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**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
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.

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

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

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

**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 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.
  
  o Positive payment adjustment for clinicians with a 2023 final score above 75.

  o Neutral payment adjustment for clinicians with a 2023 final score of 75.

  o 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 OPP 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

Step 1: Check Your Current Eligibility - Now

Step 2: Select a Reporting Option - Now

Step 3: Choose a Participation Option - Now

Step 4: Select and Perform Your Measures and Activities - Throughout 2023

Step 5: Verify Your Final Eligibility - Late 2023

Step 6: Submit Your Data - Early 2024

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)  Check Your Current Eligibility
Step 2 (Now)  Select a Reporting Option
Step 3 (Now)  Choose a Participation Option
Step 4 (Throughout 2023)  Select and Perform Your Measures and Activities
Step 5 (Late 2023)  Verify Your Final Eligibility
Step 6 (Early 2024)  Submit Your Data
Get Started with MIPS in 6 Steps

Step 1  Check Your Current Eligibility for the 2023 Performance Year

QPP Participation Status Tool Results

3. 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.

4. 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

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.

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.

Step 1 (Now)
Check Your Current Eligibility

Step 2 (Now)
Select a Reporting Option

Step 3 (Now)
Choose a Participation Option

Step 4 (Throughout 2023)
Select and Perform Your Measures and Activities

Step 5 (Late 2023)
Verify Your Final Eligibility

Step 6 (Early 2024)
Submit Your Data
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.

Step 1 (Now)  Check Your Current Eligibility

Step 2 (Now)  Select a Reporting Option

Step 3 (Now)  Choose a Participation Option

Step 4 (Throughout 2023)  Select and Perform Your Measures and Activities

Step 5 (Late 2023)  Verify Your Final Eligibility

Step 6 (Early 2024)  Submit Your Data

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)
Check Your Current Eligibility

Step 2 (Now)
Select a Reporting Option

Step 3 (Now)
Choose a Participation Option

Step 4 (Throughout 2023)
Select and Perform Your Measures and Activities

Step 5 (Late 2023)
Verify Your Final Eligibility

Step 6 (Early 2024)
Submit Your Data
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.
Get Started with MIPS in 6 Steps

Step 4  Select and Perform Your Measures and Activities (Continued)

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.

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

Step 1 (Now) Check Your Current Eligibility

Step 2 (Now) Select a Reporting Option

Step 3 (Now) Choose a Participation Option

Step 4 (Throughout 2023) Select and Perform Your Measures and Activities

Step 5 (Late 2023) Verify Your Final Eligibility

Step 6 (Early 2024) Submit Your Data
Get Started with MIPS in 6 Steps

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.)

**Quality:**
- 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 (small practices only).

**Improvement Activities:**
- Sign in to the QPP website and attest to (check “yes”) activities you’ve performed.
- 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.

### Step 1 (Now)
Check Your Current Eligibility

### Step 2 (Now)
Select a Reporting Option

### Step 3 (Now)
Choose a Participation Option

### Step 4 (Throughout 2023)
Select and Perform Your Measures and Activities

### Step 5 (Late 2023)
Verify Your Final Eligibility

### Step 6 (Early 2024)
Submit Your Data
Get Started with MIPS in 6 Steps

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.)

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.

Cost:
No data submission required.
- We retrieve your cost data from administrative claims (those you submit to CMS for payment)

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

A Closer Look:
- Visit the QPP Resource Library to find CMS-approved QCDRs or Qualified Registries.
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.
  o Preliminary feedback is available once data is submitted.
  o Final Score Preview will be available in early summer 2024.
  o 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.

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Appendix: 2023 Performance Year Timeline

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

- **Performance Year**
  - Jan. 1 – Dec. 31, 2023
    - Clinicians care for patients and record data.
    - To Do:
      - 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)
  - Jan. 2 - April 1, 2024
    - Submit data collected in the performance year
    - To Do:
      - Get a HARP account and QPP access (November 2023)
      - Sign in to the QPP website (January – March 2024) to:
        - 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
  - Late Summer 2024
    - 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 60 days to do this once final performance feedback is released)
  - Jan. 1 – Dec. 31, 2025
    - Payment adjustments applied
    - To Do:
      - 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.