

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

### 2021 Eligibility and Participation Quick Start Guide



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**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 2021 MIPS performance period.





## How to Use This Guide



Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't 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 [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



# 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 multiple categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2021:

- 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 on your performance during the 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

***To learn more about MIPS eligibility and participation options:***

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on the [Quality Payment Program website](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

## What's New with Participation and Eligibility in 2021?

- Beginning with the 2021 performance period, clinicians in a MIPS Alternative Payment Model (APM) will be evaluated for MIPS eligibility at the individual and group levels; we'll no longer evaluate MIPS APM Entities for the low-volume threshold. Instead, the same rules for MIPS eligibility will be applied to MIPS APM participants as to other MIPS eligible clinicians.
  - For example, if an individual eligible clinician who is a participant in a MIPS APM is below the low-volume threshold, she would not be required to report to MIPS as an individual.
- We're sunsetting the APM scoring standard. Beginning with the 2021 performance period, all MIPS eligible clinicians, including those in a MIPS APM, may choose to participate in MIPS as:
  - An individual
  - A group
  - A virtual group, and/or
  - An APM Entity
- A new, optional MIPS reporting and scoring pathway, called the APM Performance Pathway (APP), is available to certain MIPS APM participants.

## What are the MIPS Eligibility Criteria?

**Traditional MIPS**, established in the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS.

Under traditional MIPS, participants select from over 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks will be available to MIPS eligible clinicians:

The **Alternative Payment Model (APM) Performance Pathway, or APP**, is a streamlined reporting framework beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

**MIPS Value Pathways, or MVPs**, are a reporting framework that will offer clinicians a subset of measures and activities, established through rulemaking. MVPs are tied to our goal of moving away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority. We anticipate the first MVP candidates to be proposed in the CY 2022 NPRM.

*Your individual MIPS eligibility is determined by:*

- *Your clinician type AND*
- *The date you enrolled in Medicare AND*
- *The degree to which you participate in an Advanced APM AND*
- *The volume of care you provide to Medicare patients*

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

- *You are not an eligible clinician type<sup>1</sup> OR*
- *You enrolled in Medicare for the first time on or after January 1, 2021 OR*
- *You are determined to be a [Qualifying APM Participant](#) (QP) based on the degree of your participation in an Advanced APM*

<sup>1</sup>The 2021 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.



# Overview

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

You are considered a MIPS eligible clinician (i.e., required to report) and will receive a payment adjust when:

- You're an eligible clinician type AND
- You enrolled in Medicare before January 1, 2021 AND
- You're not identified as a Qualifying APM Participant AND
- You exceed the low-volume threshold (exceeding all 3 low-volume elements as shown below)



### **Are you excluded from MIPS but want to participate?**

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

If **you're not excluded** from MIPS based on one of the reasons on the previous page, you could be excluded 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 amount of Medicare patients you provided service to AND
- The number of covered professional services you furnished

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

We evaluate you for eligibility and the low-volume threshold at each practice (identified by Taxpayer Identification Number) 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.

### 2021 MIPS Determination Period

**October 1, 2019 – September 30, 2020** *(results available now)*

AND

**October 1, 2020 – September 30, 2021** *(results available December 2021)*

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 5 Steps



# Get Started with MIPS Eligibility and Participation in 5 Steps



# Get Started With MIPS Eligibility and Participation in 5 Steps

## Step 1. Check Your Current Eligibility Status

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

OR

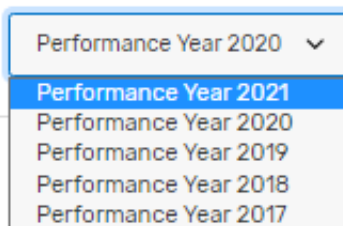
- [Sign in to QPP](#) to check the eligibility status for all the clinicians in your practice based on the first segment.

When checking your eligibility status, make sure you select **Performance Year (PY) 2021**.

### 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 5 Steps

## Step 2. Review Your MIPS Eligibility 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're MIPS eligible if you see a **checkmark ✓ and green font**

You're excluded from MIPS if you see a **no symbol ⓧ and black font**

## Step 2. Review Your MIPS Eligibility 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](http://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.



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

### Other Reporting Factors

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

**Note:** The QPP Participation Status 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.

[Special statuses](#) at the practice level **ONLY** apply to **group reporting**

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

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

**Don't see your current practice listed on the status tool? Are you missing clinicians in your connected clinicians list when you sign in to [qpp.cms.gov](https://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 2021 to show clinicians who started billing Part B services under a new practice (identified by their Tax Identification Number, or TIN) between October 1, 2020 and September 30, 2021.

**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.*

## Step 3. Understand Your Participation Options

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

You see...	This means.
<p>MIPS Eligibility: <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> GROUP</p>	<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"> <li>• If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.</li> <li>• If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.</li> <li>• If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.</li> </ul> <p>You will receive a payment adjustment.</p>
<p>MIPS Eligibility: <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> GROUP</p>	<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"> <li>• 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.</li> <li>• If your practice chooses to participate as a group, you will receive a payment adjustment.</li> </ul>
<p>MIPS Eligibility: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP</p>	<p>You, as an individual clinician, are not required to report and your practice doesn't 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.</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 2021.)</i></p>	<p>You're eligible for MIPS and can only participate through your virtual group.</p>

The QPP Participation Status tool will be updated throughout the year to identify which clinicians are MIPS APM participants. The first update will be in July 2021. MIPS eligible individuals who are also MIPS APM participants may report to MIPS as an individual, a group, or as an APM Entity either through the APP or via traditional MIPS.



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

### What does Opt-In Eligible mean?

This means that you aren't required to participate in MIPS, but based on the volume of care you provide, you can elect (choose) to **report to MIPS** receive a MIPS payment adjustment or to report voluntarily. These elections are made during the submission period (January– March 2022), prior to you submitting any data.

You may be opt-in eligible as an individual or a group (or both).

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 excluded from MIPS but are not opt-in eligible may choose to voluntarily report. Voluntary submitters receive performance feedback but no payment adjustment.

## Step 4. Understand How Your Eligibility Could Change

As of January 1, 2021, we're displaying your eligibility status based on the first 12-month segment of the MIPS Determination Period.

Between now and December 2021, your eligibility status can change if you:

- Join a new practice OR
- Are identified as a Qualifying APM Participant (QP) or lose your status as a QP OR
- See a decrease in the volume of care you provide to Medicare patients at a current practice

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, 2020 and September 30, 2021.

Your eligibility status can also change, between now and December 2021, at practices you're currently associated with:

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, 2021 – December 31, 2021).

Eligible	Opt-In Eligible	Exempt
If you're currently eligible, you could <ul style="list-style-type: none"> <li>• Remain eligible,</li> <li>• Become opt-in eligible, or</li> <li>• Become excluded.</li> </ul>	If you're currently opt-in eligible, you could <ul style="list-style-type: none"> <li>• Remain opt-in eligible, or</li> <li>• Become excluded.</li> </ul>	If you're currently excluded, you will remain exempt unless your QP status changes.


If you're identified as part of a virtual group, you will be eligible and required to participate through your virtual group which will not change. If you're identified as a MIPS APM participant, you may have the option to report to traditional MIPS or the APP as an APM Entity.

## Step 5. Check Your Final Eligibility

Check the [QPP Participation Status Tool](#) or sign in to [qpp.cms.gov](http://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 2021.
- Estimated release dates for eligibility updates and final determinations are available on [qpp.cms.gov](http://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).

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

## Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time or by e-mail at: [QPP@cms.hhs.gov](mailto: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 [Quality Payment Program Resource Library](#).

## Additional Resources

The [Quality Payment Program 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
<a href="#">2021 Improvement Activities Inventory</a>	A complete list and descriptions of the 2021 MIPS improvement activities.
<a href="#">2021 MIPS Quick Start Guide</a>	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2020 performance period.
<a href="#">2021 Quality Performance Category Quick Start Guide: Traditional MIPS</a>	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2021 MIPS quality performance category.
<a href="#">2021 Part B Claims Quick Start Guide: Traditional MIPS</a>	A high-level overview and practical information about reporting quality measures through Medicare Part B claims.
<a href="#">2021 Promoting Interoperability Performance Category Quick start Guide: Traditional MIPS</a>	A high-level overview and practical information about data collection and submission for the 2021 MIPS Promoting Interoperability performance category.
<a href="#">2021 Improvement Activities Performance Category Quick Start Guide: Traditional MIPS</a>	A high-level overview and practical information about selecting and implementing activities and submitting data for the 2021 MIPS Improvement Activities performance category.
<a href="#">2021 MIPS Cost Performance Category Quick Start Guide: Traditional MIPS</a>	A high-level overview of cost measures, including calculation and attribution, for the 2021 MIPS cost performance category.
<a href="#">2021 Quality Payment Final Rule Resources</a>	A zip file containing 2021 QPP final rule resources, including the 2021 QPP Final Rule Fact Sheet, FAQs, and Proposed and Final Rule Comparison Table.





## Version History

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

Date	Description
1/14/21	Original posting