Quality Payment
PROGRAM

PARTICIPATING IN A MIPS APM IN THE 2019 PERFORMANCE YEAR

Updated 4/27/2020

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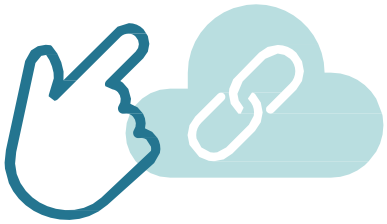
*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*

HOW TO USE THIS GUIDE



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

Introduction to the Quality Payment Program

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. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:

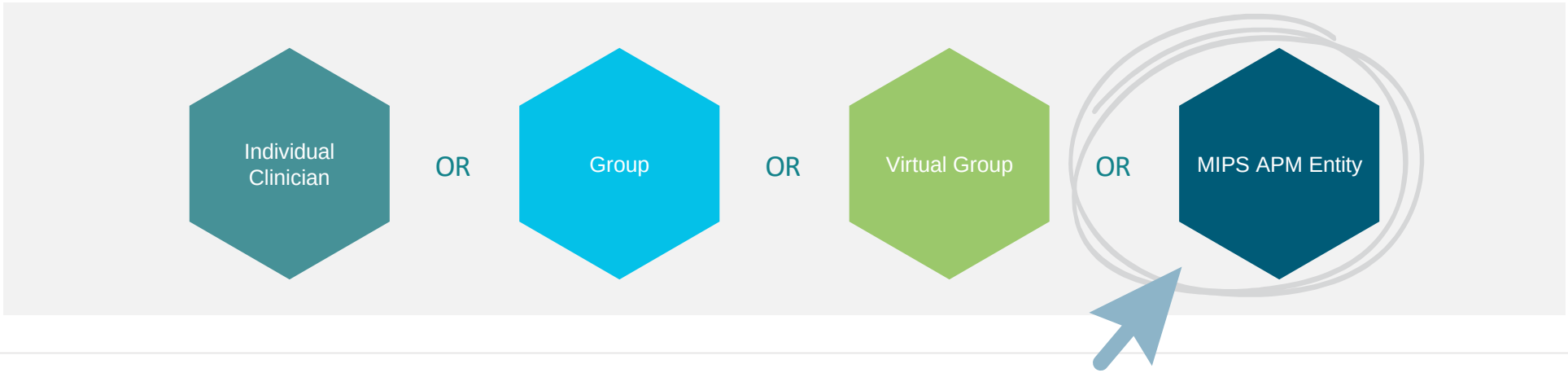
If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

MIPS APMs OVERVIEW

Overview

In 2019, if you re eligible for MIPS, you can participate in the following ways:



This guide focuses on how to participate in **MIPS in 2019 as a MIPS APM Entity.**

To learn more about MIPS eligibility and how to participate in the Quality Payment Program:

- Check your MIPS and APM participation status with our QPP Participation Status Tool.
- See our 2019 MIPS Participation and Eligibility Fact Sheet.
- Visit the MIPS, and APM pages of our Quality Payment Program website.

Basics and Benefits

MIPS APMs are a subset of APMs. Participating in a MIPS APM can reduce your MIPS reporting burden so you can focus on patient care and the goals of your APM.

A MIPS APM must meet 3 criteria:

1. APM entities participate under an agreement with CMS;
2. APM entities have 1 or more MIPS eligible clinicians on a Participation List;
3. APM bases payment incentives on performance (either at the APM Entity or clinician level) on cost/utilization and quality measures.

If you're in a MIPS APM and you're included in MIPS, you may be scored using the APM scoring standard, which:

- Is designed to account for activities already required by the APM
- Eliminates the need for MIPS eligible clinicians to duplicate the submission of certain quality and improvement activities data

2019 MIPS APMs

The list below includes MIPS APMs for the 2019 performance year as of November 2018. See our Comprehensive List of APMs for updates.

- Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
- Comprehensive ESRD Care (CEC) Model (LDO arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement)
- Comprehensive ESRD Care (CEC) Model (non-LDO one-sided risk arrangement)
- Comprehensive Primary Care Plus (CPC+) Model
- Medicare Accountable Care Organization (ACO) Track 1+ Model
- Medicare Shared Savings Program (SSP) ACOs — Track 1
- Medicare Shared Savings Program ACOs — Track 2
- Medicare Shared Savings Program ACOs — Track 3
- Next Generation ACO Model
- Oncology Care Model (OCM) (one-sided risk arrangement)
- Oncology Care Model (OCM) (two-sided risk arrangement)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)
- Maryland Primary Care Program
- Independence at Home Demonstration

APM SCORING STANDARD

Who Can Benefit from the APM Scoring Standard?

You can benefit from the APM scoring standard if you're 1) included in MIPS and 2) on a MIPS APM's Participation List on at least 1 snapshot date:

New: Full TIN Only

The December 31 date applies only to models that require participation from all clinicians under a single TIN, like the Medicare Shared Savings Program.

Qualifying APM Participant (QP) and MIPS APM Participation Status Scenarios

1. If you're in an Advanced APM and are a QP, then you're exempt from MIPS reporting and MIPS payment adjustments. **The APM scoring standard doesn't apply to you**.

2. **If you're in an Advanced APM that is also a MIPS APM and you don't qualify as a QP or Partial QP** for the year, then you'll be included in MIPS. **The APM scoring standard will apply to you**.

NOTE: You can check if you're a QP by using the QPP Participation Status Tool on the QPP website.

How does the APM Scoring Standard Work?

MIPS assigns weights to 4 performance categories. For the 2019 performance year, category weights are the same for all types of MIPS APMs:

Quality

50% of MIPS Final Score

CMS will use your APM's requirements for certain quality measures to determine your Quality score. Your APM will submit quality measures to CMS on behalf of its participants.

Promoting Interoperability

30% of MIPS Final Score

You can report for this performance category by sharing information through certified electronic health record technology and other methods of patient engagement. Under the APM Scoring Standard, the PI category is scored at the APM Entity level. To calculate the PI category, all APM participants' PI scores will be averaged. This will result in one Entity-level score for Promoting Interoperability that will be applied to all MIPS clinicians participating in the APM Entity.

Improvement Activities

20% of MIPS Final Score

Each year, we'll assign each MIPS APM an Improvement Activities score based on activities required by the APM. For the 2019 performance year, MIPS APMs will earn at least 50 percent of the highest possible score. Therefore, you will only need to submit improvement activities data if the CMS-assigned Improvement Activities score is below the maximum category score.

Cost

0% of MIPS Final Score

Clinicians in MIPS APMs will not be scored under the Cost performance category in the 2019 performance year.

= **100%** of MIPS Final Score

NOTE: Under the APM scoring standard, performance category weights differ from the regular MIPS weights. For example, Cost is 0% of your score under the APM scoring standard and 15% of your score under regular MIPS.

How does the APM Scoring Standard Work? (continued)

For all MIPS APMs:

MIPS clinicians in the APM will report on the PI performance category either through group (TIN) or individual level reporting.

We'll score each MIPS clinician in the APM using the highest score for his or her TIN/NPI combination.

The score given to each MIPS clinician will be averaged with the scores of other clinicians in the APM Entity to produce one APM Entity score.

All MIPS eligible clinicians may report Promoting Interoperability performance data through the following:

- Qualified Registry
- Qualified Clinical Data Registry
- Certified EHR Technology

Note: *The APM scoring standard and MIPS performance period are the same: (January 1, 2019 – December 31, 2019). Your MIPS payment adjustment in 2021 is based on your 2019 performance under the APM scoring standard.*

MIPS FINAL SCORE AND PAYMENT ADJUSTMENT

MIPS Final Score and Payment Adjustment

Clinicians scored under the APM scoring standard will get a MIPS final score based on the APM Entity's combined performance. The score is calculated by weighting and combining Quality, Improvement Activities, and Promoting Interoperability scores. (Cost is not factored into the score in 2019.).

This scoring method:

Rewards clinicians for working with others to improve quality of care

AND

Lowers the reporting burden by aligning MIPS and APM requirements

If you participate in two or more MIPS APMs, we'll use the highest final score to calculate your MIPS payment adjustment. There is one exception to this: If you are a dual participant in the Medicare Shared Savings Program and the Comprehensive Primary Care Plus (CPC+) Model, you will be scored only on your performance within the SSP ACO for purposes of MIPS.

If you are a QP in an Advanced APM and part of a MIPS APM, you'll receive the 5 percent QP bonus, rather than a MIPS payment adjustment.

APMs and Virtual Group Participation

Virtual groups were added in the 2018 performance year. CMS is waiving statutory requirements that all virtual group members receive a payment adjustment based on their virtual group's final score. That means if you're participating in a MIPS APM and virtual group, we'll base your payment adjustment on your APM Entity's final score only.

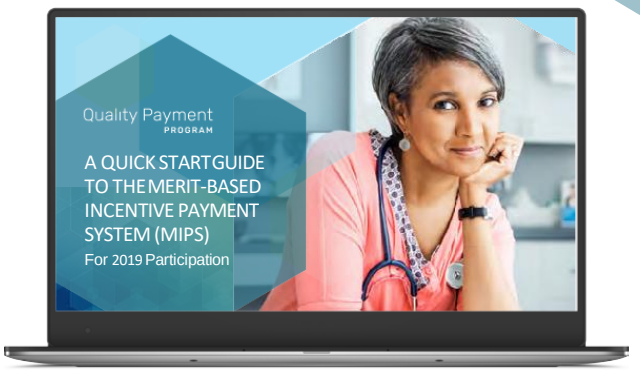
RESOURCES, GLOSSARY, AND VERSION HISTORY

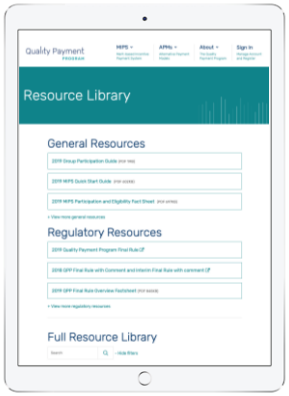
Resources, Glossary, and Version History

Additional Resources

The following resources are or will be available on the QPP Resource Library.

- 2019 MIPS Quick Start Guide
- 2019 MIPS Participation and Eligibility Fact Sheet
- Comprehensive List of APMs
- 2019 Medicare Shared Savings Programs and QPP Interactions
- 2019 List of Medicare Health Plan Other Payer APMs
- 2019 QPP Multi-Payer Other Payer Advanced APMs
- 2019 Medicaid Other Payer Advanced APMs in the Quality Payment Program





Technical Assistance

We 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 to 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.

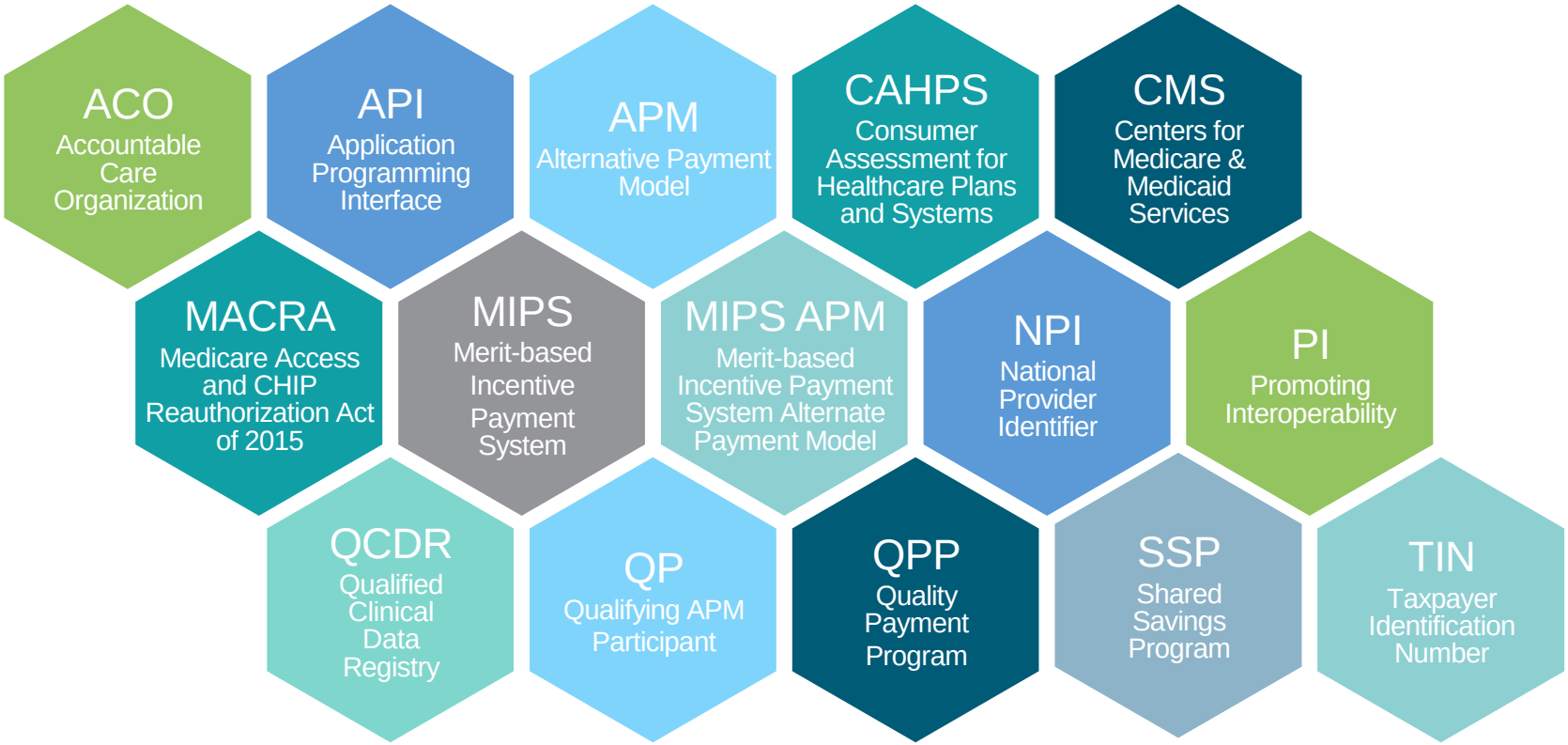
QPP Service Center

If you have questions, you can contact the Quality Payment Program, Monday through Friday, 8 a.m. to 8 p.m. ET, by:

- Email: QPP@cms.hhs.gov
- Phone: 1-866-288-8292 (TTY: 1-877-715-6222)

Resources, Glossary, and Version History

Glossary



Quality Payment PROGRAM

Version History

Date	Description
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
6/7/2019	Original posting