

TABLE 57: Projected Number of Clinicians Ineligible For or Excluded From MIPS in CY 2017, By Reason*

Reason for Exclusion	Medicare Clinicians (TIN/NPIs) Excluded	Count of Medicare Clinicians (TIN/NPIs) Remaining After Exclusion	Part B Allowed Charges Excluded (\$ in millions)	Part B Allowed Charges Remaining After Exclusion (\$ in millions)
ALL MEDICARE CLINICIANS BILLING PART B		1,380,209		\$104,674
Qualifying APM Participants (QPs)**	70,000 lower bound 120,000 upper bound	1,260,209 - 1,310,209	\$6,666-\$11,428	\$93,246-\$98,008
Ineligible Clinician Types***	199,308	1,060,901- 1,110,901	\$10,614	\$82,632-\$87,394
Newly-enrolled clinicians****	85,268	975,633-1,025,633	\$1,283	\$81,349-\$86,111
Low-volume clinicians*****	383,514	592,119-642,119	\$4,751	\$76,598-\$81,360
TOTAL EXCLUDED MEDICARE CLINICIANS	738,090-788,090		\$23,314-\$28,076	
PERCENT EXCLUDED	53-57%		22-27%	

*Allowed charges for covered services of the clinician under Part B.

2015 data used to estimate 2017 performance. Payments estimated using 2015 dollars.

** QPs have at least 25 percent of their Medicare Part B covered professional services or least 20 percent of their Medicare beneficiaries furnished part B covered professional services through an Advanced APM. The upper bound estimate for QPs also reflects that a small number of Advanced APM participants may be Partial Qualifying APM Participants (Partial QPs) that opt to be excluded from MIPS. For MIPS Year 1, Partial QPs are APM participants that have at least 20 percent, but less than 25 percent, of their Medicare Part B covered professional services through an Advanced APM Entity, or at least 10 percent, but less than 20 percent, of their Medicare beneficiaries furnished part B covered professional services through an Advanced APM Entity.

***Section 1848(q)(1)(C) of the Act defines a MIPS eligible clinician for payment years 1 and 2 as a physician, physician's assistant, nurse practitioner, or clinical nurse anesthetist, or a group that includes such clinicians. (See section II.E.1 for further details) Our estimates of ineligible clinician types count clinician types who received part B payments but are not listed as eligible clinicians in the Act for payment year 1 or 2.

****Newly enrolled Medicare clinicians in our data had allowed PFS charges in CY 2015 but the NPI did not have allowed PFS charges in CY 2014.

*****Low-volume clinicians have less than or equal to \$30,000 in allowed Medicare Part B charges or less than or equal to 100 Medicare patients.

We have estimated the number of clinicians that we believe will be excluded from MIPS in CY 2017 by specialty. Our estimates follow in Table 58. The estimates in Table 58 are based on clinicians in eligible specialties that were excluded because they were newly enrolled, QPs, or met the proposed low-volume exclusion. However, due to data limitations, the estimates in Table