2019 QPP Reporting Requirements for Special Status Clinicians: A Quick Guide

The Medicare Quality Payment Program (QPP) transforms the physician payment system from one focused on volume to one focused on value. Performance is measured through the data clinicians report in four areas: Quality, Promoting Interoperability, Improvement Activities, and Cost. Under the QPP, there are two performance tracks, the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

The Centers for Medicare & Medicaid Services (CMS) evaluates several factors to determine a clinician's eligibility for participation in either track of the QPP. These include the special statuses of:

- Hospital-based
- Non-patient Facing
- Ambulatory-surgery center-based
- Rural
- Health Profession Shortage Area (HPSA)
- Small practice

Being designated as one of these special statuses can affect the reporting requirements for each of the different performance categories. These factors can result in fewer requirements or exclusions for specific performance categories. The purpose of this document is to identify the special status types for the 2019 performance year and how it changes reporting requirements for QPP.

Special Status Clinicians

To determine if a MIPS eligible clinician (EC), group, or virtual group will receive a special status, CMS retrieves and analyzes Medicare Part B claims data. Special statuses are calculated if you reach the requirements for at least one of the MIPS determination period segments.

MIPS Determination Periods

MIPS eligibility will be reviewed twice during the 2019 performance year. Reviews will analyze CMS Medicare Part B claims data and PECOS data from two 12-month time periods:

- October 1, 2017 – September 30, 2018 (includes a 60-day claims run-out)
- October 1, 2018 – September 30, 2019 (does not include a claims run-out period)

CMS will use data from these dates to determine eligibility (including the low-volume threshold) and to assign special statuses.

2019 Special Statuses for QPP

- ✓ **Hospital-based**
- ✓ **Non-patient Facing**
- ✓ **Ambulatory-surgery center-based**
- ✓ **Rural**
- ✓ **Health Profession Shortage Area (HPSA)**
- ✓ **Small practice**

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How do I know If I am a Special Status Clinician?

If you've been automatically assigned a special status, it will be added to your eligibility profile in the QPP Participation Status Lookup Tool**:** https://qpp.cms.gov/participation-lookup. If you've been assigned a special status in segment 2, it may not appear in the lookup tool until the submission window is open in January 2020.

If you think you should have a special status or believe there is a mistake in your special status designation, contact the CMS QPP helpdesk: QPP@cms.hhs.gov.

Reweighting of Promoting Interoperability Category for Special Status Clinicians

Those MIPS ECs who are considered special status (hospital-based, non-patient facing, ASC-based) will be automatically reweighted or exempted from submitting data under the Promoting Interoperability (PI) performance category. The PI category weight will be adjusted to the Quality performance category, making Quality worth 70% of the final MIPS score.

If a **clinician** is identified as special status, he/she will be automatically exempted from submitting data under the PI performance category. These MIPS ECs do not need to submit a Quality Payment Program PI Hardship Exception application.

A **practice/group** which is identified as special status, would not need to submit a Quality Payment Program PI Hardship Exception Application if 100% of the MIPS ECs within the group are qualified individually for reweighting.

To be more clear: Groups designated as non-patient facing are **not automatically** eligible to have their Promoting Interoperability performance category reweighted to 0%. To be designated as a non-patient facing group, 75% of the clinicians in the group must be non-patient facing. This does not fulfill the reweighting requirement for group reporting that, for the Promoting Interoperability performance category, 100% of the MIPS eligible clinicians in the group must qualify individually for reweighting. MIPS eligible clinicians who are identified as non-patient facing and who are reporting as **individuals, do qualify** for automatic reweighting of their PI performance category.

What is Facility-based Scoring?

Beginning with the 2019 performance period, CMS will provide MIPS ECs who qualify for facility-based measurement, the option to use their facility-based scores from the Hospital Value-Based Purchasing program (VBP) as an alternate scoring mechanism for the Quality and Cost performance categories.

If a **practice/group** is identified as facility-based and is attributed to a facility with a Hospital Value-Based Purchasing (VBP) Program score, the practice will not be required to submit data for the Quality performance category. Instead, the Hospital VBP score will be used for the Quality and Cost performance categories as long as the practice submits group-level data for the Improvement Activities and/or Promoting Interoperability performance categories.

If a **clinician** is identified as facility-based and is attributed to a facility with a Hospital VBP Program score, the clinician is not required to submit data for the Quality performance category. The Hospital VBP score will be used for both the Quality and Cost performance categories instead.

Special Status for Groups and Eligible Clinicians

Special Status determination, status description and reporting requirements vary for **individuals** and **groups** (the requirements for groups and virtual groups are the same for 2019). Please find tables showing the special status description and reporting requirement changes for individuals and groups in the next section.

Special Status	Status Description for Individuals (NPI Level)	Reporting Requirement Adjustment
Rural and HPSA 	***Rural*:** The clinician practices in a zip code designated as rural, using the most recent Health Resources and Services Administration (HRSA) Area Health Resource File data. ***HPSA:*** The clinician is associated with a practice in an area designated as a Health Professional Shortage Area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act.	❖ Improvement Activity points doubled
Non-Patient Facing 	The clinician has **100 or fewer Medicare Part B patient-facing encounters** (including Medicare telehealth services) during the non-patient-facing determination period, during one of the segments of the 24-month non-patient-facing determination period (September 1, 2017 - August 31, 2018 or September 1, 2018 - August 31, 2019).	❖ PI category automatically reweighted, scored if submitted ❖ Improvement Activity points doubled
Hospital-Based 	The clinician furnishes **75%** or more of his or her covered professional services identified by the Place of Service (POS) codes used in the HIPAA standard transaction as an off-campus outpatient hospital (**POS 19**), inpatient hospital (**POS 21**), on-campus outpatient hospital (**POS 22**), or emergency room settings (**POS 23**), based on an analysis of claims data during a 12-month determination period (September 1, 2017 - August 31, 2018).	❖ PI category automatically reweighted, scored if submitted
ASC-Based 	The clinician furnishes **75%** or more of his or her covered professional services in sites of service identified by Place of Service (**POS) code 24,** used in the HIPAA standard transaction based on claims filed during a 12-month determination period (September 1, 2017 - August 31, 2018).	❖ PI category automatically reweighted, scored if submitted
Small Practice 	A clinician associated with a practice that has **15 or fewer clinicians** (National Provider Identifiers (NPIs)) billing under the practice's Taxpayer Identification Number (TIN) during the small practice size determination period (September 1, 2017 - August 31, 2018 with a 30-day claims run out).	❖ Improvement Activity Points doubled ❖ 6 -point bonus on numerator of Quality performance category

Source: [hhttps://qpp.cms.gov/mips/special-statuses?py=2019](https://qpp.cms.gov/mips/special-statuses?py=2019)

Special Status	Status Description for Individuals (TIN Level)	Reporting Requirement Adjustment
Rural and HPSA 	**Rural:** A group in a zip code designated as rural, using the most recent HRSA Area Health Resource File data, and that has multiple practices under its TIN, with more than **75%** of the NPIs billing under the group's TIN in a zip code designated as rural. **HPSA:** A group in a HPSA area that has multiple practices under its TIN will be designated as an HPSA practice if more than **75 %** of the NPIs billing under the group's TIN is designated as a HPSA.	❖ Improvement Activity points doubled
Non-Patient Facing 	A group with more than **75%** of the clinicians (NPIs) billing under the group's TIN meet the definition of a non-patient facing individual MIPS eligible clinician during one or both of the 12-month determination periods. Non-patient facing practices and virtual groups do not automatically qualify for re-weighting of the PI category unless **100%** of their MIPS-eligible clinicians qualify individually.	❖ PI category automatically reweighted, scored if submitted ❖ Improvement Activity points doubled
Hospital-Based 	**100%** of MIPS eligible clinicians associated with the group are designated as hospital-based during one or both of the 12-month review periods. If any MIPS-eligible clinician in the group does not meet the individual hospital-based criteria, the group will not be designated as hospital-based. *Note: This group level calculation is limited to MIPS eligible clinicians*	❖ PI category automatically reweighted, scored if submitted
ASC-Based 	**100%** of MIPS-eligible clinicians associated with the group are designated as ASC-based during one or both of the 12-month determination periods. If any MIPS-eligible clinician in the group does not meet the individual ASC-based criteria, the group will not be designated as ASC-based. *Note: This group level calculation is limited to MIPS eligible clinicians.*	❖ PI category automatically reweighted, scored if submitted
Small Practice 	A group with 15 or fewer clinicians (NPIs) billing under the group's TIN during one or both of the 12-month review periods.	❖ Improvement Activity Points doubled ❖ 6-point bonus on numerator of Quality performance category

Source: https://qpp.cms.gov/mips/special-statuses?py=2019