



## UPDATE

We're extending the MIPS Extreme and Uncontrollable Circumstances (EUC) exception application deadline until March 3, 2023 for those that have been affected by COVID-19. 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 (QPP) automatically assigns special statuses to MIPS eligible clinicians, practices, virtual groups, and APM Entities who meet certain criteria. If you're assigned a special status, your reporting requirements may be affected.

## Performance Year

Select your performance year.

Performance Year 2023

## 2023 Special Statuses

## How Do I Know If I Have a Special Status?

### Individuals, Groups, and Subgroups

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](#) and on the

Eligibility & Reporting page when you [sign in](#) to the Quality Payment Program website. Practice level special statuses apply to both group and subgroup reporting. (As a reminder, the subgroup participation option is only available for the [MIPS Value Pathways \(MVPs\) reporting option](#) and requires advance registration.)

## Virtual Groups and APM Entities

- If you've been assigned a special status, you'll need to [sign in](#) to the Quality Payment Program website to view any special statuses on the Eligibility & Reporting page.
- Small practice designation is the only special status available to APM Entities.

If you qualify for a special status in Segment 2 of the [MIPS Determination Period](#), it won't appear in the [QPP Participation Status Tool](#) until December 2023.

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 Service Center at 1-866-288-8292 (Monday-Friday 8 a.m.- 8 p.m. ET) or by e-mail at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

## How Are Special Statuses 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 the [MIPS Determination Period](#).

## Special Statuses: Impacts and Circumstances

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Ambulatory Surgery Center (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%. This automatic reweighting applies to all 3 [MIPS reporting options: traditional MIPS](#), the [APM Performance Pathway \(APP\)](#), and [MIPS Value Pathways \(MVPs\)](#).

The performance 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 sites of service identified by Place of Service (POS) code 24 (ambulatory service center).
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%. This automatic reweighting applies to all 3 [MIPS reporting options: traditional MIPS](#), the [APM Performance Pathway \(APP\)](#), and [MIPS Value Pathways \(MVPs\)](#).

The performance 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="#">Learn more.</a>
Practice	More than 75% of the clinicians billing under the practice's TIN meet the definition of hospital-based.
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 in [traditional MIPS](#) without submitting additional quality measures. (Groups will need to submit improvement activities or Promoting Interoperability data to receive facility-based scoring.)

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. **If your assigned facility doesn't have a Hospital VBP Program score, you'll need to report MIPS quality measures.**
- This status is based solely on claims from segment 1 of the MIPS Determination Period (prior to the performance year). You can't gain this status when we update eligibility after segment 2 of the MIPS Determination Period.

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 (Place of Service (POS) codes 21, 22 or 23). <a href="#">Learn more</a> . AND Bills at least one service in an inpatient hospital or emergency room. AND Are assigned to a facility that participates in the Hospital VBP Program.
Practice	75% or more of the clinicians billing under the practice's TIN meet the definition of facility-based.
Virtual Group	75% or more of the clinicians billing within the virtual group meet the definition of facility-based.

## Non-patient Facing

If you're identified as non-patient facing, you'll earn 2x the points for each improvement activity you submit **when reporting [traditional MIPS](#)**.

- All clinicians receive 2x the points for each improvement activity when reporting a [MIPS Value Pathways \(MVPs\)](#).
- Clinicians automatically receive full credit in the improvement activities performance category for the 2023 performance year when reporting the [APM Performance Pathway \(APP\)](#).

You also qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The performance category weight will be redistributed to another performance category or categories unless you choose to submit Promoting Interoperability data. This automatic reweighting applies to all 3 [MIPS reporting options](#): [traditional MIPS](#), the [APP](#), and [MVPs](#).

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

There are a number of special scoring scenarios that apply to small practices:

- You'll earn 2x the points for each improvement activity you submit when reporting [traditional MIPS](#). (All clinicians receive 2x the points for each improvement activity when reporting a [MIPS Value Pathways \(MVPs\)](#) and clinicians automatically receive full credit in the improvement activities performance category in the 2023 performance year when reporting the [APM Performance Pathway \(APP\)](#).)
- If you submit at least one quality measure, you'll receive 6 bonus points in the quality performance category. These bonus points are available in all 3 [MIPS reporting options](#) when at least one quality measure is reported: [traditional MIPS](#), the [APP](#), and [MVPs](#).
- You'll continue to receive 3 points (instead of zero) for quality measures that don't meet data completeness or case minimum requirements, or that can't be reliably scored against a benchmark.
- You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. This automatic reweighting applies to all 3 [MIPS reporting options](#): [traditional MIPS](#), the [APP](#), and [MVPs](#). The

performance 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 the Promoting Interoperability performance category is reweighted. This reweighting applies to traditional MIPS and MVPs.



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 **when reporting [traditional MIPS](#)**.

- All clinicians receive 2x the points for each improvement activity when reporting a [MIPS Value Pathways \(MVPs\)](#).
- Clinicians automatically receive full credit in the improvement activities performance category in the 2023 performance year when reporting the [APM Performance Pathway \(APP\)](#).

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 **when reporting [traditional MIPS](#)**.

- All clinicians receive 2x the points for each improvement activity when reporting a [MIPS Value Pathways \(MVPs\)](#).
- Clinicians automatically receive full credit in the improvement activities performance category in the 2023 performance year when reporting the [APM Performance Pathway \(APP\)](#).

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.