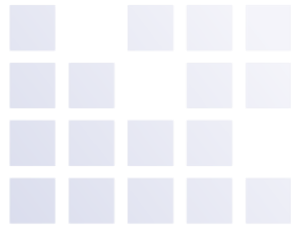


2021 MIPS Eligibility Requirements



American Society of **Anesthesiologists**[®]

aqihq.org



Eligibility Requirements for 2021



Must meet or exceed all 3 of the Low Volume Threshold (LVT) in order to be a MIPS Eligible Clinician (below)



Bill at least \$90,000 Medicare Part B charges



See 200 Medicare Part B patients

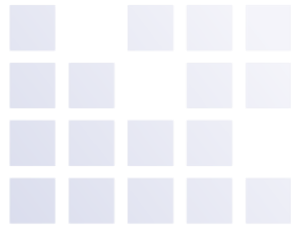


Provides 200 or more covered professional services under the Physician Fee Schedule

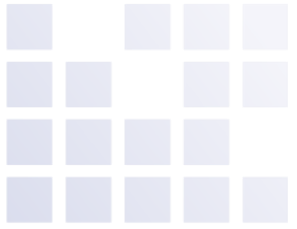


Determine MIPS eligibility at individual and group level: <https://qpp.cms.gov/participation-lookup>

2021 Eligibility Determination Periods



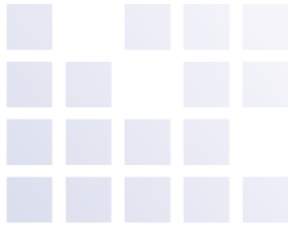
- CMS reviews past and current Medicare Part B claims for clinicians and practices twice for each Performance Year. Segment 1 determines initial eligibility and segment 2 reconciles the two segments for final eligibility.
- CMS uses the data from these dates to determine eligibility, assign special statuses, and update clinician lists for each practice on the Quality Payment program website.



MIPS Eligible

To be MIPS eligible your clinicians must exceed the low-volume threshold during both segments.

Segment 1		Segment 2		Final Determination
Below LVT	&	Below LVT	=	⊘ MIPS Exempt
Below LVT	&	Above LVT	=	⊘ MIPS Exempt
Above LVT	&	Below LVT	=	⊘ MIPS Exempt
Above LVT	&	Above LVT	=	✔ MIPS Eligible



Reporting Options

Group	Individual
<ul style="list-style-type: none">• Two or more ECs with the same Tax ID number (TIN)• Low-volume threshold for eligibility is determined on the group's billing (\$90,000 / 200 Medicare patient minimum/ 200 or more covered professional services under the PFS)• Physicians and other ECs receive payment, penalties, or incentives based upon how their groups performed.• Bonuses and penalties are assigned to the TIN.	<ul style="list-style-type: none">• ECs are assessed at the individual NPI level.• Low-volume threshold for eligibility is determined on their individual billing (\$90,000 / 200 Medicare patient minimum/ 200 or more covered professional services under the PFS).• Physicians and other ECs receive payment, penalties, or incentives as individuals.
Opt-In	Voluntary
<ul style="list-style-type: none">• Opt-in status or opting into MIPS reporting was introduced as a reporting option in 2019 for clinicians who do not exceed the low-volume threshold.• When a clinician meets 1 or 2 of the 3 requirements, they can opt into MIPS reporting.• Opting in is not required nor is there a penalty if a clinician decides to opt-out.• Those who choose to opt-in are subject to positive, neutral, or negative payment adjustments.	<ul style="list-style-type: none">• If clinicians or groups do not meet any of the low-volume threshold criteria they can report MIPS voluntarily to receive performance feedback, however they will NOT be eligible for a payment adjustment.

Questions



General questions on MIPS eligibility should be sent to AQI staff (askaqi@asahq.org).

Specific questions regarding your practice's MIPS eligibility should be directed to the CMS Quality Payment Help Desk:

- QPP@cms.hhs.gov
- 866-288-8292