

Quality Payment PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 Eligibility and Participation
Quick Start Guide



Contents

*Already know what MIPS is?
Skip ahead by clicking the links in the Table of Contents*

How to Use This Guide	3
Overview	5
What is the Merit-based Incentive Payment System?	6
What are the MIPS Eligibility Criteria?	7
Get Started with MIPS Eligibility and Participation in Five Steps	11
Step 1. Check Your Current Eligibility	13
Step 2. Review Your MIPS Participation Information for Each Associated Practice	14
Step 3. Understand Your Reporting Options	18
Step 4. Understand How Your Eligibility Could Change	20
Step 5. Check Your Final Eligibility	21
Help, Resources, and Version History	22

Purpose: *This resource focuses on Merit-based Incentive Payment System (MIPS) eligibility and participation, providing high level information and actionable steps for interpreting your eligibility and participation requirements for the 2020 MIPS performance period.*



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

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



Overview

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 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 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.
- 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 period and applied to payments for covered professional services beginning on January 1, 2022.

To learn more about how to participate in MIPS:

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

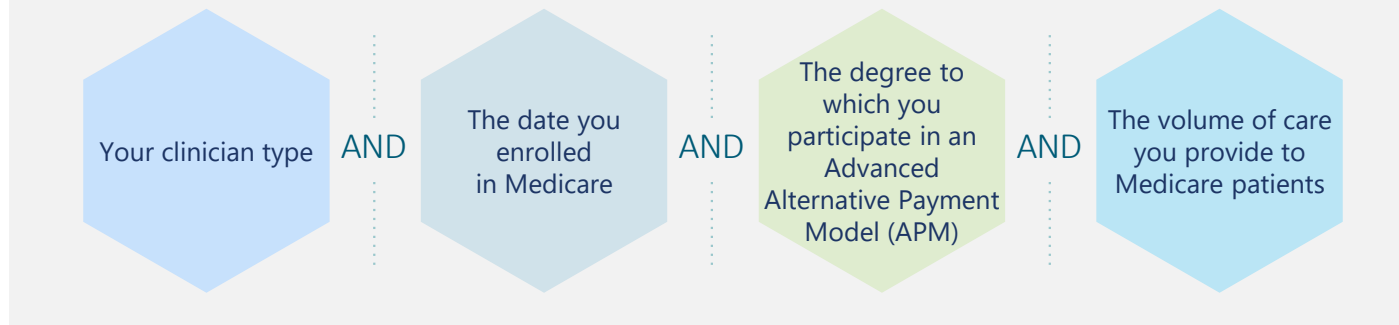
What's New with MIPS Eligibility and Participation in 2020?

We didn't propose any changes to eligibility, participation, or the definition of a MIPS eligible clinician for 2020.

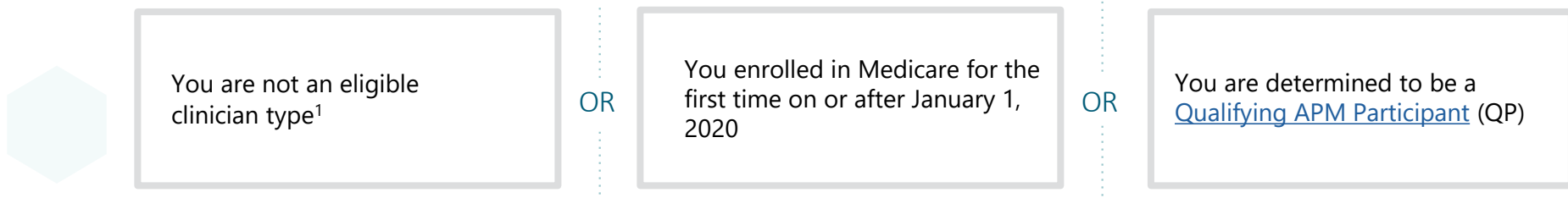
However, we did finalize a change to the threshold that determines whether a group is considered hospital-based. Groups and virtual groups are considered hospital-based when **more than 75%** of the clinicians in a group or virtual group are hospital-based as individual MIPS eligible clinicians.

What are the MIPS Eligibility Criteria?

Your individual MIPS eligibility is determined by:



You are **exempt** from MIPS and are not eligible for a MIPS payment adjustment if:



¹The 2020 MIPS eligible clinician types are physicians (MD, DO, DDS, DMD, DPM, OD), osteopathic practitioners, chiropractors, physician assistants, nurse practitioners, certified nurse anesthetists, physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, registered dietitians or nutrition professionals.

What are the MIPS Eligibility Criteria? *(continued)*

Are you exempt from MIPS but want to participate?

If **you are exempt** from MIPS for one of the reasons listed on the previous page, you can participate in MIPS voluntarily. As a voluntary submitter, you will receive performance feedback but not a MIPS payment adjustment.

If **you are not exempt** from MIPS based on one of the reasons on the previous page, you could be exempt based on the volume of care you provided to Medicare patients, referred to as the low-volume threshold. The low-volume threshold looks at:

The amount of your allowed charges billed to Medicare

AND

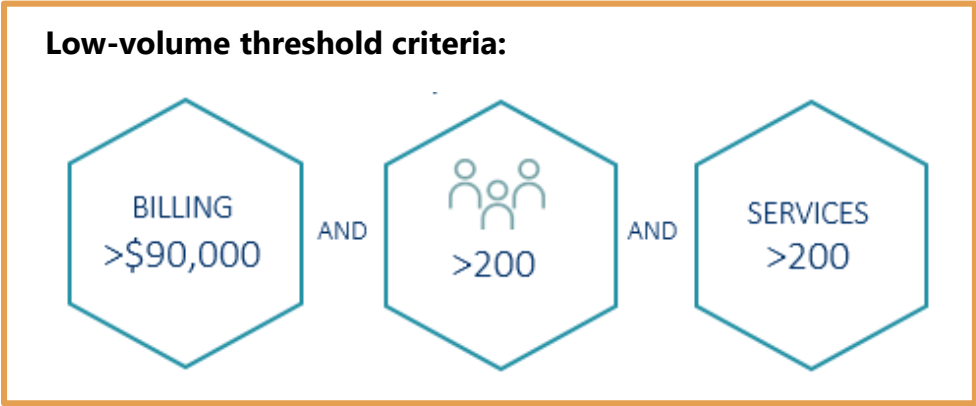
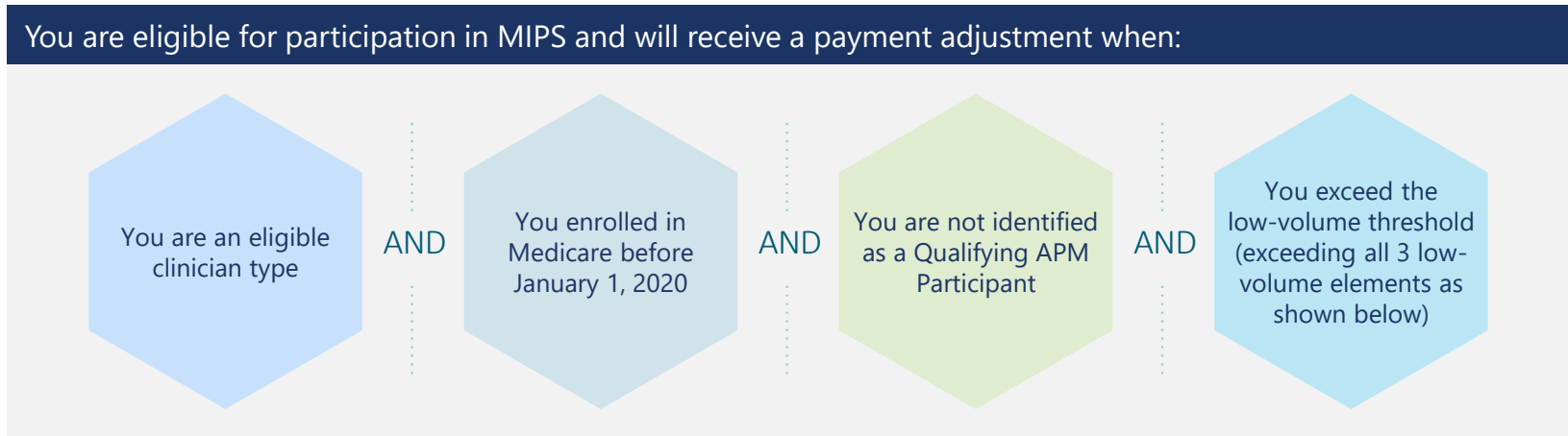
The number of Medicare patients you provided services to

AND

The number of covered professional services you furnished

What are the MIPS Eligibility Criteria? *(continued)*

You are eligible for participation in MIPS and will receive a payment adjustment when:



Overview

What are the MIPS Eligibility Criteria? *(continued)*

We evaluate you for eligibility and the low-volume threshold at each practice or APM Entity through which you bill covered professional services during two 12-month segments, referred to as the **MIPS Determination Period**. We also see if you qualify for any [special statuses](#) that might reduce your reporting requirements.

2020 MIPS Determination Period



If you or your group is not eligible to participate in MIPS because of the low-volume threshold, you can voluntarily report and may be eligible to opt-in to MIPS participation.

To opt-in, you or your group must exceed one or two of the low-volume threshold elements.



Get Started with MIPS Eligibility and Participation in Five Steps

Get Started with MIPS Eligibility and Participation in Five Steps



Get Started with MIPS Eligibility and Participation in Five Steps

Step 1. Check Your Current Eligibility

If you work at multiple practices, you may be eligible (i.e., required to report) at one practice, but not at another.

- Check your preliminary eligibility from this first segment by entering your National Provider Identifier (NPI) on the [QPP Participation Status Tool](#).

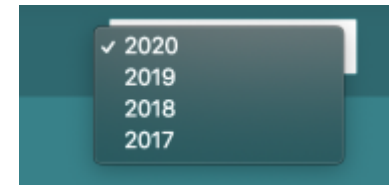
OR

- [Sign in to QPP](#) to check the eligibility status for all the clinicians in your practice based on the first segment.

When checking eligibility, make sure you select **Performance Year (PY) 2020**.



PY Tabs QPP Participation Status Tool



PY Tabs in qpp.cms.gov

Note: This section includes screenshots from the [QPP Participation Status Tool](#).

Get Started with MIPS Eligibility and Participation in Five Steps

Step 2. Review Your MIPS Participation Information for Each Associated Practice

Beneath each practice association, you will see an indicator of your individual and group eligibility.

Click the + **Expand** option to the right of each associated practice name to view information about your MIPS Participation (reporting requirements, reporting options, and payment adjustment information) based on your eligibility.



MIPS Participation

MIPS Eligibility: INDIVIDUAL GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

This clinician can report as part of a group, or as an individual, or both ways.

PAYMENT ADJUSTMENT INFORMATION

If the practice reports as a group, this clinician will receive a payment adjustment based on the group score. If they report as an individual, they will receive a payment adjustment based on their individual score. If they report in both ways, the clinician will receive a payment adjustment based on the higher of the two scores.

[Learn more About MIPS Participation](#)

Helpful Hint

You are MIPS eligible if you see a **checkmark ✓** and **green font**

You are MIPS exempt if you see a **no symbol ⊘** and **black font**

Get Started with MIPS Eligibility and Participation in Five Steps

Step 2. Review Your MIPS Participation Information for Each Associated Practice *(continued)*

Eligibility Information

Keep scrolling to view more information about your eligibility, including the low-volume threshold and [other reporting factors](#), at the **Clinician Level** (for individual reporting) and the **Practice Level** (for group reporting).

Clinician Level Information	
Exceeds low volume threshold	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds \$90,000
Covered services for this clinician	Exceeds 200
MIPS eligible clinician type	Yes
Enrolled in Medicare before January 1, 2019	Yes

Practice Level Information	
Exceeds low volume threshold	Yes
Medicare patients at this practice	Exceeds 200
Allowed charges at this practice	Exceeds \$90,000
Covered services at this practice	Exceeds 200

Helpful Hint

You will see "Yes" when you exceed all 3 elements of the low-volume threshold.

You will see "No" if you do not exceed one (or more) of these elements.

TIP: If you sign in to qpp.cms.gov, you will see actual patient counts, allowed charges, and number of covered services at the group level and for each clinician in the practice.

Get Started with MIPS Eligibility and Participation in Five Steps

Step 2. Review Your MIPS Participation Information for Each Associated Practice *(continued)*

Other Reporting Factors

[Other Reporting Factors](#) are designations, such as [special statuses](#), that can affect your MIPS participation and reporting requirements. These factors are determined at the clinician (unique TIN/NPI combination) level, practice (TIN) level, virtual group, and APM Entity level.

Other reporting factors, such as special status designations, only apply at the level (i.e., clinician or practice) indicated and are not transferrable to other levels.

Other Reporting Factors

Learn more about [how other reporting factors are determined](#)

Clinician Level

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

Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
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[Special statuses](#) at the practice level **ONLY** apply to **group reporting**

[Special statuses](#) at the clinician level **ONLY** apply to **individual reporting**

Note: The QPP Participation Status Lookup Tool will only display other reporting factors at the clinician and practice level. You must sign in to QPP to view these factors for your virtual group or APM entity.

Get Started with MIPS Eligibility and Participation in Five Steps

Step 2. Review Your MIPS Participation Information for Each Associated Practice (*continued*)

Don't see your current practice listed on the lookup tool? Are you missing clinicians in your connected clinicians list when you sign in to qpp.cms.gov?

This means we didn't find Part B claims data for you at this practice in the first 12-month segment of the MIPS Determination Period.

We will update eligibility information in December 2020 to show clinicians who started billing Part B services under a new practice (identified by their Tax Identification Number, or TIN) between October 1, 2019 and September 30, 2020.

You may become eligible at a new practice when we update eligibility in December.

Where can I learn more?

Visit the [QPP website](#) for more information about [how eligibility is determined](#) and how other [reporting factors](#), including [special status](#), can affect how much data you need to report.

Get Started with MIPS Eligibility and Participation in Five Steps

Step 3. Understand Your Reporting Options

You may be eligible to participate in MIPS at different levels: as an individual, as a group or virtual group, or through your APM Entity. Because these participation options are tied to your eligibility, they are specific to each practice with which you're associated.

You see...	This means...
MIPS Eligibility: <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> GROUP	<p>You, as an individual clinician, are required to report either individually or as part of a group.</p> <ul style="list-style-type: none"> • If you submit any data as an individual, you will be evaluated for all performance categories as an individual. • If your practice submits any data as a group, you will be evaluated for all performance categories as a group. • If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score. <p>You will receive a payment adjustment.</p>
MIPS Eligibility: <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> GROUP	<p>You, as an individual clinician, are not required to report. Your practice exceeds the low-volume threshold and has the option to participate as a group. There is no requirement to participate as a group.</p> <ul style="list-style-type: none"> • If your practice chooses not to participate as a group, the MIPS eligible clinicians who exceed the low-volume threshold as individuals will need to participate as individuals. • If your practice chooses to participate as a group, you will receive a payment adjustment.
MIPS Eligibility: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP	<p>You, as an individual clinician, are not required to report and your practice does not exceed the low-volume threshold.</p> <p>You will not receive a payment adjustment, even if you or your practice chooses to submit data voluntarily, unless you are in a MIPS eligible APM Entity.</p>
<p>MIPS Eligibility: <input checked="" type="checkbox"/> VIRTUAL GROUP</p> <p><i>(We will add virtual group information once we have finished processing virtual group applications in February/March 2020.)</i></p>	<p>You are eligible for MIPS and can only participate through your virtual group, unless you are also in an APM Entity.</p> <p>You will receive a payment adjustment.</p>
<p>MIPS Eligibility: <input checked="" type="checkbox"/> MIPS APM <input checked="" type="checkbox"/> CHECK APM REQUIREMENTS</p> <p><i>(We will update MIPS APM participation information throughout the performance year, after each of the APM snapshots)</i></p>	<p>You are eligible for MIPS and can only be scored through your APM Entity.</p> <p>You will receive a payment adjustment.</p>

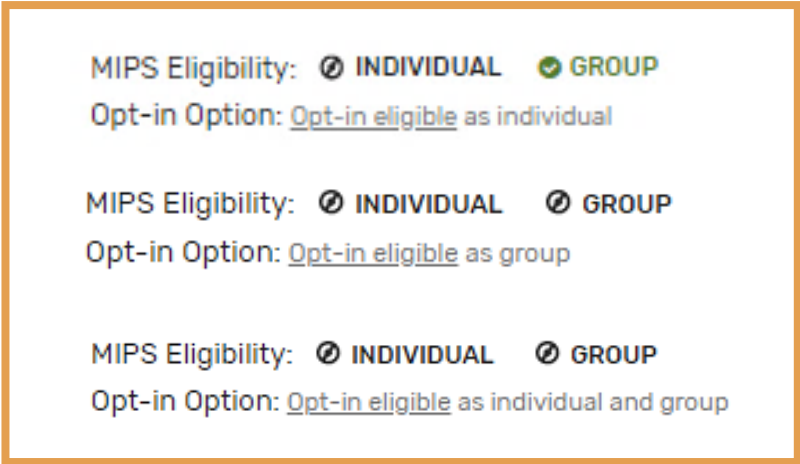
Get Started with MIPS Eligibility and Participation in Five Steps

Step 3. Understand Your Reporting Options *(continued)*

What does Opt-In Eligible mean?

This means that you are not required to participate in MIPS, but based on the volume of care you provide, you can elect (choose) to receive a MIPS payment adjustment or to report voluntarily. These elections are made during the submission period (January – March 2021), prior to you submitting any data.

You may be opt-in eligible as an individual or a group (or both), or through your MIPS APM.

A screenshot of a user interface showing three rows of MIPS eligibility options. Each row has a label 'MIPS Eligibility:' followed by radio buttons for 'INDIVIDUAL' and 'GROUP'. The first row has 'GROUP' selected. Below each row is an 'Opt-in Option:' label with a dropdown menu. The first row's dropdown is 'Opt-in eligible as individual', the second is 'Opt-in eligible as group', and the third is 'Opt-in eligible as individual and group'.

MIPS Eligibility: INDIVIDUAL GROUP
Opt-in Option: Opt-in eligible as individual

MIPS Eligibility: INDIVIDUAL GROUP
Opt-in Option: Opt-in eligible as group

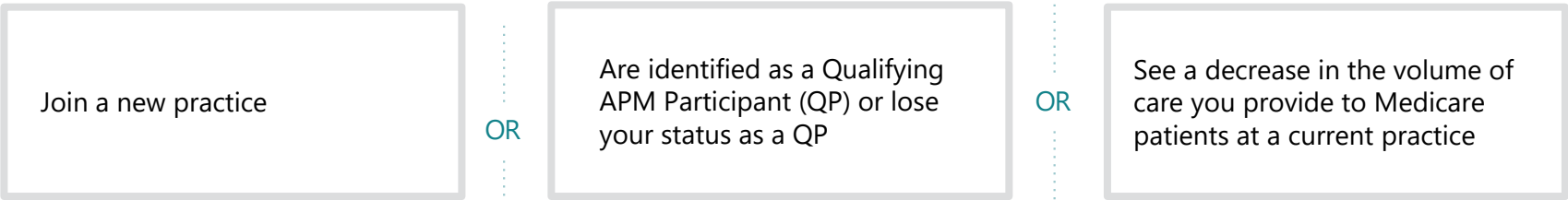
MIPS Eligibility: INDIVIDUAL GROUP
Opt-in Option: Opt-in eligible as individual and group

Clinicians and practices that are exempt from MIPS but are not opt-in eligible may choose to voluntarily report. Voluntary submitters receive performance feedback but no payment adjustment.

Get Started with MIPS Eligibility and Participation in Five Steps

Step 4. Understand How Your Eligibility Could Change

As of January 1, 2020, we're displaying your eligibility based on the first 12-month segment of the MIPS Determination Period. Between now and December 2020, your eligibility can change if you:



For example, you could become eligible (required to participate) at a new practice, identified by Taxpayer Identification Number (TIN), if you start billing Part B claims under that TIN between October 1, 2019 and September 30, 2020.

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

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

If you're currently eligible, you should **start collecting your quality data now** so that you're prepared to submit this information in January 2021.

Why? The [Quality performance category](#) has a 12-month performance period (January 1, 2020 – December 31, 2020).

Get Started with MIPS Eligibility and Participation in Five Steps


Step 5. Check Your Final Eligibility

Check the [QPP Participation Status Tool](#) or sign in to [qpp.cms.gov](#) at the end of the year.

- Final MIPS eligibility determinations, based on reconciled data from both 12-month segments and APM snapshots, will be available in late 2020.
- Estimated release dates for eligibility updates and final determinations are available on [qpp.cms.gov](#).
- **Subscribe to updates** at the bottom of the [QPP website](#) to receive announcements on important dates, deadlines, and releases.



QPP Participation Status

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

NPI Number

Check All Years >

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



Help, Resources, and Version History

Help, Resources, and Version History

Where Can You Go for Help?

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov.
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.
- Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [QPP Resource Library](#).

Help, Resources, and Version History

Additional Resources

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

Resource	Description
2020 MIPS Quick Start Guide	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2020 performance period.

Help, Resources, and Version History

Version History

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

Date	Change Description
1/2/20	Original posting