

2017 Medicare Shared Savings Program and Merit-based Incentive Payment System (MIPS) Interactions

ACO Status	Track 1 Accountable Care Organization (ACO) MIPS Performance Category and Eligibility Status					
	Quality	Improvement Activities (IA)	Advancing Care Information (ACI)	Cost	Low Volume Threshold	Eligible for MIPS Alternative Payment Model (APM) Scoring Standard
ACO successfully reports quality	Eligible clinicians in the ACO ¹ get a quality performance score on CMS Web Interface measures.	Eligible clinicians in the ACO get full credit.	ACO participant TINs report at the group level or solo practice level for eligible clinicians subject to ACI. 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 are at or below the low volume threshold of \$30,000 or 100 patients, if they bill through the TIN of an ACO participant they will be subject to MIPS.	Yes, based on ACO performance on CMS Web Interface quality measures, IA full credit, and aggregated and weighted ACO performance on ACI measures. Quality is weighted at 50%, IA at 20% and ACI at 30%.
ACO doesn't successfully report quality	Eligible clinicians get a quality performance score of zero unless the ACO participant TIN reports separately from the ACO either as a group using a registry, QCDR, EHR or Web Interface (if the TIN registered for Web Interface reporting) or, for solo practitioner TINs, using one of the available data submission mechanisms for individual MIPS eligible clinicians.	Eligible clinicians in the ACO get full credit.	ACO participant TINs report and are scored at the group level or solo practice level for eligible clinicians subject to ACI.	N/A under the APM scoring standard.	Determined at the ACO level. This means that even if clinicians are at or below the low volume threshold of \$30,000 or 100 patients, if they bill through the TIN of an ACO participant they will be subject to MIPS.	Yes, based on ACO participant TIN's performance on quality measures, IA full credit, and ACO participant TIN's performance on ACI. Quality is weighted at 50%, IA at 20% and ACI at 30%.

¹ Note, for purposes of this table, the term "ACO" equates to an APM Entity—a defined term in the Quality Payment Program.



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ACO ends Medicare Shared Savings Program Agreement	<p>On or after March 31st of the performance year: Eligible clinicians in ACO participant TINs are subject to APM scoring standard rules for ACOs. The specific rules that apply depend on whether their ACO successfully reports as explained above. This means clinicians will get full credit for IA, which is enough to earn at least a neutral MIPS adjustment in 2019.</p> <p>Before March 31st of the performance year: Eligible clinicians in ACO participant TINs have to participate in MIPS either at the group or individual level and will be subject to regular MIPS scoring rules.</p>					
Advanced APM Qualifying Participant	<p>Eligible clinicians who reassigned their billing rights to an ACO participant TIN in a Track 2 or Track 3 ACO and are captured in one of the 3 performance year snapshots during the 2017 QP performance period may become Qualifying APM Participants (QPs) for the year. If these eligible clinicians meet thresholds to become QPs for the year, they will receive an Advanced APM incentive payment and be excluded from MIPS.</p> <p>Note, if a Track 2 or 3 ACO terminates participation in the Shared Savings Program 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 in order to benefit from the APM scoring standard. These clinicians should also report ACI at the group or individual level. While they will no longer 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.</p>					

