

# Participating in the Quality Payment Program

in Year 2 (2018)

## MIPS

Merit-based Incentive Payment System

There are two ways to take part in the Quality Payment Program:

## APMs

Alternative Payment Models  
(includes Advanced APMs and MIPS APMs)

### PARTICIPATION

Use the [QPP Participation Status Tool\\*](#) to check:

- If you're eligible to participate in MIPS in 2018
- Your [Qualifying APM Participant \(QP\)](#) status

You can now check MIPS eligibility for all of the clinicians in your practice:

- Log into the CMS Quality Payment Program [website](#) with your EIDM credentials
- Browse to the Taxpayer Identification Number (TIN) affiliated with your group
- Access the details screen to view the eligibility status of every clinician associated with your practice based on their National Provider Identifier (NPI)

*\*Currently displays MIPS eligibility information for performance year 2018 from the first review period (PECOS data and claims data from September 1, 2016 through August 31, 2017). CMS will complete the second review and update the tool with final 2018 eligibility information in late 2018. This will incorporate Medicare Part B claims data from September 1, 2017 through August 31, 2018 and PECOS data. Your MIPS eligibility status may change from what is displayed in the tool upon completion of the first review period to completion of the second review period. If you determined to be ineligible after the first review period, that determination will not change. However, it is possible for a clinician and/or practice to be deemed "eligible" after the first review period and then deemed "ineligible" after completion of the second review period. It is very important to use the tool to review your MIPS eligibility information more than once - both after the first and second review periods are complete.*

#### MIPS

In 2018, you can participate in MIPS as an individual, group, or virtual group.

The four MIPS performance categories and weights are:

##### Quality



50% of MIPS Score

##### Cost



10% of MIPS Score

##### Improvement Activities



15% of MIPS Score

##### Promoting Interoperability



25% of MIPS Score

To fully participate in MIPS, you need to collect and submit:

- Quality data for a 12-month period
- Improvement Activities data for at least a continuous 90-day period
- Promoting Interoperability data for at least a continuous 90-day period

#### Advanced APMs

If you are participating in an Advanced APM and are a QP:

You may earn a 5% incentive for achieving threshold levels of payments or patients through Advanced APMs:

- You receive 25% of your Medicare Part B payments through an Advanced APM; or
- See 20% of your Medicare patients through an Advanced APM

You are excluded from the MIPS reporting requirements and payment adjustment.

You'll need to send in the quality data required by your Advanced APM. Your model's website will tell you how to send in your Advanced APM's quality data.

Partial QPs may choose to participate in MIPS. If a Partial QP reports on applicable measures and activities required under MIPS for a year, the Partial QP is eligible for a MIPS payment adjustment.

#### MIPS APMs

If you participate in a MIPS APM and are eligible for MIPS:

- You'll be scored using the APM Scoring Standard
- The 2018 MIPS APMs categories and weights are:

50%

Quality

20%

Improvement Activities

30%

Promoting Interoperability

*\*\*The Cost performance category is not scored for MIPS APMs.*

### KEY DATES

**Jan. 1, 2018**  
2018 performance year starts

**Mar. 31, 2018**  
First snapshot for QP determinations\*

**June 30, 2018**  
Second snapshot for QP determinations\*

**Aug. 31, 2018**  
Third snapshot for QP determinations\*

**Oct. 3, 2018**  
Last day to begin the continuous 90-day performance period for the Improvement Activities and Promoting Interoperability performance categories

**Dec. 31, 2018**  
2018 performance year ends

QPP Promoting Interoperability Hardship and Extreme and Uncontrollable Circumstances Exception Applications deadline

Fourth snapshot date for full TIN APMs (Medicare Shared Savings Program) for determining which eligible clinicians are participating in a MIPS APM for purposes of the APM scoring standard\*

**Jan. 1, 2019**  
2019 performance year starts

**Jan. 2, 2019**  
Data submission period for Year 2 (2018) begins

**Jan. 22, 2019**  
2018 MIPS CMS Web Interface data submission period begins

**Mar. 2019\***  
MIPS claims data submission deadline

**Mar. 22, 2019**  
2018 MIPS CMS Web Interface data submission deadline

**April 2, 2019**  
Data submission for Year 2 (2018) closes

*\*Please note, QP determinations will be made approximately four months after each snapshot date. Your APM participation information will be updated in the QPP Participation Tool at this time. To learn more, see the QP Methodology Fact Sheet.*

*\*If you are participating in MIPS as an individual clinician and you choose to use claims to submit Quality performance category data, you will attach quality data codes to your claims throughout the 2018 performance year. The last day for submitting 2018 claims with quality data codes for the 2018 performance period is determined by your Medicare Administrative Contractor (MAC) but must be processed 60 days after the close of the performance period. Please check with your MAC for this guidance.*



### RESOURCES

- [MIPS Overview](#)
- [APMS Overview](#)
- [Comprehensive List of APMs in 2018](#)
- [2018 Other MIPS APM Quality Performance Category](#)
- [Scores for Improvement Activities in MIPS APMs in 2018](#)
- [Technical Assistance](#)



Quality Payment PROGRAM

[QPP.CMS.GOV](http://QPP.CMS.GOV)