

2018 MIPS Eligibility Redetermination Fact Sheet

Background

Eligibility for the Merit-based Incentive Payment System (MIPS) was determined for the 2018 performance period based on claims and PECOS data ranging from 9/1/2016-8/31/2017 and 9/1/2017-8/31/2018. Clinicians practicing under multiple TINs (including ACO Participant TINs) were provided with a MIPS eligibility determination for each TIN they billed under between 9/1/2016-8/31/2017 and 9/1/2017-8/31/2018.

Clinicians (NPIs) that started billing Part B claims under a TIN between 9/1/2018 and 12/31/2018 will be added as Connected Clinicians under that TIN in the summer of 2019, when 2018 performance feedback is released.

What Does This Mean for our Practice?

1. We have clinicians who started billing under our practice's TIN between 9/1/2018 and 12/31/2018. What does this mean for our 2018 performance period reporting and 2020 MIPS payment adjustments?

This depends on how your practice chooses to participate for the 2018 performance period.

If your TIN is participating at the **individual level** (submitting individual data specific to each MIPS eligible clinician):

- No individual data needs to be submitted by or on behalf of a MIPS eligible clinician (NPI) who started billing under your TIN between 9/1/2018 and 12/31/2018.
- Any data that is submitted by or on behalf of a MIPS eligible clinician (NPI) who started billing under your TIN between 9/1/2018 and 12/31/2018 will be considered a voluntary submission and will not qualify the clinician for a positive or negative MIPS payment adjustment.
- Any MIPS eligible clinician who started billing under your TIN between 9/1/2018 and 12/31/2018 will receive a neutral MIPS payment adjustment under your TIN.

If your TIN is eligible and participating at the **group or virtual group level** (submitting aggregated data on behalf of all eligible clinicians in the group or virtual group):

- The data of a MIPS eligible clinician (NPI) who started billing Medicare Part B claims under your TIN between 9/1/2018 and 12/31/2018 will be included as part of the group or virtual group's submission, as appropriate to the measures and activities you've selected.
- Any MIPS eligible clinician who started billing Medicare Part B claims under your TIN between 9/1/2018 and 12/31/2018 will receive a final score and MIPS payment adjustment based on the group or virtual group's submission.



If your TIN is part of a Shared Savings Program ACO (any track) and participating in MIPS at the **APM Entity level**:

- Any MIPS eligible clinician who started billing under your TIN between 9/1/2018 and 12/31/2018 will be scored under the APM scoring standard and will receive the APM Entity's final score and associated MIPS payment adjustment.

It's important to remember that CMS determines eligibility for each TIN/NPI combination under which a MIPS eligible clinician bills their covered professional services. This means that a MIPS eligible clinician (NPI) may need to report performance data for 2018 and may receive different MIPS payment adjustment(s) in 2020 for each TIN/NPI combination. To determine whether that is necessary, we encourage clinicians to check their 2018 MIPS eligibility status for each practice they participated in during 2018 on qpp.cms.gov using the [QPP Participation Status Tool](#).

For each practice where a clinician was individually eligible to participate in MIPS prior to September 1, 2018, he or she will need to submit 2018 performance data either individually or as part of a group by April 2, 2019. If enough data is submitted to earn a score equal to or greater than the performance threshold (15 points), he or she will avoid a negative payment adjustment (up to -5 percent) under that practice in 2020.

2. We have MIPS eligible clinicians who left our practice during the performance period. What does this mean for our 2018 performance period reporting and 2020 MIPS payment adjustments?

This depends on how your practice chooses to participate in MIPS for the 2018 performance period.

If your TIN is participating at the **individual level** (submitting data on behalf of each MIPS eligible clinician):

- A MIPS eligible clinician is responsible for ensuring that their data is submitted for the applicable performance period.
- Your TIN is not required to submit individual data on behalf of a MIPS eligible clinician (NPI) who left your practice during the 2018 performance period, but please consider doing so if you have the data available.
- If your TIN submits individual data on behalf a MIPS eligible clinician who left your practice, he or she will receive a final score based on the data submitted and may receive a MIPS payment adjustment associated with your practice.
- If your TIN does not submit individual data on behalf of a MIPS eligible clinician who left your practice, he or she will receive a final score of 0 and may receive a -5 percent MIPS payment adjustment associated with your practice.

If your TIN is participating at the **group or virtual group level** (submitting aggregated data on behalf of all eligible clinicians in the group or virtual group):

- You must include data from all eligible clinicians who were with your practice during the performance period, including those who have left your practice, as appropriate to the measures and activities you've selected.
- All MIPS eligible clinicians in the group, including those who have left your practice, will receive a final score and MIPS payment adjustment based on the group or virtual group's submission.

Keep in mind that MIPS payment adjustments are applied at the TIN/NPI level and follow the clinician. If a MIPS eligible clinician was with your practice during the 2018 performance period, but leaves before the 2020 MIPS payment year, any MIPS payment adjustment received by the clinician based on 2018 performance with your practice will not impact your practice's payments in 2020 because the clinician would no longer be billing under your practice's TIN.

Did the Same Policy Apply for the 2017 Performance Period?

For the 2017 performance period, a MIPS eligible clinician who started billing under a new TIN between 9/1/17 and 12/31/17 received a neutral MIPS payment adjustment for that TIN, regardless of whether the clinicians who billed under the TIN participated in MIPS as individuals or as a group. In 2017, we lacked the technical capabilities to attribute a group final score and associated MIPS payment adjustment to MIPS eligible clinicians who started billing under a new TIN between 9/1/17 and 12/31/17 in accordance with our generally applicable group scoring rules. While these clinicians were part of the group during the performance period, they weren't captured in our systems because they began billing Part B claims under the TIN after the eligibility determination period.


For the 2018 performance period, we've made technical enhancements that will allow us to attribute a group final score and associated MIPS payment adjustment to all MIPS eligible clinicians who billed Part B claims under the group's TIN during the performance period. As a result, MIPS eligible clinicians who started billing Part B claims under a TIN between 9/1/18 and 12/31/18 will receive a neutral MIPS payment adjustment when the clinicians who billed under the TIN participate in MIPS as individuals, but will receive the group/virtual group final score and associated MIPS payment adjustment when the clinicians who billed under the TIN participate in MIPS as a group or part of a virtual group.

Can you Give me an Example of how the 2020 Payment Adjustment Would Work?

Dr. Jones is a MIPS eligible clinician who is individually eligible for MIPS at Mercy Medical Practice for the 2018 performance period.

Dr. Jones left Mercy Medical Practice and joined (started billing claims at) a new practice, Community Health Practitioners, in September 2018.

Mercy Medical Practice reported for MIPS as individuals and submitted data on behalf of Dr.



Jones, resulting in a final score of 50 and an associated payment adjustment of 1.5 percent.

Community Health Practitioners also reported as individuals. Because she joined and reassigned billing rights to the practice in September 2018, she will receive a neutral (0 percent) payment adjustment at the practice.

- If Dr. Jones remains at Community Health Practitioners in the 2020 payment year, she will receive a 0 percent payment adjustment on covered professional services that she furnishes and bills under the practice's TIN.
- If Dr. Jones returns to Mercy Medical Practice in the 2020 payment year, she will receive a +1.5 percent payment adjustment on covered professional services that she furnishes and bills under the practice's TIN.
- If Dr. Jones moves to a new practice and reassigns billing rights in the 2020 payment year, she will receive a +1.5 percent payment adjustment, the most advantageous available to her, on covered professional services that she furnishes and bills under the practice's TIN.