

Quality Payment PROGRAM

Small Practice After Action Review: 2021 Performance Year Final Score

Target Audience & Purpose: This tool is for small practices interested in examining their 2021 final score to identify opportunities to improve performance in 2023. In the After Action Review Section, Steps 1-2 offer a reflection exercise for gaining insight into why and how your intended performance differed from what was accomplished. Step 3 examines the measures & activities used in 2021 for consideration in 2023 and in the Action Plan Section you can document your 2023 selections. Apply the insight gained from this exercise into improving your 2023 performance and enhancing patient care.

[View the Introduction to 2023 Small Practice Action Planning Tool Video.](#)

[Step 1. Sign in to the Quality Payment Program \(QPP\) website to View Your Final Score for the 2021 Performance Year.](#)

→ For help, see the [2021 MIPS Performance Feedback and 2023 Payment Adjustment FAQs \(PDF\)](#).

[Step 2. Examine Your Final Score](#)

The final score reflects your practice's performance in up to 4 performance categories.

- Enter your final score in the space below.
- List the number of points your practice achieved and the maximum number of points possible for each category. If a category wasn't scored, write "N/A" for "not applicable."

2021 Performance Year Final Score [] / 100 points		
Performance Category	What You Earned	Maximum Points
Quality		
Improvement Activities		
Cost	N/A*	N/A
Promoting Interoperability (if reported)		

* **Reminder:** The cost performance category was reweighted to 0% of the MIPS final score for everyone in the 2021 performance year. You should expect this performance category to be weighted at 30% of the MIPS final score in the 2022 performance year and beyond.

- How did your practice do relative to the performance threshold?
→ The performance threshold for the 2021 performance year is 60 points; this is the minimum final score needed to avoid a negative payment adjustment.

- Based on your 2021 performance year final score, will your practice receive a positive, neutral, or negative payment adjustment in 2023? _____

- Did you do as well as you expected / Does the final score match your practice's goal? _____ Why or why not?

- Which category or categories did your practice do well in, i.e., achieve the max or close to the maximum number of points?

- Which category or categories did you find challenging, i.e., have the lowest scores relative to the maximum points? What made the category or categories challenging?

- What will you do differently in the next performance year?

- Which category or categories will you focus on to enhance your practice's performance in the next performance year?



- What obstacles, if any, may impede your performance next year? What can be done to mitigate these challenges?



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Step 3. Review Your 2021 Measures & Activities in Each Performance Category and Consider Their Applicability for the 2023 Performance Year.



Goal: Reflect on the questions below. Write down your observations about the measures and activities used in 2021 and thoughts about whether you should consider them for the 2023 performance year. Use these insights to guide your action planning for the upcoming performance year.

Category	Reflections	Observations & Insights
Quality 	<p>Examine each measure selected for the 2021 performance year</p> <ul style="list-style-type: none"> Is the measure still relevant to your practice? Have the measure specifications changed? If so, can you meet the new specifications? Do you have enough patients for this measure (e.g., 20)? Will you be able to report performance data for at least 70% of patients who qualify for this measure? How well did you perform? Can you improve your practice's performance in this measure? <p>Visit the Explore Measures & Activities webpage* to consider alternative measures that may have more relevancy to your practice and greater performance potential.</p> <p>Explore the new MIPS reporting option, MIPS Value Pathways (MVPs), to see if there's an MVP relevant to your practice.</p>	
Improvement Activities 	<p>Examine each improvement activity selected for the 2021 performance year</p> <ul style="list-style-type: none"> Is the activity still relevant to your practice? Did your practice complete the activity within the required timeframe? If no, why not? How can your practice complete future activities on time? Did your practice attest to completing this activity? If no, why not? How will you ensure attestation will be completed in the future? If your practice reported as a group, did at least 50% of clinicians perform the same activity? Be sure to identify future activities in which at least half of the clinicians will participate. <p>Visit the Explore Measures & Activities webpage* to consider new activities to drive improvement in your practice.</p>	

*View the [Policy Comparison Tables in the 2023 Quality Payment Program Final Rule Resources \(PDF\)](#) to identify measures and activities that were added and removed for 2023 performance year.

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Step 3. Review Your 2021 Measures & Activities in Each Performance Category and Consider Their Applicability for the 2023 Performance Year. (Continued)

Category	Reflections	Observations & Insights
Cost 	<p>View patient-level reports for cost measures. (See the 2021 MIPS Performance Feedback Patient-Level Data Reports Supplement (PDF) for more information.)</p> <ul style="list-style-type: none"> How does patient education impact cost? Explore using claims data to identify patients who are frequently admitted and/or readmitted to emergency departments for potential targeted case management activities. <p>If your practice provides primary care, examine summary of care information from specialists to understand patient referral and visitation patterns.</p> <p>Visit the Cost Performance Category: Traditional MIPS Requirements webpage for more resources.</p>	
Promoting Interoperability (optional) 	<p>To report in this category for the 2023 performance year, a practice needs electronic health record technology certified to the 2015 Edition Cures Update criteria.</p> <p>→ Small practices are automatically excepted from having to submit data for this performance category beginning in the 2022 performance year. However, if you choose to submit data, it will be scored.</p> <p>If your practice reported data in this category and intends to report for this performance category in the 2023 performance year, consider:</p> <ul style="list-style-type: none"> How well did your practice perform in the measures associated with each of the 4 objectives (e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange)? Did your practice struggle meeting any of the objectives? Or with collecting data within the performance period? If you reported on any optional measures, how did your practice do? Did your practice have any issues or difficulty performing/reviewing a security risk analysis and/or completing an Annual SAFER Guides Assessment? <p>Visit the Promoting Interoperability Performance Category: Traditional MIPS Requirements webpage for more information.</p>	



Action 1. Establish a Performance Goal for Your MIPS 2023 Final Score.

2023 Performance Threshold: **75**

2023 Performance Goal: []

Action 2. Identify Measures & Activities Applicable to Your Practice for Reporting Traditional MIPS.

- ☐ Visit the [Explore Measures & Activities tool webpage](#) to select measures and activities for the 2023 performance year that are most relevant to your practice. Enter your selections below. Confirm that your selections are still available and feasible after the CY 2023 Medicare Physician Fee Schedule (PFS) Final Rule. View the [Policy Comparison Tables in the 2023 Quality Payment Program Final Rule Resources \(ZIP\)](#) to identify items added or finalized for removal. Review the 2023 measure specifications files.
- ☐ Explore the new MIPS reporting option, [MVPs](#), to see if an MVP is relevant to your practice.

Quality



- ☐ Select 6 measures (including at least 1 outcome or high priority measure) or a complete specialty set.

1.
2.
3.
4.
5.
6.

CMS will automatically evaluate and calculate data from administrative claims for the following measure if the minimum requirements are met (e.g., 25 cases over 36 consecutive months):

1. Hip Arthroplasty and/or Knee Arthroplasty Complication Measure

Improvement Activities



- ☐ Select 1 high weighted or 2 medium weighted activities.

1.
2.
3.

Cost



- ☐ Identify the cost measures for which you met the case minimum in the 2021 performance year (hint: they have [patient-level data reports](#)) and enter them below.
→ Note: CMS will automatically evaluate and calculate data from administrative claims for measures meeting the case minimum requirement.

1.
2.
3.
4.
5.
6.
7.

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Promoting Interoperability (optional)



- ☐ Small practices are automatically excepted from having to submit data for this performance category beginning in the 2022 performance year.

If you choose to **submit data in this category, your data will be scored.**

An overview of the requirements and measures follows. Please refer to the [2023 MIPS Promoting Interoperability Quick Start Guide \(PDF\)](#) for more detailed information.

- ☐ Use 2015 Edition Cures Update Certified EHR Technology (CEHRT) .

- ☐ Report the following required measures:

e-Prescribing
Query of Prescription Drug Monitoring Program
Provide Patients Electronic Access to Their Health Information
Immunization Registry Reporting
Electronic Case Reporting

- ☐ Select Health Information Exchange Measure Option. Report on 1 to 2 measures.

1.
2.
3.

- ☐ Option to report one public health agency or clinical data registry measure for 5 bonus points.

1.

- ☐ Complete Required Attestations:

- Security Risk Analysis
- Annual Assessment of the High Priority Guide (a part of the [SAFER Guides](#))
- Didn't take Actions to Limit or Restrict Interoperability of CEHRT
- The Office of the National Coordinator for Health Information Technology (ONC) Direct Review

Additional Resources

Visit the [QPP Resource Library](#) or the [Small Practices](#) page of the QPP website for more small practice resources.

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

Version History

Date	Change Description
03/15/2023	Added link to Introduction to 2023 Small Practice Action Planning Tool Video
02/17/2023	Original Version

