



American Society of Clinical Oncology



MIPS Participation Status Letter Being Sent to Practices From Late April Through May of 2017

The Centers for Medicare & Medicaid Services (CMS) is reviewing claims and letting practices know which clinicians need to take part in [MIPS](#), the Merit-based Incentive Payment System of the Quality Payment Program. From late April through May of 2017, more than 200,000 practices will get a letter from the Medicare Administrative Contractor that processes Medicare Part B claims.

This [letter](#) will tell the participation status of each National Provider Identifier (NPI) for qualifying clinician associated with the Taxpayer Identification Number or TIN in a practice, based on Medicare participation during the period from September, 2015, through August, 2016. (Please note, this is a sample letter and clinicians will receive individualized letters.) For clinicians participating under multiple TINs, a separate notification will be sent to reflect each TIN. CMS provides details on who is [included and should actively participate in MIPS](#) to avoid a penalty and possibly earn a positive adjustment, as well as [FAQs](#) with additional information.

Clinicians should participate in MIPS for the 2017 transition year if they exceed the low volume threshold—bill more than \$30,000 in Medicare Part B allowed charges a year AND provide care for more than 100 Part B-enrolled Medicare beneficiaries a year. CMS is advising clinicians to use the letters to determine if they will participate in the program as a group or individual, noting that the participation status based on the low volume threshold may change based on group versus individual participation. Others who are exempt from participation will include newly enrolled Medicare providers and those participating in advanced alternative payment models (APMs).

The Medicare Access and CHIP Reauthorization Act (MACRA) replaces the Sustainable Growth Rate formula, and enables the Quality Payment Program, which streamlines “Legacy Programs,” including the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM), and the Medicare Electronic Health Records (EHR) Incentive Program. During this first year of the program, CMS says that it will work with practices to facilitate successful participation in the program. As part of their outreach and practitioner support efforts, CMS will also launch a portal for physicians to determine their participation status online.

Learn more about the [Quality Payment Program](#).

Additional ASCO resources and updates to help practices with MACRA implementation are available [here](#). Visit [ASCO in Action](#) for all the latest cancer policy news.