REPORT AS AN INDIVIDUAL	REPORT AS A GROUP
1. When you report as an individual, your payment adjustment will be based on your performance.	**1.** When you report with a group, the clinicians within the group will each receive a payment adjustment.
2. Individual reporting is for a single clinician, identified by a single National Provider Identifier (NPI) number tied to a single Tax Identification Number (TIN).	**2.** CMS defines a group as a set of 2 or more clinicians with unique NPIs sharing a common TIN. Members of the group can have different specialties or practice sites and still be part of the same group.
3. You'll need to send your individual data for each of the MIPS categories through an electronic health record or a registry.	**3.** Your group will need to send in group-level data for each of the MIPS categories through the QPP website, an electronic health record, a registry.
4. You can also send in quality data through your routine Medicare claims process.	**4.** If your group wants to use beneficiary-level sample reporting/web interface (formerly GPRO), your group will need to register to use the CMS Web Interface by June 30, 2017
5. When reporting as an individual provider, he/she is responsible for the information submitted and will be scored individually.	**5.** When your group is scored under MIPS, all the physicians in the group are scored as if they were a single provider.
6. Physicians who see less than 100 Medicare patients in a year and bill less than $30,000 to Medicare are exempt from reporting under MIPS.	**6.** When physicians who see less than 100 Medicare patients in a year and bill less than $30,000 to Medicare are part of the group submission, they will no longer be exempt from MIPS.
7. If an eligible provider is also billing under an additional TIN then she/he is responsible for meeting requirements under each TIN.	**7.** If an eligible provider is also billing under an additional TIN then she/he is responsible for meeting requirements under each TIN.
8. New Medicare providers who are billing Medicare for the first year are excluded from reporting.	**8.** New Medicare providers who are billing Medicare for the first year are excluded from group
9. If the physician is part of an APM they do not have to report MIPS data	**9.** If a physician is an APM participant then that physician will be excluded from the group and the payment adjustments will not impact that physician

Before you choose to report as a group here are a few points that you will need to know:

1. A group is defined as a set of 2 or more clinicians with unique NPIs sharing a common Tax Identification Number (TIN). Members of the group can have different specialties or practice sites and still be part of the same group.

2. You can report all 3 categories of data through a qualified registry (Like e2ohealth), EHR vendor (like NextGen) or a Qualified Clinical Data Registry (QCDR). If you are group practice of 25 or more providers deciding to submit through the web interface (formerly GPRO) then you have to register with the CMS before June 30th.

3. If you want to submit minimum data (1 Quality measure/1 IA/4-5 ACI) and only avoid a penalty then it may be easier to submit as an individual. On the other hand if you would like to get the maximum incentive, meeting requirements may be easier through group reporting. Groups, like individual provider will also report on 3 categories namely: Quality, Advancing care information and Improvement Activities.

4. When your group is scored under MIPS, all the physicians in the group are scored as if they were a single provider. Essentially, all the patient encounters under every physician in the group is aggregated together to get the denominator eligible population for both the quality and the ACI categories under MIPS.

5. In a few specialty practices a few providers in the practice may not do the procedures required to satisfy the quality measure, while other providers in the group may. When reporting such measures you only need to include the eligible patients who meet the measure specifications. The other physicians who do not do the procedure will still get credit for it.

6. Exclusions and exceptions:
   - **a.** If a physician is an APM participant then that physician will be excluded from the group and the payment adjustments will not impact that physician
   - **b.** New Medicare providers who are billing Medicare for the first year are excluded from group
   - **c.** When physicians who see less than 100 Medicare patients in a year and bill less than $30,000 to Medicare are part of the group submission, they will no longer be exempt from MIPS.
   - **d.** If an eligible provider is also billing under an additional TIN then she/he is responsible for meeting requirements under each TIN.