

# Quality Payment Program 2019 MIPS Track

## Choose how you will participate

### Individual

Under a National Provider Identifier (NPI) number and Tax Identification Number (TIN) where they reassign benefits

### Group

- 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN \*
  - As an APM Entity
- \*If clinicians participate as a **group**, they are assessed as a group across all 4 MIPS performance categories

### Virtual Group

Virtual Groups can be 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 of a year

## Select your measures for submission. You may submit measures via multiple collection types.

### Data Submission for MIPS Eligible Clinicians Reporting as:

#### Individual

#### Group

Performance Category	Submission Type	Submitter Type	Collection Type
Quality	• Direct	• Individual • Third Party Intermediary	• eCQMs
	• Log-in and Upload		• MIPS CQMs
Cost	• Medicare Part B Claims (small practices only)	Individual	• QCDR Measures
	No data submission required		• Medicare Part B Claims Measures (small practices only)
Improvement Activities	• Direct	• Individual • Third Party Intermediary	• eCQMs
	• Log-in and Upload		• MIPS CQMs
Promoting Interoperability	• Log-in and Attest	Individual	• QCDR Measures
	No data submission required		• Medicare Part B Claims Measures (small practices only)
Quality	• Direct	• Group • Third Party Intermediary	• eCQMs
	• Log-in and Upload		• MIPS CQMs
Cost	• CMS Web Interface (groups > 25 EC's)	Group	• QCDR Measures
	• Medicare Part B Claims (small practices only)		• CMS Web Interface Measures
Improvement Activities	• Direct	• Group • Third Party Intermediary	• Administrative Claims Measures
	• Log-in and Upload		• Medicare Part B Claims Measures (small practices only)
Promoting Interoperability	• Log-in and Attest	Group	• Administrative Claims Measures
	No data submission required		• Medicare Part B Claims Measures (small practices only)

### % of weight of final score

Complete the following for each Performance Category: go to <http://qpp.cms.gov> for complete lists of measures and activities

### Special Considerations

<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• Submit 6 measures (bonus available)</li> <li>• One must be an outcomes measure</li> </ul> <p><b>Report measures for 12 months</b></p>	<p><b>45%</b></p> <p>Submit ALL 10 measures if submitting via Web Interface</p>
<p><b>Cost</b></p> <ul style="list-style-type: none"> <li>• Case minimum of 20 for Total per Capita Cost measure and 35 for MSPB</li> <li>• 8 new episode-based measures to the cost category. - Case minimum of 10 for procedural episodes and 20 for acute inpatient medical condition episodes</li> </ul> <p><b>Report measures for 12 months</b></p>	<p><b>15%</b></p> <p><b>Facility-Based Quality and Cost Performance Categories:</b></p> <ul style="list-style-type: none"> <li>• Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who receive a Hospital Value-Based Purchasing (VBP) program score and who have a higher combined Quality and Cost score</li> </ul>
<p><b>Improvement Activities</b></p> <p>Choose 1 of the following combinations:</p> <ul style="list-style-type: none"> <li>• 2 high-weighted activities</li> <li>• 1 high-weighted activities &amp; 2 medium-weighted activities</li> <li>• 4 medium-weighted activities</li> </ul> <p><b>Report measures for 90 days</b></p>	<p><b>15%</b></p> <p>Practices with 15 or fewer clinicians, rural, or geographic HPSA, non-patient facing</p> <p>Choose 1 of the following combinations:</p> <ul style="list-style-type: none"> <li>• 1 high-weighted activity</li> <li>• 2 medium-weighted activities</li> </ul>
<p><b>Promoting Interoperability</b></p> <ul style="list-style-type: none"> <li>• Must use 2015 Edition Certified EHR Technology (CEHRT)</li> <li>• Performance-based scoring is at individual measure level</li> <li>• Submit a "yes" for the security risk analysis measure</li> <li>• Submit a "yes" to the "prevention of information blocking attestation"</li> <li>• Submit a "yes" to the ONC Direct Review Attestation</li> </ul> <p><b>Report measures for 90 days</b></p>	<p><b>25%</b></p> <p>You're one of the following types of MIPS eligible clinicians who qualify for <b>automatic</b> reweighting:</p> <ul style="list-style-type: none"> <li>• NP, PA, CNS, or CRNA, PT, OT, SLP, Au.D, Clinical Psychologists, and RD or RDN</li> <li>• Ambulatory Surgical Center (ASC) - based MIPS eligible clinicians</li> <li>• Hospital-based MIPS eligible clinicians [definition updated to include off-campus outpatient hospital (Place of Service Code 19)]</li> </ul> <p>You're a MIPS eligible clinician who has <b>applied</b> for reweighting, using one of these reasons:</p> <ul style="list-style-type: none"> <li>• You're in a small practice</li> <li>• You're using decertified EHR technology</li> <li>• You have insufficient internet connectivity</li> <li>• You have extreme and uncontrollable circumstances</li> <li>• <u>You don't have any control over whether CEHRT is available</u></li> </ul>

Verify the information you need to report successfully. Measure specifications can be downloaded at [qpp.cms.gov](http://qpp.cms.gov)

Record the data during the performance year

Utilize the CMS Enterprise Portal to input and optimize your score. (Submission window: January 2, 2020 to March 31, 2020)  
\* Web Interface submission deadline: Exact date TBD (8 week interval)