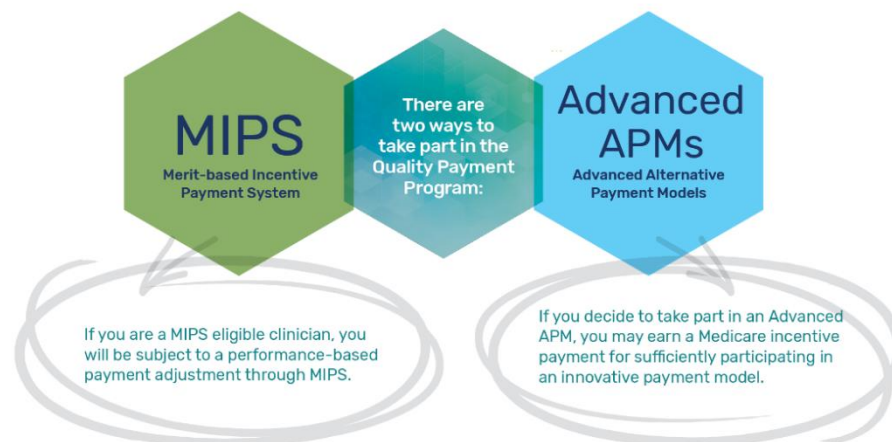


2019 Merit-Based Incentive Payment System (MIPS) Opt-In and Voluntary Reporting Policy Fact Sheet

Updated 4/27/2020

CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the [Quality Payment Program COVID-19 Response Fact Sheet](#) for more information.

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



Calendar Year (CY) 2019 is the third year (or “Year 3”) of the MIPS. The data reported and activities conducted in the 2019 MIPS Performance Period will result in a 2019 MIPS Final Score. The 2019 MIPS Final Scores will impact Medicare payments to clinicians in 2021, referred to as the 2021 MIPS payment year.

This resource:

- Describes and compares the new opt-in policy to the voluntary reporting option
- Identifies the impact of electing to opt-in to MIPS or voluntarily reporting to MIPS on MIPS measure benchmarks, public reporting, and potential payment adjustments
- Identifies additional resources

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Introduction

Beginning in 2019, there are two ways for clinicians to participate in MIPS if they are not required to participate. Clinicians can either [elect to opt-in](#) or [voluntarily report](#). As discussed later in this resource, there are important differences between these two options.

Most notably:

- Clinicians who elect to opt-in to MIPS will be subject to a MIPS payment adjustment.
- Clinicians who choose to voluntarily report to MIPS will not be subject to a MIPS payment adjustment.

Not familiar with MIPS participation and eligibility requirements for the 2019 performance period?

Start by reviewing [this fact sheet](#) and visiting the [QPP website](#).

See [Appendix A](#) for a comparison of the clinicians who are included/required to participate vs. can elect to opt-in vs. can voluntarily report based on the low-volume threshold determinations, and the impact of these different reporting options.

See [Appendix B](#) for a comprehensive look at individual clinician eligibility in the two segments of the MIPS determination period and the resulting reporting options.

What is the 2019 Low-Volume Threshold Opt-in Policy?

The opt-in policy, new for 2019, allows some clinicians who would otherwise be excluded from MIPS¹ the opportunity to participate and earn a payment adjustment.

MIPS eligible clinicians, groups and Alternative Payment Model (APM) entities can elect to opt-in if they exceed one or two, but not all three, elements of the low-volume threshold.

- Clinicians and groups are evaluated on the low-volume threshold in two 12-month segments called the **MIPS Determination Period**.
- Clinicians and groups that do not exceed *any* elements of the low-volume threshold in either segment of the MIPS Determination Period are not eligible to opt-in.

If an individual, group, and/or MIPS APM Entity elects to opt-in, they will:

- Be considered MIPS eligible clinicians if they are not otherwise excluded²;
- Receive a MIPS payment adjustment;
- Be eligible to have their data published on Physician Compare; and

¹ For the 2019 MIPS performance period, clinicians, groups and MIPS APM Entities **do not** meet the low-volume threshold and are excluded from MIPS if they:

1. Bill less than or equal to \$90,000 in Medicare Part B allowed charges for covered professional services payable under the Physician Fee Schedule (PFS); OR
2. Provide covered professional services for 200 or fewer Part B-enrolled patients; OR
3. **NEW:** Provide 200 or fewer covered professional services to Part B-enrolled patients. [Note: One professional claim line with positive allowed charges is considered one covered professional service.]

² Who is otherwise excluded from MIPS?

- Clinicians who are not an eligible clinician type
- Clinicians who are an eligible clinician type AND
 - Newly enrolled in Medicare during the performance period; OR
 - Are identified as a Qualifying APM Participant (QP); OR
 - Are identified as a Partial QP and don't elect to participate in MIPS

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- Be assessed in the same way as MIPS eligible clinicians who are required to participate in MIPS and are therefore automatically included.

The decision to elect to opt-in to MIPS for a performance period is binding and irreversible.

Clinicians considering this option should explore the program requirements, measures and activities to ensure they can meaningfully and successfully participate.

How do I Know if I'm Eligible to Opt-In?

Enter your National Provider Identifier (NPI) on the QPP Participation Status lookup tool (<https://qpp.cms.gov/participation-lookup>) or sign in to qpp.cms.gov (<https://qpp.cms.gov/login>) to review eligibility for all the clinicians associated with your practice.

The lookup tool displays your current eligibility from the first segment of the MIPS determination period and will:

- Indicate if you're currently eligible at individual and/or group level
- Provide preliminary information about your ability to opt-in to MIPS.

Review [Appendix C](#) for examples of how opt-in eligibility is displayed on the QPP Participation Status tool.

The lookup tool will be updated throughout the year with results from the APM snapshots, which may change your eligibility. Your eligibility and ability to opt-in can also change when we release data from the second segment of the MIPS determination period.

Review [Appendix B](#) for specific scenarios outlining how eligibility can change between the two segments of the MIPS determination period.

Does the Decision to Elect to Opt-in to MIPS Carry Over from One Performance Period to the Next?

No. Your decision to opt-in to MIPS (or not) for a given performance period is specific to that performance period.

If I Elect to Opt-in to MIPS in 2019, Will My Quality Data Be Included in the Calculation of MIPS Measure Benchmarks?

Yes. Individual clinicians and groups, virtual groups, and MIPS APM Entities that elect to opt-in to MIPS are considered MIPS eligible clinicians and as a result, they will be included in the calculation of MIPS measure benchmarks.

If I Elect to Opt-in to MIPS in 2019, Will My Data Be Made Available for Public Reporting?

Yes. Individual clinicians, groups, and MIPS APM Entities that elect to opt-in to MIPS are considered MIPS eligible clinicians and as a result, their data will be made available for public reporting provided their performance information meets the public reporting standards.

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How Does the Opt-In Policy Apply to Virtual Groups?

A virtual group election serves as an election to opt-in to MIPS for any solo practitioner or group that exceeds at least one, but not all three elements of the low-volume threshold. 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.

When a clinician, identified by a TIN/NPI combination, participates in both a virtual group and MIPS APM entity, their participation in a MIPS APM takes precedence. If the MIPS APM entity is below the low-volume threshold and chooses not to elect to opt-in to MIPS, the clinician is excluded from MIPS and will not receive a payment adjustment based on data submitted by the virtual group.

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

How Does the Opt-In Policy Apply to APM Entities in MIPS APMs?


The opt-in policy is applied at the APM Entity level for clinicians and groups participating in MIPS APMs. For APM Entities in MIPS APMs that exceed at least one but not all three elements of the low-volume threshold, the APM Entity must make the choice to elect to opt-in to participate in MIPS and be scored under the APM scoring standard. Only the APM Entity's election to opt-in to MIPS will result in the individuals in the APM Entity being treated as MIPS eligible clinicians.

The option for an APM Entity in a MIPS APM to opt-in to MIPS due to exceeding at least one, but not all three, of the low-volume threshold elements is different than, and separate from, the ability of an APM Entity in an Advanced APM to elect to be scored under the APM scoring standard due to achieving Partial QP status at the APM Entity level. Although both decisions/actions will result in an APM Entity in either a MIPS APM or an Advanced APM being scored under the APM scoring standard, the process through which Partial QP determinations are made is separate from the process used to evaluate APM Entities against the low-volume threshold criteria. For more information about how CMS makes Partial QP determinations for both APM Entities in Advanced APMs and individual clinicians in Advanced APMs, please refer to the [Advanced APMs webpage](#) on the Quality Payment Program [website](#).

I'm a clinician in a small practice who is not required to participate in MIPS, but I am eligible to opt-in by exceeding at least one but not all three elements of the low-volume threshold. I submitted data in 2019 through my Medicare Part B claims for the Quality performance category. Does the submission of quality measure data via Medicare Part B claims count as an election to opt-in to MIPS?

No, the submission of quality measures via Medicare Part B claims by an opt-in eligible clinician in a small practice does not constitute an election to opt-in to MIPS. In this scenario, the clinician must make a separate election to opt-in to MIPS in order to be evaluated as a MIPS eligible clinician and receive a 2019 MIPS Final Score and associated potential payment adjustment in the 2021 payment year. Additional procedural details regarding how clinicians are

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to submit elections to opt-in to MIPS are forthcoming. For more information about Medicare Part B claims data submission, please refer to the [2019 MIPS Medicare Part B Claims Data Submission Fact Sheet](#).

How and When Do I Submit My Election to Opt-in to MIPS in 2019?

A clinician, group or MIPS APM entity will be required to complete their opt-in election during the submission period before submitting data to CMS. When a third-party intermediary³ is submitting data on behalf of a MIPS eligible clinician, the third-party intermediary must be able to transmit the clinician's opt-in election to CMS. Once made, an election to opt-in is final and cannot be reversed.

For more information on the election process, review the [2019 Opt-In and Voluntary Reporting Election Toolkit](#).

What is the 2019 MIPS Voluntary Reporting Policy?

Clinicians who are either excluded from MIPS or not required to participate in MIPS can choose to voluntarily report MIPS measures and activities. If a clinician or group chooses to voluntarily report measures and activities for MIPS, they will receive performance feedback, allowing them to prepare for future years. However, they will not receive a payment adjustment based on the data submitted. Please note that if an individual clinician or group has the option to either elect to opt-in to MIPS or voluntarily report but chooses to do nothing, then they will continue to be excluded from MIPS and will not receive a MIPS payment adjustment.

Who May Voluntarily Report MIPS Measures and Activities?

Individual clinicians and groups that are excluded from MIPS because they don't exceed all three elements of the low-volume threshold or are otherwise excluded from MIPS participation may voluntarily report MIPS measures and activities. [Appendix B](#) contains detailed MIPS eligibility scenarios and associated MIPS participation and reporting options.

Who Cannot Voluntarily Report MIPS Measure and Activities?

Virtual groups, TINs participating in a virtual group, and MIPS APM Entities cannot voluntarily report for MIPS.

If I Voluntarily Report to MIPS in 2019, Will My Quality Data Be Included in the Calculation of MIPS Measure Benchmarks?

No. Individual clinicians and groups who voluntarily report to MIPS will not be included in the calculation of MIPS measure benchmarks.

³ Third party intermediary" means an entity that has been approved to submit data on behalf of a MIPS eligible clinician, group, virtual group, or APM Entity for the Quality, Improvement Activities, and/or Promoting Interoperability performance categories.

If I Voluntarily Report to MIPS in 2019, Will My Data Be Made Available for Public Reporting?

Yes. Data submitted by individual clinicians and groups who voluntarily reported to MIPS will be made available for public reporting if their performance information meets the public reporting standards. However, during the 30-day preview period, voluntary reporters may opt-out of having their performance information publicly reported.

How and When Do I Submit My Decision to Voluntarily Report to MIPS in 2019?

A clinician, group or MIPS APM entity will be required to complete their voluntary reporting election during the submission period before submitting data to CMS. When a third-party intermediary⁴ is submitting data on behalf of a MIPS eligible clinician, the third-party intermediary must be able to transmit the clinician's voluntary reporting election to CMS. Once made, an election to voluntarily report is final and cannot be reversed.

For more information on the election process, review the [2019 Opt-In and Voluntary Reporting Election Toolkit](#).

How do I Get Help or More Information?

You can reach the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov. We also provide no-cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program. To learn more about this support or connect with your local technical assistance organization, we encourage you to visit our [Small, Underserved, and Rural Practices page](#) on the Quality Payment Program [website](#).

Additional Resources

- [2019 Opt-In and Voluntary Reporting Election Toolkit](#)
- [2019 MIPS Participation and Eligibility Fact Sheet](#)
- [2019 Virtual Groups Toolkit](#)
- [2019 MIPS Quick Start Guide](#)

Version History Table

Date	Change Description
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19
11/20/2019	<ul style="list-style-type: none">• Added links to the 2019 Opt-In and Voluntary Election Toolkit throughout the fact sheet.• Updated information on how to submit decisions to opt-in and voluntarily report on pages 5 and 6.• Updated technical assistance information on page 6.
3/11/2019	Original version

⁴ Third party intermediary" means an entity that has been approved to submit data on behalf of a MIPS eligible clinician, group, virtual group, or APM Entity for the Quality, Improvement Activities, and/or Promoting Interoperability performance categories.

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Appendix A

Table 1.

Outlines low-volume threshold determinations for MIPS eligible clinicians, groups and APM entities who are automatically included in MIPS vs. eligible to opt-in vs. eligible to voluntarily report.

	Exceeds all 3 elements of the low-volume threshold (in both segments ^{***})	Exceeds 1 or 2 elements of the low-volume threshold (in both segments ^{***})	Exceeds 0 elements of the low-volume threshold (in either segment)
Included in MIPS?*	YES	NO	NO
Can Elect to Opt-In?*	NO	YES	NO
Can Voluntarily Report?*	NO	YES	YES

*Assumes the clinician is otherwise eligible (based on clinician type, Medicare enrollment, etc.) or the group or APM entity includes at least one such clinician. A MIPS eligible clinician who is included at the individual level, and an APM entity included at the entity level, must participate to avoid a negative payment adjustment. There is no requirement for a practice/TIN to participate at the group level.

**Voluntary Reporting is only available for individual and group reporting. It is not available to virtual groups or MIPS APM entities.

***Clinicians who start billing under a new TIN in the second segment of the MIPS determination period (October 1, 2018 – September 30, 2019) will only be evaluated for the low-volume threshold at that TIN in the second segment. For example, if a clinician starts billing under a new TIN in the second segment and exceeds all 3 elements of the low-volume threshold, he or she is included in MIPS.

An individual clinician, group or APM Entity in a MIPS APM exceeds all three elements of the low-volume threshold in both segments. In this scenario, the clinician/group/APM Entity:

- Is required to participate in MIPS [Note that a group has the option to participate if it exceeds all three elements of the low-volume threshold; group participation is not mandatory]
- CANNOT elect to opt-in to MIPS
- CANNOT voluntarily report.

A clinician, group or APM Entity in MIPS APM exceeds at least one but less than three elements of the low-volume threshold in both segments. In this scenario, the clinician/group/APM Entity:

- Is NOT required to participate in MIPS
- Can elect to opt-in to MIPS
- Can voluntarily report

A clinician, group or APM Entity in MIPS APM exceeds none of the three low-volume threshold elements in either segment. In this scenario, the clinician/group/APM Entity:

- Is NOT required to participate in MIPS
- Cannot elect to opt-in
- Cannot voluntarily report

Table 2. Outlines implications for MIPS eligible clinicians who are included/required to participate in MIPS vs. eligible to opt-in vs. eligible to voluntarily report.

	If you're required to participate in MIPS	If you elect to Opt-In	If you choose to Voluntarily Report
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 on Physician Compare?	YES	YES	YES <i>(But able to opt-out of public reporting during preview period)</i>
Will your quality measure submissions be used to establish historical MIPS measure benchmarks for future program years?	YES	YES	NO
Are you required to make an active election indicating the chosen participation option?	NO	YES	TBD

Appendix B

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 clinician⁵ (identified by a unique TIN/NPI combination).

NOTES:

- If the clinician is associated with a practice (TIN) that is eligible to and elects to opt-in as a group, the clinician is included in MIPS and will receive a payment adjustment. If, additionally, the clinician is eligible to and elects to opt-in as an individual, the clinician will receive the more advantageous score and payment adjustment, based on either the individual score or group score.
- If the clinician is associated with a MIPS APM entity that is eligible to and elects to opt-in as an entity, the clinician will receive a payment adjustment based on the APM scoring standard regardless of the clinician's individual election.

⁵ Individual is an eligible clinician type, enrolled in Medicare before the performance period, is not a Qualifying APM Participant or participant in the MAQI demonstration, etc.

[Updated 4/24/2020](#)

Results from 1 st Segment of the MIPS Determination Period (10/1/1/2017-9/30/2018)	Preliminary MIPS Eligibility	Results from 2 nd Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	FINAL MIPS Eligibility After Reconciling 1 st And 2 nd Segment		
	Displayed in QPP Lookup Tool (Available February 2019)		Displayed in QPP Lookup Tool (Available ~December 2019)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? ⁶
No claims billed under TIN/NPI combination	N/A Not found in look up tool	No claims billed under TIN/NPI combination	N/A Not found in look up tool	No	No ⁵
No claims billed under TIN/NPI combination	N/A Not found in look up tool	Exceeded 1 or 2 elements of the low-volume threshold as an individual	Ineligible as an individual	Yes	Yes
No claims billed under TIN/NPI combination	N/A Not found in look up tool	Exceeded 0 elements of the low-volume threshold as an individual	Ineligible as an individual	No	Yes
No claims billed under TIN/NPI combination	N/A Not found in look up tool	Exceeded all 3 elements of the low-volume threshold as an individual	Eligible as an individual	No	No
Exceeded all 3 elements of the low-volume threshold as an individual	Eligible as an individual	Exceeded all 3 elements of the low-volume threshold as an individual	Eligible as an individual	No	No

⁶ If a clinician doesn't bill any Medicare Part B claims under a practice in the second 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.

[Updated 4/24/2020](#)

Results from 1 st Segment of the MIPS Determination Period (10/1/1/2017-9/30/2018)	Preliminary MIPS Eligibility	Results from 2 nd Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	FINAL MIPS Eligibility After Reconciling 1 st And 2 nd Segment		
	Displayed in QPP Lookup Tool (Available February 2019)		Displayed in QPP Lookup Tool (Available ~December 2019)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? 6
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>No claims billed under TIN/NPI combination⁵</i>	N/A Not found in look up tool	No	No ⁵
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	Yes	Yes
<i>Exceeded all 3 elements of the low-volume threshold as an individual</i>	Eligible as an individual	<i>Exceeded 0 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	No	Yes
<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Opt-in Eligible as individual	<i>No claims billed under TIN/NPI combination</i>	N/A Not found in look up tool	No	No ⁵
<i>Exceeded 0 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	<i>No claims billed under TIN/NPI combination</i>	N/A Not found in look up tool	No	No ⁵
<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Opt-in Eligible as individual	<i>Exceeded all 3 elements of the low-volume threshold</i>	Ineligible as an individual	Yes	Yes
<i>Exceeded 1 or 2 elements of the low-volume threshold as an individual</i>	Opt-in Eligible as individual	<i>Exceeded 0 of the three elements of the low-volume threshold as an individual</i>	Ineligible as an individual	No	Yes

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Results from 1 st Segment of the MIPS Determination Period (10/1/1/2017-9/30/2018)	Preliminary MIPS Eligibility	Results from 2 nd Segment of the MIPS Determination Period (10/1/2018-9/30/2019)	FINAL MIPS Eligibility After Reconciling 1 st And 2 nd Segment		
	Displayed in QPP Lookup Tool (Available February 2019)		Displayed in QPP Lookup Tool (Available ~December 2019)	Can Elect to Opt-in as an individual?	Can Choose to Voluntarily Report as an individual? 6
<i>Exceeded 0 elements of the low-volume threshold as an individual</i>	Ineligible as an individual	<i>Exceeded all 3 elements of the low-volume threshold</i>	Ineligible as an individual	No	Yes
<i>Exceeded 0 of the three elements of the low-volume threshold as an individual</i>	Ineligible as an individual	<i>Exceeded 0 of the three elements of the low-volume threshold as an individual</i>	Ineligible as an individual	No	Yes

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Appendix C

Examples from the QPP Participation Status lookup tool. (Reminder, the information currently displayed is preliminary.)

Example 1: Both the clinician and the group exceeded 1 or 2 elements of the low-volume threshold in the first segment.

2019 Participation Status

Lance Hooper, CNS

NPI: #0004357212

Associated Practices (1)

Lance Hooper at **Green Group**

+
Expand

701 Jeffrey Valleys Apt. 164, Lake Douglas, UT 613982902570510

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: Opt-in eligible as individual and group

The clinician (Lance Hooper) can:

- Remain excluded (not report); or
- Opt-in as an individual; or
- Voluntarily Report

The practice (Green Group) can:

- Remain excluded (not report); or
- Opt-in as a group; or
- Voluntarily Report

The clinician will receive a payment adjustment if he elects to opt-in as an individual and/or the practice elects to opt-in as a group.

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Example 2: Neither the clinician nor the group exceeded any elements of the low-volume threshold in the first segment.

Krysta Heckel at Elig Org 11 +
Expand

16810 Olson Walks, North Brandi, AS 278861519323660

MIPS Eligibility: INDIVIDUAL GROUP

- The clinician (Krysta Heckel) can:
- Not report (excluded); or
 - Voluntarily Report
- The practice (Elig Org 11) can:
- Not report (excluded); or
 - Voluntarily Report
- The clinician will not be eligible for a payment adjustment at this practice.

Example 3:

2019 Participation Status

Michal Jacek Wolski

NPI: #1234567890

Associated Practices (2)

Michal Jacek Wolski at Greenville Medical Organization

836 Prudential Dr., Suite 1606, Jacksonville, FL 32207-8343

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: [Opt-in eligible](#) as individual

+
Expand

Michal Jacek Wolski at Florida Practice LLC

836 Prudential Dr., Suite 1606, Jacksonville, FL 32207-8343

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: [Opt-in eligible](#) as group

+
Expand

At Greenville Medical Organization, the clinician (Michael Wolski) can:

- Remain excluded (not report) if the practice doesn't report as a group; or
- Opt-in as an individual; or
- Voluntarily Report as an individual

The practice (Greenville Med. Org.) can either:

- Not report as a group; or
- Report as a group

If the clinician opts in as an individual and the practice reports as a group, the clinician will receive a payment adjustment based on the higher of the two final scores received.

At Florida Practice LLC, the clinician (Michael Wolski) can:

- Not report (excluded); or
- Voluntarily Report as an individual

The practice (Florida Practice LLC.) can either:

- Opt-in as a group; or
- Voluntarily Report

The clinician will only receive a payment adjustment if the practice opts in as a group.