

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-02-01  
Baltimore, Maryland 21244-1850



February 13, 2018

Mr. Anders M. Gilberg  
1717 Pennsylvania Avenue NW #600  
Washington, DC 20006

Dear Mr. Gilberg:

Thank you for contacting the Centers for Medicare & Medicaid Services (CMS) regarding the 12 months of quality data and the eligibility requirements for Performance Year 2 (2018) of the Quality Payment Program (QPP), specifically as it relates to the Merit-based Incentive Payment System (MIPS).

As you know, the QPP 2018 Final Rule requires 12-months of data for the Quality and Cost performance categories in Year 2. For the 2017 Transition Year, a 12-month reporting period for Quality was also encouraged, but given the participation flexibility through *Pick Your Pace*, clinicians had the option to report as little as one day of quality data to satisfy the minimum reporting requirements.

Requiring 12-months of quality data reporting moves us towards a more robust program in Year 3 (2019). We would also like to emphasize that in Year 2 (2018), the program is structured so that a clinician can still perform well in MIPS overall, if they put forth efforts in quality and the other performance categories and/or receive bonus points.

Regarding the eligibility requirements, for the 2017 Transition Year, we provided clinicians with basic MIPS eligibility information on the National Provider Identifier (NPI) look-up tool. We intend to make that information available even earlier this year and we're working to ensure that it is user-friendly and accurate. We anticipate making this information public in the first quarter of 2018.

In the meantime, clinicians are encouraged to pursue support from our no-cost technical assistance, which will help them get started with the Year 2 (2018) program requirements so they can earn the best possible score and payment adjustment.

We are continuing to look at ways to reduce clinician burden as we implement the QPP as required by law. As always, we appreciate the Medical Group Management Association's perspective as a representative of many medical practice executives and organizations. If you have additional questions, please contact Molly MacHarris at [Molly.MacHarris@cms.hhs.gov](mailto:Molly.MacHarris@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Goodrich". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kate Goodrich, MD, MHS  
Director, Center for Clinical Standards and Quality  
Chief Medical Officer  
Centers for Medicare & Medicaid Services