

Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2024 What's New for Small Practices



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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 2024 performance year.

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.

Already know what MIPS is? Skip ahead by clicking the links in the Table of Contents.



How to Use This Guide

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Table of Contents

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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.



Introduction

Small Practice Designation

Reminder:

A small practice is defined as a group that has 15 or fewer clinicians identified by National Provider Identifier (NPI), billing under the groups Taxpayer Identification Number (TIN). CMS makes this determination by reviewing claims data. Learn more about [special status designations](#) on the QPP website.

To see if you have the small practice designation, visit the [Quality Payment Program Participation Status Lookup Tool](#).



What's New for Small Practices in the 2024 Performance Year?

New MIPS Value Pathways (MVPs)

The MVPs reporting option is available to all MIPS eligible clinicians, not just small practices, to meet MIPS reporting requirements.

- There are now **16 MVPs available** for reporting in the 2024 performance year.
- CMS finalized **5 new MVPs** and revised **all previously established MVPs** that will be available beginning with the 2024 performance year:

Newly Finalized MVPs
Focusing on Women's Health
Quality Care for the Treatment of Ear, Nose, and Throat Disorders
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
Quality Care in Mental Health and Substance Use Disorders
Rehabilitative Support for Musculoskeletal Care

For more information, visit the [Explore MVPs webpage](#).

Newly Established MVPs
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
Advancing Cancer Care
Advancing Care for Heart Disease
Advancing Rheumatology Patient Care
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
Improving Care for Lower Extremity Joint Care
Optimal Care for Kidney Health
Patient Safety and Support of Positive Experiences with Anesthesia
Value in Primary Care*
Supportive Care for Neurodegenerative Conditions

* This new MVP title reflects consolidation of previously existing MVPs: Optimizing Chronic Disease Management and Promoting Wellness

Reminder about Reporting Options

Beginning with the 2023 performance year, there are three [reporting options](#) available to all MIPS eligible clinicians, not just small practices, to meet MIPS reporting requirements. (Note: You're able to report traditional MIPS in addition to an MVP or the APP.)

Newest Reporting Option

- [MIPS Value Pathways \(MVPs\)](#) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities relevant to a specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (with the measures and activities available for 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. There are [16 MVPs available](#) to report for the 2024 performance year. **Check to see if there's an MVP relevant to your practice!**

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 the complete MIPS inventory. Small practices earn 2x the points for each improvement activity. 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. 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.



Reminder about Participation Options

[“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 participation option only available to clinicians reporting an MVP.

- Beginning with 2023 performance year, subgroups will receive their affiliated group’s complex patient bonus, if available.
- Subgroups will receive reweighting of the affiliated group; they will no longer be able to request reweighting independent from group’s status.

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 2024 performance year closes on December 31, 2023.

Performance Category Requirements & Flexibilities



Quality Measure Performance Category

Updated MIPS quality measures inventory resulting in a total of **198 quality measures** (removed 11 and added 11 quality measures) for the 2024 performance year:

- Substantive changes made to **59 existing measures**.
- View the [2024 Quality Measures List \(XLS, 999KB\)](#) for a complete list of the measures.

For the 2024 performance year, the **data completeness threshold increased to 75%** and will remain at 75% threshold for the 2025 and 2026 performance years.

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.)

- If your selected MVP has fewer than 4 Medicare Part B claims measures available, you don't need to report additional measures to meet the quality reporting requirements. However, if you report a collection type other than Medicare Part B Claims, you'll need to select and report 4 quality measures within the MVP.

WHAT'S NEW FOR SMALL PRACTICES IN THE 2024 PERFORMANCE YEAR? Quality Payment PROGRAM

Performance Category Requirements & Flexibilities (Continued)

Cost Measure 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 2023 performance year. The maximum cost improvement score available for the 2022 performance year is 0 because we didn't calculate cost measure scores for the 2021 performance year.

We updated cost measures inventory by adding 5 new episode-based cost measures beginning with the 2024 performance year, each with a 20-episode case minimum; removing the acute inpatient medical condition cost measure "Simple Pneumonia with Hospitalization". View the [2024 Summary of Cost Measures \(PDF, 505KB\)](#) for a complete list of measures.

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 for traditional MIPS or MVP (all eligible clinicians reporting an MVP receive this flexibility not just small practices).
- All clinicians automatically receive full credit in this performance category in the 2024 performance year when reporting the APP.

Updated the improvement activities inventory by adding 5 new improvement activities, modifying 1 existing improvement activity, and removing 3 existing improvement activities. View the [2024 Improvement Activities Inventory \(ZIP, 499KB\)](#) 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 don't 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. Note: if you choose to report, we finalized a 180-day (minimum) performance period for this performance category.



Final Score: Performance Threshold and Payment Adjustments

The performance threshold for the 2024 performance year will remain at 75 points (for all MIPS eligible clinicians not just small practices)

Performance Threshold for 2024*

- The performance threshold is set at **75 points**
- This is the minimum final score needed to avoid a negative payment adjustment in the 2024 performance 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.

2026 Payment Adjustment is based on 2024 Final Score	
2024 Final Score	2026 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%



Updates to Targeted Review Timeline

Targeted Review updates apply to all MIPS eligible clinicians, not just small practices.

Beginning with the 2024 Performance Year the targeted review submission period will open upon release of MIPS final scores and remain open for 30 days after MIPS payment adjustments are released.

- This will maintain an approximately 60-day period for requesting a targeted review:
 - 30 days before payment adjustments are released.
 - 30 days after payment adjustments are released.
- Requesters now have 15 – not 30 – days to submit requested documentation.
- Technical clarification (effective immediately): subgroups and virtual groups can submit targeted reviews.

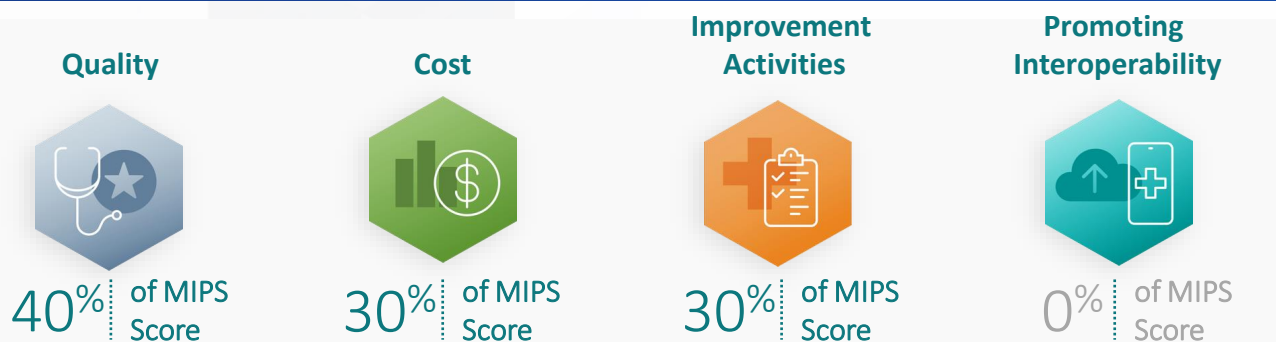


Redistribution Policies for Final Score Calculation

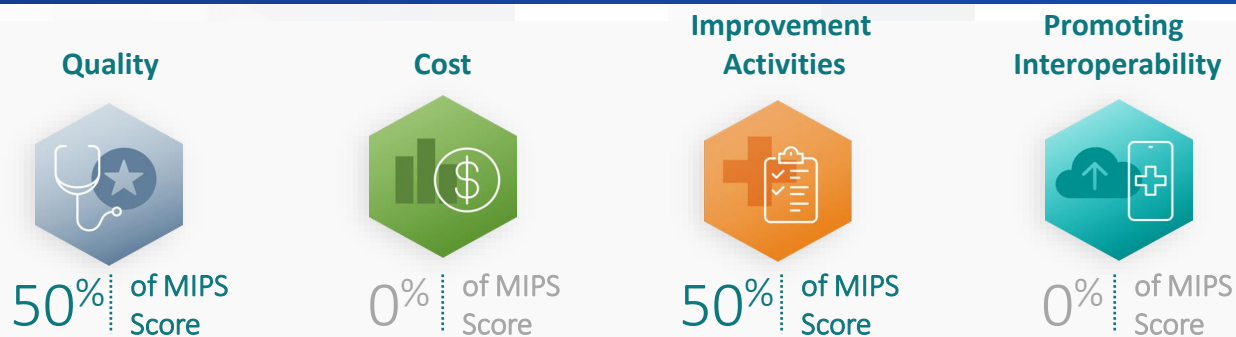
2024 Performance Year Redistribution Policies for Small Practices

We're continuing 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):



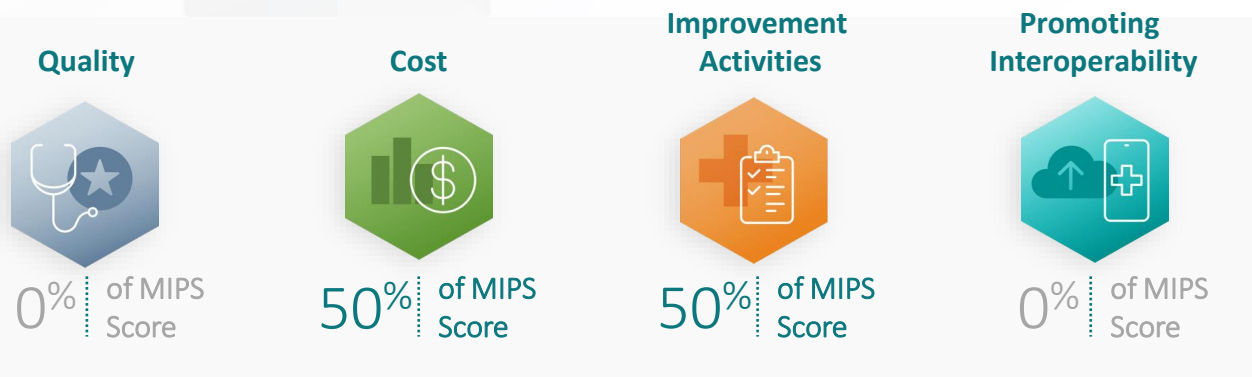
When both the cost and the Promoting Interoperability performance categories are reweighted:



2024 Performance Year Redistribution Policies for Small Practices (Continued)

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

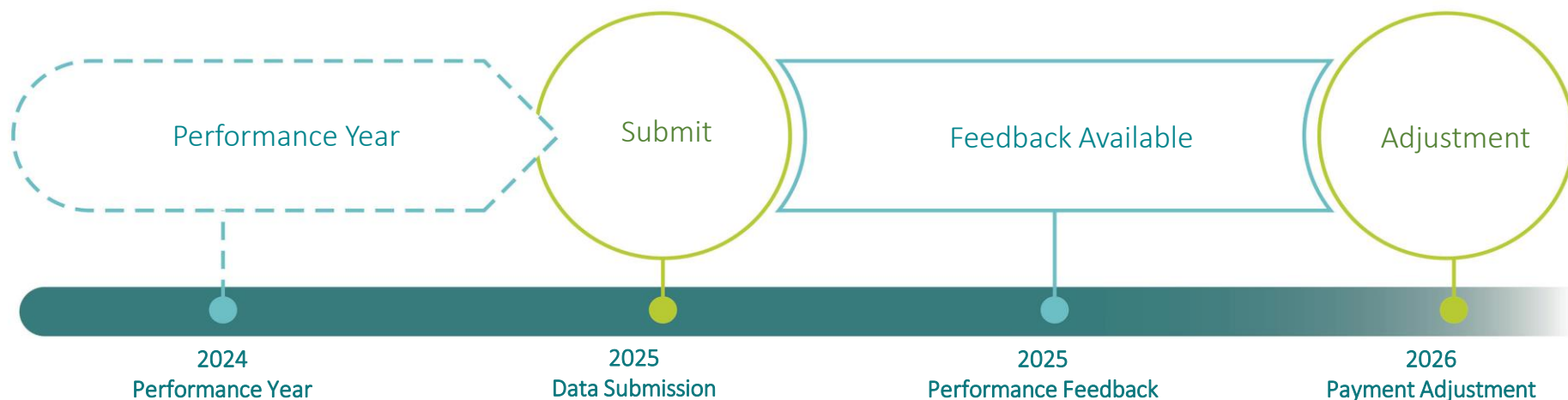
When both the quality and the Promoting Interoperability performance categories are reweighted:



2024 Performance Year Timeline

2024 PERFORMANCE YEAR TIMELINE

Quality Payment PROGRAM



Jan. 1 – Dec. 31, 2024
Clinicians care for patients and record data.

To Do:

- [Check initial eligibility](#) (January 2024)
- [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 2024)

Jan. 2 - March 31, 2025
Submit data collected in the performance year

To Do:

- Get a [HARP account and QPP access](#) (November 2024)
- [Sign in to the QPP website](#) (January – April 2025) to
 - Attest to performing improvement activities
 - Upload your measure/activity file or view data submitted on your behalf
 - View any Medicare Part B claims measures you reported throughout 2024

Late Summer 2025
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 approximately 60 days to do this once final scores are released)

Jan. 1 – Dec. 31, 2026
Payment adjustments applied

To Do:

- MIPS eligible clinicians will receive a positive, negative, or neutral adjustment in the 2026 payment year based on their 2024 MIPS final score.
- MIPS payment adjustments are applied on a claim-by-claim basis to covered professional services billed under the Physician Fee Schedule.



Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program 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 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](#).

Visit the [Small Practices page](#) of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.



Version History

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

Date	Description
09/06/2024	Updated link to the QPP Access User Guide on slide 19.
05/31/2024	Corrected table column headers on slide 13 to “2024 Final Score” and “2026 Payment Adjustment,” respectively.
02/07/2024	Updated two resources’ names and links and added their file sizes on slides 11-12.
01/03/2024	Original Posting.