

# Participating in the Quality Payment Program: Overview for Clinicians

## 2019 Performance Year



### PARTICIPATION

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

- If you're eligible to [participate in MIPS](#) in 2019 (or if you're eligible to [opt-in](#))
- Whether [facility-based measurement](#) applies to you
- Your [Qualifying APM Participant \(QP\)](#) status

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

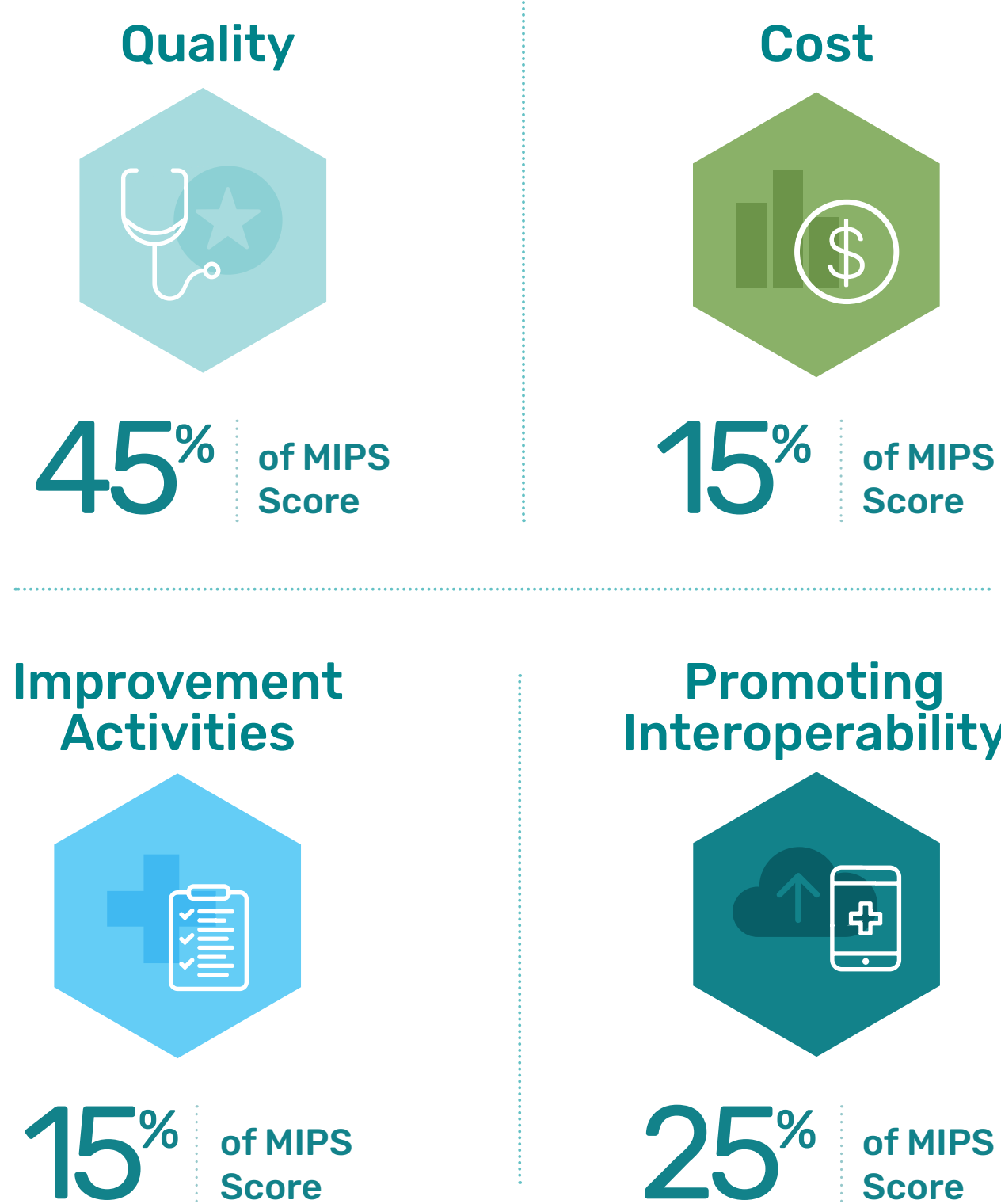
- Log into the CMS Quality Payment Program [website](#) with your [HCQIS Access Roles and Profile \(HARP\) System](#) credentials.
- Browse to the Taxpayer Identification Number (TIN) affiliated with your group.
- Access the details screen to view the eligibility status of every clinician associated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

\*Currently displays MIPS eligibility information for performance year 2019 from the first review period (PECOS data and claims data from October 1, 2017 – September 30, 2018). CMS will complete the second review and update the tool with final 2019 eligibility information in late 2019. To learn more, see the [2019 MIPS Participation and Eligibility Fact Sheet](#).

### MIPS

In 2019, you can participate in MIPS as an individual, group, or virtual group.

The four MIPS performance categories and weights are:



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 using 2015 CEHRT for at least a continuous 90-day period

You do not need to submit data for Cost; CMS uses Medicare claims data to calculate Cost performance.

### Advanced APMS

If you are participating in an Advanced APM and are a Qualifying APM Participant (or QP):

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

- You receive at least 50% of your Medicare Part B payments through an Advanced APM; or
- See at least 35% of your Medicare patients through an Advanced APM; or
- You reach the thresholds by participating in both Medicare and Other Payer Advanced APMS.

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're eligible for MIPS and participate in MIPS through a specific type of APM called a [MIPS APM](#):

- You'll be scored using the APM Scoring Standard
- The 2019 MIPS APMS categories and weights are:



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

### KEY DATES

<b>Jan. 1, 2019</b> 2019 performance year starts	<b>Mar. 31, 2019</b> First snapshot for QP determinations*	<b>June 30, 2019</b> Second snapshot for QP determinations*	<b>Aug. 31, 2019</b> Third snapshot for QP determinations*
<b>Oct. 3, 2019</b> Last day to begin the continuous 90-day performance period for the Improvement Activities and Promoting Interoperability performance categories			
<b>Dec. 31, 2019</b> 2019 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*			
<b>Jan. 1, 2020</b> 2020 performance year starts	<b>Jan. 2, 2020</b> Data submission period for 2019 performance year begins	<b>Mar. 31, 2020</b> Data submission for 2019 performance year 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](#).

\*\*For the Medicare Part B claims submission type, data must be submitted on claims with dates of service during the 2019 performance year, and must be processed no later than 60 days following the close of the performance year.



### RESOURCES

- [MIPS Overview](#)
- [APMS Overview](#)
- [Advanced APMS](#)
- [MIPS APMS](#)
- [About MIPS Participation](#)
- [2019 MIPS Participation and Eligibility Fact Sheet](#)
- [Technical Assistance](#)



Quality Payment  
PROGRAM

[QPP.CMS.GOV](#)