

Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2024 Eligibility and Participation Quick
Start Guide



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Purpose: This resource focuses on Merit-based Incentive Payment System (MIPS) eligibility and participation, providing high level information and actionable steps for interpreting your eligibility and participation requirements for the 2024 MIPS performance period.

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




How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.  You can also click on the icon on the bottom left to go back to the Table of Contents.

Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



Overview

OVERVIEW

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP). 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 2024:

- 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 2024 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2026.

To Learn More About MIPS:

- Visit the [Learn about MIPS webpage](#).
- View the [2024 MIPS Overview Quick Start Guide](#).
- View the [2024 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.
- Check your current participation status using the [QPP Participation Status Tool](#).



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

- The original reporting option for MIPS.
- Visit the [Traditional MIPS Overview webpage to learn more.](#)

- You select the quality measures and improvement activities that you'll collect and report from all the quality measures and improvement activities finalized for MIPS.

- You'll report the complete Promoting Interoperability measure set.

- We collect and calculate data for the cost performance category for you.

MIPS Value Pathways (MVPs)

- The newest reporting option, offering clinicians a more meaningful and reduced grouping of measures and activities relevant to a specialty or medical condition.
- Visit the [MIPS Value Pathways \(MVPs\) webpage to learn more.](#)

- You select an MVP that's applicable to your practice.
- Then you choose from the quality measures and improvement activities available in your selected MVP.
- You'll report a reduced number of quality measures and improvement activities as compared to traditional MIPS.

- You'll 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.

APM Performance Pathway (APP)

- A streamlined reporting option for **clinicians who participate in a MIPS Alternative Payment Model (APM).**
- Visit the [APM Performance Pathway webpage to learn more.](#)

- You'll report a predetermined set of quality measures.
- MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

- You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).

- Cost isn't evaluated under the APP.

What are the MIPS Eligibility Criteria?

Your individual MIPS eligibility is determined by:

Your clinician type

AND

The date you
enrolled in
Medicare

AND

The degree to
which you
participate in an
Advanced APM

AND

The volume of care
you provide to
Medicare patients

You're excluded from MIPS for the 2024 performance year and aren't eligible for a MIPS payment adjustment in the 2026 MIPS payment year if:

You're not an
eligible
clinician type¹

OR

You enrolled as a
Medicare provider
for the first time on
or after January 1,
2024

OR

You're
determined to be a
[Qualifying APM
Participant](#) (QP) based
on the degree of your
participation in an
Advanced APM



¹The 2024 MIPS eligible clinician types are physicians (MD, DO, DDS, DMD, DPM, OD), osteopathic practitioners, chiropractors, physician assistants, nurse practitioners, certified nurse anesthetists, physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, registered dietitians or nutrition professionals, clinical social workers, and certified nurse-midwives.

What are the MIPS Eligibility Criteria? (Continued)

You're considered a MIPS eligible clinician (i.e., required to report) and will receive a payment adjustment when:

You're an eligible clinician type

AND

You enrolled in Medicare before January 1, 2024

AND

You're not identified as a QP

AND

You exceed the low-volume threshold (exceeding all 3 low-volume elements as shown below)

To exceed the low-volume threshold for the 2024 performance year, you must:

Bill more than \$90,000 for Part B covered professional services under the Physician Fee Schedule (PFS)

AND

Provide services to more than 200 Medicare Part B patients

AND

Furnish more than 200 covered professional services to Medicare Part B patients

Low-volume threshold criteria:

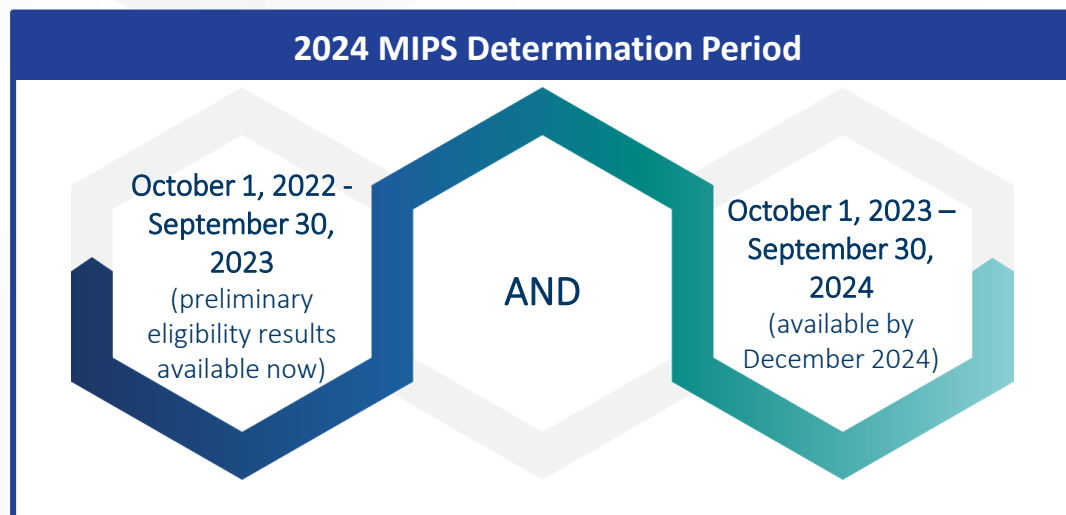
Billing
> 90,000

> 200

Services
> 200

What are the MIPS Eligibility Criteria? (Continued)

We evaluate both individuals and groups for eligibility against the low-volume threshold at each practice (identified by Taxpayer Identification Number (TIN)) through which you bill covered professional services during two 12-month segments, referred to as the **MIPS Determination Period**. We also see if you qualify for any [special statuses](#) that might reduce your reporting requirements.



What Participation Options Are Available in 2024?

There are **5 participation options**, or levels at which you may collect and submit data to MIPS. The participation options available to you depend on your eligibility status and chosen reporting option(s).

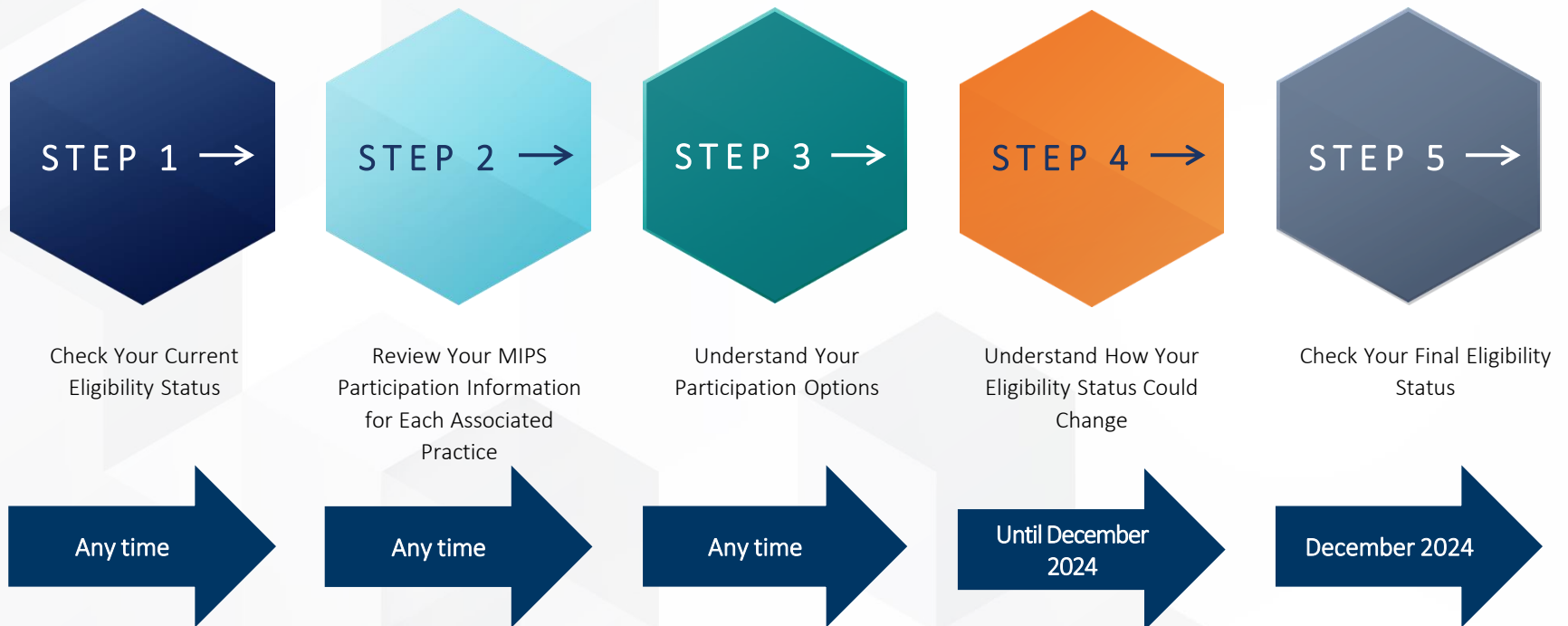
The subgroup participation option is only available when reporting an MVP.

The 5 participation options and available reporting options are summarized in the table below.

Participation Option	Reporting Option(s) Available
Individual	<ul style="list-style-type: none">• Traditional MIPS• APP if the individual is also a MIPS APM participant• MVP
Group	<ul style="list-style-type: none">• Traditional MIPS• APP if the group includes MIPS APM participants• MVP
Virtual Group	<ul style="list-style-type: none">• Traditional MIPS
Subgroup	<ul style="list-style-type: none">• MVP
APM Entity	<ul style="list-style-type: none">• Traditional MIPS• APP• MVP

Get Started with MIPS Eligibility and Participation in 5 Steps

Overview



Step 1. Understand Your Reporting Requirements

If you work at multiple practices, you may be eligible (i.e., required to report) at one practice, but not at another.

- Check your preliminary eligibility status based on analysis of data from segment 1 of the MIPS Determination Period by entering your National Provider Identifier (NPI) in the [QPP Participation Status Tool](#).

OR

- [Sign in to the QPP website](#) to check the eligibility status for all groups you're associated with and the connected clinicians in your practice based on analysis of data from segment 1 of the MIPS Determination Period.

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

NPI Number

Check All Years >

Want to check eligibility for all clinicians in a practice at once? [View practice eligibility](#) in our signed in experience.

PY 2022

PY 2023

PY 2024

Step 2. Review Your MIPS Eligibility Information for Each Associated Practice

Beneath each practice association, you'll see an indicator of your individual and group eligibility statuses.

Click the **+ Expand** option to the right of each associated practice name to view information about your MIPS Participation (reporting requirements, reporting/participation options, and payment information) based on your eligibility status.

MIPS Participation

MIPS Eligibility:  INDIVIDUAL  GROUP

MIPS REPORTING REQUIREMENTS

This clinician is required to report because they're a MIPS eligible clinician type, enrolled in Medicare before the performance year, and exceed the individual low-volume threshold.

MIPS REPORTING & PARTICIPATION OPTIONS

This clinician can report traditional MIPS or a MIPS Value Pathway (MVP), participating as an individual or as part of a group.

If reporting an MVP, this clinician may also participate as part of a subgroup.

Advance registration required to report an MVP.

PAYMENT INFORMATION

This clinician will receive the MIPS payment adjustment associated with the highest final score available to them at this practice - from individual, group or subgroup participation.

Learn more about the [MIPS reporting options](#) and [participation options](#).


Expand

Helpful Hint

You're MIPS eligible if you see a checkmark  and green font

You're excluded from MIPS if you see a no symbol  and black font

Step 2. Review Your MIPS Eligibility Information for Each Associated Practice (Continued)

Eligibility Information

Keep scrolling to view more information about your eligibility, including whether you meet the low-volume threshold and qualify for [other reporting factors](#) at the **Clinician Level** (for individual participation) and the **Practice Level** (for group participation).

Clinician Level Information

Exceeds low volume threshold	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds \$90,000
Covered services for this clinician	Exceeds 200
MIPS eligible clinician type	Yes
Enrolled in Medicare before January 1, 2019	Yes

Practice Level Information

Exceeds low volume threshold	Yes
Medicare patients at this practice	Exceeds 200
Allowed charges at this practice	Exceeds \$90,000
Covered services at this practice	Exceeds 200

Helpful Hint

You'll see "Yes" when you exceed all 3 elements of the low-volume threshold.

You will see "No" if you don't exceed one (or more) of these elements.

TIP: If you sign in to the [QPP website](#), you'll see actual patient counts, allowed charges, and number of covered services at the group level and for each clinician in the practice.



Step 2. Review Your MIPS Eligibility Information for Each Associated Practice (Continued)

Other Reporting Factors

[Other Reporting Factors](#) are designations, such as [special statuses](#), that can affect your MIPS participation options and reporting requirements. These factors are determined at the clinician (unique TIN/NPI combination) level, practice (TIN) level, and virtual group level.

Other reporting factors, such as special status designations, only apply at the level (i.e., clinician or practice) indicated and are not transferrable to other levels.

Note: The QPP Participation Status Tool will only display other reporting factors at the clinician and practice level. You must sign in to QPP to view these factors for your virtual group.

Other Reporting Factors
Learn more about [how other reporting factors are determined](#)

Clinician Level ←

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Rural	Yes

Practice Level ←

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
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[Special statuses](#) at the clinician level **ONLY** apply to individual reporting.

[Special statuses](#) at the practice level **ONLY** apply to group reporting.



Step 2. Review Your MIPS Eligibility Information for Each Associated Practice (Continued)

Don't see your current practice listed on the status tool? Are you missing clinicians in your connected clinicians list when you sign in to the [QPP website](#)?

This means we didn't find Medicare Part B claims data for you at this practice in segment 1 of the MIPS Determination Period.

We'll update eligibility status information by December 2024 to show clinicians who started billing Medicare Part B services under a new practice (identified by their TIN) between October 1, 2023, and September 30, 2024.

You may become MIPS eligible at a new practice when we update eligibility status information in December 2024.








Where can I learn more?

Visit the [QPP website](#) for more information about [how eligibility is determined](#) and how other [reporting factors](#), including [special status](#), can affect how much data you need to report.



Step 3. Understand Your Participation Options

You may be eligible to participate in MIPS at different levels: as an individual, group, virtual group, subgroup for MVP reporting, or APM Entity. Because these participation options are tied to your eligibility, they're specific to each practice with which you're associated. The following table shows what you may see after entering your NPI into the [QPP Participation Status Tool](#) and what it means.

You See...	This Means...
MIPS Eligibility:  INDIVIDUAL  GROUP	<p>You, as an individual clinician, are required to report either individually or as part of a group.</p> <ul style="list-style-type: none"> If you submit any data as an individual, you'll be evaluated for all performance categories as an individual. If your practice submits any data as a group, you'll be evaluated for all performance categories as a group. If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score. <p>You'll receive a payment adjustment.</p>
MIPS Eligibility:  INDIVIDUAL  GROUP	<p>You, as an individual clinician, aren't required to report. Your practice exceeds the low-volume threshold and has the option to participate as a group. There is no requirement to participate as a group.</p> <ul style="list-style-type: none"> If your practice chooses not to participate as a group, the MIPS eligible clinicians in the practice who exceed the low-volume threshold as individuals will need to participate as individuals. If your practice chooses to participate as a group, you'll receive a payment adjustment.
MIPS Eligibility:  INDIVIDUAL  GROUP	<p>You, as an individual clinician, are not required to report and your practice doesn't exceed the low-volume threshold.</p> <p>You will not receive a payment adjustment, even if you or your practice chooses to submit data voluntarily.</p>
<p>MIPS Eligibility:  VIRTUAL GROUP</p> <p>(We will add virtual group information once we have finished processing virtual group election submissions in February/March 2024.)</p>	<p>You're eligible for MIPS and can only participate through your virtual group.</p>



The QPP Participation Status tool will be updated throughout the year to identify which clinicians are MIPS APM participants. The first update will be in July 2024. MIPS eligible individuals who are also MIPS APM participants may report to MIPS as an individual, a group, or as an APM Entity either through the APP or traditional MIPS.

Step 3. Understand Your Participation Options (Continued)

Are you excluded from the 2024 performance year of MIPS but want to participate?

- If **you're excluded** from MIPS because you're a QP, you're not an eligible clinician type, and/or you enrolled in Medicare on or after January 1, 2024, may participate in traditional MIPS voluntarily. As a voluntary reporter, you'll receive performance feedback, but not a MIPS payment adjustment.
- If you or your group isn't eligible to participate in MIPS because of the low-volume threshold, you can voluntarily report and may be eligible to opt-in to MIPS participation.



Individual

You can elect to opt-in to MIPS as an individual if you:

- Are identified as a MIPS eligible clinician type on Medicare Part B claims,
- Have enrolled as a Medicare provider before 2024,
- Are not a QP, **and**
- Exceed 1 or 2 of the 3 low-volume threshold criteria as an individual.



Group

A practice can elect to opt-in to MIPS as a group if the practice:

- Has at least one clinician who:
 - Is identified as a MIPS eligible clinician type on Medicare Part B claims,
 - Enrolled as a Medicare provider before 2024,
 - Is not a QP, **and**
 - Exceeds 1 or 2 of the 3 low-volume threshold criteria at the group level.



Step 3. Understand Your Participation Options (Continued)

The table below describes the implications of opting-in to MIPS versus voluntarily reporting:

	If You're Required to Participate in MIPS	If You Elect to Opt-In	If You Choose to Voluntarily Report
Are you required to make an active election indicating the chosen participation option?	NO	YES	YES (If you're opt-in eligible) NO (If you're ineligible)
Will you receive performance feedback?	YES	YES	YES (limited)
Will you receive a positive, neutral, or negative payment adjustment?	YES	YES	NO
Are you eligible for data to be published in the Doctors & Clinicians section of Medicare Care Compare?	YES	YES	YES (But able to opt-out of public reporting during preview period)
Will your quality measure submissions be used to establish historical MIPS measure benchmarks for future program years?	YES	YES	NO

Step 3. Understand Your Participation Options (Continued)

The following table shows what you may see after entering your NPI into the [QPP Participation Status Tool](#) and what it means:

	This Means...
<p>MIPS Eligibility:  INDIVIDUAL</p> <p>Opt-in Option: Opt-in eligible as individual</p>	<p>You can:</p> <ul style="list-style-type: none">• Make an individual election to opt-in or voluntarily report to traditional MIPS so you can submit data as an individual.• Individual clinicians who are also MIPS APM participants: Make an individual election to opt-in to report the APP as an individual. You can't voluntarily report the APP.• Do nothing (you're not required to participate in MIPS as an individual or more an election). <p>Opt-in eligible individuals can't report an MVP.</p>
<p>MIPS Eligibility:  GROUP</p> <p>Opt-in Option: Opt-in eligible as group</p>	<p>The group can:</p> <ul style="list-style-type: none">• Make a group election to opt-in or voluntarily report to traditional MIPS so you can submit data as a group.• Groups with clinicians who are MIPS APM participants: Make an election to opt-in to report the APP as a group. The final score earned by the group through the APP would be applied only to those MIPS eligible clinicians who appear on a MIPS APM's Participation List or Affiliated Practitioner List on one or more snapshot dates. You can't voluntarily report the APP.• Do nothing (You're not required to participate as a group or make an election). <p>Opt-in eligible groups can't report an MVP.</p>

Step 4. Understand How Your Eligibility Status Could Change

As of January 1, 2024, we're displaying your eligibility status based on analysis of data from segment 1 of the MIPS Determination Period.

Between now and December 2024, your eligibility status and associated participation options can change if you:

- Reassign billing rights to a new TIN, **OR**
- Are identified as a QP or lose your status as a QP, **OR**
- Are identified as a MIPS APM participant and are eligible to report via the APP, **OR**
- See a decrease in the volume of care you provide to Medicare patients at a current practice.

For example, you could become eligible (required to participate) at a new practice, identified by TIN, if you start billing Medicare Part B claims under that TIN between October 1, 2023, and September 30, 2024.

Your eligibility can also change, between now and December 2024, at practices you're currently associated with:

Eligible	Opt-In Eligible	Exempt
If you're currently eligible , you could: <ul style="list-style-type: none">• Remain eligible,• Become opt-in eligible, or• Become excluded.	If you're currently opt-in eligible , you could: <ul style="list-style-type: none">• Remain opt-in eligible, or• Become excluded.	If you're currently excluded , you will remain excluded unless your QP status changes.
If you're identified as part of a virtual group, you'll be eligible and required to participate through your virtual group, which won't change. If you're identified as a MIPS APM participant, you may have the option to report to traditional MIPS as an APM Entity or the APP (as an individual, group, or APM Entity).		

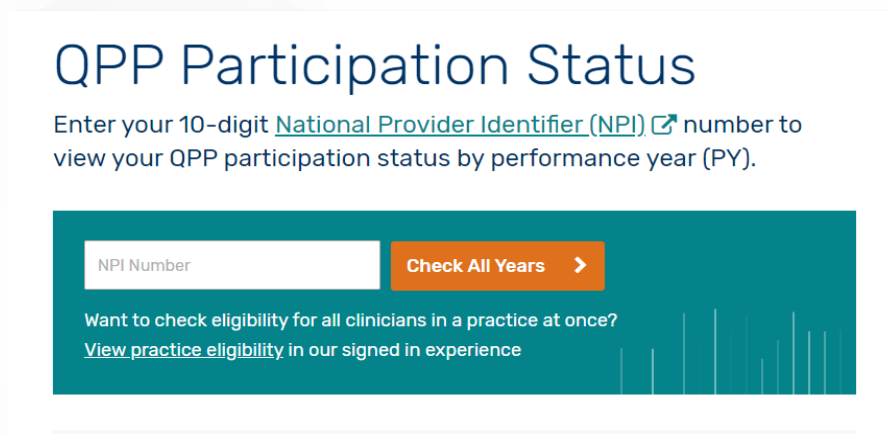
If you're currently eligible, you should **start collecting your quality data now** so that you're prepared to submit this information in January 2025.


Why? The quality performance category has a 12-month performance period (January 1, 2024 – December 31, 2024).



Step 5. Check Your Final Eligibility Status

Check the [QPP Participation Status Tool](#) or sign in to the [QPP website](#) at the end of the year.



The screenshot shows the 'QPP Participation Status' tool. It has a title 'QPP Participation Status' and a subtitle 'Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to view your QPP participation status by performance year (PY)'. Below this is a teal box containing a white input field labeled 'NPI Number', an orange button labeled 'Check All Years' with a right arrow, and a link 'View practice eligibility in our signed in experience'.

- Final MIPS eligibility status determinations, based on reconciled data from both 12-month segments of the MIPS Determination Period and APM snapshots, will be available in late 2024.
- Estimated release dates for eligibility status updates and final determinations are available on [the QPP website](#).
- **Subscribe to the QPP Listserv** at the bottom of [the QPP website](#) to receive announcements on important dates, deadlines, and releases.

Sign Up for the QPP Listserv



The screenshot shows a sign-up form for the QPP Listserv. It consists of a white input field with the placeholder text 'Enter your Email' and a teal button labeled 'Subscribe'.

Help and Version History

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.



Version History

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

Date	Description
01/04/2024	Corrected MIPS exclusion information on slide 8 (updated "AND" to "OR") and Medicare enrollment date on slides 8 and 9 (updated "January 1, 2023" to "January 1, 2024").
12/27/2023	Original Posting.