

# Merit-based Incentive Payment System (MIPS)

2023 MIPS Quick Start Guide for Small  
Practices (15 or fewer clinicians)



Quality Payment  
PROGRAM

# Table of Contents

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

<a href="#"><u>How To Use This Guide</u></a>	<a href="#"><u>3</u></a>
<a href="#"><u>Overview</u></a>	<a href="#"><u>5</u></a>
<a href="#"><u>Get Started with MIPS in 6 Steps: Small Practices</u></a>	<a href="#"><u>9</u></a>
<a href="#"><u>Step 1. Check Your Current Eligibility for the 2023 Performance Year</u></a>	<a href="#"><u>11</u></a>
<a href="#"><u>Step 2. Select a Reporting Option</u></a>	<a href="#"><u>14</u></a>
<a href="#"><u>Step 3. Choose How You'll Participate</u></a>	<a href="#"><u>15</u></a>
<a href="#"><u>Step 4: Select and Perform Your Measures and Activities</u></a>	<a href="#"><u>16</u></a>
<a href="#"><u>Step 5: Verify Your Final Eligibility</u></a>	<a href="#"><u>19</u></a>
<a href="#"><u>Step 6: Submit Your Data</u></a>	<a href="#"><u>20</u></a>
<a href="#"><u>What Happens After I Submit My Data?</u></a>	<a href="#"><u>21</u></a>
<a href="#"><u>Help and Version History</u></a>	<a href="#"><u>23</u></a>
<a href="#"><u>Appendices</u></a>	<a href="#"><u>26</u></a>

**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) requirements for small practices (15 or fewer clinicians) 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 [APM Overview webpage](#) and check out our APM related resources in the [Quality Payment Program Resource Library](#).



# Overview

## What is the Merit-based Incentive Payment System?

MIPS is one way to participate in QPP. The program rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

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? (Continued)

If you're a clinician in a small practice and eligible for MIPS in 2023:

- You generally have to submit data for the quality and improvement activities, performance categories.
  - Small practices aren't required to submit Promoting Interoperability data, but can choose to do so.
  - We collect and calculate cost measure data for you.
- 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 on a claim-by-claim basis 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](#).







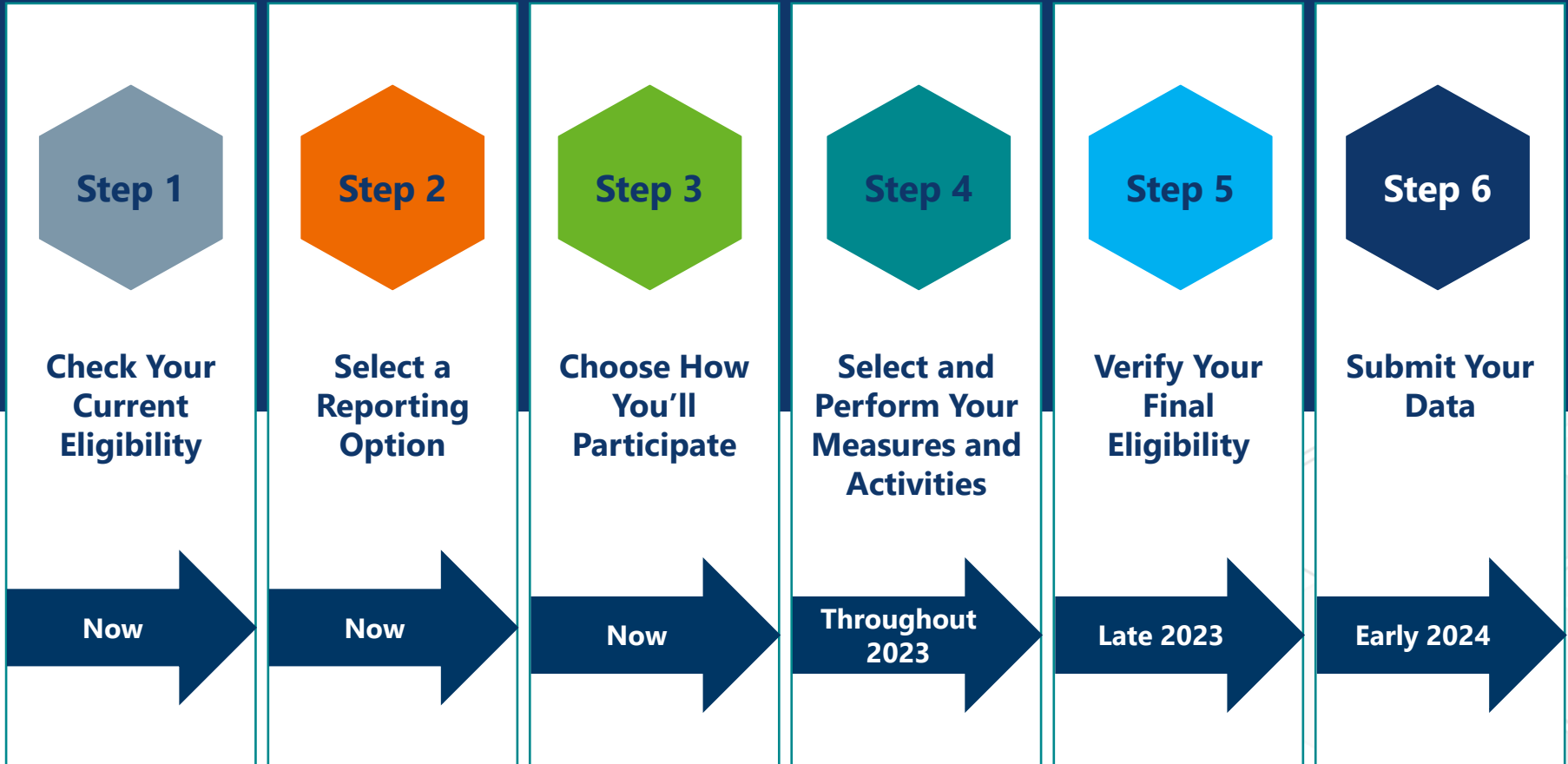
# Get Started with MIPS in 6 Steps: Small Practices

---



# Get Started with MIPS in 6 Steps: Small Practices

## 6 Steps for MIPS Participation in the 2023 Performance Year



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



# Get Started with MIPS in 6 Steps: Small Practices



## Step 1 Check Your Current Eligibility for the 2023 Performance Year

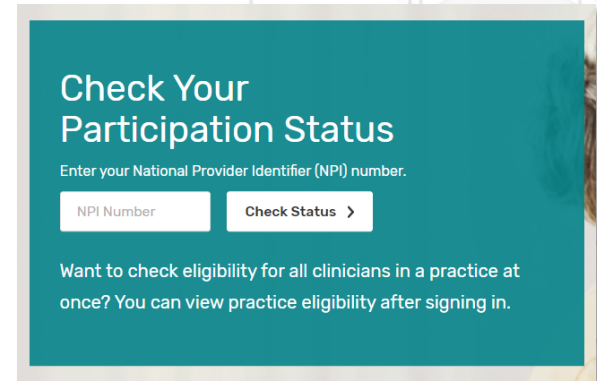
Enter your 10-digit National Provider Identifier (NPI) in the [QPP Participation Status Tool](#) on the QPP website.



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

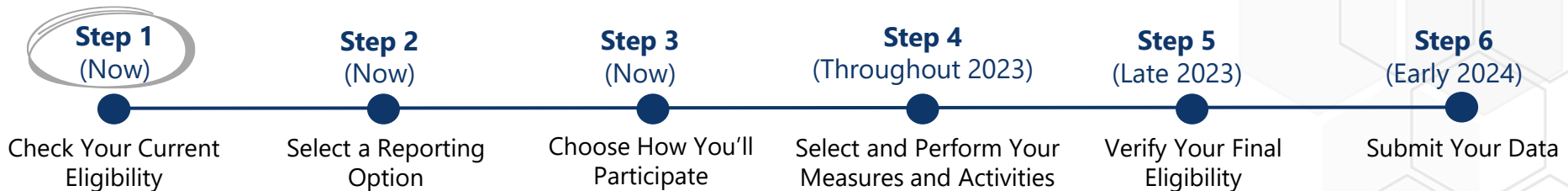
The next few pages will review the possible preliminary eligibility results displayed in the QPP Participation Status Tool and what these results mean for you.

- 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: Small Practices

## 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



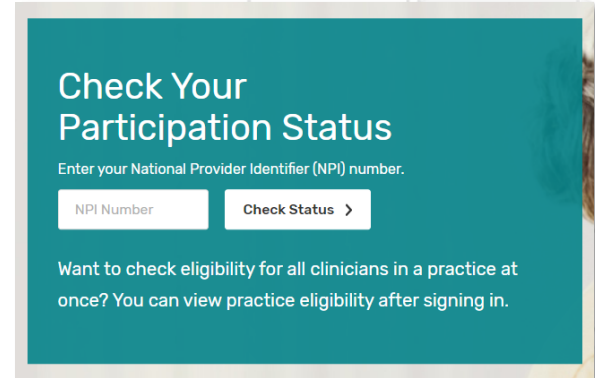
This could change when eligibility data is updated in December 2023 if you fall below the low-volume threshold, but you should be prepared to submit data.

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 How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



# Get Started with MIPS in 6 Steps: Small Practices

## Step 1

### Check Your Current Eligibility for the 2023 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 2023 if the individual or group falls below the low-volume threshold.

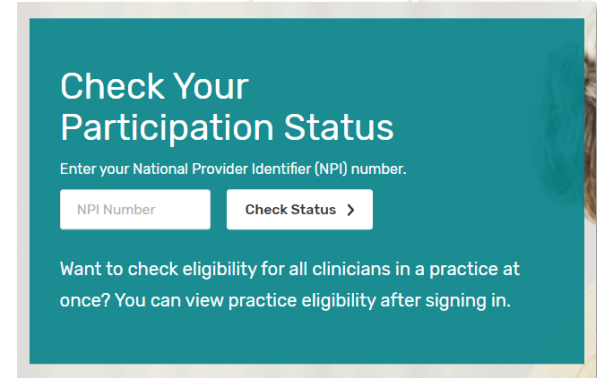
- If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.

MIPS Eligibility:  INDIVIDUAL  GROUP

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

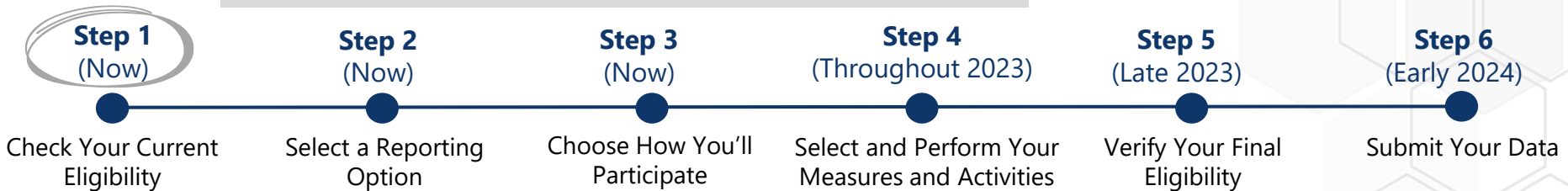


This could change when eligibility data is updated in December 2023 if the group falls below the low-volume threshold.



#### For more information about eligibility:

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



# Get Started with MIPS in 6 Steps: Small Practices



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

### Original Reporting Option

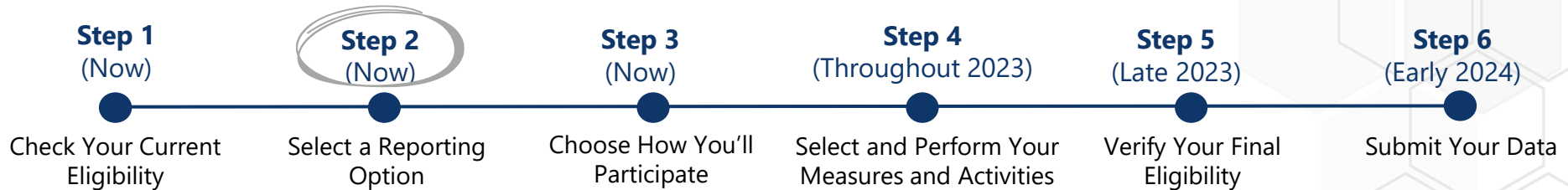
- [Traditional MIPS](#), established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS. Small practices aren't required 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 option for 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. You'll report a predetermined measure set made up of quality measures. 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.

### Newest Reporting Option

- [MIPS Value Pathways \(MVPs\)](#) are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition. MVPs offer more meaningful groupings of measures and activities, to provide a more connected assessment of the quality of care. Beginning with the 2023 performance year, you'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to 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 [12 MVPs available](#) to report for the 2023 performance year.



# Get Started with MIPS in 6 Steps: Small Practices

## 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 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 an MVP. Advance registration 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.

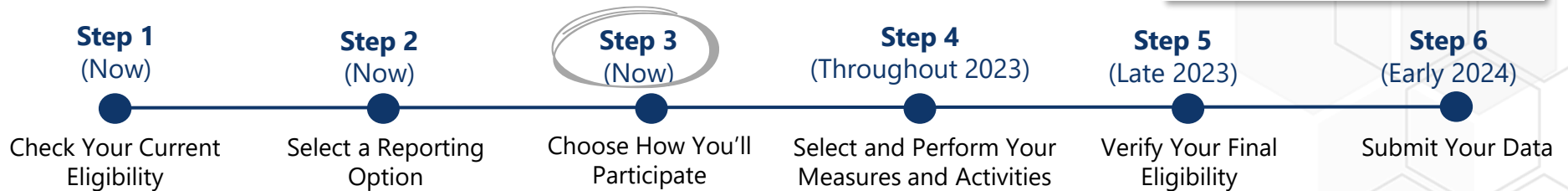


This clinician is eligible at the individual and group levels and can choose whether to participate as an individual or group:

MIPS Eligibility:  INDIVIDUAL  GROUP

This clinician is only eligible at the group level, so any individual submission 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



# Get Started with MIPS in 6 Steps: Small Practices

## 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).\*
- We collect and evaluate data for all administrative claims-based measures for which you meet the case minimum and clinician requirement.



**Cost:**

- No measure selection or data submission required.
- We collect and evaluate this data for you for measures meeting the minimum requirement.
- Review measures.



**Improvement Activities\*\*:**

- [Select 1 high-weighted or 2 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 reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted. See [Appendix B](#).

**A Closer Look:**

**\*Medicare Part B claims measures:** If you choose to report quality measures through your 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 How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data





# Get Started with MIPS in 6 Steps: Small Practices

## 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 quality measures within the MVP.](#)
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2023).\*
- Choose an administrative claims-based population health measure to be evaluated on (if you meet case minimum).



#### Cost:

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



#### Improvement Activities\*\*:

- [Select 1 high-weighted or 2 medium-weighted activities or IA PCMH \(participation in a patient-centered medical home\) 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 reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

#### A Closer Look:

**\*Medicare Part B claims measures:** If you choose to report quality measures through your 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 How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



# Get Started with MIPS in 6 Steps: Small Practices

## 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 and administer the CAHPS for MIPS Survey measure](#). (Register April 3 – June 30, then collect data through December.)



**Cost:**

- Not evaluated or scored under the APP.



**Improvement Activities\*\*:**

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

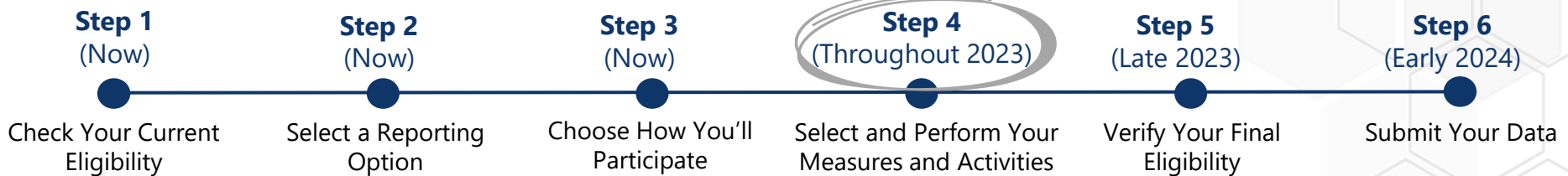


**Promoting Interoperability:**

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

**A Closer Look:**

**\*Medicare Part B claims measures:** If you choose to report quality measures through your 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.



# Get Started with MIPS in 6 Steps: Small Practices

## 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.

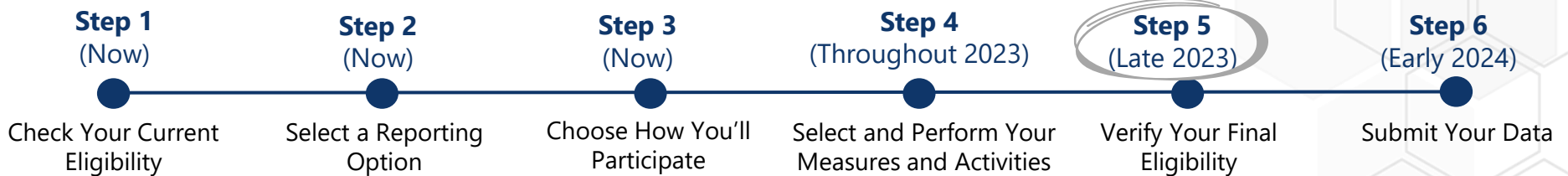
#### How Do I Check My MIPS Eligibility?

- 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: Small Practices



## 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 April 1, 2024. (Note: Medicare Part B claims quality measures are submitted throughout the performance year.)

- **Now (throughout 2023):** Medicare Part B claims quality measures
- **January 2 – April 1, 2024:** Measure data and attestations

Submission Options	Traditional MIPS	MVPs	APP
<b>Quality</b>			
Sign in to the QPP website and upload a file of your quality measure data.	✓	✓	✓
Work with a third party intermediary to submit data on your behalf.	✓	✓	✓
Report quality measures via Medicare Part B claims throughout the performance year.	✓	✓	✓
<b>Improvement Activities</b>			
Sign in to the QPP website and attest to (check yes) the 1 (high-weighted) or 2 (medium-weighted) activities you've performed.	✓	✓	<b>No submission required.</b> Automatically receive full credit in the 2023 performance year.
Work with a third party intermediary to submit data on your behalf.	✓	✓	
<b>Promoting Interoperability</b>	<b>(No submission required. Automatically reweighted to 0%.)</b>		
If you choose to report:			
○ Sign in to the QPP website and attest to the data required for these measures (select yes or no, or provide numerator and denominator values).	✓	✓	
○ Work with a third party intermediary to submit data on your behalf.	✓	✓	
<b>Cost (No data submission required)</b>	Cost data collected from administrative claims (those submitted for payment)		Not scored under the APP

### A Closer Look:

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

**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 How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



# 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 (Late Summer 2024)

- [Sign in to the QPP website](#) to review your performance feedback.
  - Preliminary feedback is available once data is submitted.
  - Final performance feedback and payment adjustment information will be available in 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 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, 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](mailto: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 [Small Practices page](#) of the Quality Payment Program website for more small practice resources.

**[Sign up](#)** for the monthly **QPP Small Practices Newsletter** for the latest information relevant for small practices.





# 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.



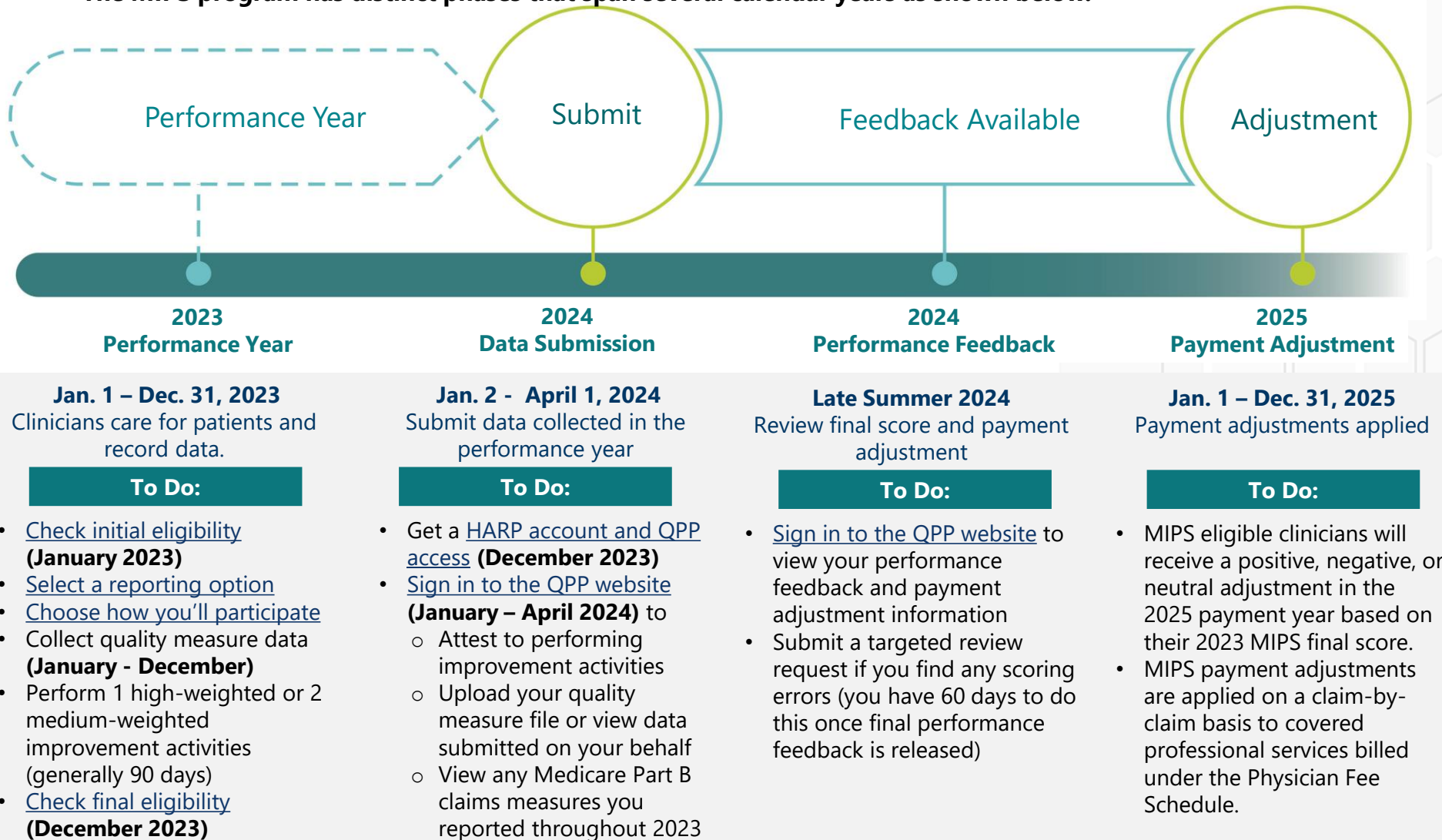
# Appendices

---



# Appendix A: 2023 Performance Year Timeline

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



# Appendix B: Final Score Calculation – 2023 Performance Year Redistribution Policies for Small Practices

We've updated 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)

Quality



40% of MIPS Score

Cost



30% of MIPS Score

Improvement Activities



30% of MIPS Score

Promoting Interoperability



0% of MIPS Score

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

Quality



50% of MIPS Score

Cost



0% of MIPS Score

Improvement Activities



50% of MIPS Score

Promoting Interoperability



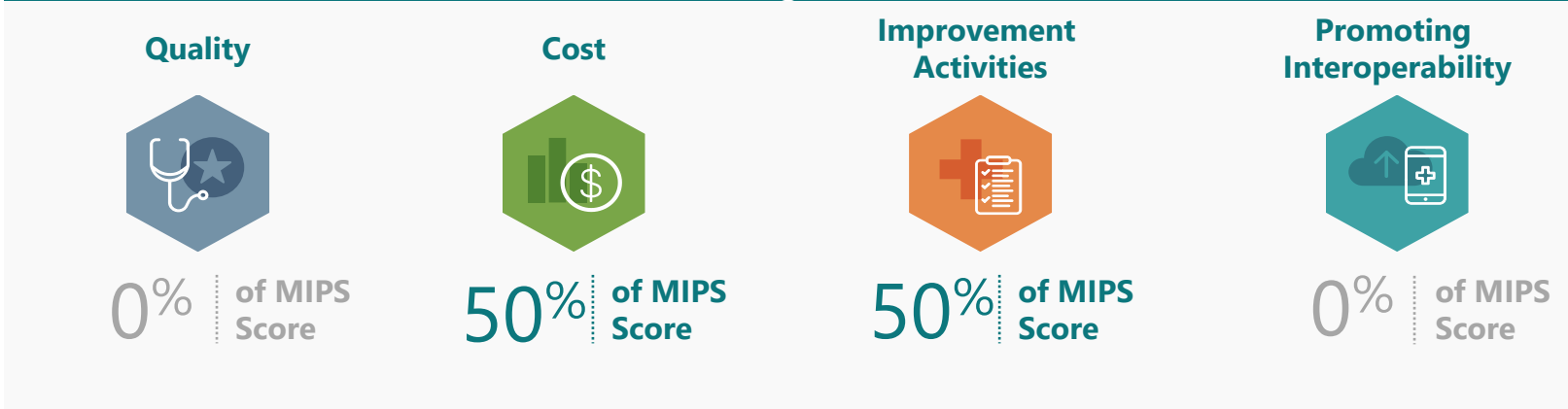
0% of MIPS Score



# Appendix B: Final Score Calculation – 2023 Performance Year Redistribution Policies for Small Practices (Continued)

**NOTE:** The following scenarios apply to everyone, not just small practices.

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



When **no** performance categories are reweighted (this means you submitted Promoting Interoperability data):

