

Are you any of the following: MD, DO, NP, PA, CNS, CRNA?

AND

Do you bill Medicare Part B?

YES

NO

You are not a MIPS eligible clinician, and are not subject to MIPS reporting requirements. However, you may have the choice to report as part of your group.

[SEE MORE DETAILS](#)

Are you part of an Advanced Alternative Payment Model (Advanced APM)?

YES NO

Not sure?

[VIEW LIST OF ADVANCED APMs RECOGNIZED BY CMS](#)

You are in the Advanced APM track of the QPP and are not subject to MIPS

[SEE MORE DETAILS](#)

Are you part of a MIPS APM?

[YES](#)

[NO](#)

Not sure?

[VIEW LIST OF MIPS APMs RECOGNIZED BY CMS](#)

You are still subject to MIPS, but MIPS reporting requirements and scoring are different.

[SEE MORE DETAILS](#)

Do you bill Medicare Part B \$30,00/year or less OR see <101 Medicare patients/year?

Yes No

You are individually exempt from MIPS but may still need to report with your group.

[SEE MORE DETAILS](#)

Is this your first year enrolled in/billing Medicare?

Yes

No

You are a MIPS eligible clinician and subject to MIPS reporting requirements.

[SEE MORE DETAILS](#) about additional exemptions or scoring adjustments.

Non-MIPS Eligible Clinicians

- If you do not bill Medicare Part B at all, you are completely exempt from MIPS and will not report either individually or as part of a group

- If you bill Medicare Part B but work in a profession other than the ones listed at the beginning of the module, you are individually exempt from MIPS
 - You are not required to report with your group if they report as a group
 - You may choose, however, to submit your information with the rest of your group
 - ✓ Your information will be scored and will affect the group's overall score and payment adjustment
 - ✓ Each member of the group will receive the same score
 - Whether or not you choose to report, you as an individual will not be subject to the MIPS payment adjustment – only MIPS eligible clinicians are subject to the payment adjustment

Go [back](#) to beginning or access ASCO's [MACRA resources](#)

Advanced APMs

- If you meet the Advanced APM payment or patient thresholds, you are not subject to MIPS in 2017 and will receive a lump sum bonus of 5% in 2019
- Review CMS [slides](#) on Advanced APMs for details on payment and patient thresholds, qualifying participants (QPs) and partial QPs, and participation “snapshots”
- Visit the [APM resource page](#) on CMS’ QPP website
- Review CMS’ [list](#) of APMs (MIPS and Advanced)

Go [back](#) to beginning or access ASCO’s [MACRA resources](#)

MIPS APMs

- MIPS APMs are a subset of APMs
- In general:
 - Special reporting requirements
 - Special MIPS scoring under the “APM scoring standard”
 - Aggregates eligible clinician (EC) MIPS scores to the APM entity level
 - All ECs in an APM entity receive the same final MIPS score
- Most MIPS APMs automatically receive credit in the IA category of MIPS
 - Learn more from this CMS [FACT SHEET](#)

ONCOLOGY CARE MODEL (OCM)

[MIPS SCORING INFORMATION](#)

MEDICARE SHARED SAVINGS PROGRAM (SSP) ACOs

[MIPS SCORING INFORMATION](#)

Go [back](#) to beginning or access ASCO’s [MACRA resources](#)

Low-volume & 1st Year Clinicians

- As an *individual*, you are exempt from MIPS
- As part of a *group* that plans to participate in MIPS via group reporting, you will report with your group and will receive the same score as everyone else in your group

Low-volume Clinicians

Definition: An individual MIPS eligible clinician or group who, during the low-volume threshold determination period, has billed Medicare Part B allowed charges less than or equal to \$30,000 OR provides care for 100 or fewer Part B-enrolled Medicare beneficiaries

Two low-volume **determination periods:**

Sep 1, 2015 to August 31, 2016

Sep 1, 2016 to August 31, 2017

You will keep your low-volume designation if you do not exceed the low-volume threshold in either one of the determination periods

If you are individually low-volume but your group reports to MIPS, you must report with them and you will receive a payment adjustment in 2019 based on your group's score

1st Year in Medicare

Definition: A "new Medicare-enrolled eligible clinician (EC)" is a professional who first becomes a Medicare-enrolled EC within PECOS during the performance period for a year and had not previously submitted claims under Medicare such as an individual, an entity, or part of a physician group or under a different billing number or tax identifier

Determination period: the 12 months of a calendar year applicable to the performance period (i.e. 2017 for 2017 performance period); eligibility determinations conducted on a quarterly basis "to the extent that is technically feasible"

If as an individual this is your 1st year in Medicare but your group reports to MIPS, you must report with them but you will not receive a payment adjustment of any kind in 2019

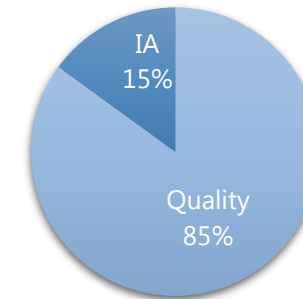
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Non-patient Facing Clinicians

Individual Definition: bills <101 patient-facing encounters (including telehealth services) during the determination period

Group Definition: >75% of the NPIs billing under the group's TIN meet the definition of a non-patient facing individual during the determination period

- **ACI category in MIPS: EXEMPT**
 - *NOTE:* non-patient facing clinicians are exempt from the ACI category, but if they report any ACI measure CMS will score them like everyone else and re-weight their ACI category back to 25%
- **IA category in MIPS: DECREASED** requirements
 - 1 high-weighted or 2 medium-weighted activities to attain full score
- **Quality category in MIPS: FULL** requirements
 - Must report 6 available/applicable measures or a specialty measure set
- Non-patient facing determination periods for the 2017 performance year (PY 2017):
 - September 1, 2015 – August 31, 2016
 - September 1, 2016 – August 31, 2017
 - Clinicians or groups determined to be non-patient facing during either of these time periods will be considered non-patient facing for PY 2017
- CMS has defined patient-facing [encounter codes](#)
- CMS should notify you of your non-patient facing status ~4 months after the close of the determination period



MIPS Category Weightings for Non-patient Facing Clinicians / Groups

Go [back](#) to beginning or access ASCO's [MACRA resources](#)

Hospital-based Clinicians

➤ **ACI category in MIPS: EXEMPT**

NOTE: hospital-based clinicians are exempt from the ACI category, but if they report any ACI measure CMS will score them like everyone else and re-weight their ACI category back to 25%

➤ Hospital-based MIPS eligible clinicians definition:

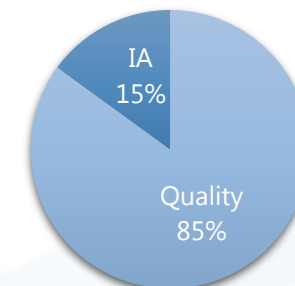
>75% of professional covered services provided in the inpatient setting, ED, and/or on-campus outpatient hospital

➤ Determination period for performance year 2017:

September 1, 2015 – August 31, 2016

Hospital- or institution-based clinicians may encounter additional [special circumstances](#)

Go [back](#) to beginning or access ASCO's [MACRA resources](#)

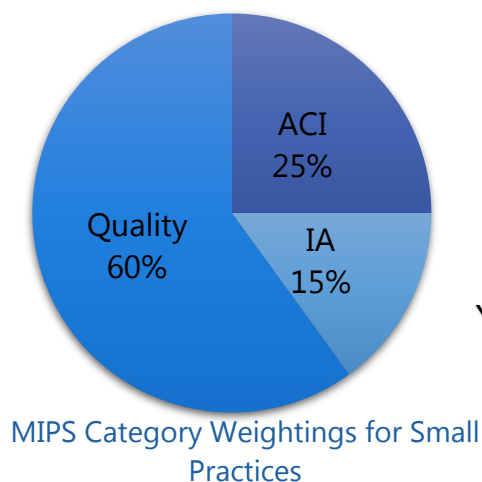


Your MIPS Pie

MIPS Category Weightings for Hospital-based Clinicians

Small Practices (<16 Clinicians)

- Must report all 3 MIPS categories
- **IA category in MIPS:** **DECREASED** requirements
 - 1 high-weighted or 2 medium-weighted activities to attain full score
- **ACI Category in MIPS:** **FULL** requirements
 - Report base score; performance score optional
- **Quality category in MIPS:** **FULL** requirements
 - Report 6 available/applicable measures or a specialty measure set
- Can access **free, direct technical assistance** provided by local, experienced [organizations](#)
- Review CMS' small practice [fact sheet](#) and CMS' overview of MIPS for small, rural, and underserved practices ([slides](#), [transcript](#), or [recording](#))



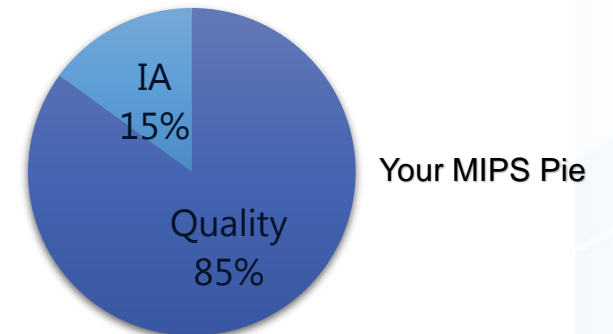
Your MIPS Pie

MIPS Category Weightings for Small Practices

Go [back](#) to beginning or access ASCO's [MACRA resources](#)

NP, PA, CNS, CRNA

- **ACI category in MIPS: EXEMPT**
 - *NOTE:* NPs, PAs, CNSs, and CRNAs are exempt from the ACI category, but if they report any ACI measure CMS will score them like everyone else and re-weight their ACI category back to 25%
- **Quality category in MIPS: FULL** requirements
 - Report 6 available/applicable measures or a specialty measure set
- **IA category in MIPS: FULL** requirements
 - 2 – 4 activities for full score, dependent on activity weighting

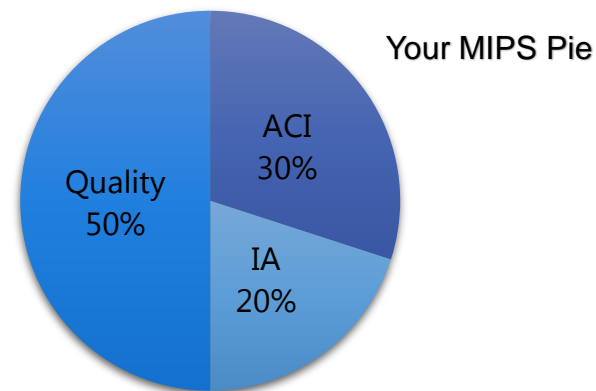


MIPS Category Weightings for NP/PA/CNS/CRNA

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Medicare Shared Savings Program ACOs

- Tracks 2 and 3 are [Advanced APMs](#)
- Track 1 is a MIPS APM
 - Automatic full credit for IA category in MIPS
 - MIPS quality score derived from the ACO's CMS web interface reporting
 - Must report/attest to ACI category in MIPS
- Review these CMS [slides](#) for information on SSP scoring for all Tracks

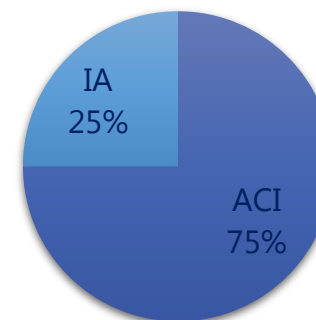


MIPS Category Weightings SSP Track 1

Go [back](#) to beginning or access ASCO's [MACRA resources](#)

Oncology Care Model (OCM)

- 2-sided risk track is an [Advanced APM](#)
- 1-sided risk track is a MIPS APM
 - MIPS Quality category reweighted to zero
 - Automatic full credit in MIPS IA category
 - Must report/attest to MIPS ACI category
- Review ASCO's 1-page [summary](#) of MIPS scoring under the OCM standard



Your MIPS Pie

MIPS Category Weightings for OCM (1-Sided Risk)

Go [back](#) to beginning or access ASCO's [MACRA resources](#)

If any of the situations below apply to you, follow the links for more details:

You are a PA, NP, CNS OR CRNA

- You are exempt from the ACI category of MIPS but may choose to report either individually or with your group
- Click [here](#) for details

You individually have <101 patient facing encounters a year

- You are individually considered non-patient facing and are exempt from the ACI category of MIPS and subject to different reporting requirements under the MIPS IA category
- Click [here](#) for details

You are a member of a group where >75% of clinicians are non-patient facing

- If reporting as a group, your group is considered non-patient facing and is exempt from the ACI category of MIPS and is subject to different reporting requirements under the MIPS IA category
- Click [here](#) for details

>75% of your professional covered services are provided in any combination of the following settings: inpatient, ED, on-campus outpatient hospital

- You are considered a hospital-based clinician and are exempt from the ACI category of MIPS, but may choose to report either individually or with your group
- Click [here](#) for details.

You are a small (<16) practice

- You are subject to MIPS, but have different reporting requirements for the IA category of MIPS and have additional resources available
- Click [here](#) for details

If none of the above apply to you: Barring exceptional circumstances, you are subject to the full reporting requirements of MIPS. Click [here](#) for details, or [here](#) to go back to starting point.

Hospital- or Institution-based Clinicians

- Generally, any practitioner who bills Medicare Part B will be required to participate in the QPP MIPS program, unless specific exemptions apply
- Check with your hospital administrator for your specific responsibilities under MIPS:
 - Do you have to report hospital-chosen quality measures, or can you pick your own?
 - Are you subject to the requirements of the hospital EHR Incentive Program?
 - Has the hospital designated specific Improvement Activities, or do you need to pick your own?
 - Are you responsible for reporting any of the performance categories, or will the hospital report on your behalf?
- Requirements under MIPS vary based on your employment status, how you bill Medicare, and if you/your institution participate in specific payment models
- Hospital-based clinicians under MIPS are individually exempt from the ACI category, but the hospital/institution is still likely participating in the EHR Incentive Program

Go [back](#) to beginning or access ASCO's [MACRA resources](#)