Medicare Shared Savings Program

2024 Reporting eCQMs, MIPS CQMs, and Medicare CQMs in the Alternative Payment Model (APM) Performance Pathway (APP)

Guidance

MEDICARE
SHARED SAVINGS
PROGRAM

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1 Overview

Medicare Shared Savings Program (Shared Savings Program) accountable care organizations (ACOs) must report quality performance via the Alternative Payment Model (APM) Performance Pathway (APP). In performance year 2024, the APP includes four options for ACOs to report measures to assess quality performance. ACOs may submit three measures via the electronic clinical quality measure (eCQM), or the Merit-based Incentive Payment System (MIPS) clinical quality measure (CQM), or the Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs) or submit 10 measures via the Centers for Medicare & Medicaid Services (CMS) Web Interface.

In the CY 2022 Physician Fee Schedule Final Rule, CMS finalized policies to sunset the CMS Web Interface as a collection and submission type under MIPS.[1] The 2024 performance year will be the final performance year that Shared Savings Program ACOs reporting the APP can report quality data through the CMS Web Interface.

This document: A) describes reporting information specific to Shared Savings Program ACOs reporting eCQMs, MIPS CQMs, and Medicare CQMs, B) provides guidance on patient matching and data aggregation, and C) explains how the MIPS data completeness requirement applies to an ACO's eligible and matched patient population.

Please note, where applicable, an ACO's patient population is inclusive of ACO participant tax identification numbers (TINs) and CMS Certification Numbers (CCNs). For brevity, this document will describe the patient population as based on participant TINs.

Quality Reporting Process

The following provides a framework for ACOs to follow when reporting via eCQMs, MIPS CQMs, and Medicare CQMs.

[1] Refer to 42 C.F.R. § 414.1305 (defining "collection type" to include the CMS Web Interface through the CY 2024 performance year for APMs reporting through the APP).

Quality Reporting Process

1. Identify eligible population for the quality measure

- First, determine available data sources for reporting across the ACO participants' patient populations.
- Next, select the most-appropriate collection type for each measure (eCQM, MIPS CQM, or Medicare CQM).
- Obtain patient-level detail across all ACO participant tax identification numbers (TINs) using measure specifications.

2. Patient data matching and aggregation

- Aggregate available patient data for patient matching and deduplication to achieve valid and reliable quality measure performance.
- Follow organizational policies to document the patient's identification and aggregation, and deduplication.
- The eligible population used for quality measurement must reflect the complete matched deduplicated population.

3. Apply measure logic

- Apply measure specifications to identify (1) the eligible population that meets the denominator criteria and (2) the numerator results and any appropriate exclusions and exceptions.
- For MIPS CQMs and Medicare CQMs, performance data (i.e. numerator data) should be identified for at least 75% of the eligible and matched denominator population to meet the data completeness requirement for the 2024 and 2025 performance years.
- Data collection via certified EHR technology (CEHRT) for the eCQM collection type meets the data completeness requirement.

4. Submit to CMS

- Submit measures using QRDA or JSON acceptable formats.
- Check to ensure submission is labeled as an APP submission, (app1 for submissions via JSON, MIPS_APP1_APMENTITY for submissions via QRDA).
- CMS will calculate performance rates and data completeness based on submitted data.
- Each submission is considered complete for the measure(s) included. ACOs can resubmit results if needed within the reporting period, but any resubmission of the same collection type will override prior submissions of that collection type.
- ACOs are encouraged to submit data early in the submission period to receive feedback and allow time for addressing any technical issues.

2 eCQM, MIPS CQM, and Medicare CQM Collection Types

A collection type refers to the way data are collected for a MIPS quality measure. Each collection type has its own specifications (instructions) for how to report that measure and meet the data completeness requirement. See Section 5 of this document for additional details on data completeness.

The MIPS quality measures included in the APP measure set for the eCQM, MIPS CQM, and Medicare CQM collection types are listed in Table A.

Table A. 2024 APP Measure Set for eCQM, MIPS CQM, & Medicare CQM Reporting

Measure Title	CMS eCQM ID[a]	MIPS CQM Quality ID	Medicare CQM ID[b]
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	CMS122v12	001	001SSP
Controlling High Blood Pressure	CMS165v12	236	236SSP
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v13	134	134SSP

[a] eCQM versions listed are specific to the 2024 performance year.
[b] Medicare CQM ID numbers are synonymous with MIPS CQM Quality ID numbers.

ACOs are allowed to report the measures in the APP measure set using the same collection type or a combination of collection types. For example, ACOs can report eCQMs/MIPS CQMs/Medicare CQMs or a combination of these measures. Each measure will be scored according to the specifications and benchmarks for its collection type. An ACO cannot combine collection types for a single measure. Tables B and C summarize the characteristics of the eCQM, MIPS CQM, and Medicare CQM collection types.

Table B. eCQM Collection Type

	eCQMs
Specifications summary	The published version of an eCQM is posted as a measure package annually for each performance year and includes human-readable and machine-processable files. The measure specification document includes a narrative description of the specifications and measure logic (i.e., Boolean logic) represented by Clinical Quality Language (CQL) logic and the Quality Data Model (QDM). • CQL expresses the measure logic. Use of CQL shared functions and definitions facilitates greater consistency across measures. • The QDM serves as the data model for describing data elements. A QDM data element is defined through a combination of a QDM datatype, and a value set or direct reference code.

	eCQMs
Eligible population	For ACOs, the patient population eligible for quality reporting consists of the aggregated ACO's participant's TIN all-patient population, after patient matching and deduplication.
Measurement period	12 months: Jan. 1–Dec. 31 of the performance period.
Data coding	Codes are available to download via Excel spreadsheets and API from the Value Set Authority Center (VSAC). Coding systems may include: Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases 10th Revision Procedure Coding System (ICD-10-PCS), ICD-10-CM codes, ICD-9-CM codes where applicable, RxNorm drug codes, and includes demographic codes (sex, race, ethnicity, etc.). Electronic health record (EHR) systems certified by Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) use patient data (i.e., codes) to calculate results for each measure. For additional information please see ASTP.
Data completeness criteria	APM Entities that submit eCQMs via CEHRT automatically achieve 100% data completeness. See Section 5 for additional details.
Data submission	ACOs have two file format options for data submission for eCQMs. Report directly to the Quality Payment Program (QPP) using the QPP website, uploading either (1) a QRDA III file or (2) a QPP JavaScript Object Notation (JSON) file. When reporting the APP, the file must include the appropriate program name to be counted toward the APP Check to ensure your submission is correctly labeled as an APP submission. See Section 6 for additional details. *Please note only eCQMs may report using a QRDA III file or JSON. MIPS CQMs and Medicare CQMs collection types must be reported using a JSON file.
Resources	For additional information and eCQM specifications, please refer to the Electronic Clinical Quality Improvement (eCQI) Resource Center. The 2024 eCQM versions are listed below. ACOs must ensure they are using the version specific to each performance year for accurate performance to be reported. • 001 eCQM CMS122v12 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control • 134 eCQM CMS2v13 - Preventive Care and Screening: Screening for Depression and Follow-up Plan • 236 eCQM CMS165v12 - Controlling High Blood Pressure For resources to assist in data submission, please refer to Developer Tools.

Table C. MIPS CQM and Medicare CQM Collection Types

	MIPS CQM	Medicare CQM
Specifications summary	Measure specification document includes a description of the specifications, measure flow, corresponding codes, and sample calculations for data completeness and performance. See Section 5 of this document for additional details on data completeness.	Same as MIPS CQMs.
Eligible population	For ACOs, the patient population eligible for quality reporting consists of the universe of the aggregated ACO participant's Taxpayer Identification Numbers (TIN) all-patient population after patient matching and deduplication. Any duplicated patients removed from the data by matching and deduplication before submission are not included in the eligible population.	For ACOs, the patient population eligible for quality reporting consists of all Medicare Fee for Service patients across ACO participant TINs, after patient matching and deduplication. [2]
Measurement period	12 months: Jan. 1–Dec. 31 of the performance period.	Same as MIPS CQMs.

[2] Refer to the definition of "Medicare fee-for-service beneficiary" in § 425.20.

	MIPS CQM	Medicare CQM
Data coding	Codes are included in the measure specification document. Denominator Codes: May include Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases 10th Revision Clinical Modification (ICD-10-CM), and International Classification of Diseases 10th Revision Procedure Coding System (ICD-10-PCS) codes, and ICD-9-CM codes where applicable. Does not use Logical Observation Identifiers Names and Codes (LOINC), RxNorm or Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes. Numerator Codes: Include the option of using quality data codes (CPT II or HCPCS codes) that indicate whether the quality action described in the measure was met or not met and a value or range if applicable. Other standardized codes can also be used to support the use of a quality data code for numerator compliance.	Same as MIPS CQMs.
Data completeness criteria	The ACO must report numerator performance data for at least 75% of the denominator eligible cases for each quality measure. The denominator must represent 100% of the eligible matched and deduplicated patient population. See Section 5 of this document for additional details.	Same as MIPS CQMs with the exception that for ACOs, the patient population eligible for quality reporting consists of the aggregated ACO participant's all Medicare FFS population, after patient matching and deduplication.

	MIPS CQM	Medicare CQM
Data submission	ACOs may aggregate and submit their MIPS CQMs data directly to the QPP using a QPP JSON file. MIPS CQMs may also be submitted and collected by third-party intermediaries such as CMS-approved qualified registries or qualified clinical data registries (QCDRs), aggregated to the ACO level, and submitted (via Direct or Log-in and Upload submission types) on behalf of the ACO. When reporting the APP, the file must include the appropriate program name to be counted toward the APP. Check to ensure your submission is correctly labeled as an APP submission. See Section 6 for additional details.	Same as MIPS CQMs.
Resources	For specific guidance on how to report the MIPS CQMs and for more information pertaining to qualified registries or QCDRs from the QPP, please refer to the QPP Resource Library to locate the "2024 MIPS Guide to Using a QCDR or Qualified Registry." The "2024 Qualified Registry Qualified Posting" and "2024 QCDR Qualified Posting." For resources to assist in data submission, please refer to Developer Tools.	ACOs should reference the 2024 Medicare CQMs for Shared Savings Program Accountable Care Organizations Checklist, which is available from the QPP Resource Library. ACOs may also refer to the "PY 2024 Medicare CQM Report Template" and "PY 2024 Medicare CQM Data Dictionary" and the "Overview of the Quarterly List for Medicare CQMS Data Dictionary and Template", available in the ACO Management System (ACO-MS). ACOs may contact registry vendors to confirm their support for Medicare CQM data submissions.

3 Eligible Population

ACOs will identify the eligible patient population, as defined in the individual measure specifications, when reporting eCQMs, MIPS CQMs, or Medicare CQMs. For ACOs, the eligible and matched population will be used. Any duplicated patients removed from the data by matching and deduplication before submission are not included in the eligible population.

ACOs report on behalf of the eligible clinicians from all ACO participants (i.e., Taxpayer Identification Numbers [TINs]). This means that the ACO submission should include aggregated patient data for eligible patients across all ACO participant TINs, including patients seen by specialists' and federally qualified health centers (FQHC) that meet the measure criteria, and that the ACO has matched and deduplicated the data so there is one record per measure for

each eligible patient. ACOs should include patients regardless of the Qualified Provider (QP) status of the individual clinicians. Patients of MIPS Eligible Clinicians, QP and Partial QPs should all be included in the ACO submission. For performance year 2024, “eligible population” is defined using the eCQM initial population criteria, the MIPS CQM denominator population, or the Medicare CQM denominator population. ACOs will receive the Quarterly Lists of Beneficiaries Eligible for Medicare CQMs, which can be used in combination with other data sources to identify eligible Medicare FFS beneficiaries.

> Example: The eligible population for the eCQM CMS165v12 *Controlling High Blood Pressure* (Quality ID #236) is defined as “patients ages 18-85 of age by the end of the measurement period who had a visit during the measurement period and a diagnosis of essential hypertension starting before and continuing into or starting during the first 6 months of the measurement period.” The measure denominator will equal this initial population after patient matching and aggregation is applied and after applying denominator exclusions and exceptions as defined by the measure specifications.

4 Patient Matching and Data Aggregation

ACOs should aggregate data before submission and submit a single file to CMS. CMS will not aggregate files for the ACO. An ACO’s collection type (eCQM/MIPS CQM/Medicare CQM) affects how it aggregates data for reporting a measure at the ACO level. For example, an ACO reporting eCQMs from a single electronic health record (EHR) using certified EHR technology (CEHRT) would not need to aggregate data outside of the CEHRT because eCQMs are an end-to-end electronic reporting method which captures 100% of a measure’s numerator and denominator.

If an ACO captures its full eligible population through multiple EHRs using CEHRT, aggregation and patient matching and deduplication across all the EHRs will be necessary before submission of eCQM performance. ACOs using the MIPS CQM collection type may use multiple data sources (i.e patient registry, EHR, administrative systems, paper charts) and thus will need to conduct patient matching, deduplication, and aggregation of data across all sources. For ACOs using the Medicare CQM collection type, the Medicare Beneficiary Identification Number can be used for patient matching, deduplication and aggregation.

Patient matching, parsing, and data cleansing may rely on a combination of available variables. ACOs should identify an appropriate combination of variables to achieve consistent and replicable patient matching that provides the most-complete and most-accurate data to meet the measure specification, data completeness requirements, and ensure measure performance is valid and reliable. For example, ACOs that have experience reporting eCQMs and MIPS CQMs have achieved patient matching rates of 90% or higher using common variables such as first name, last name, date of birth, phone number, and email. ACOs may also review the 2024 Data Aggregation Resource for additional information.

True, Accurate, and Complete Reporting

Sections 414.1390(b) and §414.1400(a)(5) provide that all MIPS data submitted by or on behalf of a MIPS eligible clinician, group, virtual group, APM Entity, opt-in participant, and voluntary participant must be certified as true, accurate, and complete.

Incomplete reporting of a measure's eligible population, or otherwise misrepresenting a clinician or group's performance (e.g., only submitting favorable performance data), would not be considered true, accurate, or complete.

CMS may request the ACO's technical documentation and internal organizational policies that document the ACO's approach to patient matching, parsing, and data cleansing to ensure that the ACO's reporting is true, accurate, and complete at the ACO level.[3]

5 Data Completeness

To meet the data completeness criteria, ACOs must report quality performance data ("Performance Met," "Performance Not Met," or denominator exceptions) for at least 75% of the eligible and matched denominator population (Refer to Chapter 3, Eligible Population). An aggregated ACO submission must account for 100% of the eligible and matched patient population across all ACO participants TINs.

New Data Deduplication & Patient Matching Tool

DedupliFHIR is an Open-Source data deduplication and record matching tool. The initial release supports the use case of Fast Healthcare Interoperability (FHIR) or comma separated value (CSV) data submissions for ACOs planning to report eCQMs. It includes a backend library and a front-end desktop application that can be downloaded from the DedupliFHIR GitHub repository (https://github.com/DSACMS/dedupliFHIR). Within the Readme file (https://github.com/DSACMS/dedupliFHIR/blob/main/README.md), ACOs can refer to a demonstration on how to use the tool.

When reporting using eCQMs or MIPS CQMs, the eligible population reflects all patients regardless of payer, after patient matching and deduplication. When reporting using Medicare CQMs, the eligible

[3] Refer to 42 CFR 414.1390(d).

population reflects ACO participant TIN's all Medicare FFS population, after patient matching and deduplication. Data completeness is calculated using submitted data.

Data Completeness Requirement for the 2024 Performance Period:

Numerator: The number of patients for which you report performance data (performance met, not met, denominator exceptions)

Denominator: The total number of matched and deduplicated patients eligible for the measure denominator, adjusted for exceptions and exclusions as applicable, using the 2024 Performance Period measure specification

≥ 75%

Because eCQMs are calculated using all-payer data and submitted electronically without any manual manipulation, ACOs that submit an eCQM via CEHRT will generally achieve 100% data completeness due to its end-to-end electronic reporting that ensures no cases are excluded from the submission. In the case of an ACO using multiple CEHRTs, eCQM reporting requires the aggregation of data across all CEHRTs used within the ACO into a single submission to ensure the ACO meets the measure specification by accounting for its complete patient population.

Because MIPS CQM and Medicare CQM specifications allow for multiple sources of data to compile a measure's numerator and denominator, an ACO must ensure it meets the completeness standard. For additional review of the data completeness standard, ACOs can reference the 2024 MIPS Quality Data Completeness Quick Guide.

6 Data Submission

When submitting quality data for eCQMs, MIPS CQMs, or Medicare CQMs, sign into the QPP website and select "Start Reporting" on the main page or "Eligibility & Reporting" from the left-side navigation bar. Then, on the Reporting Options page, select "Start Reporting" on the APP reporting option. Next, select "Report APP" on the confirmation prompt to upload the quality data files.

Before uploading or submitting data files, make sure they are correctly identified as an APP submission. To tag their data files correctly, ACOs must do one the following:

- For QPP JSON files, "category" must be labeled as "quality" and "programName" must be labeled as "app1" at the measurement set level. For more information, refer to Tutorial: APP Submissions in the QPP Developer Preview Environment Documentation.
- For QRDA III files, used with eCQMs exclusively, the file must use the file naming convention of "MIPS_APP1_APMENTITY" as the CMS Program Name. For more information, refer to the CMS Implementation Guide for Quality Reporting Document Architecture Category III.

For a more comprehensive reporting submission walk through, refer to the 2024 APP Data Submission User Guide that will be available on the QPP Resource Library.

Refer to the QPP Submission Measurement Sets API documentation and see the 2024 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals for more information.

Important Submission Reminder:

If the quality data file is not correctly tagged as an APP submission the system will still indicate that the file has been uploaded successfully, but there will not be a quality data file in the APP Reporting Overview page. Files will automatically be submitted and scored as a traditional MIPS submission if nothing else is selected, therefore it will not be eligible for the Shared Savings Program.

If this happens, the ACO must resubmit the file with the correct identification (Note: QPP JSON must be labeled as "app1" and QRDA III files must be labeled as "MIPS_APP1_APMENTITY"). ACOs can then reverify the submission in the APP Reporting Overview webpage on the QPP website.

CMS allows quality measures to be submitted through multiple collection types and uses the highest results to calculate an ACO's MIPS Quality performance category score. If the same organization reports the same quality measure more than once through the same collection type, the system will save the most recently reported data for that specific measure. CMS will not aggregate data from multiple submissions when the same measure is reported multiple times, even if two different organizations report the same quality measure.

ACOs are encouraged to submit data early in the submission period to receive feedback, verify submission confirmations and allow time for addressing any technical issues with submission.

7 Performance Rate Calculation

Performance rate calculations for eCQMs differ from MIPS CQMs and Medicare CQMs in how they treat unreported numerator performance. For patients in the denominator whose numerator data are not submitted, the eCQM scores the patient as "Performance Not Met." Any missing numerator data will count against the entity's performance rate.

In contrast, any missing numerator data submitted via MIPS CQM or Medicare CQM will count against the entity's data completeness, not the performance rate. Any patients removed from the data by matching and deduplication before submission are not included when calculating a measure's performance rate, data completeness, and case minimums.

The examples below show the effect on the performance rate.

eCQM

For the eCQM collection type, the initial population for the aggregated ACO performance rate calculation is equal to the ACO's eligible and matched population. The denominator equals the initial population after denominator exclusions and exceptions are applied as defined in the measure specifications. Denominator exclusions are applied before determining whether

numerator criteria are met, and denominator exceptions are applied only if the numerator criteria are not met.

Table D.

Initial Population	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	Performance Met	Performance Not Met	Data Completeness	Performance Rate
1,000	50	0	N/A	700	250	100%	74%

In the example shown in Table D, "Performance Rate" = 700 / (1000 – (50 + 0)), or 74%. Stated differently, the eCQM performance rate equals the total number of "Performance Met" reported divided by the initial population minus any reported denominator exclusions and denominator exceptions. Data completeness equals 100% because for eCQMs, the "Performance Not Met" number includes instances where performance data were identified but did not meet the measure performance target, as well as instances where performance data were not identified within the EHR, (700+250) / (1,000 – 50).

MIPS CQM/Medicare CQM

For the MIPS CQM and Medicare CQM collection type, the initial population for the aggregated ACO performance rate calculation is equal to the ACO's eligible and matched population. For MIPS CQMs and Medicare CQMs, the denominator for the performance rate calculation is equal to the numerator of the data completeness calculation minus denominator exceptions (i.e., "Performance Met" + "Performance Not Met").

Table E.

Initial Population	Denominator Exclusions	Denominator Exceptions	Performance Met	Performance Not Met	Numerator Data Not Reported	Data Completeness	Performance Rate
1,000	45	0	700	200	50	94%	78%

In the example shown in Table E, "Performance Rate" = 700 / (700 + 200), or 78%. The MIPS CQM/Medicare CQM performance rate equals the total number of "Performance Met" reported divided by the sum of "Performance Met" and "Performance Not Met" reported. The data completeness calculation is (Performance Met + Performance Not Met + Denominator Exceptions) / (Initial Population – Denominator Exclusions). In this example, the data completeness calculation is (700 + 200 + 0) / (1000 – (45)), or 94%. For MIPS CQMs and Medicare CQMs, the "Performance Not Met" number only includes instances where performance data were identified but did not meet the measure performance target. It does not include instances where performance data were not submitted. Where performance data were not submitted, the missing data count against the data completeness calculation.

8 Vendor Resources

While ACOs can submit eCQMs, MIPS CQMs and Medicare CQMs directly, the QPP maintains lists of qualified registries and QCDRs for ACOs who choose to report using a third-party intermediary. Available via the QPP Resource Library, the 2024 Qualified Registry Qualified

Posting and 2024 Qualified Clinical Data Registry (QCDR) Qualified Posting each file includes a list of all entities that CMS authorizes to submit quality measures, Promoting Interoperability measures, and improvement activities on behalf of MIPS eligible clinicians, groups, virtual groups, APM Entities, voluntary participants, and opt-in participants for the 2024 MIPS performance year.

These postings provide lists of Qualified Registries and QCDR, but they do not include all vendors that report through the QPP. For ACOs reporting via eCQM, ASTP maintains a searchable database of CEHRT at the Certified Health IT Product List Search (healthit.gov).

9 Resources

Eligible Clinician eCQMs: https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=ecqm-resources&global_measure_group=eCQMs

- Comprehensive up to date information for eCQMs

MIPS CQM Measure Specifications: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2630/2024%20MIPS%20CQM%20Specifications%20and%20Supporting%20Documents.zip

- Comprehensive descriptions of the 2024 MIPS CQMs for the MIPS quality performance category.

2024 Medicare CQMs for Shared Savings Program Accountable Care Organizations Checklist: https://qpp.cms.gov/resources/document/82173d57-3125-49c7-b564-803b83cfbe75

- Provides steps that ACOs may take to prepare for and successfully complete quality reporting via the Medicare CQM collection type.

Medicare CQM Specifications: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2626/2024%20Medicare%20CQM%20Specifications.zip

- Comprehensive descriptions of the 2024 Medicare CQMs (for Shared Savings Program ACOs only) for the MIPS quality performance category.

Overview of the Quarterly List for Medicare CQMs Data Dictionary and Template: https://acoms.cms.gov/knowledge-management/view/8282 or https://vimeo.com/949156162/fd25e45c8b

- This video provides background information and highlights resources for Medicare CQMs. This included a walkthrough of the Data Dictionary and the quarterly list of Medicare beneficiaries eligible for Medicare CQM reporting that are provided by CMS.

DedupliFHIR Open Source Tool:

- Open Source data deduplication and record matching tool. The project includes a backend library and a front-end desktop application that can be downloaded from the DedupliFHIR GitHub repository, https://github.com/DSACMS/dedupliFHIR

2024 MIPS Guide to Using A QCDR or Qualified Registry: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2681/2024mips-guide-to-qcdr-qualifiedregistry.pdf

- An informational guide to help clinicians, groups, virtual groups, subgroups, Shared Savings Program ACOs, and APM entities select a QCDR and Qualified Registry and participate in MIPS using a QCDR and Qualified Registry.

2024 Quality Benchmarks: https://qpp.cms.gov/benchmarks

- Included in zip file posted on QPP Resource Library, https://qpp.cms.gov/resources/resource-library
- Includes MIPS benchmarks for eCQMs and MIPS CQMs, updated annually.

Value Set Authority Center (VSAC): https://vsac.nlm.nih.gov/

- VSAC is a repository and authoring tool for public value sets created by external programs. The VSAC also provides downloadable access to all official versions of value sets specified by the CMS eCQMs.