

Quality Payment
PROGRAM

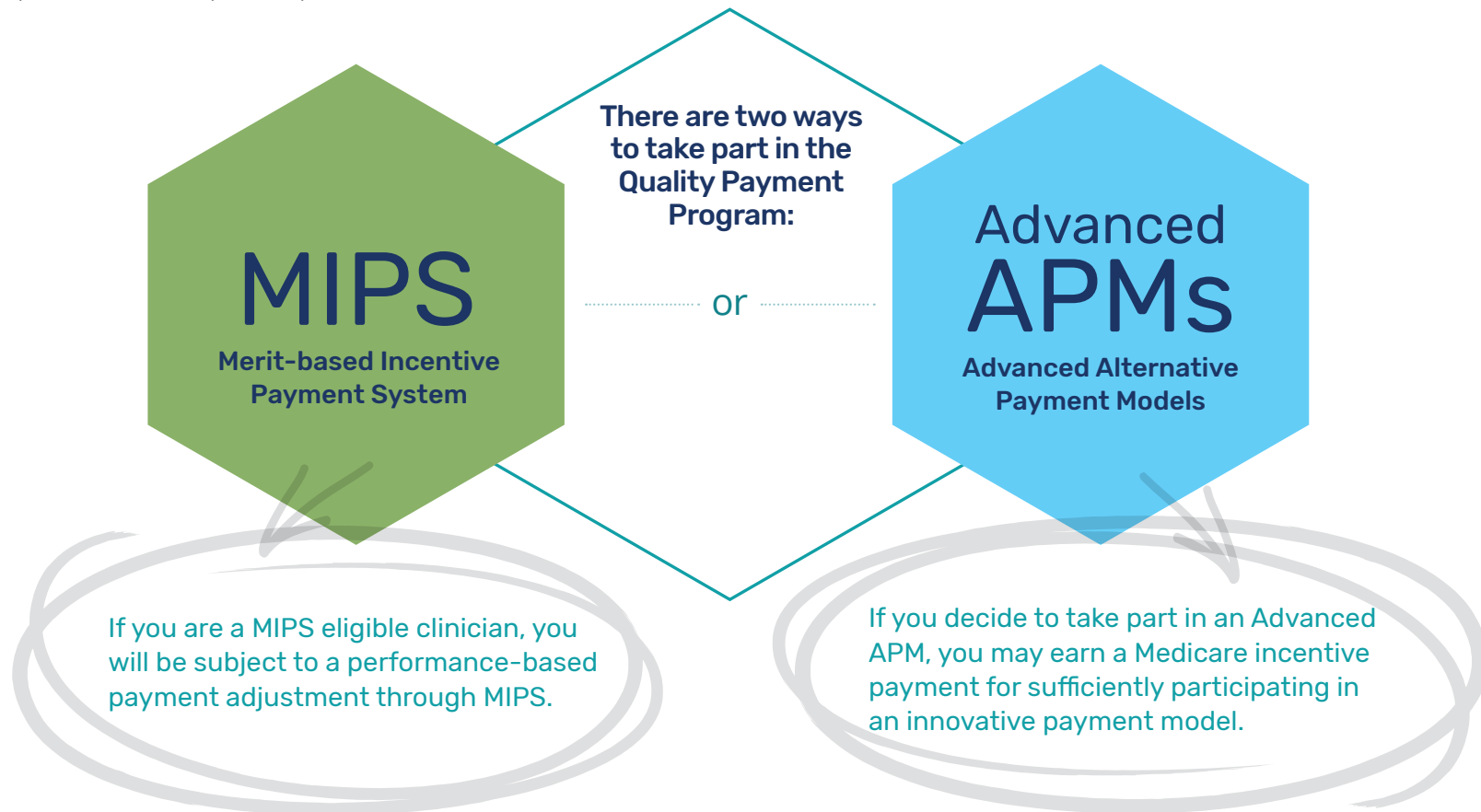
**A QUICK START GUIDE
TO THE MERIT-BASED
INCENTIVE PAYMENT
SYSTEM (MIPS)**

For 2019 Participation

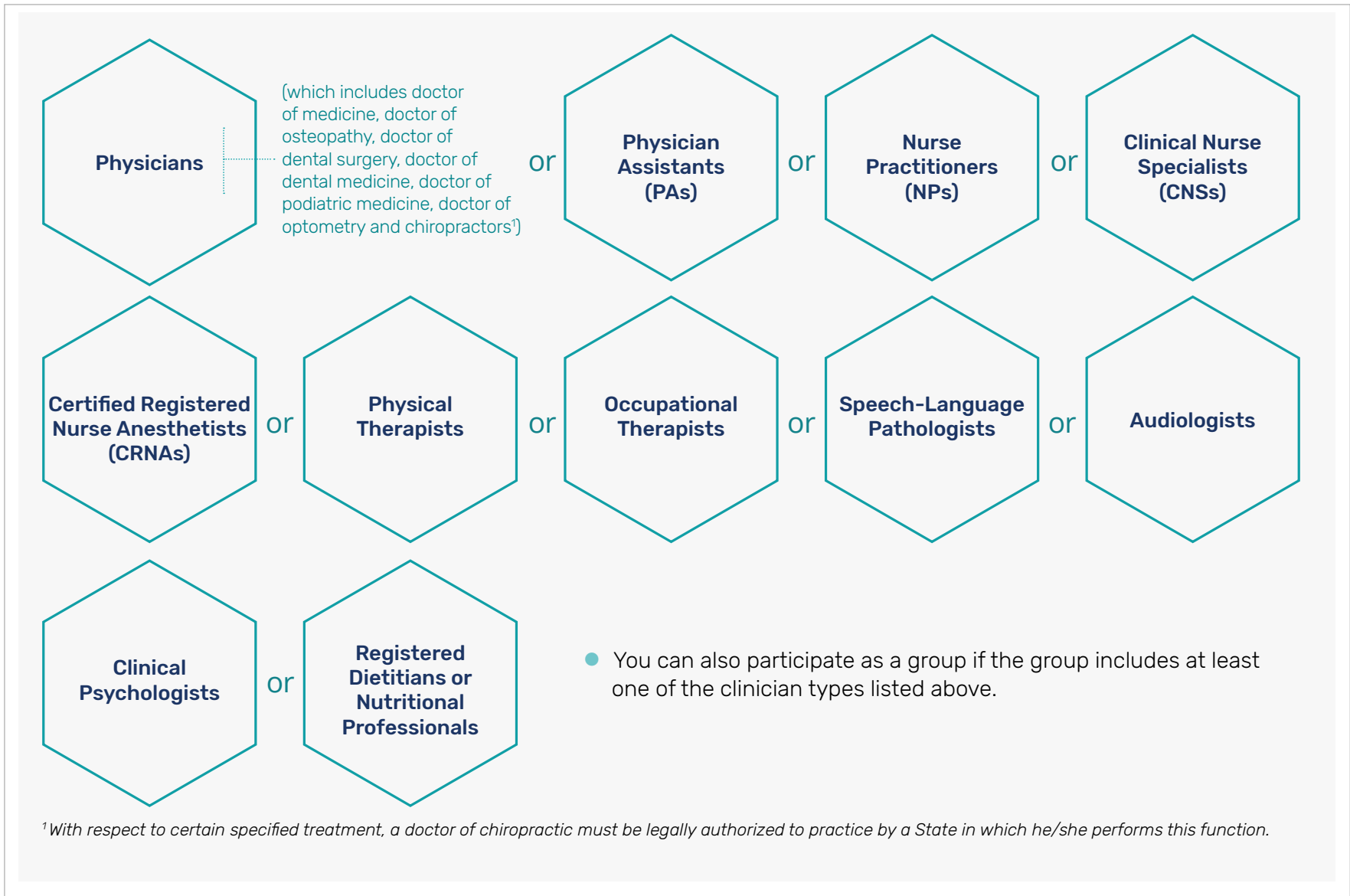


What is the Quality Payment Program?

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 payment rates for clinicians participating in Medicare. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



Who Participates in the Quality Payment Program?



Low-Volume Threshold Criteria

You are part of the MIPS track of the Quality Payment Program if you:

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

Who is Excluded from MIPS?

If you do not exceed all three above criteria for the 2019 performance year, **you are excluded** from MIPS. However, you have the opportunity to opt-in to MIPS if you meet or exceed one or two, but not all, of the low-volume threshold criteria.

You're also excluded from MIPS in the 2019 performance year if you:

Enrolled in Medicare for the first time in 2018

or

Participate in an Advanced APM and are determined to be a Qualifying APM Participant (QP)

or

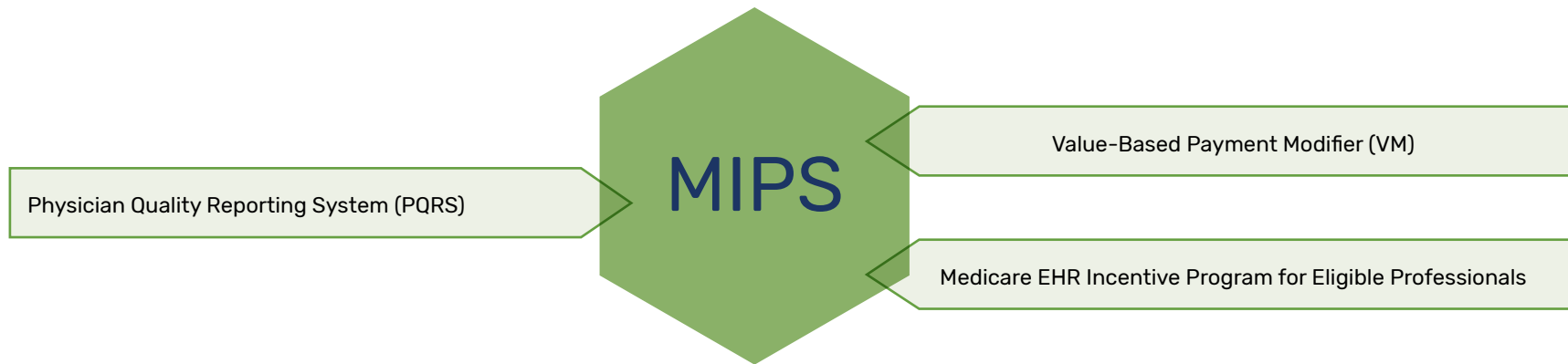
Participate in an Advanced APM and are determined to be a Partial QP and do not elect to participate in MIPS

How Do I Check If I am Eligible to Participate in MIPS?

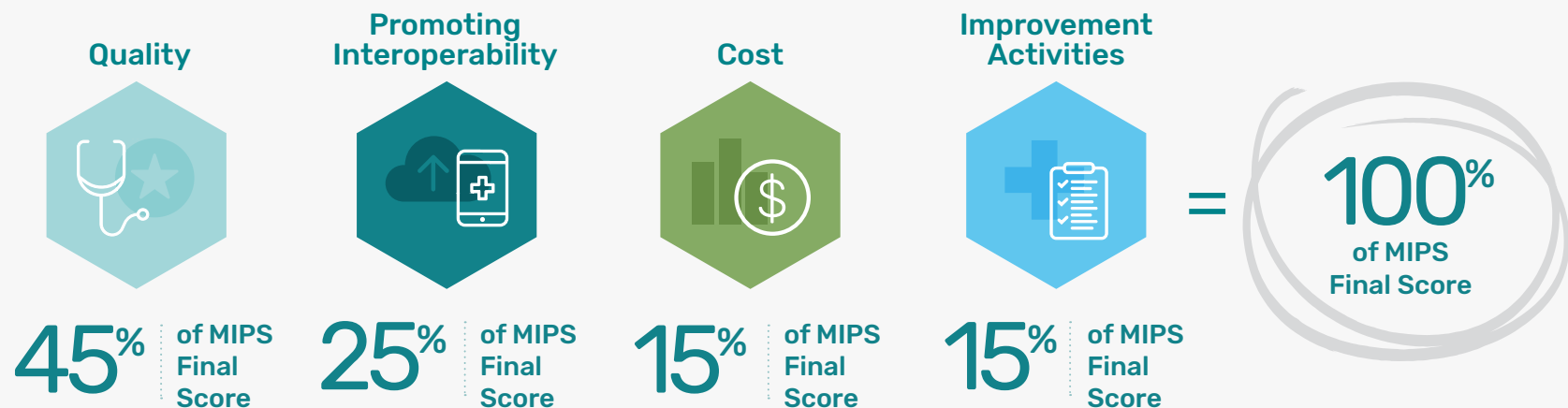
To check if you're eligible to participate in MIPS in 2019, enter your 10-digit National Provider Identifier in the [Quality Payment Program Participation Status Tool](#) on the Quality Payment Program [website](#).

What is MIPS?

MIPS combines three legacy programs—Medicare Electronic Health Record (EHR) Incentive Program for Eligible Professionals, Physician Quality Reporting System, and the Value-Based Payment Modifier—into a single, improved program.



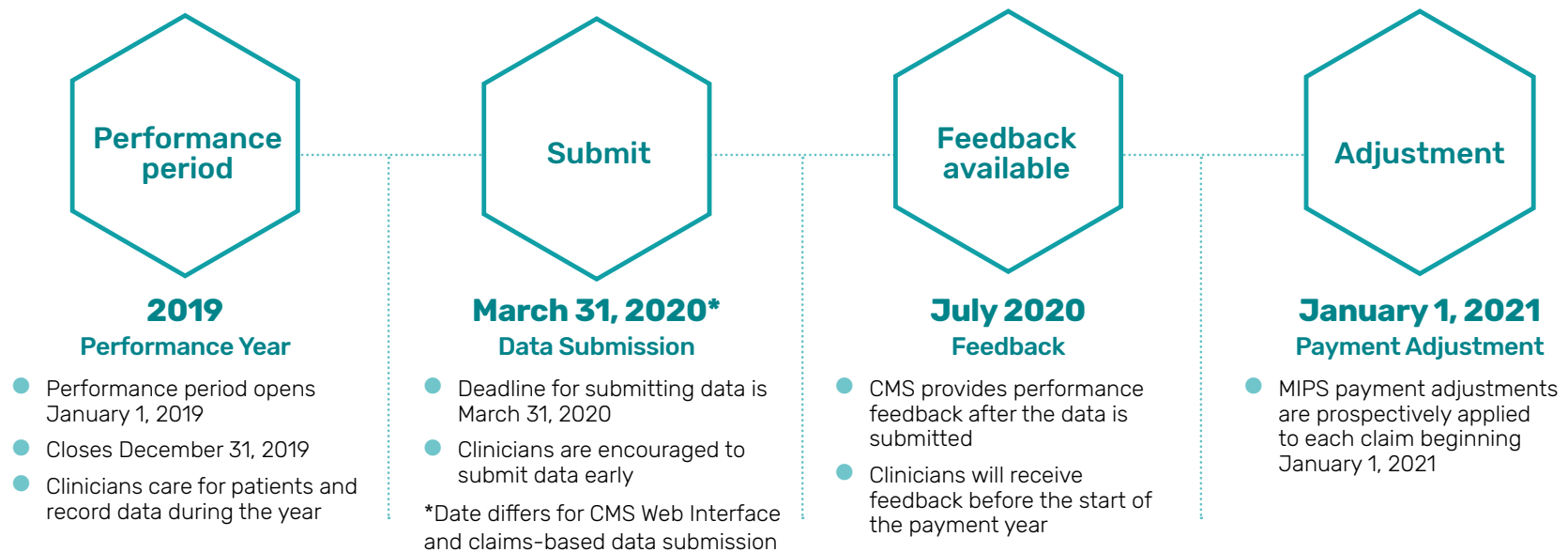
Performance in MIPS is measured through the data clinicians report in four areas: Quality, Cost, Improvement Activities, and Promoting Interoperability. The performance categories have different “weights” and are added together to give you a MIPS final score. [Explore the measures](#) for each category on the Quality Payment Program website.



You can participate in MIPS as an individual, group, or virtual group. Learn more by visiting the Quality Payment Program [website](#).

What is the MIPS Performance Period for 2019?

The 2019 MIPS performance period is from January 1, 2019 to December 31, 2019. For the Cost and Quality performance categories, data is collected for the full year. For the Improvement Activities and Promoting Interoperability performance categories, data is collected for at least a continuous 90-day period. If you submit 2019 data for MIPS by March 31, 2020, you'll receive a positive, negative, or neutral payment adjustment in 2021, which will be based on your MIPS final score.



Where you can go for help

- Visit the Quality Payment Program [Website](#)
- View resources in the [QPP Resource Library](#)
- Contact the Quality Payment Program at 1-866-288-8292/TTY: 1-877-715-6222 or QPP@cms.hhs.gov
- Seek no-cost [technical assistance support](#)