

## TIMELINE OF KEY MACRA DATES

### THIS TIMELINE PROVIDES

a schedule of relevant dates for providers participating in the Centers for Medicare & Medicaid Services (“CMS”) Quality Payment Program (“QPP”) under the Medicare Access & CHIP Reauthorization Act (“MACRA”). Ropes & Gray’s flow chart, [available here](#) may be used to determine your clinician type.

Clinicians and groups providing care for 100 or fewer Part B-enrolled Medicare beneficiaries, or with annual Medicare Part B allowed charges below \$30,000, are excluded from participation in MIPS. To the extent that these clinicians and groups have any Medicare patients, reimbursement for applicable Medicare Part B services will be at the fee schedule rates set under MACRA. See [Ropes & Gray’s summary](#) for a more comprehensive review of MACRA provisions.

**ADVANCED APM** Alternative Payment Model that CMS determines meets criteria in 42 C.F.R. § 414.1415 concerning the use of electronic health record technology, payment based on quality measures, and financial risk. CMS will announce Advanced APMs prior to the start of each performance year.

**APM** Alternative Payment Model. APMs include Center for Medicare and Medicaid Innovation models, Shared Savings Program tracks and certain other federal value-based demonstration projects.

**APM ENTITY** An entity that participates in an APM or payment arrangement with a non-Medicare payer through a direct agreement or through federal or state law or regulation.

**APM PARTICIPATION LIST** List released by CMS prior to the start of each performance year identifying those clinicians who are considered to be part of an APM Entity.

**CMS** Centers for Medicare & Medicaid Services.

**CLINICIANS** MIPS-eligible clinicians including physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists or part of a group that includes such practitioners.

**CMS WEB INTERFACE** Web product developed by CMS that is used by groups to submit data on the MIPS measures and activities.

**EHR** Electronic Health Record.

**MIPS** Merit-based Incentive Payment Systems. MIPS refers to a Medicare payment system where clinicians and groups receive annual payment adjustments based on performance in four categories: quality, cost, advancing care information, and practice improvement activities.

**MIPS APMS** Providers in non-Advanced APMs and providers in Advanced APMs who do not meet payment or patient thresholds to qualify as QPs or Partial QPs. Such providers are subject to MIPS, but will be scored using APM scoring standards, to eliminate reporting to both the APM and MIPS.

**MIPS GROUP** A single provider with two or more eligible clinicians, including at least one MIPS-eligible clinician.

**PARTIAL QP** Partial Qualifying APM Participant. To qualify as a Partial QP for performance years 2017 and 2018, clinicians must either (1) receive at least 20% of their Medicare Part B covered professional service payments through an Advanced APM, or (2) receive at least 10% of their Medicare Part B patients through the Advanced APM. This calculation will be made at the APM Entity level (i.e., the average Medicare Part B payment and patient calculation applies to all clinicians within the APM Entity). The calculation will, however, be done at the clinician level if a clinician participates in multiple Advance APMs and no single APM meets the required thresholds. For performance year 2019 and beyond, the 20% and 10% thresholds are set to increase.

**QP** Qualifying APM Participant. To qualify as a QP for performance years 2017 and 2018, clinicians must either (1) receive at least 25% of their Medicare Part B covered professional service payments through an Advanced APM, or (2) receive at least 20% of their Medicare Part B patients through the Advanced APM. This calculation will be made at the APM Entity level (i.e., the average Medicare Part B payment and patient calculation applies to all clinicians within the APM Entity). The calculation will, however, be done at the clinician level if a clinician participates in multiple Advanced APMs and no single APM meets the required thresholds. For performance year 2019 and beyond, the 25% and 20% thresholds are set to increase.

**QCDR** Qualified Clinical Data Registry. QCDR refers to a CMS-approved entity that has self-nominated and successfully completed a qualification process to determine whether the entity may collect medical or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2017</b></p>	<p>Fee schedule increase of 0.5%.</p> <p>Clinicians may begin tracking performance measures. To avoid 4% penalty in 2019, clinicians must track for at least a 90-day period, up to full 2017 calendar year.</p> <p>Must submit for 2017 performance year quality data for at least 50% of clinician’s or group’s patients to which a measure applies (if submitting through a QCDR, qualified registry, or EHR), and at least 50% of applicable Medicare Part B patients seen during the performance period to which a measure applies (if submitting quality data through Medicare claims).</p> <p>*If submitting through CMS Web Interface or a CMS-approved survey vendor, must meet the data submission requirements provided by CMS.</p> <p>CMS will offer four reporting options for 2017 performance period/2019 payment year: (1) clinicians who submit a full year of 2017 data will receive a moderate positive adjustment, (2) clinicians who submit at least 90 days of 2017 data will receive a neutral or small positive adjustment, (3) clinicians who submit minimal data will receive no adjustment, and (4) clinicians who submit no data at all will receive a 4% downward adjustment.</p> <p>Final score breakdown in 2017 performance period/2019 payment period: 60% quality performance, 25% advancing care information, 15% improvement activities, and 0% cost measures.</p>	<p>Fee schedule increase of 0.5%.</p> <p>Clinicians may begin tracking performance measures. To avoid 4% penalty, clinicians must track for at least a 90-day period, up to full 2017 calendar year.</p> <p>Must submit for 2017 performance year quality data for at least 50% of clinician’s or group’s patients to which a measure applies (if submitting through a QCDR, qualified registry, or EHR), and at least 50% of applicable Medicare Part B patients seen during the performance period to which a measure applies (if submitting quality data through Medicare claims).</p> <p>*If submitting through CMS Web Interface or a CMS-approved survey vendor, must meet the data submission requirements provided by CMS.</p> <p>CMS will offer four reporting options for 2017 performance period/2019 payment year: (1) clinicians/MIPS APMS who submit a full year of 2017 data will receive a moderate positive adjustment, (2) clinicians/MIPS APMS who submit at least 90 days of 2017 data will receive a neutral or small positive adjustment, (3) clinicians/MIPS APMS who submit minimal data will receive no adjustment, and (4) clinicians/MIPS APMS who submit no data at all will receive a downward adjustment.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2017 performance/2019 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface: 0% quality performance, 75% advancing care information, 25% improvement activities, and 0% cost measures.</li> </ul>	<p>Fee schedule increase of 0.5%.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1. CMS has published the following preliminary list of Advanced APMS for 2017:</p> <ul style="list-style-type: none"> <li>■ Medicare Shared Savings Program – (Tracks 2 and 3)</li> <li>■ Next Generation ACO Model</li> <li>■ Comprehensive ESRD Care (Two-Sided Risk)</li> <li>■ Comprehensive Primary Care Plus</li> <li>■ Oncology Care Model (Two-Sided Risk)</li> <li>■ Comprehensive Care for Joint Replacement Model (Track 1 – CEHRT)</li> <li>■ Vermont Medicare ACO Initiative.</li> </ul> <p>For performance year 2017, must meet 25% payment amount threshold and 20% patient count threshold to qualify as QP under Medicare Option. These percentages refer to the percentage of Medicare business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0.5%.</p> <p>For performance year 2017, must meet 20% payment amount threshold and 10% patient count threshold to qualify as Partial QP under Medicare Option. These percentages refer to the percentage of Medicare business the clinician derives from the Advanced APM.</p> <p>Partial QPs are ineligible for the 5% bonus awarded to QPs in 2019 payment year. However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled “MIPS Clinicians and Groups” for relevant dates.</p>
<p><b>March 31, 2017</b></p>		<p>First of three “snapshots” for which CMS will determine clinician membership in an APM Entity. If clinician is on the APM Participation List on this date (or either of the other two “snapshot” dates), the clinician will be deemed an APM participant for the entire participation year.</p>	<p>First of three “snapshots” for which CMS will determine clinician membership in an APM Entity. If clinician is on the APM Participation List on this date (or either of the other two “snapshot” dates), the clinician will be deemed an APM participant for the entire participation year.</p>	

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>June 30, 2017</b></p>	<p>Clinicians who desire to report measures as a group must register with CMS. Virtual groups will not be implemented in performance year 2017, but are expected to be implemented by CMS in performance year 2018.</p>	<p>Second of three “snapshots” for which CMS will determine clinician membership in an APM Entity. If clinician is on the APM Participation List on this date (or either of the other two “snapshot” dates), the clinician will be deemed an APM participant for the entire participation year.</p>	<p>Second of three “snapshots” for which CMS will determine clinician membership in an APM Entity. If clinician is on the APM Participation List on this date (or either of the other two “snapshot” dates), the clinician will be deemed an APM participant for the entire participation year.</p>	
<p><b>August 31, 2017</b></p>		<p>Third of three “snapshots” for which CMS will determine clinician membership in an APM Entity. If clinician is on the APM Participation List on this date (or either of the other two “snapshot” dates), the clinician will be deemed an APM participant for the entire participation year.</p>	<p>Third of three “snapshots” for which CMS will determine clinician membership in an APM Entity. If clinician is on the APM Participation List on this date (or either of the other two “snapshot” dates), the clinician will be deemed an APM participant for the entire participation year.</p>	
<p><b>October 2, 2017</b></p>	<p>To avoid receiving 4% payment penalty in 2019 payment year, must start collecting 2017 performance data on or before this date.</p>	<p>To avoid receiving 4% payment penalty in 2019 payment year, must start collecting 2017 performance data on or before this date.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2018</b></p>	<p>Fee schedule increase of 0.5%.</p> <p>Clinicians must begin tracking quality and cost measures for the full calendar year.</p> <p>Clinicians may begin tracking performance measures for advancing care information and improvement activities, and <i>must</i> track for at least a 90-day period, up to full 2018 calendar year.</p> <p>Must submit for 2018 performance year quality data for at least 60% of clinician's or group's patients to which a measure applies (if submitting through a QCDR, qualified registry, or EHR), and at least 60% of applicable Medicare Part B patients seen during the performance period to which a measure applies (if submitting quality data through Medicare claims).</p> <p>*If submitting through CMS Web Interface or a CMS-approved survey vendor, must meet the data submission requirements provided by CMS.</p> <p>Final score breakdown in 2018 performance/2020 payment period: 50% quality performance, 25% advancing care information, 15% improvement activities, and 10% cost measures.</p>	<p>Fee schedule increase of 0.5%.</p> <p>Clinicians must begin tracking quality and cost measures for the full calendar year.</p> <p>Clinicians may begin tracking performance measures for advancing care information and improvement activities, and <i>must</i> track for at least a 90-day period, up to full 2018 calendar year.</p> <p>Must submit for 2018 performance year quality data for at least 60% of clinician's or group's patients to which a measure applies (if submitting through a QCDR, qualified registry, or EHR), and at least 60% of applicable Medicare Part B patients seen during the performance period to which a measure applies (if submitting quality data through Medicare claims).</p> <p>*If submitting through CMS Web Interface or a CMS-approved survey vendor, must meet the data submission requirements provided by CMS.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2018 performance/2020 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0.5%.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>For performance year 2018, must meet 25% payment amount threshold and 20% patient count threshold to qualify as QP under Medicare Option. These percentages refer to the percentage of Medicare business the clinicians derive from the Advanced APM.</p>	<p>Fee schedule increase of 0.5%.</p> <p>For performance year 2018, must meet 20% payment amount threshold and 10% patient count threshold to qualify as Partial QP under Medicare Option. These percentages refer to the percentage of Medicare business the clinician derives from the Advanced APM.</p> <p>Partial QPs are ineligible for the 5% bonus awarded to QPs in 2020 payment year. However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2018</b></p>	<p>Deadline for CMS Web Interface submission for 2017 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2017 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>March 1, 2018</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2017.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2017.</p>		
<p><b>March 31, 2018</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2017 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2017 performance period.</p>		
<p><b>October 2, 2018</b></p>	<p>To avoid receiving 5% payment penalty in 2020 payment year, must start collecting 2018 performance measures for advancing care information and improvement activities on or before this date.</p>	<p>To avoid receiving 5% payment penalty in 2020 payment year, must start collecting 2018 performance measures for advancing care information and improvement activities on or before this date.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2019</b></p>	<p>Fee schedule increase of 0.5%.</p> <p>Clinicians must begin tracking all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2017 performance score. Maximum MIPS adjustment is +/- 4% for 2019 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown in 2019 performance/2021 payment period: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0.5%.</p> <p>Clinicians must begin tracking all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2017 performance score. Maximum MIPS adjustment is +/- 4% for 2019 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2019 performance/2021 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0.5%.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>APM incentive lump sum payment equal to 5% of the clinician's prior year's payments for Medicare Part B professional services.</p> <p>Starting this performance year, may qualify as QP under Medicare Option or All-Payer Combination Option.</p> <p>For performance year 2019, must meet 50% payment amount threshold and 35% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0.5%.</p> <p>Starting this performance year, may qualify as Partial QP under Medicare Option or All-Payer Combination Option.</p> <p>For performance year 2019, must meet 40% payment amount threshold and 25% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>Partial QPs are ineligible for the 5% bonus awarded to QPs in 2021 payment year. However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2019</b></p>	<p>Deadline for CMS Web Interface submission for 2018 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2018 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>March 1, 2019</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2018.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2018.</p>		
<p><b>March 31, 2019</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2018 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2018 performance period.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2020</b></p>	<p>Fee schedule increase of 0% for 2020.</p> <p>Clinicians must track performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2018 performance score. Maximum MIPS adjustment is +/- 5% for 2020 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown has not been set by CMS for the cost, quality, or advancing care information categories, but improvement activities will remain at 15%. The breakdown may resemble the 2019 performance/2021 payment year: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0% for 2020.</p> <p>Clinicians must track performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2018 performance score. Maximum MIPS adjustment is +/- 5% for 2020 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2020 performance/2022 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0% for 2020.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>APM incentive lump sum payment equal to 5% of the clinician's prior year's payments for Medicare Part B professional services.</p> <p>For performance year 2020, must meet 50% payment amount threshold and 35% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0% for 2020.</p> <p>For performance year 2020, must meet 40% payment amount threshold and 25% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>Partial QPs are ineligible for the 5% bonus awarded to QPs in 2022 payment year. However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2020</b></p>	<p>Deadline for CMS Web Interface submission for 2019 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2019 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>February 29, 2020</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2019.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2019.</p>		
<p><b>March 31, 2020</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2019 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2019 performance period.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2021</b></p>	<p>Fee schedule increase of 0% for 2021.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2019 performance score. Maximum MIPS adjustment is +/- 7% for 2021 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown has not been set by CMS for the cost, quality, or advancing care information categories, but improvement activities will remain at 15%. The breakdown may resemble the 2019 performance/2021 payment year: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0% for 2021.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2019 performance score. Maximum MIPS adjustment is +/- 7% for 2021 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2021 performance/2023 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0% for 2021.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>APM incentive lump sum payment equal to 5% of the clinician's prior year's payments for Medicare Part B professional services.</p> <p>For performance year 2021, must meet 75% payment amount threshold and 50% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0% for 2021.</p> <p>For performance year 2021, must meet 50% payment amount threshold and 35% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>Partial QPs are ineligible for the 5% bonus awarded to QPs in 2023 payment year. However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2021</b></p>	<p>Deadline for CMS Web Interface submission for 2020 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2020 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>March 1, 2021</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2020.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2020.</p>		
<p><b>March 31, 2021</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2020 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2020 performance period.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2022</b></p>	<p>Fee schedule increase of 0% for 2022.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2020 performance score. Maximum MIPS adjustment is +/- 9% for 2022 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown has not been set by CMS for the cost, quality, or advancing care information categories, but improvement activities will remain at 15%. The breakdown may resemble the 2019 performance/2021 payment year: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0% for 2022.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2020 performance score. Maximum MIPS adjustment is +/- 9% for 2022 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2022 performance/2024 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0% for 2022.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>APM incentive lump sum payment of equal to 5% of the clinician's prior year's payments for Medicare Part B professional services.</p> <p>For performance year 2022, must meet 75% payment amount threshold and 50% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0% for 2022.</p> <p>For performance year 2022, must meet 50% payment amount threshold and 35% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>Partial QPs are ineligible for the 5% bonus awarded to QPs in 2024 payment year. However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2022</b></p>	<p>Deadline for CMS Web Interface submission for 2021 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date</p>	<p>Deadline for CMS Web Interface submission for 2021 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>March 1, 2022</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2021.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2021.</p>		
<p><b>March 31, 2022</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2021 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2021 performance period.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2023</b></p>	<p>Fee schedule increase of 0% for 2023.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2021 performance score. Maximum MIPS adjustment is +/- 9% for 2023 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown has not been set by CMS for the cost, quality, or advancing care information categories, but improvement activities will remain at 15%. The breakdown may resemble the 2019 performance/2021 payment year: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0% for 2023.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2021 performance score. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2023 performance/2025 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0% for 2023.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>APM incentive lump sum payment of equal to 5% of the clinician's prior year's payments for Medicare Part B professional services.</p> <p>For performance year 2023, must meet 75% payment amount threshold and 50% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0% for 2023.</p> <p>For performance year 2023, must meet 50% payment amount threshold and 35% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2023</b></p>	<p>Deadline for CMS Web Interface submission for 2022 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2022 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>March 1, 2023</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2022.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2022.</p>		
<p><b>March 31, 2023</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2022 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2022 performance period.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2024</b></p>	<p>Fee schedule increase of 0% for 2024.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2022 performance score. Maximum MIPS adjustment is +/- 9% for 2024 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown has not been set by CMS for the cost, quality, or advancing care information categories, but improvement activities will remain at 15%. The breakdown may resemble the 2019 performance/2021 payment year: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0% for 2024.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2022 performance score. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2024 performance 2026 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0% for 2024.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>APM incentive lump sum payment of equal to 5% of the clinician's prior year's payments for Medicare Part B professional services.</p> <p>For performance year 2024, must meet 75% payment amount threshold and 50% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0% for 2024.</p> <p>For performance year 2024, must meet 50% payment amount threshold and 35% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>However, Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2024</b></p>	<p>Deadline for CMS Web Interface submission for 2023 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2023 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>February 29, 2024</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2023.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2023.</p>		
<p><b>March 31, 2024</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2023 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2023 performance period.</p>		

Date/Year	MIPS CLINICIANS AND GROUPS	MIPS APMS	QPS	PARTIAL QPS
<p><b>January 1, 2025</b></p>	<p>Fee schedule increase of 0% for 2025.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2023 performance score. Maximum MIPS adjustment is +/- 9% for 2025 payment year; additional 10% bonus available for exceptional performance and possibility of 3x upward adjustment, though CMS notes this is an unlikely achievement. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>Final score breakdown has not been set by CMS for the cost, quality, or advancing care information categories, but improvement activities will remain at 15%. The breakdown may resemble the 2019 performance/2021 payment year: 30% quality performance, 25% advancing care information, 15% improvement activities, and 30% cost measures.</p>	<p>Fee schedule increase of 0% for 2025.</p> <p>Clinicians must track all performance categories for the full calendar year.</p> <p>Clinicians will receive payment adjustments based on 2023 performance score. Clinicians who meet or exceed additional performance threshold will receive additional payment adjustment of between 0.5% and 10%, subject to a system-wide cap of \$500MM.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>Final score breakdown in 2025 performance/2027 payment period:</p> <ul style="list-style-type: none"> <li>■ If the APM is required to submit quality data through CMS Web Interface: 50% quality performance, 30% advancing care information, 20% improvement activities, and 0% cost measures.</li> <li>■ If the APM is not required to submit quality data through CMS Web Interface, the score breakdown has not been set by CMS yet.</li> </ul>	<p>Fee schedule increase of 0% for 2025.</p> <p>CMS will publish a list of models on its website that qualify as Advanced APMS before each performance year, no later than January 1.</p> <p>For performance year 2025, must meet 75% payment amount threshold and 50% patient count threshold to qualify as QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p>	<p>Fee schedule increase of 0% for 2025.</p> <p>For performance year 2025, must meet 50% payment amount threshold and 35% patient count threshold to qualify as Partial QP under Medicare Option or All-Payer Combination Option. These percentages refer to the percentage of either Medicare or all-payer business the clinician derives from the Advanced APM.</p> <p>Partial QPs have the option of submitting data through MIPS and receiving related payment adjustments. If Partial QPs choose to submit data through MIPS, they must satisfy data collection requirements and deadlines applicable to MIPS clinicians. Please see the column labeled "MIPS Clinicians and Groups" for relevant dates.</p>
<p><b>February 27, 2025</b></p>	<p>Deadline for CMS Web Interface submission for 2024 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>	<p>Deadline for CMS Web Interface submission for 2024 performance period if eight-week data submission period began on January 2.</p> <p>If CMS begins the data submission period after January 2, the deadline will be eight weeks following the start date.</p>		
<p><b>March 1, 2025</b></p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2024.</p>	<p>Deadline for Medicare Part B claims submission for performance period ending December 31, 2024.</p>		
<p><b>March 31, 2025</b></p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2024 performance period.</p>	<p>Deadline for the qualified registry, QCDR, EHR, and attestation methods of submission for 2024 performance period.</p>		