Quality Payment
PROGRAM

2023 QPP Participation And Performance Results
AT-A-GLANCE

The QPP Participation and Performance Results At-a-Glance provides an overview of Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) participation, MIPS final scores, and payment adjustments. Highlights for the 2023 performance year include:

- Introduction of the MIPS Value Pathway (MVP) reporting option and subgroup participation option in the 2023 performance year.
- More clinicians achieved Qualifying APM Participant (QP) and Partial QP status in the 2023 performance year than in prior years.
- There was no exceptional performance adjustment for the 2023 performance year/2025 MIPS payment year. Congressional funding expired after the 2022 performance year/2024 MIPS payment year.

For more information about key terms and data included in this resource, refer to the 2023 QPP Data Use Guide (PDF).

QPP Participation and Performance in the 2023 Performance Year

1. General Participation Numbers in 2023

541,421 Total clinicians who will receive a MIPS payment adjustment

32,631 Total non-reporting clinicians (clinicians who didn't submit data) receiving a MIPS payment adjustment[1]

463,669 Total number of QPs[2]

1,339 Total number of Partial QPs[2]

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

6.03% (Overall) of all clinicians receiving a MIPS payment adjustment were non-reporting (didn't submit data).[1]

26.14% (Small practices) of clinicians in small practices[3] receiving a MIPS payment adjustment were non-reporting (didn't submit data).[1]

50.37% (Solo practitioner) of solo practitioners receiving a MIPS payment adjustment were non-reporting (didn't submit data).[1]

3. MVP Participation

- Advance registration is required to report an MVP, but clinicians who register for an MVP can still choose to report traditional MIPS (instead of, or in addition to, an MVP). Because of this, the difference in the number of clinicians registered and the number who ultimately reported an MVP isn't surprising.
- Almost all clinicians who reported an MVP also reported traditional MIPS, explaining the difference in the number of clinicians who reported an MVP and the number receiving their final score from MVP reporting. We expect to see this continue for the next few years, as dual reporting offers an opportunity for clinicians and groups to gain experience with the measures and activities available in their selected MVP, while still being eligible to receive the highest final score available to them.

41,765 **Clinicians registered for an MVP**

20,484 **Clinicians reported an MVP**

6,790 **Clinicians got their final score from MVP reporting**

12 MVPs available

12 MVPs registered for

12 MVPs reported

[1] A non-reporting clinician (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) was required to report but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Because they were required to report, they will receive a final score and MIPS payment adjustment even if no data was actively submitted.

[2] For more information on QPs, refer to section 12 on page 7, the 2023 QPP Data Use Guide and the QPP website.

[3] Small practices are defined in MIPS policy as those with 15 or fewer clinicians billing under the group's Taxpayer Identification Number (TIN). **The small practice definition includes solo practitioners**.

4. Final Score Information

Performance Threshold	Mean Final Score	Median Final Score
75 pts	**83.18 pts** (Overall) **79.96 pts** (Traditional MIPS) **94.35 pts** (APM Performance Pathway) **82.87 pts** (MVPs)	**85.49 pts** (Overall) **82.11 pts** (Traditional MIPS) **94.62 pts** (APM Performance Pathway) **87.86 pts** (MVPs)

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 2023 QPP Data Use Guide for additional examples.

There were 3 reporting options available in the 2023 performance year to meet MIPS reporting requirements: traditional MIPS, the APM Performance Pathway (APP), and MIPS Value Pathways (MVPs). Learn more on the QPP website.

One in 3 clinicians who reported an MVP received their final score from MVP reporting; the other 2 received their final score from traditional MIPS or APP reporting. However, the median final score for clinicians who received a final score from MVP reporting was 87.86 points, 5 points higher than the median final score from traditional MIPS reporting.

As a reminder, there was no exceptional performance threshold for the 2023 performance year/2025 MIPS payment year. Clinicians with a final score above 75 points qualified for a positive payment adjustment, but the additional adjustment for exceptional performance expired after the 2022 performance year/2024 MIPS payment year.

5. Payment Adjustment Highlights for MIPS Eligible Clinicians

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 2025 MIPS Payment Year Payment Adjustment User Guide (PDF).

PAYMENT ADJUSTMENT TYPE	Max Negative*	Negative*	Neutral	Positive**	
Payment Adjustment Range	-9%	-6.75% – 0%	0%	0% – 1.21%	1.21% - 2.15%
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	**2.26%**	**12.13%**	**4.75%**	**38.86%**	**42.00%**

***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/2022 MIPS payment year). The remainder of clinicians who score below the performance threshold will receive a negative payment adjustment on a sliding scale.

****Positive:** There's a single positive payment adjustment beginning with the 2023 performance year/2025 MIPS payment year. The "Exceptional" payment adjustment type no longer exists because Congressional funding for the additional adjustment for exceptional performance expired after the 2022 performance year/2024 MIPS payment year. However, we continue to show differentiated final score ranges within the "positive" payment adjustment type for traceability from prior performance years.

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

6. 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 (45,044 MIPS eligible clinicians)	56.16	75.00
Group (375,400 MIPS eligible clinicians)	82.87	82.91
Subgroup* (101 MIPS eligible clinicians)	89.98	93.62
Virtual Group (300 MIPS eligible clinicians)	74.88	75.00
APM Entity** (120,576 MIPS eligible clinicians)	94.24	94.31

Reminder: The **mean is the average** value of a set of numbers, while the **median is the middle value** in a set of numbers.

***Subgroups** are a new participation option only available to clinicians reporting an MVP. A subgroup is a subset of the clinicians in a single practice.

An 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.

7. 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	75.33%	78.84%
Cost	60.94%	59.51%
Promoting Interoperability	95.57%	100.00%
Improvement Activities	95.43%	100.00%

8. Snapshot of 2025 Payment Adjustments for Small, Solo, and Rural Practices

		Max Negative	Negative	Neutral	Positive Only	
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	**All**	**2.26%**	**12.13%**	**4.75%**	**38.86%**	**42.00%**
Percentage of Small Practices	Overall	13.07%	15.54%	14.69%	20.99%	35.71%
	Non-reporting*	46.04%	14.01%	39.45%	0.14%	0.00%
Percentage of Solo Practitioners	Overall	28.77%	19.75%	18.36%	11.65%	21.46%
	Non-reporting*	54.65%	17.41%	27.79%	0.15%	0.00%
Percentage of Rural Practices	Overall	2.56%	15.22%	3.82%	43.62%	34.79%
	Non-reporting*	40.07%	13.12%	45.63%	1.00%	0.18%

*A non-reporting clinician (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) was required to report but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Because they were required to report, they will 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, or quality and cost scores derived from the Hospital Value-based Purchasing Program (learn more in the 2023 Facility-Based Quick Start Guide (PDF)).

QPP Participation and Performance Changes from Previous Years[4]

This section compares information between the 2021, 2022, and 2023 performance years.

9. MIPS Participation Changes

The decrease in the number of MIPS eligible clinicians from 2022 to 2023 is consistent with the increase in the number of QPs (who aren't eligible for a MIPS payment adjustment under any circumstances) and Partial QPs (who must opt-in to receive a MIPS payment adjustment) in the same time period.

	2021[4]	2022	Change from 2021 to 2022	2023	Change from 2021 to 2022
Total Clinicians Receiving a MIPS Payment Adjustment (Positive, Neutral, or Negative)	**698,883**	**624,209**	**↓ 10.68%**	**541,421**	**↓ 13.26%**

[4] The data provided for PY 2021 in this resource may not match the data included in the 2021 Experience Report due to the timing of when that report's data was pulled.

10. Final Score Changes

Final scores are consistent between the 2022 and 2023 performance years. Review the 2022 QPP Participation and Performance Results At-A-Glance (PDF) for more information about the program and scoring policy changes that contributed to the decrease in final scores between 2021 and 2022.

	2021	2022	2023
Mean Final Score	**89.22**	**82.90**	**83.18**
Median Final Score	**97.22**	**85.29**	**85.49**

11. MIPS Eligible Clinicians: Payment Adjustment Changes

This table shows changes to the percentage of MIPS eligible clinicians across 5 payment adjustment ranges in the 2021 and 2022 performance years, and across 4 payment adjustment ranges in the 2023 performance year. To provide a comparison with 2023:

- **2021: 86.12%** of clinicians had either a positive only or exceptional adjustment.
- **2022: 79.26%** of clinicians had either a positive only or exceptional adjustment.

This data includes all MIPS eligible clinicians receiving a payment adjustment, regardless of data submission. Review the 2022 QPP Participation and Performance Results At-A-Glance (PDF) for additional information about the policies and circumstances impacting the changes in distribution from 2021 to 2022.

	2021	2022	2023
Exceptional	**77.86%** (85 points or higher)	**42.22%** (89 points or higher)	N/A
Positive Only	**8.26%** (60.01 – 84.99 points)	**37.04%** (75.01 – 88.99 points)	**80.86%** (75.01 – 100 points)
Neutral	**10.57%** (60 points)	**7.17%** (75 points)	**4.75%** (75 points)
Negative	**2.27%** (15.01 – 59.99 points)	**11.48%** (18.76 – 74.99 points)	**12.13%** (18.76 – 74.99 points)
Max Negative	**1.04%** (0 – 15 points)	**2.09%** (0 – 18.75 points)	**2.26%** (0 – 18.75 points)

12. 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.

- For performance years 2021-2023: 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.
- For performance years 2021-2023: 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.

	2021	2022	2023
Total number of Advanced APM participants	**333,658**	**420,591**	**505,210**
Total number of QPs	**271,231**	**384,105**	**463,669**
Total number of Partial QPs	**3,365**	**2,528**	**1,339**

Where Can I Learn More?

The **2023 QPP Participation and Performance Results At-a-Glance (PDF)** provides a snapshot of QPP participation and performance in the 2023 performance year.

The companion 2023 QPP Data Use Guide (PDF) provides information about key terms and data included in this resource.

What's Next?

The **2023 QPP Experience Report** will provide a more in-depth review of aggregated data on QPP program experience for the 2023 performance year, including a review of program trends over time. We anticipate this resource will be available in June 2025.

The **2023 QPP Public Use File** will provide detailed, clinician-level data regarding eligibility, measure level scoring, performance category scoring, final scores, and payment adjustments. We anticipate this resource will be available in June 2025.