Merit-based Incentive Payment System (MIPS)

2023 Measures and Activities for Dentistry

Quality Payment
PROGRAM

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How to Use this Guide

How to Use This Guide

Table of Contents

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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.

Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

Overview

Overview

What is the Merit-based Incentive Payment System?

MIPS is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). 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 drive improved quality and value in our healthcare 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.

- 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:

- Visit the Learn about MIPS webpage
- View the 2023 MIPS Overview Quick Start Guide.
- View the 2023 MIPS Quick Start Guide for Small Practices.

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.
- View the 2023 MIPS Eligibility and Participation Quick Start Guide.
- Check your current participation status using the QPP Participation Status Tool.

Overview

What is the Merit-based Incentive Payment System?
(Continued)

There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

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 the inventory of quality measures and improvement activities finalized for traditional MIPS. You'll also report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you. **Note: This guide covers traditional MIPS only.**

The Alternative Payment Model (APM) Performance Pathway (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 in addition to the complete Promoting Interoperability 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.

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 provided to patients. Beginning with the 2023 performance year, you can select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). You would also report the complete Promoting Interoperability 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 to select from for PY 2023.**

Performance Categories

Performance Categories

Quality Performance Category – Traditional MIPS

Getting Started with Quality

1. Understand Your Reporting Requirements

   • To meet the quality performance category requirements, you must report:

6 quality measures		A defined specialty measure set or sub-specialty measure set
Including at least 1 outcome measure or high priority measure in absence of an applicable outcome measure.	**OR**	If the measure set has fewer than 6 measures, you need to submit all applicable measures within that set.

2. Choose Your Quality Measures

   • Use the 2023 Quality Measures List to identify:

      o The available collection type(s) for each measure
      o Measure type (outcome, patient experience, etc.)
      o Specialty sets associated with each measure

Did you know?
• **Collection Type** refers to the way you collect data for a quality measure. While an individual quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. You would follow the measure specifications that correspond with how you choose to collect your quality data.
• **For example:** You are looking for a quality measure to report on the Use of High-Risk Medications in Older Adults (ID: 238). The measure is available as two distinct collections types with two distinct specifications: MIPS CQM (clinical quality measure) and eCQM (electronic clinical quality measure). You would use the measure specification that corresponds with how you choose to collect your data.
• You can report measures from multiple collection types to meet quality reporting requirements.

Performance Categories

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Quality Performance Category – Traditional MIPS (Continued)

3. Collect Your Data
   - You should **start data collection on January 1, 2023** to meet data completeness requirements. If you fail to meet data completeness requirements, you will receive 0 points for the measure unless you are a small practice (15 or fewer clinicians), who will still receive 3 points.
   - You must collect data for a 12-month performance period (January 1 to December 31, 2023).
   - The **data completeness requirement remains 70% for the 2023 performance period**, which means that you need to report performance data (met, not met, or exclusion/exceptions) for at least 70% of denominator-eligible encounters.
   - Please note that the data completeness requirement will be increased to 75% for the 2024 and 2025 performance periods.
   - If you are working with a third party intermediary to collect and submit data, make sure you work with them throughout the year on data collection.

4. Submit Your Data
   - The data submission period will begin on **January 2, 2024** and end no later than **April 1, 2024**. If reporting Medicare Part B claims measures, submission will be continuous throughout the performance period.

5. Review Performance Feedback
   - Preliminary scoring information will be available beginning **January 2, 2024**, once data has been submitted.
   - We anticipate final score preview will be available in **early Summer 2024**, and final performance feedback including payment adjustments will be available in **late Summer 2024**.
   - You can review your performance feedback by signing into the Quality Payment Program website.

Did you know?
The level at which you participate in MIPS (individual, group, or virtual group) applies to all performance categories. We won't combine data submitted at the individual, group, and/or virtual group level into a single final score.

For example:
- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If a clinician has multiple final scores, CMS will use the following hierarchy to assign the final score and determine the payment adjustment:
   o Virtual group final score
   o Highest available final score from the group or individual participation

* Note: Subgroups are only available within MVP reporting. Refer to the MIPS Value Pathways (MVPs) webpage for additional information.

Performance Categories

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Quality Performance Category – Traditional MIPS (Continued)

The Dentistry Specialty Measure Set contains quality measures relevant to the dentistry specialty and includes the measures below.

- Children who have dental decay or cavities **(Identifier [ID]: 378)**
- Primary caries prevention intervention as offered by dentists **(ID: 379)**

In addition, MIPS eligible clinicians, groups, and virtual groups may want to consider applicable dentistry-specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR collection type only. The 2023 QCDR measure specifications can be found here.

CMS solicits recommendations from the general public for potential consideration of new specialty measure sets and/or revisions to existing specialty measure sets on an annual basis. All feedback and submissions received from the general public are considered for the next performance year's rulemaking and are made evident through publications of the Physician Fee Schedule proposed and final rules. CMS encourages the general public to work with their specialty society to provide applicable measure recommendations during the specialty measure set solicitation process.

Feedback/recommendations for a particular specialty set should be submitted during the Call for Specialty Sets at the beginning of the calendar year.

30% of final score for most MIPS eligible clinicians, groups, and virtual groups.

Please refer to Help, Resources, and Version History for more information.

Performance Categories

Promoting Interoperability Performance Category – Traditional MIPS

Promote patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT)

In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians, groups, and virtual groups must:

☑ Collect your data in EHR technology with 2015 Edition Cures Update CEHRT functionality (certified by the last day of the performance period) for a minimum of any continuous 90-day period in 2023;

☑ Submit a "yes" to the Actions to Limit or Restrict Interoperability of CEHRT Attestation (formerly named Prevention of Information Blocking);

☑ Submit a "yes" to the new SAFER Guides attestation measure. (A "no" will also satisfy this measure.) Additional information is available on the SAFER Guides webpage on HealthIT.gov;

☑ Submit a "yes" to the ONC Direct Review Attestation;

☑ Submit a "yes" that you have completed the Security Risk Analysis measure in 2023;

☑ Report the 6 to 7 required measures or claim their exclusion(s); and
- For measures that require a numerator and denominator (as defined in the measure specifications), you must submit at least a '1' in the numerator;

☑ Submit your level of active engagement for the Public Health and Clinical Data Exchange measures you're reporting;

☑ Provide your EHR's CMS identification code from the Certified Health IT product List (CHPL), available on HealthIT.gov.

Clinicians must use EHR technology certified to the 2015 Edition Cures Update certification criteria for the 2023 performance period. Functionality must be in place by the start of the performance period with certification obtained by the last day of the performance period. The 2023 Promoting Interoperability performance category scored objectives are:

- e-Prescribing*
- Health Information Exchange (HIE)*
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange*

25% of final score for most MIPS eligible clinicians, groups, and virtual groups

*Measure exclusions may be applicable. Please review the individual measure specifications to see if you meet the exclusion criteria. You must claim an exclusion to have the measure points redistributed to another measure. The measure specifications can be found here.

Performance Categories

Promoting Interoperability Performance Category – Traditional MIPS (Continued)

New Optional Alternative Measure Satisfying the HIE Objective
- Option 3: Enabling Exchange under Trusted Exchange Framework and Common Agreement (TEFCA)

Updated the Query of Prescription Drug Monitoring Program (PDMP) under the e-Prescribing Objective:
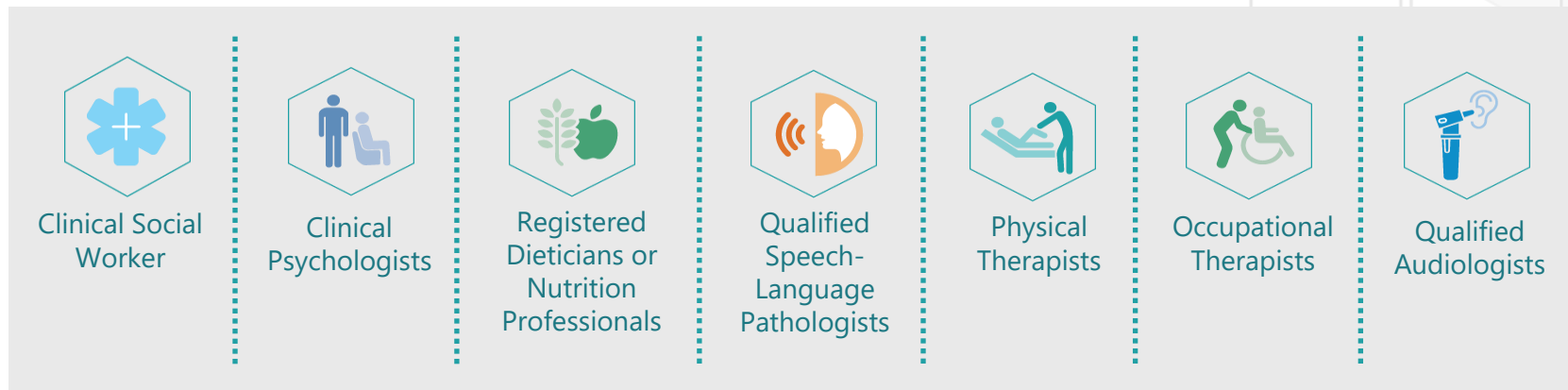- Required measure beginning with the 2023 performance year.

Modified the Public Health and Clinical Data Registry Reporting Objective:
- Levels of active engagement have changed from 3 to 2 options. Details can be found in the measure specifications available here.

Reweighting the Promoting Interoperability Performance Category:
- Certain MIPS eligible clinician types qualify for automatic reweighting of the Promoting Interoperability performance category for the 2023 performance period in the event that the clinician type submits no data for any of the measures in the Promoting Interoperability performance category. These clinician types include:

Clinical Social Worker	Clinical Psychologists	Registered Dieticians or Nutrition Professionals	Qualified Speech-Language Pathologists	Physical Therapists	Occupational Therapists	Qualified Audiologists

Performance Categories

Promoting Interoperability Performance Category – Traditional MIPS (Continued)

Qualifying hospital-based, Ambulatory Surgical Center (ASC)-based, small practice, and non-patient facing MIPS eligible clinicians, groups, and virtual groups will automatically have their Promoting Interoperability performance category score reweighted to 0% of the final score. You can find additional information on special statuses here.

Hospital-Based MIPS Eligible Clinicians	A **hospital-based MIPS eligible clinician** is defined as furnishing 75% or more of their covered professional services in either the off-campus outpatient hospital (Place of Service 19), inpatient hospital (Place of Service 21), on-campus outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting. • A group or virtual group is considered hospital-based when more than 75% of the clinicians in the group or virtual group are hospital-based MIPS eligible clinicians.
Non-Patient Facing MIPS Eligible Clinicians	A **non-patient facing MIPS eligible clinician** is defined as an individual MIPS eligible clinician who bills 100 or fewer patient facing encounters (including Medicare telehealth services defined in section 1834(m) of the Act), during the MIPS determination period. • To qualify as a non-patient facing group or virtual group, more than 75% of the clinicians in the group or virtual group must meet the definition of a non-patient facing individual MIPS eligible clinician.

- In the case of reweighting to 0%, CMS will assign the 25% from the Promoting Interoperability performance category to another performance category or categories.

- MIPS eligible clinicians, groups, and virtual groups that qualify for reweighting of the Promoting Interoperability performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their Promoting Interoperability performance accordingly.

See the 2023 Promoting Interoperability Quick Start Guide for more information on Promoting Interoperability performance category objectives and measures, reporting requirements, scoring, and reweighting. The 2023 Promoting Interoperability Performance Category User Guide is available on the QPP Resource Library. Comprehensive information about hardship exceptions for the 2023 Promoting Interoperability performance category will be available on the QPP Resource Library later in the year.

Performance Categories

Improvement Activities Performance Category – Traditional MIPS

Participation in activities that improve clinical practice are encouraged, such as:

- Ongoing care coordination
- Clinician and patient shared decision making
- Using quality improvement best practices and validated tools
- Regularly using patient safety best practices
- Making progress in achieving health equity

During the 2023 performance year, MIPS eligible clinicians, groups, and virtual groups will be able to choose from 100+ activities. The activities listed below are suggestions, not requirements or preferences on the part of CMS. MIPS eligible clinicians, groups, and virtual groups can choose activities that are most appropriate for their practice/patient populations. The full inventory from which MIPS eligible clinicians, groups, and virtual groups may select their improvement activities in 2023 is available here. The MIPS data validation criteria document, which provides supporting information and guidance on documentation requirements for improvement activities, is available here. Additionally, the 2023 Improvement Activities Quick Start Guide is available here.

15% of final score for most MIPS eligible clinicians, groups, and virtual groups

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Clinicians may select activities from the posted inventory. Some recommendations for the dentistry specialty are included below:

- IA_AHE_6 – Provide education opportunities for new clinicians
- IA_AHE_12 – Practice improvements that engage community resources to address drivers of health
- IA_BE_6 – Regularly assess patient experience of care and follow up on findings
- IA_CC_9 – Implementation of practices/processes for developing regular individual care plans
- IA_EPA_1 – Provide 24/7 access to MIPS eligible clinicians or groups who have real-time access to patient's medical record

- IA_ERP_4 – Implementation of a personal protective equipment (PPE) plan
- IA_PSPA_16 – Use decision support and standardized treatment protocols
- IA_PSPA_17 – Implementation of analytic capabilities to manage total cost of care for practice population
- IA_PSPA_19 – Implementation of formal quality improvement methods, practice changes, or other practice improvement processes

Note: Attestation to IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation (or comparable specialty practice) improvement activity results in an improvement activities performance category score of 100 percent as finalized in the CY 2021 final rule.

Performance Categories

Cost Performance Category – Traditional MIPS

Helps create efficiencies in Medicare spending

- The 2023 performance period includes two population-based cost measures:

    o Medicare Spending Per Beneficiary Clinician measure, which assesses costs surrounding a hospital stay.
    o Revised Total Per Capita Cost measure, which assesses overall cost of care.

- It also includes 23 episode-based cost measures across a range of procedures, acute inpatient medical conditions, and chronic conditions.

- A full list of the episode-based cost measures is available in the 2023 MIPS Summary of Cost Measures document.

- Data for cost measurement are collected from Medicare Parts A and B claims submitted by MIPS eligible clinicians, groups, and virtual groups. Certain measures also incorporate Part D costs. Clinicians, groups, and virtual groups don't have to submit any additional data.

- For a cost measure to be scored, a MIPS eligible clinician, group, or virtual group must have enough attributed cases to meet or exceed the case minimum for that measure.

- For most MIPS eligible clinicians, groups, and virtual groups who don't have a cost performance category score assigned, the majority of the cost weight goes to the quality performance category. This is true if only the cost performance category is reweighted.

- Benchmarks based on data from the performance period will be established for each cost measure. Since the benchmark isn't based on a historical baseline period, CMS can't publish the numerical benchmarks for the cost measures before the start of each performance period.

    o A MIPS eligible clinician, group, or virtual group can compare their costs for each measure with the benchmark information provided in their performance feedback to better understand their performance relative to their peers.

30% of final score for most MIPS eligible clinicians, groups, and virtual groups

Performance Categories

Cost Performance Category – Traditional MIPS (Continued)

CMS will automatically reweight the cost performance category for MIPS eligible clinicians, groups, and virtual groups located in a CMS-designated region that has been affected by extreme and uncontrollable circumstances.

- For MIPS eligible clinicians, groups, and virtual groups that are designated in the extreme and uncontrollable circumstances automatic policy, they won't receive a score for the cost performance category, regardless of whether they have applicable cost measures.

Additional information for the cost performance category can be found in the 2023 Cost Performance Category Quick Start Guide in the Quality Payment Program Resource Library.

Did you know?

If only 1 cost measure can be scored, that cost measure's score will serve as the performance category score. If 3 out of 25 cost measures are scored, the **cost performance category score is the equally-weighted average of the 3 scored measures**. If none of the 25 measures can be scored, the MIPS eligible clinician, group, or virtual group will not be scored on cost, and the weight of the cost performance category would be reweighted.

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Help, Resources, and Version History

Help, Resources, 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, Resources, and Version History

Additional Resources

The following resources are available in the QPP Resource Library and other QPP and CMS webpages:

- 2023 MIPS Quick Start Guide
- 2023 MIPS Quick Start Guide for Small Practices
- 2023 MIPS Data Validation Criteria
- 2023 Quality Quick Start Guide
- 2023 MIPS Eligibility and Participation Quick Start Guide
- 2023 Part B Claims Reporting Quick Start Guide
- 2023 MIPS Quality Measures List (XML)
- 2023 Clinical Quality Measure Specifications and Supporting Documents (ZIP)
- 2023 Medicare Part B Claims Measure Specifications and Supporting Documents (ZIP)
- 2023 eCQM Measure Specifications (ZIP)
- 2023 MIPS Promoting Interoperability Quick Start Guide
- 2023 MIPS Promoting Interoperability Measure Specifications
- 2023 Improvement Activities Quick Start Guide
- 2023 Improvement Activities Inventory
- 2023 Cost Quick Start Guide
- 2023 Summary of Cost Measures
- 2023 MIPS Cost Measure Codes Lists
- 2023 Quality Payment Program Final Rule Resources

Help and Version History

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Version History

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

Date	Description
03/06/2023	Original Posting.