

Quality Payment PROGRAM

OVERVIEW OF THE 2024 QUALITY PAYMENT PROGRAM POLICY UPDATES

November 14, 2023



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Quality Payment Program (QPP)

Topics



Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule: Quality Payment Program (QPP) Policy Updates

- MIPS Value Pathways (MVPs)
- Traditional Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (Advanced APMs)
- Public Reporting
- Medicare Shared Savings Program (Shared Savings Program)
- Help and Support
- Q&A

Reminder: Upcoming Deadlines



- **November 30, 2023** – MIPS MVPs registration window closes for the 2023 performance year.
- **December 31, 2023** – Virtual group election period for the 2024 performance year closes.
- **January 2, 2024** – Last day to submit a [Promoting Interoperability Hardship Exception Application and/or MIPS Extreme and Uncontrollable Circumstances \(EUC\) Application](#) for the 2023 performance year.
- **January 2, 2024** – Data submission opens for the 2023 performance year.

Reminder: Targeted Review Timeline



- Beginning with the 2024 performance period, the targeted review submission period will open upon release of MIPS final scores and remain open for 30 days after MIPS payment adjustments are released.
 - This will maintain an approximately 60-day period for requesting a targeted review:
 - 30 days before payment adjustments are released.
 - 30 days after payment adjustments are released.
- This updated timeline will allow us to ensure that we have completed adjudicating targeted reviews and have a finalized list of Qualifying APM Participants (QPs) by October 1, so that accurate payments reflective of performance across QPP can be implemented as of January 1 of the payment year.

Rule Resources



CMS recently issued policies for QPP via the **CY 2024 PFS Final Rule**.

[QPP 2024 Final Rule Resources Zip File Resources:](#)

- **Overview Fact Sheet and Policy Comparison Table:** Overview of policies for the 2024 performance year and comparison of final 2024 performance year policies to 2023 performance year policies.
- **Frequently Asked Questions (FAQs):** Addresses potential questions regarding CY 2024 PFS Final Rule policies.

Quality Payment Program

Future Direction as Outlined in the CY 2024 PFS Final Rule



- We recognize the challenges faced by many across the country over the past 3 years. **CMS remains committed to promoting more meaningful participation for clinicians, ensuring the policies continue to drive us toward value and improved health outcomes for patients.**
- To further these goals under MIPS, the CY 2024 PFS Final Rule focuses on:
 - Continuing to implement new MVPs.
 - Revising existing MVPs.
 - Refining the quality measure and improvement activities inventories.

2024 Policy Highlights

Key QPP Policies from the CY 2024 PFS Final Rule



MVPs

- We're continuing to implement **new MVPs** and **revise previously established MVPs** by:
 - Finalized **5** new MVPs and revised **all** previously established MVPs for reporting, beginning with the 2024 performance year.
- There will be a total of **16 MVPs available** for reporting in the 2024 performance year.

2024 Policy Highlights

Key QPP Policies from the CY 2024 PFS Final Rule



- We've **limited the changes to policies within MIPS** to provide clinicians continuity and consistency while they gain familiarity with MVPs.
- Notable policies include:
 - Continuing to use the mean final score from the 2017 performance year to establish the performance threshold for the 2024 performance year (the performance threshold will remain 75 points).
 - Maintaining the data completeness threshold at 75% through the 2026 performance year.
 - Continuing to make QP determinations at the APM Entity level for the 2024 performance year.
 - Maintaining the 75% threshold for Certified EHR Technology (CEHRT) use by Advanced APMs for the 2024 performance year.

2024 Policy Highlights

Key QPP Policies from the CY 2024 PFS Final Rule



- Updated MIPS measures and the improvement activities inventory by:
 - Finalizing changes to the quality measures inventory resulting in a total of 198 quality measures (removed 11 and added 11 MIPS quality measures);
 - Making substantive changes to 59 existing MIPS quality measures;
 - Adding 5 new episode-based cost measures beginning with the CY 2024 performance year, each with a 20-episode case minimum;
 - Removing the acute inpatient medical condition cost measure Simple Pneumonia with Hospitalization, beginning with the 2024 performance year; and
 - Adding 5 new improvement activities, modifying 1 existing improvement activity, and removing 3 existing improvement activities.

2024 Policy Highlights

Key QPP Policies from the CY 2024 PFS Final Rule



Promoting Interoperability Performance Period

- Increasing the performance period for Promoting Interoperability to a minimum of 180 consecutive days within the calendar year.

Shared Savings Program

- Establishing the Medicare Clinical Quality Measures (CQMs) for ACOs participating in the Shared Savings Program (Medicare CQMs) as a new collection type for Shared Savings Program ACOs under the APM Performance Pathway (APP).
- For performance years beginning on or after January 1, 2025, unless otherwise excluded, requiring an ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, QP, or Partial QP, regardless of track, to report the MIPS Promoting Interoperability performance category measures and requirements to MIPS and earn a performance category score for the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM entity level.



MVP FINAL RULE POLICIES

MIPS Value Pathways (MVPs) Finalized Policies



MVP Candidates

CMS finalized **5 new MVPs** and revised **all previously established MVPs** that will be available beginning with the 2024 performance year:

Newly Finalized MVPs

Focusing on Women's Health

Quality Care for the Treatment of Ear, Nose, and Throat Disorders

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV

Quality Care in Mental Health and Substance Use Disorders

Rehabilitative Support for Musculoskeletal Care

Previously Established MVPs

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine

Advancing Cancer Care

Advancing Care for Heart Disease

Advancing Rheumatology Patient Care

Coordinating Stroke Care To Promote Prevention and Cultivate Positive Outcomes

Improving Care for Lower Extremity Joint Repair

Optimal Care for Kidney Health

Optimal Care for Patients with Episodic Neurological Conditions

Patient Safety and Support of Positive Experiences with Anesthesia

Value in Primary Care*

Supportive Care for Neurodegenerative Conditions

For more information, visit the [Explore MVPs webpage](#).

* This new MVP title reflects consolidation of previously existing MVPs: Optimizing Chronic Disease Management and Promoting Wellness

MIPS Value Pathways (MVPs) Finalized Policies

MVP Development



Additions to MVP Development Process:

- Broaden the opportunities for the public to provide feedback on viable MVP candidates by posting draft versions of MVP candidates on the [QPP website](#) to solicit feedback for a **45-day period** (*previously 30 days*).
 - CMS will review all feedback and determine if any changes recommended should be incorporated into a candidate MVP before it's proposed in rulemaking.
 - If CMS determines changes should be made, CMS won't notify the group or organization that submitted the original MVP candidate in advance of rulemaking.

Review detailed instructions for MVP candidate development and formally submit MVP candidates for CMS consideration via the [MVP Candidate Development & Submission webpage](#).



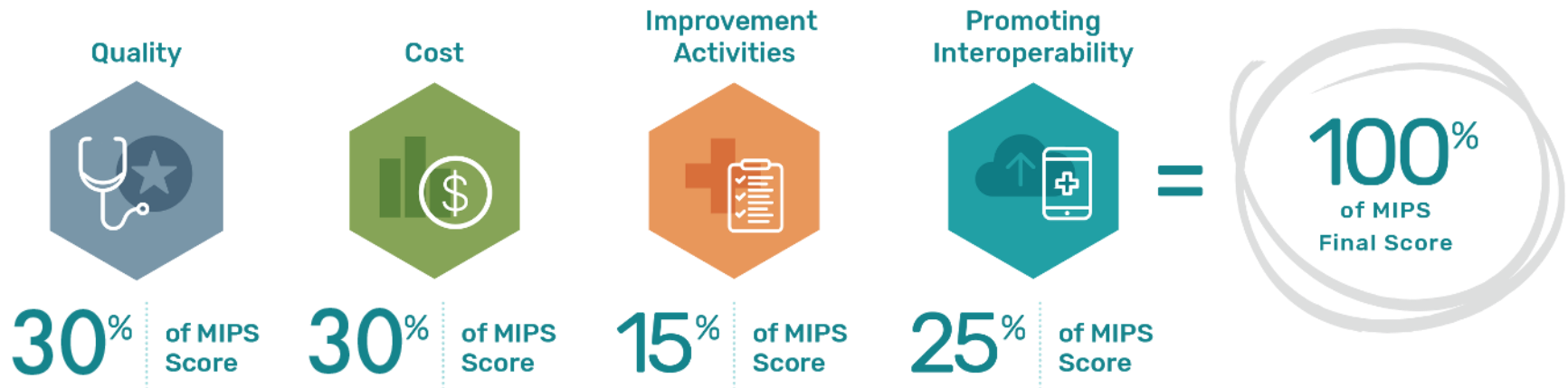
MIPS FINAL RULE POLICIES

Merit-based Incentive Payment System (MIPS)



Quick Overview

MIPS 2024 Performance Categories







- Comprised of **4** performance categories.
- The points from each performance category are added together to give you a MIPS final score.
- The MIPS final score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**.

2024 MIPS Finalized Policies

Performance Category Weights



Performance Category	Performance Category Weights		
	2024 Traditional MIPS and MVPs Individuals, Groups, Virtual Groups (no change)	2024 Traditional MIPS and MVPs APM Entities (no change)	2024 APM Performance Pathway (APP) Individuals, Groups, APM Entities (no change)
 Quality	30%	55%	50%
 Cost	30%	0%	0%
 Improvement Activities	15%	15%	20%
 Promoting Interoperability	25%	30%	30%

Note: The APP has different scoring weights compared to APM Entities participating in traditional MIPS.

When an APM Entity reports traditional MIPS, CMS will reweight the quality performance category to 55% according to traditional MIPS performance category reweighting rules, as opposed to 50% under the APP.

2024 MIPS Finalized Policies

Third Party Intermediaries



Policies for Third Party Intermediaries:

- **Health Information Technology (IT) Vendors:** Due to circumstances in which health IT vendors have submitted data that are inaccurate and unusable, and to ensure consistent requirements (such as data validation and auditing) across all third party intermediaries, we have finalized to eliminate the health IT vendor category beginning with the CY 2025 performance year.
 - Health IT vendors will still be able to participate in MIPS as third party intermediaries by self-nominating to become a qualified registry or QCDR (if applicable requirements are met). They can also continue to facilitate data submission by assisting clinicians with submitting their own data directly.



MIPS FINAL RULE POLICIES

Quality Performance Category

2024 MIPS Finalized Policies

Quality Performance Category



Basics:

- Additions, changes, and removals of MIPS quality measures
- New collection type available for Shared Savings Program ACOs
- Updates to data completeness
- Changes to ICD-10 Coding
- Revisions to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey



Quality Measures

CMS finalized an inventory of **198** MIPS quality measures for the 2024 performance year:

- Addition of **11** MIPS quality measures, including 1 composite measure and 6 high priority measures, of which 4 are patient-reported outcome measures.
- Substantive changes to **59** existing MIPS quality measures.
- Removal of **11** MIPS quality measures and partial removal of **3** MIPS quality measures (3 measures removed from traditional MIPS and retained for MVP use only).

QCDR measures aren't included in the above measure inventory.

2024 MIPS Finalized Policies

Quality Performance Category



Basics:

- Additions, changes, and removals of MIPS quality measures
- New collection type available for Shared Savings Program ACOs
- Updates to data completeness
- Changes to ICD-10 Coding
- Revisions to the CAHPS for MIPS Survey



Collection Types Available for Shared Savings Program ACOs reporting the APP

2023 Final	2024 Final
<ul style="list-style-type: none">• Shared Savings Program ACOs can report their quality measures under the APP using the following collection types for the 2024 performance year:<ul style="list-style-type: none">• CMS Web Interface Measures• Electronic Clinical Quality Measures (eCQMs)• MIPS Clinical Quality Measures (MIPS CQMs).	<ul style="list-style-type: none">• We finalized the establishment of a new collection type (the way in which data is collected for a measure), specifically for ACOs: Medicare CQMs, which can only be reported under the APP.• The following collection types are now available:<ul style="list-style-type: none">• CMS Web Interface Measures*• Electronic Clinical Quality Measures (eCQMs)• MIPS Clinical Quality Measures (MIPS CQMs).• Medicare CQMs**

*The 2024 performance year will be the final year for Shared Savings Program ACOs to report the CMS Web Interface measures.

**Under the Medicare CQM collection type, an ACO that participates in the Shared Savings Program is required to collect and report data on only the ACO's Medicare fee-for-service beneficiaries that meet the definition of a beneficiary eligible for Medicare CQM at § 425.20, instead of its all payer/all patient population.

2024 MIPS Finalized Policies

Quality Performance Category



Basics:

- Additions, changes, and removals of MIPS quality measures
- New collection type available for Shared Savings Program ACOs
- Updates to data completeness
- Changes to ICD-10 coding
- Revisions to the CAHPS for MIPS Survey



Data Completeness

2023 Final	2024 Final
<ul style="list-style-type: none">• Increase to the data completeness threshold to 75% for the 2024 and 2025 performance years.	<ul style="list-style-type: none">• Maintain the data completeness threshold of 75% for the 2026 performance year, which is applicable to eQMs, MIPS CQMs, Medicare Part B claims measures, and QCDR measures.• The data completeness threshold of 75% for the 2024, 2025, and 2026 performance years also applies to Medicare CQMs collection type.

2024 MIPS Finalized Policies

Quality Performance Category



ICD-10 Coding Changes

Basics:

- Additions, changes, and removals of MIPS quality measures
- New collection type available for Shared Savings Program ACOs
- Updates to data completeness
- Changes to ICD-10 Coding
- Revisions to the CAHPS for MIPS Survey



2023 Final	2024 Final
<ul style="list-style-type: none">• Measures are truncated (9-month performance period) when there's a more than 10% change in codes in the measure numerator, denominator, exclusions, and exceptions; clinical guideline changes or new products or procedures reflected in ICD-10 code changes effective October 1 each year. (In this circumstance, eQMs have been suppressed.)	<ul style="list-style-type: none">• We finalized modifications to the criteria used to assess ICD-10 coding updates by:<ul style="list-style-type: none">• Eliminating the automatic 10% threshold of coding changes that triggers measure suppression or truncation.• Assessing the impact of coding changes on a case-by-case basis.• Assessing each collection type separately of a given measure in order to determine the appropriate action to take for a measure affected by an ICD-10 coding update.

2024 MIPS Finalized Policies

Quality Performance Category



Basics:

- Additions, changes, and removals of MIPS quality measures
- New collection type available for Shared Savings Program ACOs
- Updates to data completeness
- Changes to ICD-10 Coding
- Revisions to the CAHPS for MIPS Survey

CAHPS for MIPS Survey

- We're **requiring** groups, virtual groups, subgroups, and APM Entities to contract with a CAHPS for MIPS survey vendor to administer the Spanish survey translation to Spanish-prefering patients using the procedures detailed in the CAHPS for MIPS Quality Assurance Guidelines.
- We're also **recommending** that groups, virtual groups, subgroups, and APM Entities administer the CAHPS for MIPS Survey in the other available translations (Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese).



MIPS FINAL RULE POLICIES

Cost Performance Category

2024 MIPS Finalized Policies

Cost Performance Category



Basics:

- Additions and removals of MIPS cost measures



Cost Measure Inventory

- **Adding** 5 new episode-based cost measures, each with a 20-episode case minimum, including:
 - An acute inpatient medical condition measure (**Psychoses and Related Conditions**);
 - Three chronic condition measures (**Depression, Heart Failure, and Low Back Pain**);
 - A measure focusing on care provided in the emergency department setting (**Emergency Medicine**).
- **Removing** the acute inpatient medical condition cost measure Simple Pneumonia with Hospitalization, beginning with the 2024 performance year.
- Beginning with PY 2023, we're calculating cost improvement at the category level (instead of measure-level as previously finalized)



MIPS FINAL RULE POLICIES

Improvement Activities
Performance Category

2024 MIPS Finalized Policies

Improvement Activities Performance Category



Basics:

- Continue streamlining and strengthening improvement activities Inventory



Improvement Activities Inventory

- **Adding 5** new improvement activities
 - These additions include an MVP-specific improvement activity titled “Practice-Wide Quality Improvement in MIPS Value Pathways”.
- **Modifying 1** existing improvement activity.
- **Removing 3** existing improvement activities



MIPS FINAL RULE POLICIES

Promoting Interoperability
Performance Category

2024 MIPS Finalized Policies

Promoting Interoperability Performance Category



Basics:

- Discontinue automatic reweighting policy for certain clinician types
- Increase the performance period
- Adjust measure points

Reweighting

2023 Final	2024 Final
<p>Discontinuing automatic reweighting for following clinician types beginning with 2023:</p> <ul style="list-style-type: none">• Nurse practitioners• Physician assistants• Certified registered nurse anesthetists• Clinical nurse specialists <p>Continuing automatic reweighting for following clinician types in 2023:</p> <ul style="list-style-type: none">• Clinical social workers• Physical therapists• Occupational therapists• Qualified speech-language pathologists• Qualified audiologists• Clinical psychologists, and• Registered dietitians or nutrition professionals	<p>Discontinuing automatic reweighting for following clinician types in the 2024 performance year:</p> <ul style="list-style-type: none">• Physical therapists• Occupational therapists• Qualified speech-language pathologists• Qualified audiologists• Clinical psychologists• Registered dietitians or nutrition professionals <p>Continuing automatic reweighting for the following clinician type in the 2024 performance year:</p> <ul style="list-style-type: none">• Clinical social workers

NOTE: We'll continue to automatically reweight small, hospital-based and ambulatory surgical center-based clinicians.

2024 MIPS Finalized Policies

Promoting Interoperability Performance Category



Basics:

- Discontinue automatic reweighting policy for certain clinician types
- Increase the performance period
- Modify measures and reporting requirements



Performance Period

2023 Final	2024 Final
The performance period is a minimum of 90 continuous days within the calendar year.	We finalized the increase of the performance period to a minimum of 180 continuous days within the calendar year.

2024 MIPS Finalized Policies

Promoting Interoperability Performance Category



Basics:

- Discontinue automatic reweighting policy for certain clinician types
- Increase the performance period
- Modify measures and reporting requirements



Query of Prescription Drug Monitoring Program (PDMP) Measure Exclusion

2023 Final	2024 Final
The current exclusion is available if a clinician or group “writes fewer than 100 permissible prescriptions during the performance period”	We finalized the modification of this exclusion to the following: <ul style="list-style-type: none">• “Does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.”

2024 MIPS Finalized Policies

Promoting Interoperability Performance Category



Basics:

- Discontinue automatic reweighting policy for certain clinician types
- Increase the performance period
- Modify measures and reporting requirements



Safety Assurance Factors for EHR Resilience (SAFER) Guides Measure

2023 Final	2024 Final
For the 2022 and 2023 performance years a “yes” or a “no” response fulfills the SAFER Guide measure.	We finalized to require a “yes” response for the SAFER Guide measure beginning with the CY 2024 performance year. <ul style="list-style-type: none">• Clinicians need to conduct a self-assessment using the High Priority Practices SAFER guide as a review.



MIPS FINAL RULE POLICIES

Final Scoring

2024 MIPS Finalized Policies

Final Scoring



2024 Final Policies for Subgroups:

- **Complex Patient Bonus:** Beginning with the 2023 performance year, subgroups (will receive their affiliated group's complex patient bonus, if available.
- **Facility-based Measurement:** We won't calculate a facility-based score at the subgroup level. Subgroups aren't eligible for facility-based measurement. We only calculate facility-based scores in traditional MIPS, which isn't available to subgroups.



2024 MIPS Finalized Policies

Final Scoring



Performance Threshold 2023 Final

Continue using the mean final score from the 2017 performance year/2019 MIPS payment year:

- **Set the performance threshold at 75 points** for the 2023 performance year/2025 payment year.



Performance Threshold 2024 Final

The performance threshold will remain 75 points for the CY 2024 performance year.

The 2022 performance year/2024 payment year was the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.

2024 MIPS Finalized Policies

Performance Threshold and Payment Adjustments



2023 Final

Final Score 2023	Payment Adjustment 2025
75.01-100 points	<ul style="list-style-type: none">• Positive adjustment greater than 0%• Not eligible for additional payment for exceptional performance
75 points	<ul style="list-style-type: none">• Neutral payment adjustment
18.76-74.99 points	<ul style="list-style-type: none">• Negative payment adjustment between -9% and 0%
0-18.75 points	<ul style="list-style-type: none">• Negative payment adjustment of -9%



2024 Final

Final Score 2024	Payment Adjustment 2026
75.01-100 points	<ul style="list-style-type: none">• Positive adjustment greater than 0%• (Scaling factor applied to meet statutory budget neutrality requirements)
75 points	<ul style="list-style-type: none">• Neutral payment adjustment
18.76-74.99 points	<ul style="list-style-type: none">• Negative payment adjustment between -9% and 0%
0-18.75 points	<ul style="list-style-type: none">• Negative payment adjustment of -9%

The 2022 performance year/2024 MIPS payment year was the final year for an additional performance threshold/additional MIPS adjustment for exceptional performance.



ADVANCED APM FINAL RULE POLICIES

2024 Advanced APMs Finalized Policies



- **Use of CEHRT:** To be an Advanced APM, the APM must require the use of certified EHR technology, which means EHR technology certified under the ONC Health IT Certification Program that meets: (1) the 2015 Edition Base EHR definition, or any subsequent Base EHR definition (as defined in at 45 CFR 170.102); and (2) any such ONC health IT certification criteria adopted or updated in 45 CFR 170.315 that are determined applicable for the APM, for the year, considering factors such as clinical practice areas involved, promotion of interoperability, relevance to reporting on applicable quality measures, clinical care delivery objectives of the APM, or any other factor relevant to documenting and communicating clinical care to patients or their health care providers in the APM.

PUBLIC REPORTING FINAL POLICIES

2024 QPP Public Reporting Finalized Policies



2024 Final

Utilization Data

- Modifying existing policy about publicly reporting procedure utilization data on individual clinician profile pages by incorporating Medicare Advantage data with Medicare Fee-for-Service data for a more accurate representation of procedure volumes among Medicare beneficiaries.



Telehealth Indicators

- Instead of using specific Place of Service (POS) and claims modifier codes to identify telehealth services through annual rulemaking, we'll use the most recent POS and claims modifier codes available as of the time the information is refreshed on clinician profile pages. This will give us more flexibility to ensure the accuracy of the telehealth indicator and reduce annual regulatory burden.



MEDICARE SHARED SAVINGS PROGRAM FINAL RULE POLICIES

Medicare Shared Savings Program

Medicare CQM Policies



- For performance year 2024 and subsequent performance years, we established Medicare CQMs as a new collection type for Shared Savings Program ACOs within the APP measure set.
 - A Medicare CQM is a CQM reported by an ACO on Medicare patients with claims encounters with ACO professionals with specialty designations used in the Shared Savings Program assignment methodology during the quality measurement period or who has designated an ACO professional participating in the ACO as responsible for coordinating their overall care, instead of its all payer/all patient population.
 - Upon the ACO's request, we will provide each ACO with a list of beneficiaries eligible for Medicare CQMs each quarter throughout the performance year as part of the ACO's Quarterly Informational Reports Packages. The list will be cumulative and updated to reflect the most recent quarter's data. ACOs will need to evaluate their patient population against each Medicare CQM specification prior to submission, including confirming the beneficiaries meet the numerator and denominator criteria for the measure.
 - Standards for data completeness, benchmarking, and scoring ACOs for the Medicare CQM collection type continues to align with MIPS policies.
 - ACOs that report Medicare CQMs will be eligible for the health equity adjustment to their quality performance category score when calculating shared savings payments.

Medicare Shared Savings Program

Policies to Align CEHRT Requirements with MIPS



- Currently, the Shared Savings Program and MIPS differ in their CEHRT requirements. To align the Shared Savings Program with MIPS, we're finalizing with modification to:
 - **Sunset** the Shared Savings Program CEHRT threshold requirements beginning performance year 2025; and
 - **Add** a new requirement, for performance years beginning on or after January 1, 2025, unless otherwise excluded, an ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, QP, or Partial QP, regardless of track, must report the MIPS Promoting Interoperability performance category measures and requirements to MIPS and earn a performance category score at the individual, group, virtual group, or APM entity level.
- For performance year 2025 and subsequent performance years, we will require that an ACO must publicly report the number of ACO participants, ACO providers/suppliers, and ACO professionals that are MIPS eligible clinicians, QPs, or Partial QPs that earn a performance category score for the MIPS Promoting Interoperability performance category.

Medicare Shared Savings Program

Other Major Policies for Revising the Quality Performance Standard



Use of Historical Data to Establish the 40th Percentile MIPS Quality Performance Category Score

- For performance year 2024 and subsequent performance years, we will use a rolling, 3-performance year average with a lag of 1-performance year to calculate the 40th percentile MIPS Quality performance category score (e.g., the 40th percentile MIPS Quality performance category score used for the quality performance standard for performance year 2024 will be based on averaging the 40th percentile MIPS Quality performance category scores from performance years 2020 through 2022).

Apply a Shared Savings Program Scoring Policy for Excluded APP Measures and APP Measures that Lack a Benchmark

- For performance year 2024 and subsequent performance years, if an ACO reports all of the required measures under the APP, meets the data completeness requirement for each measure, and receives a MIPS Quality performance category score, we will use the higher of the ACO's health equity adjusted quality performance score or the 40th percentile MIPS Quality performance category score to determine whether the ACO meets the quality performance standard required to share in savings at the maximum rate under its track (or payment model within a track) when the ACO meets either of the following:
 - The ACO's total available measure achievement points used to calculate the ACO's MIPS QPC score is reduced due to measure suppression, or
 - At least one of the eCQMs/MIPS CQMs/Medicare CQMs used in calculation of the MIPS QPC score does not have a benchmark.



HELP & SUPPORT

Rule Resources



Visit the [QPP Resource Library](#) for:

- Overview Fact Sheet and Policy Comparison Table
- QPP Final Rule MVPs Guide
- FAQs

CY 2024 PFS Final Rule posted here:

<https://www.federalregister.gov/public-inspection/2023-24184/medicare-and-medicaid-programs-calendar-year-2024-payment-policies-under-the-physician-fee-schedule>

Q&A Session



- To ask a question, raise your hand and we'll unmute your line, or submit your question via the Q&A box.
- To ask a question live, you must have a working microphone.
- Speakers will address as many questions as time allows.

