Merit-based Incentive Payment System (MIPS)

2023 What's New for Small Practices (15 or fewer clinicians)

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Already know what MIPS is?
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Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Purpose: This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements for small practices (15 or fewer clinicians) to get you started with participating in the 2023 performance year.

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How to Use this Guide

How to Use This Guide

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Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

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What's New for Small Practices in the 2023 Performance Year?

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An Additional Option for Reporting

There is now a third reporting option available to all MIPS eligible clinicians, not just small practices, to meet MIPS reporting requirements.

Newest Reporting Option

- MIPS Value Pathways (MVPs) are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition. MVPs offer more meaningful groupings of measures and activities, to provide a more connected assessment of the quality of care. Beginning with the 2023 performance year, you'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

Original Reporting Option

- Traditional MIPS, established in the first year of QPP, is the original framework for reporting to MIPS. You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set. We collect and calculate data for the cost performance category for you.

MIPS APM Participants Only

- The Alternative Payment Model (APM) Performance Pathway, or APP, is a streamlined reporting framework, with a specified quality measure set, available to clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs. You'll report a predetermined measure set made up of quality measures. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

The MVPs are related to:

- Anesthesia
- Cancer Care
- Chronic Disease Management
- Emergency Medicine
- Heart Disease
- Lower Extremity Joint Repair
- Kidney Health
- Episodic Neurological Conditions
- Neurodegenerative Conditions
- Rheumatology
- Stroke Care and Prevention
- Promoting Wellness

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An Additional Participation Option

"Participation options" refers to the levels at which data can be collected and submitted or 'reported' to CMS for MIPS. Participation options vary by reporting framework and are available to everyone, not just small practices.

"Subgroup" is a new participation option only available to clinicians reporting an MVP.

Participation Option	Traditional MIPS	MVPs	APP
Individual - Collect and submit data for an individual MIPS eligible clinician.	✓	✓	✓
Group - Collect and submit data for all clinicians in the group.	✓	✓	✓
Virtual Group - Collect and submit data for all clinicians in a CMS approved virtual group. Virtual group elections are submitted to CMS prior to the performance year.*	✓		
APM Entity – Collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.	✓	✓	✓
Subgroup - This is a new participation option only available to clinicians reporting an MVP. Requires advance registration.		✓	

*The virtual group election period for the 2023 performance year closes on December 31, 2022.

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Performance Category Requirements & Flexibilities

Quality Measure Performance Category:

There are **198 measures in the quality measure inventory** for the 2023 performance period.

- **1 new administrative measure** related to heart failure for practices with at least one cardiologist.
- Substantial changes have been made to **76 existing measures**.
- View the 2023 Quality Measures List for a complete list of the measures.

Data completeness threshold remains at 70% but will increase to 75% for the 2024 and 2025 performance periods.

Small practices will receive 3 points for submitting:

- Quality measures without an available benchmark (historical or performance period).
- Quality measures that don't meet the case minimum or data completeness requirements.

Small practices who submit at least 1 quality measure will continue to earn 6 bonus points. (This bonus isn't added to clinicians or groups who are scored under facility-based scoring.)

Medicare Part B claims measures: We'll only calculate a group-level quality performance category score from claims measures if your practice also submits data for another performance category as a group (signaling your intent to participate as a group.)

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Performance Category Requirements & Flexibilities (Continued)

Cost Performance Category:

We're establishing a maximum cost improvement score of 1 percentage point out of 100 percentage points available for the cost performance category, starting with the 2022 performance period.

We note that all MIPS eligible clinicians will receive a cost improvement score of zero percentage points for the 2022 performance period because we didn't calculate cost measure scores for the 2021 performance period.

Improvement Activities Performance Category:

Small practices, and those in rural locations and in health professional shortage areas, have reduced reporting requirements and will continue to receive full credit in this performance category when you perform and attest to:

- 1 high-weighted activity
  OR
- 2 medium-weighted activities

View the 2023 Improvement Activities Inventory for a list of the activities.

Promoting Interoperability Performance Category:

We'll **automatically reweight this performance category to 0% for small practices:**

- You're not required to report Promoting Interoperability data.
- You no longer need to submit a Promoting Interoperability Hardship Exception application for this category to be reweighted.

You still can choose to submit Promoting Interoperability data, but this would void reweighting of the performance category. We'll score any data that's submitted.

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Final Score: Performance Threshold and Payment Adjustments

Performance Threshold for 2023*

- The performance threshold is set at **75 points**
  - This is the minimum final score needed to avoid a negative payment adjustment in 2023.
- The additional adjustment for exceptional performance ended in the 2022 performance year/2024 payment year.
- We'll compare your final score to the performance threshold to determine your payment adjustment

*As required by statute, the performance threshold must be either the mean or median of the final scores for all MIPS eligible clinicians for a prior period.

2025 Payment Adjustment is based on 2023 Final Score	
2023 Final Score	**2025 Payment Adjustment**
75.01-100 points	• Positive adjustment greater than 0%
Performance Threshold: 75 points	• Neutral payment adjustment (0%)
18.76 – 74.99 points	• Negative payment adjustment between -9% and 0%
0 – 18.75 points	• Negative payment adjustment of -9%

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Redistribution Policies for Final Score Calculation

Redistribution Policies for Final Score Calculation

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2023 Performance Year Redistribution Policies for Small Practices

We've updated the performance category redistribution policies for small practices only **to more heavily weight the improvement activities performance category** when other performance categories are reweighted.

Standard weighting for small practices **(Promoting Interoperability automatically reweighted)**

Quality	Cost	Improvement Activities	Promoting Interoperability
40% of MIPS Score	30% of MIPS Score	30% of MIPS Score	0% of MIPS Score

When both the **cost** and the **Promoting Interoperability** performance categories are reweighted:

Quality	Cost	Improvement Activities	Promoting Interoperability
50% of MIPS Score	0% of MIPS Score	50% of MIPS Score	0% of MIPS Score

Redistribution Policies for Final Score Calculation

2023 Performance Year Redistribution Policies for Small Practices (Continued)

NOTE: This redistribution scenario applies to everyone, not just small practices.

When both the **quality** and the **Promoting Interoperability** performance categories are reweighted:

Quality	Cost	Improvement Activities	Promoting Interoperability
			
0% of MIPS Score	50% of MIPS Score	50% of MIPS Score	0% of MIPS Score

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2023 Performance Year Timeline

2023 Performance Year Timeline

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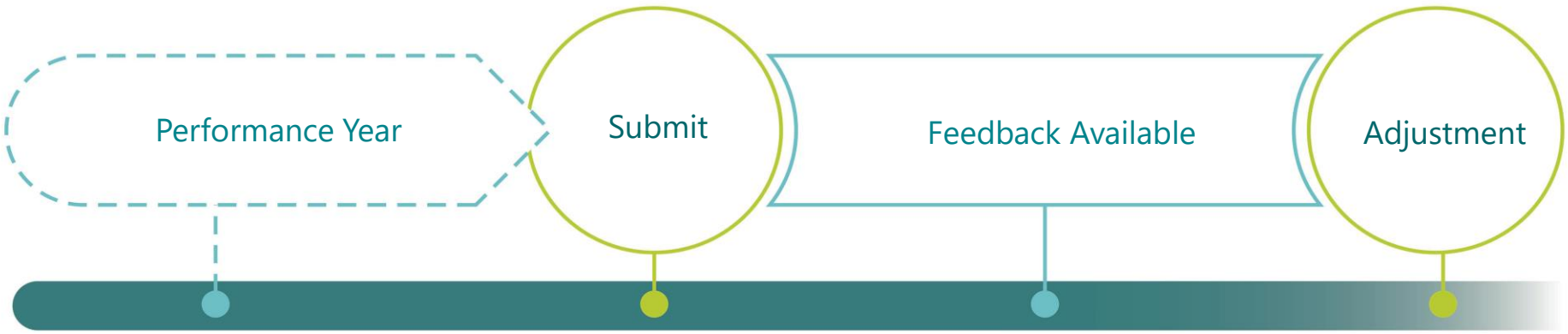

Jan. 1 – Dec. 31, 2023
Clinicians care for patients and record data.

To Do:

- Check initial eligibility **(January 2023)**
- Select a reporting option
- Choose how you'll participate
- Collect quality measure data **(January - December)**
- Perform 1 high-weighted or 2 medium-weighted improvement activities (generally 90 days)
- Check final eligibility **(December 2023)**

Jan. 2 - April1, 2024
Submit data collected in the performance year

To Do:

- Get a HARP account and QPP access **(December 2023)**
- Sign in to the QPP website **(January – April 2024)** to
  - Attest to performing improvement activities
  - Upload your quality measure file or view data submitted on your behalf
  - View any Medicare Part B claims measures you reported throughout 2023

Late Summer 2024
Review final score and payment adjustment

To Do:

- Sign in to the QPP website to view your performance feedback and payment adjustment information
- Submit a targeted review request if you find any scoring errors (you have 60 days to do this once final performance feedback is released)

Jan. 1 – Dec. 31, 2025
Payment adjustments applied

To Do:

- MIPS eligible clinicians will receive a positive, negative, or neutral adjustment in the 2025 payment year based on their 2023 MIPS final score.
- MIPS payment adjustments are applied on a claim-by-claim basis to covered professional services billed under the Physician Fee Schedule.

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Help and Version History

Help and Version History

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Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the Small Practices page of the Quality Payment Program website for more small practice resources.

Sign up for the monthly **QPP Small Practices Newsletter** for the latest information relevant for small practices.

Help and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Description
12/27/2022	Original Posting.