



The following tables provide information on exemptions and “special status” determinations under the Merit-Based Incentive Payment System (MIPS), as finalized in the Final Rule providing updates to the Quality Payment Program (QPP) that apply for performance year 2019.<sup>1</sup>

- **Table 1: MIPS Exemptions.** Individual clinicians and groups that meet criteria for the listed exemptions are not considered or treated as MIPS eligible clinicians and are exempt from MIPS reporting and participation requirements, as well as from MIPS payment adjustments.
- **Table 2: MIPS Special Status Determinations.** Individuals and groups who meet the criteria for a “special status” determination are still subject to MIPS reporting and participation requirements, in addition to MIPS payment adjustments; however, they receive special reporting and/or scoring accommodations under MIPS.

Individuals may use the QPP [NPI Lookup Tool](#) to find information about their exemption status and certain other special status determinations.

Note that this guide does not provide details regarding treatment under the Advanced Alternative Payment Model track of the QPP.

Table 1: MIPS Exemptions

EXEMPTIONS				
Exemption	Individual Determination	Group Determination	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>Low-Volume</b>	<p><u>For 2019:</u> An eligible clinician who has Medicare Part B allowed charges less than or equal to \$90,000; provides care for 200 or fewer Part B-enrolled Medicare beneficiaries; or provides 200 or fewer covered professional services to Part-B enrolled beneficiaries.</p> <p>This determination is made at the TIN/NPI level.</p>	<p><u>For 2019:</u> A group that has Medicare Part B allowed charges less than or equal to \$90,000; provides care for 200 or fewer Part B-enrolled Medicare beneficiaries; or provides 200 or fewer covered professional services to Part-B enrolled beneficiaries.</p> <p>This determination is made at the TIN level. It would not be</p>	<p>Generally exempt from MIPS reporting and participation requirements, as well as from MIPS payment adjustments.</p> <p>For clinicians who are below the low-volume threshold but who choose to report as part of a group that exceeds the low-volume threshold, they will be included in the determination of group performance and be</p>	<p><u>General policy:</u> CMS has established a <b>MIPS determination period</b>, which is a 24-month assessment period including a two-segment analysis of claims data consisting of:</p> <ul style="list-style-type: none"> <li>- An initial 12-month segment beginning on October 1 of the calendar year 2 years prior to the applicable performance</li> </ul>

<sup>1</sup> 83 FR 59452. The information in this document reflects Hart Health Strategies’ understanding of final policies based on available information and may be subject to change.

EXEMPTIONS				
Exemption	Individual Determination	Group Determination	CY 2019 Finalized Treatment under MIPS	Determination Specifications
		<p>made at the virtual group level.</p> <p>The low volume threshold also applies to MIPS eligible clinicians who practice in APMs under the APM scoring standard at the APM Entity level, in which APM Entities do not exceed the low-volume threshold.</p>	<p>subject to MIPS payment adjustments based on TIN performance.</p> <p>Individuals and groups that fall under the low-volume threshold also may not participate in MIPS as part of a virtual group.</p> <p><u>New for 2019 – Opt In:</u> Individual clinicians and groups who meet or exceed at least one of the low-volume threshold determinations, but not all, may choose to opt in to MIPS. Individual clinicians would generally be required to make an affirmative election to opt-in to participate in MIPS and be subject to payment adjustments. However, a virtual group election would constitute a low-volume threshold opt-in for any prospective member of the virtual group that meets or exceeds at least one, but not all, of the low-volume threshold criteria.</p>	<p>period and ending on September 30 of the calendar year preceding the applicable performance period; and</p> <ul style="list-style-type: none"> <li>- A second 12-month segment beginning on October 1 of the calendar year preceding the applicable performance period and ending on September 30 of the calendar year in which the applicable performance period occurs.</li> </ul> <p>The first segment would include a 30-day claims run out. The second segment would not include a claims run out.</p> <p>CMS would not change the low-volume status of any individual eligible clinician or group identified as not exceeding the low-volume threshold during the first eligibility determination analysis based on the second eligibility determination analysis.</p> <p><u>For the 2019 performance period:</u> The initial 12-month segment would go from October 1, 2017 - September 30, 2018. The second 12-</p>

EXEMPTIONS				
Exemption	Individual Determination	Group Determination	CY 2019 Finalized Treatment under MIPS	Determination Specifications
				month segment would go from October 1, 2018 – September 30, 2019.
<b>New Medicare-Enrolled MIPS Eligible Clinician</b>	<p><u>For 2019:</u> An eligible clinician who first becomes a Medicare-enrolled eligible clinician within the Provider Enrollment, Chain and Ownership System (PECOS) during the performance period for a year and had not previously submitted claims under Medicare as an individual, an entity, or a part of a physician group or under a different billing number or tax identifier.</p> <p>This determination is made at the NPI level.</p>	<u>For 2019:</u> Not applicable.	<p>Generally exempt from MIPS reporting and participation requirements, as well as from MIPS payment adjustments.</p> <p>Eligible clinicians who are new Medicare-enrolled MIPS eligible clinicians who are part of a group, would be considered in the group's score, but payments for items and services furnished by such clinicians would not be subject to a MIPS payment adjustment.</p> <p>For clinicians whose TINs are part of a virtual group, the clinician would receive a virtual group score, but the MIPS payment adjustment would not apply.</p>	<u>General policy:</u> CMS will conduct eligibility determinations on a quarterly basis during the performance period to the extent that is technically feasible in order to identify new Medicare-enrolled eligible clinicians that would be excluded from the requirement to participate in MIPS for the applicable performance period.
<b>Qualifying APM Participant (QP)</b>	<u>For 2019:</u> An eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count thresholds for participation in an advanced alternative payment model (Advanced APM) specified in statute and regulation.	<u>For 2019:</u> Not applicable.	<p>Exempt from MIPS reporting and participation requirements, as well as from MIPS payment adjustments.</p> <p>In the case of an eligible clinician participating in both a virtual group and an Advanced APM who has achieved QP status, such eligible clinician</p>	Individuals can search the QPP <a href="#">NPI Lookup Tool</a> for the most recent information regarding their QP status determinations for a given performance period.

EXEMPTIONS				
Exemption	Individual Determination	Group Determination	CY 2019 Finalized Treatment under MIPS	Determination Specifications
	This determination applies at the NPI level.		will be assessed under MIPS as part of the virtual group, but will still be excluded from the MIPS payment adjustment as a result of his or her QP status.  Additional non-MIPS payment policies apply.	
<b>Partial Qualifying APM Participant (Partial QP)</b>	<p><u>For 2019:</u> An eligible clinician determined by CMS to have met the relevant Partial QP thresholds for participation in an Advanced APM specified in statute and regulation. Such amounts show substantial participation, but not enough to achieve QP status.</p> <p>This determination applies at the NPI level.</p>	<u>For 2019:</u> Not applicable.	Exempt from MIPS reporting and participation requirements, as well as from MIPS payment adjustments, unless the Partial QP makes an active election to report to MIPS. Partial QPs who elect to participate as part of a Virtual Group must also make an active election to report to MIPS or will otherwise be exempt from MIPS. If the Partial QP elects to report to MIPS, he or she will be subject to MIPS reporting requirements and payment adjustments.	Individuals can search the QPP <a href="#">NPI Lookup Tool</a> for the most recent information regarding their Partial QP status determinations for a given performance period.

Table 2: MIPS Special Status Determinations

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
<b>Small Practice</b>	<p><u>For 2019:</u> An eligible clinician who furnishes items or services as part of a practice consisting of 15 or fewer eligible clinicians.</p> <p>CMS will make this determination for each TIN/NPI combination.<sup>1</sup></p>	<p><u>For 2019:</u></p> <p>Group: A practice consisting of 15 or fewer eligible clinicians billing under the group’s TIN.</p> <p>Virtual Group: Virtual groups with fewer than 15 eligible clinicians may qualify as a small practice.</p>	<p>Quality category:</p> <ul style="list-style-type: none"> <li>- Exempt from assessment under the all-cause hospital readmission measure.</li> <li>- Subject to a 3-point floor for quality measures reported, including for measures that do not meet data completeness requirements.</li> <li>- Eligible to receive 6 points in the numerator of the Quality performance category if data on at least 1 quality measure are submitted.</li> <li>- Eligible to collect and report data via the Medicare Part B claims collection and submission types.</li> </ul> <p>Improvement Activities (IA) category: Only have to report one high-weighted IA or two medium-weighted IAs to receive full credit under this category.</p> <p>Promoting Interoperability (PI) category: Can qualify for a small practice hardship exemption with an approved application.</p>	<p>CMS will use the same <b>MIPS determination period</b> as described for the <a href="#">Low-Volume</a> determination.</p>

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
<b>Rural Area</b>	<p><u>For 2019:</u> a clinician in a TIN with at least 75 percent of NPIs billing under the TIN located in a zip code designated as rural, using the most recent HRSA Resource File data set available.</p> <p>CMS will make this determination for each TIN/NPI combination.<sup>ii</sup></p>	<p><u>For 2019:</u> Group: A TIN with more than 75 percent of NPIs billing under the TIN located in a zip code designated as rural, using the most recent HRSA Resource File data set available.</p> <p>Virtual Group: A Virtual Group with more than 75 percent of NPIs billing under the Virtual Group located in a zip code designated as rural, using the most recent HRSA Resource File data set available.</p>	<p>IA category: Only have to report one high-weighted IA or two medium-weighted IAs to receive full credit under this category.</p>	<p>Not further specified in regulation.<sup>iii</sup></p>
<b>Health Professional Shortage Area (HPSA)</b>	<p><u>For 2019:</u> A clinician in a TIN with at least 75 percent of NPIs billing under the TIN located in an HPSA.</p> <p>CMS will make this determination for each TIN/NPI combination.<sup>iv</sup></p>	<p><u>For 2019:</u> Group: A TIN with more than 75 percent of NPIs billing under the TIN located in an HPSA.</p> <p>Virtual Group: A Virtual Group with more than 75 percent of NPIs included under the Virtual Group located in an HPSA.</p>	<p>IA category: Only have to report one high-weighted IA or two medium-weighted IAs to receive full credit under this category.</p>	<p>Not further specified in regulation.<sup>v</sup></p>
<b>Non-Patient Facing</b>	<p><u>For 2019:</u> An individual MIPS eligible clinician that bills 100 or fewer patient facing encounters (including telehealth services) during the non-patient facing determination period.</p> <p>CMS will make this determination for each TIN/NPI combination.<sup>vi</sup></p>	<p><u>For 2019:</u> Group: A group where more than 75 percent of the NPIs billing under the group's TIN meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period.</p>	<p>IA category: Only have to report one high-weighted IA or two medium-weighted IAs to receive full credit under this category.</p> <p>PI category: Subject to automatic reweighting of this category to zero percent, unless a non-patient facing</p>	<p>CMS will use the same <b>MIPS determination period</b> as described for the <a href="#">Low-Volume</a> determination.</p>

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
		Virtual Group: Virtual groups with more than 75 percent of the NPIs billing under the virtual group's TINs would also meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period.	clinician or group chooses to report under this category.	
<b>Hospital-Based</b>	<p><u>For 2019:</u> MIPS eligible clinicians who furnish 75 percent or more of their covered professional services in sites of service identified by POS 19 (off-campus outpatient hospital), POS 21 (inpatient hospital), POS 22 (on-campus outpatient hospital), or POS 23 (emergency room) settings based on claims for a period prior to the performance period as specified by CMS.</p> <p>CMS will make this determination for each TIN/NPI combination.<sup>vii</sup></p>	<p><u>For 2019:</u> Group: A group where 100 percent of its MIPS eligible clinicians are determined to be hospital-based.<sup>viii</sup></p> <p>Virtual Group: Virtual groups where 100 percent of the MIPS eligible clinicians associated with the virtual group are determined to be hospital-based.<sup>ix</sup></p>	<p>PI category: Subject to automatic reweighting of this category to zero percent, unless a hospital-based MIPS eligible clinician chooses to report under this category.</p> <p>Practices that report PI data at the group level are required to submit aggregate data for all MIPS eligible clinicians in the group who have data in Certified EHR Technology (CEHRT), including hospital-based clinicians. However, if the CEHRT is not equipped with all the capabilities necessary for an eligible clinician to satisfy the PI measures, or is part of a CEHRT specific to an inpatient setting, the TIN does not need to include that data in their aggregate PI calculations (only data from an ambulatory CEHRT).<sup>x</sup></p>	CMS will use the same <b>MIPS determination period</b> as described for the <a href="#">Low-Volume</a> determination.

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
<b>Ambulatory Surgical Center (ASC)-Based</b>	<p><u>For 2019:</u> MIPS eligible clinicians who furnish 75 percent or more of their covered professional services in sites of service identified by POS 24 (ASC), based on claims for a prior period as specified by CMS.</p> <p>CMS will make this determination for each TIN/NPI combination.<sup>xi</sup></p>	<p><u>For 2019:</u> A group where 100 percent of its MIPS eligible clinicians are determined to be ASC-based.<sup>xii</sup></p> <p>Virtual Group: Virtual groups where 100 percent of the MIPS eligible clinicians associated with the virtual group are determined to be ASC-based.<sup>xiii</sup></p>	<p>PI category: Subject to automatic reweighting of this category to zero percent, unless an ASC-based MIPS eligible clinician chooses to report under this category. Practices that report PI data at the group level are required to submit aggregate data for all MIPS eligible clinicians in the group who have data in Certified EHR Technology (CEHRT), including ASC-based clinicians.</p>	<p>CMS will use the same <b>MIPS determination period</b> as described for the <a href="#">Low-Volume</a> determination.</p>
<p><b>Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, or Certified Registered Nurse Anesthetists</b></p> <p><b>AND</b></p> <p><b>New for 2019:</b>  <b>Physical Therapists, Occupational Therapists, Clinical Psychologists, Qualified Speech-Language Pathologists, Qualified Audiologists, or Registered Dieticians or Nutrition Professionals</b></p>	<p><u>For 2019:</u> MIPS eligible clinicians who are those clinician types identified in the first column of this row.</p>	<p><u>For 2019:</u> Not specified in the CY 2018 or CY 2019 final rules.</p>	<p>PI category: Subject to automatic reweighting of this category to zero percent, unless the designated non-physician practitioner MIPS eligible clinician chooses to report under this category. Practices that report PI data at the group level are required to submit aggregate data for all MIPS eligible clinicians in the group who have data in ambulatory Certified EHR Technology (CEHRT), including the clinicians identified in the first column of this row.</p>	<p>Not further specified in regulation.</p>



Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
<p><b>Facility-Based</b> (available starting for performance year 2019)</p>	<p><u>For 2019:</u> A MIPS eligible clinician<sup>xiv</sup> who:</p> <ul style="list-style-type: none"> <li>- furnishes 75 percent or more of their covered professional services in sites of service identified by POS 21 (inpatient hospital), POS 22 (on-campus outpatient), or POS 23 (emergency room), based on claims for a prior period as specified by CMS;</li> <li>- has at least a single service billed with POS 21 or POS 23; AND</li> <li>- can be attributed to a facility with a Hospital Value-Based Purchasing Program score for the applicable period.</li> </ul>	<p><u>For 2019:</u> A group in which 75 percent or more of the MIPS eligible clinician NPIs billing under the group’s TIN are eligible for facility-based measurement as individuals</p> <p>This policy appears to apply to virtual groups as well.<sup>xv</sup></p>	<p><u>For 2019:</u> CMS will automatically apply facility-based measurement to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who would benefit by having a higher combined quality and cost performance category score.</p> <p>Clinicians assessed under facility-based measurement will receive scores derived from the Hospital Value-Based Purchasing Program score for the facility at which they provided services for the most Medicare beneficiaries during the period of October 1 of the calendar year 2 years preceding the performance period through September 30 of the calendar year preceding the performance period with a 30-day claims run out.</p> <p>Facility-based groups will receive scores derived from the facility at which the plurality of their facility-based clinicians would have had their scores determined if they were assessed at the individual level. For CMS to assess a group under facility-based scoring at</p>	<p><u>General policy:</u> Clinicians would be determined to be facility-based through an evaluation of covered professional services between October 1 of the calendar year 2 years preceding the performance period through September 30 of the calendar year preceding the performance period with a 30-day claims run out.</p> <p><u>2019 performance period:</u> October 1, 2017 – September 30, 2018.</p>

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
			the group level, the group must submit data in the Improvement Activities or Promoting Interoperability performance categories at the group level.	
<b>Virtual Group</b>	Not applicable	<u>For 2019:</u> A combination of two or more TINs assigned to one or more solo practitioners (who are also MIPS eligible clinicians) or to one or more groups with 10 or fewer eligible clinicians, or both, that elect to (and is approved to) form a virtual group for a performance period for a year.	Subject to assessment at the virtual group level across all participating TINs for all four MIPS performance categories.  The final score of a TIN/NPI combination assessed as a virtual group would be applied instead of the final score of a TIN/NPI combination assessed at the group or individual level.	Subject to an election and approval process.  The virtual group eligibility determination period (to determine eligibility based on TIN size) aligns with the first segment of data analysis under the MIPS eligibility determination period. For 2019, that would be October 1, 2017 to September 30, 2018.
<b>MIPS APM Participant</b>	<u>For 2019:</u> An individual clinician who is identified on the Participation List for a performance period of an APM Entity participating in a MIPS APM.  CMS reported in the 2019 final rule that it expects the following APMs to qualify as MIPS APMs for 2019: - Comprehensive ESRD Care Model (all Tracks) - Comprehensive Primary Care Plus Model (all Tracks) - Next Generation ACO	<u>For 2019:</u> The group of eligible clinicians identified on the Participation List for a performance period of an APM Entity participating in a MIPS APM.  See the Individual Determination column for expected MIPS APMs for 2019.	A MIPS APM Entity group (which includes the eligible clinicians on the APM Entity's Participation List) is subject to the APM Scoring Standard under MIPS, which generally: - Relies on quality reporting under the MIPS APM for determining the MIPS APM Entity group's performance under the MIPS quality category - Assigns a minimum IA score based on activities required for participation under the model (in	CMS will determine the individual eligible clinicians who are on the Participation List of a MIPS APM on one of the following "snapshot" dates during a performance period to be assessed for MIPS APM Participant status: March 31, June 30, and August 31.  For full TIN APMs, CMS will also review Participation Lists on an additional "snapshot" date of December 31.

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications										
<b>SPECIAL STATUS DETERMINATIONS</b>														
	<p>Model</p> <ul style="list-style-type: none"> <li>- Oncology Care Model (all Tracks)</li> <li>- Medicare Shared Savings Program (all Tracks)</li> <li>- Medicare ACO Track 1+ Model</li> <li>- Bundled Payments for Care Improvement Advanced</li> <li>- Independence at Home Demonstration</li> <li>- Maryland Total Cost of Care Model (Maryland Primary Care Program)</li> <li>- Vermont All-Payer ACO Model (Vermont Medicare ACO Initiative)</li> </ul> <p>An up-to-date list of MIPS APMs approved for 2019 can be found <a href="#">via this link</a>.</p>		<p>practice thus far, this has translated to being assigned 100 percent of the points available under the IA category)</p> <ul style="list-style-type: none"> <li>- Aggregates NPI-level PI reporting for all TINs/NPIs participating in an APM Entity (based on reporting at either the individual or group level).</li> <li>- Reweights the cost category to zero and redistributes weight across the remaining categories.</li> </ul> <p>The final score of a TIN/NPI combination assessed under a MIPS APM would be applied instead of the final score of a TIN/NPI combination assessed at the virtual group, group or individual level.</p> <table border="1" data-bbox="1251 1040 1593 1297" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #0056b3; color: white; text-align: center;">APM Scoring Standard Weights</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Cost</td> <td style="text-align: right;">0%</td> </tr> <tr> <td style="text-align: left;">Quality</td> <td style="text-align: right;">50%</td> </tr> <tr> <td style="text-align: left;">Improvement Activities</td> <td style="text-align: right;">20%</td> </tr> <tr> <td style="text-align: left;">PI</td> <td style="text-align: right;">30%</td> </tr> </tbody> </table> <p>For 2019, all MIPS APMs are scored in the quality category and subject to APM Scoring</p>	APM Scoring Standard Weights		Cost	0%	Quality	50%	Improvement Activities	20%	PI	30%	
APM Scoring Standard Weights														
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<b>SPECIAL STATUS DETERMINATIONS</b>				
			<p>Standard category weights included in the table above.</p> <p>For individual clinicians who are identified as MIPS APM participants, their participation in the MIPS APM would automatically provide one-half of the highest score under the IA performance category for any other TIN (besides the MIPS APM TIN) in which they participate given their status as an <a href="#">APM Participant</a>.</p> <p>MIPS eligible clinicians who are participants in both a virtual group and a MIPS APM will be assessed under MIPS as part of the virtual group and under the APM scoring standard as part of an APM Entity group, but will receive their payment adjustment based only on the APM Entity score.</p> <p>Additional specifications for quality and PI assessment apply.</p> <p>Special provisions also apply for TINS participating with Medicare Shared Savings Program ACOs when the MSSP ACO does not report quality measures.</p>	

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
<b>Certified Patient-Centered Medical Home (PCMH) or Comparable Specialty Practice</b>	<p><u>For 2019:</u> A MIPS eligible clinician in a practice that is determined to be a certified or recognized PCMH or comparable specialty practice.<sup>xvi</sup></p> <p>To receive full credit as a certified or recognized patient-centered medical home or comparable specialty practice, at least 50 percent of the practice sites within the TIN must be recognized as a patient-centered medical home or comparable specialty practice. Additionally, a clinician must attest to his or her status as a PCMH or comparable specialty practice.</p>	<p><u>For 2019:</u> A group in a practice that is determined to be a certified or recognized PCMH or comparable specialty practice.</p> <p>Group: To receive full credit as a certified or recognized patient-centered medical home or comparable specialty practice, at least 50 percent of the practice sites within the TIN must be recognized as a patient-centered medical home or comparable specialty practice. Additionally, a group must attest to its status as a PCMH or comparable specialty practice.</p> <p>Virtual Group: A Virtual Group where at least 50 percent of the practice sites within the Virtual Group TINs are certified or recognized as a patient-centered medical home or comparable specialty practice. Additionally, a Virtual Group must attest to his or her status as a PCMH or comparable specialty practice.</p>	IA category: Receives full credit for performance under the IA category.	Based on attestation through the MIPS Data Submission System.
<b>APM Participant</b>	<u>For 2019:</u> A clinician identified on the Participation List of an APM.	<u>For 2019:</u> A group where one clinician in the TIN is identified on the Participation List of an APM.	IA category: Receives at least one-half of the highest score under the IA performance category.	Not further specified in regulation. <sup>xvii</sup>

Special Status	Individual Determination	Group and Virtual Group Determinations	CY 2019 Finalized Treatment under MIPS	Determination Specifications
<b>SPECIAL STATUS DETERMINATIONS</b>				
		A virtual group may be identified as an APM participant per the group determination.		

<sup>i</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>ii</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>iii</sup> Per the QPP Help Desk, CMS will make this determination based on zip code data submitted via claims.

<sup>iv</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>v</sup> Per the QPP Help Desk, CMS will make this determination based on zip code data submitted via claims.

<sup>vi</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>vii</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>viii</sup> A group practice will be exempt from the PI performance category if 100 percent of the individual eligible clinicians in the TIN qualify for a special status category that is eligible for PI re-weighting (e.g. the TIN could comprise of both hospital-based and non-patient facing clinicians so long as every single eligible clinician qualifies as exempt from PI).

<sup>ix</sup> Based on the QPP website: <https://qpp.cms.gov/participation-lookup/about?py=2019>.

<sup>x</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>xi</sup> Based on guidance from CMS and the QPP Help Desk.

<sup>xii</sup> Based on the QPP website: <https://qpp.cms.gov/participation-lookup/about?py=2019>.

<sup>xiii</sup> Based on the QPP website: <https://qpp.cms.gov/participation-lookup/about?py=2019>.

<sup>xiv</sup> It is expected that CMS will make this determination for facility-based status for each TIN/NPI combination, similar to hospital-based status or ASC-based status; however, CMS did not provide clarification in the 2019 final rule.

<sup>xv</sup> Per the 2019 final rule, “virtual groups eligible for facility-based measurement will always be measured as a virtual group”.

<sup>xvi</sup> To meet the PCMH requirement, a practice must meet one of the following criteria:

(A) *The practice has received accreditation from one of four accreditation organizations that are nationally recognized or certified, including (1) The Accreditation Association for Ambulatory Health Care; (2) The National Committee for Quality Assurance (NCQA); (3) The Joint Commission; or (4) The Utilization Review Accreditation Commission (URAC).*

(B) *The practice is participating in a Medicaid Medical Home Model or Medical Home Model.*

(C) *The practice is a comparable specialty practice that has received the NCQA Patient-Centered Specialty Recognition.*

(D) *The practice has received accreditation from other certifying bodies that have certified a large number of medical organizations and meet national guidelines, as determined by the Secretary. The Secretary must determine that these certifying bodies must have 500 or more certified member practices, and require practices to include the following: (1) Have a personal physician/clinician in a team-based practice; (2) Have a whole-person orientation; (3) Provide coordination or integrated care; (4) Focus on quality and safety; and (5) Provide enhanced access. Note that In the CY 2018 QPP rule, CMS finalized that the term “recognized” be accepted as equivalent to the term “certified.”*

<sup>xvii</sup> CMS has offered guidance through the QPP Help Desk and via CMS staff that information about APM Participation status is expected to appear in the MIPS Data Submission System prior to the end of the data submission period.