

Medicare's Quality Payment Program: Participation and Eligibility

On October 14, 2016, the Department of Health and Human Services (HHS) issued its final rule with comment period implementing the Quality Payment Program (QPP), authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The QPP will adjust Medicare Part B payments either positively, negatively, or not at all depending on how well a clinician performs in the QPP. There are two ways to participate in the QPP: under advanced alternative payment models (APMs) or the Merit-based Incentive Payment System (MIPS).

You are eligible and *should* participate in the MIPS track of the Quality Payment Program if you meet ALL of the following criteria:

- 1. Are an “eligible clinician” under MIPS, defined as a physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist**

Physician means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery, doctor of dental medicine, doctor of podiatric medicine, or doctor of optometry, and, with respect to certain specified treatment, a doctor of chiropractic legally authorized to practice by a State in which he/she performs this function.

- 2. Bill Medicare Part B services under the Physician Fee Schedule or have Critical Access Hospital (CAH) Method II payments assigned to the CAH**

The following payments are excluded from the MIPS payment adjustments:

- Medicare Part A
- Medicare Advantage (Part C)
- Medicare Part D
- Rural Health Clinic (RHC) and Federally Qualified Health Clinic (FQHC) payments (unless they are Medicare Part B payments)
- CAH Method I

** Note: If you bill a combination of Part B and other payments that are excluded, please remember that you would still need to participate in the MIPS. You would only be excluded from the MIPS if you do not bill Part B at all.*

- 3. Are not otherwise excluded from participating in the MIPS**

The following clinicians are excluded from MIPS:

- Clinicians newly enrolled in Medicare (excluded for the first year of enrollment)
- Clinicians significantly participating in an Advanced Payment Model (APM), meaning you are a qualified participant (QP): Receive 25% of your Medicare payments OR see 20% of your Medicare patients through an Advanced APM
- Clinicians meeting the low-volume threshold: Medicare Part B allowed charges less than or equal to \$30,000 a year OR see 100 or fewer Medicare Part B patients a year