Merit-based Incentive Payment System (MIPS)

2023 MIPS Value Pathways (MVPs) Data Submission User Guide

Quality Payment
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Need More Help?

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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.

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Hyperlinks

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

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Getting Started

Getting Started

Quality Payment PROGRAM

UPDATED 03/15/2024

As announced through the Quality Payment Program (QPP) listserv, the Centers for Medicare & Medicaid Services (CMS) **has extended** the data submission period for the Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2023 performance year. Data can be submitted and updated until **8 p.m. ET on April 15, 2024.**

Getting Started

Before You Begin

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). You'll 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.

To learn more about MVPs:

Visit the MIPS Value Pathways (MVPs) webpage on the Quality Payment Program website

Note: You must have registered by November 30, 2023 for an MVP, to be able to submit data via an MVP

Getting Started

Accessing the System

In order to sign in to the QPP website and submit Performance Year 2023 data and/or view data submitted on your behalf, you need:

- An account (user ID and password)
- Access to an organization (a role)

Make sure you sign in during the submission period to review data submitted on your behalf.

You can't submit new or corrected data after the submission period closes.

If you don't already have an account or access, review the following documentation in the QPP Access User Guide (ZIP, 4MB) so you can sign in to submit, or view, data:

Once you sign in, you can select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-hand navigation bar.

DISCLAIMER:

- All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

Before You Begin

Make sure you are using the most recent version of your browser:

- Chrome
- Edge

Note: Internet Explorer, Safari, Firefox aren't fully supported by QPP.

Getting Started

Organization Type

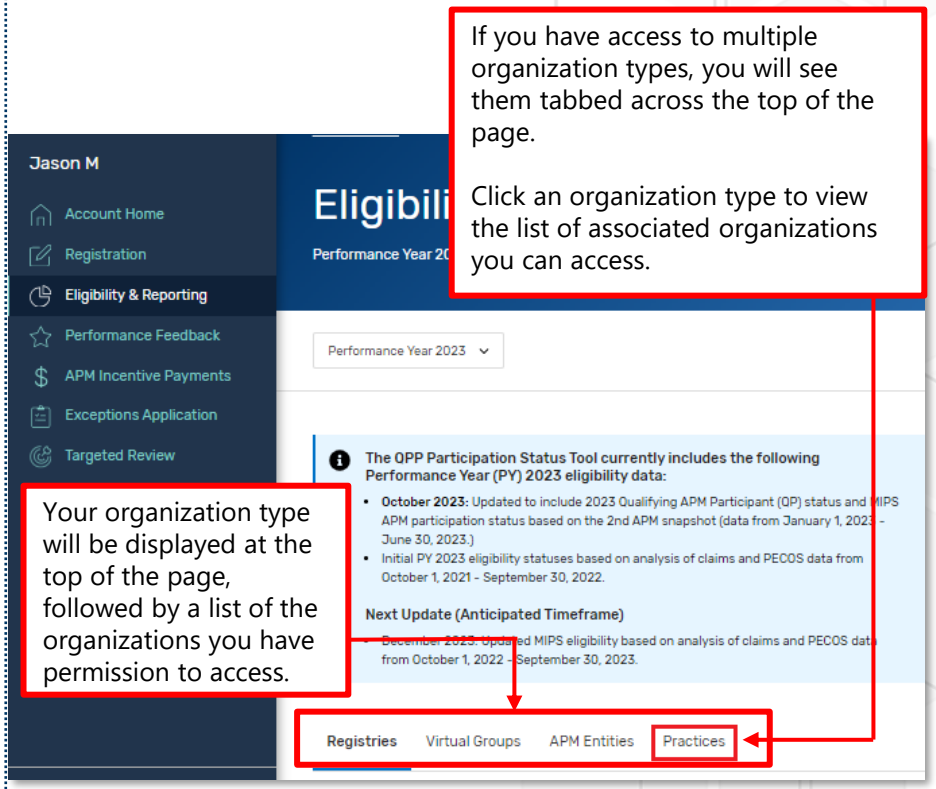
From here, you'll see the organizations you have permission to access. Most users will only have access to one organization type:

- **Registry** (includes Qualified Registries and QCDRs) or
- **Practice** (individual, subgroup and/or group reporting, all performance categories) or

Learn how to connect to an organization as a practice.

- **APM Entity** (APM Entity-level quality and improvement activities performance categories data submission) or

Learn how to connect to an organization as an APM Entity.



Helpful Hint

Click the links, or jump to Appendix B, to review what users associated with each organization type can and can't do and view during the submission period.

Getting Started

Changes to 2023 Submission Experience

For the last several years, we've provided clinicians and their representatives with preliminary scoring information during the submission period and preliminary feedback. This has meant seeing an overall preliminary score as well as preliminary, weighted category-level scores. While we recognize that this has provided some measure of comfort in understanding how you're progressing towards the performance threshold, it's important to remember that the preliminary scoring information you've seen in prior years during submission and preliminary feedback has never been your final score and shouldn't be interpreted that way. Final scores have always differed from the preliminary scoring available during submission and preliminary feedback.

The increasing volume of scoring information that can change after the submission period has made this information too unreliable. As a result, we're eliminating the Preliminary Score and preliminary category level scores from submission beginning with data submission for the 2023 performance year. We wanted to introduce this change in a year where there's stability with the performance threshold; the performance threshold for the 2023 performance year is 75 points, just as it was in the 2022 performance year

What should we expect during submission?

When you sign into the QPP website during the submission period, you'll continue to see much of the same information you've always seen:

- Measure-level scores for the quality measures you've submitted to date, and a sub-total of points earned for these measures.
- Activity-level scores for the improvement activities you've submitted to date, and a sub-total of points earned for these activities.
- Measure-level scores for the Promoting Interoperability measures you've submitted to date, and a sub-total of points earned for these measures.
- The number of objectives you've reported completely for the Promoting Interoperability performance category.
- An indicator of any performance categories that will be reweighted (if applicable).

When will our 2023 final score be available?

You'll be able to preview your 2023 final score in mid-June 2024 and view your 2025 MIPS payment adjustment information in mid-August 2024. This is the same timeline as the 2021 and 2022 performance years.

Getting Started

MVP Reporting FAQs

Do we have to report the MVP we registered for?

You can't report an MVP that you didn't register for, but you can report traditional MIPS (or the APM Performance Pathway, if applicable) instead.

Can we report traditional MIPS as a subgroup?

No. The subgroup participation option is only available for MVP reporting. MIPS eligible clinicians that registered to report as a subgroup would need to report traditional MIPS or the APP as individuals, as a group or as an APM Entity (if applicable) if they don't report the MVP.

Can data we reported for traditional MIPS count for MVP reporting?

No. Data submitted for traditional MIPS will only be scored under traditional MIPS. MVP data must be submitted with the correct MVP identifier.

Our practice is reporting as a group, and we have clinicians registered to report an MVP as a subgroup. Do we need to submit our Promoting Interoperability data twice?

Yes. Even though you'll be submitting the same data, **there must be 2 distinct submissions**. One submission for the group and a separate submission for the subgroup (including the appropriate subgroup and MVP identifiers).

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Reporting Option Selection

Reporting Option Selection

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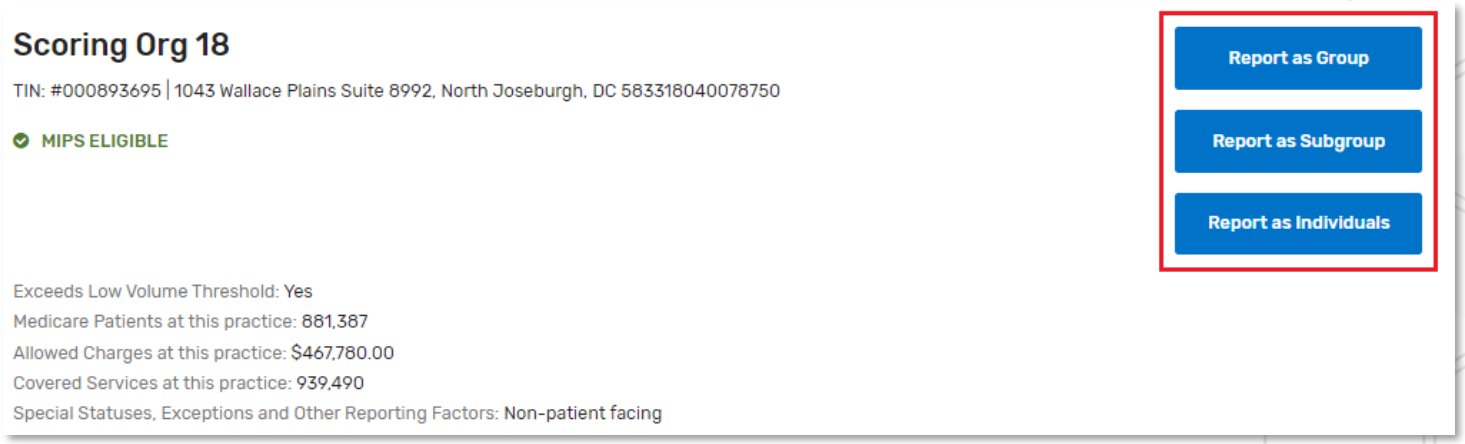
Reporting Overview Page

From the **Eligibility & Reporting** page, select the appropriate option to match how your MVP registration was completed. Note: If you didn't register to report via subgroup, the selection will not be available.



Reporting Option Selection

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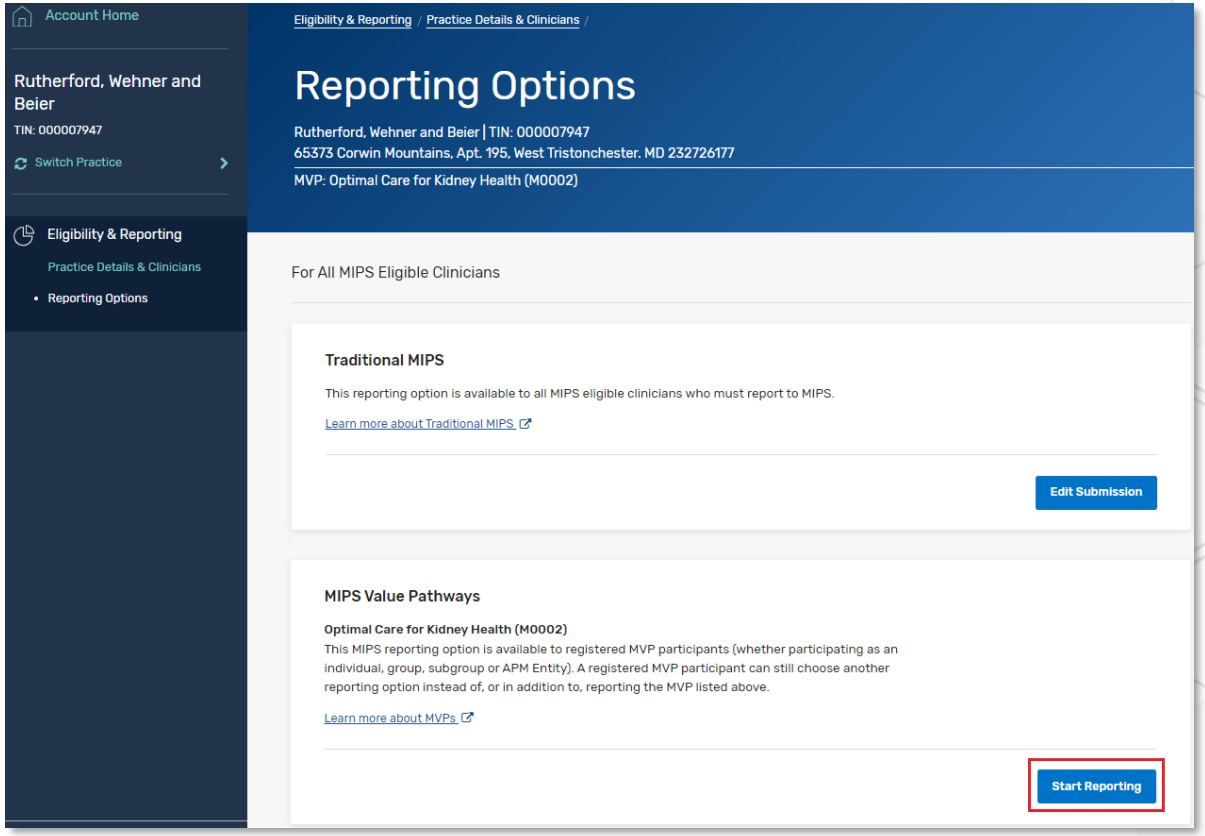
Reporting Options

From the **Reporting Option** page, select **Start Reporting** under the MVP selected, during registration.



Reporting Option Selection

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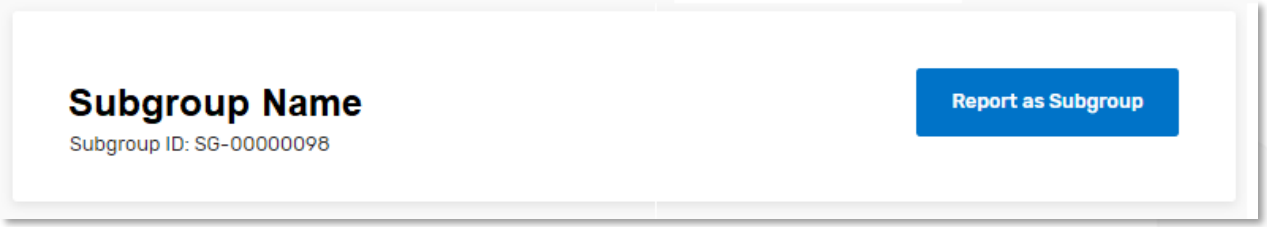
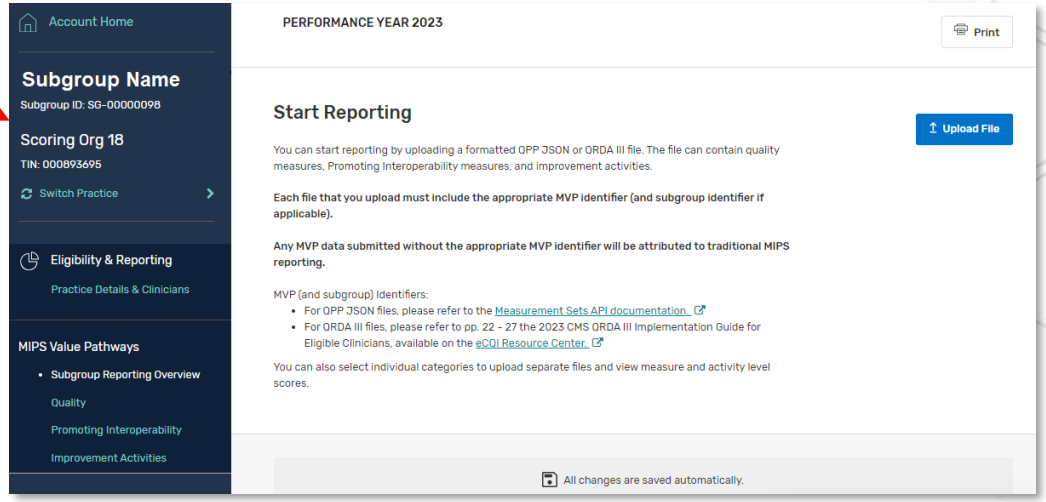
Subgroup Reporting

If reporting as a subgroup, after selecting **Report as Subgroup** from **Eligibility & Reporting** page the you'll select the appropriate subgroup name you used during MVP registration, shown also, with the assigned Subgroup ID.



The subgroup name and ID will be displayed in the left navigation



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Submitting Data

Submitting Data

MVP Identifiers (IDs) for PY 2023 Data Submission

Each MVP submission must include the related MVP ID, signaling your intent to report the measure and activity data for your selected MVP. **Any data submitted without the necessary MVP ID will be attributed to traditional MIPS instead of the MVP**.

MEDICARE PART B CLAIMS MEASURES (Quality)

- If you didn't append the MVP ID to at least one claim associated with your MVP quality reporting, your Medicare Part B claims measures will be attributed to a quality score in traditional MIPS (and not the MVP).
- Review the 2023 Part B Claims Measure Quick Start Guide (PDF 1MB) for more information.

MANUAL ATTESTATION (Improvement Activities and/or Promoting Interoperability)

- Your data will be attributed to your MVP reporting when you select "MIPS Value Pathways" from the Reporting Options page.

FILE UPLOAD and API (All Categories)

You must include the appropriate MVP ID in every file you upload or API submission that includes MVP measure and/or activity data. If you upload a file without the MVP ID, that data will be attributed to and scored in traditional MIPS (not the MVP).

- Review the **2023 QRDA III Implementation Guide for Eligible Clinicians** on the Electronic Clinical Quality Improvement (eCQI) Resource Center for more information about including an MVP ID in your QRDA III file submission.
- Review the QPP JSON Developer documentation for more information about including an MVP ID in your QPP JSON file or API submission.

Submitting Data

MVP Identifiers (IDs) for PY 2023 Data Submission (Continued)

MVP ID	MVP Title
G0053	Advancing Rheumatology Patient Care
G0054	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
G0055	Advancing Care for Heart Disease
G0056	Optimizing Chronic Disease Management
G0057	Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
G0058	Improving Care for Lower Extremity Joint Repair
G0059	Patient Safety and Support of Positive Experiences with Anesthesia
M0001	Advancing Cancer Care
M0002	Optimal Care for Kidney Health
M0003	Optimal Care for Patients with Episodic Neurological Conditions
M0004	Supportive Care for Neurodegenerative Conditions
M0005	Promoting Wellness

Submitting Data

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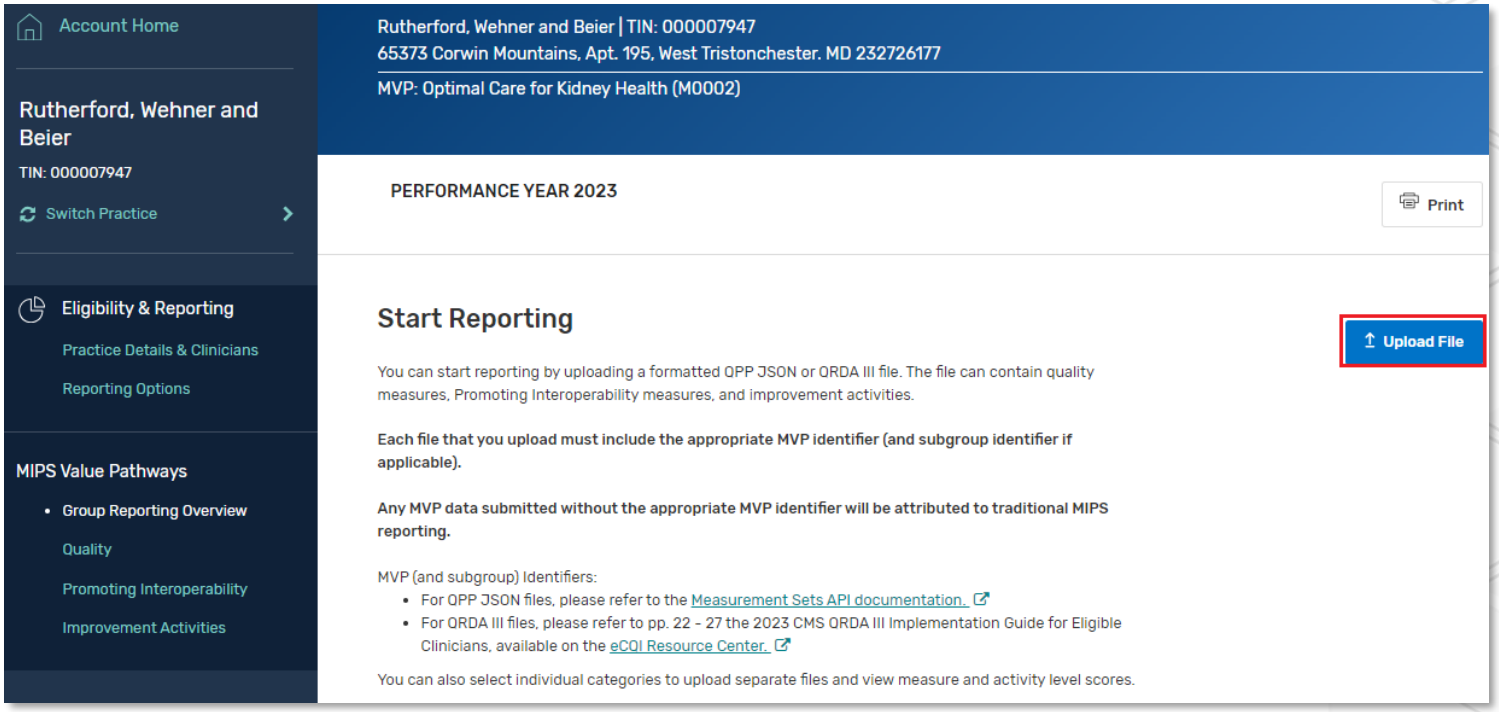
File Upload

You can upload a Quality Reporting Data Architecture Category III (QRDA III) or QPP JavaScript Object Notation (JSON) file with data for any or all performance categories **by selecting Upload a File on the Reporting Overview** page.



Submitting Data

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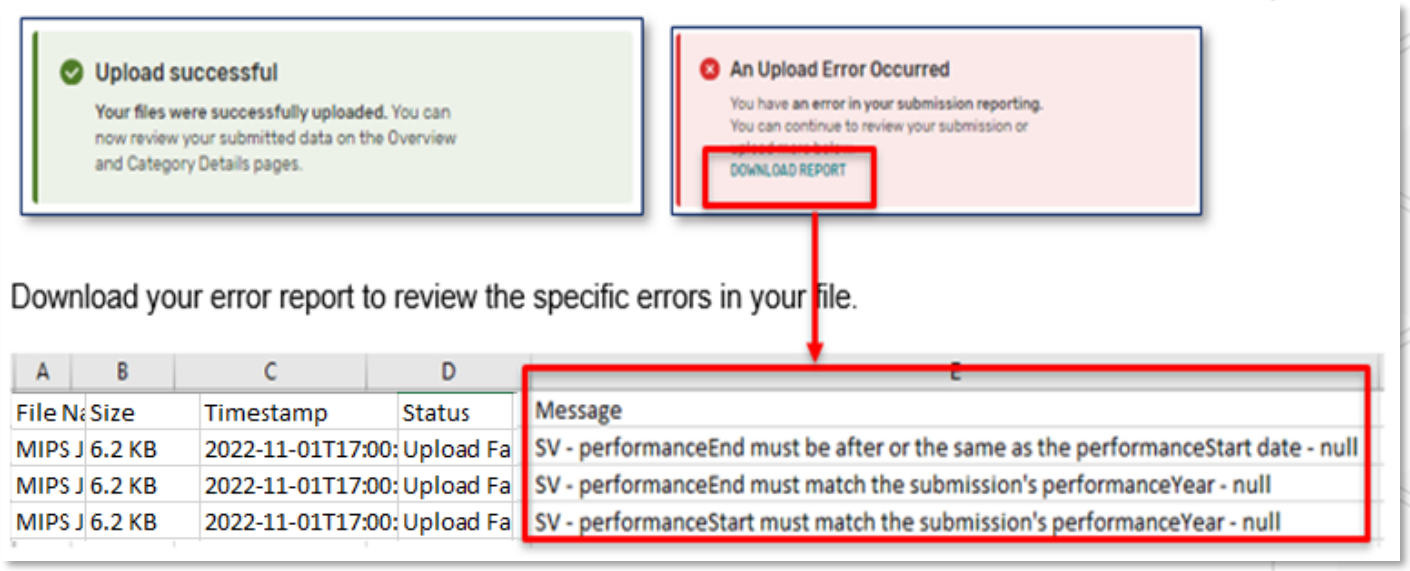
File Upload (Continued)

Once you've uploaded your file, you will see an indicator of success or error.



Submitting Data

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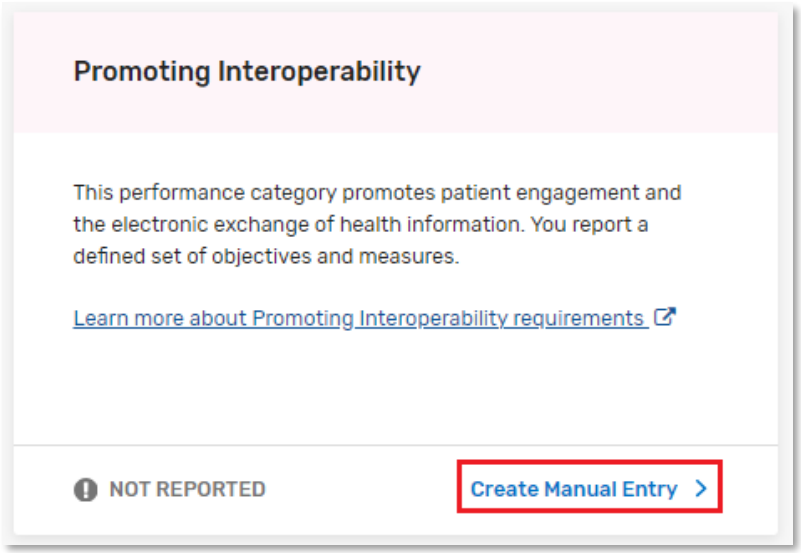
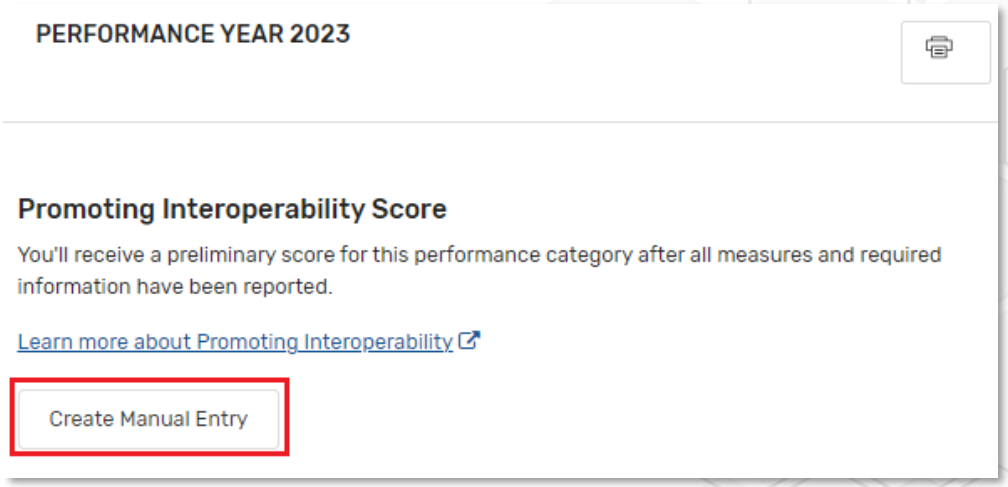
Manual Entry (Attestation) for Promoting Interoperability

You can also attest to your Promoting Interoperability data by manually entering numerators, denominators, and yes/no values as appropriate to the measure.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Promoting Interoperability** page.





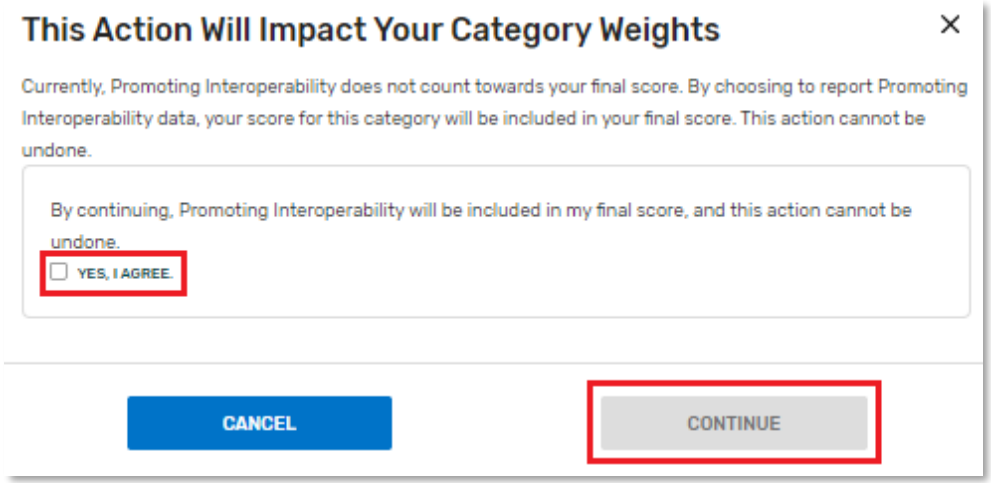
Submitting Data

Quality Payment PROGRAM

Manual Entry (Attestation) for Promoting Interoperability (Continued)

If your Promoting Interoperability performance category is currently weighted at 0%, you will be prompted to confirm that you wish to proceed (click **Yes I, Agree** then **Continue**).

- **If you click Continue and enter any data, including performance period dates, you <u>will</u> receive a score in this performance category.**



<u>Did you know?</u>

Small practices have a different redistribution when **Promoting Interoperability** is reweighted to 0%

- **Quality:** 40%
- **Improvement Activities:** 30%
- **Cost:** 30%

As you provide required information on the Manual Entry page, more fields will appear. For example, once you enter your performance period, the CEHRT ID field will appear. You must provide all required information (including measure data) before you can receive a preliminary score for this performance category.

Submitting Data

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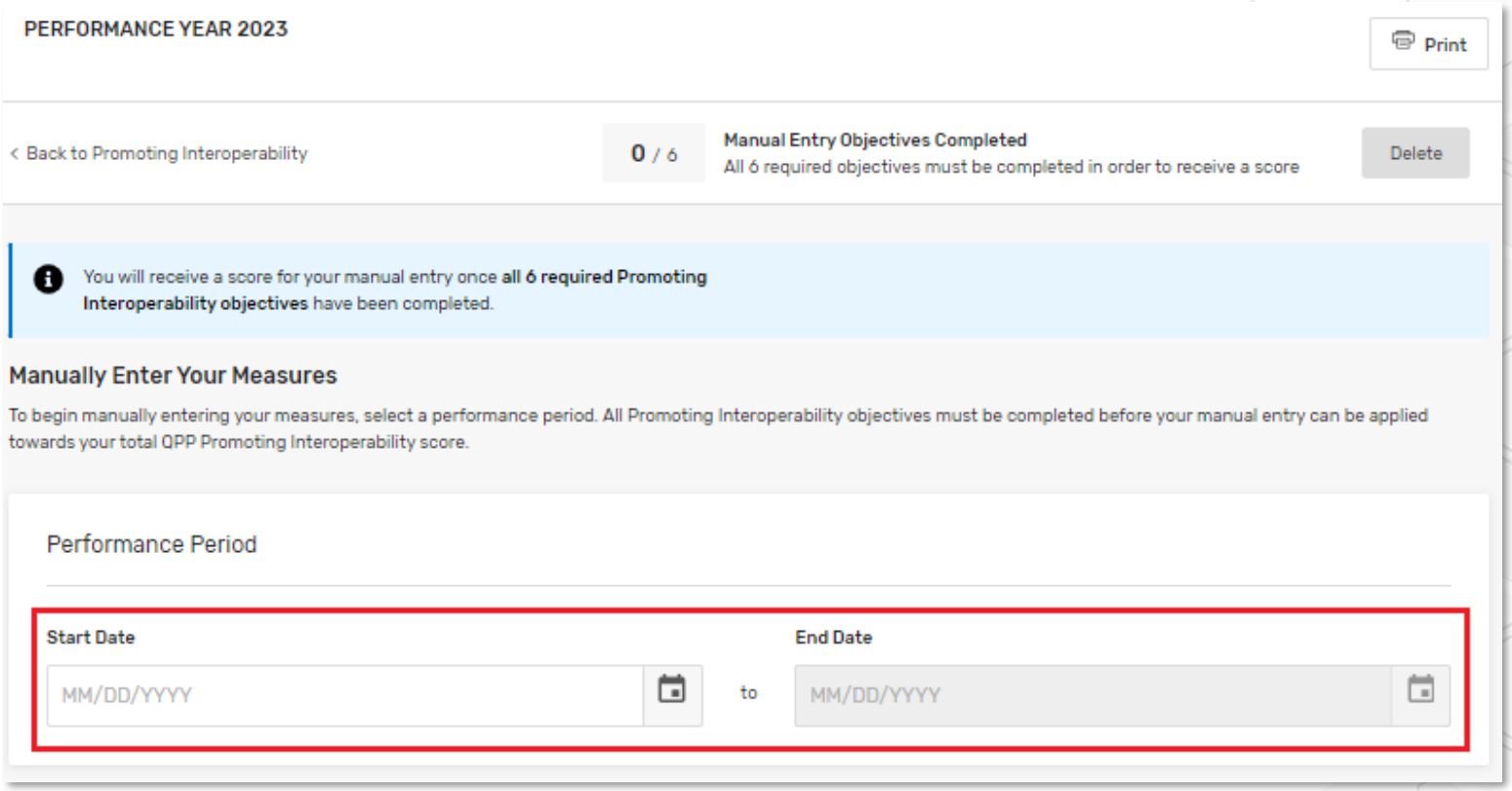
Manual Entry (Attestation) for Promoting Interoperability (Continued)



Reminder:

If your hardship request was approved don't enter any information (including performance period) on this page. This will override your reweighting, and you will be scored in this performance category.

Submitting Data

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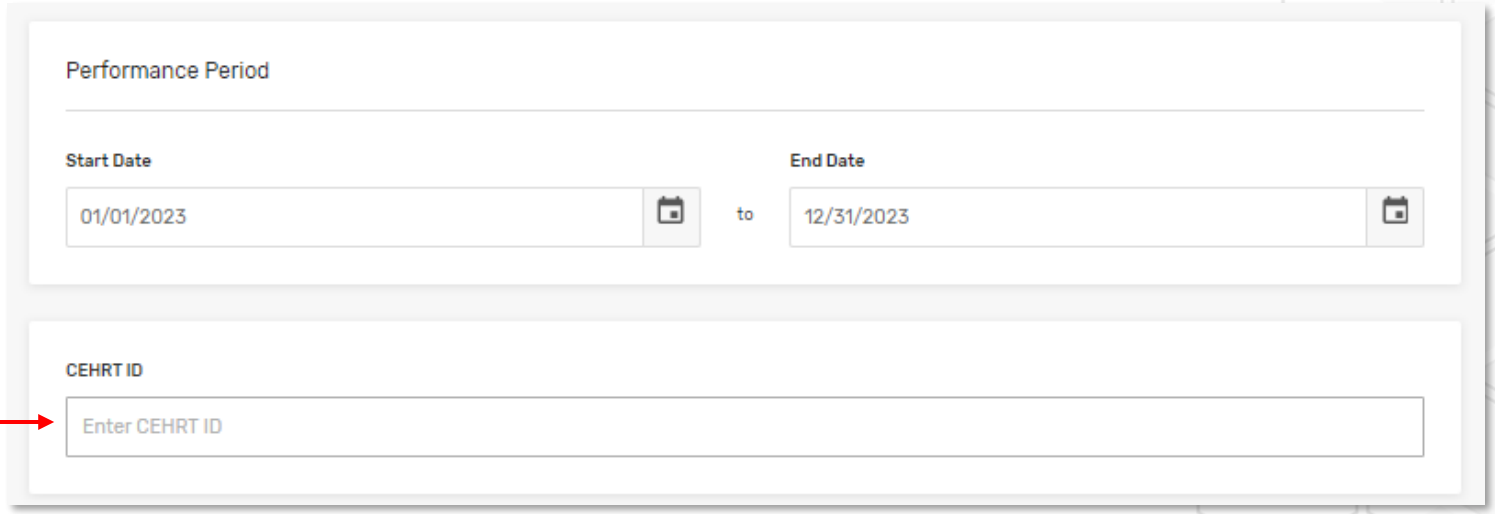
Manual Entry (Attestation) for Promoting Interoperability (Continued)

Enter your CMS EHR Certification ID ("CEHRT ID")



For **detailed instructions on how to generate a CMS EHR Certification ID**, review pages 23-25 of the CHPL Public User Guide (PDF, 763KB).

A **valid** CMS EHR Certification ID for 2015 Edition CEHRT (including Cures Update criteria) will include "**15E**" and "**15C**".

A CMS EHR Certification ID generated for a combination of 2014 and 2015 Edition CEHRT will include "**15H"** and **will be rejected**.

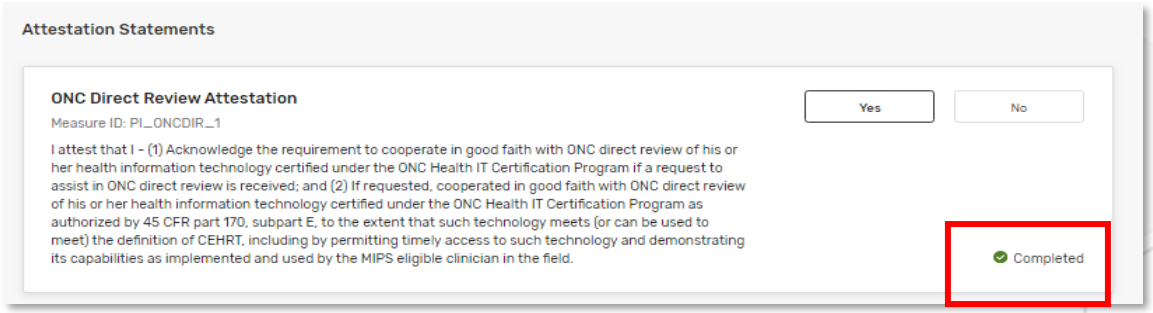
Submitting Data

Quality Payment PROGRAM

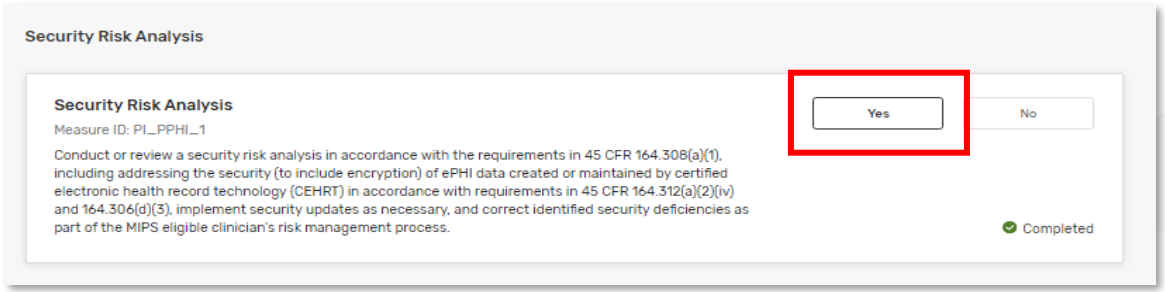
Manual Entry (Attestation) for Promoting Interoperability (Continued)

Complete Required Attestation Statements and Measures

You must select **Yes** for the required attestations before you can begin entering your measure data. As you move through the required information, you will see an indicator as each requirement is **completed**



To manually report a measure, you will need to either select **Yes** or enter the **numerator/denominator** value, according to the measure. You can also claim an exclusion if you qualify.



Submitting Data

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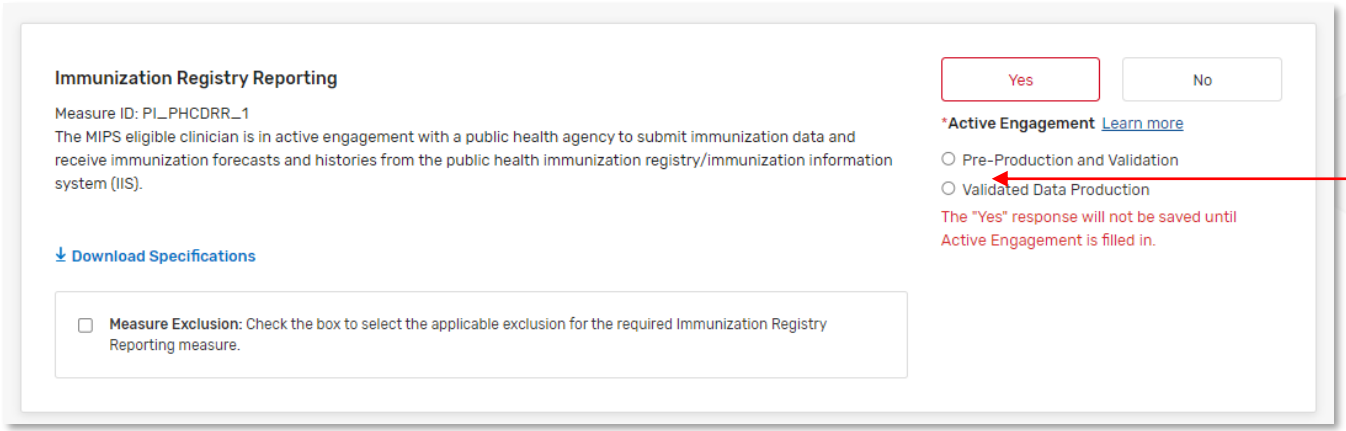
Manual Entry (Attestation) for Promoting Interoperability (Continued)

Complete Required Attestation Statements and Measures – Public Health and Clinical Data Exchange



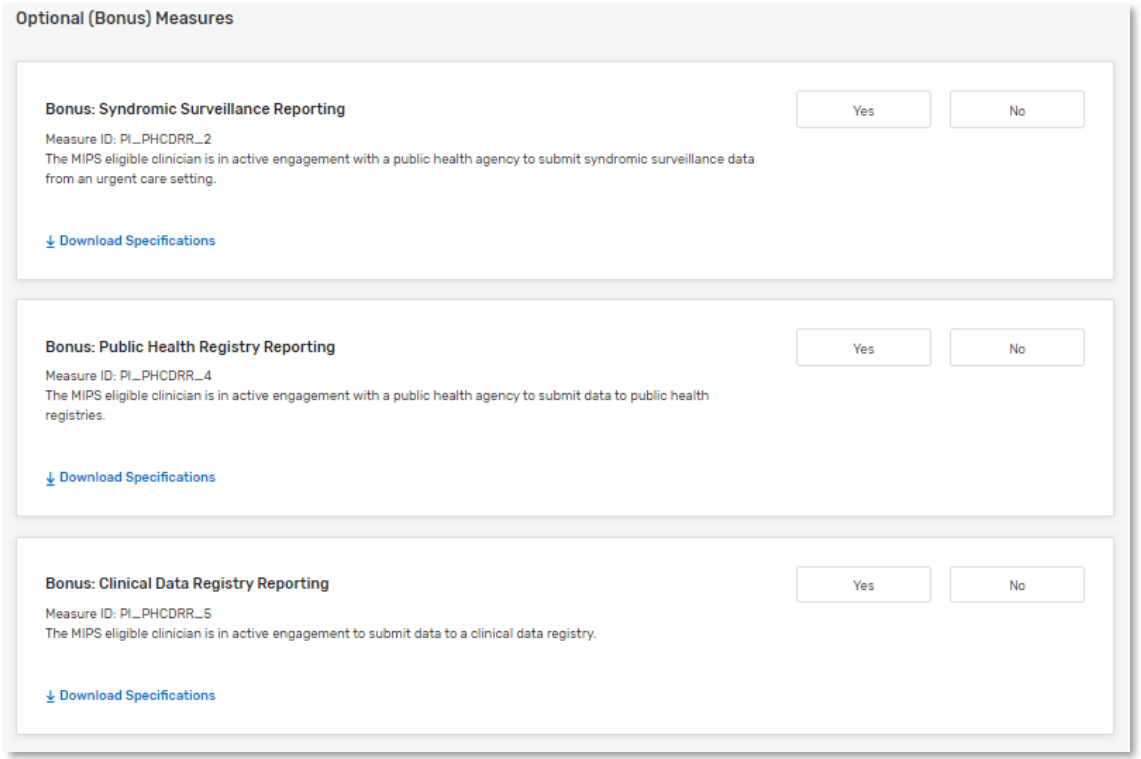
Choose one of the options for Active Engagement. A "Yes" response will not be saved until filled in.

Submitting Data

Quality Payment PROGRAM

Manual Entry (Attestation) for Promoting Interoperability (Continued)

Complete Required Attestation Statements and Measures – Public Health and Clinical Data Exchange

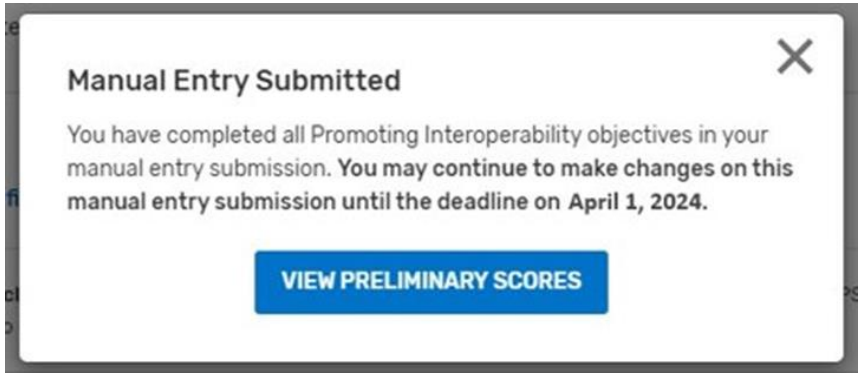


To earn an additional 5 bonus points in this performance category, you can choose to report 1 or more of the remaining, optional measures. There are 5 bonus points available whether you report 1, 2 or all 3 of the optional measures.

Submitting Data

Manual Entry (Attestation) for Promoting Interoperability (Continued)

Once all required data have been reported, the system will notify you and allow you to view your measure-level scores.



Submitting Data

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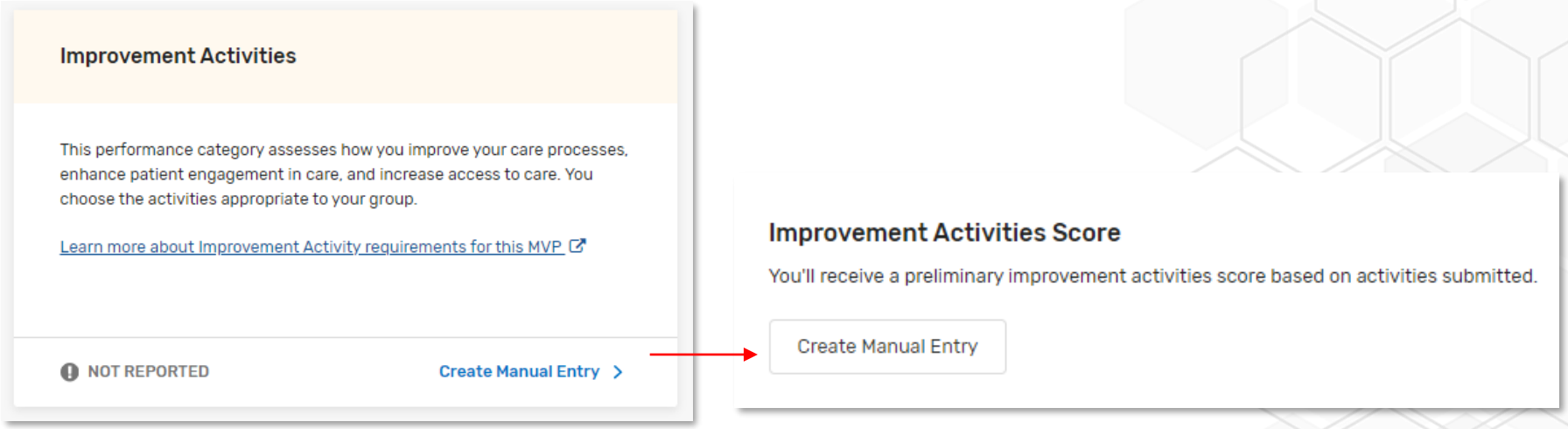
Manual Entry (Attestation) for Improvement Activities

You can attest to your Improvement Activities data by manually entering yes values to indicate you've completed the activity.

Click Create Manual Entry on the **Reporting Overview**, and then again on the **Improvement Activities** page.



Submitting Data

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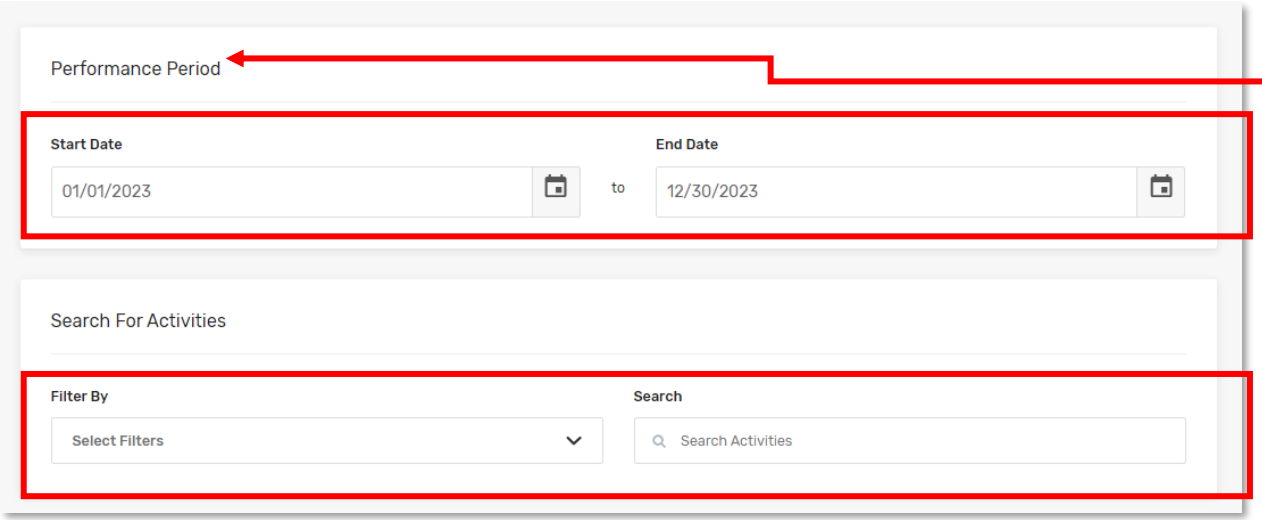
Manual Entry (Attestation) for Improvement Activities (Continued)

Once you enter your performance period, you can **search** for your activities by key term or **filter** by weight or subcategory. Check the box next to **Completed** to attest that the activity was performed.



Each *activity* has a continuous 90-day performance period (or as specified in the activity description), but multiple activities don't have to be performed during the same 90-day period.

If your improvement activities are performed at different times during the year, your performance period at the category level:

- **Starts** on the first day in the year that any improvement activity was performed, and
- **Ends** on the last day in the year that any improvement activity was performed.

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Troubleshooting

Troubleshooting

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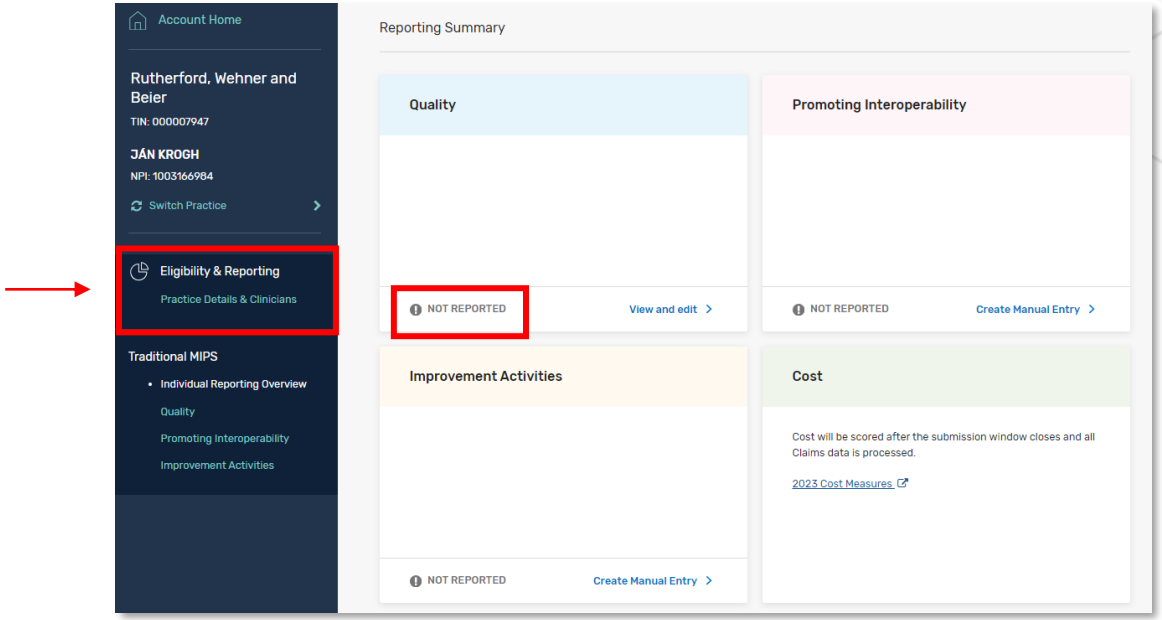
File Upload Troubleshooting

Don't See Successfully Uploaded Data

- **Scenario:** I successfully uploaded a file with quality data. Why can't I see the clinician's/group's data after I hit "View Submission"?
- **Most Likely:** You didn't include the MVP identifier.
- **Action:** Double check that your file included the relevant MVP identifier. If not, **return to the Practice Details** page. Select Report as a Group (or Report as Individual if you were submitting for an individual clinician) and choose Traditional MIPS from the Reporting Options page. If you forgot the MVP Identifier, you should see the quality data in the traditional MIPS submission. You'll need to **resubmit the data with the MVP identifier**.



Troubleshooting

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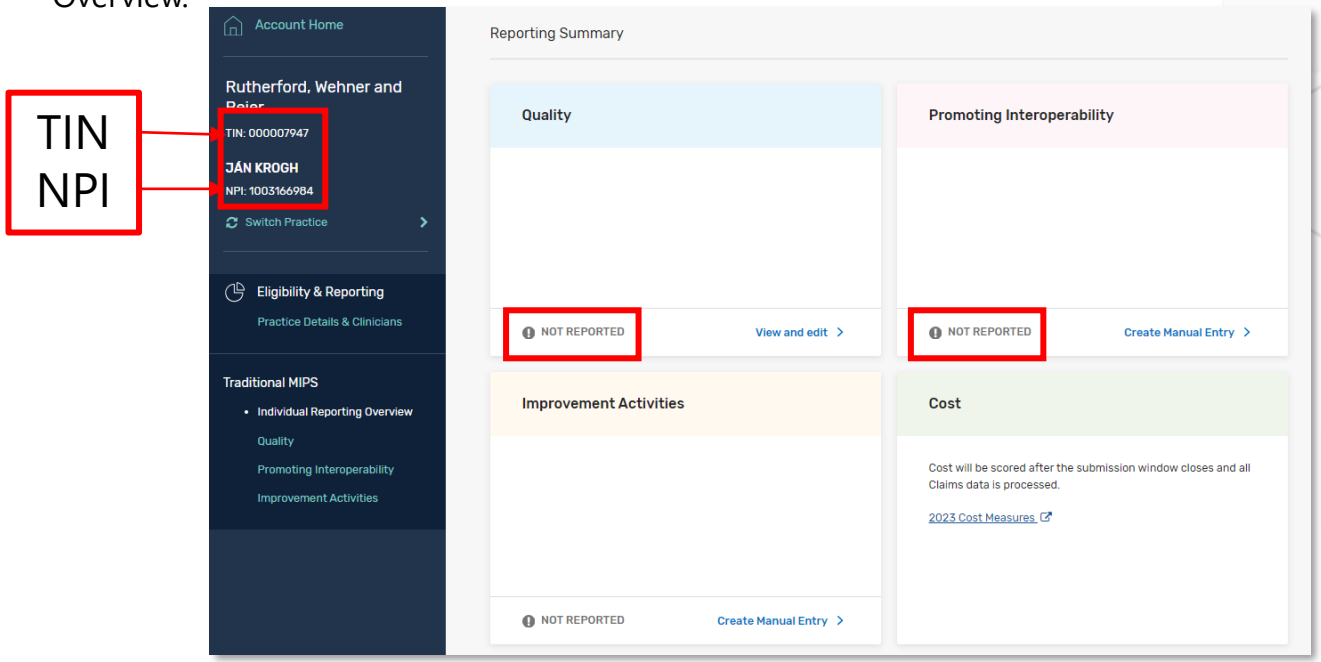
File Upload Troubleshooting

Don't See Successfully Uploaded Data

- **Scenario:** I successfully uploaded a file with quality and Promoting Interoperability data. Why can't I see the clinician's data after I hit "View Submission"?
- **Most Likely:** You uploaded a file for a different NPI.
- **Action:** Double check that NPI and TIN in your file match the information on the clinician profile you are in. Once you determine which NPI was included in that file, find that clinician in Practice Details & Clinicians and select Report as Individuals. You should see the successfully uploaded data results in the clinician's Reporting Overview.



Troubleshooting

QRDA III File Upload Troubleshooting (Continued)

Common Error Message

"The measure GUID supplied 40280382-6963-bf5e-0169- e8dc81613f8b is invalid"

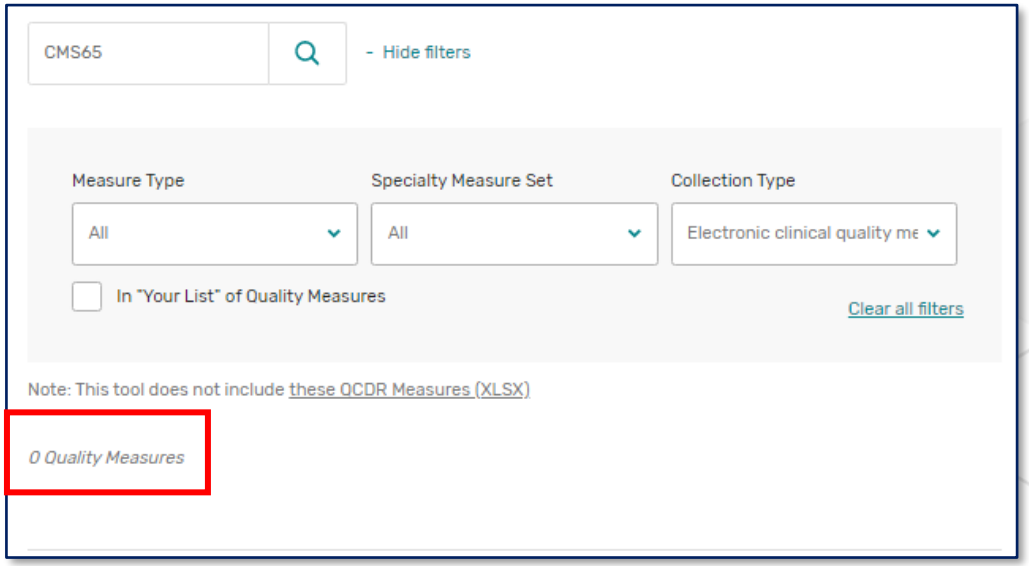
- **Example:** CT - The measure GUID supplied 40280382-6963-bf5e-0169- e8dc81613f8b is invalid. Please see the 2021 IG https://ecqi.healthit.gov/sites/default/files/2023-CMS-QRDA-III-Eligible-Clinicians-IG-v1.1-508.pdf page=43 for valid measure GUIDs. - 3058
- **Action:** Search the 2023 QRDA III Implementation Guide (IG) (PDF 1,206KB) (beginning on p. 43) for the GUID (also referred to as a UUID) listed in your error message.
    - If you can't find it, it is not a valid measure for the 2023 performance year

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 134	CMS2v12	2c928082-7ce1-6f5f-017c-e6532e90030c	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	B28864C4-1674-4476-879C-08E620CB7E56 77F28681-11EB-4BFF-98C8-E68823820AF1 87A2CE58-EFD2-407A-B771-BE0BEADD8C00 058B20CD-119E-40C6-9431-A383022AD65C 4DAA814C-005B-4B38-A9B4-980A0BE45EF3

Troubleshooting

QRDA III File Upload Troubleshooting (Continued)

Search the 2023 Explore Measures & Activities Tool (filter by the eCQM collection type) for the associated eCQM ID to confirm it isn't valid for the 2023 performance year.



You can also search the eCQI resource center

(2023 Performance Period Eligible Professional/Clinician eCQMs)

Troubleshooting

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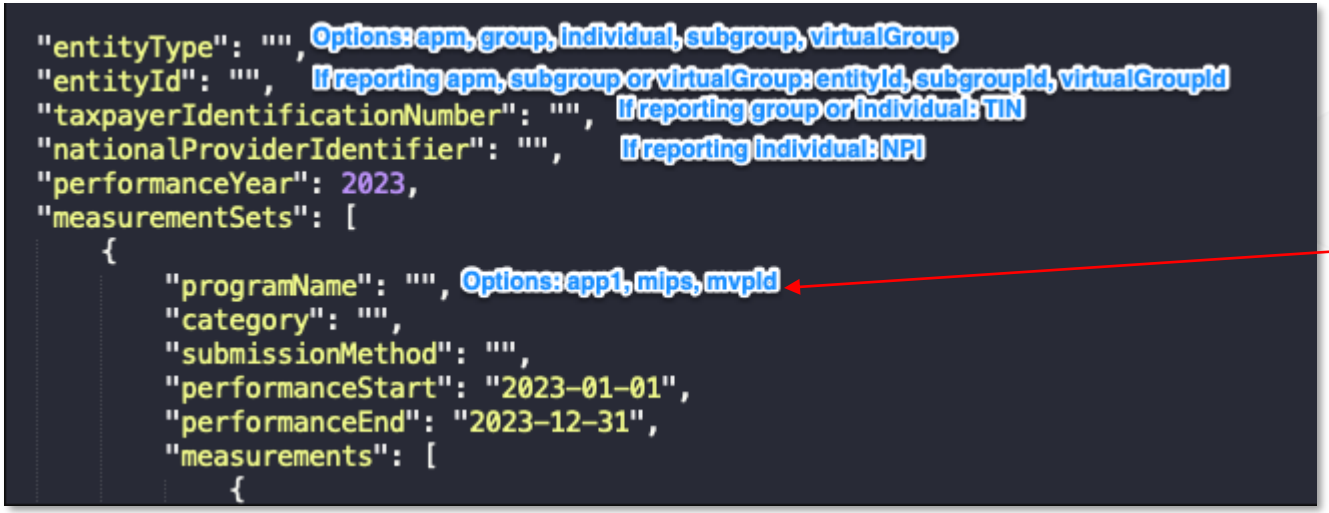
QRDA III File Upload Troubleshooting (Continued)



These are the allowed values within the file. As a reminder, virtual groups can't report an MVP.
Reference the 2023 QRDA III Implementation Guide (IG) (PDF 1,206KB) page 24, for the appropriate mvpid you registered for.

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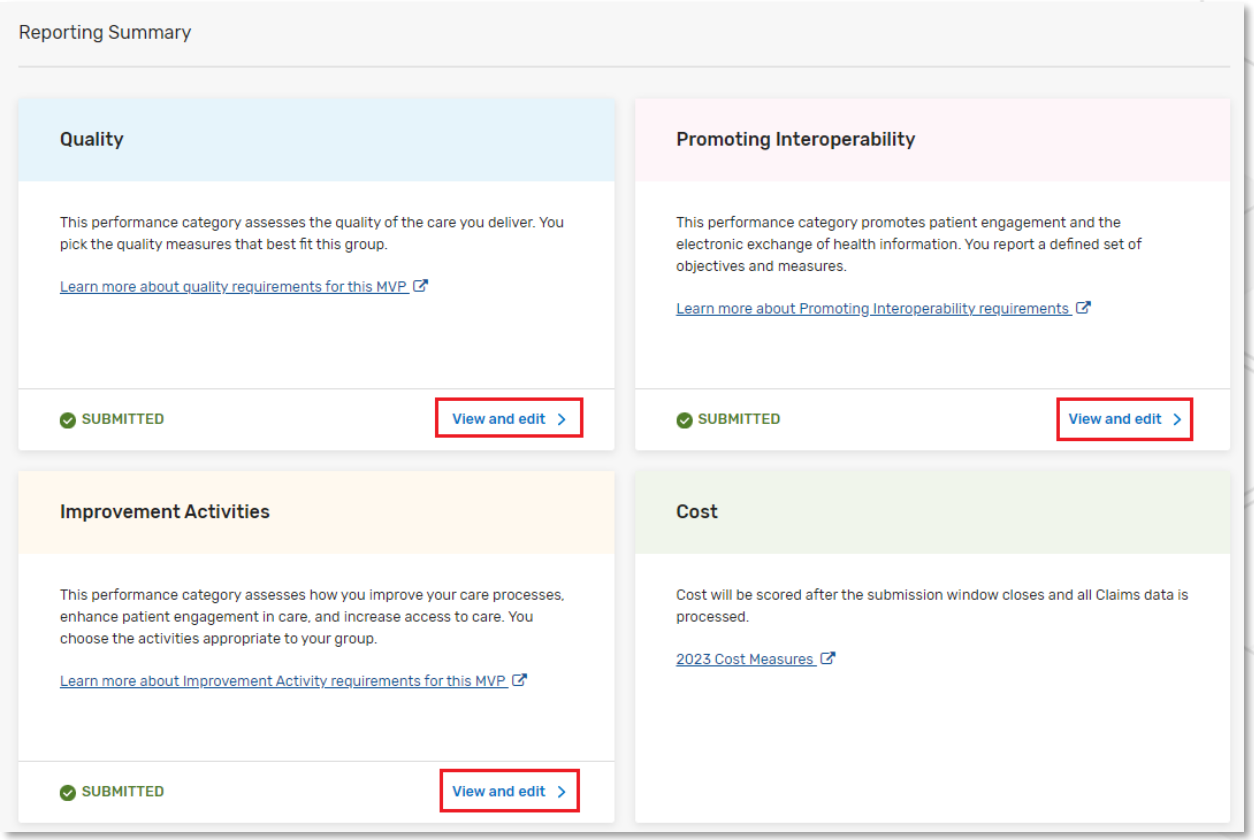
Reviewing Data

Reviewing Data

Quality Payment PROGRAM

Access Previously Submitted Data

After navigating to the appropriate reporting option for your organization, click **View & Edit** to access details about the data that's already been submitted for a performance category.



Reviewing Data - Quality

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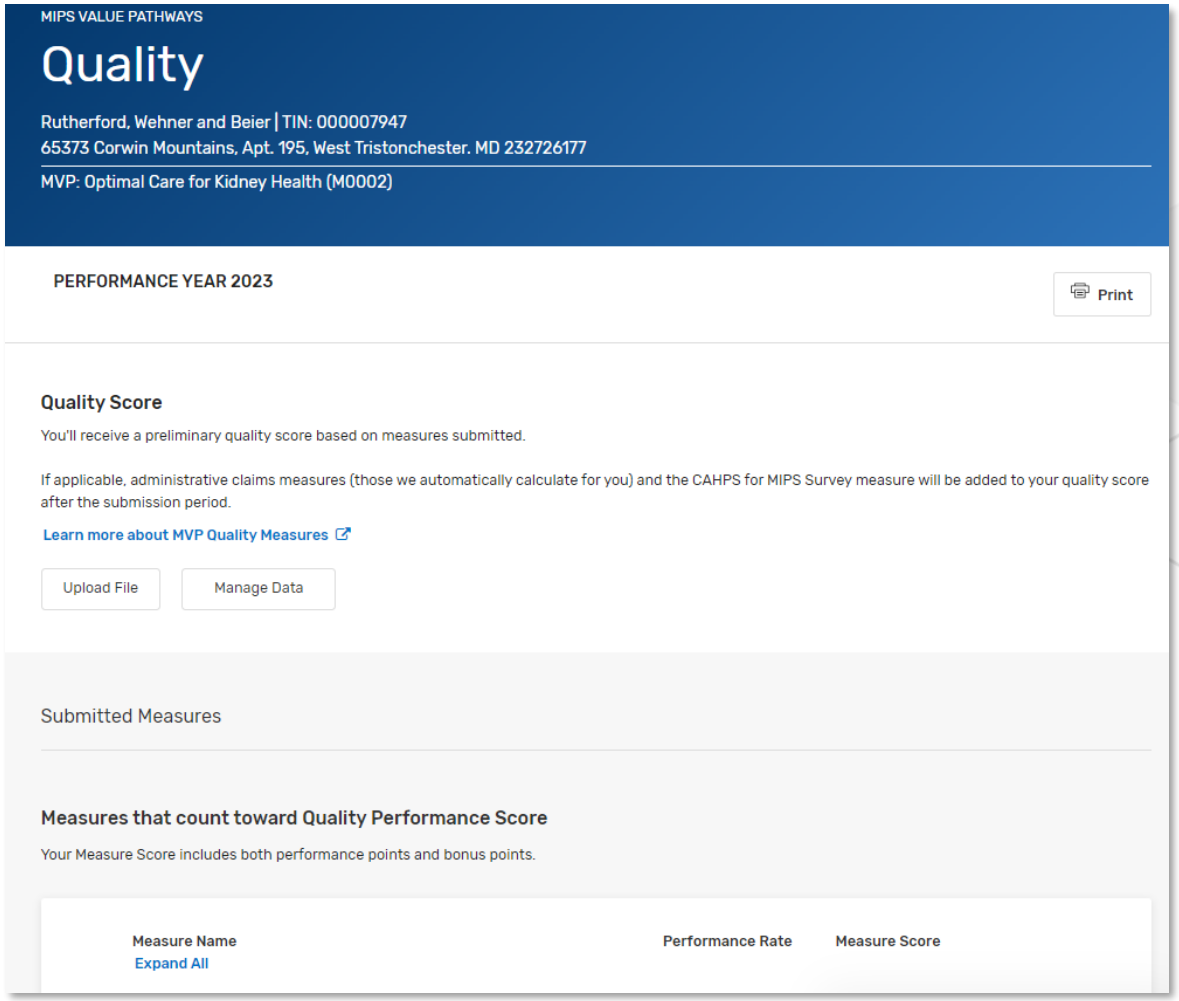
Review Previously Submitted Data

From the Reporting Overview, click **View & Edit** in the Quality section to access the Quality details page.



Reviewing Data - Quality

Review Previously Submitted Data (Continued)

During the submission period, this page will reflect:

- Medicare Part B claims measures reported by clinicians in a small practice throughout the performance period (available by late January 2024), and
- eCQMs or MIPS CQMs that you have uploaded directly or were submitted by a third party (such as a Qualified Registry or QCDR), and
- QCDR measures submitted on your behalf by a QCDR

Medicare Part B Claims Measures

Only clinicians in small practices (fewer than 16 clinicians) can report Medicare Part B claims measures. If you don't see your preliminary scores for Part B claims measures, check the QPP Participation Status lookup tool to see if you have the small practice special status.

We'll only automatically calculate a quality score at the group level if the practice also submits data at the group level for another performance category.

We intend to update preliminary Part B claims measure scores on a monthly basis during the submission period (to account for the 60-day run out period for claims measure processing).

Reviewing Data - Quality

Quality Payment PROGRAM

Review Previously Submitted Data (Continued)

During the submission period, this page WON'T reflect:

- Scoring for the CAHPS for MIPS Survey measure.
- Scoring on your population health measure.
- A preliminary score for the quality performance category.

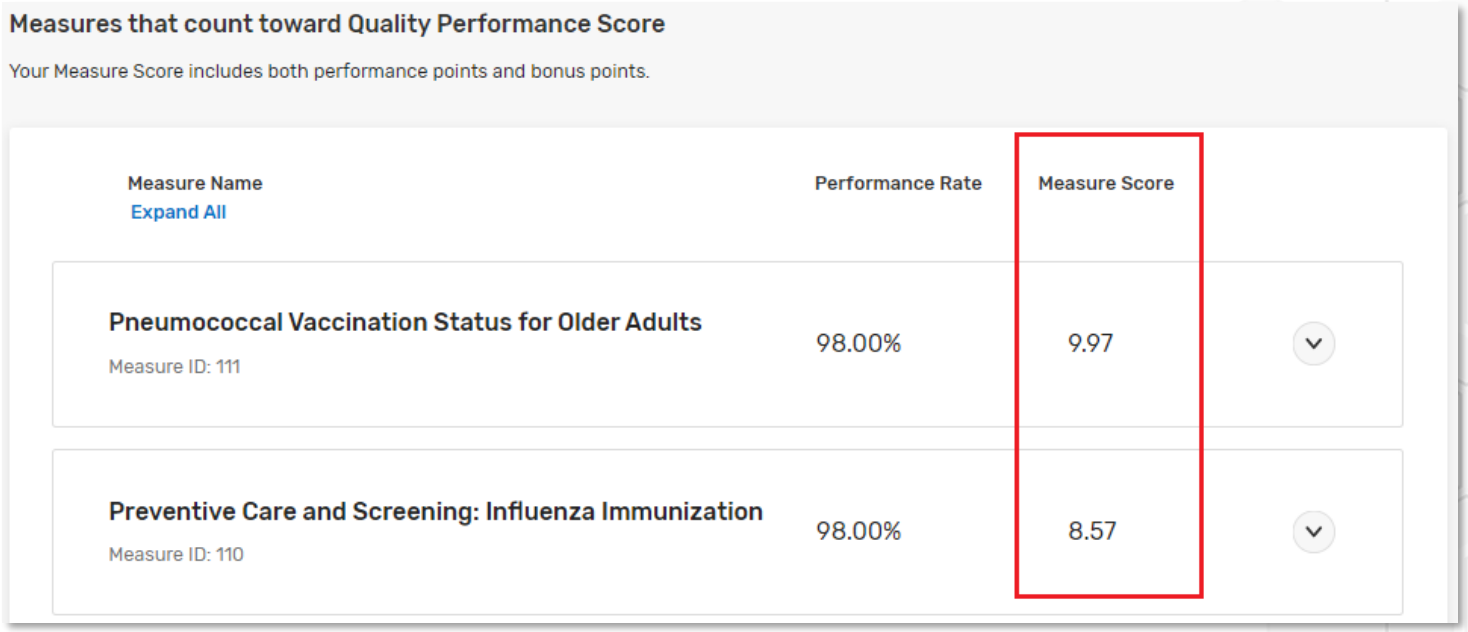
Reviewing Data - Quality

Quality Payment PROGRAM

Measure Information

Measures may be divided into 2 groups:

1. Measures whose performance points count toward your quality performance category score. The measure score will display your performance points (those achieved based on performance in comparison to the measure's benchmark).



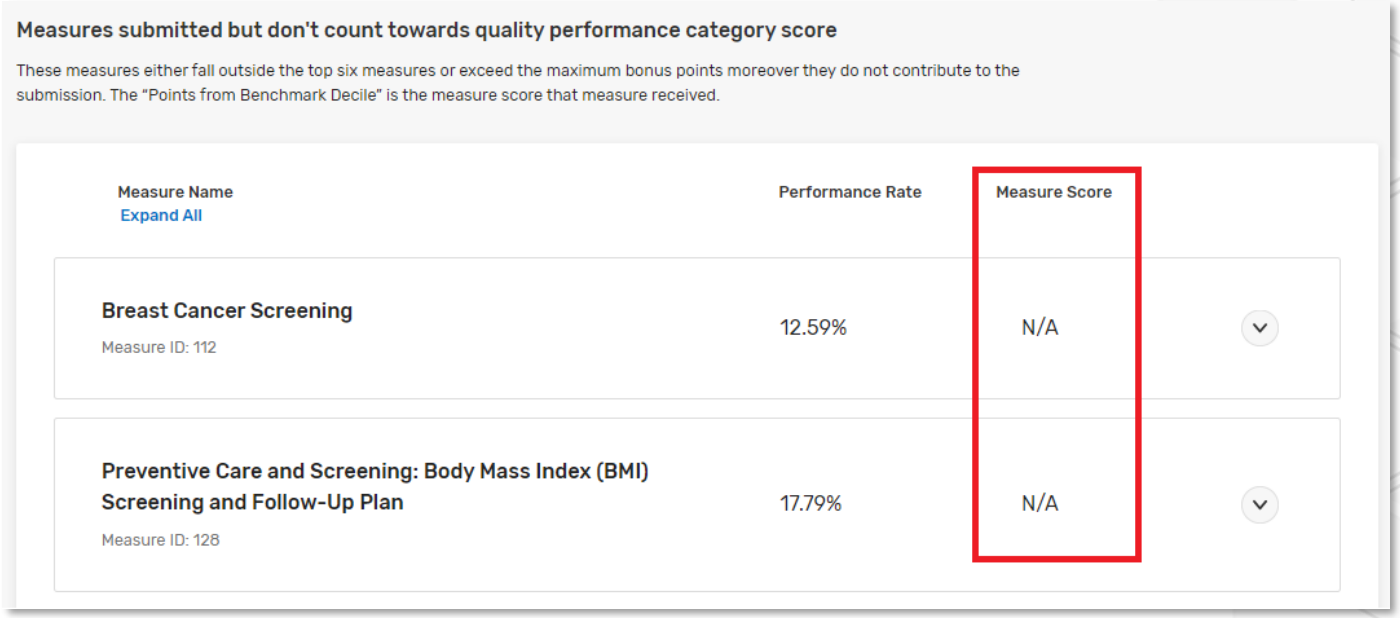
Reviewing Data - Quality

Measure Information (Continued)

Measures may be divided into 2 groups (Continued):

2. Measures that contribute no points to your quality performance category score. You will see an "N/A" in the measure score.

   For example, if you submit more than 4 quality measures from the MVP.



Measures submitted but don't count towards quality performance category score

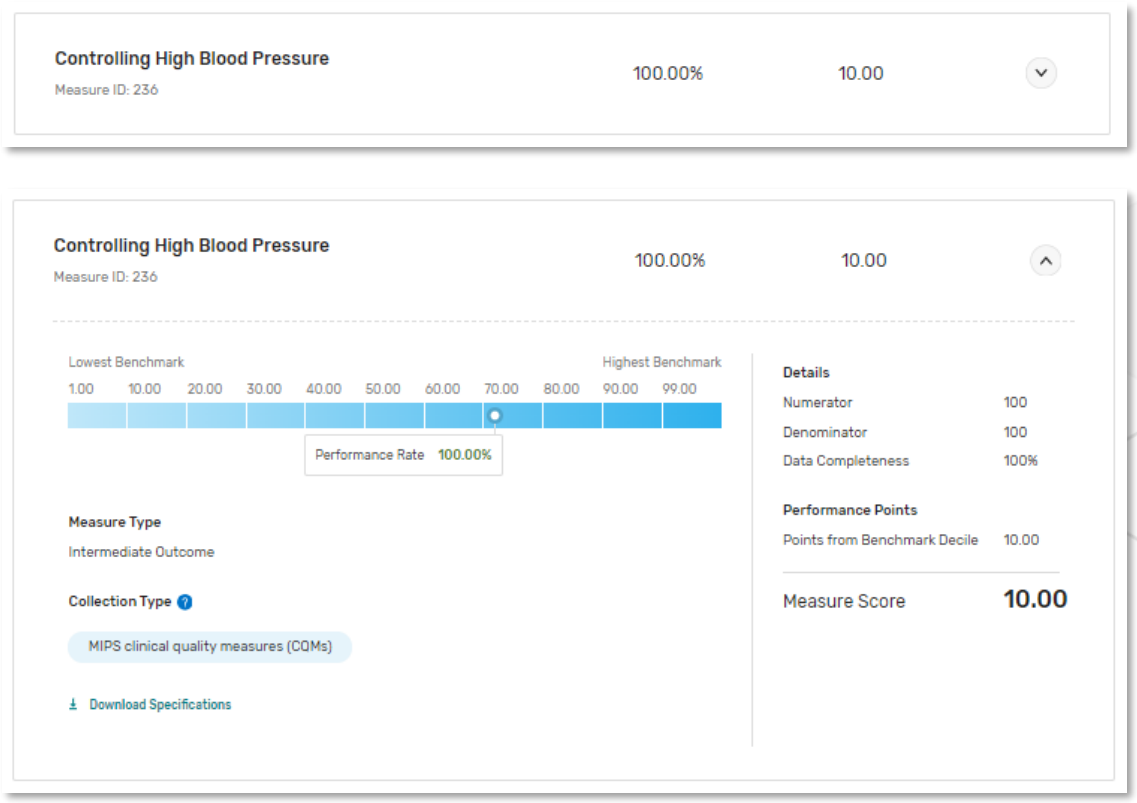
These measures either fall outside the top six measures or exceed the maximum bonus points moreover they do not contribute to the submission. The "Points from Benchmark Decile" is the measure score that measure received.

Measure Name Expand All	Performance Rate	Measure Score
Breast Cancer Screening Measure ID: 112	12.59%	N/A
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Measure ID: 128	17.79%	N/A

Reviewing Data - Quality

Measure Information (Continued)

To view measure details, click the down arrow on the right side of the measure information:

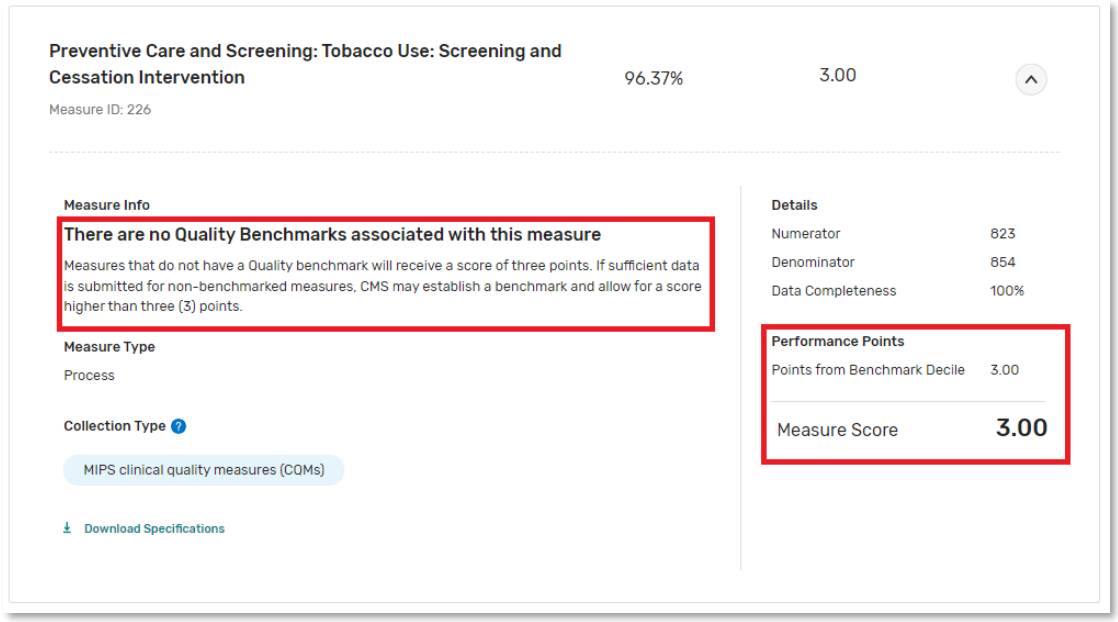


From here, you will see performance points (those earned by comparing your performance to a historical benchmark), and other scoring details about the measure.

Reviewing Data - Quality

Quality Payment PROGRAM

Measures Without a Historical Benchmark



If you report a measure without a historical benchmark, you will see **0 performance points**. (Small practices will see 3 points.)

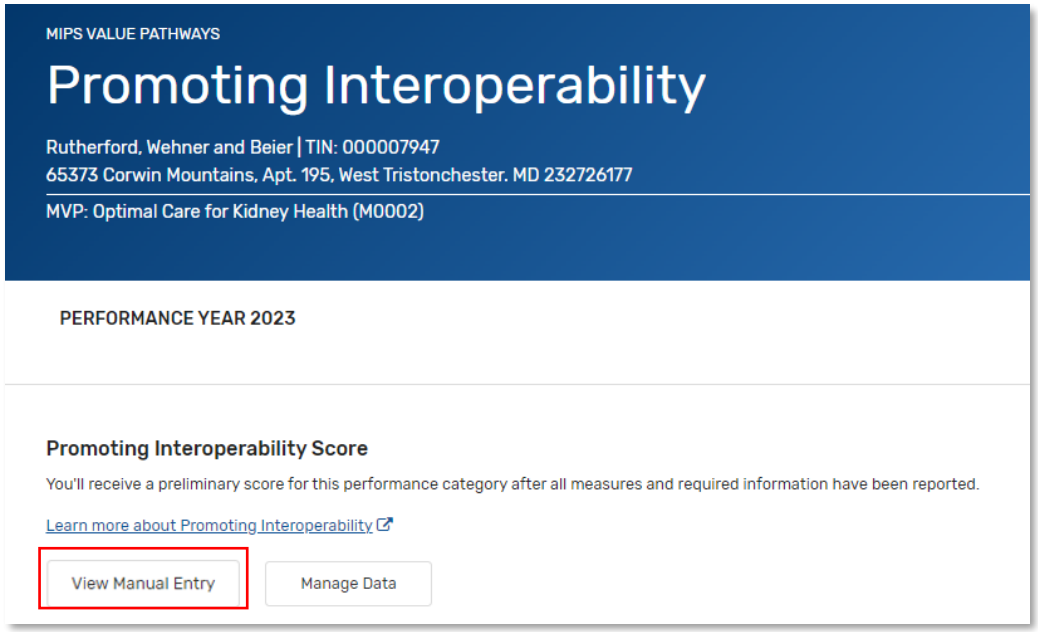
If we can calculate a performance period benchmark, we will update the measure's performance points in your final performance feedback (available summer 2024).

Reviewing Data - Promoting Interoperability

Quality Payment PROGRAM

Access Previously Submitted Data

Click **View & Edit** from the Reporting Overview. You will land on a read-only page, letting you review the measure-level score details of your submission.



If you need to update your manually entered data, click **View Manual Entry**.

Reminders

We recommend using a single submission type (file upload, API or attestation) for reporting your Promoting Interoperability data.

- **Why? Any conflicting data** for a measure or required attestation submitted through multiple submission types **will result in a score of 0** for the Promoting Interoperability performance category.

This means you **can't** create a manual entry to correct inaccurate data reported on your behalf.

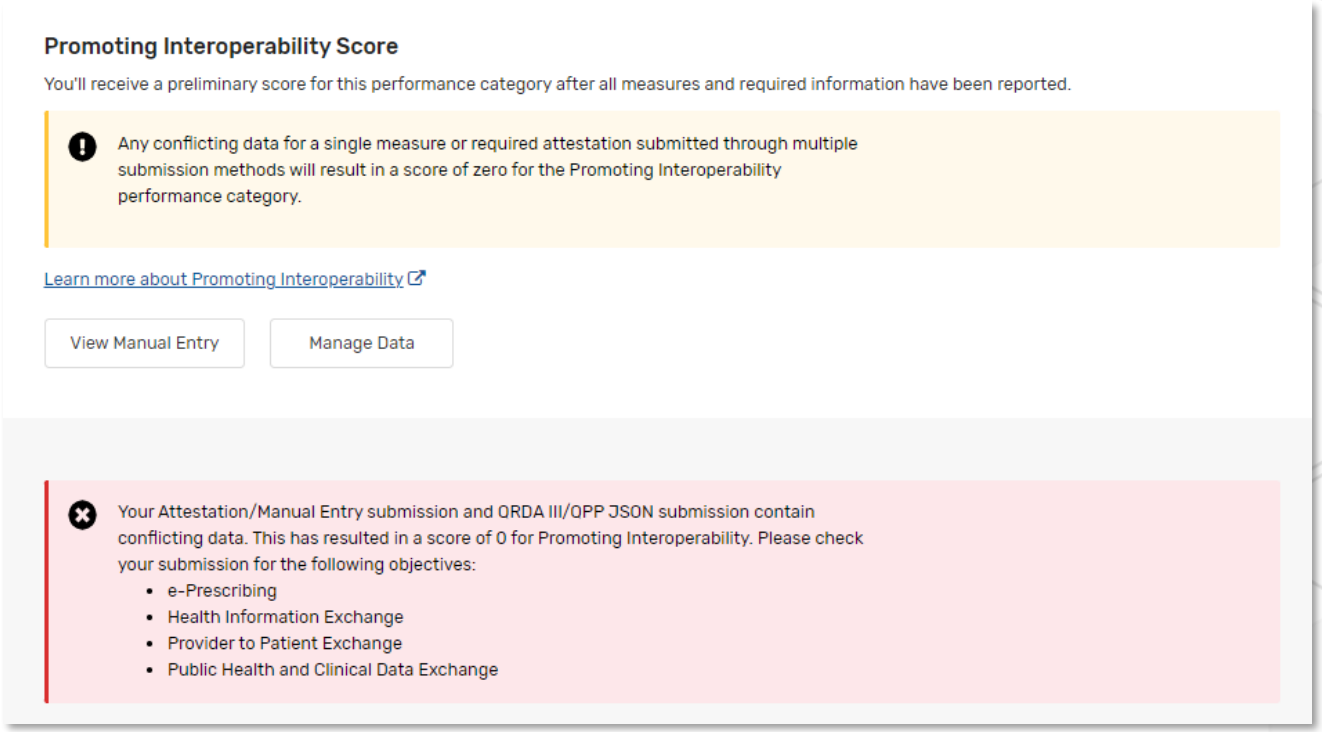
- If you see errors in your data, contact your third party intermediary and ask them to delete the data they've submitted for you.

Reviewing Data - Promoting Interoperability

Quality Payment PROGRAM

Access Previously Submitted Data (Continued)

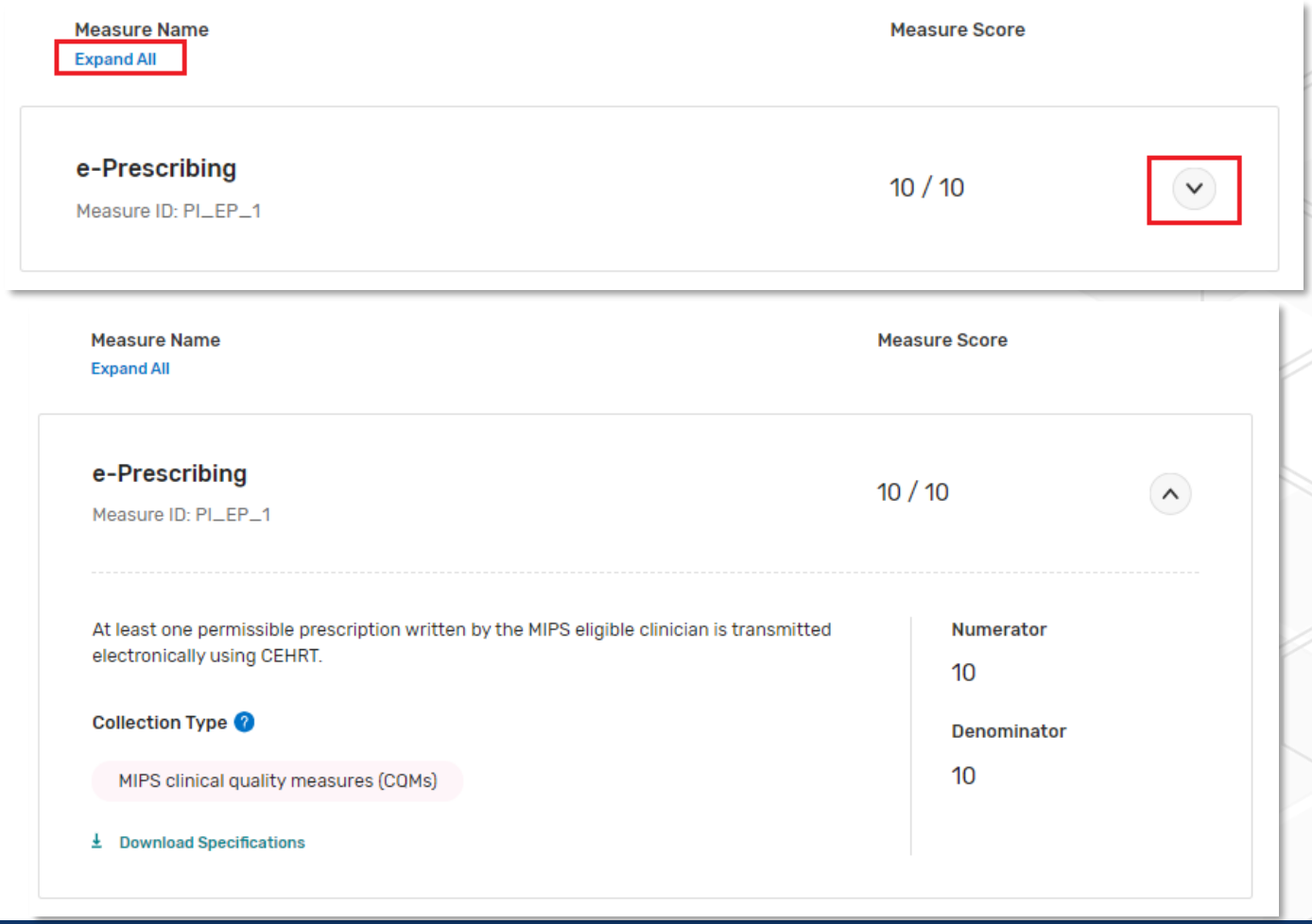
If you report Promoting Interoperability data through multiple submission types (ex. Manual entry and file upload) and there is **any conflicting data**, you will receive a **score of 0** for the performance category.



Reviewing Data - Promoting Interoperability

Access Previously Submitted Data (Continued)

Click the down arrow on the right-hand side of the measure information to see numerator/denominator details or click **Expand All** below Measure Name to see the details of all the measures in that objective.

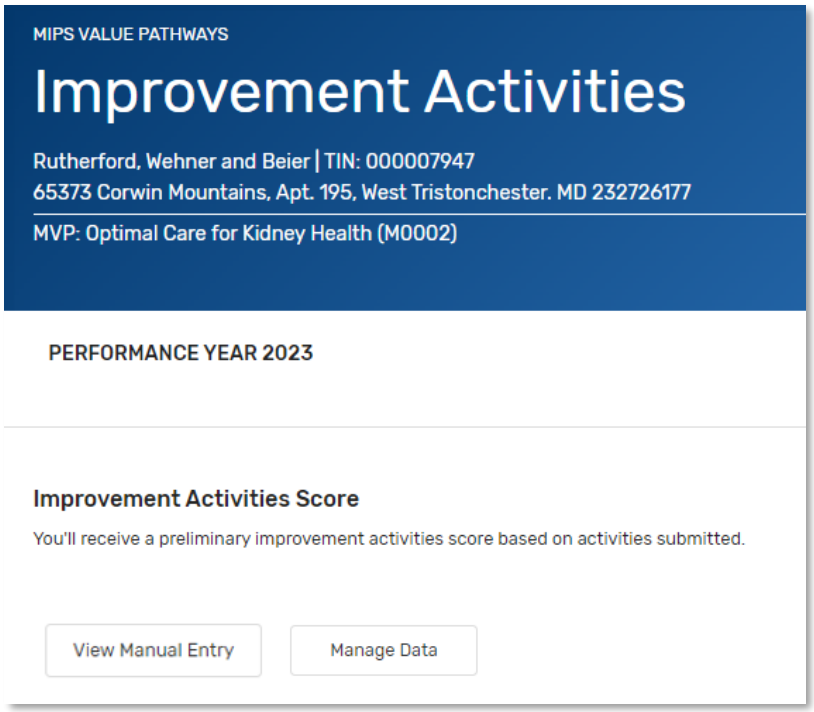


Reviewing Data - Improvement Activities

Quality Payment PROGRAM

Review Previously Submitted Data

Click **View & Edit** from the Reporting Overview.



If you need to update your manually entered data click View Manual Entry

If a third party reported some but not all of the activities performed, you can manually enter any missing activities

If you haven't created a manual entry, you will see Create Manual Entry (instead of View Manual Entry.)

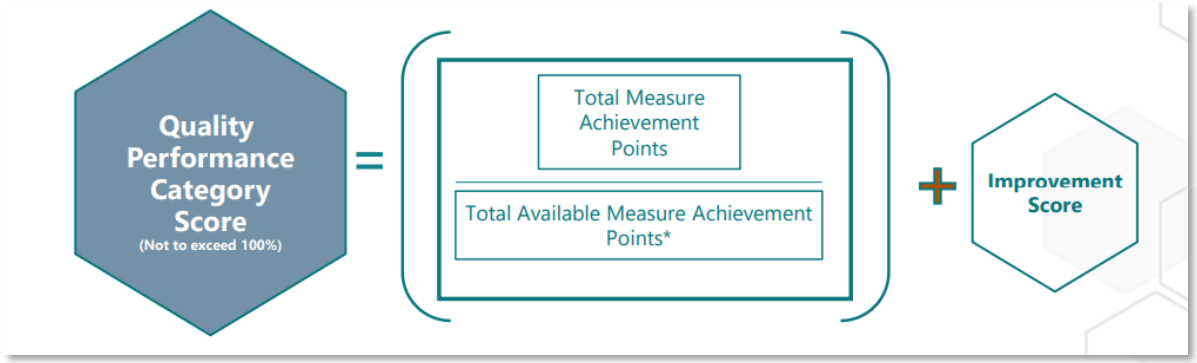
Quality Payment
PROGRAM

Scoring Calculation

Quality

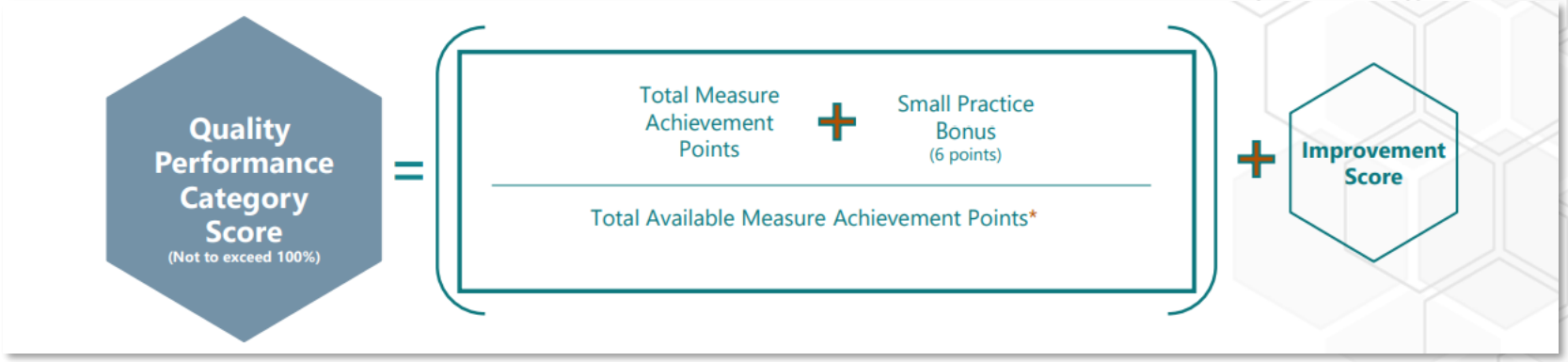
Quality Score Calculation: How We'll Get There

We'll calculate your quality score after the data submission period, once we've received all required available data.



New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

(Small practices that submit 1 quality measure qualify for 6 bonus points)



For more information about quality score calculations, refer to the 2023 Traditional MIPS Scoring Guide (PDF).

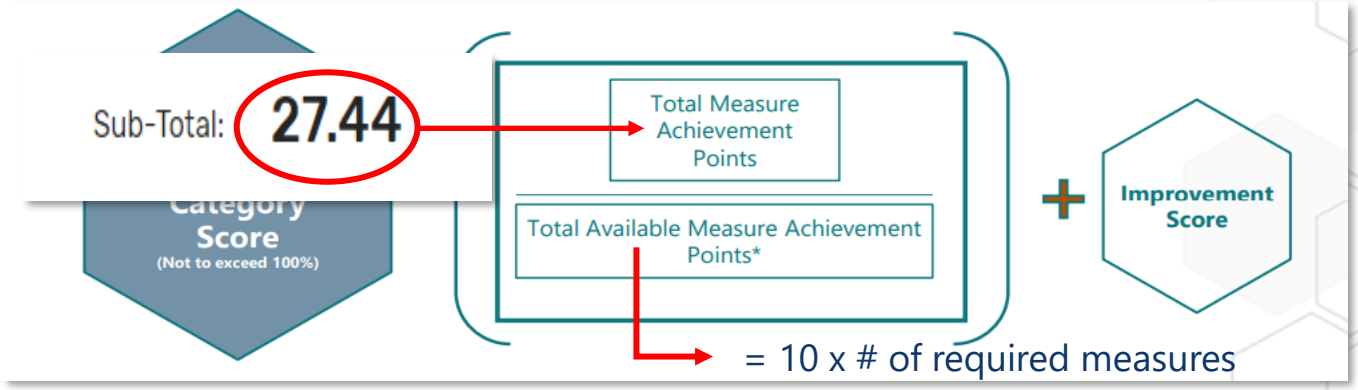
Quality

Quality Score Calculation

The **Sub-Total** displayed at the bottom of your submitted measures shows how many achievement points you've earned to date based on the measures you've submitted.

This number can change after the submission period.

- For example, this number would increase based on the achievement points earned for the population health measure you selected at registration.



In MVPs, you're required to submit **4 measures**, including one outcome measure which would mean **40 total points** available.

But this number can change after the data submission period.

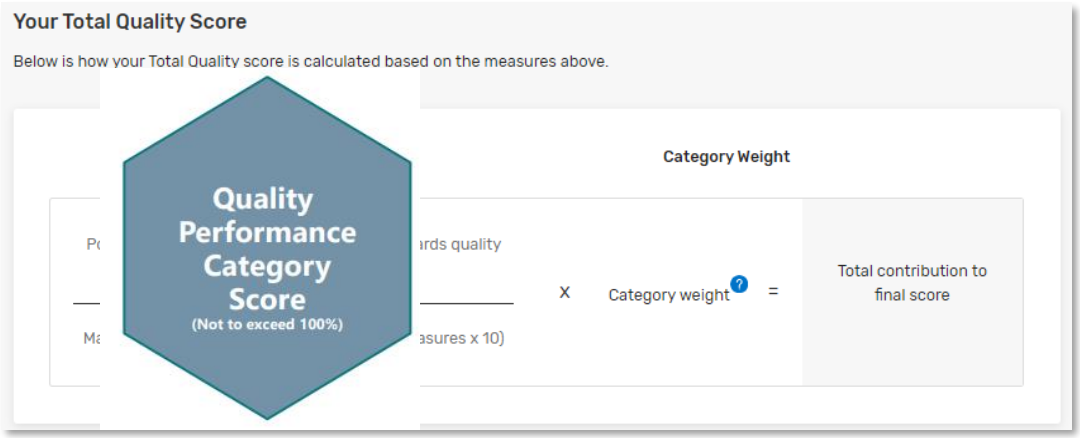
- For example, we'd increase this number by 10 points if you can be scored on the population health measure selected at registration.

Quality

Quality Score Calculation

Once we calculate your quality score, we'll multiply it by the category weight.

- The weight tells you the maximum number of points the performance category can contribute to your final score.
- Your final score will be between 0 and 100 points.



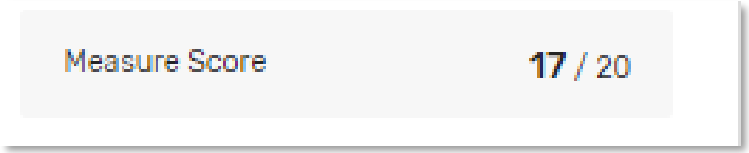
Example. When quality is **weighted at 30%**, quality can contribute **up to 30 points** to your final score.

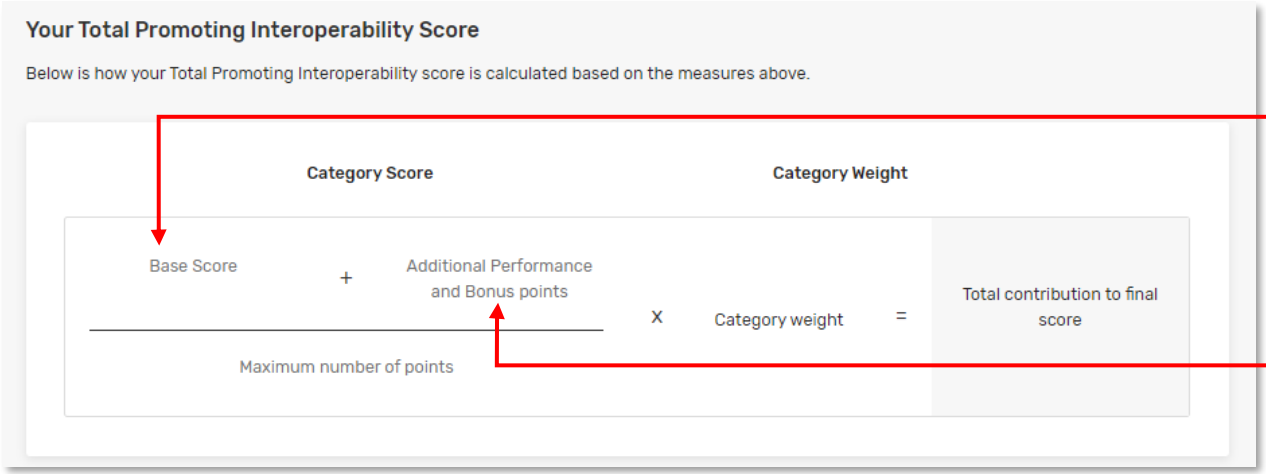
Promoting Interoperability

Quality Payment PROGRAM

Promoting Interoperability Score Calculation

We'll calculate your Promoting Interoperability score after the data submission period from the measure scores displayed during the submission period. Then we'll multiply that by the performance category weight to determine how many points the Promoting Interoperability performance category will contribute to your final score.





Sum of points earned for all required measures

Bonus points earned for reporting optional measure

New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

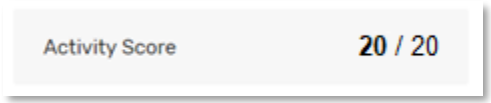
For more information about Promoting Interoperability score calculations, refer to the 2023 MVPs Implementation Guide (PDF 1MB).

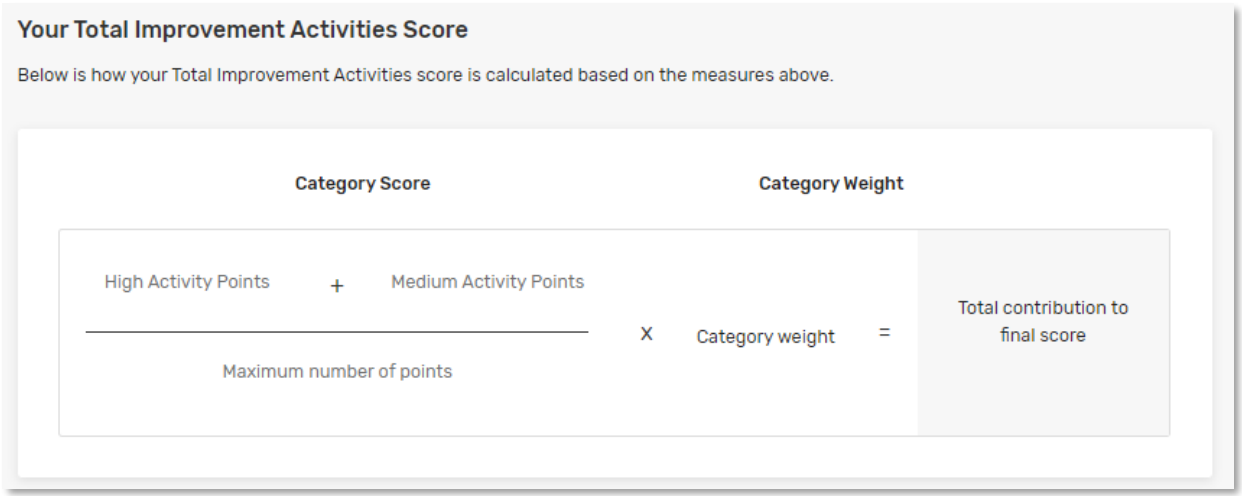
Promoting Interoperability

Quality Payment PROGRAM

Improvement Activities Score Calculation

We'll calculate your improvement activities score after the data submission period from the activity scores displayed during the submission period. Then we'll multiply that by the performance category weight to determine how many points the improvement activities performance category will contribute to your final score.





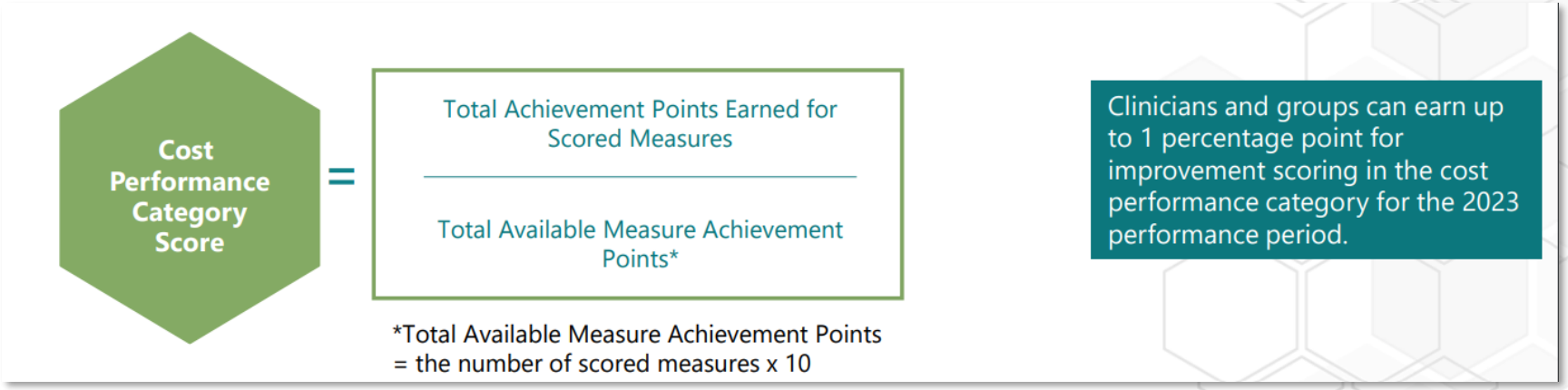
New: Beginning with performance year 2023 submissions, we will no longer display preliminary scores.

For more information about improvement activity score calculations, refer to 2023 MVPs Implementation Guide (PDF 1MB).

Cost

Cost Score Calculation

Cost measures and cost performance category scores are calculated after the data submission period. You'll receive a cost score if you can be scored on at least one cost measure in the MVP you're reporting. We'll only you on the cost measures included in your MVP.



Then we'll multiply your score by the performance category weight to determine how many points the cost performance category will contribute to your final score. It's generally weighted at 30% of your final score.

For more information about cost score calculations, refer to the 2023 MVPs Implementation Guide (PDF 1MB).

Quality Payment
PROGRAM

Help and Version History

Help, Resources, and Version History

Quality Payment PROGRAM

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating 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.

- People who are deaf or hard of hearing 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.

Visit the Small Practices page of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.

Help, Resources, and Version History

Version History

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

Date	Description
03/15/2024	Updated slides 6, 64, 65, and 66 to reflect the extension of the data submission period.
12/26/2023	Original version.

Appendices

Appendix A

Data Submission and the Automatic EUC Policy

The tables on the following slides illustrate the Performance Year 2023 MIPS performance category reweighting policies that CMS will apply under the MIPS automatic EUC policy to clinicians that submit MIPS data as individuals.

- As a reminder, this policy was triggered by the following events for the 2023 performance year:
- Certain counties in Mississippi for the Mississippi severe storms, straight-line winds, and tornadoes
- The U.S territory of Guam for the Guam Typhoon Mawar
- Certain counties in Hawaii for the Hawaii wildfires
- Certain counties in Florida for Hurricane Idalia
- Certain counties in Georgia for Hurricane Idalia

Note: Participants in APMs are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category, which will override reweighting of this performance category.

Appendix A

Quality Payment PROGRAM

Data Submission and the Automatic EUC Policy (Continued)

Table 1: Reweighting for Clinicians Not in a Small Practice

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only[1]	100%	0%	0%	0%	Neutral
Promoting Interoperability Only[1]	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality **and** Promoting Interoperability[1]	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality **and** Improvement Activities	85%	0%	15%	0%	Positive, Negative, or Neutral
Improvement Activities and Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

[1] APM participants are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category (20 out of 40 possible points), and they'll receive a final score based on the data submitted and available for scoring.

Appendix A

Quality Payment PROGRAM

Data Submission and the Automatic EUC Policy (Continued)

Table 2: Reweighting for Clinicians in a Small Practice

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only[2]	100%	0%	0%	0%	Neutral
Promoting Interoperability Only[2]	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality **and** Promoting Interoperability[2]	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality **and** Improvement Activities	50%	0%	50%	0%	Positive, Negative, or Neutral
Improvement Activities and Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

[2] APM participants are eligible to receive automatic credit in the improvement activities performance category; for these MIPS eligible clinicians, submitting data for the quality and/or Promoting Interoperability performance categories will initiate a score in the improvement activities performance category (20 out of 40 possible points), and they'll receive a final score based on the data submitted and available for scoring.

Appendix B

Quality Payment PROGRAM

Submission Period: QPP Access and Permissions by Organization Type (Continued)

This table provides a snapshot of what you can and can't do/view regarding MVP reporting based on your access (role) and organization type during the submission period (January 2 – April 15, 2024).

With this Access	You CAN	You CANNOT
Staff User or Security Official for a **Practice** (includes solo practitioners)	✓ Access information about eligibility and special status at the individual clinician and group level ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your practice (as a group, subgroup and/or individuals) ✓ Submit opt-in elections on behalf of your practice (as a group and/or individuals) ✓ View data submitted on behalf of your practice (group, subgroup and/or individual) ✓ View measure-level scoring for Part B claims measures reported throughout the performance period • This data will be updated during the submission period to account for claims received by CMS until March 1, 2024 ✓ View measure and activity-level scores and a sub-total of points for the group and individual clinicians	✗ View your cost feedback (if applicable) • Cost data won't be available during the submission period ✗ Overall preliminary score or preliminary performance category score

Appendix B

Quality Payment PROGRAM

Submission Period: QPP Access and Permissions by Organization Type (Continued)

This table provides a snapshot of what you can and can't do/view regarding MVP reporting based on your access (role) and organization type during the submission period (January 2 – April 15, 2024).

With this Access	You CAN	You CANNOT
Clinician Role	*You can't do anything related to Performance Year 2023 submissions with this role* *This is a view-only role to access final performance feedback*	
Staff User or Security Official for a **Virtual Group**	✓ Access information about the practices (TINs) and clinicians participating in the virtual group ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit data on behalf of your virtual group ✓ View data submitted on behalf of your virtual group ✓ View measure and activity-level scores and a sub-total of points for the virtual group	✗ View your cost feedback (if applicable) • Cost data won't be available during the submission period ✗ View data submitted by individuals or practices in your virtual group (such data wouldn't count towards scoring and would only be considered a voluntary submission) ✗ Overall preliminary score or preliminary performance category score
Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ Download your API token (security officials only) ✓ Upload a submission file on behalf of your clients (groups and/or individuals) ✓ Submit opt-in elections on behalf of your clients ✓ View measure and activity-level scores and a sub-total of points for your clients based on the data you submitted for them	✗ View data submitted directly by your clients ✗ View data submitted by another third party on behalf of your clients ✗ View data collected and calculated by CMS on behalf of your clients ✗ Cost measures (if applicable) ✗ View preliminary category level scores

Appendix B

Quality Payment PROGRAM

Submission Period: QPP Access and Permissions by Organization Type (Continued)

This table provides a snapshot of what you can and can't do/view regarding MVP reporting based on your access (role) and organization type during the submission period (January 2 – April 15, 2024).

With this Access	You CAN	You CANNOT
Staff User or Security Official for an **APM Entity**	✓ Access a list of the practices (TINs) and clinicians participating in the APM Entity ✓ View information about performance category reweighting (including from approved exception applications) ✓ Submit quality data through the CMS Web Interface (Shared Savings Program, or other registered APM Entities) ✓ Upload a QRDA III file with your eCQM data (Primary Care First) ✓ Upload a file of APM Entity-level MIPS quality measure data (all APM Entities in a MIPS APM) ✓ View measure and activity-level scores and a sub-total of points on quality data submitted by or on behalf of the APM Entity ✓ View the automatic 50% reporting credit available to some APMs	✗ View the Promoting Interoperability data reporting by clinicians and groups in your APM entity ✗ View quality data reported by clinicians and groups in your APM Entity ✗ View preliminary quality performance category score

Appendix C

Quality Measures with MIPS Scoring or Submission Changes

This appendix will identify any measures affected by specification or coding issues, clinical guideline changes during the 2023 performance period, or specifications determined during or after the performance period to have substantive changes.

No measures have been identified for suppression or truncation at the time of publication of this guide