Quality Payment PROGRAM

2023 Performance Period Quality Benchmarks Fact Sheet

How Many Measures Received a 2023 Performance Period Benchmark?

A total of 251 quality measures (including 181 Qualified Clinical Data Registry [QCDR]) measures) didn't have a historical benchmark for the 2023 performance period for one or more collection types.

- Of these, **we were able to create a performance period benchmark for 86 measures (including 60 QCDR measures)** for one or more collection types, making these measures eligible to earn up to 10 points.

The 2023 Quality Benchmark file (available on the Benchmarks page of the QPP website) identifies all quality measures available for the 2023 performance period, indicating whether we could calculate a performance period benchmark, historical benchmark, or no benchmark.

- Please note that we don't make topped out determinations when calculating performance period benchmarks.
- The comprehensive 2023 quality benchmark file will indicate "N/A" for the "Topped Out" and "Seven Point Cap" columns.

When Are Performance Period Benchmarks Created?

We attempt to calculate benchmarks for every measure without a historical benchmark based on data submitted for the 2023 performance period. (We don't calculate performance period benchmarks for measures that have a historical benchmark.)

We established performance period benchmarks when at least 20 instances of a measure met all of the following criteria:

- Were reported through the same collection type.
- Met data completeness and case minimum requirements.[1]
- Had a performance rate greater than 0% (or less than 100% for inverse measures).

[1] For the 2023 performance period, the data completeness threshold was 70% and the case minimum was 20 cases, with exceptions for administrative claims measures.

Performance period benchmarks are established using data submitted by individual clinicians, groups, and virtual groups that were eligible for the Merit-based Incentive Payment System (MIPS) in the 2023 performance period.

- This includes individual clinicians and groups that were opt-in eligible and elected to opt-in to MIPS participation.
- Voluntary submissions are excluded from benchmark data.

How Will 2023 Performance Period Benchmarks Relate to 2025 Historical Benchmarks?

Quality data submitted for the 2023 performance period will be used to calculate historical benchmarks for the 2025 performance period. The 2025 historical benchmarks (anticipated posting date in early 2025) will reflect the 2023 performance period benchmarks that we calculated for the 86 measures (for one or more collection types), with the following exceptions:

- Measures that were removed from the program after the 2023 performance period will be omitted from the 2025 benchmark file.
- There won't be historical benchmarks for measures with significant and substantive changes to their specifications in the 2024 or 2025 performance periods such that performance can't be compared to the 2025 baseline period.

Where Can I Go for Help?

Contact the QPP Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Additional Resources

- 2023 Quality Benchmarks (ZIP, 789KB)
- 2023 Quality Benchmarks (QPP Website)

Version History

Date	Change Description
07/08/2024	Original version