

Quality Payment PROGRAM

2018 Medicare Shared Savings Program and Merit-based Incentive Payment System (MIPS) Interactions

ACO Status	MIPS Performance Category, Scoring, and Eligibility Status					
	Quality	Improvement Activities (IA)	Promoting Interoperability (PI)	Cost	Low Volume Threshold	Eligible for MIPS Alternative Payment Model (APM) Scoring Standard
ACO successfully reports quality¹	Eligible clinicians in the ACO ² get a quality performance score based on the CMS Web Interface and CAHPS for ACO quality measures that are reported by the ACO.	Eligible clinicians in the ACO get full credit based on ACO participation. No additional reporting is necessary.	ACO participant TINs report at the group level or solo practice level for eligible clinicians subject to PI. ³ Data is aggregated and weighted to get a single ACO score that applies to all eligible clinicians.	N/A under the APM scoring standard.	Determined at the ACO level. This means that even if clinicians, or physician groups, are at or below the low volume threshold of \$90,000 in covered professional services under the Medicare PFS, or furnishing covered professional services to less than or equal to 200 beneficiaries, if they bill through the TIN of an ACO participant or if the physician group is an ACO participant they will be subject to MIPS if the ACO exceeds the low volume threshold. It is rare that an ACO does not exceed the low volume threshold.	Yes, based on ACO performance on CMS Web Interface and CAHPS for ACO quality measures, IA full credit, and aggregated and weighted ACO performance on PI measures. Quality is weighted at 50%, IA at 20%, and PI at 30%.

¹ The ACO must successfully report the CMS Web Interface and CAHPS for ACO quality measures.

² For purposes of this table, the term “ACO” equates to an APM Entity—a defined term in the Quality Payment Program.

³ More information on PI reporting and requirements are available in the [PI Fact Sheet](#).



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ACO doesn't successfully report quality	<p>Eligible clinicians get a quality performance score of zero unless the ACO participant TIN reports separately from the ACO.</p> <ul style="list-style-type: none"> Groups may report using registry, QCDR, EHR, CAHPS for MIPS or Web Interface (if the TIN registered for Web Interface or CAHPS for MIPS reporting) submission methods. Solo practices may report using QCDR, claims, EHR, and registry submission methods.⁴ 	<p>Eligible clinicians in the ACO get full credit based on ACO participation. No additional reporting is necessary.</p>	<p>ACO participant TINs report and are scored at the group level or solo practice level for eligible clinicians subject to PI.</p>	<p>N/A under the APM scoring standard.</p>	<p>Determined at the ACO level. This means that even if clinicians, or physician groups, are at or below the low volume threshold of \$90,000 in covered professional services under the Medicare PFS, or furnishing covered professional services to less than or equal to 200 beneficiaries, if they bill through the TIN of an ACO participant or if the physician group is an ACO participant, they will be subject to MIPS if the ACO exceeds the low volume threshold. It is rare that an ACO does not exceed the low volume threshold.</p>	<p>Yes, based on ACO participant TIN's performance on quality measures reported outside of the ACO, IA full credit, and ACO participant TIN's performance on PI. Quality is weighted at 50%, IA at 20%, and PI at 30%.</p>

⁴ More information regarding MIPS group reporting is available in the [MIPS Group Participation Resource](#).

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ACO's Medicare Shared Savings Program Agreement is Terminated	<p><u>Agreement is terminated on or after March 31st of the performance year:</u> Eligible clinicians in ACO participant TINs are subject to APM scoring standard rules for ACOs. The rules that apply for MIPS APM reporting and scoring depend on whether the ACO successfully reports as explained in the rows above. Please note that regardless of whether the ACO successfully reports quality, eligible clinicians will get full credit for IA, which is enough to earn at least a neutral MIPS adjustment in 2020.</p> <p><u>Agreement is terminated before March 31st of the performance year:</u> Eligible clinicians in ACO participant TINs must participate in MIPS either at the group or individual level and will be subject to regular MIPS scoring rules. For more information on MIPS scoring rules for an individual or group, please visit: https://qpp.cms.gov/mips/overview.</p>					
Qualifying APM Participant	<p>Eligible clinicians who reassigned their billing rights to an ACO participant TIN in a Track 2, Track 3, or Track 1+ Model ACO and are identified in one of the first 3 performance year snapshots (March 31, June 30, and August 31) during the 2018 QP performance period may become Qualifying APM Participants (QPs)⁵ for the year. If these eligible clinicians meet thresholds to become QPs for the year, they will receive an APM incentive payment and be excluded from MIPS.</p> <p>Note, if a Track 1+ Model ACO Track 2 or Track 3 ACO terminates its participation in the Shared Savings Program after March 31st and before August 31st, its eligible clinicians will lose QP status and become MIPS eligible. These clinicians should keep working with their ACO to report quality measures in order to benefit from the APM scoring standard. These clinicians will get full credit for IA and should also report PI at the group or solo practice level. While they will no longer be eligible to receive an APM incentive payment, the eligible clinicians will still be scored under the MIPS APM Scoring Standard and may earn a positive MIPS payment adjustment.</p>					

⁵ More information on QPs is available in the [QPs Methodology Fact Sheet](#).