

Quality Payment  
PROGRAM

# Merit-based Incentive Payment System (MIPS)

2024 MIPS Quick Start Guide for Small  
Practices





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**Purpose:** This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements for small practices (15 or fewer clinicians) to get you started with participating in the 2024 performance year.

**Already know what MIPS is?** Skip ahead by clicking the links in the Table of Contents.

**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.






# How to Use This Guide



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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.

## 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.



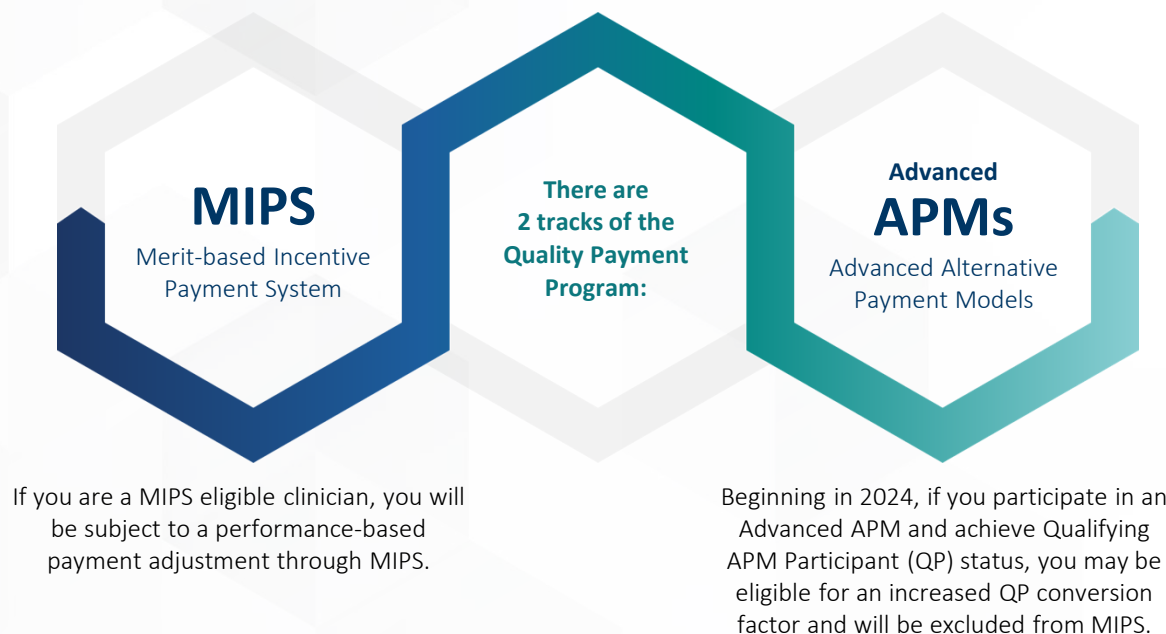


# Overview



# What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the QPP, which rewards value in 1 of 2 ways:





# What is the Merit-based Incentive Payment System?

MIPS is one way to participate in QPP. 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 lead to improved quality and value in our healthcare system.



## Promoting Interoperability

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



## Improvement Activities

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



## Quality

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



## Cost

Assesses the cost of the care you provide based on your Medicare Part B claims.



# What is the Merit-based Incentive Payment System?

If you're a clinician in a small practice and eligible for MIPS in 2024:

- You generally have to submit data for the quality and improvement activities, performance categories.
  - Small practices aren't required to submit Promoting Interoperability data, but can choose to do so.
  - We collect and calculate cost measure data for you.
- 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.
  - Positive payment adjustment for clinicians with a 2024 final score above 75.
  - Neutral payment adjustment for clinicians with a 2024 final score of 75.
  - Negative payment adjustment for clinicians with a 2024 final score below 75.
- Your MIPS payment adjustment is based on your performance during the 2024 performance year and applied on a claim-by-claim basis to payments for your Medicare Part B-covered professional services, beginning on January 1, 2026.

A small practice is defined as a group that has 15 or fewer clinicians identified by National Provider Identifier (NPI), billing under the groups Taxpayer Identification Number (TIN). CMS makes this determination by reviewing claims data. Learn more about special status designations on the [QPP website](#).

To see if you have the small practice designation, visit the [Quality Payment Program Participation \(QPP\) Status Lookup Tool](#).

### 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 [QPP Participation Status Tool](#).

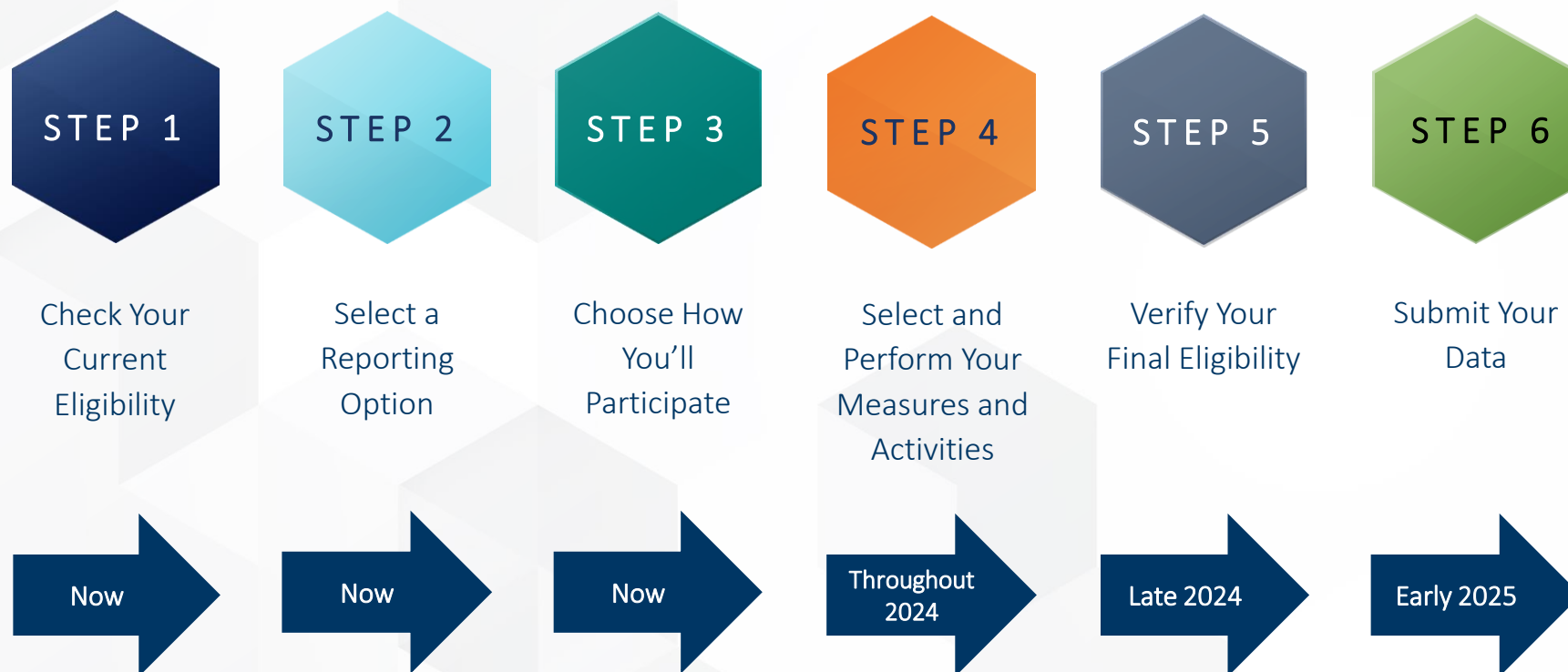




# Get Started with MIPS in 6 Steps: Small Practices



## 6 Steps for MIPS Participation in the 2024 Performance Year



[Appendix A](#) provides a snapshot of the 2024 performance year timelines and associated activities.



## STEP 1

# Check Your Current Eligibility for the 2024 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 2024.

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.

## Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

### For more information about eligibility:

Review the [2024 MIPS Eligibility & Participation Quick Start Guide \(PDF, 1MB\)](#).

Step 1  
(Now)

Check Your Current Eligibility

Step 2  
(Now)

Select a Reporting Option

Step 3  
(Now)

Choose How You'll Participate

Step 4  
(Throughout 2024)

Select and Perform Your Measures and Activities

Step 5  
(Late 2024)

Verify Your Final Eligibility

Step 6  
(Early 2025)

Submit Your Data





## STEP 1

## Check Your Current Eligibility for the 2024 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 2024 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 2024 if the group falls below the low-volume threshold.

## Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

NPI Number

Check Status &gt;

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

## For more information about eligibility:

Review the [2024 MIPS Eligibility & Participation Quick Start Guide \(PDF, 1MB\)](#).

Step 1  
(Now)Step 2  
(Now)Step 3  
(Now)Step 4  
(Throughout 2024)Step 5  
(Late 2024)Step 6  
(Early 2025)Check Your Current  
EligibilitySelect a Reporting  
OptionChoose How You'll  
ParticipateSelect and Perform Your  
Measures and ActivitiesVerify Your Final  
Eligibility

Submit Your Data





## STEP 1

## Check Your Current Eligibility for the 2024 Performance Year (Continued)

## QPP Participation Status Tool Results (Continued)

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  GROUPOpt-in Option: [Opt-in eligible](#) as individual

This could change when eligibility data is updated in December 2024 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  GROUPOpt-in Option: [Opt-in eligible](#) as group

This could change when eligibility data is updated in December 2024 if the group falls below the low-volume threshold.

## Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

NPI Number

Check Status &gt;

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

## For more information about eligibility:

Review the [2024 MIPS Eligibility & Participation Quick Start Guide \(PDF, 1MB\)](#).

Step 1  
(Now)Step 2  
(Now)Step 3  
(Now)Step 4  
(Throughout 2024)Step 5  
(Late 2024)Step 6  
(Early 2025)

Check Your Current Eligibility

Select a Reporting Option

Choose How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data





## STEP 2

## Select a Reporting Option\*

## Newest Reporting Option

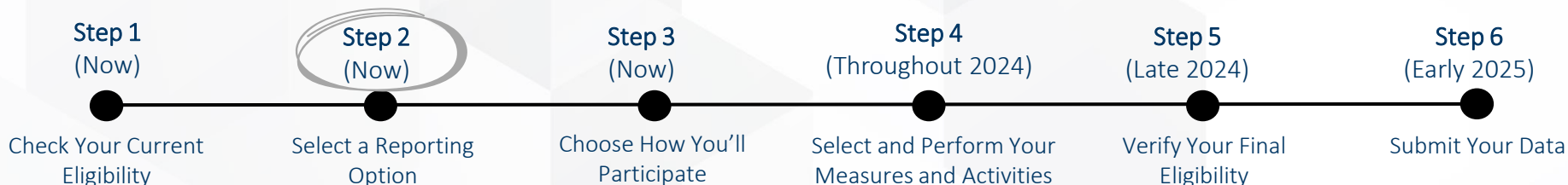
- [MIPS Value Pathways \(MVPs\)](#) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities that are related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). Small practices aren't required to report Promoting Interoperability data but can choose to report the complete 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 [16 MVPs available](#) to report for the 2024 performance year. **Check to see if there's an MVP relevant to your practice!**

## 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. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete 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.

## Original Reporting Option

- [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 complete MIPS inventory. Small practices earn 2x the points for each improvement activity. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set. We collect and calculate data for the cost performance category for you.



\*You're able to report traditional MIPS in addition to an MVP or the APP.



## STEP 3

# Choose How You'll Participate

"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 2024 performance year closed on December 31, 2023.
- **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 an MVP. Advance registration is required.

For more information about participation options visit the [Participation Options Overview](#) webpage on the [Quality Payment Program](#) website.

## Quality Payment PROGRAM

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, group, or subgroup:

MIPS Eligibility: ☒ INDIVIDUAL ☒ GROUP

This clinician is only eligible at the group (or subgroup) level, so any data submitted by the individual would be considered voluntary. There's no requirement to participate as a group, but if a practice chooses to participate as a group, its clinicians

MIPS Eligibility: ☐ INDIVIDUAL ☒ GROUP





## 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, 2024).\*
- We collect and evaluate data for all administrative claims-based measures for which you meet the case minimum and clinician requirement.

Cost:

- No measure selection or data submission required.
- We collect and evaluate this data for you for measures meeting the minimum requirement.
- Review [cost measures \(ZIP, 47MB\)](#).

Improvement Activities\*\*:

- [Select 1 high-weighted or 2 medium-weighted activities.](#)
- Perform each activity for a continuous 90-day period in the 2024 calendar year (or as indicated in the activity's description).

Promoting Interoperability:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted. See [Appendix B](#).

A Closer Look:

**\*Medicare Part B claims measures:** If you choose to report quality measures through your Medicare Part B claims, begin reporting immediately if you're currently eligible. Review the [2024 Medicare Part B Claims Reporting Quick Start Guide \(PDF, 1MB\)](#) for more information.

**\*\*Improvement activities:** Review the [2024 MIPS Data Validation Criteria \(ZIP, 599KB\)](#) to understand the documentation you'll need to keep for the activities you select and perform.

Step 1  
(Now)

Check Your Current  
Eligibility

Step 2  
(Now)

Select a Reporting  
Option

Step 3  
(Now)

Choose How You'll  
Participate

Step 4  
(Throughout 2024)

Select and Perform Your  
Measures and Activities

Step 5  
(Late 2024)

Verify Your Final  
Eligibility

Step 6  
(Early 2025)

Submit Your Data





## STEP 4

Select and Perform Your Measures and Activities  
(Continued)

## MVPs

Start by selecting your MVP. There are 16 available for the 2024 performance year. Advance registration is required by December 2, 2024.

Quality:

- Select 4 quality measures within the MVP.
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2024).\*
- Choose an administrative claims-based population health measure to be evaluated on (if you meet case minimum).

Cost:

- No measure selection or data submission required.
- We collect and evaluate this data for you based on the cost measures within your MVP.

Improvement Activities\*\*:

- Select 1 high-weighted or 2 medium-weighted activities or IA PCMH (participation in a patient-centered medical home) within the MVP.
- Perform each activity for a continuous 90-day period in the 2024 calendar year (or as indicated in the activity's description).

Promoting Interoperability:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

A Closer Look:

**\*Medicare Part B claims measures:** If you choose to report quality measures through your Medicare Part B claims, begin reporting immediately if you're currently eligible. If your selected MVP has fewer than 4 Medicare Part B claims measures available, you don't need to report additional measures to meet the quality reporting requirements. Review the 2024 Medicare Part B Claims Reporting Quick Start Guide (PDF, 1MB) for more information.

**\*\*Improvement activities:** Review the 2024 MIPS Data Validation Criteria (ZIP, 599KB) to understand the documentation you'll need to keep for the activities you select and perform.

Step 1  
(Now)Check Your Current  
EligibilityStep 2  
(Now)Select a Reporting  
OptionStep 3  
(Now)Choose How You'll  
ParticipateStep 4  
(Throughout 2024)Select and Perform Your  
Measures and ActivitiesStep 5  
(Late 2024)Verify Your Final  
EligibilityStep 6  
(Early 2025)

Submit Your Data





## STEP 4

Select and Perform Your Measures and Activities  
(Continued)

## APP

Only available to clinicians that also participate in a MIPS APM

Quality:

- Collect data for a set of [3 pre-determined quality measures](#) for the 12-month performance period (January 1-December 31, 2024).\*
- [Register for and administer the CAHPS for MIPS Survey measure](#). (Register April 3 – June 30, then collect data through December.)
- We collect and evaluate data for 2 administrative claims-based measures if you meet the case minimum.

Cost:

- Not evaluated under the APP.

Improvement Activities:

- No reporting required.
- Automatic full credit for the 2024 performance year.

Promoting Interoperability:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

A Closer Look:

\*Medicare Part B claims measures: If you choose to report quality measures through your Medicare Part B claims, begin reporting immediately if you're currently eligible. Review the 2024 Medicare Part B Claims Reporting Quick Start Guide for more information.

Step 1  
(Now)Check Your Current  
EligibilityStep 2  
(Now)Select a Reporting  
OptionStep 3  
(Now)Choose How You'll  
ParticipateStep 4  
(Throughout 2024)Select and Perform Your  
Measures and ActivitiesStep 5  
(Late 2024)Verify Your Final  
EligibilityStep 6  
(Early 2025)

Submit Your Data





## STEP 5

## Verify Your Final Eligibility

Check the [QPP Participation Status Tool](#) in **December 2024** 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 2024 performance year and eligible to receive a MIPS payment adjustment in 2026.

**Note:** Your preliminary eligibility is available now and your final eligibility will be available in December 2024.

**How Do I Check My MIPS Eligibility?**

You can check your final eligibility status using the [QPP Participation Status Tool](#) on the QPP website.

**Check Your Participation Status**

Enter your National Provider Identifier (NPI) number.

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

Step 1  
(Now)

Check Your Current Eligibility

Step 2  
(Now)

Select a Reporting Option

Step 3  
(Now)

Choose How You'll Participate

Step 4  
(Throughout 2024)

Select and Perform Your Measures and Activities

Step 5  
(Late 2024)

Verify Your Final Eligibility

Step 6  
(Early 2025)

Submit Your Data





## 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 March 31, 2025. (Note: Medicare Part B claims quality measures are submitted throughout the performance year.)

- **Now (throughout 2024):** Medicare Part B Claims Quality Measures (Small Practices Only)
- **January 2 – March 31, 2025:** Everything Else

## Did you know?

- When reporting an MVP, you need to include the relevant MVP identifier in your submission.

## Quality:

- [Sign in to the QPP website](#) and upload a file of your quality measure data.  
or
- Work with a third party intermediary to submit data on your behalf.  
or
- Report quality measures via Medicare Part B claims throughout the performance year.

## Improvement Activities\*:

- [Sign in to the QPP website](#) and attest to (check “yes”) activities you’ve performed.  
or
- [Sign in to the QPP website](#) and upload a file of your improvement activity data.  
or
- Work with a third party intermediary to submit data on your behalf.

*\*No reporting required for APP framework.*

Step 1  
(Now)

Check Your Current  
Eligibility

Step 2  
(Now)

Select a Reporting  
Option

Step 3  
(Now)

Choose How You’ll  
Participate

Step 4  
(Throughout 2024)

Select and Perform Your  
Measures and Activities

Step 5  
(Late 2024)

Verify Your Final  
Eligibility

Step 6  
(Early 2025)

Submit Your Data





## STEP 6

## Submit Your Data (Continued)

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 March 31, 2025.

- **Now (throughout 2024):** Medicare Part B Claims Quality Measures (Small Practices Only)
- **January 2 – March 31, 2025:** Everything Else

## A Closer Look:

- Visit the [QPP Resource Library](#) to find CMS-approved [QCDRs](#) or [Qualified Registries](#).

## Promoting Interoperability:

**Reporting not required.** If you choose to report:

- [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
- [Sign in to the QPP website](#) and upload a file of your Promoting Interoperability data.
- 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)

Step 1  
(Now)

Check Your Current  
Eligibility

Step 2  
(Now)

Select a Reporting  
Option

Step 3  
(Now)

Choose How You'll  
Participate

Step 4  
(Throughout 2024)

Select and Perform Your  
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Step 5  
(Late 2024)

Verify Your Final  
Eligibility

Step 6  
(Early 2025)

Submit Your 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 [2024 MIPS Data Validation Criteria \(ZIP, 599KB\)](#) for more information about the recommended documentation for each improvement activity.

### Review Your Performance Feedback (Late Summer 2025)

- [Sign in to the QPP website](#) to review your performance feedback.
  - Preliminary feedback is available once data is submitted.
  - We anticipate final scores will be released in mid-June 2025 and that payment adjustment information will be in available in mid-July 2025.
  - Submit a targeted review request if you find any scoring errors (you have approximately 60 days to do this once final scores are released).

### Preview Public Reporting Data (Late 2025)

- [Sign in to the QPP website](#) to preview your 2024 MIPS performance data for public reporting.

#### A Closer Look:

- Your data will be published on Doctors & Clinicians on the [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, 2026)

- Review your claims to see payment adjustments for your 2024 performance applied on a claim-by-claim basis to covered professional services billed in 2026.



## Help and Version History



## Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at [QPP@cms.hhs.gov](mailto: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).

- 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.





## Version History

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

Date	Description
02/07/2024	Updated pages 11, 12, 13, 16, 17, and 23 to include links to resources published or updated after the original posting of this file.
12/27/2023	Original Posting.

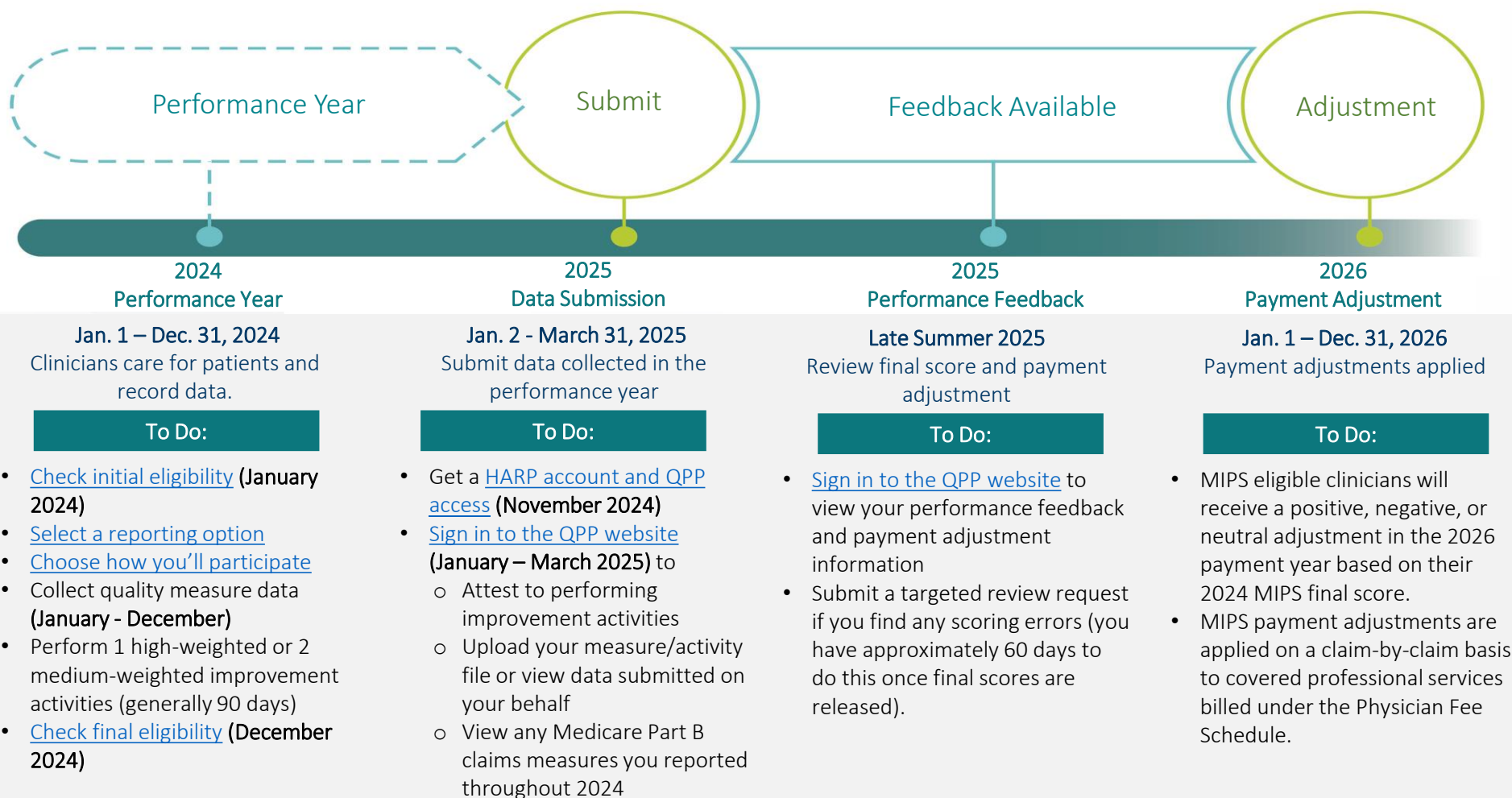


# Appendices



## Appendix A: 2024 Performance Year Timeline

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



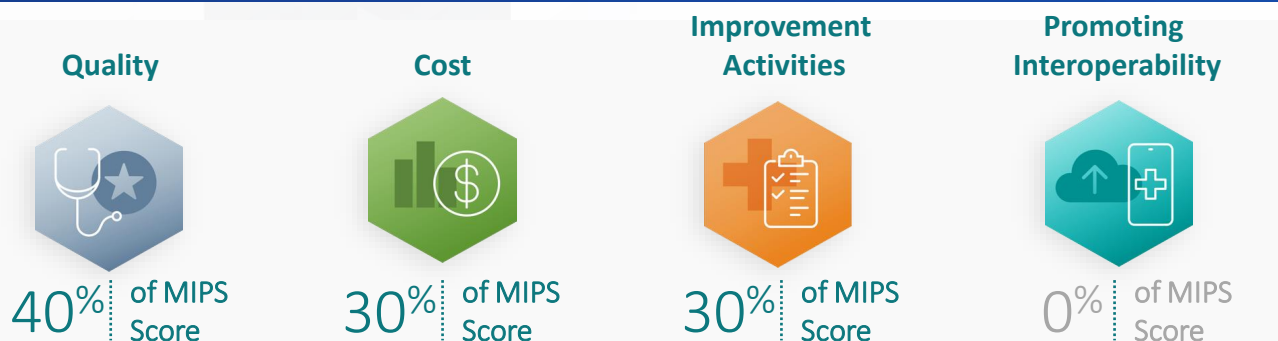


## Appendix B: Final Score Calculation

### 2024 Performance Year Redistribution Policies for Small Practices

We're continuing the performance category redistribution policies for small practices only to **more heavily weight the improvement activities performance category** when other performance categories are reweighted.

#### Standard weighting for small practices (Promoting Interoperability automatically reweighted):



#### When both the cost and the Promoting Interoperability performance categories are reweighted:



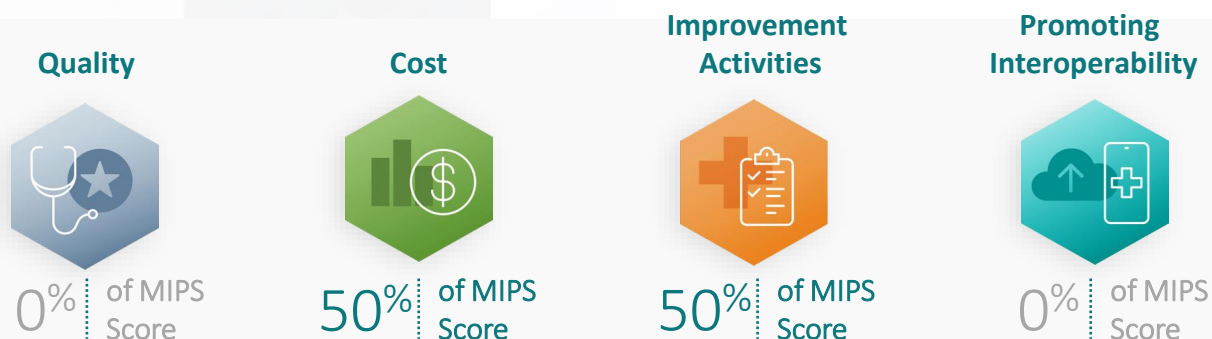


## Appendix B: Final Score Calculation (Continued)

### 2024 Performance Year Redistribution Policies for Small Practices

**Note:** The following scenarios apply to everyone, not just small practices.

When both the quality and the Promoting Interoperability performance categories are reweighted:



When no performance categories are reweighted (this means you submitted Promoting Interoperability data):

