(f) *Data submission deadlines for all submission mechanisms for individual eligible clinicians and groups for all performance categories.* The submission deadlines are:

(1) For the qualified registry, QCDR, EHR, and attestation submission mechanisms are March 31 following the close of the performance period.

(2) For Medicare Part B claims, data must be submitted on claims with dates of service during the performance period that must be processed no later than 60 days following the close of the performance period.

(3) For the CMS Web Interface, data must be submitted during an 8-week period following the close of the performance period. The period must begin no earlier than January 2 and end no later than March 31.

§ 414.1330 Quality performance category.

(a) For purposes of assessing performance of MIPS eligible clinicians on the quality performance category, CMS will use:

(1) Quality measures included in the MIPS final list of quality measures.

(2) Quality measures used by QCDRs.

(b) Subject to CMS's authority to reweight performance category weights under section 1848(q)(5)(F) of the Act, performance in the quality performance category will comprise:

(1) 60 percent of a MIPS eligible clinician's final score for MIPS payment year 2019.

(2) 50 percent of a MIPS eligible clinician's final score for MIPS payment year 2020.

(3) 30 percent of a MIPS eligible clinician's final score for each MIPS payment year thereafter.

§ 414.1335 Data submission criteria for the quality performance category.

(a) *Criteria.* A MIPS eligible clinician or group must submit data on MIPS quality measures in one of the following manners, as applicable:

(1) *Via claims, qualified registry, EHR or QCDR submission mechanism.* For the performance period—

(i) Submit data on at least six measures including at least one outcome measure. If an applicable outcome measure is not available, report one other high priority measure (appropriate use, patient safety, efficiency, patient experience, and care coordination measures). If fewer than six measures apply to the MIPS eligible clinician or group, report on each measure that is applicable.

(ii) Subject to paragraph (a)(1)(i) of this section, MIPS eligible clinicians and groups can either select their measures from the complete MIPS final measure list or a subset of that list, MIPS specialty-specific measure sets, as designated by CMS.

(2) *Via the CMS Web Interface—for groups only.* For the 12-month performance period-

(i) For a group of 25 or more MIPS eligible clinicians, report on all measures included in the CMS Web Interface. The group must report on the first 248 consecutively ranked beneficiaries in the sample for each measure or module.

(ii) If the sample of eligible assigned beneficiaries is less than 248, then the group must report on 100 percent of assigned beneficiaries. In some instances, the sampling methodology will not be able to assign at least 248 patients on which a group may report, particularly those groups on the smaller end of the range of 25–99 MIPS eligible clinicians.

(iii) The group is required to report on at least one measure for which there is Medicare patient data.

(iv) Groups reporting via the CMS Web Interface are required to report on all of the measures in the set.

(3) *Via CMS-approved survey vendor for CAHPS for MIPS survey- for groups only.* (i) For the 12-month performance period, a group that wishes to voluntarily elect to participate in the CAHPS for MIPS survey measures must use a survey vendor that is approved by CMS for a particular performance period to transmit survey measures data to CMS.

(A) The CAHPS for MIPS survey counts for one measure towards the MIPS quality performance category and, as a patient experience measure, also fulfills the requirement to report at least one high priority measure in the absence of an applicable outcome measure.