

2019 Medicare Shared Savings Program and Quality Payment Program Interactions

This guide is for Medicare Shared Savings Program performance years during 2019.

Medicare Shared Savings Program (Shared Savings Program) ACO Participation Options and Alternative Payment Model (APM) Status

Merit-Based Incentive Payment System (MIPS) APM	Advanced APM ¹
Track 1	Track 1+ ACO Model
BASIC Level A	Track 2
BASIC Level B	Track 3
BASIC Level C	BASIC Level E
BASIC Level D	ENHANCED Track

¹ MIPS eligible clinicians who are not Qualifying APM Participants (QPs) will be subject to MIPS and scored under the APM scoring standard.

ACO Status	APM Scoring Standard and Eligibility					
	Quality (50%)	Improvement Activities (IA) (20%)	Promoting Interoperability (PI) (30%)	Cost (0%)	Low Volume Threshold (LVT)	Eligible for MIPS APM Scoring Standard
ACO successfully reports quality data²	Eligible clinicians in the ACO ³ 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.	Eligible clinicians in the ACO report at the group or individual level. Data is aggregated and weighted to get a single ACO score that applies to all eligible clinicians in the ACO.	N/A under the APM Scoring Standard.	Determined at the ACO level. This means that even if clinicians or groups are at or below the low volume threshold of \$90,000 in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS), furnishing 200 or fewer covered professional services to Medicare Part B beneficiaries, or furnishing covered professional services to 200 or fewer Medicare Part B beneficiaries, if they bill through the TIN of an ACO participant or if the 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. ⁴	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%.

² The ACO must successfully report the CMS Web Interface and CAHPS for ACO quality measures.

³ For purposes of this table, the term “ACO” equates to an APM Entity—a defined term in the Quality Payment Program.

⁴ If an ACO meets at least one, but not all, of the low volume threshold criteria, then they may opt-in for MIPS.

ACO Status	APM Scoring Standard and Eligibility					
	Quality (50%)	Improvement Activities (IA) (20%)	Promoting Interoperability (PI) (30%)	Cost (0%)	Low Volume Threshold (LVT)	Eligible for APM Scoring Standard
ACO doesn't successfully report quality data ⁵	<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"> Participant TINs may report using registry, QCDR, EHR, CAHPS for MIPS or CMS Web Interface (if the TIN registered for Web Interface or CAHPS for MIPS reporting) submission methods. Participant TINs with 15 clinicians or fewer can also report via claims. Solo practice participant TINs may report using QCDR, claims, EHR, and registry submission methods.⁶ 	Eligible clinicians in the ACO get full credit based on ACO participation. No additional reporting is necessary.	ACO participants TINs report and are scored at the group (TIN) level or solo practice (TIN) level for eligible clinicians subject to PI.	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 Physician Fee Schedule (PFS), furnishing less than or equal to 200 covered professional services, or providing care to less than or equal to 200 Medicare Part B 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. ⁷	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 measures. Quality is weighted at 50%, IA at 20%, and PI at 30%.

⁵ When the ACO doesn't successfully report CMS Web Interface and CAHPS for ACO quality measures, there will be no ACO quality data available for the quality performance category.

⁶ More information regarding MIPS group reporting is available on the [MIPS Group Participation webpage](#).

⁷ If an ACO meets at least one, but not all, of the low volume threshold criteria, then they may opt-in for MIPS.

ACO Status	APM Scoring Standard and Eligibility
<p>MIPS APM ACO's Shared Savings Program Participation Agreement is Terminated</p>	<p><u>Agreement is terminated on or after March 31st OR on or after August 31st for ACOs with a July 1, 2019 start date:</u> Eligible clinicians will be considered part of the ACO and scored under APM scoring standard rules if they have reassigned their billing rights to an ACO participant TIN and are included in the APM participation list on at least one of the 4 snapshot dates (March 31, June 30, August 31, and December 31). Eligible clinicians in an ACO that has extended its agreement 6 months can only be included in the March 31 and June 30 snapshots, therefore termination before the June 30 snapshot means eligible clinicians will only be included in the March 31 snapshot. Eligible clinicians in an ACO whose Shared Savings Program participation begins July 1, 2019, can only be included in the August 31 and December 31 snapshots, therefore termination before the December 31 snapshot means eligible clinicians will only be included in the August 31 snapshot. 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. Quality or PI must be reported to reach a neutral adjustment.</p> <p><u>Agreement is terminated before March 31st of the performance year or before August 31st for ACOs with a July 1, 2019 start date:</u> The APM scoring standard does not apply. 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>
<p>Qualifying APM Participant in Advanced APM Tracks⁸</p>	<p>Eligible clinicians who reassigned their billing rights to an ACO participant TIN in an Advanced APM track (see table on page 1) and are included on one of the 3 snapshot dates (March 31, June 30, and August 31) during the 2019 QP performance year may become Qualifying APM Participants (QPs) for the year, if they meet payment or patient count thresholds. If these eligible clinicians attain QP status for the year via their ACO, they will receive an APM incentive payment and be excluded from MIPS; if they do not, and are not otherwise determined to be a QP, then they will be subject to MIPS and scored under the APM scoring standard.</p> <p>If an ACO in an Advanced APM track terminates its participation in a Shared Savings Program Advanced APM track after March 31st and before August 31st, its eligible clinicians will lose QP status and will be subject to MIPS and scored under the APM scoring standard. These clinicians should keep working with their ACO to report quality measures in order to benefit from the APM scoring standard under MIPS. 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 APM scoring standard and may earn a positive MIPS payment adjustment. Eligible clinicians in ACOs that complete their agreement with the Shared Savings Program, including ACOs who extended their agreements 6 months to June 30, 2019, will maintain their QP status. Eligible clinicians in ACOs that start July 1, 2019 will have their QP status determined based on the August 31 snapshot only.</p>

⁸ As shown in the table on page 1, Shared Savings Program Tracks 2, 3, ENHANCED, BASIC Level E, and the Track 1+ ACO Model meet the Advanced APM criteria.