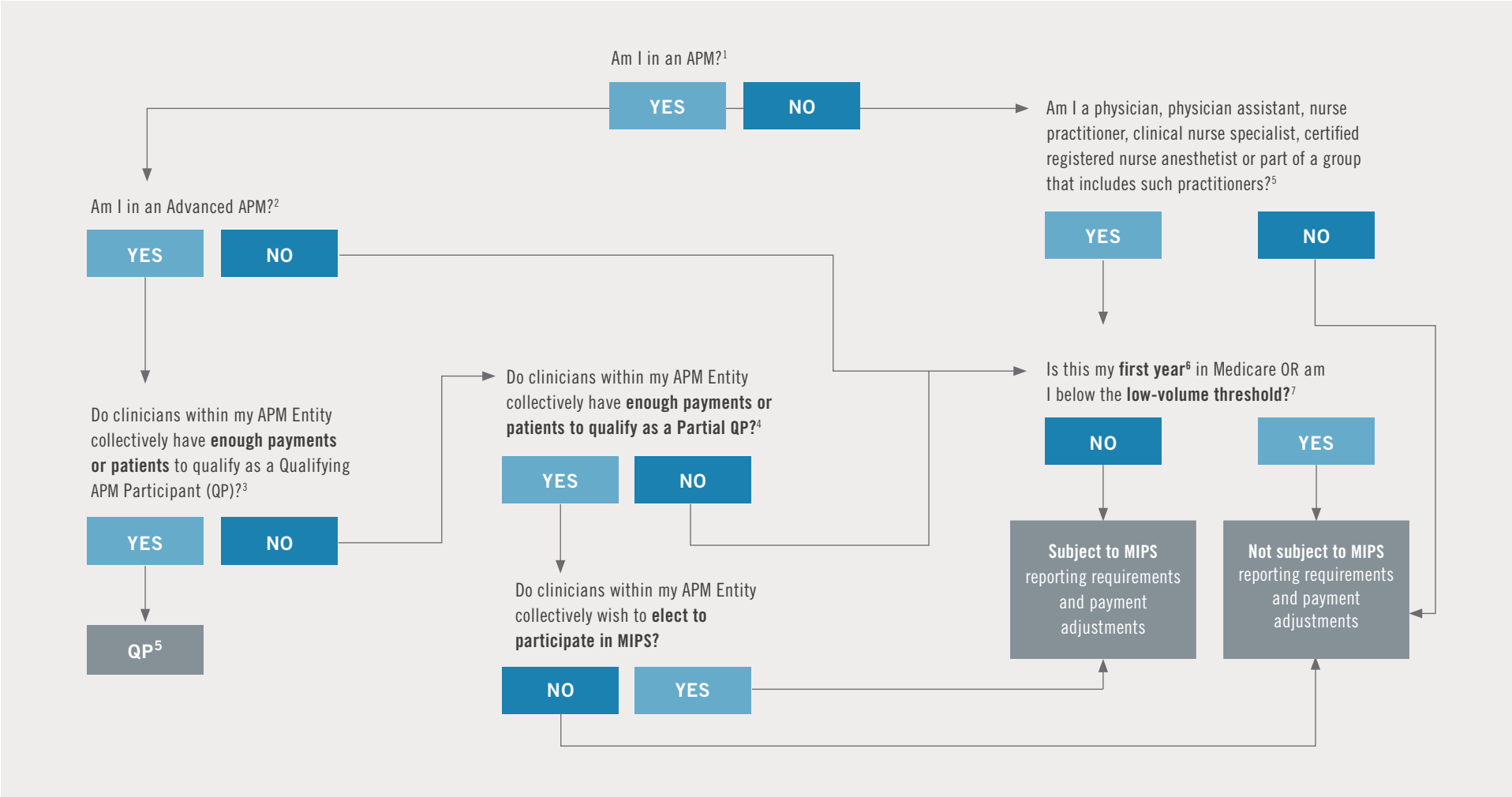
How am I classified under MACRA?

If you are a Medicare Part B eligible clinician, use this flowchart to determine your participation in the MACRA Quality Payment Program.

ROPES & GRAY



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

2 Advanced APMs are announced by CMS prior to the start of each performance year.

3 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 Advance APMs and no single APM meets the required thresholds. For performance year 2019 and beyond, the 25% and 20% thresholds are set to increase.

4 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.

5 CMS may expand the list of MIPS-eligible clinicians to include clinicians such as physical or occupational therapists, speech-language pathologists, audiologists, nurse midwives, clinical social workers, clinical psychologists, and dieticians or nutritional professionals after the second year of the program.

6 Have I billed Medicare as an individual, a group, or an APM prior to the performance year (e.g., before 2017 for the 2019 payment year)?

7 If I'm not part of a group or APM or my group or APM is reporting on an individual level, do I have $30,000 or less in Medicare Part B allowed charges or 100 or fewer Medicare patients under my NPI (or under my NPI/TIN combination)? If I'm part of a group or APM that is reporting on a group or APM Entity level, does my group or APM have $30,000 or less in Medicare Part B allowed charges or 100 or fewer Medicare patients under its TIN or API Entity identifier?