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Small Practice After-Action Review: 2023 Performance Year Final Score

Target Audience & Purpose: This tool is for small practices interested in examining their 2023 final score to identify opportunities to improve their performance in 2025. In the After-Action Review Section, Steps 1-2 offer a reflection exercise for gaining insight into why and how your intended performance differed from what you accomplished. Step 3 examines the measures & activities used in 2023 for consideration in 2025 and in the Action Plan Section you can document your 2025 selections for reporting traditional MIPS or MIPS Value Pathways (MVPs). Apply the insight gained from this exercise into improving your 2025 performance and enhancing patient care.

View the Small Practice Action Planning Tool Video.

Step 1. Sign in to the QPP Website to View Your Final Score for the 2023 Performance Year.

- For help, see the 2023 MIPS Performance Feedback and 2025 Payment Adjustment FAQs (PDF, 3.5MB).

Step 2. Examine Your Final Score

The final score reflects your practice's performance in up to 4 performance categories.

- Enter your final score in the space below.
- List the number of points your practice achieved and the maximum number possible for each category. If a category wasn't scored, write "N/A" for "not applicable."

2023 Performance Year Final Score [ ] / 100 points		
Performance Category	**What You Earned**	**Maximum Points**
Quality		
Improvement Activities		
Cost		
Promoting Interoperability (if reported)		

The performance threshold for the 2023 performance year is 75 points; this is the minimum final score needed to avoid a negative payment adjustment.

- Based on your 2023 performance year final score, will your practice receive a positive, neutral, or negative payment adjustment in 2025? _____
- Did you do as well as you expected? Does the final score match your practice's goal? Why or why not?

  _____

  _____
- Which category or categories did your practice do well in (i.e., achieve the maximum or close to the maximum number of points)?

  _____

  _____
- Which category or categories did you find challenging (i.e., have the lowest scores relative to the maximum points)? What made these categories challenging?

  _____

  _____
- What will you do differently in the next performance year?

  _____

  _____
- Which category or categories will you focus on to enhance your practice's performance in the next performance year?

  _____

  _____
- What obstacles, if any, may impede your performance next year? What can you do to mitigate these challenges?

  _____

  _____

Step 3. Review Your 2023 Measures & Activities in Each Performance Category and Consider Their Applicability for the 2025 Performance Year.

Goal: Reflect on the questions below. Write down your observations about the measures and activities used in 2023 and whether you should consider them for the 2025 performance year. Use these insights to guide your action planning for the upcoming performance year. View the 2025 QPP Policies Final Rule Fact Sheet and Policy Comparison Table (PDF, 798KB) to identify measures and activities that were added and removed for the 2025 performance year.

Category	Reflections	Observations & Insights
Quality 	Examine each measure selected for the 2023 performance year • Is the measure still relevant to your practice? • Check to see if the measure specifications have changed. Confirm that you can meet the requirements of the updated specifications. • Do you have enough patients for this measure (e.g., 20)? Will you be able to report performance data for at least 75% of patients who qualify for this measure? • How well did you perform? Can you improve your practice's performance in this measure? Explore the new MIPS reporting option, MVPs, to see if there's an MVP relevant to your practice. Visit the Explore Measures & Activities Tool to consider alternative measures that may have more relevance to your practice and greater performance potential (traditional MIPS reporting).	
Improvement Activities 	Examine each improvement activity selected for the 2023 performance year • Is the activity still relevant to your practice? • Check to see if the activity has changed. Confirm that you can meet the updated requirements. • Did your practice complete the activity within the required timeframe? If not, how can your practice complete future activities on time? • Did your practice attest to completing this activity? If not, how will you ensure attestation will be completed in the future? • If you reported as a group, did at least 50% of clinicians perform the same activity? Be sure to identify future activities in which at least half of the clinicians will participate. Visit the Explore Measures & Activities Tool for traditional MIPS or the Explore MIPS Value Pathways (MVPs) page to consider new activities to drive improvement in your practice.	

Step 3. Review Your 2023 Measures & Activities in Each Performance Category and Consider Their Applicability for the 2025 Performance Year. (Continued)

Category	Reflections	Observations & Insights
Cost 	View patient-level reports for cost measures. (See the 2023 MIPS Performance Feedback Patient-Level Data Reports Supplement (PDF, 1MB) for more information.) • Explore using claims data to identify patients who are frequently admitted and/or readmitted to emergency departments for potential targeted case management activities. • How does patient education impact cost? • Take note of any new or removed measures. If your practice provides primary care, examine summary of care information from specialists to understand patient referral and visitation patterns. For more information about measures, please see the 2025 MIPS Summary of Costs Measures (PDF, 340KB).	
Promoting Interoperability (optional) 	A practice needs certified electronic health record technology to report this category for the 2025 performance year. Certification criteria are maintained and updated at 45 CFR 170.315. → Small practices are automatically exempt from having to submit data for this performance category. **However, if you choose to submit data, qualifying (complete) submissions will be scored.** If your practice reported data in this category and intends to report for this performance category in the 2025 performance year, consider: • How well did your practice perform in the measures associated with each of the 4 objectives (e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange)? • Did your practice struggle meeting any of the objectives? Or with collecting data within the performance period? • If you reported on any optional measures, how did your practice do? • Did your practice have any challenges related to performing a security risk analysis and/or completing an Annual SAFER Guides Assessment? Refer to the 2025 Promoting Interoperability Quick Start Guide (PDF, 849KB) for more information.	

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Small Practice Action Plan: 2025 Performance Year

Be sure to check out the 2025 MIPS Quick Start Guide for Small Practices (PDF, 3MB).

Action 1. Establish a Performance Goal for Your 2025 MIPS Performance Year Final Score.

2025 Performance Threshold: 75	2025 Performance Goal: [ ]

Action 2. Select a Reporting Option.

The 3 MIPS reporting options are listed below. This Action Plan focuses on traditional MIPS and MVPs.

- MVPs are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities that are related to a given specialty or medical condition. Check to see if there's an MVP relevant to your practice. There are 21 MVPs available to report for the 2025 performance year. Registration is required and must be completed by December 1, 2025, at 8 p.m. ET.
- Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from the complete MIPS inventory.
- 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.

Action 3. Identify Measures & Activities Applicable to Your Practice.

A. Identify measures and activities for the 2025 performance year that are most relevant to your practice by visiting the Explore Measures & Activities Tool (for traditional MIPS) or from within your selected MVP. Enter your selections below.

B. View the 2025 QPP Policies Final Rule Fact Sheet and Policy Comparison Table (ZIP, 798KB) to identify items added or finalized for removal; confirm that your selections are still available and feasible for the new performance year.

C. Review the 2025 measure specifications files to learn how the measures are calculated.

Quality

- Refer to the MIPS Quality Performance Category Fact Sheet (PDF, 265KB) for an overview of the quality performance category.
- Select 6 measures for traditional MIPS **or** 4 measures from within your selected MVP. You must include at least 1 outcome or high-priority measure if an outcome measure isn't available or applicable (both reporting options).

1.
2.
3.
4.
5.
6.

- Review your administrative claims measures. If reporting via MVP, we'll evaluate you on both population health measures. If you meet the criteria for both measures, we'll assign the higher scoring measure to your quality category score. If reporting via traditional MIPS, we'll evaluate you on every administrative claims-based measure for which you meet the criteria.
- Identify and enter below the administrative claims measures on which you were evaluated in the 2023 performance year.

Improvement Activities 	• Refer to the MIPS Improvement Activities Performance Category Fact Sheet (PDF, 258KB) for an overview of the improvement activities performance category. • Select one activity from the full inventory (if reporting traditional MIPS) or from your selected MVP.
Cost 	• Refer to the MIPS Cost Performance Category Fact Sheet (PDF, 318KB) for an overview of the cost performance category. • Identify the cost measures for which you met the case minimum in the 2023 performance year. (HINT: View the 2023 MIPS Performance Feedback Patient-Level Data Reports Supplement (PDF, 1MB) and enter them below.) → Note: CMS will automatically evaluate and calculate data from administrative claims for measures meeting the minimum requirement.
Promoting Interoperability (optional) 	• Refer to the MIPS Promoting Interoperability Performance Category Fact Sheet (PDF, 247KB) for an overview of the Promoting Interoperability performance category. **Small practices are automatically excepted from having to submit data for this performance category. However, if you choose to submit data in this category your data will be scored**. Traditional MIPS and MVPs have the same requirements and measure set. An overview of the requirements and measures follows; refer to the 2025 Promoting Interoperability Quick Start Guide (PDF, 849KB) for more detailed information. You must collect data for all required measures for the same **minimum continuous 180-day period** in 2025. • Use certified **electronic health record** technology. Certification criteria are maintained and updated at 45 CFR 170.315. • Report the following required measures: e-Prescribing Query of Prescription Drug Monitoring Program Provide Patients Electronic Access to Their Health Information Immunization Registry Reporting Electronic Case Reporting • Select Health Information Exchange Measure Option. Report on 1 to 2 measures. • Option to report one public health agency or clinical data registry measure for 5 bonus points. • Complete Required Attestations. → Security Risk Analysis → Annual Assessment of the High Priority Guide (a part of the SAFER Guides) → Did not take Actions to Limit or Restrict Interoperability of CEHRT → ONC Direct Review

Additional Resources

Visit the QPP Resource Library or the Small Practices page of the QPP website for more small practice resources.

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

Version History

Date	Change Description
04/01/2025	Original version