

Quality Payment
PROGRAM

Overview of the 2025 Quality Payment Program Policy Updates

November 14, 2024



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AGENDA

Topics



Introduction




Calendar Year (CY) 2025 Physician Fee Schedule (PFS) Final Rule: Quality Payment Program (QPP) Policy Updates



QPP Policies Updates for:

- MIPS Value Pathways (MVPs)
- Merit-based Incentive Payment System (MIPS)
 - Quality
 - Cost
 - Improvement Activities
 - Promoting Interoperability
 - Final Scoring
- Third Party Intermediaries
- Advanced Alternative Payment Models (APMs)
- APM Performance Pathway (APP)
- Medicare Shared Savings Program



Help and Support



Q&A

Upcoming Deadlines

Last day to submit a **Promoting Interoperability Hardship Exception Application** and/or **MIPS Extreme and Uncontrollable Circumstances (EUC) Application** for the 2024 performance year.

Virtual group election period for the 2025 performance year closes.

DECEMBER

2

2024

MIPS MVPs registration window closes for the 2024 performance year.

DECEMBER

31

2024

JANUARY

2

2025

Data submission opens for the 2024 performance year.

Rule Resources

CMS recently issued policies for QPP via [the CY 2025 PFS Final Rule](#). Additional information can be found in the following resources:

- [2025 QPP Policies Final Rule Fact Sheet \(PDF, 2 MB\)](#): Overview of policies for the 2025 performance year and comparison of final 2025 performance year policies to 2024 performance year policies
- [2025 Finalized MIPS Value Pathways Guide \(PDF, 2 MB\)](#): Reviews the MIPS Value Pathways (MVPs) finalized for reporting in the 2025 performance year

Auto EUC

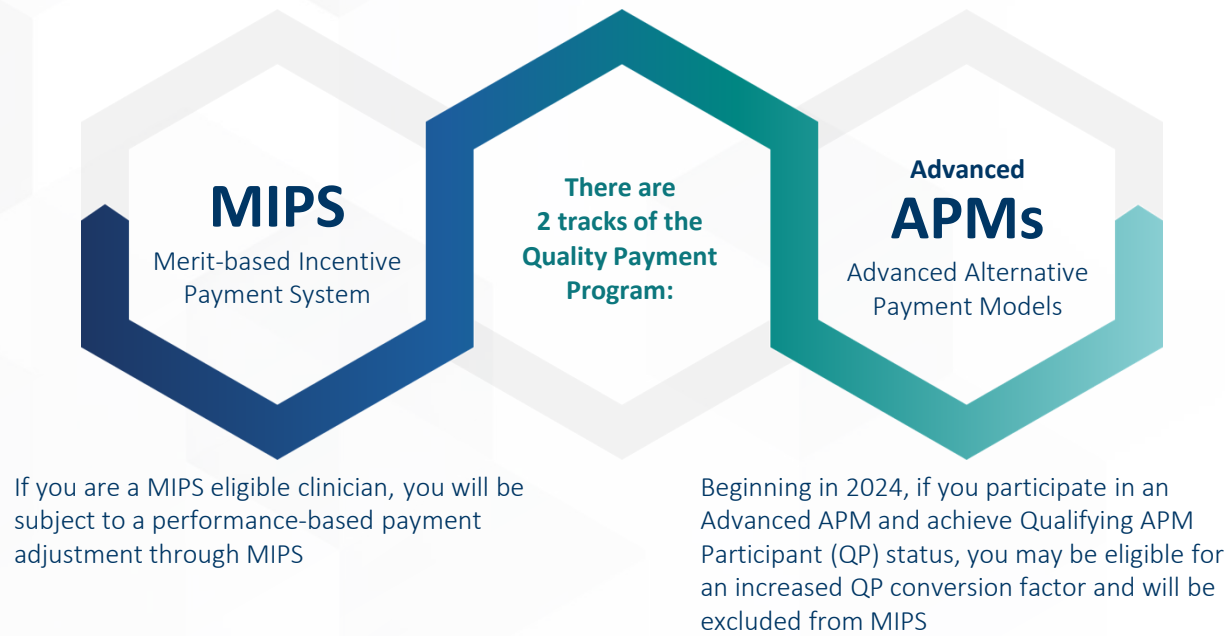
- In response to Hurricanes Milton, Helene, and Francine, CMS has determined that the MIPS automatic extreme and uncontrollable circumstances (EUC) policy will apply to MIPS eligible clinicians in the designated affected counties of:
 - Florida
 - Georgia
 - North Carolina
 - South Carolina
 - Tennessee
 - Louisiana

For more information, view the [2024 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet \(PDF, 762KB\)](#).

Introduction

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:



Overview of MIPS Eligibility

While the Quality Payment Program consists of 2 tracks—MIPS and Advanced APMs—the tracks can overlap; for instance, MIPS-eligible clinicians participating in Advanced APMs will be required to participate in MIPS unless they earn QP or Partial QP status or are otherwise exempt.

Eligible Clinicians

MIPS Eligible Clinicians

Not Participating in Advanced APM

This includes those participating in a MIPS APM that's not also an Advanced APM.

MIPS: YES
Required to participate in MIPS*

Participating in Advanced APM

Participation in an Advanced APM doesn't automatically exclude a clinician from MIPS

DON'T HAVE QP/PARTIAL QP STATUS MIPS: YES

Required to participate in MIPS because they didn't receive Qualifying APM Participant/Partial QP status

**PARTIAL QP STATUS
MIPS: MAYBE**
Clinicians with Partial QP status may choose whether or not to participate in MIPS

**QP STATUS
MIPS: NO**
Clinicians with QP status are excluded from MIPS and will earn an APM Incentive Payment along with a higher Conversion Factor

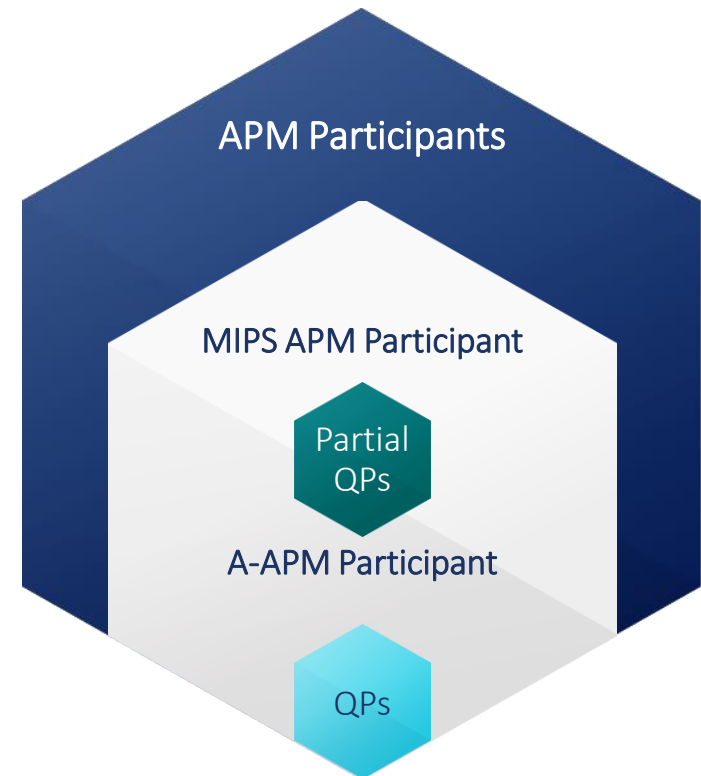
* Assumes clinician(s) not exempt from MIPS for other reasons

Overview of APMs

QPs are eligible clinicians who have met or exceeded the payment amount or patient count thresholds based on participation in an **Advanced APM**.

Partial QPs can choose whether or not to participate in MIPS.

Note: *The designation of the APM does not affect a clinician's eligibility for MIPS. APM participants will still need to participate in MIPS unless they receive QP status or are otherwise exempt.*



Summary of Rule Updates for the Quality Payment Program

Overview of Key 2025 QPP Policies

Key updates include:

1) Maintained Stability for Traditional MIPS

- Kept the **current performance threshold policies**, leaving it at **75 points for the 2025 performance period**
- Maintained the **75% data completeness criteria threshold** through the 2028 performance period/2030 MIPS payment year

2) Focused on MVP Development and Maintenance

- Finalized **6 new MVPs** that will be available beginning with the 2025 performance period related to ophthalmology, dermatology, gastroenterology, pulmonology, urology, and surgical care
- Finalized **limited modifications to the previously finalized MVPs**, including the consolidation of 2 neurology-focused MVPs into a single neurological MVP

Overview of Key 2025 QPP Policies (Continued)

Key updates include (continued):

3) Established APP Plus Quality Measure Set

- Finalized, with modification, an **additional quality measure set under the APP** called the APP Plus quality measure set

4) Updated Measure/Activity Inventories and Scoring Methodologies

- Added **7 new quality measures**, the **removal of 10 quality measures**, and **substantive changes to 66 quality measures**
- Added **6 new episode-based cost measures** and revisions of **2 existing episode-based cost measures**
- Revised **cost measure scoring methodology** to assess clinician cost of care more appropriately

Overview of Key 2025 QPP Policies (Continued)

Key updates include (continued):

4) Updated Measure/Activity Inventories and Scoring Methodologies

- Removed **the 7-point cap for scoring certain topped out quality measures** in specialty sets with limited measures
- Changed **our policy governing our treatment of multiple data submissions** received for the Promoting Interoperability performance category
- Removed **improvement activity weighting** and **streamlining the reporting requirements** for the performance category
- Finalized **minimum criteria for a qualifying data submission** in the quality, improvement activities, and Promoting Interoperability performance categories

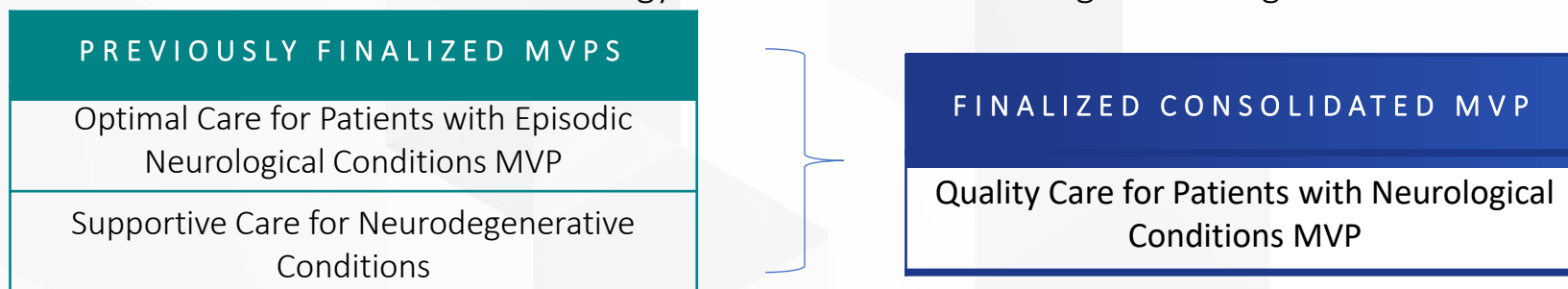
Finalized and Modified MVPs

MVP Candidates

We finalized **6 new MVPs** that would be available beginning with the 2025 performance year:





NEWLY FINALIZED MVPS
Complete Ophthalmologic Care MVP
Dermatological Care MVP
Gastroenterology Care MVP
Optimal Care for Patients with Urologic Conditions MVP
Pulmonology Care MVP
Surgical Care MVP

We've also consolidated the two neurology-focused MVPs into a single neurological MVP:



MIPS Final Rule Policies

Performance Category Weights

Performance Category	2025	2025	2025
	Traditional MIPS and MVPs Individuals, Groups, Subgroups, Virtual Groups	Traditional MIPS and MVPs APM Entities	APM Performance Pathway (APP) Individuals, Groups, APM Entities
 Quality	30%	55%	50%
 Cost	30%	0%	0%
 Improvement Activities	15%	15%	20%
 Promoting Interoperability	25%	30%	30%

We're statutorily required to weigh cost and quality equally, which began with the 2022 performance year

Quality Performance Category

MIPS Final Rule Policies



Updated MIPS quality measure inventory

Maintained data
completeness
thresholds for future
performance years

Modified scoring

Revised data
submission policies

2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Quality Measures

We finalized the following changes to the quality measure inventory:

- **Addition** of **7** MIPS quality measures
- **Removal** of **10** quality measures from the MIPS quality measure inventory
- **Substantive changes** to **66** existing quality measures

These result in a total of **195 MIPS quality measures** for the 2025 performance year

QCDR measures **aren't** included in the measure inventory above



Updated MIPS
quality measure
inventory

Maintained data
completeness
thresholds for future
performance years

Modified scoring

Revised data
submission policies

2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Data Completeness

- We **maintained the data completeness threshold of 75%** for the 2027 and 2028 performance years for all available collection types



Updated MIPS
quality measure
inventory

Maintained data
completeness
thresholds for future
performance years

Modified scoring

Revised data
submission policies

2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Defined Topped Out Measure Benchmarks

- We finalized to **apply an alternative benchmarking methodology to a subset of topped out measures** that belong to specialty sets that have limited measure choice and a high proportion of topped out measures, in areas lacking measure development, which precludes meaningful participation in MIPS
- For such topped out measures, we'll **propose to apply the policy** during **each rulemaking cycle**

Flat Benchmarks for Medicare CQMs

- We finalized that, beginning with the CY 2025 performance period/2027 MIPS payment year, **Medicare CQMs (available only to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs))** will be scored using flat benchmarks for the measures' first 2 performance periods in MIPS



Updated MIPS
quality measure
inventory

Maintained data
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submission policies

2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Complex Organization Adjustment

We finalized a **complex organization adjustment** to account for the organizational complexities facing **APM Entities (including Shared Savings Program ACOs) and virtual groups** when reporting electronic clinical quality measures (eCQMs):

- Under this policy, we'll **add one measure achievement point for each submitted eCQM** for an APM Entity or virtual group that meets data completeness and case minimum requirements
- The adjustment **may not exceed 10%** of the total available measure achievement points in the quality performance category



Updated MIPS
quality measure
inventory

Maintained data
completeness
thresholds for future
performance years

Modified scoring

Revised data
submission policies



2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Data Submission Criteria

We finalized that a submission for the quality performance category must include **numerator** and **denominator** information for **at least one quality measure** from the list of MIPS quality measures to be considered a data submission and scored:

- A data submission without any scorable data wouldn't satisfy the submission criteria



Updated MIPS
quality measure
inventory

Maintained data
completeness
thresholds for future
performance years

Modified scoring

Revised data
submission policies

2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Multiple Data Submissions

We finalized our proposal to **codify our existing processes for scoring multiple data submissions**

For multiple quality submissions for an individual clinician, group, subgroup, or virtual group **from different organizations** (for example by a qualified registry and the practice administrator) for the same reporting option, we finalized our proposal to codify our existing process to score each submission received and assign the highest of the scores. In practice, this means we:

- Calculate and score all measures received
- Pick the highest scoring measures to contribute to the quality score (as required by the reporting option submitted)

NOTE: We won't combine data submitted by different organizations for different reporting options (e.g., traditional MIPS and MVPs)



Updated MIPS
quality measure
inventory

Maintained data
completeness
thresholds for future
performance years

Modified scoring

Revised data
submission policies

2025 MIPS FINAL RULE POLICIES

Quality Performance Category

Multiple Data Submissions

We finalized our proposal to **codify our existing processes for scoring multiple data submissions**

For multiple data submissions received for an individual clinician, group, subgroup, or virtual group **from the same organization** (for example, by 2 practice administrators) **submitted the same way** (e.g., file upload) **for the same reporting option** (e.g., traditional MIPS), **performance category** (e.g. quality), **and collection type**, we'll:

- Score the most recent submission.
- The new submission will override a previous submission (of the same submission type) from the same organization

NOTE: This policy won't apply to quality data submitted by the same organization through different submission methods, or by the same organization for different reporting or participation options

Cost Performance Category

MIPS Final Rule Policies



Cost Performance Category

Episode- Based Cost Measures

We finalized the following:

- Added **6 new episode-based cost measures** beginning with the 2025 performance period for implementation at the group (TIN) and clinician (TIN/NPI) level with a 20-episode case minimum
 - **1** acute inpatient medical condition measure (**Respiratory Infection Hospitalization**)
 - **5** chronic condition measures (**Chronic Kidney Disease, End-Stage Renal Disease, Kidney Transplant Management, Prostate Cancer, and Rheumatoid Arthritis**)
- Substantively updated **2** existing episode-based cost measures so that their specifications reflect re-evaluated versions:
 - Cataract Removal with Intraocular Lens (**IOL**) Implantation
 - Inpatient Percutaneous Coronary Intervention (**PCI**)

Added and removed episode-based cost measures

Developed criteria to guide considerations for removing a cost measure

Revised cost scoring methodology



Added and removed
episode-based cost
measures

Developed criteria to
guide considerations
for removing a cost
measure

Revised cost scoring
methodology

Cost Performance Category

Removal Criteria

We finalized the **following criteria** to serve as guidance when considering whether to **remove** a cost measure:

1. It **isn't feasible to implement the measure specifications**
2. The **measure steward** is no longer able to **maintain the cost measure**
3. The **implementation costs or negative unintended consequences associated with a cost measure** outweigh the benefit of its continued use in the MIPS cost performance category
4. The measure specifications **don't reflect current clinical practice** or guidelines
5. A **more applicable measure is available**, including a measure that applies across settings, applies across populations, or is more proximal in time to desired patient outcomes for the particular topic



Added and removed
episode-based cost
measures

Developed criteria to
guide considerations
for removing a cost
measure

Revised cost scoring
methodology

Cost Performance Category

Exclusion from Scoring

- We finalized our proposal to add a new cost measure exclusion policy beginning with the CY 2024 performance period / 2026 MIPS payment year
- Under the new cost measure exclusion policy, “errors” in addition to “significant changes” will be included as a reason to exclude a cost measure to further align our measure exclusion policies among the performance categories
- Additionally, under the new cost measure exclusion policy we will exclude a cost measure if the significant changes or errors are outside of the control of MIPS eligible clinicians and negatively affect the ability of the cost measure(s) to assess clinician performance accurately. This policy also allows us to exclude cost measures when such changes and errors occur in or outside of the performance period.



Added and removed
episode-based cost
measures

Developed criteria to
guide considerations
for removing a cost
measure

Revised cost scoring
methodology

Cost Performance Category

Benchmarks

- We finalized to revise the cost scoring benchmarking methodology **beginning with the 2024 performance period (final scores received in the summer of 2025)**
- The finalized benchmark methodology will use a new distribution for cost scoring in which the national median cost for a measure will be set at a measure score derived from the performance threshold established for that MIPS payment year. The cut-offs for benchmark point ranges will be calculated based on standard deviations from the national median
- The finalized benchmark methodology will more appropriately incentivize or penalize clinicians

Cost Performance Category

Example:

- Dr. Clark's average cost per episode for a cost measure is \$1,104, and the national median cost for this measure is \$969.72

Under the current methodology, she'd receive between 2 and 2.9 points		
Points		Range of Cost Per Episode
1 - 1.9		\$1330.65 - \$1126.35
2 - 2.9		\$1126.34 - \$1062.93
3 - 3.9		\$1062.92 - \$1025.75
4 - 4.9		\$1025.74 - \$997.78
5 - 5.9		\$997.77 - \$969.73
6 - 6.9		\$969.72 - \$940.03
7 - 7.9		\$940.02 - \$904.83
8 - 8.9		\$904.82 - \$860.44
9 - 9.9		\$860.43 - \$779.69
10		\$779.68



Under the finalized methodology, she'd receive between 6 and 6.9 points	
Points	Range of Cost Per Episode
1 - 1.9	\$1,341.93 - \$1,308.1
2 - 2.9	\$1,308.09 - \$1,274.26
3 - 3.9	\$1,274.25 - \$1,240.43
4 - 4.9	\$1,240.42 - \$1,172.75
5 - 5.9	\$1,172.74 - \$1,105.08
6 - 6.9	\$1,105.07 - \$1,037.4
7 - 7.9	\$1,037.39 - \$902.05
8 - 8.9	\$902.04 - \$834.38
9 - 9.9	\$834.37 - \$766.7
10	\$766.69

Improvement Activities Performance Category

MIPS Final Rule Policies

Improvement Activities Performance Category



Updated MIPS
improvement
activities inventory

Modified reporting
requirements

Revised data
submission policies

Improvement Activities

We finalized the following changes to the improvement activities inventory:

- **Added 2** new activities
- **Modified 1** existing activity
- **Removed 4** activities

This results in a total of **104** improvement activities for the **2025 performance year**

We are also removing 4 **activities beginning with the 2026 performance period**



Updated MIPS
improvement
activities inventory

Modified reporting
requirements

Revised data
submission policies

2025 MIPS FINAL RULE POLICIES

Improvement Activities Performance Category

Activity Weighting

- We finalized to **remove activity weightings** to **simplify scoring** and complement our ongoing efforts to refine **and improve** the Inventory

Number of Required Activities

- We finalized to **simplify requirements** by reducing the number of activities clinicians are required to attest to completing
- Traditional MIPS Reporting
 - Clinicians, groups, and virtual groups with the small practice, rural, non-patient facing, or health professional shortage area special status **must attest to 1 activity**
 - All other clinicians, groups and virtual groups must attest to **2 activities**
- MVPs
 - Clinicians, groups, and subgroups must attest to at least **1 activity**



Updated MIPS
improvement
activities inventory

Modified reporting
requirements

Revised data
submission policies



Improvement Activities Performance Category

Minimum Criteria

We finalized that a submission for the improvement activities performance category must include a “**yes**” response for **at least one improvement activity** to be considered a data submission and scored:

- A submission with only a date and practice ID **wouldn’t be considered a data submission** and would be assigned a null score



Updated MIPS
improvement
activities inventory

Modified reporting
requirements

Revised data
submission policies

Improvement Activities Performance Category

Multiple Submissions

We finalized our proposal to **codify our existing processes** for scoring **multiple data submissions**

For multiple improvement activity submissions for an individual clinician, group, subgroup, or virtual group from **different organizations** (for example by a qualified registry and the practice administrator) for the same reporting option, we finalized our proposal to codify our existing process to score each submission received and assign the highest of the scores

In practice, this means we:

- **Score all activities (not to exceed the maximum points available in the performance category)**

NOTE: We won't combine activities submitted for different reporting options



Updated MIPS
improvement
activities inventory

Modified reporting
requirements

Revised data
submission policies

Improvement Activities Performance Category

Multiple Submissions

We finalized our proposal to **codify our existing processes for scoring multiple data submissions**

For multiple data submissions received for an individual clinician, group, subgroup, or virtual group **from the same organization** (for example, by 2 practice administrators) for the same reporting option, we finalized our proposal to codify our existing process:

- Score the most recent submission.
- **The new submission will override a previous submission (of the same submission type) from the same organization**

NOTE: This policy won't apply to different submission types by the same organization. Activities submitted via file upload won't override the activities submitted via attestation, as these are distinct submission types

Promoting Interoperability Performance Category

MIPS Final Rule Policies

Promoting Interoperability Performance Category

Automatic Reweighting

Beginning with the 2025 performance period, automatic reweighting will **only** apply to MIPS eligible clinicians, groups, and virtual groups with the following special statuses:

- Ambulatory Surgical Center (ASC)-based
- Hospital-based
- Non-patient facing
- Small practice



Automatic Reweighting

Updated policies for data submission to include information on minimum criteria and multiple submissions

Subgroup reporting



Promoting Interoperability Performance Category

Minimum Criteria

A data submission for the Promoting Interoperability performance category must include **all of the following** elements to be considered a qualifying data submission and scored:

- **Performance data**, including any claim of an applicable exclusion, for the required measures in each objective, as specified by CMS
- **Required attestation statements**, as specified by CMS
- CMS EHR Certification ID (**CEHRT ID**) from the Certified Health IT Product List (CHPL)
- The **start date** and **end date** for the applicable performance period as set forth in § 414.1320

A submission with only a date and practice ID won't be considered a data submission and will be assigned a null score; it won't override reweighting of the Promoting Interoperability performance category

Automatic
Reweighting

Updated policies for
data submission to
include information
on minimum criteria
and multiple
submissions

Subgroup reporting

Promoting Interoperability Performance Category

Multiple Data Submissions

Beginning with the CY 2024 performance period/2026 MIPS payment year (data submission in CY 2025), we finalized that, for multiple data submissions received, **CMS will calculate a score for each data submission received and assign the highest of the scores**



Automatic
Reweighting

Updated policies for
data submission to
include information
on minimum criteria
and multiple
submissions

Subgroup reporting

Promoting Interoperability Performance Category

Subgroup Reporting

We finalized to **continue our policy that a subgroup is required to submit its affiliated group's data** for the Promoting Interoperability performance category

Automatic
Reweighting

Updated policies for
data submission to
include information
on minimum criteria
and multiple
submissions

Subgroup reporting



MIPS Final Rule Policies

Final Scoring

Reweighting

We finalized to **allow clinicians to request reweighting** for quality, improvement activities, and/or Promoting Interoperability performance category(ies) where **data are inaccessible and unable to be submitted** due to reasons outside of the control of the clinician because the clinician delegated submission of the data to their third party intermediary and the third party intermediary didn't submit the data on the clinician's behalf in accordance with applicable deadlines

- These requests will be **submitted through the QPP Service Center** and must be received on or before November 1 prior to the relevant MIPS payment year
- These requests can be submitted **beginning with the CY 2024 performance period** (data submission period in calendar year 2025)

Final Scoring Performance Threshold

Performance Threshold 2025

- We finalized to **continue using the mean** as the methodology for determining the performance threshold for the CY 2025 performance period through CY 2027 performance period
- We also finalized to continue using the mean final score from the CY 2017 performance period. On this basis, we're setting the performance threshold at **75 points for the CY 2025** performance period

Third Party Intermediaries

Final Rule Policies

Certified Survey Vendors

CAHPS for MIPS Survey Vendor Cost

- We finalized that survey vendors **must submit** the best estimate of the cost of their services to CMS
- These **costs will be published** to increase transparency on the cost of participation in the program and improve consistency across requirements

Advanced Alternative Payment Models (APMs)

Final Rule Policies

QP Determinations

QP Threshold Scores for 2024

- Performance Year 2024 thresholds were finalized to reflect changes from the Consolidated Appropriations Act of 2024

Calculating the QP Threshold Scores

- The policy remains the same from the 2024 performance year
- For purposes of QP determinations, attribution-eligible beneficiaries are identified by applying the following **six** criteria
 1. Not enrolled in Medicare Advantage or a Medicare cost plan
 2. Does not have Medicare as a secondary payer
 3. Is enrolled in both Medicare Parts A and B
 4. Is at least 18 years of age
 5. Is a United States resident
 6. Minimum of one claim for evaluation and management services or, for certain Advanced APMs, the attribution basis we determine based on the Advanced APM's attribution methodology

APM Performance Pathway (APP)

Final Rule Policies

APP Plus Quality Measure Set

- We finalized, with modification, an additional quality measure set **under the APP called the APP Plus quality measure set**
 - The APP Plus quality measure set will be an optional quality measure set for MIPS APM participants, except for Shared Savings Program ACOs
 - The existing APP quality measure set will also continue to be available as an optional quality measure set for MIPS APM participants, except for Shared Savings Program ACOs
- The APP Plus quality measure set will ultimately be comprised of **11 measures**, consisting of the 6 measures in the existing APP quality measure set and 5 new measures from the **Adult Universal Foundation** measure set that will be incrementally incorporated over time, more gradually than proposed
- We finalized that, for performance year 2025 and subsequent performance years, Shared Savings Program ACOs-will be required to report the APP Plus quality measure set

Incorporation of Quality Measures into the APP Plus Quality Measure Set

MEASURE NAME/QUALITY ID	PERFORMANCE PERIOD
Diabetes: Glycemic Status Assessment Greater Than 9% Quality ID #001	2025
Preventive Care and Screening: Screening for Depression and Follow-up Plan Quality ID #134	
Controlling High Blood Pressure Quality ID #236	
CAHPS for MIPS Survey Quality ID #321	
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible MIPS Clinician Groups Quality ID #479	
Breast Cancer Screening Quality ID #112	

Incorporation of Quality Measures into the APP Plus Quality Measure Set (continued)

MEASURE NAME/QUALITY ID	PERFORMANCE PERIOD
Colorectal Cancer Screening Quality ID #113	2026
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure Quality ID #484	
Initiation and Engagement of Substance Use Disorder Treatment Quality ID #305	2027
Screening for Social Drivers of Health Quality ID #487	2028 or the performance period that is one year after the eCQM specification becomes available for each respective measure, whichever is later
Adult Immunization Status Quality ID #493	

Medicare Shared Savings Program

Final Rule Policies

APP Plus Quality Measure Set

- We finalized that, for performance year 2025 and subsequent performance years, Shared Savings Program ACOs will be required to report the APP Plus quality measure set
 - The existing APP quality measure set will no longer be available for reporting by Shared Savings Program ACOs **beginning in performance year 2025**
- We finalized, with modification, the collection types available for Shared Savings Program ACOs reporting the APP Plus quality measure set:
 - The **eCQM** and **Medicare CQM** collection types will be available for performance year 2025 and subsequent performance years.
 - Note: Shared Savings Program ACOs that report eCQMs are eligible to receive the newly finalized **complex organization adjustment** (refer to slide 23)
 - The MIPS CQM collection type will be available for 2 additional years (i.e., performance years 2025 and 2026)
 - MIPS CQMs won't be available to Shared Savings Program ACOs reporting the APP Plus quality measure set **beginning in performance year 2027**

Overview

- We finalized that, beginning with the CY 2025 performance period/2027 MIPS payment year, **Medicare CQMs** (available only to Shared Savings Program ACOs) will be scored using **flat benchmarks** for the measures' **first 2 performance periods** in MIPS
- We finalized to extend the eCQM reporting incentive to performance year 2025 and subsequent performance years, to continue to support ACOs reporting eCQMs in meeting the Shared Savings Program quality performance standard for sharing in the savings at the maximum sharing rate
 - We also finalized to extend the reporting incentive to ACOs reporting MIPS CQMs in performance years 2025 and 2026

Shared Savings Program Quality EUC Policy

- If an ACO is determined to be affected by an EUC during the performance year or the reporting period, an ACO's health equity adjusted quality performance score is set to the higher of the ACO's health equity adjusted quality performance score or the 40th percentile MIPS Quality performance category score which meets the Shared Savings Program quality performance standard
- ACOs that are impacted during the performance year or the reporting period and are unable to report quality data via the APP will have their ACO health equity adjusted quality performance score set equal to the 40th percentile MIPS Quality performance category score

Help and Q&A

Visit QPP.CMS.GOV

QPP Resource Library

Visit the [QPP Resource Library](#) for final rule resources, including:

- [2025 QPP Policies Final Rule Fact Sheet \(PDF, 2 MB\)](#): Overview of policies for the 2025 performance year and comparison of final 2025 performance year policies to 2024 performance year policies.
- [2025 Finalized MIPS Value Pathways Guide \(PDF, 2 MB\)](#): Reviews the MIPS Value Pathways (MVPs) finalized for reporting in the 2025 performance year.
- [2025 Shared Savings Program Policies Final Rule Fact Sheet](#): Overview of policies finalized specific to the Shared Savings Program

QPP Service Center

- Contact the QPP Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center](#) ticket, or by phone at 1-866-288-8292 (Monday-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

How to Ask a Question

- Raise your hand and we'll unmute your line, or you can submit your question via the Q&A box
- You must have a working microphone to ask your question live
- Speakers will address as many questions as time allows

Reminder: The slide deck, recording, and transcript from today's presentation will be posted to the [QPP Webinar Library](#) in the coming weeks

