

(B) Groups that elect this data submission mechanism must select an additional group data submission mechanism in order to meet the data submission criteria for the MIPS quality performance category.

(ii) [Reserved]

(b) [Reserved]

§414.1340 Data completeness criteria for the quality performance category.

(a) MIPS eligible clinicians and groups submitting quality measures data using the QCDR, qualified registry, or EHR submission mechanism must submit data on:

(1) At least 50 percent of the MIPS eligible clinician or group's patients that meet the measure's denominator criteria, regardless of payer for MIPS payment year 2019.

(2) At least 60 percent of the MIPS eligible clinician or group's patients that meet the measure's denominator criteria, regardless of payer for MIPS payment year 2020.

(b) MIPS eligible clinicians submitting quality measures data using Medicare Part B claims, must submit data on:

(1) At least 50 percent of the applicable Medicare Part B patients seen during the performance period to which the measure applies for MIPS payment year 2019.

(2) At least 60 percent of the applicable Medicare Part B patients seen during the performance period to which the measure applies for MIPS payment year 2020.

(c) Groups submitting quality measures data using the CMS Web Interface or a CMS-approved survey vendor to submit the CAHPS for MIPS survey must meet the data submission requirement on the sample of the Medicare Part B patients CMS provides.

§414.1350 Cost performance category.

(a) For purposes of assessing performance of MIPS eligible clinicians on the cost performance category, CMS specifies cost measures for a performance period.

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

performance in the cost performance category comprises:

(1) 0 percent of a MIPS eligible clinician's final score for MIPS payment year 2019.

(2) 10 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.

§414.1355 Improvement activities performance category.

(a) For purposes of assessing performance of MIPS eligible clinicians on the improvement activities performance category, CMS specifies an inventory of measures and activities for a performance period.

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

(1) 15 percent of a MIPS eligible clinician's final score for MIPS payment year 2019 and for each MIPS payment year thereafter.

(2) [Reserved].

(c) For purposes of assessing performance of MIPS eligible clinicians on the improvement activities performance category, CMS uses activities included in the improvement activities inventory established by CMS through rule-making.

§414.1360 Data submission criteria for the improvement activities performance category.

(a) MIPS eligible clinicians must submit data on MIPS improvement activities in one of the following manners:

(1) Via qualified registry, EHR submission mechanisms, QCDR, CMS Web Interface or Attestation. For activities that are performed for at least a continuous 90-days during the performance period, MIPS eligible clinicians must—

(i) Submit a yes response for activities within the improvement activities inventory.

(ii) [Reserved]

(2) [Reserved]

(b) [Reserved]