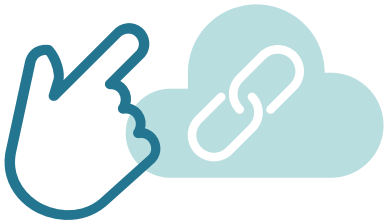
Quality Payment
PROGRAM

AN INTRODUCTION TO: GROUP PARTICIPATION IN THE MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) IN 2019

CONTENTS

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 or at the bottom of the page to read that section.

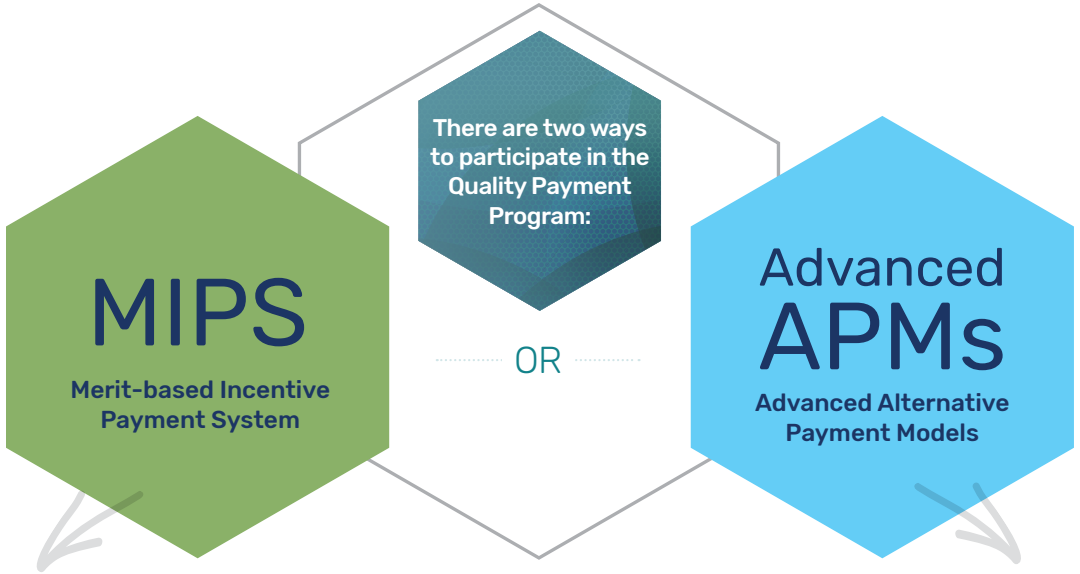
Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

OVERVIEW

What is the Quality Payment Program?

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 advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of two ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

This guide focuses on **group participation** in MIPS. Visit qpp.cms.gov for information on other topics related to the Quality Payment Program.

What is MIPS?

MIPS combines three legacy programs, the Medicare Electronic Health Record (EHR) Incentive Program, Physician Quality Reporting System (PQRS), and the Value-based Payment Modifier (VM), into one single, improved program.

Calendar Year (CY) 2019 is the third year (or "Year 3") of MIPS. Under MIPS, there are 4 performance categories. Each performance category is scored by itself and has a specific weight that contributes to your MIPS Final Score.

2019 MIPS Final Scores may result in a payment adjustment that will impact Medicare payments to MIPS eligible clinicians in the 2021 MIPS payment year.

MIPS Performance Category	Category Weight	Highlights of the Performance Category in Year 3 (2019)
Quality	45%	• Assesses the quality of care to ensure patients get the right care at the right time • Groups can submit measures via multiple collection types • Facility-based scoring is available to groups that qualify for facility-based measurement
Cost	15%	• Helps create efficiencies in Medicare spending • No data submission requirement (other than administrative claims submission) • Facility-based scoring is available to groups that qualify for facility-based measurement
Improvement Activities	15%	• Supports expanded practice access, population management, care coordination, beneficiary engagement, patient safety and practice assessment, participation in an Alternative Payment Model (APM), achieving health equity, emergency preparedness and response, and integrated behavioral and mental health
Promoting Interoperability	25%	• Supports the secure exchange of health information and the use of 2015 Edition certified EHR technology • Implements a new scoring methodology

Group participation at a glance

The following table provides a high-level overview of the different aspects of group participation, which are explored in greater detail throughout this guide.

Participation and Eligibility	To participate in MIPS as a group, the practice must: • Exceed the established low-volume threshold OR be eligible to opt-in as a group; and • Include at least 1 MIPS eligible clinician. Find your eligibility information on qpp.cms.gov. Helpful hint: Sign in to qpp.cms.gov to review current eligibility information for your practice. Don't have an account? Review the QPP Access User Guide.
Registration	Groups who want to report CMS Web Interface measures and/or administer the Consumer Assessment for Healthcare Plans and Systems (CAHPS) for MIPS survey must register no later than July 1, 2019. Practices do not register their intent to participate as a group; we acknowledge group participation based on the submission of group-level data.
Data Collection	For each of the performance categories, groups can choose from a list of available data collection options. • For the Quality performance category specifically, choose from the available **collection types** (a set of quality measures with comparable specifications and data completeness criteria): - Electronic clinical quality measures (eCQMs) - MIPS clinical quality measures (CQMs) (formerly referred to as "Registry measures") - Qualified Clinical Data Registry (QCDR) measures - Medicare Part B claims measures (small practices only) - CMS Web Interface measures (advance registration required) - CAHPS for MIPS survey measure (advance registration required) **Note:** Groups with 16 or more clinicians will be scored on the All-Cause Hospital Readmission measure, calculated using administrative claims, if they meet the case minimum of 200 eligible instances.

Data Submission	Groups may act on behalf of themselves or use a third-party intermediary to submit data on measures and activities. ● Submitters will select their **submission type(s)** or method(s) by which they submit data to CMS. Submission types include: - Direct - Log-in and Upload - Log-in and Attest - Medicare Part B claims - CMS Web Interface
Scoring	In group participation, the practice aggregates data across the TIN, which could include covered professional services furnished by individual NPIs within the TIN who are not required to participate in MIPS. The practice will have its performance assessed and scored across all performance categories at the group level. A MIPS eligible clinician participating via a group will get the group's score. If the same MIPS eligible clinician also submits individual level data, CMS will use the higher of the two final scores for that clinician.
Payment Adjustments	Each MIPS eligible clinician included in the group will receive a payment adjustment based on the group's performance unless they have an individual score that's higher than the group score.

What does it mean to participate in MIPS as a group?

When you participate as a group, your practice is choosing to submit MIPS data on behalf of clinicians in each of the performance categories.

Each MIPS eligible clinician in the group will receive the same final score based on the group's collective performance across all of the MIPS performance categories.

Can my practice participate in MIPS as a group?

Your practice can participate in MIPS if it meets the definition of a group (a single Taxpayer Identification Number (TIN) with 2 or more clinicians, at least 1 of whom is a MIPS eligible clinician) and exceeds the low-volume threshold at the group level.

If your group doesn't exceed the low-volume threshold but is interested in participating in MIPS, you may be eligible to opt-in to the program. Learn more about this new policy in the 2019 MIPS Opt-In and Voluntary Reporting Policy Fact Sheet.

We look at your Medicare Part B claims from two 12-month segments, called the MIPS Determination Period, to determine your eligibility for the 2019 performance year:

October 1, 2017 – September 30, 2018 (plus a 30-day claims run off)

AND

October 1, 2018 – September 30, 2019 (without a 30-day claims run off)

MIPS eligible clinicians who are not eligible to participate in MIPS individually will be **included in MIPS** if their group is eligible and chooses to participate as a group.

For the 2019 performance year, you are a MIPS eligible clinician if you are one of the following clinician types:

- **Physicians** *(including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry; osteopathic practitioners; and chiropractors[1])*
- **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 or Nutritional Professionals**

[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.*

View eligibility in the QPP Participation Status Lookup Tool (search by National Provider Identifier (NPI)) or by signing in to qpp.cms.gov. These resources will let you know if you are currently eligible at the group level or if you are currently eligible to opt-in at the group level, based on the low-volume threshold.

MIPS eligibility determinations are reconciled after the conclusion of the 2 segments of the MIPS determination period. Final MIPS eligibility determinations for the 2019 MIPS performance year will be available in late 2019.

There is no requirement to participate as a group. If your practice exceeds the low-volume threshold at the group level, you have the option to participate as a group. 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.

How is a group different from a virtual group under MIPS?

The option to form a virtual group became available with the 2018 performance period.

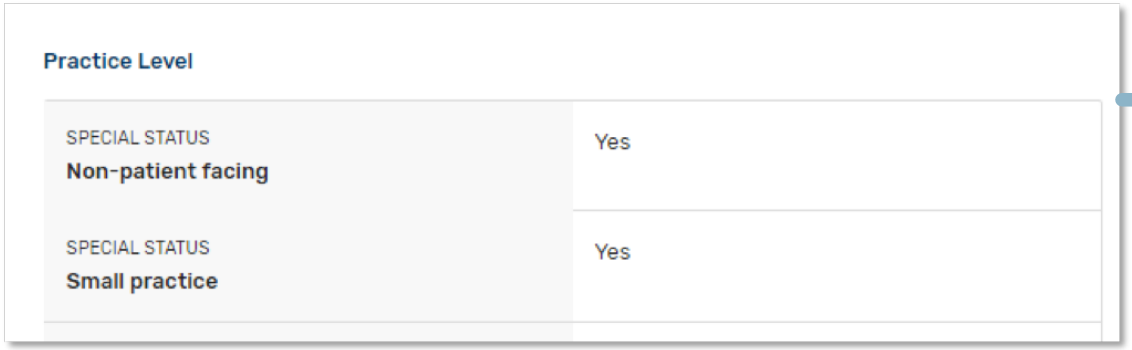
An important distinction between the definition of a group and virtual group is the number of TINs involved in the group or virtual group.

- A group is defined as a **single TIN** with 2 or more eligible clinicians (including at least 1 MIPS eligible clinician) as identified by their NPIs who have reassigned their Medicare billing rights to the TIN.
- A virtual group is defined as a **combination of 2 or more TINs** assigned to 1 or more solo practitioners (who are also MIPS eligible clinicians) or to 1 or more groups consisting of 10 or fewer eligible clinicians (including at least 1 MIPS eligible clinician), or both, that elect to form a virtual group for the performance year.

Additional information on virtual group participation is available in the Virtual Groups Toolkit.

Can we participate in MIPS if our group is non-patient facing, hospital-based, Ambulatory Surgical Center (ASC)-based, or facility-based?

Yes. Your group can participate in MIPS if it's designated as non-patient facing, hospital-based, ASC-based, or facility-based. If your group has these or other "special status" designations, you will qualify for reduced reporting requirements in certain performance categories.



If a group has a "special status", this will be indicated on qpp.cms.gov.

Sign In and navigate to the Eligibility page

Or check the QPP Participation Status NPI lookup tool

*(Click **Expand** next to the clinician's name and scroll down to 'Practice Level' in the Other Factors section)*

Overview

For the 2019 performance year, we will determine if a group qualifies for most special statuses by reviewing Medicare Part B claims data from two 12-month segments during the MIPS determination period. The following table outlines special status designations and their impact on groups for the 2019 performance year.

Special Status/ Reporting Factor	Description	Impact
ASC-based	A group will be designated as ASC-based if 100% of MIPS eligible clinicians (as indicated by clinician type) in the group are designated as ASC-based during 1 or both of the 12-month segments of the MIPS determination period. If any MIPS eligible clinician in the group does not meet the ASC-based criteria, then the group will not be designated as ASC-based.	The group qualifies for automatic reweighting of the Promoting Interoperability performance category to 0%. If no Promoting Interoperability data is submitted, the 25% performance category weight will be reallocated to the Quality or Improvement Activities performance categories.
Hospital-based	A group will be designated as hospital-based if 100% of MIPS eligible clinicians (as indicated by clinician type) in the group are designated as hospital-based during 1 or both of the 12-month segments of the MIPS determination period. If any MIPS eligible clinician in the group does not meet the hospital-based criteria, then the group will not be designated as hospital-based.	The group qualifies for automatic reweighting of the Promoting Interoperability performance category to 0%. If no Promoting Interoperability data is submitted, the 25% performance category weight will be reallocated to the Quality or Improvement Activities performance categories.
Non-patient Facing	A group with more than 75% of the clinicians (NPIs) billing under the group's TIN meet the definition of a non-patient-facing individual MIPS eligible clinician during 1 or both of the 12-month segments of the MIPS determination period.	Each submitted improvement activity will earn double points (ex. a high weighted activity will earn 40 points). **Note:** Individual non-patient facing clinicians qualify for automatic reweighting in the Promoting Interoperability performance category. However, non-patient facing groups don't qualify for automatic reweighting in the Promoting Interoperability performance category unless 100% of the MIPS eligible clinicians qualify for reweighting individually.

Special Status/ Reporting Factor	Description	Impact
Facility-based	A group with more than 75% of the clinicians (NPIs) billing under the group's TIN meet the definition of a facility-based individual MIPS eligible clinician during the first 12-month segment of the MIPS determination period. Groups are attributed to the facility at which the plurality of clinicians were attributed to as individuals. Note: Because this status is based solely on the first 12-month segment, the facility-based status and attributed facility currently displayed on qpp.cms.gov is final for the 2019 performance year.	The group can apply their attributed facility's Hospital Value Based Purchasing score to the Quality and Cost performance categories. *The group must submit data at the group level for at least 1 performance category to signal their intent to participate as a group.

Are there any flexibilities for small or rural practices?

Yes. There are also reduced reporting requirements to support small practices, and/or groups practicing in a rural or health professional shortage area (HPSA).

Special Status	Description	Impact
Small practice	A group with 15 or fewer clinicians (NPIs) billing under the group's TIN during 1 or both of the 12-month segments of the MIPS determination period.	Each submitted improvement activity will earn double points (ex. a high weighted activity will earn 40 points). Groups who submit at least 1 quality measure will also receive 6 bonus points in the Quality performance category.
HPSA	A group in a HPSA and with multiple practices under its TIN will be designated as a HPSA practice if more than 75% of the NPIs billing under the group's TIN have a HPSA designation.	Each submitted improvement activity will earn double points (ex. a high weighted activity will earn 40 points).
Rural	A group in a zip code designated as rural, using the most recent HRSA Area Health Resource File data, and that has multiple practices under its TIN, with more than 75% of the NPIs billing under the group's TIN in a zip code designated as rural.	Each submitted improvement activity will earn double points (ex. a high weighted activity will earn 40 points).

If we choose to report as a group, whose data do we need to include?

If you choose to participate in MIPS as a group, you will need to collect and submit the available data from all of the clinicians in your group as appropriate to the quality measures and improvement activities you select. This includes the data of clinicians that are not eligible for MIPS or a MIPS payment adjustment.

For the Quality, Cost and Improvement Activities performance categories, performance is measured across all clinicians in the group, including those that are not MIPS eligible clinicians. For the Promoting Interoperability performance category, groups are required to submit the data collected in certified EHR technology (CEHRT) on behalf of their MIPS eligible clinicians, as indicated by clinician type.

Which clinicians in our group are eligible for a payment adjustment based on our group submission?

MIPS eligible clinicians (as indicated by clinician type) who enrolled in Medicare before January 1, 2019 are eligible for a payment adjustment based on the group submission, provided they are NOT:

Identified as a Qualifying APM Participant (QP) OR Identified as a Partial QP who didn't elect to participate in MIPS OR Scored under the APM scoring standard (these clinicians will get a payment adjustment based on their APM entity score)

MIPS eligible clinicians who did not exceed the low-volume threshold as individuals and those who start billing Part B claims under their TIN in the final 3 months of the MIPS performance year, between 10/1/19 and 12/31/19, are eligible for a payment adjustment based on the group's final score.

Your practice may choose to participate in MIPS as a group and have MIPS eligible clinicians that also choose to participate as individuals. If they exceed the low-volume threshold or elect to opt-in, these MIPS eligible clinicians will have two final scores: one from their individual participation and one from the group participation. They will receive the payment adjustment associated with the higher final score when billing Part B claims under your TIN in the 2021 payment year.

Which clinicians in our group are NOT eligible for a payment adjustment?

The following clinicians are not eligible for a payment adjustment based on your group submission, even though their data must be included in the submission as appropriate to the measures and activities selected:

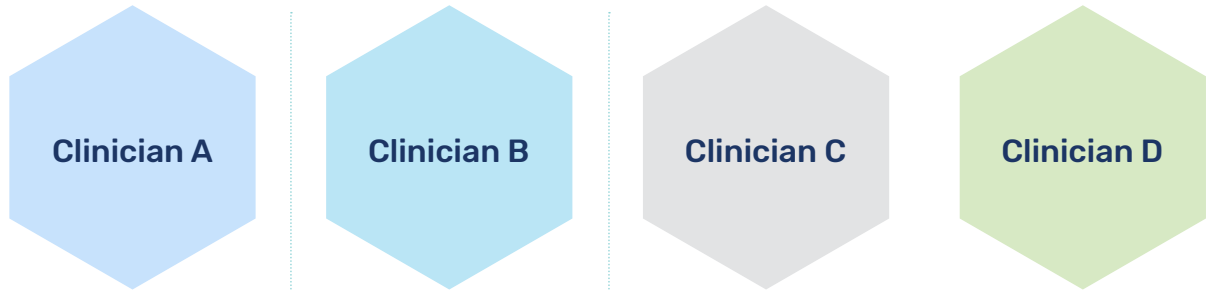
- QPs
- OR
- Partial QPs who didn't elect to participate in MIPS
- OR
- Clinicians scored under the APM scoring standard
- OR
- Clinicians who first enrolled in Medicare during 2019
- OR
- Ineligible MIPS clinician types

(These clinicians will get a payment adjustment based on their APM entity score, not the group score)

Examples of group participation

Let's look at a few examples of group participation:

EXAMPLE 1 A group has 4 physicians on staff, all of whom have reassigned their billing rights to the TIN.



Clinician A enrolled in Medicare during the performance year.

Clinician B enrolled in Medicare prior to the performance year, but didn't exceed the low-volume threshold as an individual at this practice.

Clinicians C and D each enrolled in Medicare prior to the performance year and exceed the low-volume threshold as individuals at this practice.

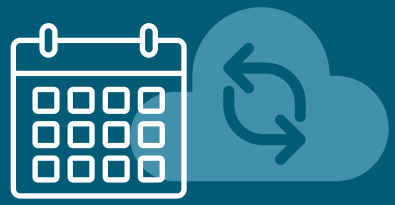
The group decided to participate in MIPS at the group level, exceeds the low-volume threshold as a group, and submits aggregated data they collected from all 4 physicians as appropriate to the measures and activities selected. The group earns a final score that corresponds to a +3% payment adjustment based on their performance. The **payment adjustment** will be applied to the payments for covered professional services furnished by **Clinicians B, C, and D** in the payment year.

- The payment adjustment will be applied to Clinician B because the low-volume threshold is applied at the group level for group reporting.
- Clinician A is not eligible to receive a MIPS payment adjustment because she was newly enrolled in Medicare.

EXAMPLE 2 **A group has a clinical social worker (Clinician A) and 3 physicians (Clinicians B, C, and D) on staff, all of whom have reassigned their billing rights to the TIN.**

The group has decided to participate at the group level, exceeds the low-volume threshold as a group, and submits aggregated data collected from all 4 clinicians as appropriate to the measures and activities selected. The group earns a final score that corresponds to a +2% payment adjustment based on their performance. The **payment adjustment** will be applied to the payments for covered professional services furnished by **Clinicians B, C, and D** in the payment year.

- The payment adjustment will be applied to Clinician B because the low-volume threshold is applied at the group level for group reporting.
- The payment adjustment will not be applied to Clinician A because she is not a MIPS eligible clinician type.



MIPS MILESTONES

What are the important participation milestones for MIPS?

Participation and data submission deadlines for the 2019 performance year are included in the chart below. You can also visit the Performance Year 2019 timeline on qpp.cms.gov.

DECEMBER 2018	JANUARY 1, 2019	APRIL 4, 2019	JUNE 2019	JULY 1, 2019
Preliminary 2019 MIPS performance year eligibility available. **DO NOW:** Check preliminary eligibility on qpp.cms.gov	2019 MIPS performance year begins. **DO NOW:** Review collection types and available quality measures so you can start collecting quality data.	Registration period begins for the CMS Web Interface and the CAHPS for MIPS survey. **DO NOW:** Create a QPP account and request the Security Official role for your practice if you don't have QPP credentials and your group wants to register.	Promoting Interoperability Significant Hardship Exception and Extreme & Uncontrollable Circumstance Exceptions Applications Window Opens. **DO NOW:** Review information and FAQs about exception applications on the QPP website.	Registration deadline for the CMS Web Interface and CAHPS for MIPS survey. **DO NOW:** Complete your registration before 5 p.m. ET.

MIPS Milestones, continued

OCTOBER 3, 2019

The final day to start data collection for a continuous 90-day performance period (applicable to the Improvement Activities and Promoting Interoperability performance categories.)

DO NOW: Start collecting data for these performance categories if you haven't already.

NOVEMBER/ DECEMBER 2019

Final 2019 MIPS performance year eligibility available on qpp.cms.gov.

DO NOW: Check final eligibility on qpp.cms.gov.

DECEMBER 31, 2019

2019 MIPS performance year ends.

Promoting Interoperability Significant Hardship Exception and Extreme & Uncontrollable Circumstance Exceptions Applications Window Closes.

JANUARY 2–MARCH 31, 2020

MIPS data submission period for the 2019 performance year.

DO NOW: Create a QPP account and request a role for your practice so you can submit data or review data submitted on your behalf.

JULY 2020

MIPS Performance feedback will be available.

DO NOW: Sign in to qpp.cms.gov to review your performance feedback and associated payment adjustment for your clinicians.

REGISTRATION

Does the group need to register to participate in MIPS as a group?

Not all groups participating in MIPS need to register. Groups only need to register on qpp.cms.gov if they choose to submit their data using the CMS Web Interface and/or administer the CAHPS for MIPS survey. The registration period is from April 4, 2019 to July 1, 2019.

If your group submitted quality data through the CMS Web Interface for the 2018 performance period, CMS automatically registered your group to use the CMS Web Interface in 2019. Groups who want to administer the CAHPS for MIPS survey for the 2019 performance year will have to register on qpp.cms.gov.

Groups that participate in a Shared Savings Program Accountable Care Organization (ACO) are not required to register; these Advanced APMs are required to submit quality measures through the CMS Web Interface at the APM entity level, on behalf of participating MIPS eligible clinicians in the ACO's participant TINs for purposes of MIPS. However, groups (participant TINs) can register to submit their Quality performance category data at the group level using the CMS Web Interface if, for example, they are planning to terminate their agreement with the Medicare Shared Savings Program or have concerns that the ACO will not be able to successfully report on behalf of the ACO Participant TINs.

The CAHPS for MIPS Survey assesses patients' experiences with primary care services. Registering to administer the CAHPS for MIPS Survey is most appropriate for groups that provide primary care services.

Certain Advanced APMs, such as Next Generation ACOs allow "split TINs", where some of the clinicians under the group's TIN participate in the model while others do not. If a "split TIN" group is eligible for MIPS, the group can register to submit data through the CMS Web Interface (if they meet group size requirements) and/or to administer the CAHPS for MIPS survey. This would be separate from any APM entity data submission required by the model, which would only apply to the clinicians participating in the model.

Can the group cancel their registration to use the CMS Web Interface and/or administer the CAHPS for MIPS survey?

Yes. Groups that register to use the CMS Web Interface and/or administer the CAHPS for MIPS survey can cancel their registration. Cancellation must be completed before the close of the registration period on July 1, 2019 at 5:00 p.m. ET.

Note: *Groups that are registered to use the CMS Web Interface in 2019 can still submit quality measures from other collection types.*

DATA SUBMISSION TYPES

How do I submit data for each performance category?

MIPS has 4 performance categories: Quality, Improvement Activities, Promoting Interoperability, and Cost. The Cost performance category does not have a separate data submission requirement, as these measures are calculated automatically using administrative claims data.

The following submission types are available to groups for the 2019 performance year, though not all submission types are available for all performance categories:

Submission Type	Description	Available Performance Categories
Medicare Part B Claims	Clinicians in small practices (reporting individually or as a group) can add Quality Data Codes (QDCs) to their claims to denote measure performance.	Quality
CMS Web Interface	Registered groups and their authorized representatives can report beneficiary level performance data in a secure, internet-based application.	Quality
Log-in and Attest	Groups and their authorized representatives can sign in to qpp.cms.gov and manually report Promoting Interoperability measures and/or Improvement Activities.	Improvement Activities, Promoting Interoperability
Log-in and Upload	Groups, their authorized representatives, and third-party intermediaries can sign in to qpp.cms.gov and upload a file in a CMS approved format.	Quality, Improvement Activities, Promoting Interoperability
Direct	Authorized third-party intermediaries (such as QCDRs and Qualified Registries) can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an API.	Quality, Improvement Activities, Promoting Interoperability

What's a third-party intermediary?

A third-party intermediary is an entity that collects and submits data on behalf of MIPS eligible clinicians. Intermediaries can be a Qualified Registry, a QCDR, a health IT vendor that obtains data from a MIPS eligible clinician's Certified EHR technology (CEHRT), or a CMS-approved survey vendor.

Certain CMS-approved third-party intermediaries also provide feedback to clinicians throughout the year to support and drive improvement. Review information about the CMS-approved QCDRs and CMS-approved Qualified Registries for the 2019 performance year on the QPP Resource Library.

DATA COLLECTION AND SUBMISSION: QUALITY

What are the data submission requirements for the Quality performance category?

The Quality performance category has a 12-month performance period (January 1 – December 31, 2019) for which groups will need to:

- Report at least 6 measures; of the 6 quality measures, groups need to select 1 outcome measure or a high priority measure if an outcome measure is not available;

OR

- Report at least six measures from a specialty measure set, unless the set contains fewer measures; of the 6 quality measures, groups need to select one outcome measure, or a high priority measure if an outcome measure is not available;

OR

- Register for the CMS Web Interface and report on all of the CMS Web Interface measures.

Groups are encouraged to select the quality measures that are most appropriate for their practice and patient population.

New for 2019: *With the exception of the CMS Web Interface, groups can now report measures from a combination of collection types for a single Quality performance category score.*

2 claims measures + **2** eCQMs + **2** QDCR measures = **1** Quality score

For example, a small practice could report 2 Medicare Part B claims measures throughout the performance year and also work with a QCDR to collect and report 2 eCQMs and 2 QCDR measures on their behalf during the 2019 submission period. All 6 of these measures would contribute to a single Quality performance category score for the group.

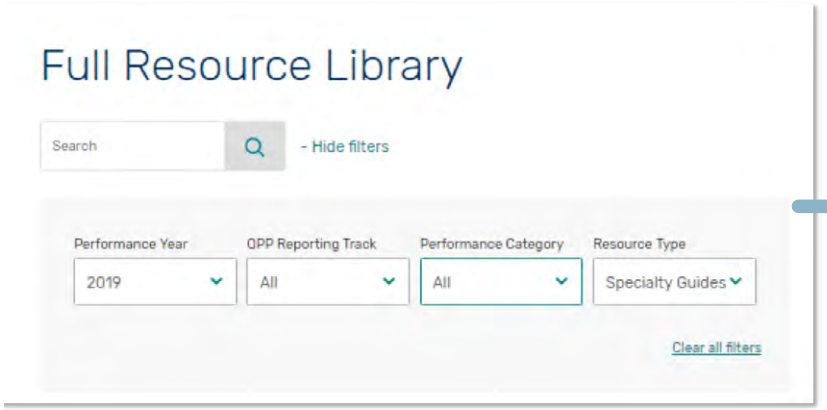
In group participation, quality measure data (numerators, denominators, etc.) are aggregated for all the clinicians in the group when submitting eCQMs, MIPS CQMs, and/or QCDR measures. Groups registered for the CMS Web Interface, and small practices choosing to report Medicare Part B claims measures, will submit data for their quality measures at the beneficiary level.

Groups identified as facility-based on qpp.cms.gov can use their attributed facility's Hospital Value Based Purchasing score in lieu of collecting and submitting additional quality measures. To be recognized as a group for facility-based scoring, the group has to submit group-level data for at least 1 performance category. Refer to the Facility-based Measurement Fact Sheet and Facility-based Preview FAQs for more information.

What are the different collection types?

Quality measures and their specifications vary by collection type. Visit the Explore Measures Tool on the QPP website for a list of specific quality measures by collection type and/or specialty.

Additional information is also available on the QPP Resource Library and will be expanded on throughout the performance year.



For example, we are working to update the specialty guides for 2019. Once available, you can find them on the Resource Library by selecting "Specialty Guides" as the Resource Type for the 2019 performance year.

The table below provides an overview of each collection type available for groups.

Collection Type	Quality Measures Available for 2019	What Do We Need to Know about This Collection Type?
Administrative Claims	All Cause Hospital Readmission Measure Specification	Groups with 16 or more clinicians will be automatically evaluated on this measure. This measure does not count as 1 of the 6 measures required for reporting.
eCQMs We are working to update our terms on the QPP website. The Explore Measures Tool may still display 'EHR' as the collection type.	2019 eCQM Specifications	Groups can report eCQMs if they have 2015 Edition CEHRT by December 31, 2019. Groups can report their eCQMs themselves or work with a third-party intermediary to report these measures on their behalf through the following submission methods: • Direct • Log-in and Upload eCQMs can be reported in combination with claims measures, MIPS CQMs, QCDR measures, and the CAHPS for MIPS survey measure.
Medicare Part B Claims Measures	2019 Medicare Part B Claims Measure Specifications and Supporting Documents	The reporting of quality measures through Part B claims is available only for small practices (15 or fewer clinicians). When reporting as a group, claims measures must still be reported with the clinician's individual (rendering) NPI. Claims measures can be reported in combination with eCQMs, MIPS CQMs, QCDR measures, and the CAHPS for MIPS survey measure.
MIPS CQMs We are working to update our terms on the QPP website. The Explore Measures Tool may still display 'Registry' as the collection type.	2019 Clinical Quality Measure Specifications and Supporting Documents	Groups can work with a third-party intermediary to collect and report these measures on their behalf through the following submission methods: • Direct • Log-in and Upload MIPS CQMs can be reported in combination with claims measures, eCQMs, QCDR measures, and the CAHPS for MIPS survey measure.

Collection Type	Quality Measures Available for 2019	What Do We Need to Know about This Collection Type?
QCDR Measures	2019 QCDR Measure Specifications	QCDRs have the flexibility to develop and track their own quality measures, which are approved along with the entity during their self-nomination period. These measures can be a great option for groups that provide specialized care or who have trouble finding MIPS measures that feel relevant to their practice. Groups will need to work with a QCDR to report these measures on their behalf through the following submission methods: • Direct • Log-in and Upload QCDR measures can be reported in combination with eCQMs, MIPS CQMs, claims measures, and the CAHPS for MIPS survey measure.
CMS Web Interface	2019 CMS Web Interface Specifications and Supporting Documents *All 10 measures must be reported under this option.*	Groups (with 25 or more eligible clinicians) must register in advance to report through the CMS Web Interface. CMS Web Interface measures can be reported in addition to the CAHPS for MIPS survey measure.
CMS-Approved Survey Vendor	CAHPS for MIPS Survey Fact Sheet	Groups (with 2 or more eligible clinicians) must register in advance to administer the CAHPS for MIPS survey. This measure can be reported in combination with eCQMs, MIPS CQMs, claims measures, and QCDR measures. It can also be reported in addition to the CMS Web Interface measures.

DATA SUBMISSION: PROMOTING INTEROPERABILITY

The Promoting Interoperability performance category promotes patient engagement and the electronic exchange of health information using CEHRT.

What are the data submission requirements for the Promoting Interoperability performance category?

Beginning in 2019, there is a single set of Promoting Interoperability Objectives and Measures to align with the requirement to use 2015 Edition CEHRT.

The 2015 Edition functionality must be in place by the first day of the Promoting Interoperability performance period and the product must be certified to the 2015 Edition criteria by the last day of the Promoting Interoperability performance period. MIPS eligible clinicians must be using the 2015 Edition functionality for the **full** Promoting Interoperability performance period.

This single measure set includes new and existing Promoting Interoperability performance category measures organized under 4 objectives. Measures are no longer classified as base score or performance score measures.

Groups need to report the data collected in their 2015 Edition CEHRT for all required measures (or meet an exclusion, if applicable) for a minimum of a continuous 90-day period, in addition to meeting other requirements for the Promoting Interoperability performance category, to earn a score for the Promoting Interoperability performance category.

In group participation, measure data from CEHRT (numerators and denominators) are aggregated for all of the MIPS eligible clinicians in the group.

Groups are only required to submit data from their MIPS eligible clinicians for this performance category.

Refer to the 2019 Promoting Interoperability Performance Category Fact Sheet for the full list of 2019 Promoting Interoperability Objectives and Measures. Detailed information about outlining each element of each Promoting Interoperability Measure can be found in the Promoting Interoperability Measure Specifications.

How does automatic reweighting of the Promoting Interoperability performance category apply to groups?

A group qualifies for reweighting of the Promoting Interoperability performance category to 0% of the final score when:

The group is identified on the QPP Participation Status Lookup Tool as hospital-based or ASC-based at the practice level.

OR

All of their MIPS eligible clinicians qualify individually for reweighting based on their clinician type, special status, or approved significant hardship exception. If any MIPS eligible clinician within the group does not qualify for a reweighting, the group must submit data to CMS.

If the group qualifies for reweighting but submits any data in this performance category, the group will be scored on the data submitted, and the Promoting Interoperability performance category will be weighted at 25% of the final score.

When reporting as a group, do we need to include data from MIPS eligible clinicians who individually qualify for reweighting?

Yes. When submitting data as a group for the Promoting Interoperability performance category, the group should combine all their MIPS eligible clinicians' data under 1 TIN. This includes the data of MIPS eligible clinicians who may qualify for a reweighting of the Promoting Interoperability performance category when submitting data individually.

If these MIPS eligible clinicians are part of the group and have data in the group's CEHRT, their data should be included in the group's data submission, and they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians in the group.

How does automatic reweighting of the Promoting Interoperability performance category apply to groups?

The following types of MIPS eligible clinicians qualify for an automatic reweighting of the Promoting Interoperability performance category to 0% of the final score when submitting data individually:

- Hospital-based MIPS Eligible Clinicians
- ASC-based MIPS Eligible Clinicians
- Non-patient Facing MIPS Eligible Clinicians
- Physician Assistants
- 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 or Nutritional Professionals

How does the Promoting Interoperability performance category apply to groups with clinicians facing a significant hardship?

There may be circumstances out of your control that make it difficult for you to meet MIPS requirements. If each of the MIPS eligible clinicians in a group face a significant hardship and may qualify as individuals for reweighting the Promoting Interoperability performance category, the group may submit an application to have their Promoting Interoperability performance category score be reweighted to 0%.

If approved, the group will have their Promoting Interoperability performance category score reweighted to 0%, and the category weight will be reallocated to the Quality or Improvement Activities performance categories. If the group has an approved hardship exception but submits any data in this performance category, the group will be scored on the data submitted, and the Promoting Interoperability performance category will be weighted at 25% of the final score.

If any MIPS eligible clinician within the group does not qualify for a significant hardship exception, the group cannot apply to have their Promoting Interoperability performance category reweighted to 0% and will need to submit data for this category, submitting all available measure data in their CEHRT.

Groups can submit a hardship exception application when:

- *They are a small practice*
- *Each of the MIPS eligible clinicians in the group has decertified EHR technology*
- *Each of the MIPS eligible clinicians in the group has insufficient Internet connectivity*
- *Each of the MIPS eligible clinicians in the group faces extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues*
- *Each of the MIPS eligible clinicians in the group lacks control over the availability of CEHRT*

Lacking CEHRT does not qualify the MIPS eligible clinician, group, or virtual group for re-weighting.

DATA SUBMISSION: IMPROVEMENT ACTIVITIES

What are the data submission requirements for the Improvement Activities performance category?

Within the Improvement Activities performance category, most groups must submit between **2 and 4 activities**, each performed for a minimum of a continuous 90-day period in 2019, to obtain the maximum score under the Improvement Activities performance category.

Groups with 15 or fewer clinicians (small practices) or identified on the QPP Participation Status Lookup Tool as non-patient facing or being in a rural or health professional shortage area must submit **1 or 2 activities** for a minimum of a continuous 90-day period to obtain the maximum score under the Improvement Activities performance category.

> The number of activities you need to submit for the maximum score in this performance category is based on the weight of each activity. A high-weighted activity is worth twice the number of points of a medium-weighted activity.

To receive full credit in this category because you're a certified or recognized patient-centered medical home or comparable specialty practice:

- At least 50% of the practice sites within the TIN must be recognized as a patient-centered medical home or comparable specialty practice (by October 1, 2019); AND
- The group must attest their status as a certified or recognized patient-centered medical home or comparable specialty practice during the submission period.

In 2019, 6 new improvement activities were added to the Improvement Activities Inventory, so groups have over 115 improvement activities from which to select.

As in previous years, only 1 clinician in the group needs to be actively engaged in the improvement activity for the group to attest "Yes" to performing the activity.

Note: Not all QCDRs or Qualified Registries support this performance category. If you're working with a QCDR or Qualified Registry to collect and submit your data in other performance categories, you may need to use the Log-in and Attest submission type to report your improvement activities. The 2019 QCDR Qualified Posting and 2019 Qualified Registries Qualified Posting indicate which vendors support the Improvement Activities performance category.

DATA SUBMISSION: COST

What are the data submission requirements for the Cost performance category?

There are no data submission requirements for the Cost performance category. For 2019, there are 10 cost measures: the Total Per Capita Cost (TPCC) measure, the Medicare Spending Per Beneficiary (MSPB) measure, and 8 new episode-based measures. CMS will calculate these measures on behalf of all clinicians in the group—including those who are not eligible to participate in MIPS—using administrative claims data, provided the group meets the case minimums for the measures and benchmarks can be calculated for the measures.

Please refer to the 2019 Cost Measure Information Forms for additional information.

You will only be scored in the Cost performance category on measures for which a benchmark exists and your group meets the case minimum. If your group falls below the case minimum on all of the Cost measures, the 15% weight for the performance category will be reallocated to other performance categories.

DATA SUBMISSION CHECKLISTS

Once your practice has decided to participate as a group, you will need to make some decisions about the ways you will collect and submit your aggregated data for each of the performance categories.

Quality performance category submission checklist

Determine whether your practice qualifies for facility-based measurement:

- Sign in to qpp.cms.gov to find out if your practice has preview scores available for the Quality and Cost performance categories.
- You can use the preview scores to inform whether you want to collect and submit additional quality measures for the 2019 performance year.

The facility-based preview scores are not the scores your practice will receive in Quality and Cost for 2019. For more information, review the Facility-based Measurement Fact Sheet and Facility-based Preview FAQs.

If your practice is not facility-based, or is facility-based but chooses to collect and submit additional quality measures, you will need to:

Select your measures and collection type(s):

- If you'll be reporting any Medicare Part B claims measures, begin adding QDCs to your clinicians' claims.
- If applicable, register for the CMS Web Interface and/or to administer the CAHPS for MIPS Survey by July 1, 2019.
- If you're administering the CAHPS for MIPS survey, review the list of 2019 CMS-approved survey vendors.

Data Submission Checklists

- If reporting eCQMs, talk to your CEHRT vendor to make sure:
  - Your data can be aggregated to and exported at the TIN-level
  - Your EHR will be certified to the 2015 Edition by the end of the performance year
- If reporting MIPS CQMs, review the 2019 Qualified Postings to find a Qualified Registry or QCDR that supports the measures you've selected.
- If reporting QCDR measures, review the 2019 Qualified Postings to find a QCDR has been approved for QCDR measures that are relevant for your practice.

Make data available to a third-party intermediary, as appropriate.

Create a QPP account and connect to your organization if you haven't already so you can:

- **Log In and Upload** your eCQM data in a CMS-approved file format.
- Report your measures through the **CMS Web Interface**.
- Review the data submitted on your behalf during the submission period.
- Review performance on claims measures submitted throughout the performance year.

Promoting Interoperability performance category submission checklist

Determine whether your group qualifies for reweighting.

If your group does not qualify for reweighting in this category, or does qualify but is able to collect and submit the Promoting Interoperability measures, you will need to:

Determine your performance period:

- A minimum of a continuous 90-day period in 2019
- Your EHR must have 2015 Edition functionality in place by the first day of your performance period
- Your EHR must be certified to the 2015 Edition by the last day of your performance period

Perform your annual Security Risk Analysis.

Decide whether you will work with a third-party intermediary to submit data for you:

- If you decide to work with a Qualified Registry, review the 2019 Qualified Postings and find one that supports the Promoting Interoperability performance category.
- If you decide to work with a QCDR, review the 2019 Qualified Postings and find one that supports the Promoting Interoperability performance category.
- If you decide to extract your measures directly from your CEHRT vendor, talk to your CEHRT vendor to make sure your data can be aggregated to and exported at the TIN-level.

Make data available to a third-party intermediary as appropriate (including your EHR's ONC certification ID).

Data Submission Checklists

Create a QPP account and connect to your organization if you haven't already so you can:

- **Log In and Attest** to your Promoting Interoperability data (reporting aggregated numerators and denominators, or Yes/No values, as appropriate for measures and required attestation statements).
- **Log In and Upload** your Promoting Interoperability data in a CMS-approved file format.
- Review the data submitted on your behalf during the submission period.

Improvement Activities performance category submission checklist

Determine whether your group qualifies for double points for each activity.

Review and select your activities.

Determine your performance period:

- Each activity must be performed for a minimum of a continuous 90-day period, but you don't need to perform the activities concurrently.

Decide whether you will work with a third-party intermediary to submit data for you:

- If you decide to work with a Qualified Registry, review the 2019 Qualified Postings and find one that supports the Improvement Activities performance category.
- If you decide to work with a QCDR, review the 2019 Qualified Postings and find one that supports the Improvement Activities performance category.

Make data available to a third-party intermediary as appropriate.

Create a QPP account and connect to your organization if you haven't already so you can:

- **Log In and Upload** your activity data in a CMS-approved file format.
- **Log In and Attest** to your activities (providing Yes values to the activities you've performed).
- Review the data submitted on your behalf during the submission period.

POST-DATA SUBMISSION

How is the group's data scored?

For practices that choose to report at the group level, group performance is assessed and scored at the practice (TIN) level across all 4 MIPS performance categories for the 2019 performance year.

How are payment adjustments applied?

Each MIPS eligible clinician participating in MIPS at the group level will receive a payment adjustment in the 2021 payment year based on the group's performance in 2019. MIPS payment adjustments will be applied to covered professional services furnished by MIPS eligible clinicians under the Physician Fee Schedule.

For MIPS eligible clinicians who submit data as a part of a group AND individually, CMS will take the higher of the two final scores and apply the MIPS payment adjustment associated with it.

When the practice (TIN) participates as a group, any individual (NPI) included in the TIN who is excluded from MIPS because they are not a MIPS eligible clinician type or are identified as a new Medicare-enrolled clinician, a QP, or Partial QP will not receive a MIPS payment adjustment, regardless of their MIPS participation. MIPS eligible clinicians who are below the low-volume threshold as individuals will receive a MIPS payment adjustment when reporting as a group provided that no other exclusions apply to them.

What happens if a clinician joins our group after September 30 of the performance year?

Beginning with the 2019 performance year, we finalized in rulemaking our policy for clinicians who start billing Medicare Part B claims at a practice (TIN) between October 1 and December 31, 2019. When the practice participates as a group, these clinicians will receive the group's final score and associated payment adjustment unless they are otherwise excluded (see answer to previous question). These clinicians will receive a neutral payment adjustment if the practice doesn't report as a group.

What happens if a clinician leaves our group during the performance year?

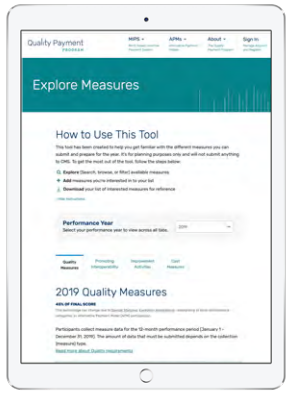
When submitting data as a group, your practice will aggregate data from the MIPS eligible clinicians billing under your TIN as appropriate to the measures and activities you select. This may include data from clinicians who left your practice prior to the end of the performance period. Even though the clinician has left your practice, they will still receive a final score and payment adjustment based on your practice's performance, which may follow the clinician to any new practice (TIN) they join for the 2021 payment year.

RESOURCES AND GLOSSARY

Additional Resources

The following resources are or will be available on the QPP Resource Library.

- 2019 MIPS Participation and Eligibility Fact Sheet
- QPP Participation Status Lookup Tool
- 2019 MIPS Opt-In and Voluntary Reporting Fact Sheet
- QPP Explore Measures Tool
- 2019 MIPS Quality Fact Sheet
- 2019 Quality Measure Specifications:
  - Claims
  - MIPS CQMs
  - eCQMs
  - QCDR
  - CMS Web Interface
- 2019 CMS Web Interface Fact Sheet
- 2019 CAHPS for MIPS Fact Sheet
- 2019 CMS Approved Survey Vendors for CAHPS for MIPS Survey
- 2019 MIPS Improvement Activities Fact Sheet
- 2019 MIPS Improvement Activities Inventory
- 2019 MIPS Promoting Interoperability Fact Sheet
- 2019 Promoting Interoperability Measure Specifications
- 2019 Cost Fact Sheet
- 2019 Cost Measure Information Forms
- List of 2019 QCDRs
- List of 2019 Qualified Registries
- 2019 Facility-based Measurement Fact Sheet
- 2019 Facility-based Preview FAQs



Glossary


ACO
Accountable Care Organization
APM
Alternative Payment Models
ASC
Ambulatory Surgical Center
CAHPS
Consumer Assessment for Healthcare Plans and Systems
CEHRT
Certified Electronic Health Record Technology
CMS
Centers for Medicare & Medicaid Services
CQMs
Clinical Quality Measures
eCQMs
Electronic Clinical Quality Measures
EHR
Electronic Health Record
MIPS
Merit-based Incentive Payment System
NPI
National Provider Identifier
QCDR
Qualified Clinical Data Registry
QDCs
Quality Data Codes
QP
Qualifying APM Participant
QPP
Quality Payment Program
TIN
Taxpayer Identification Number