QUALITY PAYMENT PROGRAM PARTICIPATION IN 2019: RESULTS AT-A-GLANCE¹

In the 2019 performance year for the Quality Payment Program:

97.44%

were engaged in QPP in 2019

More clinicians participated in MIPS APMs than in 2018

6.83%

received reweighting of one or more MIPS performance categories

Snapshot of 2021 Payment Adjustments for MIPS Eligible Clinicians

84%

will receive an additional adjustment for exceptional performance

12%

will receive a positive payment adjustment

4%

will receive a neutral adjustment (no increase of decrease)

0%

will receive a negative payment adjustment

General Participation Numbers in 2019

954,614

Total clinicians who will receive a MIPS payment adjustment (positive, neutral, or negative) 930,219

Total **engaged** clinicians who will receive a MIPS score and payment adjustment (positive, neutral, or negative) 195,564

Total number of Qualifying APM Participants (QPs) 27,995

Total number of Partial QPs

Payment Adjustment Highlights for MIPS Eligible Clinicians who participated in QPP:

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Percent	of participatir	ng clinicians	Negative* 0-29.99 pts		Neutral 30.00 pts		Positive 30.01–74.99 pts		Exceptional 75.00-100.00 pts	
paymen	receive that r t adjustment*	*	0%		4%		12%		84%	
	ustment		-0.01%		0.00%		0.00%		0.09%	
Max Adj	justment		-7.00%		0.00%		0.00%		1.79%	
Min Fina	al Score		0.00		30.00		30.01		75.00	
Max Fin	al Score		29.99		30.00		74.99		100.00	

Payment Adjustment Highlights for MIPS Eligible Clinicians who were engaged in QPP:

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
			Negative*		Neutral		Positive		Exceptional	
who will paymen	of participatir receive that r t adjustment*	relevant *	0-29.99 pts 0 %		30.00 pts 2 %		30.01-74.99 pts 12 [%]		75.00–100.00 pts 86 %	
Min Adj	ustment		-0.01%		0.00%		0.00%		0.09%	
Max Ad	justment		-7.00%		0.00%		0.00%		1.79%	
Min Fina	al Score		0.00		30.00		30.01		75.00	
Max Fin	al Score		29.00		30.00		74.99		100.00	

¹ Note: 2019 data presented throughout this infographic was pulled before targeted reviews.

^{**} These percentages have been rounded to whole numbers for this infographic



^{*} For negative payment adjustments only: The Minimum Final Score is associated with the Maximum Payment Adjustment

Overall MIPS Participation Numbers in 2018 vs. 2019

The following data outlines the performance threshold distribution in MIPS among eligible **individuals, groups, virtual groups¹,** and those who participated through a MIPS APM. CMS defines participating clinicians as those who received a score greater than 0, including clinicians whose score is based solely on an Extreme and Uncontrollable Circumstances Exception and those reporting as individuals whose score is based solely on measures calculated by CMS. The chart also includes data on the number of Qualifying APM Participants (QPs) that were excluded from MIPS and on the total number of Partial QPs, some of whom elected to participate in MIPS.

For more details on the final scores and payment adjustments, move your cursor over the numbers in the following tables.

	2018	vs.	2019
Total clinicians receiving a MIPS payment adjustment (positive, neutral, ² or negative)	889,995		954,614
Percent of clinicians with a final score at or above the exceptional performance threshold	84.16%		83.69%
Percent of clinicians with a final score above the performance threshold and below the exceptional performance threshold	13.39%		11.63%
Percent of clinicians with a final score at the performance threshold	0.45%		4.36%
Percent of clinicians with a final score below the performance threshold	2.01%		0.32%
Total number of QPs	183,306		195,564
Total number of Partial QPs	47		27,995

MIPS Eligible Clinicians³ who participated in the Quality Payment Program (QPP):

99.99%

of MIPS eligible clinicians participated in QPP

99.97%

of MIPS eligible clinicians in small practices participated in QPP 538,323

participated in MIPS as individuals or groups

416,281

participated in MIPS through Alternative Payment Models (APMs)

³ Note: Clinicians are identified under QPP by their unique Taxpayer Identification Number/National Provider Identifier combination (TIN/NPI).



¹ Under MIPS, an individual is a single TIN/NPI; a group is 2 or more NPIs billing under a single TIN.

² The neutral score in 2018 was 15, and in 2019, it was 30.

Overall Engaged Participation Numbers in 2018 vs. 2019

The following data outlines the performance threshold distributions in MIPS among **engaged individuals, groups, virtual groups, and those who participated through a MIPS APM**. CMS defines engaged clinicians as those who have submitted some data to the program at the individual, group, virtual group, or APM Entity level **(e.g., submitted one or more quality measures, attested to one or more improvement activities, etc.)**

	2018		2019
	2010	VS.	2019
Total engaged clinicians receiving a MIPS score and payment adjustment (positive, neutral, or negative)	871,838		930,219
Percent of engaged clinicians with a final score at or above the exceptional performance threshold	85.89%		85.70%
Percent of engaged clinicians with a final score above the performance threshold and below the exceptional performance threshold	13.64%		11.94%
Percent of engaged clinicians with a final score at the performance threshold	0.18%		2.03%
Percent of engaged clinicians with a final score below the performance threshold	0.29%		0.33%

MIPS Eligible Clinicians who were engaged in QPP:

97.44% of MIPS eligible clinicians were engaged in QPP

85.22%of MIPS eligible clinicians in small practices were engaged in QPP

65,237
received reweighting of one or more MIPS performance categories

29,136
received reweighting
of all performance
categories and were
assigned a score equal to
the performance threshold



Mean and Median National Final Scores in 2018 vs. 2019

The following table outlines the mean and median scores in MIPS among eligible **clinicians and small practices**¹. Mean is the sum of all Final Scores divided by count of Final Scores by unique TIN/NPI; median is the midpoint in distribution of all Final Scores.

	2018 vs.	2019
Mean Score (out of 100 points)	86.96	85.55
Mean score for small practices	65.69	68.99
Median score (out of 100 points)	99.63	92.31
Median score for small practices	81.16	77.04

Individual and Group Participation Numbers in 2018 vs. 2019 (excluding MIPS APM participants)

The following table outlines the performance threshold distribution in MIPS among eligible **individuals and groups**. It does not include data for those who participated through a MIPS APM.

	2018	vs.	2019
Total clinicians receiving a MIPS score and payment adjustment (positive, neutral, or negative)	559,230		538,186
Percent of clinicians with a final score at or above the exceptional performance threshold	73.83%		74.00%
Percent of clinicians above the performance threshold and below the exceptional performance threshold	22.10%		20.02%
Percent of clinicians with a final score at the performance threshold	0.74%		5.43%
Percent of clinicians with a final score below the performance threshold	3.30%		0.55%



MIPS APM Participation Numbers in 2018 vs. 2019 (excluding individuals and groups)

The following data outlines the performance threshold distribution in MIPS among **those who participated through a MIPS APM**. It does not include data for individuals and groups.

	2018	vs.	2019	
Total clinicians receiving a MIPS score and payment adjustment (positive, neutral, or negative)	356,546		416,281	
Percent of clinicians with a final score at or above the exceptional performance threshold	99.60%		95.88%	
Percent of clinicians with a final score above the performance threshold and below the exceptional performance threshold	0.40%		1.08%	
Percent of clinicians with a final score at the performance threshold	0.01%		3.01%	
Percent of clinicians with a final score below the performance threshold	0%		0.04%	

Note

The MIPS Extreme and Uncontrollable Circumstances policy doesn't affect the Quality Payment Program's budget neutrality requirement. MIPS payment adjustments are required by law to be budget neutral. Generally stated, budget neutrality means that the projected positive payment adjustments must be balanced by the projected negative payment adjustments. Given the relatively low performance threshold, the majority of negative MIPS payment adjustments to date have resulted from individually eligible clinicians who did not submit data.

• Under the Automatic Extreme and Uncontrollable Circumstances policy, we assigned these individual clinicians a neutral adjustment instead of the maximum negative payment adjustment.

As a result, MIPS eligible clinicians with a final score between 30.01 – 74.99 points are seeing a 2021 payment adjustment of 0.00% displayed in performance feedback.

MIPS eligible clinicians with a final score above the performance threshold (75.00 points for the 2019 performance year) are eligible for an additional positive adjustment for exceptional performance. This additional positive payment adjustment is not subject to budget neutrality, but we do apply a scaling factor to account for available funds. For 2019, clinicians with a final score above 75.00 points will receive a positive adjustment ranging from 0.09% to a maximum of 1.79%.

Need Help?

To learn more about the Quality Payment Program:

- Visit <u>QPP.CMS.GOV</u>.
- Small, underserved, and rural practices: find your local support organization for no-cost technical assistance.
- Contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: <u>QPP@cms.hhs.gov</u>. Customers who
 are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

