QUALITY PAYMENT PROGRAM (QPP) 2022 PARTICIPATION AND PERFORMANCE RESULTS AT-A-GLANCE

The QPP Participation and Performance Results At-a-Glance provides an overview of QPP participation, MIPS final performance scores, and payment adjustments. Two important points to highlight are:

- The cost category is included in the final score calculation for the first time since the 2019 performance year.
- The 2022 performance year is the final year for the exceptional performance adjustment.

For more information about key terms and data included in this resource, refer to the 2022 QPP Data Use Guide.

QPP Participation and Performance in the 2022 Performance Year

1. General Participation Numbers in 2022

624,209 Total clinicians who will receive a MIPS payment adjustment

37,038 Total non-reporting clinicians (clinicians who didn't submit data) receiving a MIPS payment adjustment[1]

386,263 Total number of Qualifying Alternative Payment Model (APM) Participants (QPs)[2]

370 Total number of Partially Qualifying APM Participants (Partial QPs)[2]

2. Non-Reporting Clinician Rates (Overall and Small Practices)

6% of all clinicians are non-reporting clinicians (clinicians who didn't submit data) receiving a MIPS payment adjustment.[1]

27% of clinicians in small practices are non-reporting clinicians (clinicians who didn't submit data) receiving a MIPS payment adjustment.[1]

3. Final Score Information

75 pts Performance threshold

89 pts Exceptional performance threshold

The exceptional performance threshold is the minimum score needed to receive the additional adjustment for exceptional performance.

82.90 pts Mean final score

85.29 pts Median final score

While clinicians were allowed to submit a MIPS Extreme and Uncontrollable Circumstances (EUC) Exception application due to COVID-19, this exception wasn't automatically applied to all MIPS eligible clinicians for 2022.

Clinicians were also scored on the cost performance category for the first time in 3 years. When coupled with other changes to scoring policies effective in 2022, such as the removal of quality bonus points, changes to performance category weights, and changes to the complex patient bonus methodology, mean and median final scores were lower than in previous years.

[1] A non-reporting clinician is an individually eligible clinician who didn't actively submit any data for the quality, promoting interoperability, or improvement activities performance category. Because they're individually eligible, they will receive a final score and MIPS payment adjustment even if no data was actively submitted.

[2] For more information, refer to section 11 on page 6, the 2022 QPP Data Use Guide and the QPP website.

4. Payment Adjustment Highlights for MIPS Eligible Clinicians

PAYMENT ADJUSTMENT TYPE	Max Negative*	Negative*	Neutral	Positive Only	Exceptional**
Payment Adjustment Range	-9%	-6.75% – 0%	0%	0% – 1.25%	1.55% – 8.26%
Associated Final Score Range	0 – 18.75 points	18.76 – 74.99 points	75 points	75.01 – 88.99 points	89 – 100 points
Percentage of MIPS Eligible Clinicians in Payment Adjustment/ Final Score Range	**2%**	**12%**	**7%**	**37%**	**42%**

Base Adjustment (1.25% – 2.24%) **+ Exceptional Adjustment** (0.30% – 6.02%)

MIPS is required by law to be a budget neutral program, which generally means that the projected negative adjustments must be balanced by the projected positive adjustments. When more clinicians receive a negative payment adjustment, clinicians with a positive payment adjustment see a larger payment adjustment amount. You can learn more in the 2024 MIPS Payment Year Payment Adjustment User Guide (PDF).

***Max Negative vs. Negative:** Statute mandates that clinicians scoring in the bottom quartile below the performance threshold receive the maximum negative payment adjustment (-9%, starting with the 2020 performance year). The remainder of clinicians who score below the performance threshold will receive a negative payment adjustment on a sliding scale.

****Exceptional:** Clinicians in the "Exceptional" range are actually receiving 2 payment adjustments — the base MIPS payment adjustment and the additional adjustment for exceptional performance. The remainder of clinicians who score above the performance threshold but below the exceptional threshold will only receive a base payment adjustment. Positive MIPS payment adjustments are higher this year than in past years for 2 reasons:

1) More clinicians earned a final score below the performance threshold (75 points), resulting in higher base adjustments than in past years.

2) Fewer clinicians earned a final score at or above the exceptional performance threshold (89 points), resulting in higher exceptional adjustments than in past years.

The 2022 performance year is the final year for the exceptional performance adjustment, which will be paid in the 2024 MIPS payment year.

5. Final Scores by Participation Option

Participation option refers to the level at which data is collected and submitted to MIPS. Learn more about MIPS participation options.

Participation Option	Mean Final Score	Median Final Score
Individual (46,242 MIPS eligible clinicians)	55.65	75.00
Group (427,425 MIPS eligible clinicians)	82.00	81.41
Virtual Group (94 MIPS eligible clinicians)	90.20	94.02
APM Entity (150,448 MIPS eligible clinicians)	93.81	93.95

The **mean is the average** value of a set of numbers, while the **median is the middle value** in a set of numbers. Refer to the 2022 Data Use Guide for additional examples.

An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. An **APM Entity** is an organization that participates in one of these models. A Medicare Shared Savings Program Accountable Care Organization (ACO) is an example of an APM Entity.

To be included in this table, the APM Entity must participate in a specific kind of APM called a MIPS APM and include MIPS eligible clinicians.

6. Mean and Median Unweighted Scores for Each Performance Category

The unweighted score (0 – 100%) is generally determined by dividing *the points earned* by *the points available* in a performance category. For example: Earning 20 out of 40 points for the improvement activities would result in an unweighted score of 50%. This is the measure of true performance, before it's multiplied by the category's weight to determine how many points will contribute to the final score. For example: An unweighted quality score of 100% is worth 30 points when the category is weighted at 30% of the final score.

	Mean Unweighted Category Score	Median Unweighted Category Score
Quality	74.63%	78.40%
Cost	59.70%	59.02%
Promoting Interoperability	94.94%	100.00%
Improvement Activities	95.96%	100.00%

7. Snapshot of 2024 Payment Adjustments for Small, Solo, and Rural Practices

		Max Negative	Negative	Neutral	Positive Only	Exceptional
Percentage of MIPS Eligible Clinicians	**All**	**2.09%**	**11.48%**	**7.17%**	**37.04%**	**42.22%**
Percentage of Small Practices	Overall	12.59%	14.34%	17.41%	20.72%	34.93%
	Non-reporting*	42.63%	12.72%	44.65%	0.00%	0.07%
Percentage of Solo Practitioners	Overall	27.53%	17.95%	22.45%	10.23%	21.84%
	Non-reporting*	50.83%	15.98%	33.19%	0.00%	0.00%
Percentage of Rural Practices	Overall	2.18%	15.70%	7.40%	36.66%	38.06%
	Non-reporting*	34.07%	11.91%	54.02%	0.00%	0.00%

*A non-reporting clinician refers to an individually eligible clinician who didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance categories. Because they're individually eligible, they'll receive a final score and MIPS payment adjustment even if no data was actively submitted. Their final score can include data calculated and scored automatically by CMS, such as administrative claims-based quality measures or cost measures.

QPP Participation and Performance Changes from Previous Years[3]

This section compares information between the 2019, 2021, and 2022 performance years. We are including 2019 as a point of comparison, as it predates the COVID-19 Public Health Emergency (PHE). We're excluding data from the 2020 performance year as this was the first performance year of the PHE.

8. MIPS Participation Changes

The drop in the number of MIPS eligible clinicians occurred between the 2020 and 2021 performance years, as a result of policy changes specific to MIPS APM participation. Learn more about these changes in the 2021 Experience Report.

	2019	2021	Change (percent) from 2019 to 2021	2022	Change (percent) from 2021 to 2022
Total clinicians receiving a MIPS payment adjustment (positive, neutral, or negative)	957,462	698,883	↓ 27.01%	624,209	↓ 10.68%

[3] Prior years' data may not match the data included in the associated year's experience report due to the timing of when that data was pulled.

9. Final Score Changes

There are several program changes in the 2022 performance year that contributed to lower final scores overall:

- The calculation of the cost performance category for the first time since the 2019 performance year, along with an expanded number of cost measures that could be attributed to clinicians.
- Changes to performance category weights, and a wider variety of weights applied.
- The removal of quality measure bonus points.
- A change in the complex patient bonus methodology, resulting in fewer clinicians being eligible for this bonus.

	2019	2021	2022
Mean Final Score	**85.65**	**89.22**	**82.90**
Median Final score	**92.32**	**97.22**	**85.29**

10. MIPS Eligible Clinicians: Payment Adjustment Changes

This table shows changes to the percentage of MIPS eligible clinicians in each of the 5 payment adjustment ranges. This data includes all MIPS eligible clinicians receiving a payment adjustment, regardless of data submission. The previously noted reasons for a decrease in final scores along with increased performance thresholds affected the distribution of clinicians receiving each payment adjustment range. For example, clinicians needed a final score of 89 points in 2022 to earn an Exceptional adjustment, an increase from 85 points in 2021. Similarly, they needed a final score of 75 points in 2022 to avoid a negative adjustment, an increase from 60 points in 2021. Although there has been a considerable decrease in the number of clinicians receiving an Exceptional adjustment in 2022, there has also been a significant increase in the number of clinicians who are receiving a Positive Only adjustment. Overall, almost 80% of clinicians will receive a positive adjustment based on their 2022 performance.

	2019	2021	2022
Exceptional	**83.89%** (75 points or higher)	**77.86%** (85 points or higher)	**42.22%** (89 points or higher)
Positive Only	**11.46%** (30.01 – 74.99 points)	**8.26%** (60.01 – 84.99 points)	**37.04%** (75.01 – 88.99 points)
Neutral	**4.36%** (30 points)	**10.57%** (60 points)	**7.17%** (75 points)
Negative	**0.28%** (7.51 – 29.99 points)	**2.27%** (15.01 – 59.99 points)	**11.48%** (18.76 – 74.99 points)
Max Negative	**0.01%** (0 – 7.5 points)	**1.04%** (0 – 15 points)	**2.09%** (0 – 18.75 points)

11. Qualifying APM Participation Changes

This table shows the changes in the number of clinicians achieving QP and Partial QP status based on their Advanced APM Participation. The statuses are determined by the volume of patients seen and payments received by the clinician through the APM Entity.

- QPs receive at least **50%** of Medicare Part B payments OR see at least **35%** of Medicare patients through an Advanced APM Entity. They're exempt from MIPS. They aren't eligible to receive a MIPS payment adjustment but will receive a financial incentive for being a QP.
- Partial QPs receive at least **40%** of Medicare Part B payments OR sees at least **25%** of Medicare patients through an Advanced APM Entity. They can choose whether to participate in MIPS. If they elect to participate, they'll receive a MIPS payment adjustment. Partial QPs aren't eligible for QP incentives.

	2019	2021	2022
Total number of Advanced APM participants	**279,900**	**333,658**	**420,591**
Total number of QPs	**209,379**	**273,819**	**386,263**
Total number of Partial QPs	**14,180**	**835**	**370**

Where Can I Learn More?

The 2022 QPP Participation and Performance Results At-a-Glance is intended to provide you with a snapshot of QPP participation and performance in the 2022 performance year.

The 2022 QPP Experience Report provides a more in-depth review of aggregated data on QPP program experience for the 2022 performance year, including a review of program trends over time.

The 2022 QPP Public Use File provides detailed, clinician-level data regarding eligibility, measure level scoring, performance category scoring, final scores, and payment adjustments.

The companion 2022 QPP Data Use Guide (along with the 2022 QPP PUF Data Dictionary and 2022 QPP PUF Methodology) provides information about key terms and data included in these resources.