

# Quality Payment Program 2019 Eligibility Track

Do you see Medicare patients?



No

You are NOT included in the Quality Payment Program at this time.  
(You may voluntarily report)

Yes

Are you a:

- Physician
- MD, DO
- Dentist
- Podiatrist
- Optometrist
- Chiropractor
- PA, NP
- Certified Nurse Specialist
- CRNA
- Physical Therapist\*
- Occupational Therapist\*
- Speech-Language Pathologist\*
- Audiologist\*
- Clinical Psychologist\*
- Registered Dietician or Nutritional Professional\*



\*New clinician types for performance year 2019

Yes

Have you just become Medicare-enrolled during the performance year and have never before submitted Medicare claims as a group or individual?

Yes

No

No

Does the individual or group meet or exceed at least one, but not all, of the low-volume threshold criteria? The individual or group may choose to participate in MIPS. See scenarios below:

Dollars	Beneficiaries	Professional Services (New)	Eligible for Opt-in?
≤90K	≤200	≤200	No- Excluded (May voluntarily report)
≤90K	≤200	>200	Yes (may voluntarily report or not participate)
>90K	≤200	≤200	Yes (may voluntarily report or not participate)
>90K	≤200	>200	Yes (may voluntarily report or not participate)
≤90K	>200	>200	Yes (may voluntarily report or not participate)
>90K	>200	>200	No—required to participate

**Voluntarily report:** You will submit data to CMS and receive performance feedback. You will NOT receive a MIPS payment adjustment  
**Opt-In:** Clinician will be subject to the MIPS performance requirements, MIPS payment adjustment, etc.

No

Does the individual or group (however you are reporting):

Bill more than \$90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)? **and** Furnish covered professional services to more than 200 Medicare beneficiaries a year **and** Provide more than 200 covered professional services under the PFS

Yes

Yes

Are you in a RHC or a FQHC billing under the PFS?

-or-

Are you part of a CAH billing under Method II and have assigned your billing rights to the CAH?

No

Yes

Are you part of an Advanced Alternative Payment Model (APM)?

No

Yes

You are included to participate as a MIPS Eligible Clinician under the MIPS scoring standard

No

Are you part of a MIPS APM?

No

Do you meet or exceed:  
• 40% of your Medicare Part B payments -OR-  
• See at least 25% of Medicare patients Through an Advanced APM entity at one of the determination periods (snapshots)? (3/31/19, 6/30/19, 8/31/19)

Do you meet or exceed:  
• 50% of your Medicare Part B payments -OR-  
• See at least 35% of Medicare patients Through an Advanced APM entity at one of the determination periods (snapshots)? (3/31/19, 6/30/19, 8/31/19)

NOTE: Eligible clinicians may also become a QP through the "All-Payer Combination option," which is a combination of Medicare and non-Medicare payer arrangements such as private payers and Medicaid.

Yes

Yes

You are included to participate as a MIPS Eligible Clinician.  
• If an eligible clinician joined a full TIN APM (Medicare Shared Savings Program) after the third snapshot (August 31, 2019), CMS will use a fourth snapshot (December 31, 2019) to determine APM participation. The eligible clinicians captured in the fourth snapshot will be scored under the APM Scoring Standard.

You are included to participate as a Partial Qualifying APM Participant

Potential financial rewards:  
APM specific rewards + You can choose to participate in MIPS

If you choose YES to report to MIPS you will be eligible for the MIPS adjustment  
If you choose No there will be no adjustment

You are included to participate as a Qualified Participant in an Advanced APM under the APM scoring standard

Potential financial rewards:  
APM specific rewards + 5% lump sum bonus

Potential financial rewards:  
MIPS Adjustments

Potential financial rewards:  
MIPS Adjustments + APM specific rewards