-based during one or both 12-month segments of the MIPS Determination Period.	The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.
	Virtual Group: More than 75% of the MIPS eligible clinicians associated with your virtual group are designated as hospital-based during one or both 12-month segments of the MIPS Determination Period.	
Non-patient Facing	Individual Clinician: You have 100 or fewer Medicare Part B patient-facing encounters (including telehealth services) during one or both 12-month segments of the MIPS Determination Period.	You'll earn 2x the points for each improvement activity you submit.
	Practice: More than 75% of the clinicians billing under your practice's TIN meet the individual definition of non-patient facing during one or both 12-month segments of the MIPS Determination Period.	You also qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.
	Virtual Group: More than 75% of the clinicians in your virtual group meet the individual definition of non-patient facing during one or both 12-month segments of the MIPS Determination Period.	The 25% category weight will be redistributed to another performance category or categories unless you choose to submit Promoting Interoperability data.

Special Status & Other Reporting Factor Designations (Continued)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirement
Small Practice	Individual Clinician: You're a MIPS eligible clinician who is one of 15 or fewer clinicians billing under the practice's TIN during one or both 12-month segments of the MIPS Determination Period.	You'll earn 2x the points for each improvement activity you submit.
	Practice: There are 15 or fewer clinicians billing under your practice's TIN during one or both 12-month segments of the MIPS Determination Period.	If you submit at least one quality measure, you'll also receive 6 bonus points in the quality performance category.
	Virtual Group: There are 15 or fewer clinicians billing across all the TINs participating in the virtual group during one or both 12-month segments of the MIPS Determination Period.	
	APM Entity: There are 15 or fewer clinicians associated with the APM Entity.	<p>NEW for 2022: You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%.</p> <p>The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.</p>
Health Provider Shortage Area (HPSA)	Individual Clinician: You're a MIPS eligible clinician who practices in an area designated as an HPSA under section 332(a)(1)(A) of the Public Health Service Act.	You'll earn 2x the points for each improvement activity you submit.
	Practice: More than 75% of clinicians billing under the group's TIN are in an area designated as an HPSA.	
	Virtual group: More than 75% of the clinicians in your virtual group are in an area designated as an HPSA.	
Rural	Individual Clinician: You're a MIPS eligible clinician associated with a practice (TIN) billing claims within 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'll earn 2x the points for each improvement activity you submit.
	Practice: More than 75% of the clinicians billing under the practices TIN are in a ZIP code designated as rural using the most recent FORHP ZIP code file.	
	Virtual Group: More than 75% of the clinicians in the virtual group are in a ZIP code designated as rural using the most recent FORHP ZIP code file.	

Special Status & Other Reporting Factor Designations (Continued)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirement
Facility-based	<p>Individual Clinician: During the first 12-month segment of the MIPS Determination Period, you:</p> <ul style="list-style-type: none"> Furnished 75% or more of your covered professional services in a hospital setting identified by POS codes 21, 22, and 23; AND Billed at least one service in an inpatient hospital or emergency room; AND Can be assigned to a facility with a FY 2023 Hospital VBP Program score. 	<p>Facility-based scoring offers clinicians and groups the opportunity to receive scores in the MIPS quality and cost performance categories based on the appropriate Fiscal Year score for the Hospital Value-Based Purchasing (VBP) Program earned by their assigned facility.</p>
	<p>Practice: More than 75% of the clinicians in the TIN are facility-based as individuals. Groups are assigned to the facility at which the plurality of clinicians in the TIN were assigned as individuals.</p>	<p>*To receive facility-based scoring as a group, your group must submit group level data for the improvement activities and/or Promoting Interoperability performance category(ies) to signal your practice's intent to participate as a group.</p> <p>REMINDER: Your facility-based status still will be removed if assigned facility doesn't receive a Fiscal Year (FY) 2023 Hospital Value Based Purchasing (VBP) Program score. The facility-based status currently displayed is predictive until the end of 2022 when the FY 2023 scores are available.</p>

Reporting Factors Overview

Tyler is a physician assistant who practices in a rural community. He is MIPS eligible at the individual and group level. 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).

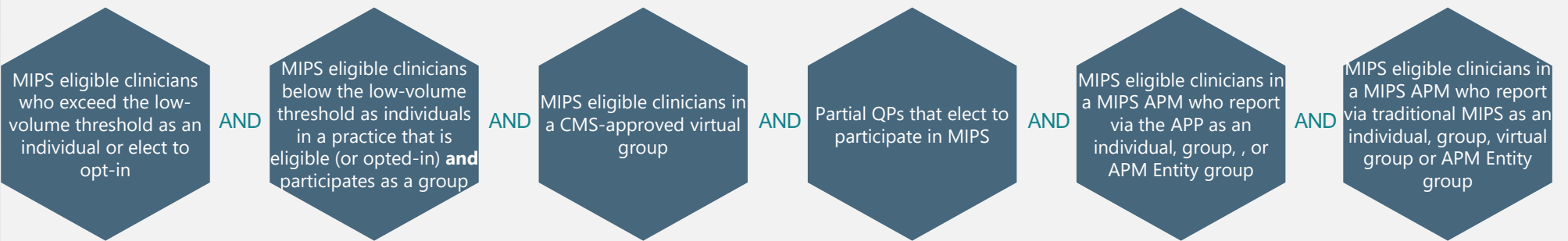
However, if the practice reports as a **group**, the practice only qualifies for 2 special status designations (HPSA, non-patient facing). The 2 other statuses (hospital-based, rural) he qualifies for individually won't apply to group reporting.



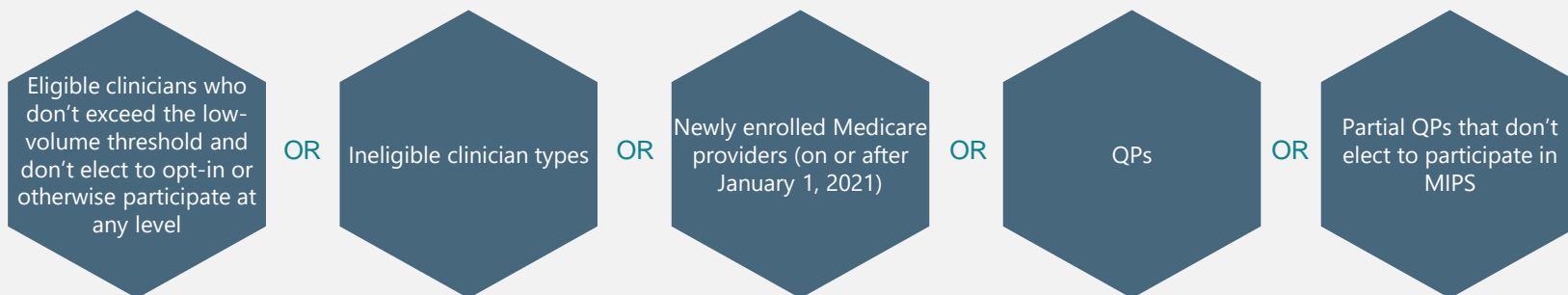
MIPS Payment Adjustments

Who's Eligible for a MIPS Payment Adjustment?

The following **will** receive a MIPS payment adjustment:



The following **won't** receive a MIPS payment adjustment:



Hierarchy for assigning the 2022 MIPS final score when more than one final score is associated with a TIN/NPI combination for a MIPS eligible clinician

It's possible to participate in MIPS in multiple ways. If a clinician (identified by a single unique TIN/NPI combination) has more than one MIPS final score, here's how we'll determine which final score and payment adjustment they'll receive:

- If you participate as a virtual group, you'll receive a payment adjustment based on the virtual group's final score, even if you have additional final scores from other participation options.
- If you participate as an individual, group, and/or an APM Entity via the APP and/or traditional MIPS, you'll receive a payment adjustment based on the highest available score.

Example Scenario	Final Score Used to Determine Payment Adjustments
TIN/NPI has virtual group final score, an APM Entity score, and a group score	Virtual group final score
TIN/NPI has an APM Entity final score and another MIPS final score (individual or group but not virtual group)	The higher of the two final scores
TIN/NPI has a group final score and an individual final score	The higher of the two final scores



Help, Resources, and Version History

Where Can I Get Help?

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov (Monday-Friday 8 a.m.- 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

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

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

Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
2022 MIPS Eligibility and Participation Quick Start Guide	A guide to help clinicians get started with determining their eligibility for the Merit-based Incentive Payment System (MIPS) for the 2022 performance period.
How MIPS Eligibility Is Determined	This page of the QPP website describes how your MIPS eligibility status is determined.
MIPS Eligibility Determination Periods	This page of the QPP website reviews MIPS eligibility determination periods and APM snapshots for performance year 2022.
MIPS Special Statuses	This page of the QPP website outlines special statuses which are assigned to MIPS eligible clinicians, practices, virtual groups and APM Entities who meet certain criteria.
MIPS Participations Options Overview	This page of the QPP website outlines the options for participating in MIPS, which are informed by your eligibility status.
Individual or Group Participation Option	This page of the QPP website outlines how clinicians can participate in MIPS as an individual or group.
Virtual Group Participation	This page of the QPP website outlines how clinicians can participate in MIPS as a virtual group.
APM Entity Participation	This page of the QPP website outlines how clinicians can participate in MIPS as an APM Entity.

Version History

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

Date	Description
3/14/2022	Original Posting.



Appendices

Appendix 1A: Participation Scenarios for Individuals

NOTE: Opt-in Eligible individuals who are also MIPS APM participants can elect to opt-in to report traditional MIPS or the APP, voluntarily report to traditional MIPS, or do nothing. You can't voluntarily-report the APP.

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 clinician (identified by a unique TIN/NPI combination).

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ³
No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No	No ⁴
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as an individual (NOT required to report)	Yes	Yes

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

⁴If 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 wouldn't have access to performance feedback, which is a primary benefit of voluntary reporting. For these operational reasons, these clinicians can't choose to voluntarily report

Appendix 1A: Participation Scenarios for Individuals (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ³
No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	Exceeded all 3 low-volume threshold criteria as an individual	Eligible as an individual (Required to report)	No	No
Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No	No ⁴
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Ineligible as an individual	No	No
		Exceeded all 3 low-volume threshold criteria	Ineligible as an individual	No	Yes

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

⁴If 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

Appendix 1A: Participation Scenarios for Individuals (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ³
Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as individual	No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No	No ⁴
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as an individual (NOT required to report)	Yes	Yes
		Exceeded all 3 low-volume threshold criteria	Opt-in Eligible as an individual (NOT required to report)	Yes	Yes

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

⁴If 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

Appendix 1A: Participation Scenarios for Individuals (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ³
Exceeded all 3 low-volume threshold criteria as an individual	Eligible as an individual	No Part B claims billed under TIN/NPI combination ²	N/A Not found in participation status tool	No	No ⁴
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as an individual	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as an individual	Eligible as an individual (Required to report)	No	No

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

Appendix 1B: Participation Scenarios for Groups

NOTE: Opt-in Eligible groups with clinicians who are also MIPS APM participants can elect to opt-in to traditional MIPS or the APP, voluntarily report to traditional MIPS, or do nothing. You can't voluntarily-report the APP.

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

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Opt-in Eligible as a group	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as a group	Eligible as a group (Can choose to participate as a group)	No	No

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

Appendix 1B: Participation Scenarios for Groups (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Opt-in Eligible as a group	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as a group	Eligible as a group (Can choose to participate as a group)	No	No

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

Appendix 1B: Participation Scenarios for Groups (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2021-9/30/2022)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2022)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded all 3 low-volume threshold criteria as a group	Ineligible as a group	No	Yes

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

Appendix 2: Which MIPS Payment Adjustment is Applied in the 2024 Payment Year?

Scenario	MIPS Payment Adjustment
Clinician has a 2022 final score under TIN A . Clinician continues to bill under TIN A in the 2024 payment year.	Clinician will receive a payment adjustment for covered professional services under their TIN A /NPI combination based on 2022 final score attributed to that TIN A /NPI combination.
Clinician has a single 2022 final score, received at TIN A and didn't practice at any other TIN in 2022. Clinician leaves TIN A and joins TIN B in 2024 payment year and begins to bill under TIN B.	Clinician will receive a payment adjustment for covered professional services under their TIN B /NPI combination based on 2022 final score attributed to their TIN A /NPI combination.
Clinician has a single 2022 final score, received at TIN A . The clinician then joined another TIN, TIN B in 2024. The clinician begins to bill under TIN B in 2024, in addition to TIN A.	Clinician will receive a payment adjustment under both TIN/NPI combinations based on their TIN A score.
Clinician has two 2022 final scores under two TINs (TIN A and TIN B). The clinician joins TIN C in the 2024 payment year and begins to bill under TIN C. (Doesn't bill under TIN A or TIN B .)	Clinician will receive a payment adjustment for covered professional services under their TIN C /NPI combination based on their higher 2022 final score – either attributed to their TIN A /NPI combination or TIN B /NPI combination.
Clinician has two 2022 final scores under two TINs (TIN A and TIN B). <ul style="list-style-type: none"> Clinician has a 2022 final score under TIN A. Clinician has a 2022 final score under TIN B. 	Clinician will receive a payment adjustment for covered professional services under their TIN A /NPI combination based on 2022 final score attributed to that TIN A /NPI combination
Clinician bills under TIN A and TIN B in the 2024 payment year.	Clinician will receive a payment adjustment for covered professional services under their TIN B /NPI combination based on 2022 final score attributed to that TIN B /NPI combination