

MIPS Exemption for Low-volume Providers

The MACRA exempts from the MIPS clinicians who provide a low volume of Medicare services, as measured by a low-volume threshold set by CMS. **Clinicians who bill \$30,000 or less of Medicare charges, or see 100 or fewer Medicare patients, will not be required to participate in the MIPS.**

CMS has established a process for identifying and notifying clinicians whether they are below the low-volume threshold in advance of the performance period. CMS will assess claims submitted during two 12-month timeframes to identify clinicians and groups who are below the low-volume threshold.

- **To notify exempt clinicians prior to the performance period**, CMS will examine the last four months of the calendar year (CY) two years before the performance period followed by the first eight months of the following calendar year, including a 60-day claims run out period.
- **To notify exempt clinicians during the performance period**, CMS will examine the last four months of the CY one year before the period followed by the first eight months of the following calendar year, including a 60-day claims run out period.

To determine low-volume exemption status for the CY 2019 MIPS payment determination, CMS will examine data from Sept. 1, 2015 through Aug. 31, 2016, and Sept. 1, 2016 through Aug. 31, 2017. CMS will not change the status of any group identified as exempt during the first determination period based on the second determination period.