

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

2022 Eligibility and Participation Quick Start Guide



Contents

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Purpose: This resource focuses on Merit-based Incentive Payment System (MIPS) eligibility and participation, providing high level information and actionable steps for interpreting your eligibility and participation requirements for the 2022 MIPS performance period.



How to Use This Guide



Please note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't 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.

Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.



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Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



Overview



What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program describes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2022:

- You generally have to submit data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [cost](#) performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options](#) web pages on the [Quality Payment Program website](#).
- View the [2022 MIPS Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

What is the Merit-based Incentive Payment System? (Continued)

Traditional MIPS, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under the traditional MIPS, participants select from 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)**, is a streamlined reporting framework available beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.
- **MIPS Value Pathways (MVPs)** are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are 7 MVPs that will be available for reporting in the 2023 performance year:**

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the CY 2022 Physician Fee Schedule Final Rule. We'll also be adding more information to [MIPS Value Pathways section of the QPP website](#).

What are the MIPS Eligibility Criteria?

Your individual MIPS eligibility is determined by:

- Your clinician type **AND**
- The date you enrolled in Medicare **AND**
- The degree to which you participate in an Advanced APM **AND**
- The volume of care you provide to Medicare patients

You're **excluded** from MIPS for the 2022 performance year and aren't eligible for a MIPS payment adjustment in the 2024 MIPS payment year if:

- You're not an eligible clinician type¹ OR
- You enrolled as a Medicare provider for the first time on or after January 1, 2022 OR
- You're determined to be a [Qualifying APM Participant](#) (QP) based on the degree of your participation in an Advanced APM

¹The 2022 MIPS eligible clinician types are physicians (MD, DO, DDS, DMD, DPM, OD), osteopathic practitioners, chiropractors, physician assistants, nurse practitioners, certified nurse anesthetists, physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, registered dietitians or nutrition professionals, clinical social workers, and certified nurse-midwives.

What are the MIPS Eligibility Criteria? (Continued)

Are you excluded from the 2022 performance year of MIPS but want to participate?

If **you're excluded** from MIPS for one of the reasons listed on the previous page, you may participate in MIPS voluntarily. As a voluntary reporter, you'll receive performance feedback but not a MIPS payment adjustment.

If **you're not excluded** from MIPS for one of the reasons on the previous page, you could be excluded based on the volume of care you provided to Medicare patients, referred to as the low-volume threshold. The low-volume threshold looks at:

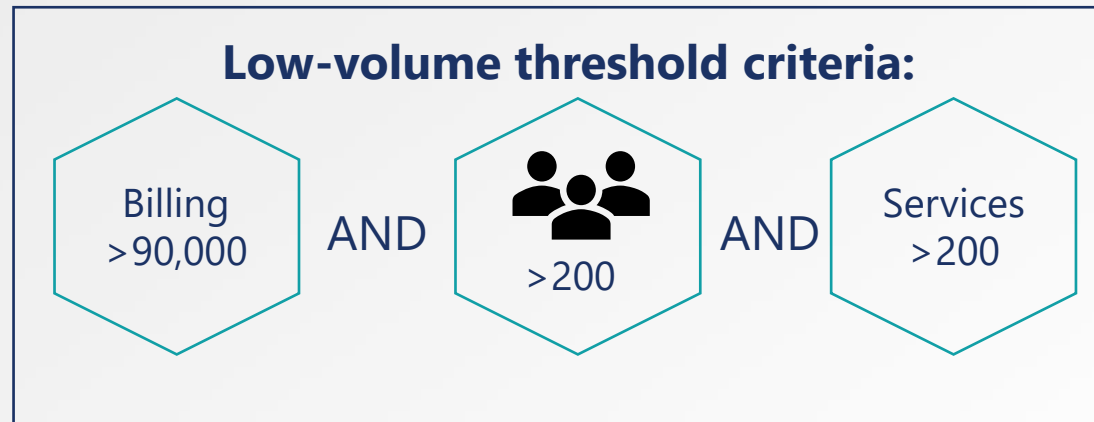
- The amount of your allowed charges billed to Medicare AND
- The number of Medicare patients you provided services to AND
- The number of covered professional services you furnished

What's New with MIPS Eligibility and Participation in 2022?

We've added the following 2 new clinician types as eligible clinician types beginning in the 2022 performance year: clinical social workers (CSWs) and certified nurse-midwives.

You're considered a MIPS eligible clinician (i.e. required to report) and will receive a payment adjustment when:

- You're an eligible clinician type AND
- You enrolled in Medicare before January 1, 2022 AND
- You're not identified as a QP AND
- You exceed the low-volume threshold (exceeding all 3 low-volume elements as shown below)



To exceed the low-volume threshold for the 2022 performance year, you must:

- Bill more than \$90,000 for Part B covered professional services under the Physician Fee Schedule (PFS), and
- Provide services to more than 200 Medicare Part B patients, and
- Furnish more than 200 covered professional services to Part B Medicare Patients.

What are the MIPS Eligibility Criteria? (Continued)

We evaluate both individuals and groups for eligibility against the low-volume threshold at each practice (identified by Taxpayer Identification Number) through which you bill covered professional services during two 12-month segments, referred to as the **MIPS Determination Period**. We also see if you qualify for any [special statuses](#) that might reduce your reporting requirements.

2022 MIPS Determination Period



If you or your group is not eligible to participate in MIPS because of the low-volume threshold, you can voluntarily report and may be eligible to opt-in to MIPS participation.

To opt-in, you or your group must exceed 1 or 2 elements of the low-volume threshold elements.



Get Started with MIPS Eligibility and Participation in 5 Steps

Get Started with MIPS Eligibility and Participation in 5 Steps

Overview



Step 1. Check Your Current Eligibility Status

If you work at multiple practices, you may be eligible (i.e., required to report) at one practice, but not at another.

- Check your preliminary eligibility status based on analysis of data from the first segment of the MIPS Determination Period by entering your National Provider Identifier (NPI) in the [QPP Participation Status Tool](#).

OR

- [Sign in to QPP](#) to check the eligibility status for all groups you're associated with and the connected clinicians in your practice based on analysis of data from the first segment of the MIPS Determination Period.

When checking your eligibility status, make sure you select **Performance Year (PY) 2022**.



PY Tabs in qpp.cms.gov



Note: This section includes screenshots from the [QPP Participation Status Tool](#).

Step 2. Review Your MIPS Eligibility Information for Each Associated Practice

Beneath each practice association, you'll see an indicator of your individual and group eligibility statuses.

Click the **+ Expand** option to the right of each associated practice name to view information about your MIPS Participation (reporting requirements, reporting options, and payment adjustment information) based on your eligibility status.



MIPS Participation

MIPS Eligibility: INDIVIDUAL GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

This clinician can report as part of a group, or as an individual, or both ways.

PAYMENT ADJUSTMENT INFORMATION

If the practice reports as a group, this clinician will receive a payment adjustment based on the group score. If they report as an individual, they will receive a payment adjustment based on their individual score. If they report in both ways, the clinician will receive a payment adjustment based on the higher of the two scores.

Learn more [About MIPS Participation](#)

Helpful Hint

You're MIPS eligible if you see a **checkmark and green font**

You're excluded from MIPS if you see a **no symbol and black font**

Step 2. Review Your MIPS Eligibility Information for Each Associated Practice (Continued)

Eligibility Information

- Keep scrolling to view more information about your eligibility, including whether you meet the low-volume threshold and qualify for [other reporting factors](#) at the **Clinician Level** (for individual participation) and the **Practice Level** (for group participation).

Clinician Level Information

Exceeds low volume threshold	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds \$90,000
Covered services for this clinician	Exceeds 200
MIPS eligible clinician type	Yes
Enrolled in Medicare before January 1, 2019	Yes

Practice Level Information

Exceeds low volume threshold	Yes
Medicare patients at this practice	Exceeds 200
Allowed charges at this practice	Exceeds \$90,000
Covered services at this practice	Exceeds 200

Helpful Hint

You will see "Yes" when you exceed all 3 elements of the low-volume threshold.

You will see "No" if you do not exceed one (or more) of these elements.

TIP: If you sign in to qpp.cms.gov, you will see actual patient counts, allowed charges, and number of covered services at the group level and for each clinician in the practice.

Step 2. Review Your MIPS Eligibility Information for Each Associated Practice (Continued)

Other Reporting Factors

- [Other Reporting Factors](#) are designations, such as [special statuses](#), that can affect your MIPS participation options and reporting requirements. These factors are determined at the clinician (unique TIN/NPI combination) level, practice (Tax Identification Number (TIN)) level, and virtual group level.
- Other reporting factors, such as special status designations, only apply at the level (i.e., clinician or practice) indicated and are not transferrable to other levels.
- **Note:** The QPP Participation Status Tool will only display other reporting factors at the clinician and practice level. You must sign in to QPP to view these factors for your virtual group.

[Special statuses](#) at the practice level **ONLY** apply to group reporting.

[Special statuses](#) at the clinician level **ONLY** apply to individual reporting.

Other Reporting Factors
Learn more about [how other reporting factors are determined](#)

Clinician Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Rural	Yes

Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
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Step 2. Review Your MIPS Eligibility Information for Each Associated Practice (Continued)

Don't see your current practice listed on the status tool? Are you missing clinicians in your connected clinicians list when you sign in to qpp.cms.gov?

This means we didn't find Part B claims data for you at this practice in the first 12-month segment of the MIPS Determination Period.

We'll update eligibility status information in December 2022 to show clinicians who started billing Part B services under a new practice (identified by their Tax Identification Number, or TIN) between October 1, 2021 and September 30, 2022.








You may become MIPS eligible at a new practice when we update eligibility status information in December 2022.

Where can I learn more?

Visit the [QPP website](#) for more information about [how eligibility is determined](#) and how other [reporting factors](#), including [special status](#), can affect how much data you need to report.

Step 3. Understand Your Participation Options

You may be eligible to participate in MIPS at different levels: as an individual, as a group, as an APM entity, or as a virtual group. Because these participation options are tied to your eligibility, they are specific to each practice with which you're associated.

You see...	This means.
MIPS Eligibility:  INDIVIDUAL  GROUP	<p>You, as an individual clinician, are required to report either individually or as part of a group.</p> <ul style="list-style-type: none"> • If you submit any data as an individual, you'll be evaluated for all performance categories as an individual. • If your practice submits any data as a group, you'll be evaluated for all performance categories as a group. • If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score. <p>You'll receive a payment adjustment.</p>
MIPS Eligibility:  INDIVIDUAL  GROUP	<p>You, as an individual clinician, are not required to report. Your practice exceeds the low-volume threshold and has the option to participate as a group. There is no requirement to participate as a group.</p> <ul style="list-style-type: none"> • If your practice chooses not to participate as a group, the MIPS eligible clinicians in the practice who exceed the low-volume threshold as individuals will need to participate as individuals. • If your practice chooses to participate as a group, you'll receive a payment adjustment
MIPS Eligibility:  INDIVIDUAL  GROUP	<p>You, as an individual clinician, are not required to report and your practice doesn't exceed the low-volume threshold.</p> <p>You will not receive a payment adjustment, even if you or your practice chooses to submit data voluntarily.</p>
<p>MIPS Eligibility:  VIRTUAL GROUP</p> <p>(We will add virtual group information once we have finished processing virtual group applications in February/March 2022.)</p>	<p>You're eligible for MIPS and can only participate through your virtual group.</p>

The QPP Participation Status tool will be updated throughout the year to identify which clinicians are MIPS APM participants. The first update will be in July 2022. MIPS eligible individuals who are also MIPS APM participants may report to MIPS as an individual, a group, or as an APM Entity either through the APP or via traditional MIPS.

Step 3. Understand Your Participation Options (Continued)

What does Opt-In Eligible mean?

This means that you aren't required to participate in MIPS, but based on the volume of care you provide, you can elect (choose) to receive a MIPS payment adjustment or to report voluntarily. These elections are made during the submission period (January – March 2023), prior to you submitting any data.

You may be opt-in eligible as an individual or a group (or both). If you're opt-in eligible, you'll see the following results in the QPP Participation Status Tool.

MIPS Eligibility: ☐ INDIVIDUAL ☒ GROUP

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

MIPS Eligibility: ☐ INDIVIDUAL ☐ GROUP

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

MIPS Eligibility: ☐ INDIVIDUAL ☐ GROUP

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

- If you're opt-in eligible because you're an eligible clinician type, are not otherwise excluded, and exceed at least 1 but not all 3 elements of the low-volume threshold as an individual, you can elect to opt-in to MIPS as an individual, voluntarily-report, or do nothing.
- If a practice is opt-in eligible as a group, the practice can elect to opt-in to MIPS as a group, voluntarily-report as a group, or do nothing.
- If an individual or group doesn't exceed any of the elements of the low-volume threshold, they can voluntarily-report or do nothing.

Step 4. Understand How Your Eligibility Could Change

As of January 1, 2022, we're displaying your eligibility status based on analysis of data from the first 12-month segment of the MIPS Determination Period.

Between now and December 2022, your eligibility status and associated participation options can change if you:

- Reassign billing rights to a new TIN OR
- Are identified as a Qualifying APM Participant (QP) or lose your status as a QP, OR
- Are identified as a MIPS APM participant and are eligible to report via the APP, OR
- See a decrease in the volume of care you provide to Medicare patients at a current practice

For example, you could become eligible (required to participate) at a new practice, identified by TIN if you start billing Part B claims under that TIN between October 1, 2021 and September 30, 2022.

Your eligibility can also change, between now and December 2022, at practices you're currently associated with:

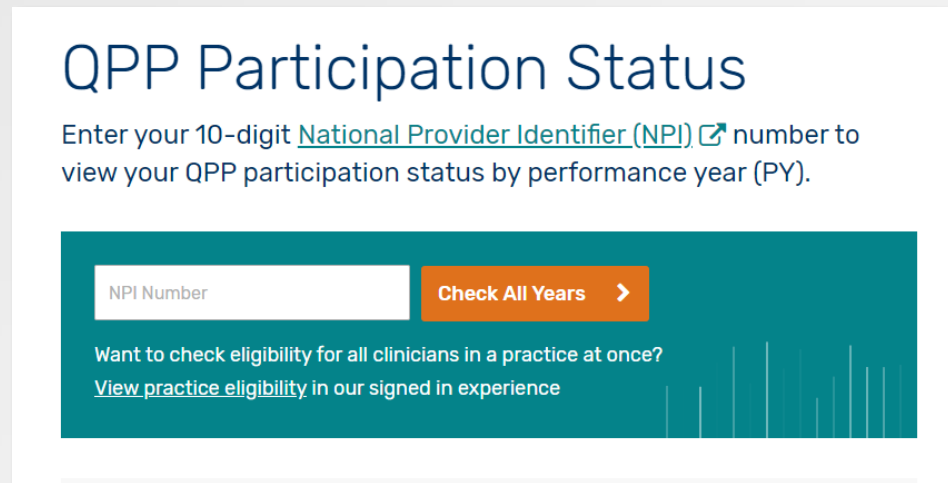
Eligible	Opt-In Eligible	Exempt
If you're currently eligible , you could <ul style="list-style-type: none">• Remain eligible,• Become opt-in eligible, or• Become excluded.	If you're currently opt-in eligible , you could <ul style="list-style-type: none">• Remain opt-in eligible, or• Become excluded.	If you're currently excluded , you will remain excluded unless your QP status changes.
If you're identified as part of a virtual group, you'll be eligible and required to participate through your virtual group which won't change. If you're identified as a MIPS APM participant, you may have the option to report to traditional MIPS as an APM Entity or the APP (as an individual, group or APM Entity).		


If you're currently eligible, you should **start collecting your quality data now** so that you're prepared to submit this information in January 2022.

Why? The quality performance category has a 12-month performance period (January 1, 2022 – December 31, 2022).

Step 5. Check Your Final Eligibility Status

Check the [QPP Participation Status Tool](#) or sign in to qpp.cms.gov at the end of the year.



The screenshot shows the 'QPP Participation Status' tool. It has a title 'QPP Participation Status' and a subtitle 'Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to view your QPP participation status by performance year (PY)'. Below this is a teal input box with a white text field labeled 'NPI Number' and an orange button labeled 'Check All Years >'. At the bottom, there is a link: 'Want to check eligibility for all clinicians in a practice at once? [View practice eligibility](#) in our signed in experience'.

- Final MIPS eligibility status determinations, based on reconciled data from both 12-month segments of the MIPS Determination Period and APM snapshots, will be available in late 2022.
- Estimated release dates for eligibility status updates and final determinations are available on qpp.cms.gov.
- **Subscribe to the QPP Listserv** at the bottom of the [Quality Payment Program website](#) to receive announcements on important dates, deadlines, and releases.

Sign Up for the QPP Listserv



The screenshot shows a sign-up form for the QPP Listserv. It consists of a white text input field with the placeholder text 'Enter your Email' and a teal button labeled 'Subscribe'.



Help, Resources, and Version History

Where Can I Get Help?

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov (Monday-Friday 8 a.m.- 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Additional Resources

The [Quality Payment Program Resource Library](#) houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
2022 MIPS Eligibility and Participation Quick Start Guide	A high-level overview and actionable steps to understand your 2022 MIPS eligibility and participation requirements.
2022 MIPS Quality Performance Category Quick Start Guide	A high-level overview and practical information about quality measure selection, data collection and submission for the 2022 MIPS quality performance category.
2022 MIPS Promoting Interoperability Performance Category Quick Start Guide	A high-level overview and practical information about data collection and submission for the 2022 MIPS Promoting Interoperability performance category.
2022 Improvement Activities Quick Start Guide	A high-level overview and practical information about data collection and submission for the 2022 MIPS improvement activities performance category.
2022 MIPS Cost Performance Category Quick Start Guide	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.
2022 APP Toolkit	An overview of the reporting and scoring pathway for MIPS eligible clinicians who participate in MIPS APMs: the APP.

Version History

If we need to update this document, changes will be identified here.

Date	Description
01/18/2022	Updated to reflect correct links on slide 25.
12/31/2021	Original Posting.