MACRA/MIPS 2018: Group vs. Individual Reporting

Report as an Individual

- For MIPS eligible clinicians participating as an individual, the low-volume threshold is determined at the individual level (billing greater than >90k AND >200 patients).
- You will report measures and activities for the TIN(s) under which you are MIPS-eligible and be assessed across all 4 performance categories at the individual level.
- Your payment adjustment will be based on your Final Score derived from the 4 MIPS performance categories.

Report as a Group

- For MIPS eligible clinicians participating as a group, the low volume threshold is determined at the group level (TIN), not the individual level (billing greater than >90k AND >200 patients).
- A group is defined as a single TIN with 2 or more clinicians.
- If you report as a group, you must aggregate the group’s performance data across the 4 MIPS performance categories for a single TIN.
- For Improvement activities, you can attest to an activity under group reporting if any one or more providers performed that activity for a minimum of 90 days.
- Each MIPS eligible clinician in the group (including those clinicians that individually do not exceed the low volume threshold) will receive the same payment adjustment based on the group’s performance.

Report as both an Individual and Group (new for 2018)
MIPS-eligible clinicians can report data as an individual and as part of a group under the same TIN. In this instance, the clinician will be evaluated across all 4 MIPS performance categories on their individual performance and on the group’s performance, with a final score calculated for each evaluation. The clinician will receive a payment adjustment based on the higher of the two scores.