

2019 Merit-based Incentive Payment System (MIPS) Participation and Eligibility Overview

What is the Quality Payment Program (QPP)?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



Clinicians who participate in an Advanced Alternative Payment Model (APM) entity and reach certain thresholds become Qualifying APM Participants (QPs) or Partial QPs. QPs and Partial QPs don't need to participate in MIPS. For more information on the Advanced APM track of the Quality Payment Program, visit the [QPP website](#).

What is MIPS?

Under MIPS, you may earn performance-based payment adjustments based on the quality of care and services you provide to patients. CMS evaluates your performance on the measure and activity data you collect and submit for three MIPS performance categories: Quality, Improvement Activities, and Promoting Interoperability (through the use of certified EHR technology). A fourth performance category, Cost, is also included in MIPS; cost measures, however, are calculated by CMS based on claims submitted, and clinicians are not required to report any information separately.

If you're required to participate in MIPS, you will:

- Collect your performance data for these performance categories throughout the performance period (CMS will collect your Cost data for you).
- Submit this data to CMS after the performance period. (Note, if you're submitting Quality performance data using the Medicare claims collection type, you will submit this data throughout the year when you submit your Part B claims.)
- Receive a payment adjustment (positive, negative or neutral) based on your performance.

What is the 2019 MIPS Performance Period?

The full performance period is January – December 31, 2019, but not all categories require 12 months of data collection. Payment adjustments based on this performance period will be made in 2021.

What Types of Clinicians are Included in MIPS for the 2019 Performance Period?

- Physicians, including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry; osteopathic practitioners; and chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- **NEW:** Clinical psychologists
- **NEW:** Physical therapists
- **NEW:** Occupational therapists
- **NEW:** Qualified speech-language pathologists
- **NEW:** Qualified audiologists
- **NEW:** Registered dietitians and nutrition professionals

Acronyms

APM = Alternative Payment Model
 MIPS = Merit-based Incentive Payment System
 NPI = National Provider Identifier
 QP = Qualifying APM Participant
 QPP = Quality Payment Program
 TIN = Taxpayer Identification Number

Am I Required to Participate in MIPS for the 2019 Performance Period?

If you're one of the clinician types listed above, you are required to participate in MIPS if you:

- Exceed the low volume threshold
AND
- Enrolled in Medicare prior to January 1, 2019
AND
- Don't become a QP or Partial QP

We evaluate your eligibility to participate in MIPS at each practice, identified by TIN, where you have reassigned billing rights in PECOS. This means you may be required to participate in MIPS at some practices, but not at others.

TINs can belong to:

- *You, if you're self-employed*
- *A group or practice*
- *A hospital or other organization*

What is the Low-volume Threshold?

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

- October 1, 2017 – September 30, 2018
- October 1, 2018 – September 30, 2019

You **must participate** in MIPS if, in both 12-month segments, you:

- Bill more than \$90,000 for Part B covered professional services
AND
- See more than 200 Part B patients
AND
- Provide 200 or more covered professional services to Part B patients (**NEW**)

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

- Your practice chooses to [participate as a group](#)
- You are part of an [approved virtual group](#)
- You participate in a type of APM called a [MIPS APM](#)

Can I Choose to Participate in MIPS If I'm Not Eligible?

If you exceed one or two of the three thresholds above related to the volume of charges, beneficiaries and services, you can:

- **Elect to opt-in.** If you elect to opt-in to MIPS, you'll receive a payment adjustment (positive, negative or neutral) in 2021.
- **Voluntarily report.** If you choose to voluntarily report, you will not receive a payment adjustment in 2021.

If you don't exceed any of the three threshold criteria above, you can voluntarily report but are not able to opt-in.

How Do I Find Out If I Am Required to Participate in MIPS?


You can check the [QPP Participation Status Tool](#) to find out if:

- You are required to participate in MIPS – or can elect to opt-in
- You are identified as a QP, or Partial QP, in an Advanced APM Entity

To use the tool, just enter your 10-digit NPI.

Initial participation and eligibility results will be available in the beginning of the 2019 performance period.

Final participation and eligibility results will be posted in late 2019.



If you're a practice administrator or support staff member, you can check MIPS eligibility for all of the clinicians in your practice by signing in to the [QPP website](#).

Is There Any Flexibility for Small or Rural Practices?

Yes. Flexibilities, in the form of reduced reporting requirements and/or bonus points, are available for:

- Small practices
- Practices in rural locations, health professional shortage areas, and medically underserved areas

To learn more about these “special statuses” and others, see the [About MIPS Participation](#) page on the [QPP website](#).

What Should I Do Right Now?

Check the [QPP Participation Status](#) look up tool for initial eligibility information.

If you're required to participate, start by focusing on the Quality performance category.

Why? The Quality performance category has a 12-month performance period, so you'll want to start collecting your performance data now.

- Visit the [2019 Quality Requirements page](#) and [explore the 2019 measures](#) on the [QPP website](#).
- Review the [2019 Quality Performance Category Fact Sheet](#) on the [QPP Resource Library](#).

You'll also want to review your [participation options](#), and learn about the [Promoting Interoperability](#) and [Improvement Activities](#) performance categories.

How Can I Find Out More?

- Visit the QPP website at <http://qpp.cms.gov>
- [Check out the QPP Resource Library](#)

Need Help?

- Email QPP@cms.hhs.gov
- Call 1-866-288-8292 (TTY 1-877-715-6222)
- Contact your [local technical assistance organizations](#) for no-cost support