

#### §414.1310

#### 42 CFR Ch. IV (10–1–17 Edition)

qualification requirements specified by CMS for that performance period. The registry must have the requisite legal authority to submit MIPS data (as specified by CMS) on behalf of a MIPS eligible clinician or group to CMS.

*Qualifying APM Participant (QP)* means an eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count threshold under §414.1430(a)(1), (a)(3), (b)(1), or (b)(3) for a year based on participation in an Advanced APM Entity.

*Rural areas* means clinicians in zip codes designated as rural, using the most recent HRSA Area Health Resource File data set available.

*Small practices* means practices consisting of 15 or fewer clinicians and solo practitioners.

*Threshold Score* means the percentage value that CMS determines for an eligible clinician based on the calculations described in §414.1435 or §414.1440.

*Topped out non-process measure* means a measure where the Truncated Coefficient of Variation is less than 0.10 and the 75th and 90th percentiles are within 2 standard errors.

*Topped out process measure* means a measure with a median performance rate of 95 percent or higher.

#### §414.1310 Applicability.

(a) *Program Implementation.* Except as specified in paragraph (b) of this section, MIPS applies to payments for items and services furnished by MIPS eligible clinicians on or after January 1, 2019.

(b) *Exclusions.* (1) For a year, a MIPS eligible clinician does not include an eligible clinician who:

(i) Is a Qualifying APM Participant (as defined at §414.1305);

(ii) Is a Partial Qualifying APM Participant (as defined at §414.1305) and does not report on applicable measures and activities that are required to be reported under MIPS for any given performance period in a year; or

(iii) For the performance period with respect to a year, does not exceed the low-volume threshold as defined at §414.1305.

(2) Eligible clinicians, as defined at §414.1305, who are not MIPS eligible clinicians, as defined at §414.1305, have

the option to voluntarily report measures and activities for MIPS.

(c) *Treatment of new Medicare-enrolled eligible clinicians.* New Medicare-enrolled eligible clinician, as defined at §414.1305, will not be treated as a MIPS eligible clinician until the subsequent year and the performance period for such subsequent year.

(d) *Clarification.* In no case will a MIPS payment adjustment apply to the items and services furnished during a year by individual eligible clinicians, as described in paragraphs (b) and (c) of this section, who are not MIPS eligible clinicians, including eligible clinicians who voluntarily report on applicable measures and activities specified under MIPS.

(e) *Requirements for groups.* (1) The following way is for individual eligible clinicians and individual MIPS eligible clinicians to have their performance assessed as a group:

(i) As part of a single TIN associated with two or more eligible clinicians (including at least one MIPS eligible clinician), as identified by a NPI, that have their Medicare billing rights reassigned to the TIN.

(ii) [Reserved]

(2) A group must meet the definition of a group at all times during the performance period for the MIPS payment year in order to have its performance assessed as a group.

(3) Eligible clinicians and MIPS eligible clinicians within a group must aggregate their performance data across the TIN in order for their performance to be assessed as a group.

(4) A group that elects to have its performance assessed as a group will be assessed as a group across all four MIPS performance categories.

(5) A group must adhere to an election process established and required by CMS.

#### §414.1315 [Reserved]

#### §414.1320 MIPS performance period.

(a) For purposes of the 2019 MIPS payment year, the performance period for all performance categories and submission mechanisms except for the cost performance category and data for the quality performance category reported through the CMS Web Interface,

for the CAHPS for MIPS survey, and for the all-cause hospital readmission measure, is a minimum of a continuous 90-day period within CY 2017, up to and including the full CY 2017 (January 1, 2017 through December 31, 2017). For purposes of the 2019 MIPS payment year, for data reported through the CMS Web Interface or the CAHPS for MIPS survey and administrative claims-based cost and quality measures, the performance period under MIPS is CY 2017 (January 1, 2017 through December 31, 2017).

(b) For purposes of the 2020 MIPS payment year, the performance period for:

(1) The quality and cost performance categories is CY 2018 (January 1, 2018 through December 31, 2018).

(2) The advancing care information and improvement activities performance categories is a minimum of a continuous 90-day period within CY 2018, up to and including the full CY 2018 (January 1, 2018 through December 31, 2018).

**§414.1325 Data submission requirements.**

(a) *Data submission performance categories.* MIPS eligible clinicians and groups must submit measures, objectives, and activities for the quality, improvement activities, and advancing care information performance categories.

(b) *Data submission mechanisms for individual eligible clinicians.* An individual MIPS eligible clinician may elect to submit their MIPS data using:

(1) A qualified registry for the quality, improvement activities, or advancing care information performance categories;

(2) The EHR submission mechanism (which includes submission of data by health IT vendors or other authorized providers on behalf of MIPS eligible clinicians) for the quality, improvement activities, or advancing care information performance categories;

(3) A QCDR for the quality, improvement activities, or advancing care information performance categories;

(4) Medicare Part B claims for the quality performance category; or

(5) Attestation for the improvement activities and advancing care information performance categories.

(c) *Data submission mechanisms for groups that are not reporting through an APM.* Groups may submit their MIPS data using:

(1) A qualified registry for the quality, improvement activities, or advancing care information performance categories;

(2) The EHR submission mechanism (which includes the submission of data by health IT vendors on behalf of groups) for the quality, improvement activities, or advancing care information performance categories;

(3) A QCDR for the quality, improvement activities, or advancing care information performance categories;

(4) A CMS Web Interface (for groups comprised of at least 25 MIPS eligible clinicians) for the quality, improvement activities, and advancing care information performance categories;

(5) Attestation for the improvement activities and advancing care information performance categories; or

(6) A CMS-approved survey vendor for groups that elect to include the CAHPS for MIPS survey as a quality measure. Groups that elect to include the CAHPS for MIPS survey as a quality measure must select one of the above data submission mechanisms to submit their other quality information.

(d) *Requirement to use only one submission mechanism per performance category.* Except as described in paragraph (c)(6) of this section, MIPS eligible clinicians and groups may elect to submit information via multiple mechanisms; however, they must use the same identifier for all performance categories and they may only use one submission mechanism per performance category.

(e) *No data submission requirements for the cost performance category and certain quality measures.* There are no data submission requirements for the cost performance category and for certain quality measures used to assess performance in the quality performance category. CMS will calculate performance on these measures using administrative claims data.