

2020 Medicare Shared Savings Program and Quality Payment Program Interactions

This guide is for Medicare Shared Savings Program performance year during 2020.

Medicare Shared Savings Program (Shared Savings Program) ACO Participation Options and Alternative Payment Model (APM) Status

Merit-Based Incentive Payment Systems (MIPS) APMs	Advanced APMs*
Track 1	Track 1+ ACO Model
BASIC Level A	Track 2
BASIC Level B	Track 3
BASIC Level C	BASIC Level E
BASIC Level D	ENHANCED Track

*Please note that the Advanced APM Shared Savings Program Tracks **are also MIPS APMs**, which means that in the event that their participants are not QPs, they may be scored according to the APM Scoring Standard.



APM Scoring Standard and Eligibility

ACO Status	Quality (50%)	Improvement Activities (IA) (20%)	Promoting Interoperability (PI) (30%)	Cost (0%)	Low Volume Threshold (LVT)	Eligible for MIPS APM Scoring Standard?
ACO successfully reports quality data. ¹	Eligible clinicians in the ACO ² get a quality performance score based on the CMS Web Interface and CAHPS for ACO quality measures that are reported by the ACO.	Eligible clinicians in the ACO get full credit based on ACO participation. No additional reporting is necessary.	Eligible clinicians in the ACO report at the group or individual level. Data is aggregated and weighted to get a single ACO score that applies to all eligible clinicians in the ACO.	N/A under the APM Scoring Standard.	Determined at the ACO level. This means that even if clinicians or groups are at or below the low volume threshold of \$90,000 in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS), furnishing 200 or fewer covered professional services to Medicare Part B beneficiaries, or furnishing covered professional services to 200 or fewer Medicare Part B beneficiaries, if they bill through the TIN of an ACO participant or if the group is an ACO participant, they will be subject to MIPS if the ACO exceeds the low volume threshold. It is rare that an ACO does not exceed the low volume threshold. ³	Yes, based on ACO performance on CMS Web Interface and CAHPS for ACO quality measures, IA full credit, and aggregated and weighted ACO performance on PI measures. Quality is weighted at 50%, IA at 20%, and PI at 30%.

¹ The ACO must successfully report the CMS Web Interface and CAHPS for ACO quality measures.

² For purposes of this table, the term “ACO” equates to an APM Entity—a defined term in the Quality Payment Program.

³ If an ACO meets at least one, but not all, of the low volume threshold criteria, then they may opt-in for MIPS.

APM Scoring Standard and Eligibility

ACO Status	Quality (50%)	Improvement Activities (IA) (20%)	Promoting Interoperability (PI) (30%)	Cost (0%)	Low Volume Threshold (LVT)	Eligible for MIPS APM Scoring Standard?
ACO does not successfully report quality data. ⁴	<p>Eligible clinicians get a quality performance score of zero if the ACO fails to report any quality data. The APM entity participant TIN(s) or individual eligible clinicians may report separately from the ACO if the ACO fails to report.⁵</p> <ul style="list-style-type: none"> Participant TINs may report using registry, QCDR, EHR, CAHPS for MIPS or CMS Web Interface (if the TIN registered for Web Interface or CAHPS for MIPS reporting) submission methods. Participant TINs with 15 clinicians or fewer can also report via claims. Solo practice participant TINs and individual eligible clinicians may report using QCDR, claims, EHR, and registry submission methods.⁶ 	Eligible clinicians in the ACO get full credit based on ACO participation. No additional reporting is necessary.	ACO participants TINs or individual eligible clinicians report and are scored at the group (TIN) level, solo practice (TIN) level, or individual level for eligible clinicians' subject to PI.	N/A under the APM Scoring Standard	Determined at the ACO level. This means that even if clinicians, or physician groups, are at or below the low volume threshold of \$90,000 in covered professional services under the Medicare Physician Fee Schedule (PFS), furnishing less than or equal to 200 covered professional services, or providing care to less than or equal to 200 Medicare Part B beneficiaries, if they bill through the TIN of an ACO participant or if the physician group is an ACO participant they will be subject to MIPS if the ACO exceeds the low volume threshold. It is rare that an ACO does not exceed the low volume threshold. ⁷	Yes, based on ACO participant TINs or individual eligible clinicians' performance on quality measures reported outside of the ACO, IA full credit, and ACO participant TINs performance on PI measures. Quality is weighted at 50%, IA at 20%, and PI at 30%.

⁴ When the ACO does not successfully report CMS Web Interface and CAHPS for ACO quality measures, there will be no ACO quality data available for the quality performance category.

⁵ Each MIPS eligible clinician in the ACO would receive one score, weighted equally with that of the other MIPS eligible clinicians in the ACO, and we would calculate one quality performance category score for the entire ACO. The highest individual or TIN-level score attributable to each MIPS eligible clinician in an ACO participant TIN will be used to determine the ACO participant TIN's score based on the average of the highest scores for each MIPS eligible clinician in the ACO participant TIN.

⁶ More information regarding MIPS individual and group reporting is available on the [MIPS Group Participation webpage](#).

⁷ If an ACO meets at least one, but not all, of the low volume threshold criteria, then they may opt-in for MIPS.

ACO Status	APM Scoring Standard and Eligibility
<p>MIPS APM ACO's Shared Savings Program Participation Agreement is Terminated</p>	<p>Agreement is terminated on or after the March 31, 2020 start date: Eligible clinicians will be considered part of the ACO and scored under APM Scoring Standard rules if they have reassigned their billing rights to an ACO participant TIN and are included in the APM participation list on at least one of the four snapshot dates (March 31, June 30, August 31, and December 31).</p> <p>The rules that apply for MIPS APM reporting and scoring depend on whether the ACO successfully reports as explained in the rows above. Please note that regardless of whether the ACO successfully reports quality, eligible clinicians will get full credit for IA. Quality or PI must be reported to reach a neutral adjustment.</p> <p>If the agreement is terminated before March 31st of the performance year, the APM Scoring Standard does not apply. Eligible clinicians in ACO participant TINs must participate in MIPS either at the group or individual level and will be subject to regular MIPS scoring rules. For more information on MIPS scoring rules for an individual or group, please visit: https://qpp.cms.gov/mips/overview.</p>
<p>Qualifying APM Participant in Advanced APM Tracks⁸</p>	<p>Eligible clinicians who reassigned their billing rights to an ACO participant TIN in an Advanced APM track (see table on page 1) and are included on at least one of the three snapshot dates (March 31, June 30, and August 31) during the 2020 QP performance year may become Qualifying APM Participants (QPs) for the year, if their ACO meets payment or patient count thresholds. If these eligible clinicians attain QP status for the year via their ACO, they will receive an APM incentive payment and be excluded from MIPS; if they do not, and are not otherwise determined to be a QP, then they will be subject to MIPS and scored under the APM Scoring Standard.</p> <p>If an ACO in an Advanced APM track terminates its participation in a Shared Savings Program Advanced APM track after March 31st and before August 31st, its eligible clinicians will lose QP status and will be subject to MIPS and scored under the APM Scoring Standard. These clinicians should keep working with their ACO to report quality measures in order to benefit from the APM Scoring Standard under MIPS. These clinicians will get full credit for IA and should also report PI at the group, solo practice, or individual level. While they will no longer be eligible to receive an APM incentive payment, the eligible clinicians will still be scored under the APM Scoring Standard and may earn a positive MIPS payment adjustment.</p>

⁸ As shown in the table on page 1, Shared Savings Program Tracks 2, 3, ENHANCED, BASIC Level E, and the Track 1+ ACO Model meet the Advanced APM criteria.