

Quality Payment  
PROGRAM

**MERIT-BASED  
INCENTIVE PAYMENT  
SYSTEM (MIPS)**

101 User Guide for 2018  
Performance Period



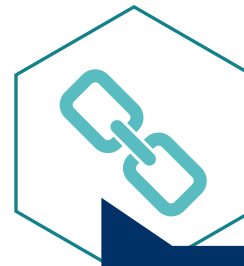
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## How To Use This Guide



### Table of Contents

The table of contents is **interactive**. Click on a chapter to read that section, and then click on the chapter title to return to the table of contents.



### Hyperlinks

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

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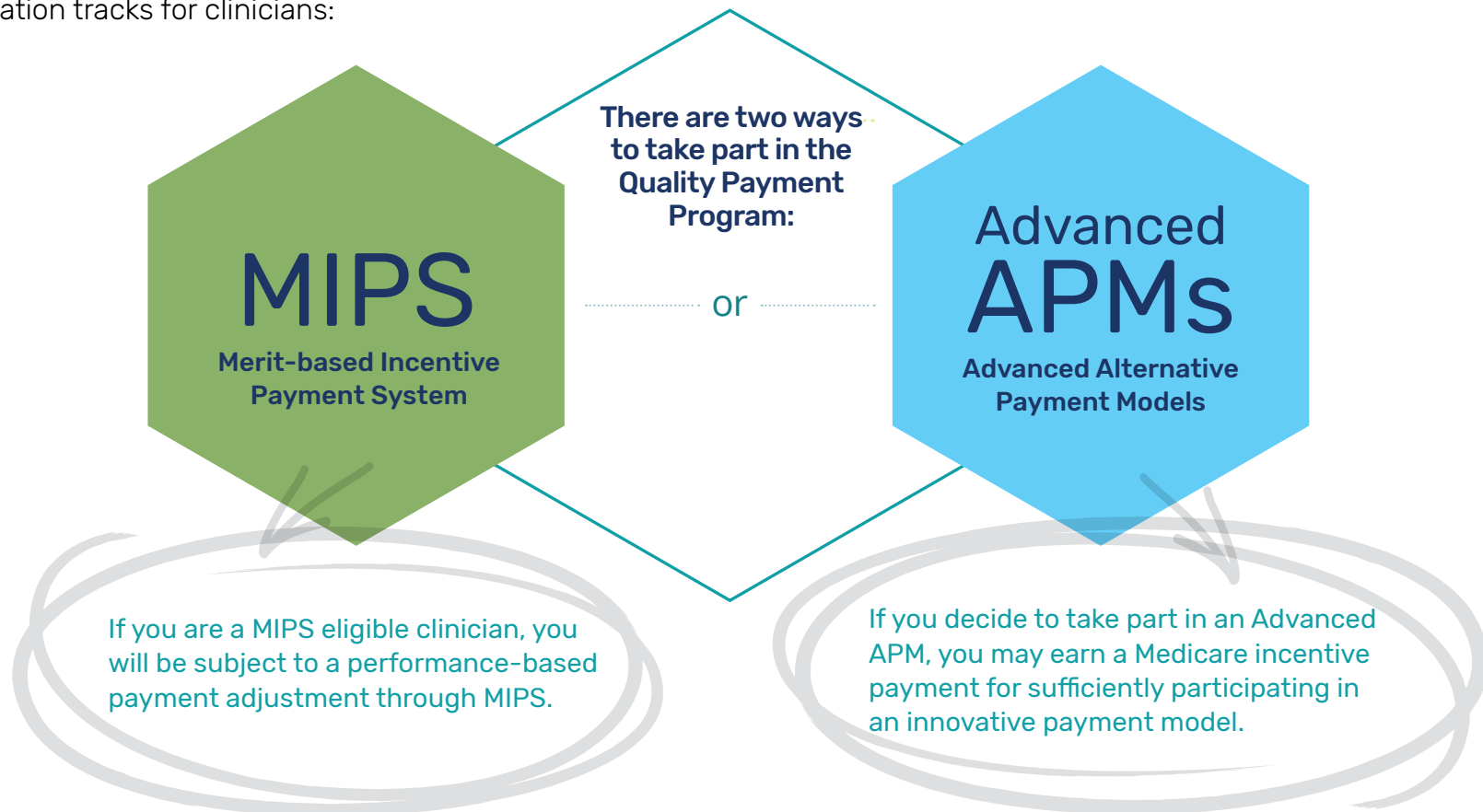
**NOTE:** *This guide was prepared as a general summary for informational purposes only, not intended to grant rights, impose obligations, or take the place of the written law. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

# OVERVIEW



## What is 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 payment rates for clinicians participating in Medicare. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



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

Under MIPS, there are four performance categories:

### Quality



**50%** of MIPS Score

### Cost



**10%** of MIPS Score

### Improvement Activities



**15%** of MIPS Score

### Promoting Interoperability

*(formerly Advancing Care Information)*



**25%** of MIPS Score

Clinicians submit, or are otherwise evaluated on, measures and activities focused on quality. These measures and activities assess:

Evidence-based and specialty-specific standards

Cost of services

Practice-based improvement activities

Use of certified electronic health record technology (CEHRT) to support interoperability

## When Does the 2018 MIPS Performance Period Start?

If you're participating in MIPS in 2018, also referred to as Year 2, the performance period starts January 1, 2018 and ends on December 31, 2018.

Below are some key dates for Year 2 participation:

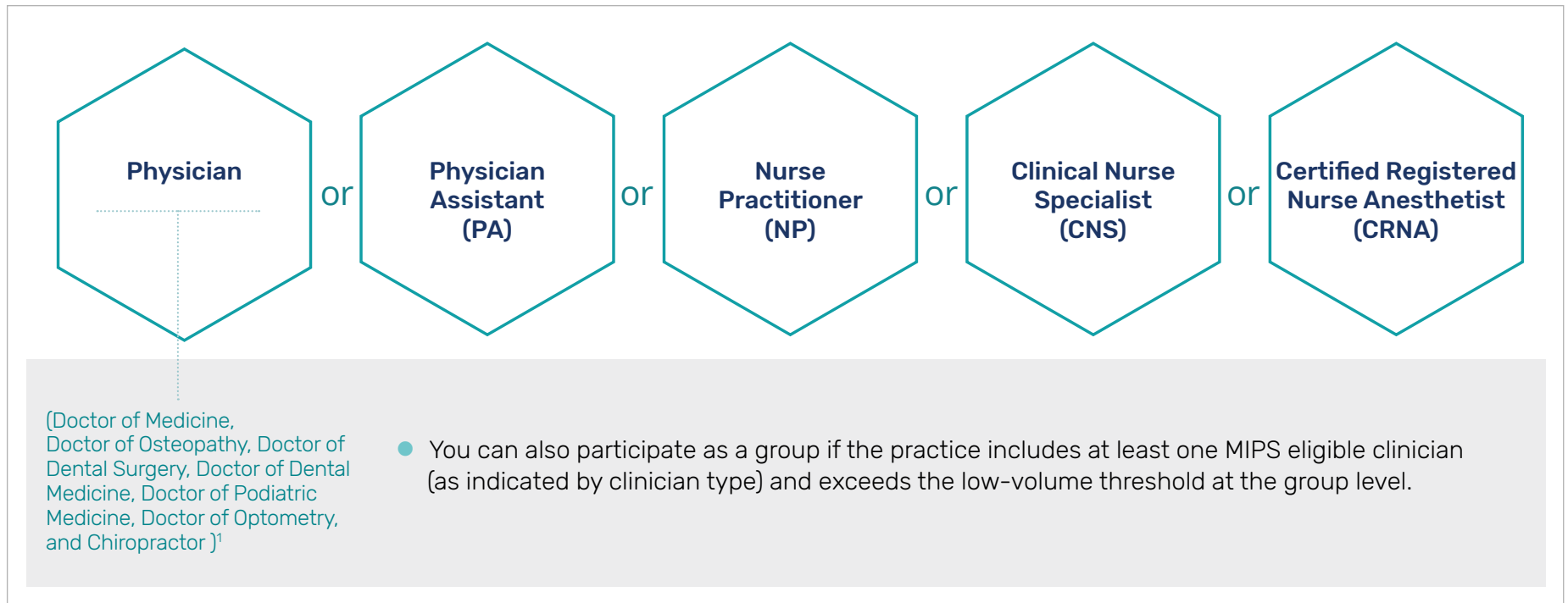
<p><b>Jan. 1, 2018</b></p> <p>2018 MIPS performance period begins</p>	<p><b>Oct. 3, 2018</b></p> <p>The last day to begin data collection for a 90 consecutive day performance period for Improvement Activities and/or Promoting Interoperability performance categories</p>	<p><b>Dec. 31, 2018</b></p> <p>2018 MIPS performance period ends</p> <p>Deadline for submitting a Promoting Interoperability hardship exception request</p> <p>Deadline for submitting a Quality Payment Program Extreme and Uncontrollable Circumstance request (all performance categories)</p>	<p><b>Jan. 2, 2019 - Apr. 2, 2019</b></p> <p>2018 MIPS performance period data submission period</p>	<p><b>Jan. 22, 2019 - Mar. 22, 2019</b></p> <p>2018 MIPS data submission period for CMS Web Interface</p>	<p><b>Jul. 2019</b></p> <p>2018 MIPS final score and performance feedback available</p>	<p><b>Jan. 1, 2020 - Dec. 31, 2020</b></p> <p>2020 Payment adjustments for the 2018 MIPS performance period are applied to payments made for Part B covered professional services payable under the Physician Fee Schedule</p>
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**PARTICIPATING  
IN MIPS IN 2018**



## Who is a MIPS Eligible Clinician?

For the 2018 performance period, you are a MIPS eligible clinician if you are one of the following clinician types:



<sup>1</sup>With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function.

## Who is Excluded from MIPS?

If you are a MIPS eligible clinician (as indicated by the clinician types on the previous page), you can still be excluded from participating in MIPS for the 2018 performance year if you:

Enrolled in Medicare for the first time in 2018

or

Participate in an Advanced APM and are determined to be a Qualifying APM Participant (QP)

or

Participate in an Advanced APM and are determined to be a Partial QP and do not elect to participate in MIPS

or

Do not exceed the low-volume threshold. (More information about this exclusion is provided in the next section.)

- If you're not a MIPS eligible clinician or are otherwise excluded from MIPS in 2018, you do not have to participate in MIPS for the 2018 performance year and you will not receive a MIPS payment adjustment in 2020.

### *Voluntary Participation in MIPS*

If you're not a MIPS eligible clinician or are otherwise excluded from MIPS, you can participate voluntarily. Voluntary participation allows you to prepare for and become familiar with the program without receiving a payment adjustment (positive or negative). This may be helpful if you become eligible for MIPS in future years.

## Low-Volume Threshold Exclusion for 2018

There are two low-volume threshold determination periods for the 2018 performance year, during which CMS reviews both historical and performance period claims data.

**Historical period  
claims data:**  
September 1, 2016 – August 31, 2017

and

**Performance period  
claims data:**  
September 1, 2017 – August 31, 2018

- The low-volume threshold is calculated at both the practice (TIN) level and clinician (TIN/NPI) level. MIPS eligible clinicians who have reassigned billing rights to multiple practices will be evaluated for the low-volume threshold at each practice (under each TIN/NPI combination), which means you may be required to participate in MIPS at one practice but are excluded at another.

For the 2018 performance period, CMS updated the low-volume threshold; clinicians, groups and MIPS APM entities are excluded from MIPS if, during **either** determination period they:

Billed Medicare for **less than or equal to \$90,000** in Medicare Part B allowed charges for covered professional services payable under the Medicare Physician Fee Schedule (PFS).

Or

Provided care for **200 or fewer** Part B-enrolled Medicare FFS beneficiaries.

### The low-volume threshold exclusion is applied at the level in which you will participate in MIPS.

- **If you participate as an individual (each MIPS eligible clinician submits their own individual data collected at the practice),** the low-volume threshold is applied at the individual level.
  - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals are not required to submit individual data collected at this practice and will not receive a payment adjustment at this practice.
- **If you participate as a group (the practice submits aggregated data collected on behalf of all the MIPS eligible clinicians in the practice),** the low-volume threshold is applied at the group level.
  - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals will receive a payment adjustment at this practice based on the group's submission provided the group exceeds the low-volume threshold.
- **If you participate as a virtual group (the virtual group submits aggregated data collected on behalf of all the MIPS eligible clinicians in the virtual group),** the low-volume threshold is applied at the virtual group level.
  - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals will receive a payment adjustment at this practice based on the virtual group's submission. (The approval process requires that all virtual groups exceed the low-volume threshold.)
- **If you participate in a MIPS APM,** the low-volume threshold is calculated for the MIPS APM Entity, and is not applied at the individual or group level. MIPS eligible clinicians participating in a MIPS APM should work with their MIPS APM Entity to understand their data submission requirements.

**TIP:** Beginning with the 2018 performance year, the low-volume threshold calculations will be based on PFS allowed charges and the number of patients receiving covered PFS services.

For more information on the low-volume threshold and the two determination periods, please refer to the [2018 MIPS Participation and Overview Fact Sheet](#).

## What are Special Status Designations?

For 2018, you can receive a “special status” designation if you are practicing in a Health Professional Shortage Area (HPSA), rural practice, or small practice, or if you’re non-patient facing, hospital-based, or Ambulatory Surgical Center (ASC)-based. If you receive a special status designation, it doesn’t mean you’re exempt from participating in MIPS. A special status designation affects the total number of measures, activities, or entire categories that you, your group or your Virtual Group must submit to CMS.

### For Example:

If you’re a non-patient facing or a small, rural or HPSA-designated practice, you will receive double-points for each high-weighted or medium-weighted activity you submit for the Improvement Activities performance category.

## How is Special Status Determined?

To determine if a MIPS eligible clinician, group or virtual group qualifies for a special status designation under the Quality Payment Program, CMS retrieves and analyzes your Medicare Part B claims data.

The table on the next page describes how special statuses are determined and designated at the individual clinician (TIN/NPI) level and group (TIN) level.

## Special Status Designations

**Note:** Clinicians who have reassigned their billing rights to multiple practices (TINs) will be evaluated for special status designation at each practice.

Special Status	Description
<b>Small practice</b>	<p><b>INDIVIDUAL:</b> The practice that the MIPS eligible clinician is billing under has 15 or fewer clinicians.</p> <p><b>GROUP:</b> The practice has 15 or fewer clinicians billing under the practice.</p>
<b>Non-patient facing</b>	<p><b>INDIVIDUAL:</b> The MIPS eligible clinician has 100 or fewer Medicare Part B patient-facing encounters (including Medicare telehealth services)..</p> <p><b>GROUP:</b> More than 75% of the NPIs under the practice's TIN meet the definition of an individual non-patient facing clinician.</p>
<b>Health Professional Shortage Area (HPSA)</b>	<p><b>INDIVIDUAL:</b> The MIPS eligible clinician is part of a practice located in a zip code designated as a Health Professional Shortage Area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act.</p> <p><b>GROUP:</b> More than 75% of the practice's clinicians are located in a zip code that is designated as a Health Professional Shortage Area under section 332(a)(1)(A) of the Public Health Service Act.</p>
<b>Rural</b>	<p><b>INDIVIDUAL:</b> The MIPS eligible clinician is part of a practice located in a zip code designated as rural, using the most recent Health Resources and Services Administration (HRSA) Area Health Resource File data.</p> <p><b>GROUP:</b> More than 75% of the practice's clinicians are located in a zip code that is designated as rural, using the most recent Health Resources and Services Administration (HRSA) Area Health Resource File data.</p>

continued

Special Status	Description
<p><b>Hospital-based</b></p>	<p><b>INDIVIDUAL:</b> The MIPS eligible clinician furnishes 75% or more of their covered professional services in the inpatient hospital, on-campus outpatient hospital, off campus outpatient hospital, or emergency room settings (based on place of service codes).</p> <p><b>GROUP:</b> All MIPS eligible clinicians associated with the practice are hospital-based. If any MIPS eligible clinician in the practice does not have the hospital-based status, the practice will not be designated as hospital-based.</p>
<p><b>Ambulatory Surgical Center (ASC-based)</b></p>	<p><b>INDIVIDUAL:</b> The clinician furnishes 75% or more of his or her covered professional services in sites of service identified by the Place of Service (POS) code 24 used in the HIPAA standard transaction based on claims for a period prior to the performance year as specified by CMS.</p> <p><b>GROUP:</b> All MIPS eligible clinicians associated with the practice are ASC-based. If any MIPS eligible clinician in the practice does not have the ASC-based status, the practice will not be designated as ASC-based.</p>

**TIP:** These calculations use the same determination periods as used for the low-volume threshold. The clinician or practice will qualify for the special status designation provided the criteria is met in one if the two determination periods.

For more information on special status calculations and the determination periods, please refer to the [2018 MIPS Participation and Overview Fact Sheet](#).

## Participating in MIPS APMs

If you're in a specific type of APM called a MIPS APM, you will participate in MIPS through that APM and be scored using what is called the "APM scoring standard."

### **This APM scoring standard:**

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

## How Can I Check if I am Eligible to Participate in MIPS in 2018?

To check if you're eligible to participate in 2018, you can use QPP Participation Status Tool on [qpp.cms.gov](http://qpp.cms.gov). Just enter your 10-digit NPI.

### This tool:

- Reflects eligibility based on clinician type and Medicare enrollment date.
- Includes a clinician's MIPS eligibility determination for each practice association based on low-volume threshold calculations, as well as information about special status designations, such as being hospital-based.
- Currently displays determinations from the first review period (claims data from September 1, 2016 through August 31, 2017).

The QPP participation look up tool relies on claims data as well as the information available in PECOS. For more information on managing your information in PECOS, visit <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html>.

### QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#) & number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.

**NOTE:** If a MIPS eligible clinician joins a new practice between September 1, 2017 and August 31, 2018, he or she may become individually eligible for MIPS based on the second low-volume threshold analysis of claims submitted under that new TIN/NPI combination.

## Can I Check MIPS Eligibility at the Group Level?

To check if your group is eligible to participate in MIPS in 2018:

Log into the CMS  
Quality Payment  
Program website  
with your EIDM  
credentials.

next

Click the  
Eligibility link  
in the left-hand  
navigation.

next

View or download  
group and  
clinician-level  
eligibility.

You can also now download the list of all NPIs associated with your TIN. The downloaded file includes eligibility information for each NPI.

### MIPS Eligibility Review Periods

To determine your eligibility for MIPS in 2018, CMS reviews Medicare Part B claims data and PECOS data at two points in time:

- **First review:** Completed in December 2017; examines claims from September 1, 2016 through August 31, 2017 and PECOS data.
- **Second review:** To be completed in late 2018; will examine claims data from September 1, 2017 to August 31, 2018 and PECOS data. If you joined a new practice during this time period, your eligibility will be evaluated during the second review.

# HOW TO PARTICIPATE IN MIPS IN 2018



## What are my Participation Options?

In 2018, if you're eligible for MIPS, you can participate in the following ways:

**As an  
Individual  
Clinician**

**As a  
Group**

**As a  
Virtual Group  
(new for 2018)**

**As a MIPS  
APM Entity.\***

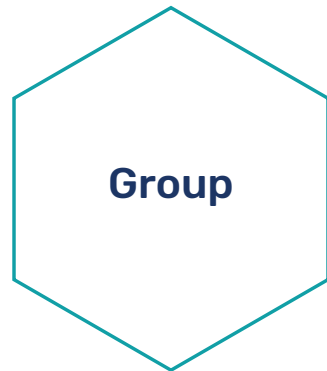
*\*If you're in a specific type of APM called a MIPS APM, you will participate in MIPS through that APM and be scored using what is called the "APM scoring standard." Clinicians in a MIPS APM are awarded credit for activities performed within the APM; all clinicians in the same MIPS APM Entity receive the same score, based on the data submitted by or on behalf of the Entity.*

## Can I Participate as an Individual and a Group?

**Yes:** MIPS eligible clinicians can submit data as an individual and as part of a group under the same TIN. In this instance, the clinician will be evaluated across all four MIPS performance categories on their individual performance and on the group's performance, with a final score calculated for each evaluation. The clinician will receive a payment adjustment based on the higher of the two scores.

### If you participate in MIPS in 2018 as:

- **An individual**, you submit measures and activities for the practice(s) (identified by TIN) in which you're MIPS eligible. You'll be assessed across all four performance categories at the individual (TIN/NPI level). Your final score and MIPS payment adjustment will be based on your individual performance. (Voluntary submitters, which includes clinicians who do not exceed the low-volume threshold as individuals, will not receive a payment adjustment based on submitted data.)
- **A group**, you must meet the definition of a group at all times during the performance period for the MIPS payment year, and aggregate your performance data across the TIN in order to have your performance assessed as a group. You will be assessed as a group across all four MIPS performance categories and the MIPS eligible clinicians in the group will receive the same payment adjustment based on the group's performance.
- **A virtual group**, you must have elected to participate as a virtual group prior to the start of the 2018 performance period. You will be assessed as a virtual group across all four MIPS performance categories and all the MIPS eligible clinicians in the virtual group (including Partial QPs) will receive the same payment adjustment based on the virtual group's performance. (Note, the election period for 2018 Virtual Groups is closed, but you can elect to participate as a Virtual Group in 2019. Review [this toolkit](#) to learn more.)
- **A MIPS APM Entity participant**, this means you've been identified on the QPP Participation Status tool as participating in a MIPS APM. You'll have modified participation requirements and will be scored according to the APM scoring standard. For the APM scoring standard, MIPS eligible clinicians are grouped and assessed through their collective participation in a MIPS APM Entity.



**Group**

and



**Virtual Group**

A group is defined as a TIN with two or more eligible clinicians, including at least one MIPS eligible clinician, as identified by their NPIs who have reassigned their Medicare billing rights to the TIN.

A virtual group is defined as a combination of two or more TINs consisting of the following:

- Solo practitioners who are MIPS eligible (a solo practitioner is defined as the only clinician in a practice); and/or
- Groups that have 10 or fewer clinicians (at least one clinician within the group must be MIPS eligible). A group is considered to be an entire single TIN.

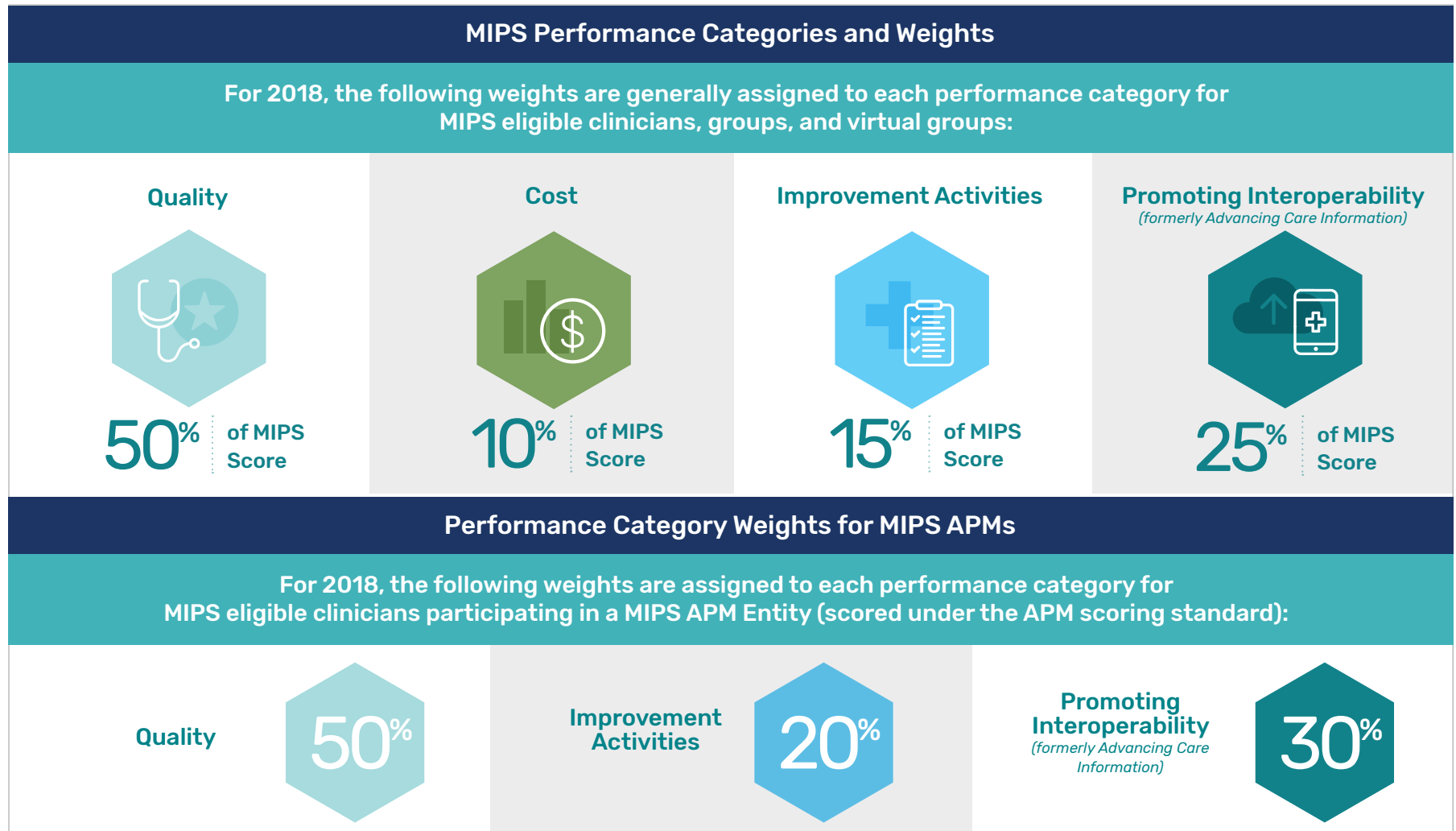
**TIP:**

If you practice in multiple groups during the performance period, you may participate in different ways for each group (TIN) under which you are MIPS eligible. If you're eligible for MIPS under multiple groups, you will receive a MIPS payment adjustment under each TIN/NPI combination based on the data submitted under that group.

**MIPS  
PERFORMANCE  
CATEGORIES**



# MIPS Performance Categories



\*The Cost performance category is not scored for MIPS APMs.

## Quality

### The Quality performance category:

#### Quality



**50%** of MIPS  
final score  
in 2018

#### Has a 12-month performance period

(January 1 – December 31, 2018)

For most participants to successfully participate in the [Quality performance category](#), you need to:

- Submit data for at least 6 quality measures for the 12-month performance period; and
- Include an outcome measure, or a high priority measure if an outcome measure isn't available, as one of the 6 measures.

You may also select specialty-specific set of measures (e.g., cardiology, dentistry, emergency medicine, general surgery). If you are registered to submit data through the CMS Web Interface, your group or virtual group will need to submit data for all 15 CMS Web Interface measures.

If you are participating in a MIPS APM, the Quality performance category requirements differ by model. Please refer to the [2018 Other MIPS APM Quality Performance Category fact sheet](#) for details.

## Quality, *continued*

If you're participating in MIPS in 2018, you can choose from:



for the 2018  
performance period

Remember to choose  
the quality measures that  
are most meaningful  
to your practice.

**Qualified Clinical Data Registry (QCDR)  
measures developed by QCDRs**  
(outside of the MIPS measure set, if you choose to  
report quality data through a QCDR)

**Quality measures required by an APM,  
if you're in a MIPS APM**

**TIP:**

For an overview of the quality measures, use the [Explore Measures](#) tool on the Quality Payment Program [website](#).

## Quality, *continued*

### How to Submit Quality Data

#### Individuals

You can submit your 2018 Quality performance category measure data in the following ways:

- Claims
- Certified Electronic Health Record Technology (CEHRT)
- QCDR
- Qualified Registry

#### Groups and Virtual Groups

You can submit your 2018 Quality performance category measure data in the following ways:

- Certified Electronic Health Record Technology (CEHRT)
- QCDR
- Qualified Registry
- CMS Web Interface (only for registered groups or virtual groups with 25 or more clinicians)
- CMS Approved Survey Vendor (only for registered groups or virtual groups who want to administer the Consumer Assessment for Healthcare Plans and Systems (CAHPS) for MIPS survey)

Quality, *continued*

## How to Submit Quality Data

**All-Cause Readmission Measure:**

- Groups and virtual groups of 16 or more clinicians will also be scored on the All-Cause Hospital Readmission Measure if they meet the case minimum (200 eligible instances).
- This measure is evaluated using administrative claims data and requires no additional submission on the part of the group.

**Note:** MIPS eligible clinicians, groups, and virtual groups who don't have six applicable quality measures may qualify for reduced submission requirements when submitting quality measures via claims or qualified registry.

**For More Information**

View the [Quality Requirements web page](#) and the [2018 Quality Performance Category fact sheet](#) for more information on the Quality Performance Category, Quality measures, and supporting documentation.

# Cost

## The Cost performance category:

### Cost



**10%** of MIPS  
final score  
in 2018

**Has a 12-month performance period**  
(January 1, 2018 – December 31, 2018.)

In 2018, two cost measures are used to evaluate performance in the Cost performance category:

- Total per capita costs (TPCC) for all attributed beneficiaries measure
- The Medicare Spending per Beneficiary (MSPB) measure

**NOTE:** CMS uses Medicare claims data to calculate cost measure performance which means you do not have to submit any data for this performance category. If you're in a MIPS APM, you won't be scored on the Cost performance category under the APM Scoring Standard.

**TIP:** For a cost measure to be scored, an individual MIPS eligible clinician, group or virtual group must meet or exceed the case minimum for that cost measure. If only one measure can be scored, that measure's score will serve as the performance category score. If neither measure can be scored, the MIPS eligible clinician, group, or virtual group will not be measured on Cost and the Quality performance category will be reweighted to 60% of the 2018 MIPS Final Score.

For additional information, please refer to the [2018 Cost Measure Specifications](#) and the [2018 MIPS Cost Performance Category Fact Sheet](#).

## Improvement Activities

The Improvement Activities performance category:

### Improvement Activities



**15%** of MIPS  
final score  
in 2018

**Has a minimum performance period of  
90 consecutive days**

between January 1 and December 31, 2018

**NOTE:** If you're participating in a MIPS APM and are scored under the APM scoring standard, this category is weighted at 20% of your final score. CMS will assign full credit, 20%, in the Improvement Activities performance category to the MIPS APM Entity. Refer to [this fact sheet](#) for more information.

## Improvement Activities, *continued*

### Choosing Improvement Activities

More Than  
**110**  
activities under 9  
subcategories

for the 2018  
performance period

.....  
categorized as  
either high-weighted or  
medium-weighted

#### You have the flexibility to choose from:

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment
6. Participation in an APM
7. Achieving Health Equity
8. Integrating Behavioral and Mental Health
9. Emergency Preparedness and Response

You should choose the activities that are most relevant to your practice. There is no requirement to select activities from specific subcategories.

## Improvement Activities, *continued*

### Improvement Activities

For most MIPS eligible clinicians to successfully participate in the Improvement Activities performance category, you'll need to:

Report between two and four improvement activities, depending on the activities' weight; and  
Actively engage in each activity for at least 90 consecutive days during the performance period.

**TIP:**

Activities do not have to be performed concurrently.

## Improvement Activities, *continued*

### Flexibilities

#### There are certain flexibilities available in the Improvement Activities performance category:

- You can earn full credit in the Improvement Activities performance category if you attest to **one high-weighted OR two medium-weighted activities** if you're non-patient facing or in a small, rural, or HPSA-designated practice.
- You can earn **full credit** for the Improvement Activities performance category if you are practicing in a certified patient-centered medical home, including the Medical Homes Model, or comparable specialty practice. You must attest, during the submission period, that you practice in a certified PCMH or comparable specialty practice.

#### For Additional Information

Please refer to the full list of [2018 MIPS Improvement Activities](#) and the [2018 MIPS Improvement Activities Performance Category Fact Sheet](#) and [Improvement Activities web page](#).

## Promoting Interoperability (*formerly Advancing Care Information*)

### The Promoting Interoperability performance category:

#### Promoting Interoperability

(formerly Advancing Care Information)



**25%** of MIPS  
final score  
in 2018

**Has a minimum performance period of  
90 consecutive days**

between January 1 and December 31, 2018

**NOTE:** If you're participating in a MIPS APM and are scored under the APM scoring standard, this category is weighted at 30% of your final score.

## Promoting Interoperability Measures

In 2018, there are two measure set options to choose from for reporting:

**2018 Promoting  
Interoperability Objectives  
and Measures**

or

**2018 Promoting  
Interoperability  
Transition Objectives  
and Measures**

The option you choose depends on the CEHRT edition you have.

## Promoting Interoperability Measures

If you have EHR technology certified to the 2015 Edition, you can choose to submit data for:

**2018 Promoting  
Interoperability Objectives  
and Measures**

or

**A combination of the  
two measure sets**

**TIP:**

In the 2018 performance period, if you only submit data from the Promoting Interoperability Objectives and Measures measure set, you will qualify for a 10% bonus in this performance category for exclusively using 2015 Edition CEHRT.

## Promoting Interoperability Measures

If you have EHR technology certified to the 2014 Edition, you can choose to submit data for:

**2018 Promoting  
Interoperability  
Transition Objectives  
and Measures**

or

**A combination of the  
two measure sets**

**For more details** on the Promoting Interoperability Objectives and Measures, view the [Promoting Interoperability Measure Specifications](#).

## Promoting Interoperability

The Promoting Interoperability performance category score is comprised of the following three components:



**TIP:**

You must submit all required base score measures (or attest that you qualify for an exclusion) to earn any credit in the Promoting Interoperability performance category. If you submit all the base score measures for a consecutive 90-day period, you will earn 50% of points available in the performance category. You can earn additional percentage points in this category by submitting additional performance and/or bonus measures.

## Promoting Interoperability, *continued*

### Flexibilities

#### There are certain flexibilities available for the Promoting Interoperability performance category:

- If you're non-patient facing, hospital- or ASC-based, or a certain clinician type (NP, PA, CNS, CRNA), you can qualify to have this performance category automatically reweighted to 0%.
- If you face significant hardship, you can submit an application to have this performance category reweighted to 0%.

**Note:** *If you're in a group, everyone in your group must qualify for reweighting by either automatic reweighting or through an approved [hardship exception application](#).*

#### For Additional Information

Please refer to the [2018 MIPS Promoting Interoperability Performance Category Fact Sheet](#) and the [2018 Promoting Interoperability Measure Specifications](#).

# MIPS PAYMENT ADJUSTMENT



## How are Payment Adjustments Applied?

If you participate in MIPS in 2018, you'll receive a MIPS payment adjustment in 2020 based on your 2018 MIPS final score.

If you submit data (and exceed the low-volume threshold) as an individual, you'll receive a payment adjustment under the TIN/NPI combination based on your individual performance.

or

If you submit as a group or virtual group, you'll be assessed as a group or virtual group across all four performance categories; everyone in the group or virtual group will receive the same payment adjustment.

or

If you submit data for the same practice as part of a group AND individually, CMS will take the higher of the two final scores and apply the MIPS payment adjustment associated with it.

- Only one MIPS final score and MIPS payment adjustment is assigned to each unique TIN/NPI combination

**Note:** Payment adjustments will be applied to payments made on Medicare Part B allowed charges for covered professional services under the PFS; they will not be applied to Part B items and services furnished outside of the PFS. The payment adjustment is applied to the Medicare paid amount, so it does not impact the portion of the payment that a beneficiary is responsible to pay.

**RESOURCES  
AND GLOSSARY**





## Access additional resources by clicking on the links below:

- [2018 MIPS Participation and Overview Fact Sheet](#)
- [2018 Group Participation Guide](#)
- [2018 Bonus Overview Fact Sheet](#)
- [2018 MIPS Quality Performance Category Fact Sheet](#)
- [2018 MIPS Quality Measure Specifications](#)
- 2018 MIPS Quality eCQM Specifications are located on the [eCQI Resource Center](#)
- [Performance Year 2018 Quality Performance Category Scoring Web Interface Reporters under the APM Scoring Standard](#)
- [2018 Other MIPS APM Quality Performance Category](#)
- [2018 Quality Performance Category Scoring for Alternative Payment Models](#)
- [2018 MIPS Cost Performance Category Fact Sheet](#)
- [2018 MIPS Cost Measure Specifications](#)
- [2018 MIPS Improvement Activities Performance Category Fact Sheet](#)
- [2018 MIPS Improvement Activities Inventory](#)
- [Scores for Improvement Activities in MIPS APMs in the 2018 Performance Period](#)
- [2018 MIPS Promoting Interoperability Performance Category Fact Sheet](#)
- [2018 Promoting Interoperability Measure Specifications](#)
- [2018 Promoting Interoperability \(PI\) Hardship Exception FAQs](#)

## Glossary



Alternative Payment  
Model



Consumer Assessment  
of Healthcare Providers  
and Systems



Certified Electronic  
Health Record  
Technology



Centers for Medicare &  
Medicaid Services



Electronic Health  
Record



Merit-based Incentive  
Payment System



National Provider  
Identifier



Physician Fee  
Schedule



Qualified Clinical Data  
Registry



Quality Payment  
Program



Taxpayer Identification  
Number