

Merit-based Incentive Payment System (MIPS)

2023 MIPS Quick Start Guide



Quality Payment
PROGRAM

Table of Contents

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

<u>How To Use This Guide</u>	<u>3</u>
<u>Overview</u>	<u>5</u>
<u>Get Started with MIPS in 6 Steps</u>	<u>9</u>
<u>Step 1. Check Your Current Eligibility for the 2023 Performance Year</u>	<u>11</u>
<u>Step 2. Select a Reporting Option</u>	<u>14</u>
<u>Step 3. Choose a Participation Option</u>	<u>15</u>
<u>Step 4: Select and Perform Your Measures and Activities</u>	<u>16</u>
<u>Step 5: Verify Your Final Eligibility</u>	<u>19</u>
<u>Step 6: Submit Your Data</u>	<u>20</u>
<u>What Happens After I Submit My Data?</u>	<u>22</u>
<u>Help and Version History</u>	<u>24</u>
<u>Appendix</u>	<u>27</u>

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.

Purpose: This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) to get you started with participating in the 2023 performance year.





How to Use this Guide



How to Use This Guide



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.

Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.

Overview



What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is composed of 2 tracks:



Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

This guide will only cover **Merit-based Incentive Payment System (MIPS) participation in QPP**. For more information on participating in an Advanced APM, visit our [Advanced APMs webpage](#) and check out our APM related resources in the [QPP Resource Library](#).



Overview

What is the Merit-based Incentive Payment System?

MIPS is one way to participate in QPP. Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.



What is the Merit-based Incentive Payment System?

If you're eligible for MIPS in 2023:

- You generally have to report measure and activity data for the quality, improvement activities, and Promoting Interoperability performance categories. (We collect and calculate data for the cost performance category for you, if applicable.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
 - Positive payment adjustment for clinicians with a 2023 final score above 75.
 - Neutral payment adjustment for clinicians with a 2023 final score of 75.
 - Negative payment adjustment for clinicians with a 2023 final score below 75.
- Your MIPS payment adjustment is based on your performance during the 2023 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2025.

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined and Participation Options Overview](#) webpages on the Quality Payment Program website.
- Check your current participation status using the [QPP Participation Status Tool](#).



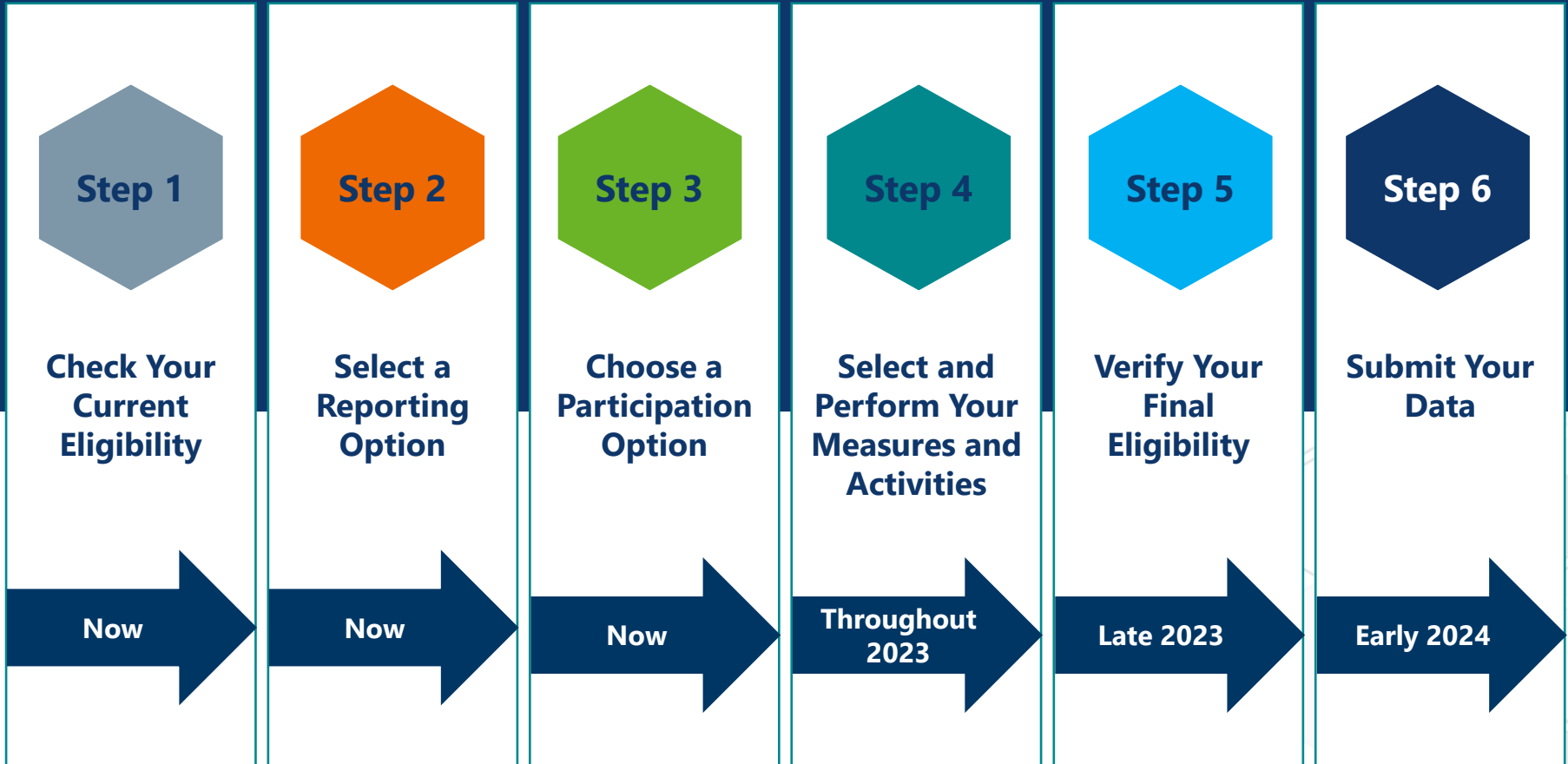


Get Started with MIPS in 6 Steps



Get Started with MIPS in 6 Steps

6 Steps for MIPS Participation in the 2023 Performance Year



The [Appendix](#) provides a snapshot of the 2023 performance year timelines and associated activities.



Get Started with MIPS in 6 Steps



Step 1 Check Your Current Eligibility for the 2023 Performance Year

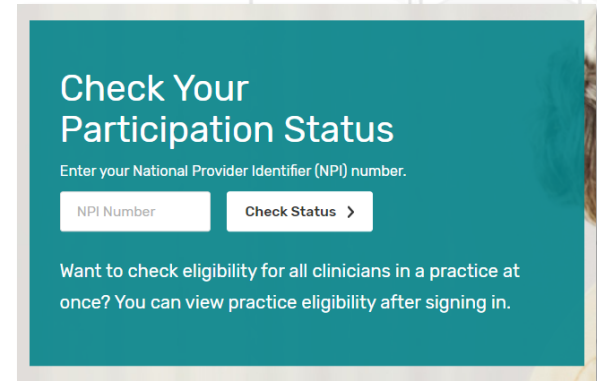
Enter your 10-digit National Provider Identifier (NPI) in the [QPP Participation Status Tool](#) on the QPP website.



Your preliminary eligibility is available now and your final eligibility will be available in December 2023.

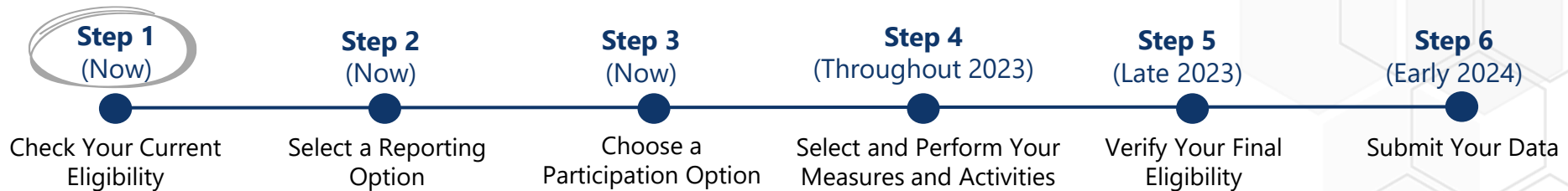
The next few pages will review the possible preliminary eligibility results displayed in the QPP Participation Status tool and what these results mean for you.

- Please note that we evaluate clinicians for eligibility to participate at both the individual and group level.



For more information about eligibility:

- Review the 2023 MIPS Eligibility & Participation Quick Start Guide.



Get Started with MIPS in 6 Steps

Step 1

Check Your Current Eligibility for the 2023 Performance Year (Continued)

QPP Participation Status Tool Results

1. If you see this on the QPP Participation Status Tool, you're **currently required** to participate in MIPS, either as an individual or group.

MIPS Eligibility: INDIVIDUAL GROUP



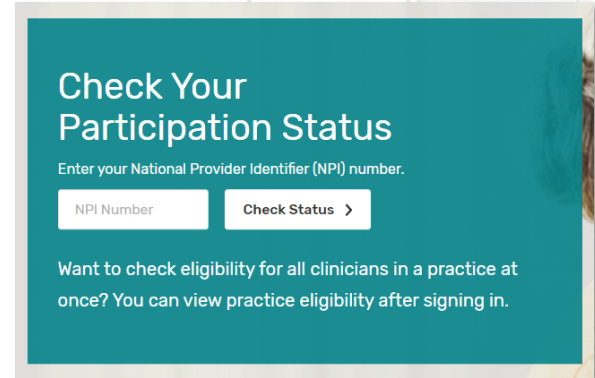
This could change when eligibility data is updated in December 2023 if you fall below the low-volume threshold, but you should be prepared to submit data.

2. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but can choose to do so at the group level.

MIPS Eligibility: INDIVIDUAL GROUP



The option to participate as a group could change when eligibility data is updated in December 2023 if the group falls below the low-volume threshold.



For more information about eligibility:

- Review the 2023 MIPS Eligibility & Participation Quick Start Guide.

Step 1
(Now)

Step 2
(Now)

Step 3
(Now)

Step 4
(Throughout 2023)

Step 5
(Late 2023)

Step 6
(Early 2024)

Check Your Current Eligibility

Select a Reporting Option

Choose a Participation Option

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



Get Started with MIPS in 6 Steps

Step 1

Check Your Current Eligibility for the 2023 Performance Year (Continued)

QPP Participation Status Tool Results

- If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as an individual** and receive a payment adjustment. The practice can also choose, but isn't required, to report as a group.

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: [Opt-in eligible](#) as individual



This could change when eligibility data is updated in December 2023 if the individual or group falls below the low-volume threshold.

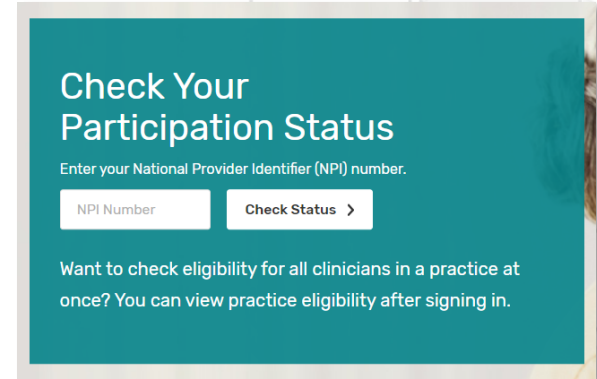
- If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.

MIPS Eligibility: INDIVIDUAL GROUP

Opt-in Option: [Opt-in eligible](#) as group

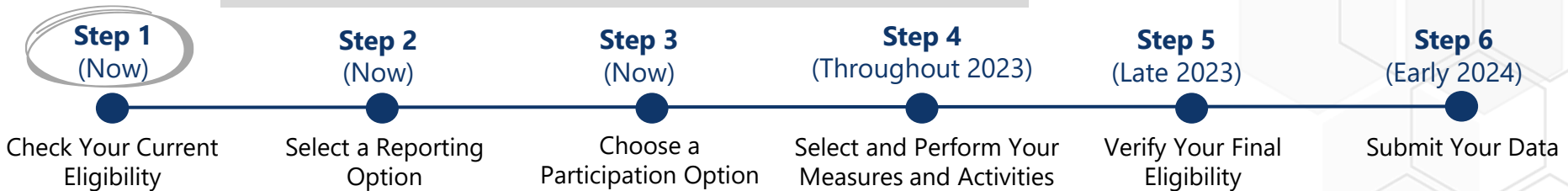


This could change when eligibility data is updated in December 2023 if the group falls below the low-volume threshold.



For more information about eligibility:

- Review the 2023 MIPS Eligibility & Participation Quick Start Guide.



Get Started with MIPS in 6 Steps



Step 2 Select a Reporting Option

Are You in a Medicare Shared Savings Program Accountable Care Organization (ACO)?

- If you're in a Shared Savings Program ACO, your ACO will report quality data on your behalf via the APM Performance Pathway.

Original Reporting Option

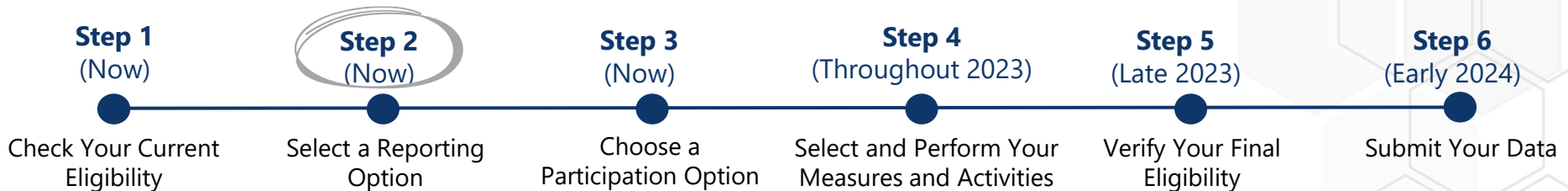
- [Traditional MIPS](#), established in the first year of the Quality Payment Program, is the original MIPS reporting option. You select the quality measures and improvement activities that you will collect and report. You report the complete set of Promoting Interoperability measures and attestations. 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.

Newest Reporting Option

- [MIPS Value Pathways \(MVPs\)](#) 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. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). There are [12 MVPs available](#) to report for the 2023 performance year.



Get Started with MIPS in 6 Steps

Step 3

Choose a Participation Option

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS.

- **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 (traditional MIPS only). Virtual group elections are submitted to CMS prior to the performance year – the virtual group election period for the 2023 performance year closed on December 31, 2022.
- **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 a MIPS Value Pathway. Advance registration is required.

For more information about participation options visit the [Participation Options Overview](#) webpage on the [Quality Payment Program](#) website.

Your eligibility informs your participation options.

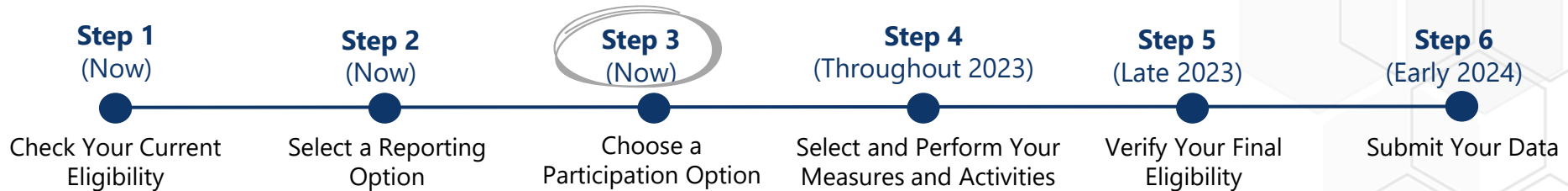


This clinician is eligible at the individual and group levels and can choose whether to participate as an individual or group:

MIPS Eligibility: INDIVIDUAL GROUP

This clinician is only eligible at the group level, so any data submitted by the individual would be considered voluntary:

MIPS Eligibility: INDIVIDUAL GROUP



Get Started with MIPS in 6 Steps

Step 4

Select and Perform Your Measures and Activities

Traditional MIPS



Quality:

- Select 6 measures.
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2023).*



Cost:

- No measure selection or data submission required.
- We collect and evaluate this data for you.
- Review cost measures.



Improvement Activities:**

- Select 2 high-weighted or 4 medium-weighted activities.
- Perform each activity for a continuous 90-day period in the 2023 calendar year (or as indicated in the activity's description).



Promoting Interoperability:

- No measure selection.
- Report complete measure set.

A Closer Look:

***Medicare Part B claims measures:** If you're a small practice that chooses to report quality measures through Medicare Part B claims, begin reporting immediately if you're currently eligible. Review the 2023 Medicare Part B Claims Reporting Quick Start Guide for more information.

****Improvement activities:** Review the 2023 MIPS Data Validation Criteria to understand the documentation you'll need to keep for the activities you select and perform. Clinicians with certain [special statuses](#) qualify for reduced reporting requirements.

Step 1
(Now)

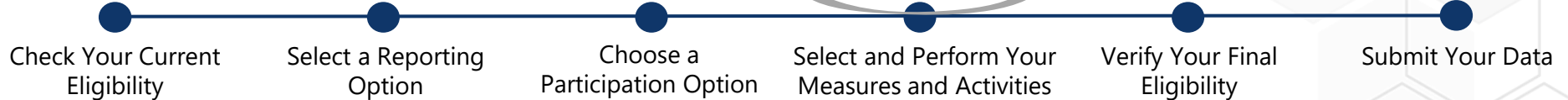
Step 2
(Now)

Step 3
(Now)

Step 4
(Throughout 2023)

Step 5
(Late 2023)

Step 6
(Early 2024)



Get Started with MIPS in 6 Steps

Step 4

Select and Perform Your Measures and Activities (Continued)

MVPs

Start by selecting your MVP. There are 12 available for the 2023 performance year. Advance registration required.



Quality:

- [Select 4 measures within the MVP.](#)
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2023).*



Cost:

- No measure selection or data submission required.
- We collect and evaluate this data for you based on the [cost measures included in your MVP.](#)



Improvement Activities**:

- [Select 1 high-weighted or 2 medium-weighted activities within the MVP.](#)
- Perform each activity for a continuous 90-day period in the 2023 calendar year (or as indicated in the activity's description).



Promoting Interoperability:

- No measure selection.
- [Report complete measure set.](#)

A Closer Look:

***Medicare Part B claims measures:** If you're a small practice that chooses to report quality measures through Medicare Part B claims, begin reporting immediately if you're currently eligible. Review the 2023 Medicare Part B Claims Reporting Quick Start Guide for more information.

****Improvement activities:** Review the 2023 MIPS Data Validation Criteria to understand the documentation you'll need to keep for the activities you select and perform.

Step 1
(Now)

Step 2
(Now)

Step 3
(Now)

Step 4
(Throughout 2023)

Step 5
(Late 2023)

Step 6
(Early 2024)

Check Your Current Eligibility

Select a Reporting Option

Choose a Participation Option

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



Get Started with MIPS in 6 Steps

Step 4

Select and Perform Your Measures and Activities (Continued)

APP

Only available to clinicians that also participate in a MIPS APM.



Quality:

- Collect data for a set of [3 pre-determined quality measures](#) for the 12-month performance period (January 1-December 31, 2023).
- [Register for the CAHPS for MIPS Survey measure.](#)
- Shared Savings Program Accountable Care Organizations can also report the 10 CMS Web Interface measures.



Cost:

- Not evaluated under the APP.



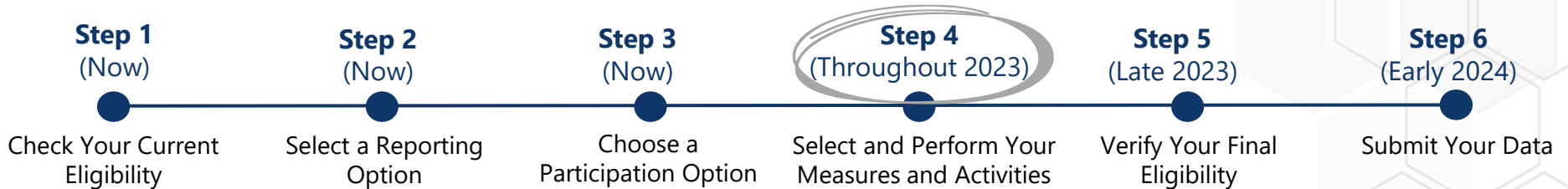
Improvement Activities:**

- No reporting required.
- Automatic full credit for the improvement activities performance category in the 2023 performance year.



Promoting Interoperability:

- No measure selection.
- [Report complete measure set.](#)



Get Started with MIPS in 6 Steps



Step 5 Verify Your Final Eligibility

Check the [QPP Participation Status Tool](#) in **December 2023** to confirm that you remain eligible for MIPS and a payment adjustment.



This step is critical to understanding whether you're required to report for the 2023 performance year and eligible to receive a MIPS payment adjustment in 2025.

Note: Your preliminary eligibility is available now and your final eligibility will be available in December 2023.

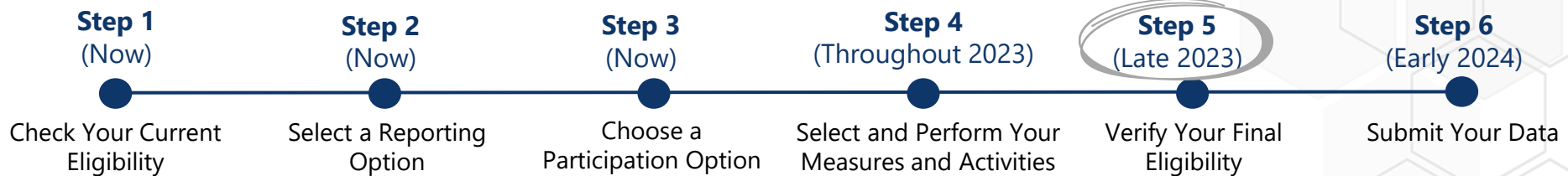
How Do I Check My MIPS Eligibility?

- You can check your final eligibility status using the [QPP Participation Status Tool](#) on the QPP website.

Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.



Get Started with MIPS in 6 Steps

Step 6

Submit Your Data

- **Now (throughout 2023):** Medicare Part B Claims Quality Measures (Small Practices Only)
- **January 2 – April 1, 2024:** Everything Else

Submit data yourself or with the help of a third party intermediary, such as a Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 2 and April 1, 2024. (Note: Medicare Part B claims quality measures are submitted throughout the performance year.)



Quality:

- [Sign in to the QPP website](#) and upload a file of your quality measure data.
or
- Work with a third party intermediary to submit data on your behalf.
or
- Report quality measures via Medicare Part B claims throughout the performance year (small practices only).

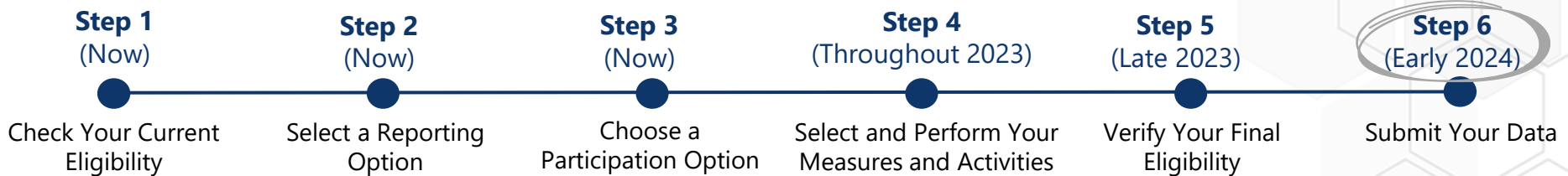
A Closer Look:

- Visit the [QPP Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).



Improvement Activities:

- [Sign in to the QPP website](#) and attest to (check “yes”) activities you’ve performed.
or
- Work with a third party intermediary to submit data on your behalf.



Get Started with MIPS in 6 Steps

Step 6

Submit Your Data

- **Now (throughout 2023):** Medicare Part B Claims Quality Measures (Small Practices Only)
- **January 2 – April 1, 2024:** Everything Else

Submit data yourself or with the help of a third party intermediary, such as a Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 2 and April 1, 2024. (Note: Medicare Part B claims quality measures are submitted throughout the performance year.)



Promoting Interoperability:

- [Sign in to the QPP website](#) and attest to the data required for these measures (select yes or no/provide numerator and denominator values).
- or
- Work with a third party intermediary to submit data on your behalf.

A Closer Look:

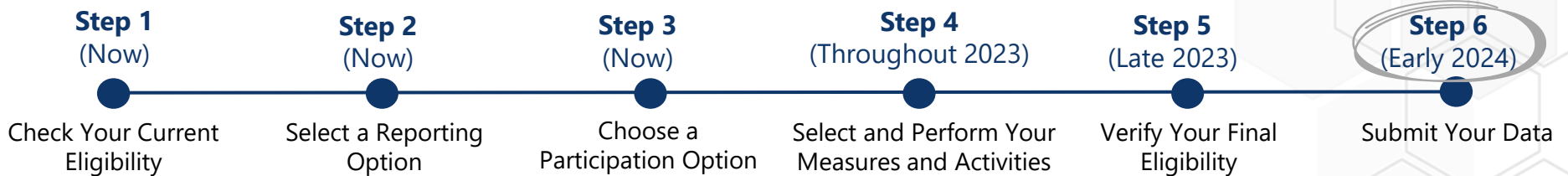
- Visit the [QPP Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).



Cost:

No data submission required.

- We retrieve your cost data from administrative claims (those you submit to CMS for payment)





What Happens After I Submit My Data?



What Happens After I Submit My Data?

Retain Your Documentation (6 years)

- Save records validating the quality measures you reported and improvement activities you performed. Review the 2023 MIPS Data Validation Criteria (ZIP) for more information about the recommended documentation for each improvement activity.

Review Your Performance Feedback (Summer 2024)

- [Sign in to the QPP website](#) to review your performance feedback.
 - Preliminary feedback is available once data is submitted.
 - Final Score Preview will be available in early summer 2024.
 - Final performance feedback and payment adjustment information will be available in late summer 2024.

Preview Public Reporting Data (Late 2024)

- [Sign in to the QPP website](#) to preview your 2023 MIPS performance data for public reporting.

A Closer Look:

- Your data will be published on Doctors & Clinicians on [Medicare Care Compare](#) website, formerly known as Physician Compare.
- Looking to explore and download provider data? Visit the [data catalog on the CMS website](#).

Review Payment Adjustments (January 1 – December 31, 2025)

- Review your claims to see payment adjustments for your 2023 performance applied on a claim-by-claim basis to covered professional services billed in 2025.





Help and Version History

Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired 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](#).



Help and Version History

Version History

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

Date	Description
12/27/2022	Original Posting.



Appendix



Appendix: 2023 Performance Year Timeline

The MIPS program has distinct phases that span several calendar years as shown below.



2023 Performance Year	2024 Data Submission	2024 Performance Feedback	2025 Payment Adjustment
<p>Jan. 1 – Dec. 31, 2023 Clinicians care for patients and record data.</p>	<p>Jan. 2 - April 1, 2024 Submit data collected in the performance year</p>	<p>Late Summer 2024 Review final score and payment adjustment</p>	<p>Jan. 1 – Dec. 31, 2025 Payment adjustments applied</p>
<p>To Do:</p> <ul style="list-style-type: none"> • Check initial eligibility (January 2023) • Select a reporting option • Choose a participation option • Collect quality measure data (January - December) • Perform improvement activities (generally 90 days) • Collect Promoting Interoperability data (90+ days) • Check final eligibility (December 2023) 	<p>To Do:</p> <ul style="list-style-type: none"> • Get a HARP account and QPP access (November 2023) • Sign in to the QPP website (January – March 2024) to <ul style="list-style-type: none"> ○ Attest to performing improvement activities and Promoting Interoperability measures ○ Upload your quality measure file or view data submitted on your behalf ○ View any Medicare Part B claims measures you reported throughout 2023 	<p>To Do:</p> <ul style="list-style-type: none"> • 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 60 days to do this once final performance feedback is released) 	<p>To Do:</p> <ul style="list-style-type: none"> • MIPS eligible clinicians will receive a positive, negative, or neutral adjustment in the 2025 payment year based on their 2023 MIPS final score. • MIPS payment adjustments are applied on a claim-by-claim basis to covered professional services billed under the Physician Fee Schedule.

