

Merit-based Incentive Payment System (MIPS)

Eligibility and Participation in the 2021
Performance Year: Traditional MIPS

Updated: 08/06/2021



Contents

Already know what MIPS is?
Skip ahead by clicking the links in the Table of Contents.

<u>How to Use This Guide</u>	<u>3</u>
<u>Overview</u>	<u>5</u>
<u>MIPS Eligibility and Participation Overview</u>	<u>11</u>
<u>How MIPS Eligibility is Determined</u>	<u>15</u>
<u>MIPS Participation</u>	<u>27</u>
<u>Reporting Factors</u>	<u>33</u>
<u>MIPS Payment Adjustments</u>	<u>39</u>
<u>Help, Resources, and Version History</u>	<u>42</u>
<u>Appendix</u>	<u>46</u>

Purpose: This detailed resource focuses on eligibility and participation requirements for the 2021 MIPS performance year, including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource doesn't address eligibility and participation requirements under the Alternative Payment Model Pathway (APP).





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 [QPP website](#) are included throughout the guide to direct you to more information and resources.



Overview

COVID-19 and 2021 Participation

The 2019 Coronavirus (COVID-19) public health emergency continues to impact all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2021 performance year, we will continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID - 19 public health emergency. The application will be available in spring 2021 along with additional resources.

Due to the anticipated need for continued COVID-19 clinical trials and data collection, MIPS eligible clinicians, groups, and virtual groups that meet the improvement activity criteria will be able to receive credit for the COVID-19 Clinical Reporting with or without Clinical Trial improvement activity for the 2021 performance year.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the [QPP COVID-19 Response webpage](#).



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 Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of 2 ways:



* Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in 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 reward them for improving the quality of patient care and health outcomes.

Under MIPS, we evaluate your performance across multiple performance 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.
- 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 how to participate in MIPS:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on [the QPP website](#).
- View the [2021 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).

What is the Merit-based Incentive Payment System? (Continued)

Traditional MIPS, established in the first year of the QPP, 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 **APM Performance Pathway (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 (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 didn't propose any MVPs for implementation in 2021 but intend to do so through future rulemaking.

To learn more about the APP:

- Visit the [APM Performance Pathway \(APP\) webpage](#) on the QPP website.
- View the following:
 - [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet](#);
 - [2021 APM Performance Pathway \(APP\) Infographic](#);
 - [2021 APM Performance Pathway Reporting Scenarios](#);
 - [2021 APM Performance Pathway Quick Start Guide](#).

To learn more about MVPs:

- Visit the [MIPS Value Pathways \(MVPs\) webpage](#) on the QPP website.

What is the Merit-based Incentive Payment System? (Continued)

Traditional MIPS Performance Category Weights in 2021: Individual, Group, and Virtual Group Participation

Quality



40% of MIPS Score

Cost



20% of MIPS Score

Improvement
Activities



15% of MIPS Score

Promoting
Interoperability



25% of MIPS Score

Traditional MIPS Performance Category Weights in 2021: APM Entity Participation

55% Quality

0% Cost

15% Improvement
Activities

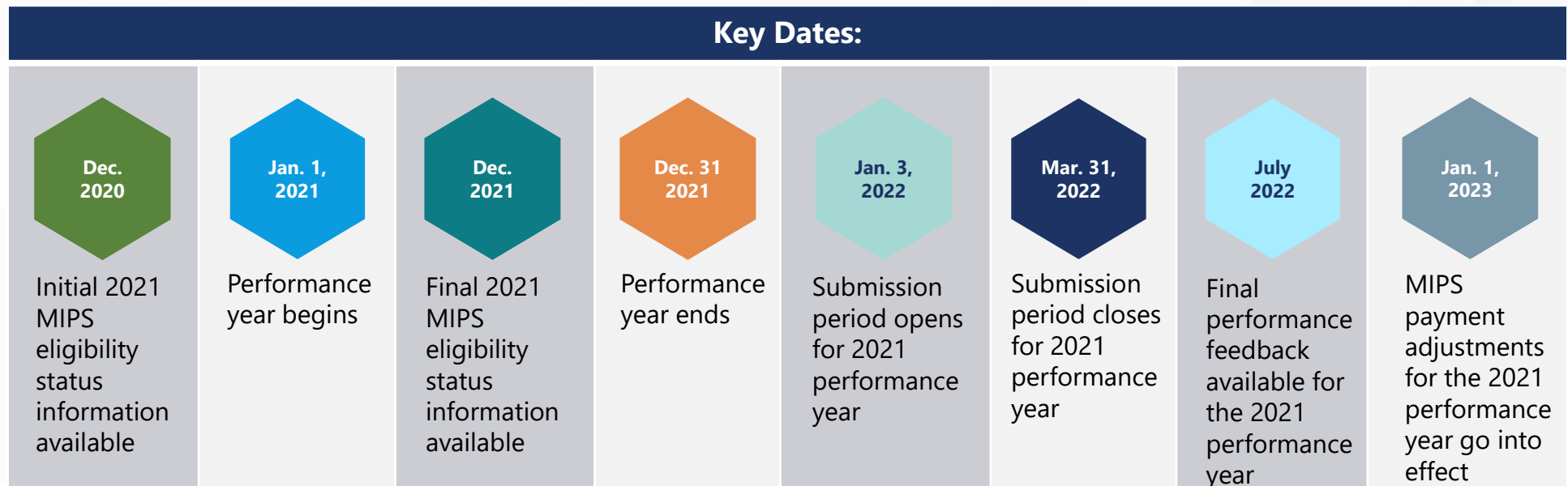
30% Promoting
Interoperability



MIPS Eligibility and Participation Overview

MIPS Eligibility and Participation Timeline

Key Dates:



MIPS Eligibility and Participation at a Glance

This user guide outlines details about MIPS eligibility and participation under traditional MIPS, and will cover:

- How to Check Your Eligibility Status and Participation Options
- Eligibility Basics
- Participation Basics
- Reporting Factors
- MIPS Payment Adjustments

Eligibility requirements are the same for both reporting frameworks. However, the participation options vary between traditional MIPS and the APP. For information about APP participation, please refer to the [APP Fact Sheet \(PDF\)](#) and the [2021 APP Quick Start Guide \(PDF\)](#). For more information about participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [Quality Payment Program Resource Library](#).

How to Check Your Eligibility and Participation

To quickly assess your eligibility status, you may use the:

- [QPP Participation Status Tool](#), or
- Sign in to qpp.cms.gov

Helpful Hint: Your initial eligibility status is available until December 2021, after which your final eligibility status will be available.

QPP Participation Status Tool

To use the status tool, enter your 10-digit [National Provider Identifier \(NPI\)](#) and make sure you're viewing your PY 2021 Eligibility Status:

PY 2017

PY 2018


PY 2019

PY 2020

PY 2021

2021 Participation Status

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

Please note that the QPP Participation Status Tool is only a technical resource and is not dispositive of any eligible clinician's, group's, or organization's status under QPP. For more information, please refer to the Quality Payment Program regulations at 42 C.F.R. part 414 subpart O.

MIPS Eligibility and Participation Overview

Sign in to qpp.cms.gov

Groups identified by a single Taxpayer Identification Number (TIN) can review and download eligibility information for all clinicians in the practice by signing into the [QPP website](#):

When you sign in before eligibility is updated in December 2021:

- Your clinician list displays the clinicians who appeared in your TIN's Part B claims submitted with dates of service from Oct. 1, 2019 to Sept. 30, 2020 and received by CMS by October 30, 2020.

The screenshot shows the 'QPP Account' sign-in page. At the top, there are 'SIGN IN' and 'REGISTER' buttons. Below them is the heading 'Sign in to QPP'. There are two input fields: 'USER ID' and 'PASSWORD'. Below the password field is a checkbox labeled 'Show password'. At the bottom, there is a link: 'Forgot your user id or password? [Recover ID or reset password](#)'.

When you sign in after eligibility is updated in December 2021:

- Your clinician list displays the clinicians who appeared in your TIN's Part B claims submitted with dates of service from Oct. 1, 2020 to Sept. 30, 2021 and received by CMS by October 30, 2021.
- If you have clinicians who participate in a MIPS APM, you may also see clinicians who did not bill Part B claims but were identified as part of your practice on an APM participation list.

The screenshot shows the 'Eligibility & Reporting' dashboard for 'PY 2021'. On the left is a sidebar with navigation links: 'Account Home', 'Eligibility & Reporting', 'Performance Feedback', 'Doctors & Clinicians Preview', 'Exceptions Application', 'Targeted Review', 'Reports', 'Manage Access', and 'Help and Support'. The main content area has a 'Performance Year 2021' dropdown. Below this is a message: 'Your Performance Year 2021 eligibility status can be updated throughout the year based on:' followed by three bullet points with links to 'Learn more'. There are two tabs: 'REGISTRIES' and 'PRACTICES'. Below the tabs is a search bar 'Search by practice name' with a magnifying glass icon. Below the search bar, it says '3 Practices | Download'. The first practice listed is 'Pfeffer Group' with TIN: #0008394033 | 01712 Amy Well Apt. 337 Suite 5150, Douglasburgh, NM 693839346567033. It is marked as 'MIPS ELIGIBLE' and 'Exceeds Low Volume Threshold: Yes'. It also shows 'Medicare Patients at this practice: 485,804'. On the right side of the dashboard, there is a message 'Reporting for PY 2021 is not yet open' and a 'START REPORTING' button. Below that is a link 'View clinician eligibility'.



How MIPS Eligibility is Determined

How MIPS Eligibility is Determined

Eligibility Basics

Your eligibility is based on your:

- National Provider Identifier (NPI) and
- Associated Taxpayer Identification Numbers (TINs).

A TIN can belong to:

- You, if you're self-employed,
- A group or practice, or
- An organization like a hospital.

When you reassign your Medicare billing rights to a TIN, your NPI becomes associated with that TIN. This association is referred to as a TIN/NPI combination.

If you reassign your billing rights to multiple TINs and/or bill Medicare Part B claims under multiple TINs, you'll have multiple TIN/NPI combinations. You should check the eligibility status for each of your TIN/NPI combinations.

We evaluate each TIN/NPI combination for MIPS eligibility and use TINs to evaluate practices for eligibility.

You're a MIPS eligible clinician if you:

Are a MIPS
eligible
clinician type

AND

Exceed all 3 elements of the low-volume threshold as an individual or are participating as a group that exceeds the low-volume threshold or are part of a CMS-approved virtual group

AND

Enrolled in Medicare
before January 1,
2021

AND

Don't become a
Qualifying APM
Participant (QP) or
Partial QP

How MIPS Eligibility is Determined

Eligibility Basics (Continued)

You're **not eligible** for MIPS if you:

Are not a MIPS eligible
clinician type

OR

Enrolled in Medicare after January 1,
2021

OR

Became a Qualifying APM
Participant (QP) or Partial QP

You may also be ineligible for MIPS based on the low-volume threshold.

Clinicians with Partial QP status may elect to participate in MIPS and receive a payment adjustment.

MIPS Determination Period

To determine MIPS eligibility, we review Medicare Part B claims and Provider Enrollment, Chain, and Ownership System (PECOS) data for clinicians and practices during two 12-month segments—referred to as the MIPS Determination Period—to see if you meet the [low-volume threshold](#) criteria.

Each review, or “segment,” looks at a 12-month period. Data from the first segment is released as preliminary eligibility. Data from the second segment is reconciled with the first segment and released as the final eligibility determination.

Segment One:

October 1, 2019 – September 30, 2020

AND

Segment Two:

October 1, 2020 – September 30, 2021



How MIPS Eligibility is Determined

MIPS Eligible Clinician Types

If you're not one of the following clinician types, you're excluded from MIPS reporting:

Physicians*

*Including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry

¹With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function.

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

Clinical Psychologists

Physical Therapists

Occupational Therapists

Qualified Speech-Language Pathologists

Qualified Audiologists

Registered Dietitians or Nutritional Professionals

Chiropractors¹

Osteopathic Practitioners

There's no change in MIPS eligible clinician types from 2020.

How MIPS Eligibility is Determined

MIPS Low-volume Threshold

We look at your Medicare Part B claims data from the two 12-month segments of the MIPS Determination Period to assess the volume of care you provide to Medicare patients against the low-volume threshold.

The 3 low-volume threshold criteria are:

Charges: bill more than \$90,000 for Part B covered professional services under the Physician Fee Schedule (PFS)

AND

Patient count: see more than 200 Part B patients

AND

Covered services: provide more than 200 covered professional services to Part B patients

TIP: One professional claim line with positive allowed charges is considered one covered professional service.

We apply the low-volume threshold at the:

TIN/NPI level to determine
individual eligibility

TIN level for **group** eligibility

MIPS Low-volume Threshold (Continued)

Clinicians and practices must exceed all 3 of the low-volume threshold criteria during both 12-month segments of the [MIPS Determination Period](#) to be eligible for MIPS.

If you or your group exceed 1 or 2 but not all 3 low-volume threshold criteria during one of the 12-month segments of the MIPS Determination period and are a MIPS eligible clinician type, enrolled in Medicare as a clinician before January 1, 2021, and do not have a QP or Partial QP status, you have the option to participate in MIPS through the following means:

- [Opt-In Reporting](#); or
- [Voluntary Reporting](#).

Note: If you join a new practice (establish a new TIN/NPI combination) in the second 12-month segment of the MIPS Determination Period, your eligibility at that practice is based solely on the second segment.

Reminder: Beginning with the 2021 performance year, 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. For example, if an 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.

How MIPS Eligibility is Determined

Applying the Low-volume Threshold

We evaluate eligible clinicians under each TIN/NPI combination for eligibility against the low-volume threshold at both the individual and group level. The participation options available to you are informed by your eligibility status:

Individual (TIN/NPI) Level	Group (TIN) Level
<p>If you exceed all 3 low-volume threshold criteria as an individual:</p> <ul style="list-style-type: none">You are eligible for MIPS and are required to participate.You can participate in MIPS and report MIPS data individually, as part of a group, or both.You can participate in traditional MIPS as a virtual group if you're part of a CMS-approved virtual group.If you're also a MIPS APM participant, you can participate as an APM EntityIf you as an individual are identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during the performance period, you can report to MIPS via the APP at the individual, group, and/or APM Entity levels.²If you're required to participate in MIPS, you'll receive a MIPS payment adjustment based on the data you submit or do not submit.	<p>If your practice exceeds all 3 low-volume threshold criteria as a group:</p> <ul style="list-style-type: none">The practice is eligible for MIPS and can choose whether or not to participate as a group. If an individual clinician is MIPS eligible at the group level only, his/her practice can participate in MIPS as a group but is not required to do so.If the practice does not participate as a group or as part of a virtual group, all of the MIPS eligible clinicians in the practice who exceed the low-volume threshold at the individual level must participate as individuals.The practice can participate in MIPS as a virtual group if the practice is part of a CMS-approved virtual group.If the practice is also a MIPS APM participant, the practice can participate in traditional MIPS as an APM EntityIf the practice is identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during the performance period, the practice can report to MIPS via the APP at the group, and/or APM Entity levels.
<p>If you don't exceed all 3 low-volume threshold criteria as an individual:</p> <ul style="list-style-type: none">You are not required to participate.You are ineligible for MIPS unless your practice is eligible and chooses to participate as a group or CMS-approved virtual group.You can voluntarily report as an individual.You may be eligible to opt-in as an individual.	<p>If your practice doesn't exceed all 3 low-volume threshold criteria as a group:</p> <ul style="list-style-type: none">The practice can voluntarily report as a group.The practice may be eligible to opt-in as a group.

²The APP is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any of the four snapshot dates (March 31, June 30, August 31, and December 31) during a performance period. The APP is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels beginning with the 2021 performance year.



Applying the Low-volume Threshold (Continued)

Virtual Group Level

For eligible clinicians participating in a virtual group, the low-volume threshold is assessed at the group (TIN) level, not at the virtual group level nor the individual level. If you participate in a virtual group, then you may be MIPS eligible in a virtual group. To be MIPS eligible in a virtual group you must:

- Be identified as a [MIPS eligible clinician type](#) on Medicare Part B claims,
- Have enrolled as a Medicare provider before January 1, 2021,
- Not be a QP, and
- Participate in a practice that exceeds the [low-volume threshold](#) and is part of a virtual group.

If you're MIPS eligible in a virtual group, the virtual group is required to report your data.

Curious about how your eligibility can change? Continue to the next page for information on how your eligibility status can change between the two 12-month segments of the MIPS Determination Period.

How MIPS Eligibility is Determined

How MIPS Eligibility Status Can Change

Your eligibility status can change between now and December 2021 for practices (TINs) you're **currently** associated with:

Eligible	Opt-in Eligible	Exempt
If you are currently eligible , you could: <ul style="list-style-type: none">• Remain eligible;• Become opt-in eligible OR• Become ineligible.	If you are currently opt-in eligible , you could: <ul style="list-style-type: none">• Remain opt-in eligible; OR• Become ineligible.	If you are currently ineligible , you will remain ineligible, unless your QP status changes.
Your available participation and reporting options, but not your eligibility status, will change if you're later identified as a participant in a MIPS APM. MIPS eligible individuals who are also MIPS APM participants may report to MIPS as an individual, group, or APM Entity either through the APP or traditional MIPS.		

How MIPS Eligibility is Determined

Reasons Eligibility Status Can Change (Continued)

Reason	Effect on Individual Eligibility Status
You start to bill Medicare Part B claims under a new practice (TIN) during the second 12-month segment	If you bill Medicare Part B claims under a new TIN/NPI combination during the second 12-month segment, your eligibility status is based solely on the data collected during that 12-month segment.
You bill Medicare Part B claims during the first 12-month segment, but not the second 12-month segment	If you bill Medicare Part B claims during the first 12-month segment, but not the second 12-month segment; you won't be eligible for MIPS under that particular TIN/NPI combination.
You fall below the low-volume threshold during the second 12-month segment	If you exceed the low-volume threshold during the first 12-month segment, but not the second 12-month segment, you won't be required to participate in MIPS as an individual under that TIN/NPI combination.
You change your provider type/specialty code between 12-month segments	<p>If you change your provider type/specialty code between 12-month segments, your clinician type may change and impact your MIPS eligibility.</p> <p>For example, if your initial provider type/specialty code was considered an eligible clinician type and your new provider type/specialty code isn't an eligible clinician type, you will no longer be MIPS eligible.</p>
You're identified on the Participation List or Affiliated Practitioner List of any APM Entity participating in any MIPS APM on any 1 of the 4 snapshot dates (March 31, June 30, August 31, and December 31)	<p>MIPS eligible clinicians within an APM are required to report to MIPS. Clinicians participating in a MIPS APM have the option to report to MIPS via the APP. If they do not wish to report through the APP, then they are required to report via traditional MIPS.</p> <p>Please note: While the APP is required for all Shared Savings Program ACOs, MIPS eligible clinicians participating in those ACOs have the option to report through the APP outside of the ACO or participate in MIPS outside of the APP at the individual or group level.</p>
You're identified as a QP	If you're identified as a QP you'll be excluded from MIPS.
You're identified as a partial QP	If you're identified as a partial QP, you may opt-in to MIPS.

How MIPS Eligibility is Determined

MIPS Eligibility Scenarios

If you join a new practice (establish a new TIN/NPI combination) in the second 12-month segment of the MIPS Determination Period (October 1, 2020 - September 30, 2021), your eligibility at that practice is based solely on this segment.

Ann, a nurse practitioner and MIPS eligible clinician, joined Integrated Care Associates (TIN) on November 15, 2020. Ann was not included in our evaluation of the first 12-month segment of the MIPS Determination Period at Integrated Care Associates. Neither Ann nor Integrated Care Associates are identified as MIPS APM participants.

Individual (TIN/NPI) Low-Volume Threshold Assessment

First 12-month Segment	Second 12-month Segment
No Part B claims data billed under Ann's unique TIN/NPI combination associated with Integrated Care Associates.	<ul style="list-style-type: none">✓ Charges: billed \$92,000 in Part B covered professional services under the PFS✓ Patient Count: saw 202 Part B patients✓ Covered Services: provided 315 covered professional services to Part B patients

Group (TIN) Low-Volume Threshold Assessment

First 12-month Segment	Second 12-month Segment
<ul style="list-style-type: none">✓ Charges: billed \$340,000 in Part B covered professional services under the PFS✓ Patient Count: saw 350 Part B patients✓ Covered Services: provided 380 covered professional services to Part B patients	<ul style="list-style-type: none">✓ Charges: billed \$440,000 in Part B covered professional services under the PFS✓ Patient Count: saw 415 Part B patients✓ Covered Services: provided 450 covered professional services to Part B patients

Outcome: Ann is **MIPS eligible as an individual** at Integrated Care Associates because she exceeds all three [low-volume threshold criteria](#) during the second 12-month segment of the [MIPS Determination Period](#). Newly established TIN/NPI combinations can only be evaluated in the 2nd 12-month segment of the MIPS Determination period.

Integrated Care Associates is **MIPS eligible as a group** because the practice exceeds all [three low-volume threshold criteria](#) in both segments of the [MIPS Determination Period](#).

Ann is required to participate in traditional MIPS as an individual and/or as a group.



How MIPS Eligibility is Determined

MIPS Eligibility Scenarios (Continued)

If you start billing Medicare Part B claims under a new TIN between October 1 and December 31, 2021, you'll:

- Get a neutral payment adjustment if your new practice doesn't report as a group.
- Receive a payment adjustment based on group-level or virtual group-level performance if your new practice reports as a group or as part of a CMS-approved virtual group.

Dr. Ahmed is an optometrist who joined a practice called the Vision Center on October 1, 2021. The Vision Center is MIPS eligible as a group (TIN) and **will** be reporting to MIPS as a group. Neither Dr. Ahmed nor the Vision Center are identified as MIPS APM participants.

Individual (TIN/NPI) Eligibility Assessment

First 12-month Segment

Second 12-month Segment

No Part B claims data billed under Dr. Ahmed's unique TIN/NPI combination associated with the Vision Center.

Group (TIN) Eligibility Assessment

First 12-month Segment

- ✓ **Charges:** billed \$350,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 450 Part B patients
- ✓ **Covered Services:** provided 350 covered professional services to Part B patients

Second 12-month Segment

- ✓ **Charges:** billed \$325,000 in Part B covered professional services under the PFS
- ✓ **Patient Count:** saw 415 Part B patients
- ✓ **Covered Services:** provided 320 covered professional services to Part B patients

Outcome: Dr. Ahmed is **ineligible for MIPS** as an **individual** at the Vision Center because he started billing under the practice's TIN beginning on October 1, 2021, after the conclusion of the [MIPS Determination Period](#). The Vision Center is **MIPS eligible as a group** and will be reporting as a group.

Dr. Ahmed will participate in MIPS as part of a group and will receive a MIPS payment adjustment based on the group's final score.

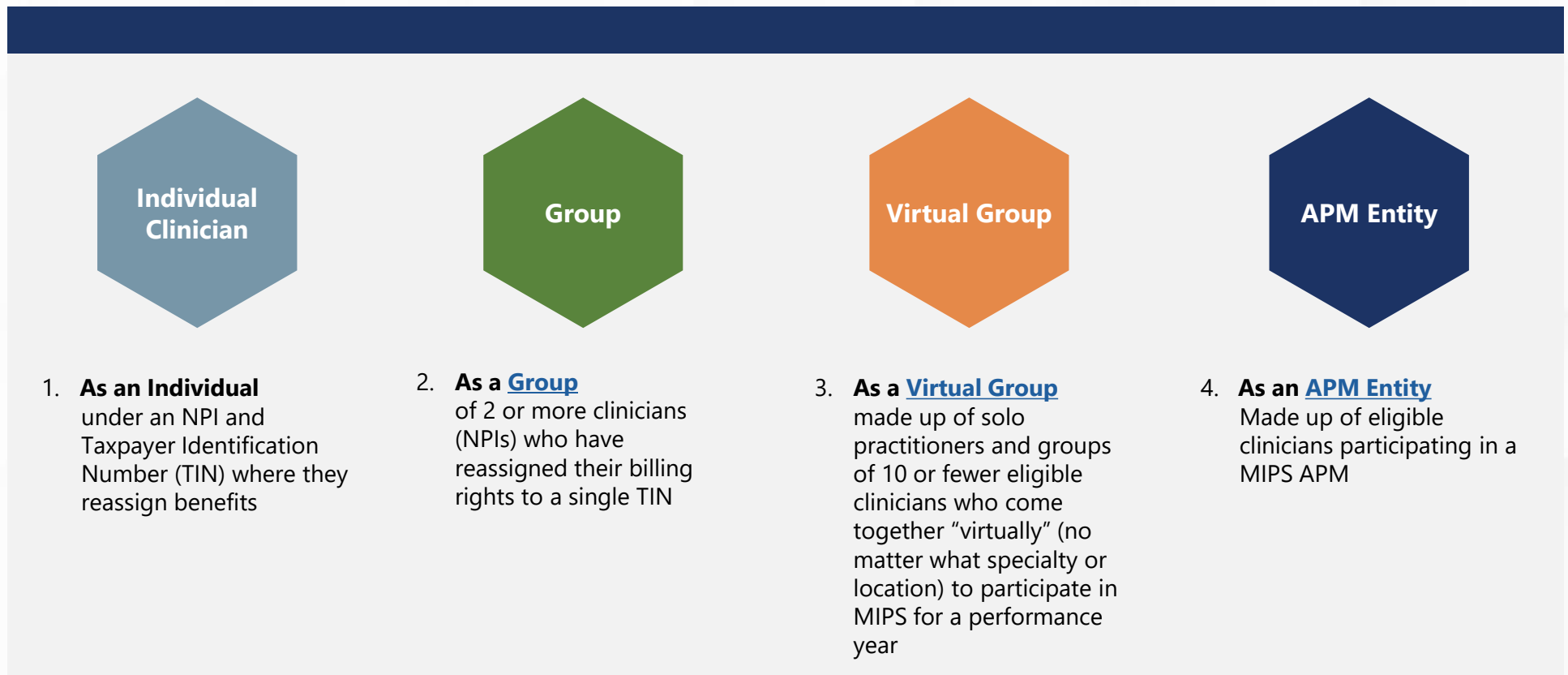




MIPS Participation

MIPS Participation Options

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS. There are 4 participation options--MIPS eligible clinicians can participate in MIPS as an individual, group, virtual group, or as an APM Entity, as illustrated in the graphic below:



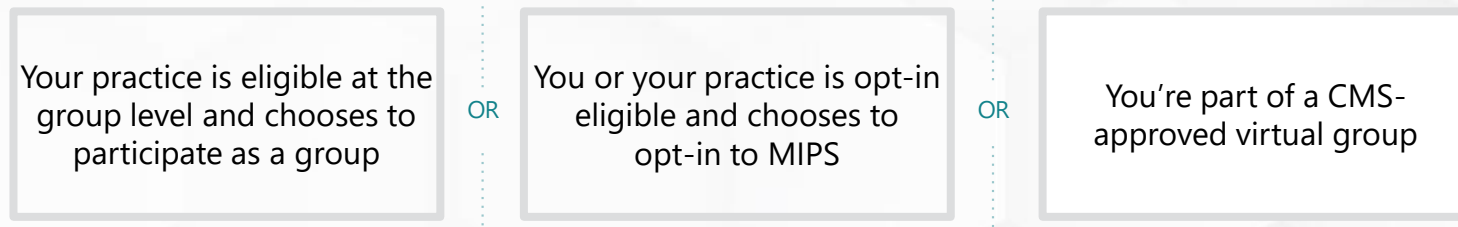
Who Must Participate?

You're **required** to participate in MIPS as an individual and will receive a MIPS payment adjustment if you:



Who May Have to Participate?

If you're **not required** to participate in MIPS as an individual, you may still be required to participate and will receive a MIPS payment adjustment if:



Opt-In and Voluntary Reporting

You can still participate in MIPS if you don't exceed the low-volume threshold.

Opt-in Eligible

If you or your group is otherwise eligible for MIPS and **exceeds one or two, but not all three low-volume threshold criteria**, you're considered "**opt-in eligible**".

If you're opt-in eligible, you can:

- **Do nothing.** You don't exceed the low-volume threshold and aren't required to participate in MIPS.
- **Elect to opt-in.** If you choose to opt-in, you'll submit data, receive performance feedback, and receive a MIPS payment adjustment in 2023.
- **Elect to voluntarily report.** If you don't want to receive a MIPS payment adjustment in 2023, but want to participate in MIPS, you can **voluntarily report** data and receive performance feedback.

Your election to opt-in or voluntarily report is irreversible. If you're considering an opt-in election, be sure to explore program requirements to ensure you're prepared to collect and report data needed to demonstrate successful performance.

Voluntary Reporting

If you choose to voluntarily report, you'll receive performance feedback based on the measures and activities for which you submitted data. You'll submit data, receive performance feedback, but will not receive a payment adjustment.

TIP: Visit [Appendix A](#) for comprehensive eligibility scenarios.

Opt-In and Voluntary Reporting (Continued)

Virtual Groups: Opt-in and Voluntary Reporting

If you (as a solo practitioner or group) elected to be a part of a virtual group for the 2021 performance year and exceeded 1 or 2, but not all 3 of the low-volume threshold criteria, then the virtual group's election to participate in MIPS as a virtual group also serves as your election to opt-in to MIPS and be subject to the MIPS payment adjustment.

As a result, solo practitioners and groups participating in a virtual group don't need to independently make elections to opt-in to MIPS. Solo practitioners and clinicians in groups who are part of an approved virtual group are considered MIPS eligible and will be subject to the MIPS payment adjustment.

If you participate as a virtual group, you'll receive a payment adjustment based on the virtual group's final score, even if you have additional final scores from other participation options.

Groups and solo practitioners who are included in a CMS-approved virtual group are NOT able to voluntarily report.

NOTE: APM Entities in MIPS APMS can no longer elect to opt-in to MIPS or choose to voluntarily report at the APM entity level.

Opt-In and Voluntary Reporting (Continued)

Implications for Clinicians Who are Required to Participate in MIPS vs. Eligible to Opt-In vs. Voluntarily Report

	If you're required to participate in MIPS	If you elect to Opt-in	If you choose to Voluntarily Report
Are you required to make an active election indicating the chosen participation option?	NO	YES	YES (If you are opt-in eligible) NO (If you are ineligible)
Will you receive performance feedback?	YES	YES	YES
Will you receive a positive, neutral, or negative payment adjustment?	YES	YES	NO
Are you eligible for data to be published in the Doctors & Clinicians section of Medicare Care Compare, formerly known as Physician Compare?	YES	YES	YES (But able to opt-out of public reporting during preview period)
Will your quality measure submissions be used to establish historical MIPS measure benchmarks for future program years?	YES	YES	NO



Reporting Factors

Reporting Factors Overview

There are certain factors, such as QPP exceptions, special statuses, and facility-based determinations that can affect your reporting requirements for different performance categories under traditional MIPS or the APP.

- These factors can result in bonus points or reduced reporting requirements for a specific performance category.
- These designations only apply at the level (i.e. clinician or practice) indicated and are not transferrable to other levels. See below for an [example](#).

Special Status & Other Reporting Factor Designations

To determine if a MIPS eligible clinician, practice, virtual group or APM Entity will be assigned a special status, we retrieve and analyze Medicare Part B claims data. Special statuses are assigned if you reach the requirements for at least 1 of the 2 MIPS determination segments.

To see if you've been assigned a special status or other reporting factor designation, check your eligibility status in the [QPP Participation Status Tool](#) or sign in to gpp.cms.gov. You must sign in to see special status information at the virtual group or APM Entity level. The only special status available to APM Entities is "small practice."

Special Status & Other Reporting Factor Designations (Continued)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirements
Ambulatory Surgical Center (ASC)-based	Individual Clinician: You furnish more than 75% of your covered professional services in sites of service identified by Place of Service (POS) code 24 during one or both 12-month segments of the MIPS Determination Period.	You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.
	Practice: All MIPS eligible clinicians associated with your practice are designated as ASC-based during one or both 12-month segments of the MIPS Determination Period.	
	Virtual Group: All MIPS eligible clinicians associated with your virtual group are designated as ASC-based during one or both 12-month segments of the MIPS Determination Period.	
Hospital-based	Individual Clinician: You furnish 75% or more of your covered professional services in a hospital setting identified by POS codes 19, 21, 22, and 23 during one or both 12-month segments of the MIPS Determination Period.	You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.
	Practice: More than 75% of the MIPS eligible clinicians associated with your practice are designated as hospital-based during one or both 12-month segments of the MIPS Determination Period.	
	Virtual Group: More than 75% of the MIPS eligible clinicians associated with your virtual group are designated as hospital-based during one or both 12-month segments of the MIPS Determination Period.	
Non-patient Facing	Individual Clinician: You have 100 or fewer Medicare Part B patient-facing encounters (including telehealth services) during one or both 12-month segments of the MIPS Determination Period.	You'll earn 2x the points for each improvement activity you submit. You also qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance category or categories unless you choose to submit Promoting Interoperability data.
	Practice: More than 75% of the clinicians billing under your practice's TIN meet the individual definition of non-patient facing during one or both 12-month segments of the MIPS Determination Period.	
	Virtual Group: More than 75% of the clinicians in your virtual group meet the individual definition of non-patient facing during one or both 12-month segments of the MIPS Determination Period.	

Special Status & Other Reporting Factor Designations (Continued)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirements
Small Practice	Individual Clinician: You're a MIPS eligible clinician who is one of 15 or fewer clinicians billing under the practice's TIN during one or both 12-month segments of the MIPS Determination Period.	You'll earn 2x the points for each improvement activity you submit. If you submit at least one quality measure, you'll also receive 6 bonus points in the quality performance category.
	Practice: There are 15 or fewer clinicians billing under your practice's TIN during one or both 12-month segments of the MIPS Determination Period.	
	Virtual Group: There are 15 or fewer clinicians billing across all the TINs participating in the virtual group during one or both 12-month segments of the MIPS Determination Period.	
	APM Entity: Fifteen or fewer clinicians associated with the APM Entity.	
Health Provider Shortage Area (HPSA)	Individual Clinician: You're a MIPS eligible clinician who practices in an area designated as an HPSA under section 332(a)(1)(A) of the Public Health Service Act.	You'll earn 2x the points for each improvement activity you submit.
	Practice: More than 75% of clinicians billing under the group's TIN are in an area designated as an HPSA.	
	Virtual Group: More than 75% of the clinicians in your virtual group are in an area designated as an HPSA.	
Rural	Individual Clinician: You're a MIPS eligible clinician associated with a practice (TIN) billing claims within a ZIP code designated as rural by the Federal Office of Rural Health Policy (FORHP) using the most recent FORHP Eligible ZIP code file available.	You'll earn 2x the points for each improvement activity you submit..
	Practice: More than 75% of the clinicians billing under the practices TIN are in a ZIP code designated as rural using the most recent FORHP ZIP code file.	
	Virtual Group: More than 75% of the clinicians in the virtual group are in a ZIP code designated as rural using the most recent FORHP ZIP code file.	

Special Status & Other Reporting Factor Designations (Continued)

Designation	Criteria by Participation Level	Impact to MIPS Reporting Requirements
Facility-Based	<p>Individual Clinician: During the first 12-month segments of the MIPS Determination Period, you:</p> <ul style="list-style-type: none"> Furnished 75% or more of your covered professional services in a hospital setting identified by POS codes 21, 22, and 23; AND Billed at least one service in an inpatient hospital or emergency room; AND Can be assigned to a facility with a FY 2022 Hospital VBP Program score. 	Facility-based scoring offers clinicians and groups the opportunity to receive scores in the MIPS quality and cost performance categories based on the appropriate Fiscal Year score for the Hospital Value-Based Purchasing (VBP) Program earned by their assigned facility.
	<p>Practice: More than 75% of the clinicians in the TIN are facility-based as individuals. Groups are assigned to the facility at which the plurality of clinicians in the TIN were assigned as individuals.</p>	<p>*To receive facility-based scoring as a group, your group must submit group level data for the improvement activities and/or Promoting Interoperability performance category(ies) to signal your practice's intent to participate as a group.</p> <p>REMINDER: The facility-based status and assigned facility currently displayed on qpp.cms.gov will only be updated if the assigned facility doesn't receive a Fiscal Year (FY) 2022 Hospital Value Based Purchasing (VBP) Program score. The facility-based status currently displayed is predictive until Fall 2021 when the FY 2022 scores are available.</p>
	<p>Virtual Group: More than 75% of the clinicians in the virtual group are facility-based as individuals.</p>	

Reporting Factors Example – Special Status Designations

Tyler is a physician assistant who practices in a rural community. He is MIPS eligible as an individual and as a part of a practice. He qualifies for various special status designations at both the clinician (individual reporting) and practice (group reporting) levels.

Clinician Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Non-patient facing	Yes
SPECIAL STATUS Rural	Yes

Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Non-patient facing	Yes

If Tyler reports as an **individual clinician**, he qualifies for 4 special status designations (HPSA, hospital-based, non-patient facing, rural).

However, if the practice reports as a **group**, the practice only qualifies for 2 special status designations (HPSA, non-patient facing). The 2 other statuses (hospital-based, rural) he qualifies for individually will not apply to group reporting.



MIPS Payment Adjustments

Who's Eligible for a MIPS Payment Adjustment?

The following **will** receive a MIPS payment adjustment:

Individual MIPS eligible clinicians (including those that opt-in)

AND

MIPS eligible clinicians below the low-volume threshold as individuals in a practice that is eligible (or opted-in) **and** participates as a group

AND

MIPS eligible clinicians in a CMS-approved virtual group

AND

Partial QPs who elect to participate in MIPS

AND

MIPS eligible clinicians in a MIPS APM who report via the APP as an individual, group, , or APM Entity group

AND

MIPS eligible clinicians in a MIPS APM who report via traditional MIPS as an individual, group, virtual group or APM Entity group

The following **won't** receive a MIPS payment adjustment:

Eligible clinicians who don't meet the low-volume threshold and don't elect to opt-in or otherwise participate at any level

OR

Ineligible clinician types

OR

Newly enrolled Medicare providers (on or after January 1, 2021)

OR

QPs

OR

Partial QPs that don't elect to participate in MIPS

Hierarchy for Assigning the 2021 MIPS Final Score When More than One Final Score is Associated with a TIN/NPI Combination for a MIPS Eligible Clinician

It's possible to participate in MIPS in multiple ways. If a clinician (identified by a single unique TIN/NPI combination) has more than one MIPS Final Score, here's how we'll determine which final score and payment adjustment you'll receive:

- If you participate as a virtual group, you'll receive a payment adjustment based on the virtual group's final score, even if you have additional final scores from other participation options.
- If you participate as an individual, group, and/or an APM Entity, you'll receive a payment adjustment based on the highest available score.

Example Scenario	Final Score Used to Determine Payment Adjustments
TIN/NPI has virtual group final score, an APM Entity score, and a group score	Virtual group final score
TIN/NPI has an APM Entity final score and another MIPS final score (individual or group but not virtual group)	The highest score available
TIN/NPI has a group final score and an individual final score	The higher of the two final scores



**Help, Resources,
Glossary, and Version
History**

Where Can You Go for Help?

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

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



Additional Resources

The [QPP 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.

- [2021 Eligibility and Participation Quick Start Guide \(PDF\)](#)
- [2021 MIPS Eligibility Decision Tree \(PDF\)](#)
- [Fact Sheet: 2021 APM Performance Pathway \(APP\) for MIPS APM Participants \(PDF\)](#)
- [Infographic: APM Performance Pathway for MIPS APM Participants in 2021 \(PDF\)](#)
- [2021 APM Performance Pathway Quick Start Guide \(PDF\)](#)
- [How MIPS Eligibility Is Determined](#)
- [MIPS Eligibility Determination Periods](#)
- [MIPS Reporting Factors Overview](#)
- [MIPS Special Statuses](#)
- [MIPS Participation Options Overview](#)
- [Individual or Group Participation](#)
- [Virtual Group Participation](#)
- [APM Entity Participation](#)



Version History

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

Date	Description
08/06/2021	PY 2021 performance category weights for APM Entities reporting traditional MIPS were updated due to clarification released in the CY 2022 Physician Fee Schedule Proposed Rule.
04/13/2021	Original Version





Appendix

APPENDIX 1A: Participation Scenarios for Individuals: Required, Opt-in, and Voluntary

The table below identifies the different low-volume threshold results across the two segments of the MIPS determination period and final eligibility determinations for an individual MIPS eligible clinician² (identified by a unique TIN/NPI combination).

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2021)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ⁴
No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as an individual	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as an individual	Eligible as an individual	No	No
Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes

³Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant, etc.

⁴If a clinician doesn't bill any Medicare Part B claims under a practice in the second 12-month segment of the MIPS determination period, we will remove their association with that practice from our eligibility and submission systems, including the lookup tool, when final eligibility status is posted. Because of this, these clinicians would not have access to performance feedback, which is a primary benefit of voluntary reporting. For these operational reasons, these clinicians cannot choose to voluntarily report 47



APPENDIX 1A: Participation Scenarios for Individuals: Required, Opt-in, and Voluntary (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2021)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ⁴
Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	Exceeded 1 or 2 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded all 3 low-volume threshold criteria	Ineligible as an individual	No	Yes
Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as individual	No Part B claims billed under TIN/NPI combination	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as an individual	Yes	Yes
		Exceeded all 3 low-volume threshold criteria	Opt-in Eligible as an individual	Yes	Yes

APPENDIX 1A: Participation Scenarios for Individuals: Required, Opt-in, and Voluntary (Continued)

Results from 1st 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	Initial MIPS Eligibility Status	Results from 2nd 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	FINAL MIPS Eligibility Status After Reconciling 1st And 2nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2021)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ⁴
Exceeded all 3 low-volume threshold criteria as an individual	Eligible as an individual	No Part B claims billed under TIN/NPI combination ²	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as an individual	Ineligible as an individual	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as an individual	Opt-in Eligible as an individual	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as an individual	Eligible as an individual	No	No

APPENDIX 1B: Participation Scenarios for Groups: Required, Opt-in, and Voluntary

The table below identifies the different low-volume threshold results across the two segments of the MIPS determination period and final eligibility determinations for a group (identified by TIN).

Results from 1 st 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	Initial MIPS Eligibility Status	Results from 2 nd 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	FINAL MIPS Eligibility Status After Reconciling 1 st And 2 nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2020)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Opt-in Eligible as a group	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as a group	Eligible as a group	No	No
Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded all 3 low-volume threshold criteria as a group	Ineligible as a group	No	Yes



APPENDIX 1B: Participation Scenarios for Groups: Required, Opt-in, and Voluntary (Continued)

Results from 1 st 12-month Segment of the MIPS Determination Period (10/1/2019-9/30/2020)	Initial MIPS Eligibility Status	Results from 2 nd 12-month Segment of the MIPS Determination Period (10/1/2020-9/30/2021)	FINAL MIPS Eligibility Status After Reconciling 1 st And 2 nd 12-month Segments		
	Text Displayed in QPP Participation Status Tool (Available NOW)		Text Displayed in QPP Participation Status Tool (Available December 2020)	Can Elect to Opt-in as a group?	Can Choose to Voluntarily Report as a group?
Exceeded 1 or 2 low-volume threshold criteria as a group	Opt-in Eligible as a group	No Part B claims billed under TIN/NPI combinations associated with group	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Opt-in Eligible as a group	Yes	Yes
		Exceeded all 3 low-volume threshold criteria as a group	Opt-in Eligible as a group	Yes	Yes
Exceeded all 3 low-volume threshold criteria as a group	Eligible as a group	No Part B claims billed under TIN/NPI combinations associated with TIN	N/A Not found in participation status tool	No	No ³
		Exceeded 0 low-volume threshold criteria as a group	Ineligible as a group	No	Yes
		Exceeded 1 or 2 low-volume threshold criteria as a group	Opt-in Eligible as a group	Yes	Yes
		Exceeded all 3 low-volume threshold criteria a group	Eligible as a group	No	No



APPENDIX 2: Which MIPS Payment Adjustment is Applied in the 2023 Payment Year

Scenario	MIPS Payment Adjustment
Clinician has a 2021 final score under TIN A . Clinician continues to bill under TIN A in the 2023 payment year.	Clinician will receive a payment adjustment for covered professional services under their TIN A /NPI combination based on 2021 final score attributed to that TIN A /NPI combination.
Clinician has a single 2021 final score, received at TIN A and did not practice at any other TIN in 2021. Clinician leaves TIN A and joins TIN B in 2022 payment year and begins to bill under TIN B.	Clinician will receive a payment adjustment for covered professional services under their TIN B /NPI combination based on 2021 final score attributed to their TIN A /NPI combination.
Clinician has a single 2021 final score, received at TIN A . The clinician then joined another TIN, TIN B in 2023. The clinician begins to bill under TIN B in 2023, in addition to TIN A.	Clinician will receive a payment adjustment under both TIN/NPI combinations based on their TIN A score.
Clinician has two 2021 final scores under two TINs (TIN A and TIN B). Then, clinician joins TIN C in the 2023 payment year and begins to bill under TIN C.	Clinician will receive a payment adjustment for covered professional services under their TIN C /NPI combination based on their higher 2020 final score – either attributed to their TIN A /NPI combination or TIN B /NPI combination.
<p>Clinician has two 2021 final scores under two TINs (TIN A and TIN B).</p> <ul style="list-style-type: none"> Clinician has a 2021 final score under TIN A. Clinician has a 2022 final score under TIN B. <p>Clinician bills under TIN A and TIN B in the 2023 payment year.</p>	<p>Clinician will receive a payment adjustment for covered professional services under their TIN A/NPI combination based on 2021 final score attributed to that TIN A/NPI combination</p> <p>Clinician will receive a payment adjustment for covered professional services under their TIN B /NPI combination based on 2021 final score attributed to that TIN B /NPI combination</p>

