





## UPDATE

We've applied the MIPS automatic extreme and uncontrollable circumstances policy to all individual MIPS eligible clinicians for PY 2021. We've also reopened the MIPS extreme and uncontrollable circumstances application for groups, virtual groups, and APM Entities (including Shared Savings Program ACOs) through March 31, 2022. Any data submitted for an individual, group, or virtual group will be scored. Data submission for an APM Entity won't override performance category reweighting from an approved application. [Learn More.](#)

[Home](#) [Reporting Factors Overview](#)

## Special Statuses

The Quality Payment Program automatically assigns special statuses to Merit-based Incentive Payment System (MIPS) eligible clinicians , practices, virtual groups  and APM Entities who meet certain criteria. If you receive a special status, your reporting requirements may be affected.

### Performance Year

Select your performance year.

Performance Year 2022


# 2022 Special Statuses

## How do I Know if I Have a Special Status?

### Individuals and Groups

If you've been assigned a special status at the clinician or practice level, it will be added to your eligibility profile in the [QPP Participation Status Tool](#).


### Virtual Groups and APM Entities

- If you've been assigned a special status, you'll need to sign in to [qpp.cms.gov](#) to view any special statuses
- [Small practice](#)  designation is the only special status available to APM Entities.

If you've been assigned a special status in Segment 2 of the MIPS determination period, it may not appear in the [QPP Participation Status Tool](#) until late 2022.

If you think you should have a special status or believe there is a mistake in your special status designation(s), contact the [Quality Payment Program](#).

## How is Special Status Determined?

To determine if a MIPS eligible clinician, [practice](#) , virtual group or APM Entity will be assigned a special status, we retrieve and analyze Medicare Part B claims data.

Most special statuses are assigned if you meet the criteria in 1 of the 2 segments of the MIPS determination period.

Learn more about [MIPS determination segments](#).

## Special Status Impacts and Circumstances

### Navigate to

ASC-based

### Ambulatory Surgery Center (ASC)-based


If you're identified as ASC-based, you qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.

Level	You'll Receive This Special Status If...
Clinician	The MIPS eligible clinician furnishes 75% or more of their <u>covered professional services</u> <a href="#">?</a> in sites of service identified by Place of Service (POS) code 24.  <a href="#">How is a service determined to be ASC-based?</a>

Level	You'll Receive This Special Status If...
Practice	All MIPS eligible clinicians billing under the practice's TIN meet the definition of ASC-based.
Virtual Group	All MIPS eligible clinicians billing within the virtual group meet the definition of ASC-based.

### Hospital-based

If you're identified as hospital-based, you qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data.

Level	You'll Receive This Special Status If...
Clinician	The MIPS eligible clinician furnishes 75% or more of their covered professional services in a hospital setting as identified by Place of Service (POS) Codes 19, 21, 22, and 23.  <a href="#">How is a service determined to be hospital-based?</a>
Practice	More than 75% of the clinicians billing under the practice's TIN <sup>.....</sup>  meet the definition of hospital-based.

Level	You'll Receive This Special Status If...
Virtual Group	More than 75% of the clinicians billing within the virtual group meet the definition of hospital-based.

### Facility-based

If you're identified as facility-based, you may qualify for facility-based scoring. Under facility-based scoring, your assigned facility's Hospital Value-Based Purchasing (VBP) Program score can be used for scoring the MIPS quality and cost performance categories without submitting additional quality measures.

Unlike other special statuses:

- This status is predictive. We won't know until the end of the performance year if your assigned facility has the Hospital VBP Program score needed for facility-based scoring.
- This status is based solely on claims from the first segment of the MIPS determination period (prior to the performance year). You can't gain this status when we update eligibility after the second segment of the MIPS determination period.

Level	You'll Receive This Special Status If...
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Level	You'll Receive This Special Status If...
Clinician	<p>The MIPS eligible clinician furnishes 75% or more of their covered professional services in a hospital setting (Place of Service (POS) codes 21, 22, or 23)</p> <p>AND</p> <p>Bills at least one service in an inpatient hospital or emergency room</p> <p>AND</p> <p>Are assigned to a facility that participates in the Hospital VBP Program.</p> <p><a href="#">How is a service determined to be facility-based?</a></p>
Practice	<p>More than 75% of the clinicians billing under the practice's TIN meet the definition of facility-based.</p>

## Non-patient Facing

If you're identified as non-patient facing, you'll earn 2x the points for each improvement activity you submit.

You also qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance

category or categories unless you choose to submit Promoting Interoperability data.

Level	You'll Receive This Special Status If...
Clinician	The MIPS eligible clinician has 100 or fewer Medicare Part B patient-facing encounters (including telehealth services).
Practice	More than 75% of the clinicians billing under the practice's TIN meet the definition of non-patient facing.
Virtual Group	More than 75% of the clinicians billing within a virtual group meet the definition of a non-patient facing.

### Small Practice

If you're identified as a small practice, you'll earn 2x the points for each improvement activity you submit.

If you submit at least one quality measure, you will also receive 6 bonus points in the quality performance category.


**UPDATED** ▶ Beginning with the 2022 performance year, you also qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to other performance categories unless you choose to

submit Promoting Interoperability data. Small practices also qualify for a different redistribution policy when performance categories are reweighted.



Level	You'll Receive This Special Status If...
Clinician	The MIPS eligible clinician is one of 15 or fewer clinicians billing under the practice's TIN.
Practice	15 or fewer clinicians bill under the practice's TIN.
Virtual Group	15 or fewer clinicians bill under TINs that participate in a virtual group.
APM Entity	15 or fewer clinicians associated with the APM Entity.

## Health Professional Shortage Area (HPSA)

You'll earn 2x the points for each improvement activity you submit.

Level	You'll Receive This Special Status If...
Clinician	The MIPS eligible clinician practices in an area designated as an <a href="#">HPSA</a>  .



Level	You'll Receive This Special Status If...
Practice	More than 75% of the clinicians billing under the group's TIN are in an area designated as an <a href="#">HPSA</a>  .
Virtual Group	More than 75% of the clinicians billing in the virtual group are in an area designated as an <a href="#">HPSA</a>  .

## Rural

You'll earn 2x the points for each improvement activity you submit.

Level	You'll Receive This Special Status If...
Clinician	The MIPS eligible clinician is associated with a practice in a ZIP code designated as rural by the Federal Office of Rural Health Policy (FORHP) using the most recent FORHP Eligible ZIP code file available.
Practice	More than 75% of the clinicians billing under the practice's TIN are in a ZIP code designated as rural using the most recent FORHP ZIP code file.
Virtual Group	More than 75% of the clinicians billing in the virtual group are in a ZIP code designated as rural using the most recent FORHP ZIP code file.