

Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2024 MIPS Overview Quick Start Guide



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 2024 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>

Purpose: This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) to get you started with participating in the 2024 performance year.

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

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.




How to Use This Guide

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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 QPP, which rewards value in 1 of 2 ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

Beginning in 2024, if you participate in an Advanced APM and achieve Qualifying APM Participant (QP) status, you may be eligible for an increased QP conversion factor and will be excluded from MIPS.



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.



Promoting Interoperability

Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).



Improvement Activities

Assesses your participation in activities that improve clinical practice and support patient engagement.



Quality

Assesses the quality of care you deliver based on measures of performance.



Cost

Assesses the cost of the care you provide based on your Medicare Part B claims.

OVERVIEW

What is the Merit-based Incentive Payment System?

If you're eligible for MIPS in 2024:

- You have to report measure and activity data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories.
 - Exceptions to these reporting requirements include your [MIPS reporting option](#), [special status](#), clinician type, [extreme and uncontrollable circumstances](#) or [hardship exception](#). Detailed information will be available in the forthcoming 2024 Traditional MIPS Scoring Guide, 2024 APP Scoring Guide and 2024 MIPS Value Pathways Implementation Guide. These will be posted to the [QPP Resource Library](#).
- We collect and calculate data for the [cost](#) performance category for you, if applicable.
 - Exceptions include your [MIPS reporting option](#), [participation option](#), [extreme and uncontrollable circumstances](#) and whether or not you meet case minimum for any cost measures.
- 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 2024 final score above 75.
 - Neutral payment adjustment for clinicians with a 2024 final score equal to 75.
 - Negative payment adjustment for clinicians with a 2024 final score below 75.
- Your MIPS payment adjustment is based on your performance during the 2024 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2026.

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

6 Steps for MIPS Participation in the 2024 Performance Year



The [Appendix](#) provides a snapshot of the 2024 performance year timelines and associated activities.



STEP 1

Check Your Current Eligibility for the 2024 Performance Year

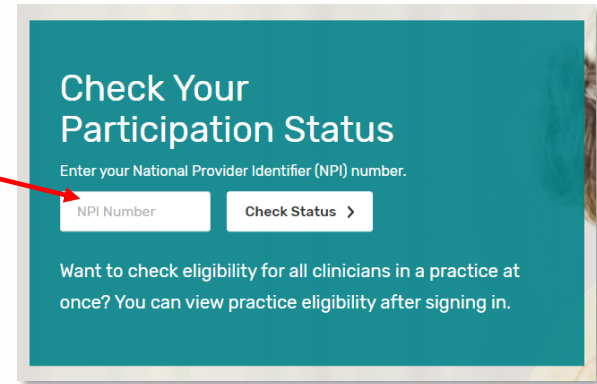
Enter your 10-digit National Provider Identifier (NPI) in the [QPP Participation Status Tool](#) on the QPP website.



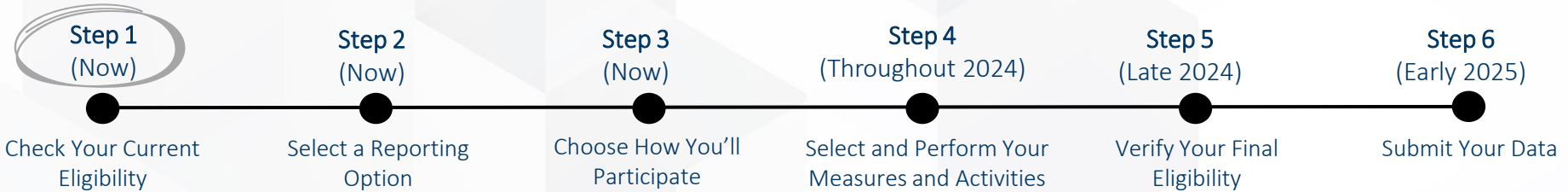
Your preliminary eligibility is available now and your final eligibility will be available in December 2024.

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.

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



For more information about eligibility: Review the [2024 MIPS Eligibility & Participation Quick Start Guide](#).



STEP 1

Check Your Current Eligibility for the 2024 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**



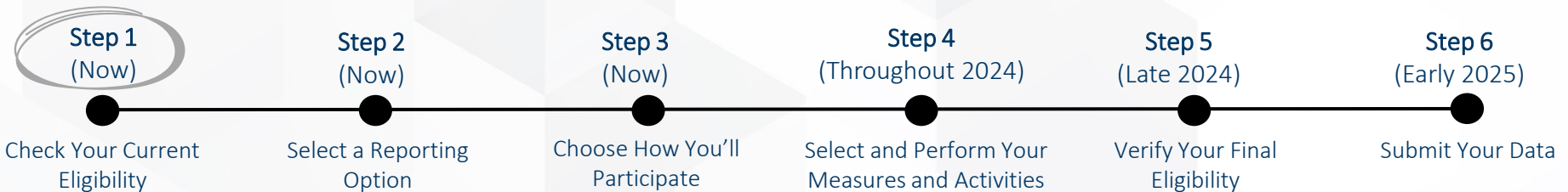
This could change when eligibility data is updated in December 2024 if you fall below the low-volume threshold, but you should be prepared to submit data.

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 2024 if the group falls below the low-volume threshold.



STEP 1

Check Your Current Eligibility for the 2024 Performance Year (Continued)

QPP Participation Status Tool Results (Continued)

- 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 2024 if the individual or group falls below the low-volume threshold.

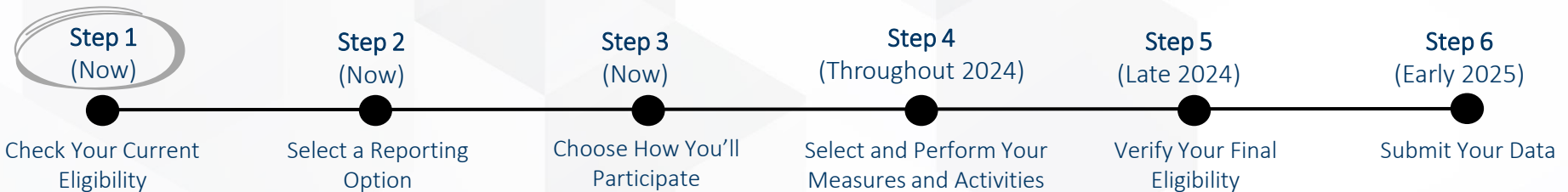
- If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.

MIPS Eligibility: INDIVIDUAL GROUP

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



This could change when eligibility data is updated in December 2024 if the group falls below the low-volume threshold.





STEP 2 Select a Reporting Option

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'll collect and report from the complete MIPS inventory. You report the complete set of Promoting Interoperability measures and attestations. We collect and calculate data for the cost performance category for you.

Newest Reporting Option

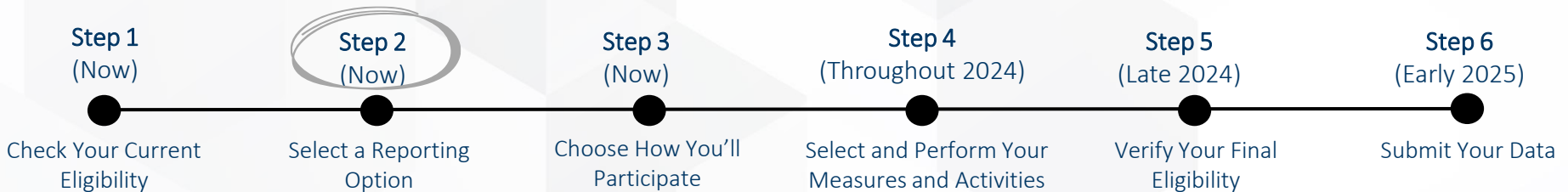
- [MIPS Value Pathways \(MVPs\)](#) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities that are related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more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

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.

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. Shared Savings Program ACOs are required to report via the APM Performance Pathway (APP).



STEP 3

Choose How You'll Participate

"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 2024 performance year closed on December 31, 2023.
- **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. Advance registration is required.

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

Quality Payment PROGRAM

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, group, or subgroup:

MIPS Eligibility: INDIVIDUAL GROUP

This clinician is only eligible at the group (or subgroup) level, any data submitted by the individual would be considered voluntary. There's no requirement to participate as a group, but if a practice chooses to participate as a group, its clinicians will receive a payment adjustment:

MIPS Eligibility: INDIVIDUAL GROUP

Step 1
(Now)

Step 2
(Now)

Step 3
(Now)

Step 4
(Throughout 2024)

Step 5
(Late 2024)

Step 6
(Early 2025)

Check Your Current Eligibility

Select a Reporting Option

Choose How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



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, 2024).*
- We'll evaluate you on any applicable administrative claims-based measures based on data we collect.



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.](#)
- Clinicians with certain [special statuses](#) have reduced reporting requirements.
- Perform each activity for a continuous 90-day period in the 2024 calendar year (or as indicated in the activity's description).



Promoting Interoperability:

- No measure selection.
- [Report complete measure set](#) for a continuous 180-day period.



STEP 4

Select and Perform Your Measures and Activities (Continued)

MVPs

Start by selecting your MVP. [There are 16 available for the 2024 performance year. Registration is required](#) and must be completed by December 2, 2024, at 8 p.m. ET.



Quality:

- [Select 4 measures within the MVP.](#)
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2024).*
- We'll evaluate you on a population health measure using data we collect through administrative claims.



Improvement Activities:

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



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.](#)



Promoting Interoperability:

- No measure selection.
- [Report complete measure set](#) for a continuous 180-day period.



STEP 4

Select and Perform Your Measures and Activities (Continued)

APP

Only available to MIPS eligible 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, 2024).
 - Shared Savings Program ACOs can also report the 10 CMS Web Interface measures.
- [Register for the CAHPS for MIPS Survey measure.](#)
- We'll evaluate you on 2 administrative claims-based measures based on data we collect.



Improvement Activities:

- No reporting required.
- Automatic full credit.



Cost:

- Not evaluated under the APP.



Promoting Interoperability:

- No measure selection.
- Report complete measure set for a continuous 180-day period.



STEP 5

Verify Your Final Eligibility

Check the [QPP Participation Status Tool](#) in **December 2024** to confirm that you remain eligible for MIPS and a payment adjustment.

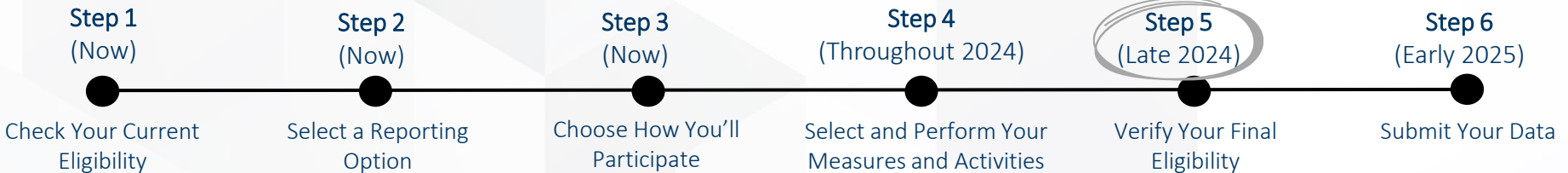
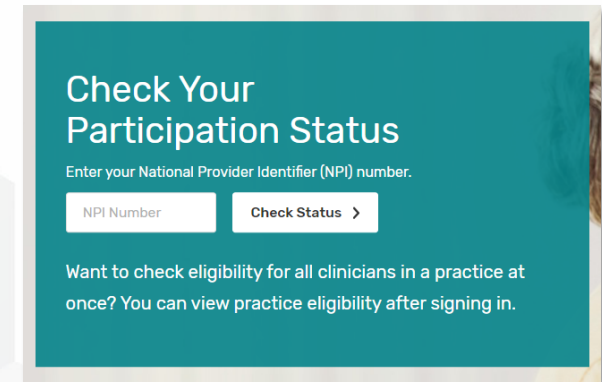


This step is critical to understanding whether you're required to report for the 2024 performance year and eligible to receive a MIPS payment adjustment in 2026.

How Do I Check My MIPS Eligibility?

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

Note: Your preliminary eligibility is available now and your final eligibility will be available in December 2024.



STEP 6

Submit Your Data

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 March 31, 2025. (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).

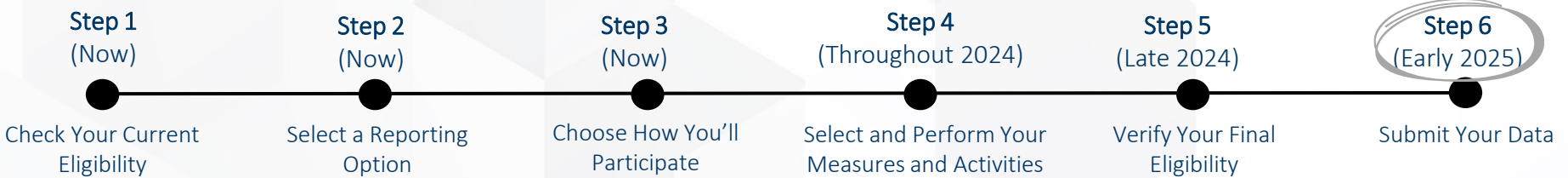
- **Now (throughout 2024):**
Medicare Part B Claims Quality Measures (Small Practices Only)
- **January 2 – March 31, 2025:**
Everything Else



Improvement Activities:

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

- Did you know?**
- When reporting an MVP, you need to include the relevant MVP identifier in your submission.



STEP 6

Submit Your Data (Continued)

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 March 31, 2025.



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
- [Sign in to the QPP website](#) and upload a file of your Promoting Interoperability data.
or
- Work with a third party intermediary to submit data on your behalf.



Cost:

No data submission required.

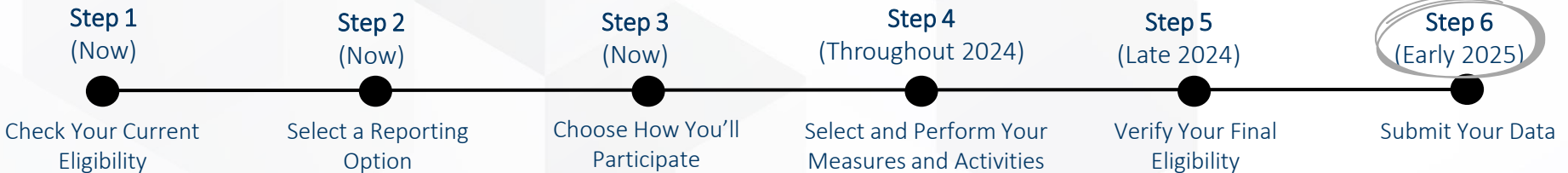
- We retrieve your cost data from administrative claims (those you submit to CMS for payment)

• **Now (throughout 2024):**
Medicare Part B Claims Quality Measures (Small Practices Only)

• **January 2 – March 31, 2025:**
Everything Else

Did you know?

- When reporting an MVP, you need to include the relevant MVP identifier in your submission.



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 [2024 MIPS Data Validation Criteria](#) (ZIP, 599KB) for more information about the recommended documentation for each improvement activity.

Review Your Performance Feedback (Summer 2025)

- [Sign in to the QPP website](#) to review your performance feedback.
 - Preliminary feedback is available once data is submitted.
 - We anticipate final scores will be released in mid-June 2025 and that payment adjustment information will be in available in mid-July 2025.

Preview Public Reporting Data (Late 2025)

- [Sign in to the QPP website](#) to preview your 2024 MIPS performance data for public reporting.

A Closer Look:

- Your data will be published on Doctors & Clinicians on the [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, 2026)

- Review your claims to see payment adjustments for your 2024 performance applied on a claim-by-claim basis to covered professional services billed in 2026.

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). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 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

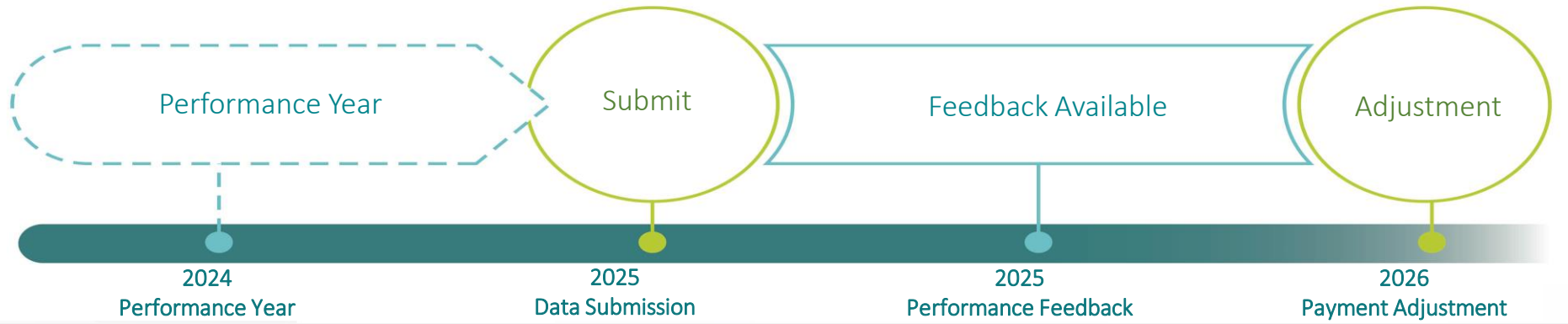
If we need to update this document, changes will be identified here.

Date	Description
03/15/2024	Updated slide 8 to remove reference to nonexistent material.
01/19/2024	Original Posting.

Appendix

Appendix: 2024 Performance Year Timeline

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



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

To Do:

- [Check initial eligibility \(January 2024\)](#)
- Select a [reporting option](#)
- Choose a [participation option](#)
- Collect quality measure data **(January - December)**
- Perform improvement activities (generally 90 days)
- Collect Promoting Interoperability data (180+ days)
- [Check final eligibility \(December 2024\)](#)

2025
Data Submission
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 \(January – March 2025\)](#) 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

2025
Performance Feedback
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).

2026
Payment Adjustment
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.

