

## Opt-in Policy and Election Process for APM Entities

Opt-in eligible APM Entities will need to submit their opt-in election before they can participate in MIPS. On September 30<sup>th</sup>, we sent opt-in election notifications to APM Entities that have been identified as currently opt-in eligible. (A second round of notifications will be sent in December to APM Entities who are newly identified as opt-in eligible following the next eligibility analysis.)

Please review the opt-in election notification below for more information about the opt-in policy and election process for APM Entities. For questions about Quality Payment Program policy, including opt-in elections, please contact the [QPP Service Center](#).

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Dear (APM Entity),

Your organization has been identified as a participant in (APM). Under the [Quality Payment Program](#), the (APM) is an Advanced Alternative Payment Model (AAPM) and a MIPS APM. Participating in an Advanced APM provides clinicians with the potential to receive the APM Incentive Payment and exemption from participating in MIPS. Additionally, participating in a MIPS APM provides clinicians with the APM Scoring Standard, in which clinicians will receive additional points toward their MIPS scores.

We evaluate your eligibility to participate in MIPS at each APM Entity, identified by APM Entity ID (practice site ID), during two 12-month MIPS determination periods (**10/1/2017-9/30/2018 and 10/1/2018-9/30/2019**) to assess the volume of care you provide to Medicare beneficiaries.

During the first 12-month segment, we assessed your APM Entity on the following criteria:

- Bills more than \$90,000 for Part B covered professional services AND
- Sees more than 200 Part B patients AND
- Provides 200 or more covered professional services to Part B patients (**NEW**)

Your organization (also known as your APM Entity) was below the Low Volume Threshold for MIPS eligibility for at least one of these criteria. As a result, your APM Entity is currently **eligible to Opt-In to participate in MIPS**, but is not required to participate in MIPS. **You will need to sign and return this letter in order to Opt-In to participate in MIPS.**

Your election will not be binding until the end of the second determination period. Learn more about Determination Periods at [qpp.cms.gov](http://qpp.cms.gov).

**\*\*Note: The low-volume threshold applies to MIPS eligible clinicians who practice in APMs under the APM scoring standard at the APM Entity level, in which APM Entities (ACOs) that do not exceed the low-volume threshold would be excluded from the MIPS requirements and not subject to a MIPS payment adjustment. Such an exclusion will not affect an APM Entity's QP determination if the APM Entity is participating in an Advanced APM.**





If your APM Entity elects to opt-in, they will:

- Have all individuals in the APM Entity considered MIPS eligible clinicians, if they are not otherwise excluded;
- Receive a payment adjustment (positive, negative or neutral) based on your performance.
- Be eligible to have their data published on Physician Compare; and
- Be assessed in the same way as MIPS eligible clinicians who are required to participate in MIPS and are therefore automatically included.

**If your APM Entity elects not to opt-in, there is no MIPS payment adjustment and no performance feedback.**

Because you exceeded one or two of the three thresholds above related to the volume of charges, beneficiaries and services, you can:

- **Elect to opt-in.** If you elect to opt-in to MIPS, you will be subject to a MIPS final score and payment adjustment (positive, negative or neutral) in 2021.
- **Do not opt-in.** No further action needed and receive no payment adjustment and no performance feedback.

#### **Elect to Opt-In**

If your APM Entity would like to Opt-In to MIPS reporting, please check the Opt-In box below. In order to be scored in MIPS, we must receive a proactive election, along with the corresponding information.

☐ **WE ELECT TO OPT-IN TO MIPS REPORTING**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**POSITION**

\_\_\_\_\_  
**APM Entity ID**

Please email the selected and signed form to [QualityPaymentProgramAPMHelpdesk@cms.hhs.gov](mailto:QualityPaymentProgramAPMHelpdesk@cms.hhs.gov) by (Date).