

Quality Payment
PROGRAM

2023 Quality Payment Program Experience Report



JUNE 2025

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List of Acronyms

ACO	Accountable Care Organization
API	Application Programming Interface
APM	Alternative Payment Model
APP	APM Performance Pathway
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CQM	Clinical Quality Measure
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
EUC	Extreme and Uncontrollable Circumstances
HWR	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
MCC	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
MIPS	Merit-based Incentive Payment System
MSPB	Medicare Spending Per Beneficiary
MVP	MIPS Value Pathway
NPI	National Provider Identifier
PHE	Public Health Emergency
QCDR	Qualified Clinical Data Registry
QPP	Quality Payment Program
QP	Qualifying APM Participant (in an Advanced APM)
TIN	Taxpayer Identification Number
TPCC	Total per Capita Cost

Quality Payment PROGRAM



A. Background

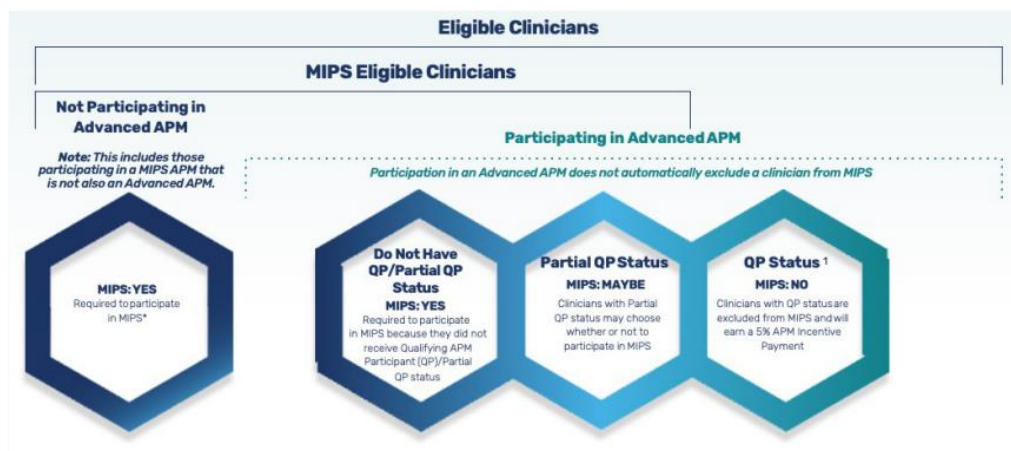
In 2017, the Centers for Medicare & Medicaid Services (CMS) launched the Quality Payment Program (QPP), which aims to reward improved patient outcomes and drive fundamental movement toward a value-based system of care. The program offers **2 payment tracks**: the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Models (APMs).

The MIPS track evaluates clinicians on their overall performance in up to 4 performance categories: [quality](#), [cost](#), [improvement activities](#), and [Promoting Interoperability](#). MIPS eligible clinicians will receive a MIPS payment adjustment – positive, negative, or neutral – 2 years after the performance year. For example, MIPS payment adjustments applied in 2025 (the payment year) are based on their performance in the 2023 performance year.

The Advanced APM track provides an opportunity to reward clinicians for taking on greater risk and accountability for patient outcomes. Eligible clinicians who participated in an Advanced APM and achieved Qualifying APM Participant (QP) status, based on the level of their participation in 2023 through the Medicare or the All-Payer Combination Option, will be eligible to receive a 3.5% APM Incentive Payment in 2025. Eligible clinicians with QP status are also excluded from MIPS. If an eligible clinician participating in an Advanced APM doesn't achieve QP status for the year, they'll need to participate in MIPS, unless they're otherwise excluded.

Review the [Learning Resources for QP Status and APM Incentive Payment \(ZIP\)](#) and the [Advanced APM Participation section of this report](#) for more information.

Although QPP has 2 payment tracks, these tracks can overlap for clinicians participating in an Advanced APM:



1. Purpose of This Report

From the start of QPP, CMS committed to being transparent with data and listening to feedback from interested parties. The primary goal of this report is to identify trends associated with the clinician experience during the 2023 performance year while identifying progress from the 2021 and 2022 performance years.

In this report, data and insights are provided in the following 5 sections:

- **Section 1. [MIPS Eligibility and Participation](#):** Reviews the participation and engagement of MIPS eligible clinicians, with detailed breakouts by [special status](#), practice size, [participation option](#) and [reporting option](#).
- **Section 2. [MVP Participation and Performance](#):** Reviews registration and performance data for clinicians who registered for, reported, and/or received a final score from a MIPS Value Pathway (MVP).
- **Section 3. [MIPS Performance](#):** Reviews performance in the quality, cost, improvement activities, and Promoting Interoperability performance categories, with detailed breakouts in the quality performance category by frequency of reporting, scores, and specialty.
- **Section 4. [2023 MIPS Final Scores and Associated 2025 Payment Adjustments](#):** Reviews MIPS eligible clinicians' final scores and payment adjustments, with detailed breakouts by [special status](#), practice size, [participation option](#) and [reporting option](#).
- **Section 5. [APM Participation](#):** Reviews the volume of eligible clinicians achieving QP status.

2. COVID-19 and 2023 Participation

The public health emergency (PHE) declaration for the Coronavirus Disease 2019 (COVID-19) officially ended May 11, 2023, though we allowed clinicians to submit a MIPS Extreme and Uncontrollable Circumstances (EUC) Exception Application due to the COVID-19 PHE for the entirety of the 2023 performance year. The 2023 performance year was the final year that clinicians could submit a MIPS EUC Exception Application due to COVID-19. Visit the QPP website to learn more about our [COVID-19 response](#) in the 2023 performance year and the [MIPS EUC Exception Application](#).

3. Additional Information

For more information on the data included in this report, please see the [2023 QPP Data Use Guide \(PDF\)](#). Along with this report, CMS released the [2023 QPP Public Use File \(PUF\)](#). The 2023 QPP PUF is a large dataset that includes clinician-level, non-aggregated data on clinician experience in the 2023 performance year. It will enable you to get some of the details behind the data in tables and figures presented in this report.

- **Aggregating the clinician-level data in the PUF won't result in the same data presented in this report.**
- **Clinicians in the PUF are identified by National Provider Identifier (NPI) and clinicians who see a low volume of Medicare patients (10 or fewer) will be excluded from the PUF due to privacy and public reporting standards.**

The [2023 QPP Participation and Performance Results At-A-Glance \(PDF\)](#) was released before this report; the At-A-Glance resource provides a snapshot of aggregated data from this report.

B. Summary

The 2023 QPP Experience Report provides a glimpse into key program metrics, allowing interested parties to observe, identify trends in, and review changes to the experience of clinicians in the program. The Experience Report provides data that inspects clinician participation and performance overall, the results of those who **engaged**¹ with the program (or actively participated), as well as data for **non-reporting**² clinicians (those who didn't report data at all). The data also distinguishes many of the metrics by **practice size**, allowing for distinction in the participation and performance results between solo practitioners and “small practices” – a defined term within QPP policy for practices with fewer than 16 clinicians, but that also includes solo practitioners.

For example:

- MIPS eligible clinicians who engage¹ (actively participate) continue to be successful in the program, regardless of practice size:
 - **The mean final score for clinicians who engage was 85.54 points**, 10 points above the performance threshold of 75 points and almost twice the mean final score for non-reporting clinicians.
- Solo practitioners have the lowest mean and median scores overall (27.97 points and 15.34 points, respectively), primarily due to their high non-reporting rates. This changes significantly when we focus exclusively on solo practitioners who engaged:
 - **Engaged solo practitioners had a median final score of 85.51 points**, which was slightly higher than the median final score of clinicians in a practice with 16 – 99 clinicians (85.42 points).

The 2023 report continues to include **safety net provider**³ designations, along with breakouts by MIPS eligible clinician types⁴ and specialty⁵.

We also continue to distinguish some metrics by [reporting option](#) and [participation option](#). For the 2023 performance year, we added a **third reporting option** for clinicians to meet MIPS reporting requirements. In addition to [traditional MIPS](#) and the [APM Performance Pathway \(APP\)](#), clinicians had the option to report a **MIPS Value Pathway (MVP)**. MVPs offer clinicians more meaningful groupings of measures and activities that are

¹ **Engaged clinicians** are those who submitted at least one measure, attestation, or activity (or had this data submitted on their behalf), or who participated in a MIPS APM and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

² **Non-reporting clinicians** were required to report (i.e., an individually eligible clinician, an opt-in eligible who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance categories. Because they were required to report, they will receive a final score and MIPS payment adjustment even if no data was actively submitted. Their final score can include data calculated and scored automatically by CMS, such as administrative claims-based quality measures or cost measures, or quality and cost scores derived from the Hospital Value-based Purchasing Program (learn more in the [2023 Facility-Based Quick Start Guide \(PDF\)](#)). Please note we refined our logic for identifying non-reporting clinicians with the publication of this report. As such, the non-reporting data in the 2023 report for PY 2021 and 2022 may not match data for these years in the 2022 report.

³ **Safety net providers** are MIPS eligible clinicians who are in the top 20th percentile of all MIPS eligible clinicians in their percentage of patients who are enrolled in Medicare Part A and Part B and are also enrolled in full-benefit Medicaid.

⁴ MIPS eligible clinician types are defined in regulation at [42 CFR 414.1305](#).

⁵ This report uses specialties as defined for physicians by Medicare.

relevant to a specialty or medical condition. The MVP reporting option also introduced the subgroup **participation option**, where a subset of clinicians in a practice could decide to report an MVP together.

MVP highlights include:

- Almost 40,000 clinicians registered for an MVP this first year, and nearly half of them reported their selected MVP.
- The Patient Safety and Support of Positive Experiences with Anesthesia MVP was the most highly registered and reported MVP; almost half of the clinicians who registered for an MVP registered for this MVP.
- The median overall score⁶ for clinicians who reported an MVP was 73.09 points.
- The median final score for clinicians who received a final score from MVP reporting was 87.86 points, 5 points higher than the median final score from traditional MIPS reporting.
 - **For small practices, the median final score** from MVP reporting increases to **95.24 points**.
 - **For safety net providers, the median final score** from MVP reporting increases even more to **99.13 points**.

While there was no change to the performance threshold of 75 points (the 2023 final score required to avoid a negative payment adjustment in the 2025 payment year), there was a significant change to associated payment adjustments available to clinicians with the highest final scores with the removal of the additional performance threshold. Specifically, Congressional funding for the additional payment adjustment for exceptional performance expired after the 2022 performance year/2024 payment year, which meant that the exceptional payment adjustment is no longer available beginning in the 2023 performance year/2025 payment year.

Final score and payment adjustment highlights include:

- The **mean final score** for all MIPS eligible clinicians was **83.18 points** and the **median final score** was **85.49 points**.
 - Both the mean and the median exceeded the performance threshold of 75 points, the final score needed to avoid a negative payment adjustment.
- The **mean payment adjustment amount** was **0.59%**, the **median** was **0.90%**, and the **maximum** was **2.15%**.
 - The lower mean, median, and maximum payment adjustments that we observe reflect the removal of the exceptional adjustment.
 - However, when we exclude the exceptional adjustment, the maximum MIPS payment adjustment for the 2022 performance year/2024 MIPS payment year of 2.24% is in line with the maximum MIPS payment adjustment for the 2023 performance year/2025 MIPS payment year of 2.15%.

Finally, the report highlights clinician movement into Advanced APM participation, and their increasing levels of participation within their APM Entity as well.

Advanced APM participation highlights include:

- Between 2022 and 2023, there was a **20% increase in Advanced APM participation** and a **21% increase in the number of clinicians who achieved QP status**.

⁶ The term “overall score” is used in this report to refer to the score calculated from data submitted for a MIPS reporting or participation option, but that wasn’t necessarily the clinician’s final score. (The overall score is between 0 and 100 points, based on all available performance categories and bonus points.) For example, a group that reported both traditional MIPS and an MVP has 2 overall scores – one calculated for traditional MIPS and the other for their MVP. The higher of these will be their final score, which determines the group’s MIPS payment adjustment.

C. Data Highlights and Detailed Tables

1. MIPS Eligibility and Participation

Clinicians were included and required to participate in MIPS for the 2023 performance year if they met all of the following requirements: (1) Were a MIPS eligible clinician type; (2) enrolled as a Medicare provider before January 1, 2023; (3) exceeded the low-volume threshold, and (4) weren't otherwise excluded (for example, by achieving QP status).

We evaluate a clinician's eligibility for MIPS based on their National Provider Identifier (NPI) and associated Taxpayer Identification Number (TIN).

- When a clinician reassigns their billing rights to a TIN, their NPI becomes associated with the TIN.
 - This association is referred to as the TIN/NPI combination.
- When a clinician reassigns their billing rights to multiple TINs, the clinician establishes multiple TIN/NPI combinations.
- We evaluate clinicians for MIPS eligibility under each unique TIN/NPI combination.
- **MIPS policy defines a MIPS eligible clinician by a unique TIN/NPI combination, which is reflected in this report.**
 - An individual clinician who has multiple TIN/NPI combinations are counted multiple times in this report.

Clinicians who are individually eligible for MIPS are required to participate, as are clinicians in a CMS-approved virtual group, and those who make an opt-in election to receive a MIPS payment adjustment.

MIPS eligible clinicians are both physicians and non-physician clinicians who are eligible to participate in MIPS. Through rulemaking, CMS defines the MIPS eligible clinician types for a specific performance year. MIPS eligible clinician types in the 2023 performance year are listed [here](#).

In 2023, MIPS eligible clinicians could participate in MIPS as an [individual](#), a [group](#), a [virtual group](#), or an [APM Entity](#). New for 2023, they could also register to participate as a [subgroup](#) to report a MIPS Value Pathway (MVP).

For detailed resources about MIPS eligibility and participation in the 2023 performance year, please refer to the [Appendix](#).

Data Highlights

1.1 Overall MIPS Participation

- There was an approximately 13% drop in the number of MIPS eligible clinicians between 2022 and 2023 (Table 1 and Table 2). This decrease is likely due to an increase in clinicians achieving QP status in 2023 ([Table 41](#)), just as we saw in 2022.
- There was an approximately 11% decrease in the count of non-reporting clinicians, though we do observe a slight increase in non-reporting MIPS eligible clinicians as a percentage of all MIPS eligible clinicians.

Table 1. Overall MIPS Participation

	2021	2022	2023
Number of MIPS Eligible Clinicians (All)	698,883	624,209	541,421
Number of MIPS Eligible Clinicians (Non-Reporting ⁷)	41,082	36,554	32,631
Percent of MIPS Eligible Clinicians (Non-Reporting)	5.88%	5.86%	6.03%

Table 2. Changes in MIPS Participation

	Change from 2021 to 2022 (Number)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Number)	Change from 2022 to 2023 (Percentage)
MIPS Eligible Clinicians (All)	-74,674	-10.68%	-82,788	-13.26%
MIPS Eligible Clinicians (Non-Reporting ⁷)	-4,528	-11.02%	-3,923	-10.73

⁷ **Non-reporting MIPS eligible clinicians** were required to report (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

1.2 MIPS Participation by Practice Size and Special Status/Designation

- Solo practitioners continue to have the highest rate of non-reporting clinicians (over 50%) in 2023 (Table 3a).
- Practices with 16 – 99 clinicians had the greatest decrease in participation, almost 21% from 2022 to 2023 (Table 3b).
- The rate of non-reporting has remained low (around 5%) for rural clinicians as well as those designated as safety net providers⁸ (Table 4a).

Table 3a. MIPS Participation by Practice Size

	2021				2022				2023			
Practice Size ⁹	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Engaged ¹⁰)	Number of MIPS Eligible Clinicians (Non-Reporting ¹¹)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Engaged)	Number of MIPS Eligible Clinicians (Non-Reporting)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Engaged)	Number of MIPS Eligible Clinicians (Non-Reporting)	Rate of Non-Reporting Clinicians
1 Clinician (Solo Practitioner)	20,305	9,589	10,716	52.78%	17,937	8,811	9,126	50.88%	16,731	8,304	8,427	50.37%
2 – 15 Clinicians	89,364	74,155	15,209	17.02%	66,584	53,492	13,092	19.66%	63,668	51,865	11,803	18.54%
16 – 99 Clinicians	145,299	135,324	9,975	6.87%	125,174	115,576	9,598	7.67%	99,240	90,516	8,724	8.79%
100+ Clinicians	443,915	438,733	5,182	1.17%	414,514	409,776	4,738	1.14%	361,782	358,105	3,677	1.02%

⁸ **Safety net providers** are MIPS eligible clinicians who are in the top 20th percentile of all MIPS eligible clinicians in their percentage of patients who are enrolled in Medicare Part A and Part B and are also enrolled in full-benefit Medicaid.

⁹ Practice size in Tables 3a and 3b is determined by the number of clinicians billing under the practice's TIN in the second 12-month segment of the [MIPS determination period](#) (October 1, 2022 – September 30, 2023, for 2023).

¹⁰ **Engaged clinicians** are those who submitted at least one measure, attestation, or activity (or had this data submitted on their behalf), or who participated in a MIPS APM and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

¹¹ **Non-reporting MIPS eligible clinicians** were required to report (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

Table 3b. Changes in MIPS Participation by Practice Size

Practice Size ³	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
1 Clinician (Solo Practitioner)	-2,368	-11.66%	-1,206	-6.72%
2 – 15 Clinicians	-22,780	-25.49%	-2,916	-4.38%
16 – 99 Clinicians	-20,125	-13.85%	-25,934	-20.72%
100+ Clinicians	-29,401	-6.62%	-52,732	-12.72%

Table 4a. MIPS Participation by Special Status Designation

	2021			2022			2023		
Special Status / Designation	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹²)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting)	Rate of Non-Reporting Clinicians
Small Practice ¹³	108,377	26,297	24.26%	84,713	22,579	26.65%	78,108	20,419	26.14%
Rural	89,107	5,176	5.81%	80,950	4,128	5.10%	60,680	3,307	5.45%
Safety Net Provider	143,120	11,270	7.87%	125,273	7,840	6.26%	109,375	7,448	6.81%

¹² **Non-reporting MIPS eligible clinicians** were required to report (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

¹³ The **small practice special status** in Tables 4a and 4b identifies clinicians in a practice with 15 or fewer clinicians who bill under the practice's TIN in either segment of the [MIPS determination period](#). This means that a practice could have had 16 or more clinicians in 1 segment if there were 15 or fewer in the other segment. The small practice special status includes solo practitioners.

Table 4b. Changes in MIPS Participation by Special Status/Designation

Special Status/Designation	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
Small Practice	-23,664	-21.83%	-6,605	-7.80%
Rural	-8,157	-9.15%	-20,270	-25.04%
Safety Net Provider	-17,847	-12.47%	-15,898	-12.69%

1.3 MIPS Participation by [MIPS Eligible Clinician Type](#)

- The most common MIPS eligible clinician type each year is Doctor of Medicine, followed by Nurse Practitioners (Table 5).
- There's a consistent non-reporting rate for Doctors of Medicine (about 8%) and Nurse Practitioners (about 2%) between 2021 and 2023 (Table 6).

Table 5. MIPS Participation and Non-Reporting by MIPS Eligible Clinician Type

	2021			2022			2023		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹⁴)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ¹³ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ¹³ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians
Overall	698,883	41,646	5.96%	624,209	37,038	5.93%	541,421	32,631	6.03%
Anesthesiologist Assistant ¹⁵	1,627	0	0.00%	1,729	0	0.00%	1,571	0	0.00%
Certified Nurse-Midwife ¹⁶	N/A	N/A	N/A	2,004	3	0.15%	1,714	0	0.00%
Certified Registered Nurse Anesthetist	27,017	281	1.04%	26,805	178	0.66%	22,059	165	0.75%

¹⁴ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

¹⁵ Included in the definition of a Certified Registered Nurse Anesthetist (a MIPS eligible clinician type) in section 1861(bb)(2) of the Social Security Act.

¹⁶ Certified Nurse Midwives and Clinical Social Workers became a MIPS eligible clinician type in the 2022 performance year.

	2021			2022			2023		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹⁴)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ¹³ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ¹³ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians
Clinical Nurse Specialist	853	30	3.52%	680	13	1.91%	605	11	1.82%
Clinical Psychologist	4,699	163	3.47%	4,054	141	3.48%	3,883	145	3.73%
Clinical Social Worker ¹⁵	N/A	N/A	N/A	4,335	36	0.83%	4,316	27	0.63%
Doctor of Chiropractic (Chiropractor)	946	80	8.46%	370	83	22.43%	363	77	21.21%
Doctor of Dental Medicine/Doctor of Dental Surgery (Dentist)	622	23	3.70%	539	14	2.60%	520	14	2.69%
Doctor of Medicine ¹⁷	462,518	36,737	7.94%	403,943	31,935	7.91%	343,713	28,171	8.20%
Doctor of Optometry	9,461	626	6.62%	7,456	589	7.90%	7,561	688	9.10%
Doctor of Osteopathy	325	13	4.00%	267	16	5.99%	223	21	9.42%
Nurse Practitioner	95,516	1,862	1.95%	87,816	1,893	2.16%	77,183	1,832	2.37%
Occupational Therapist	3,224	12	0.37%	2,405	37	1.54%	2,392	11	0.46%
Physical Therapist	23,509	350	1.49%	19,942	519	2.60%	20,682	564	2.73%
Physician Assistant	63,100	874	1.39%	57,536	1,091	1.90%	50,485	896	1.77%
Qualified Audiologist	2,635	15	0.57%	2,309	4	0.17%	2,347	3	0.13%
Qualified Speech-Language Pathologist	800	1	0.13%	583	0	0.00%	582	0	0.00%

¹⁷ Doctor of Medicine includes Doctors of Podiatry.

	2021			2022			2023		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹⁴)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ¹³ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ¹³ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians
Registered Dietician/ Nutrition Professional	2,007	16	0.80%	1,436	2	0.14%	1,222	6	0.49%

Table 6. Changes in MIPS Participation by MIPS Eligible Clinician Type

	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
Anesthesiologist Assistant ¹⁸	102	6.27%	-158	-9.14%
Certified Nurse-Midwife	N/A	N/A	-290	-14.47%
Certified Registered Nurse Anesthetist	-212	-0.78%	-4,746	-17.71%
Clinical Nurse Specialist	-173	-20.28%	-75	-11.03%
Clinical Psychologist	-645	-13.73%	-171	-4.22%
Clinical Social Worker	N/A	N/A	-19	-0.44%
Doctor of Chiropractic (Chiropractor)	-576	-60.89%	-7	-1.89%
Doctor of Dental Medicine/Doctor of Dental Surgery (Dentist)	-83	-13.34%	-19	-3.53%
Doctor of Medicine	-58,575	-12.66%	-60,230	-14.91%
Doctor of Optometry	-2,005	-21.19%	105	1.41%

¹⁸ Included in the definition of a Certified Registered Nurse Anesthetist in section 1861(bb)(2) of the Social Security Act.

	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
Doctor of Osteopathy	-58	-17.85%	-44	-16.48%
Nurse Practitioner	-7,700	-8.06%	-10,633	-12.11%
Occupational Therapist	-819	-25.40%	-13	-0.54%
Physical Therapist	-3,567	-15.17%	740	3.71%
Physician Assistant	-5,564	-8.82%	-7,051	-12.25%
Qualified Audiologist	-326	-12.37%	38	1.65%
Qualified Speech-Language Pathologist	-217	-27.13%	-1	-0.17%
Registered Dietician/ Nutrition Professional	-571	-28.45%	-214	-14.90%

1.4 MIPS Participation by [Participation Option](#)

- MIPS participation option levels have remained stable between 2021 and 2023, with approximately two-thirds of clinicians participating as a group, one-quarter participating as an APM Entity, and the majority of the remaining clinicians participating as individuals (Table 7).
- There was a significant increase in the percentage of clinicians participating as a virtual group, but the impact is small due to the low number of clinicians who elect this participation option.

Table 7. MIPS Participation by Participation Option

	2021		2022		2023	
Participation Option ¹⁹	Number of MIPS Eligible Clinicians	Percent of All MIPS Eligible Clinicians	Number of MIPS Eligible Clinicians	Percent of All MIPS Eligible Clinicians	Number of MIPS Eligible Clinicians	Percent of All MIPS Eligible Clinicians
Overall	698,883	100.00%	624,209	100.00%	541,421	100.00%
Participate as Individual	55,355	7.92%	46,242	7.41%	45,044	8.32%
Participate as Group	473,631	67.77%	427,425	68.47%	375,400	69.34%
Participate as Subgroup	N/A ²⁰	N/A	N/A	N/A	101	0.02%
Participate as Virtual Group	110	0.02%	94	0.02%	300	0.06%
Participate as APM Entity	169,787	24.29%	150,448	24.10%	120,576	22.27%

Table 8. Changes in MIPS Participation Options

	2022		2023	
	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
Participate as Individual	-9,113	-16.46%	-1,198	-2.59%
Participate as Group	-46,206	-9.76%	-52,025	-12.17%
Participate as Subgroup	N/A	N/A	N/A	N/A

¹⁹ This data reflects the participation option that resulted in the MIPS eligible clinician's final score. For example, if a clinician (under a single TIN/NPI combination) participated both as an individual and as part of a group, CMS would assign the higher final score – either from individual or group participation. If the individual score was higher, the clinician would be represented in the “individual” data; if the group score was higher, the clinician would be represented in the “group” data.

²⁰ The subgroup participation option wasn't available until the 2023 performance year when we introduced the MIPS Value Pathway (MVP) reporting option.

	2022		2023	
	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
Participate as Virtual Group	-16	-14.55%	206	219.15%
Participate as APM Entity	-19,339	-11.39%	-29,872	-19.86%

1.5 MIPS Participation by [Reporting Option](#)

- The number and percentage of clinicians receiving a final score from MVP reporting (Table 9) represent approximately one-third of the clinicians who submitted MVP data ([Table 11](#)). More than 98% of clinicians who submitted MVP data also reported traditional MIPS ([Table 11](#)).
- The number of MIPS eligible clinicians who received a final score from [APM Performance Pathway \(APP\)](#) reporting generally aligns with the number of clinicians who participated as an APM Entity ([Table 7](#)), though the APP can also be reported by individuals and groups participating in a MIPS APM.

Table 9. MIPS Participation by Reporting Option

	2021		2022		2023	
MIPS Reporting Option	Number of MIPS Eligible Clinicians	Percent of All MIPS Eligible Clinicians	Number of MIPS Eligible Clinicians	Percent of All MIPS Eligible Clinicians	Number of MIPS Eligible Clinicians	Percent of All MIPS Eligible Clinicians
Traditional MIPS	529,754	75.80%	473,663	75.88%	415,000	76.65%
APM Performance Pathway (APP)	169,129	24.20%	150,546	24.12%	119,631	22.10%
MIPS Value Pathways (MVPs) ²¹	N/A ²²	N/A	N/A	N/A	6,790	1.25%

Table 10. Changes in MIPS Participation by Reporting Option

MIPS Reporting Option	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)	Change from 2022 to 2023 (Count)	Change from 2022 to 2023 (Percentage)
Traditional MIPS	-56,091	-10.59%	-58,663	-12.38%
APM Performance Pathway (APP)	-18,583	-10.99%	-30,915	-20.54%
MIPS Value Pathways (MVPs) ²¹	N/A	N/A	N/A	N/A

²¹ The MIPS Value Pathways reporting option wasn't available until the 2023 performance year.

2. MVP Participation and Performance

MIPS Value Pathways (MVPs) were the newest way for clinicians to meet their MIPS reporting requirements in the 2023 performance year. Clinicians could choose from [12 MVPs](#), each of which offered clinicians a subset of measures and activities relevant to a specialty or medical condition.

Unlike the other reporting options ([traditional MIPS](#) or the [APM Performance Pathway \[APP\]](#)), clinicians were required to register in advance to report an MVP. However, clinicians could register for an MVP and choose to report traditional MIPS and/or the APP in addition to – or instead of – the MVP they registered to report. Under MIPS scoring rules, clinicians (defined by a unique TIN/NPI combination) who reported in multiple ways would receive the highest final score available to them from any of these reporting options.

- In performance year 2023, almost all clinicians who reported an MVP also reported traditional MIPS, explaining the decrease from the number of clinicians who reported an MVP to the number receiving their final score from MVP reporting.
- **For clinicians who received their final score from MVP reporting, their median final score was 5 points higher than the median final score from traditional MIPS reporting.**

We expect to see this trend continue for the next few years. Dual reporting offers an opportunity for clinicians and groups to gain experience with the measures and activities available in their selected MVP, while still being eligible to receive the highest final score available to them.

For more detailed information about MVP participation and performance, you can review the 2023 MVP Reporting Supplement (XLS) which was released as a companion to the 2023 QPP Experience Report.

For resources about the MVP reporting option in the 2023 performance year, please refer to the [Appendix](#).

Data Highlights

2.1 MVP Registration and Reporting Information

- Almost 42,000 clinicians were represented in MVP registrations, and more than half of them submitted MVP data ([Table 12a](#)).
- The Patient Safety and Support of Positive Experiences with Anesthesia MVP was the most highly registered and reported MVP; 45% of the clinicians who registered for an MVP registered for this MVP ([Table 13](#)).
- The Advancing Cancer Care MVP resulted in the most final scores; 37% of clinicians who reported this MVP received their final score from this MVP.
- The Optimal Care for Patients with Episodic Neurological Conditions MVP was the least registered and reported MVP, with just 5 clinicians registered and 1 clinician who ultimately reported and received their final score from this MVP ([Table 13](#)).
- Clinicians registered for and reported every MVP available in the 2023 performance year ([Table 13](#)).

Table 11. MVP Participation Phases

Participation Stage	Count of Clinicians
Registered for an MVP	41,765
Submitted MVP Data	20,484
Submitted MVP Data and for Another Reporting Option	20,137
Received a Final Score from MVP Reporting	6,790

Table 12a. MVP Registration and Participation Numbers (MVPs Overall)

Clinician Type	Count of Clinicians Registered for an MVP	Percentage of Clinicians Who Registered for any MVP	Count of MIPS Eligible Clinicians Who Reported an MVP	Percentage of MIPS Eligible Clinicians Who Reported an MVP (Out of All Clinicians Who Registered for an MVP)	Count of MIPS Eligible Clinicians Who Received a Final Score from an MVP	Percentage of MIPS Eligible Clinicians Who Received a Final Score from an MVP (Out of All Clinicians Who Registered for an MVP)
All MIPS Eligible Clinicians	41,765	100.00%	20,484	49.05%	6,790	16.26%

Table 12b. MVP Registration and Participation Numbers (Solo, Small, Rural, and Safety Net Providers – MVPs Overall)

Clinician Type	Count of Clinicians <u>Registered</u> for an MVP	Percentage of Clinicians Who <u>Registered</u> for an MVP (Out of all Clinicians Who Registered for Any MVP)	Count of MIPS Eligible Clinicians Who <u>Reported</u> an MVP	Percentage of MIPS Eligible Clinicians Who <u>Reported</u> an MVP (Out of the Clinician Type Who Registered for an MVP) ²³	Count of MIPS Eligible Clinicians Who <u>Received a Final Score</u> from an MVP	Percentage of MIPS Eligible Clinicians Who <u>Received a Final Score</u> from an MVP (Out of the Clinician Type Who Registered for an MVP) ²²
Solo Practitioner	81	0.19%	27	33.33%	18	22.22%
Small Practice	1,086	2.60%	578	53.22%	270	24.86%
Rural	3,215	7.70%	921	28.65%	294	9.14%
Safety Net Provider	1,912	4.58%	1,696	88.70%	1,131	59.15%

Table 13. MVP Registration and Participation Numbers by MVP

MVP Name	Count of Clinicians <u>Registered</u>	Percentage of Clinicians Who <u>Registered</u> for any MVP	Count of Clinicians Who <u>Reported</u> the MVP	Percentage of Clinicians Who <u>Reported</u> the MVP (Out of All Clinicians Who Registered for the MVP)	Count of Clinicians Who <u>Received a Final Score</u> from This MVP	Percentage of Clinicians Who <u>Received a Final Score</u> from This MVP (Out of All Clinicians Who Registered for the MVP)
Patient Safety and Support of Positive Experiences with Anesthesia	19,063	45.64%	7,437	39.01%	1,681	8.82%
Advancing Cancer Care	7,469	17.88%	6,038	80.84%	2,836	37.97%
Promoting Wellness	6,402	15.33%	2,160	33.74%	978	15.28%
Optimal Care for Kidney Health	2,318	5.55%	1,821	78.56%	14	0.60%

²³ The denominator for this percentage is the “Count of Clinicians Registered for an MVP”. For example, 53% of the small practices who registered for an MVP reported data for that MVP; and 24.86% of the small practices who registered for an MVP received their final score from MVP reporting.

MVP Name	Count of Clinicians <u>Registered</u>	Percentage of Clinicians Who <u>Registered</u> for any MVP	Count of Clinicians Who <u>Reported</u> the MVP	Percentage of Clinicians Who <u>Reported</u> the MVP (Out of All Clinicians Who Registered for the MVP)	Count of Clinicians Who <u>Received a</u> <u>Final Score</u> from This MVP	Percentage of Clinicians Who <u>Received a Final</u> <u>Score</u> from This MVP (Out of All Clinicians Who Registered for the MVP)
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	2,912	6.97%	1,112	38.19%	45	1.55%
Improving Care for Lower Extremity Joint Repair	1,534	3.67%	720	46.94%	794	51.76%
Advancing Care for Heart Disease	731	1.75%	534	73.05%	49	6.70%
Supportive Care for Neurodegenerative Conditions	1,030	2.47%	405	39.32%	312	30.29%
Advancing Rheumatology Patient Care	237	0.57%	210	88.61%	47	19.83%
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	184	0.44%	160	86.96%	3	1.63%
Optimizing Chronic Disease Management	58	0.14%	42	72.41%	30	51.72%
Optimal Care for Patients with Episodic Neurological Conditions	5	0.01%	1	20.00%	1	20.00%

2.2 MVP Final Score Information

- The mean and median overall scores²² for clinicians who reported an MVP were 61.93 and 73.09 points respectively, regardless of whether their MVP data was their final score ([Table 14](#)).
- When MVP reporting counted as a clinician's final score (and determined their MIPS payment adjustment), mean and median scores increased to 82.87 and 87.86 points, respectively ([Table 14](#)).
- Clinicians who reported both an MVP and traditional MIPS generally had a higher mean overall score from traditional MIPS (solo and safety-net practitioners were the exception) ([Table 15](#)).
- For more detailed information about MVP participation and performance, review the [2023 MVP Reporting Supplement \(XLS\)](#).

Table 14. MVP Final Scores (MVPs Overall)

Clinician Type	Mean Overall Score ²⁴ – All Clinicians Who <u>Reported</u> an MVP	Median Overall Score – All Clinicians Who <u>Reported</u> an MVP	Mean Final Score – Clinicians Who <u>Received a Final Score</u> from MVP Reporting	Median Final Score – Clinicians Who <u>Received a Final Score</u> from MVP Reporting
All MIPS Eligible Clinicians	61.93	73.09	82.87	87.86
Solo Practitioner	69.49	75.00	81.21	81.69
Small Practice	64.33	82.55	90.67	95.24
Rural	63.22	74.45	66.52	76.85
Safety Net Provider	84.84	98.66	96.07	99.13

Table 15. Comparative Overall Scores

	MVP SCORE	TRADITIONAL MIPS SCORE
Clinician Type	Mean Overall Score ²³ (MVP) for Clinicians Who Reported an MVP and Traditional MIPS	Mean Overall Score ²³ (Traditional MIPS) for Clinicians Who Reported an MVP and Traditional MIPS
All MIPS Eligible Clinicians	61.80	73.39
Solo Practitioner	70.11	49.58
Small Practice	62.78	72.96
Rural	62.89	78.53
Safety Net Provider	85.04	81.67

²⁴ The term “overall score” is used in this report to refer to the score calculated from data submitted for a MIPS reporting or participation option, but that wasn’t necessarily the clinician’s final score. (The overall score is between 0 and 100 points, based on all available performance categories and bonus points.) For example, a group that reported both traditional MIPS and an MVP has 2 overall scores – one calculated for traditional MIPS and the other for their MVP. The higher of these will be their final score, which determines the group’s MIPS payment adjustment.

3. MIPS Performance

CMS evaluates clinician performance based on the measures and activities reported or calculated for the MIPS quality, cost, improvement activities and Promoting Interoperability performance categories.

- **The quality performance category** measures performance on clinical practices and patient outcomes. Quality measures are tools used to assess healthcare processes, outcomes, and patient experiences to ensure that they align with CMS quality goals for healthcare. Quality measure reporting requirements and options change based on your reporting option. More information about the quality measures available for [traditional MIPS](#), [APM Performance Pathway \(APP\)](#), and [MIPS Value Pathway \(MVP\)](#) reporting are available on the QPP website.
- **The cost performance category** measures a clinician's costs compared to other MIPS eligible clinicians. Although clinicians don't personally determine the price of individual services provided to Medicare patients, they can affect the amount and types of services provided. By better coordinating care and seeking to improve health outcomes by ensuring that their patients receive the right services, clinicians play a meaningful role in delivering high-quality care at a reasonable cost. Your reporting option determines which cost measures you'll be evaluated on. More information about the cost measures available in [traditional MIPS](#) and [MVP](#) reporting are available on the QPP website. Cost isn't evaluated under the [APP](#).
- **The improvement activities performance category** assesses participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. Improvement activity reporting requirements and options change based on your reporting option. More information about the quality measures available for [traditional MIPS](#) and [MVP](#) reporting are available on the QPP website. Clinicians reporting the [APP](#) receive full credit in this performance category.
- **The Promoting Interoperability performance category** measures the use of technology to exchange health information while improving outcomes and making the communication of patient information less burdensome. The MIPS Promoting Interoperability performance category emphasizes the electronic exchange of health information using Certified Electronic Health Record Technology (CEHRT) to improve patient access to their health information; the exchange of information between clinicians and pharmacies; and the systematic collection, analysis, and interpretation of healthcare data. Regardless of their MIPS reporting option, clinicians report a [defined set of measures](#), many of which have one or more exclusions available

For more information about the 4 MIPS performance categories, review the additional resources in the [Appendix](#).

Data Highlights

3.1 Quality Performance Category²⁵

Table 16. 20 Most Frequently Used Quality Measures in 2023 (Excluding Qualified Clinical Data Registry [QCDR] Measures)

- The top 3 quality measures attributed to clinicians' final scores are administrative claims measures, which are automatically attributed to clinicians and calculated by CMS. (These measures aren't submitted by clinicians.)
- Of the measures submitted by clinicians, the measures most likely to be attributed to their final score are the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey measure, CMS Web Interface measures, and electronic Clinical Quality Measures (eQMs).
- The frequency with which CMS Web Interface measures and the CAHPS for MIPS Survey measure are attributed to clinicians' final score is likely due to their inclusion in the [APM Performance Pathway \(APP\)](#) quality measure set, which Shared Savings Program Accountable Care Organizations (ACOs) are required to report.

Quality ID	Collection Type ²⁶	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	2022	318,392	65.51%	5.18	2.30	4.68	9.01
479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	2021	318,193	65.47%	5.98	2.78	5.87	9.52
492	Administrative Claims Measure	Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System	2023	138,642	28.53%	5.65	1.87	5.23	10.00
321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	2017	131,396	27.04%	6.18	3.73	6.54	8.31

²⁵ This data reflects the quality measures that contributed to a MIPS eligible clinician's final score. A quality measure that was submitted but not used in final scoring wouldn't be eligible to contribute to the data in these tables. Measure data is broken out by collection type, which means that the same measure (as identified by ID) can appear in the same table under different collection types. (For example, measures 001 and 112 appear in Table 11 twice; once as a CMS Web Interface measure, and separately as an eQM.)

²⁶ **Collection type** refers to the way you collect data for a MIPS quality measure. While an individual MIPS quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. More information about collection types is available beginning on p. 18 of the [2023 MIPS Quality User Guide \(PDF, 1MB\)](#).

Quality ID	Collection Type ²⁶	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	122,678	25.24%	7.56	5.42	7.92	9.82
134	CMS Web Interface Measure	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2017	117,895	24.26%	8.95	7.28	9.16	10.00
236	CMS Web Interface Measure	Controlling High Blood Pressure	2017	117,895	24.26%	8.47	7.88	8.51	9.04
112	CMS Web Interface Measure	Breast Cancer Screening	2017	117,895	24.26%	9.21	8.51	9.37	9.84
113	CMS Web Interface Measure	Colorectal Cancer Screening	2017	117,895	24.26%	8.79	7.94	8.89	9.49
001	CMS Web Interface Measure	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	117,895	24.26%	9.89	9.65	10.00	10.00
226	CMS Web Interface Measure	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	117,895	24.26%	8.83	7.00	9.07	10.00
110	CMS Web Interface Measure	Preventive Care and Screening: Influenza Immunization	2017	117,895	24.26%	8.11	7.02	8.06	9.22
318	CMS Web Interface Measure	Falls: Screening for Future Fall Risk	2017	117,895	24.26%	9.83	9.66	10.00	10.00
236	eCQM	Controlling High Blood Pressure	2017	112,580	23.16%	7.38	4.75	7.92	9.59

Quality ID	Collection Type ²⁶	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
480	Administrative Claims Measure	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)	2021	107,618	22.14%	5.67	2.26	5.72	9.31
309	eCQM	Cervical Cancer Screening	2017	87,742	18.05%	8.78	7.21	9.14	10.00
438	eCQM	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	2017	75,784	15.59%	8.08	6.41	8.27	9.78
112	eCQM	Breast Cancer Screening	2017	72,820	14.98%	8.18	6.14	8.63	9.66
475	eCQM	HIV Screening	2019	66,798	13.74%	9.20	7.62	9.39	10.00
066	eCQM	Appropriate Testing for Pharyngitis	2017	63,908	13.15%	9.15	7.71	9.92	10.00

Table 17. 20 Most Frequently Used QCDR (Quality) Measures in 2023

- No QCDR measures (including the 20 most frequently scored) were included in the final score of more than 1.8% of MIPS eligible clinicians.

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
AQI69	Intraoperative Antibiotic Redosing	2021	8,692	1.79%	7.07	4.49	6.03	10.00
IRIS2	Glaucoma – Intraocular Pressure Reduction	2015	8,537	1.76%	9.82	9.41	10.00	10.00
AQI68	Obstructive Sleep Apnea: Mitigation Strategies	2020	6,871	1.41%	6.37	4.52	7.00	7.00

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
AQI56	Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)	2018	6,364	1.31%	4.42	3.43	3.98	6.79
ABG41	Upper Extremity Nerve Blockade in Shoulder Surgery	2021	6,097	1.25%	6.02	3.49	4.57	10.00
IRIS13	Diabetic Macular Edema - Loss of Visual Acuity	2015	5,437	1.12%	9.98	10.00	10.00	10.00
MSN15	Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk	2020	5,398	1.11%	9.42	5.85	10.00	10.00
IROMS11	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in knee rehabilitation of patients with knee injury measured via their validated Knee Outcome Survey (KOS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.	2019	5,229	1.08%	8.71	7.35	9.07	10.00
AQI73	Prevention of Arterial Line-Related Bloodstream Infections	2022	4,776	0.98%	9.80	10.00	10.00	10.00

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
ECPR39	Avoid Head CT for Patients with Uncomplicated Syncope	2016	4,159	0.86%	7.16	6.01	7.83	8.21
AQI72	Perioperative Anemia Management	2021	4,009	0.82%	9.41	10.00	10.00	10.00
IROMS18	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with low back pain.	2019	3,794	0.78%	8.25	6.17	8.93	9.97
ACRAD40	Use of Structured Reporting in Prostate MRI	2020	3,692	0.76%	9.78	10.00	10.00	10.00
KEET01	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with neck pain/injury measured via the validated Neck Disability Index (NDI).	2022	3,530	0.73%	8.64	5.00	9.72	10.00
IROMS17	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement	2019	3,467	0.71%	8.67	5.54	9.53	10.00

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
	in rehabilitation patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MDQ) score.							
IROMS16	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with neck pain/injury.	2019	3,447	0.71%	8.25	6.79	8.23	10.00
IROMS12	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with knee injury pain.	2019	3,413	0.70%	9.27	8.12	9.80	10.00
IROMS13	Failure to Progress (FTP): Proportion of patients not achieving a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with hip, leg or ankle injuries using the validated Lower Extremity Function Scale (LEFS) score, or	2019	3,320	0.68%	8.96	6.81	10.00	10.00

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
	equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.							
ECPR58	Patient-Reported Understanding of Discharge Diagnosis and Plan of Care after Emergency Department Visit	2023	3,236	0.67%	7.00	7.00	7.00	7.00
IROMS14	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with hip, leg or ankle (lower extremity except knee) injury.	2019	3,196	0.66%	8.40	5.59	9.32	10.00

Table 18. 20 Least Frequently Used Quality Measures in 2023 (Excluding QCDR Measures)²⁷

- The least frequently reported measures generally have a mean measure score of 3 points, which is the scoring floor in the 2023 performance year for small practices reporting a quality measure that doesn't meet case minimum or have a benchmark.

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
110	Medicare Part B Claims Measure	Preventive Care and Screening: Influenza Immunization	2017	1	0.00%	10.00	10.00	10.00	10.00
465	MIPS CQM	Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries	2018	1	0.00%	3.00	3.00	3.00	3.00
102	eCQM	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	2017	3	0.00%	3.00	3.00	3.00	3.00
392	MIPS CQM	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	2017	3	0.00%	3.00	3.00	3.00	3.00
111	Medicare Part B Claims Measure	Pneumococcal Vaccination Status for Older Adults	2017	4	0.00%	3.00	3.00	3.00	3.00
304	MIPS CQM	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	2017	4	0.00%	3.00	3.00	3.00	3.00
422	MIPS CQM	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	2017	4	0.00%	3.00	3.00	3.00	3.00

²⁷ This data was sorted by Percentage of Clinicians Scored on the Measure (smallest to largest) and then by Quality ID (smallest to largest).

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
476	eCQM	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	2020	4	0.00%	3.00	3.00	3.00	3.00
433	MIPS CQM	Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	2017	5	0.00%	3.00	3.00	3.00	3.00
451	MIPS CQM	RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	2017	5	0.00%	3.00	3.00	3.00	3.00
111	eCQM	Pneumococcal Vaccination Status for Older Adults	2017	6	0.00%	3.00	3.00	3.00	3.00
393	MIPS CQM	Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision	2017	6	0.00%	3.00	3.00	3.00	3.00
422	Medicare Part B Claims Measure	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	2017	6	0.00%	3.00	3.00	3.00	3.00
452	MIPS CQM	Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies	2017	7	0.00%	3.00	3.00	3.00	3.00
468	MIPS CQM	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	2019	8	0.00%	2.63	2.10	3.00	3.00

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
482	MIPS CQM	Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate	2022	8	0.00%	5.00	5.00	5.00	5.00
387	MIPS CQM	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users	2017	9	0.00%	3.00	3.00	3.00	3.00
461	MIPS CQM	Leg Pain After Lumbar Surgery	2018	9	0.00%	3.00	3.00	3.00	3.00

Table 19. 20 Least Frequently Used QCDR (Quality) Measures in 2023²⁸

- The mean performance score for the least frequently reported QCDR measures was generally the scoring floor for measures without a benchmark: 7 points for measures in their first year in the program (added in 2023), 5 points for measures in their second year in the program (added in 2022) and 0 points (3 points for small practices) for measures in their third year in the program or later.

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
AAN30	Migraine Preventive Therapy Management	2021	1	0.00%	3.00	3.00	3.00	3.00
AAN31	Acute Treatment Prescribed for Cluster Headache	2021	1	0.00%	3.00	3.00	3.00	3.00
IRIS1	Endothelial Keratoplasty - Post-operative improvement in best corrected visual acuity to 20/40 or better	2015	1	0.00%	3.00	3.00	3.00	3.00
IRIS56	Adult Diplopia: Improvement of ocular deviation or absence of diplopia or functional improvement	2020	1	0.00%	3.00	3.00	3.00	3.00

²⁸ This data was sorted by Percentage of Clinicians Scored on the Measure (smallest to largest) and then by Quality ID (A to Z).

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
OEIS7	Structured Walking Program Prior to Intervention for Claudication	2019	1	0.00%	3.00	3.00	3.00	3.00
AAD8	Chronic Skin Conditions: Patient Reported Quality-of-Life	2020	2	0.00%	3.00	3.00	3.00	3.00
AJRR8	Physical Health Outcomes in Total Hip and Knee Arthroplasty	2023	2	0.00%	7.00	7.00	7.00	7.00
AJRR9	Risk-Standardized Routine Discharge Rate Following Elective Primary Hip and Knee Arthroplasty	2023	2	0.00%	7.00	7.00	7.00	7.00
CDR6	Venous Leg Ulcer (VLU) Healing or Closure	2014	2	0.00%	10.00	10.00	10.00	10.00
CDR8	Appropriate Use of hyperbaric oxygen therapy for patients with diabetic foot ulcers	2014	2	0.00%	3.00	3.00	3.00	3.00
USWR29	Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer	2022	2	0.00%	5.00	5.00	5.00	5.00
USWR32	Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLUs) appropriate to arterial supply	2022	2	0.00%	5.00	5.00	5.00	5.00
AAD14	Melanoma: Tracking and Evaluation of Recurrence	2022	3	0.00%	5.00	5.00	5.00	5.00
MUSIC4	Prostate Cancer: Active Surveillance/Watchful Waiting for Newly-Diagnosed Low Risk Prostate Cancer Patients	2014	3	0.00%	2.00	0.60	3.00	3.00
USWR30	Non-Invasive Arterial Assessment of patients with lower extremity wounds or ulcers for determination of healing potential at the initial visit	2022	3	0.00%	5.00	5.00	5.00	5.00
AAN32	Preventive Treatment Prescribed for Cluster Headache	2021	4	0.00%	3.00	3.00	3.00	3.00

Quality ID	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
ABG40	Hypotension Prevention After Spinal Placement for Elective Cesarean Section	2021	4	0.00%	-	-	-	-
MSN16	Screening Abdominal Aortic Aneurysm Reporting with Recommendations	2021	4	0.00%	3.00	3.00	3.00	3.00
USWR31	Pressure Ulcer* (PU) Healing or Closure (not on the lower extremity)	2022	4	0.00%	5.00	5.00	5.00	5.00
CDR2	Diabetic Foot Ulcer (DFU) Healing or Closure	2014	5	0.00%	7.20	3.00	10.00	10.00

Table 20. 20 Highest Scoring Quality Measures in 2023 (Excluding QCDR Measures)

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality) ²⁹	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
379	eCQM	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	2017	13,726	2.82%	10.00	10.00	10.00	10.00
001	CMS Web Interface Measure	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	117,895	24.26%	9.89	9.65	10.00	10.00
318	CMS Web Interface Measure	Falls: Screening for Future Fall Risk	2017	117,895	24.26%	9.83	9.66	10.00	10.00

²⁹ A 2% minimum reporting threshold was applied to this table; data is limited to measures that contributed to the final score of at least 2% of clinicians.

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality) ²⁹	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
238	MIPS CQM	Use of High-Risk Medications in Older Adults	2017	11,512	2.37%	9.71	10.00	10.00	10.00
305	eCQM	Initiation and Engagement of Substance Use Disorder Treatment	2017	40,278	8.29%	9.35	8.42	9.68	10.00
112	CMS Web Interface Measure	Breast Cancer Screening	2017	117,895	24.26%	9.21	8.51	9.37	9.84
475	eCQM	HIV Screening	2019	66,798	13.74%	9.20	7.62	9.39	10.00
066	eCQM	Appropriate Testing for Pharyngitis	2017	63,908	13.15%	9.15	7.71	9.92	10.00
134	CMS Web Interface Measure	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2017	117,895	24.26%	8.95	7.28	9.16	10.00
370	eCQM	Depression Remission at Twelve Months	2017	37,344	7.68%	8.92	7.11	9.31	10.00
226	CMS Web Interface Measure	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	117,895	24.26%	8.83	7.00	9.07	10.00
239	eCQM	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	2017	59,518	12.25%	8.82	7.32	9.17	10.00
113	CMS Web Interface Measure	Colorectal Cancer Screening	2017	117,895	24.26%	8.79	7.94	8.89	9.49
309	eCQM	Cervical Cancer Screening	2017	87,742	18.05%	8.78	7.21	9.14	10.00

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality) ²⁹	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
310	eCQM	Chlamydia Screening for Women	2017	36,439	7.50%	8.64	6.81	8.72	10.00
281	eCQM	Dementia: Cognitive Assessment	2017	10,760	2.21%	8.55	6.50	8.80	10.00
236	CMS Web Interface Measure	Controlling High Blood Pressure	2017	117,895	24.26%	8.47	7.88	8.51	9.04
117	eCQM	Diabetes: Eye Exam	2017	13,523	2.78%	8.46	5.29	9.35	10.00
107	eCQM	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	2017	12,174	2.50%	8.45	7.77	8.08	10.00
008	eCQM	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	2017	13,168	2.71%	8.41	7.59	8.42	9.43

Table 21. 20 Highest Scoring QCDR (Quality) Measures in 2023

There are no QCDR measures that met the 2% reporting threshold for inclusion in this table. Refer to [Table 17](#) for the most frequently reported QCDR measures, including measure score information.

Table 22. 20 Lowest Scoring Quality Measures in 2023 (Excluding QCDR Measures)³⁰

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality) ³¹	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
424	MIPS CQM	Perioperative Temperature Management	2017	9,819	2.02%	5.12	3.31	4.88	7.00
130	eCQM	Documentation of Current Medications in the Medical Record	2017	30,851	6.35%	5.14	1.95	5.76	7.00
484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	2022	318,392	65.51%	5.18	2.30	4.68	9.01
492	Administrative Claims Measure	Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System	2023	138,642	28.53%	5.65	1.87	5.23	10.00
480	Administrative Claims Measure	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)	2021	107,618	22.14%	5.67	2.26	5.72	9.31
479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	2021	318,193	65.47%	5.98	2.78	5.87	9.52

³⁰ Table 22 includes the 20 lowest scoring quality measures from 2022, as determined by the mean score. Measures with the same mean score were further sorted in descending order by the percentage of clinicians measured. QCDR measures are excluded from Table 17 and can be found in Table 18.

³¹ A 2% minimum reporting threshold was applied to this table; data is limited to measures that contributed to the final score of at least 2% of clinicians.

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality) ³¹	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	2017	131,396	27.04%	6.18	3.73	6.54	8.31
130	MIPS CQM	Documentation of Current Medications in the Medical Record	2017	20,030	4.12%	6.32	3.93	7.00	7.00
147	MIPS CQM	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	2017	10,268	2.11%	6.84	7.00	7.00	7.00
065	eCQM	Appropriate Treatment for Upper Respiratory Infection (URI)	2017	18,677	3.84%	7.23	3.79	7.83	10.00
113	eCQM	Colorectal Cancer Screening	2017	26,045	5.36%	7.27	4.66	7.63	9.74
128	eCQM	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	2017	26,585	5.47%	7.35	3.43	8.10	10.00
236	eCQM	Controlling High Blood Pressure	2017	112,580	23.16%	7.38	4.75	7.92	9.59
404	MIPS CQM	Anesthesiology Smoking Abstinence	2017	11,171	2.30%	7.45	5.07	7.62	9.49
226	MIPS CQM	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	11,189	2.30%	7.51	3.43	7.77	10.00
001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	122,678	25.24%	7.56	5.42	7.92	9.82
128	MIPS CQM	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	2017	13,073	2.69%	7.70	3.65	7.89	10.00
226	eCQM	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	53,195	10.95%	7.72	4.89	8.27	10.00
238	eCQM	Use of High-Risk Medications in Older Adults	2017	35,712	7.35%	7.76	4.67	7.69	10.00

Quality ID	Collection Type	Measure Name	Measure's First Year in Program	Number of Clinicians Scored on the Measure	Percentage of Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Quality) ³¹	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
134	eCQM	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2017	56,985	11.72%	7.82	5.37	8.17	9.89

Table 23. 20 Lowest Scoring QCDR (Quality) Measures in 2023

There are no QCDR measures that met the 2% threshold for inclusion in this table. Refer to [Table 19](#) for the least frequently reported QCDR measures, including measure score information.

Table 24a. Top 2 Most Frequently Reported Quality Measures per Specialty

- The Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups measure and the Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure (both of which are automatically calculated) were those most frequently contributing to the quality score of almost all specialties listed below.
- Dermatologists' most frequently reported measure was the Melanoma: Continuity of Care - Recall System measure (MIPS CQM), but the 2nd most common measure was the Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure (administrative claims).
- Optometrists and Ophthalmologists were the exception; neither of their 2 most commonly scored measures were administrative claims measures.
 - The 2 most commonly scored measures for these specialties were the Use of High-Risk Medications in Older Adults measure and Diabetes: Eye Exam measure, both reported as eQCMs.

Specialty ³²	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
Internal Medicine	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned	25,175	79.29%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-	23,507	74.04%

³² This table is limited to the 20 specialties with the greatest number of MIPS eligible clinicians in the 2023 performance year.

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³²	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
			Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups					standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions		
Family Medicine	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	18,516	77.21%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	18,419	76.81%
Emergency Medicine	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	15,281	74.92%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	10,776	52.83%
Diagnostic Radiology	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	9,543	37.06%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	8,864	34.42%
Anesthesiology	484	Administrative Claims Measure	Clinician and Clinician Group Risk-	9,054	51.96%	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned	8,932	51.26%

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³²	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
			standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions					Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups		
Orthopedic Surgery	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	7,693	68.50%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	7,527	67.03%
Cardiology	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	7,672	71.51%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	7,629	71.11%
Ophthalmology	238	eCQM	Use of High-Risk Medications in Older Adults	6,567	53.17%	117	eCQM	Diabetes: Eye Exam	6,428	52.04%
Obstetrics/Gynecology	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	9,520	83.83%	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive	8,816	77.63%

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³²	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
								Payment System (MIPS) Groups		
General Surgery	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	8,251	82.54%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	8,090	80.93%
Hospitalist	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	9,406	94.07%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	8,242	82.43%
Neurology	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	6,712	78.59%	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	6,611	77.41%
Gastroenterology	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for	5,719	75.93%	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive	5,557	73.78%

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³²	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
			Patients with Multiple Chronic Conditions					Payment System (MIPS) Groups		
Dermatology	137	MIPS CQM	Melanoma: Continuity of Care - Recall System	3,162	45.25%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	2,910	41.64%
Podiatry	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	1,779	28.25%	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	1,557	24.73%
Psychiatry	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	5,761	80.34%	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	5,398	75.28%
Pathology	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive	3,933	51.75%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	3,928	51.68%

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³²	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
			Payment System (MIPS) Groups							
Optometry	117	eCQM	Diabetes: Eye Exam	3,891	55.29%	238	eCQM	Use of High-Risk Medications in Older Adults	3,860	54.85%
Pulmonary Disease	479	Administrative Claims Measure	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	4,247	76.80%	484	Administrative Claims Measure	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	4,197	75.90%
Urology	484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	3,434	72.54%	479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	Administrative Claims	3,286	69.41%

Table 24b. Top 2 Most Frequently Reported Quality Measures by Specialty – Excluding Administrative Claims³³

Specialty ³⁴	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
Internal Medicine	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	10,221	32.19%	001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	10,064	31.70%
Family Medicine	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	8,684	36.21%	001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	8,558	35.69%
Emergency Medicine	001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	5,013	24.58%	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	4,848	23.77%
Diagnostic Radiology	147	MIPS CQM	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	8,817	34.24%	364	MIPS CQM	Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	6,475	25.14%
Anesthesiology	404	MIPS CQM	Anesthesiology Smoking Abstinence	4,457	25.58%	424	MIPS CQM	Perioperative Temperature Management	4,366	25.06%
Orthopedic Surgery	001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	3,210	28.58%	236	eCQM	Controlling High Blood Pressure	2,748	24.47%
Cardiology	236	eCQM	Controlling High Blood Pressure	3,518	32.79%	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	3,479	32.43%

³³ Table 24b provides the top 2 measures attributed to clinicians in each specialty, based on the measures selected and submitted by the practice.

³⁴ This table is limited to the 20 specialties with the greatest number of MIPS eligible clinicians in the 2023 performance year.

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³⁴	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
Ophthalmology	238	eCQM	Use of High-Risk Medications in Older Adults	6,567	53.17%	117	eCQM	Diabetes: Eye Exam	6,428	52.04%
Obstetrics/Gynecology	309	eCQM	Cervical Cancer Screening	4,724	41.60%	236	eCQM	Controlling High Blood Pressure	4,315	37.99%
General Surgery	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	3,542	35.43%	001	CMS Web Interface Measure	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	3,247	32.48%
Hospitalist	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	4,636	46.36%	001	CMS Web Interface Measure	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	4,285	42.85%
Neurology	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	2,734	32.01%	001	CMS Web Interface Measure	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2,486	29.11%
Gastroenterology	236	eCQM	Controlling High Blood Pressure	2,590	34.39%	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	2,550	33.86%
Dermatology	137	MIPS CQM	Melanoma: Continuity of Care - Recall System	3,162	45.25%	238	MIPS CQM	Use of High-Risk Medications in Older Adults	2,625	37.56%
Podiatry	001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1,285	20.41%	236	eCQM	Controlling High Blood Pressure	1,103	17.52%
Psychiatry	001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2,690	37.51%	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	2,161	30.14%

	Most Frequently Reported Quality Measure					Second Most Frequently Reported Quality Measure				
Specialty ³⁴	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure	Quality ID	Measure Name	Collection Type	Number of Clinicians Scored on the Measure	Percentage of Clinicians within the Specialty Who Reported the Measure
Pathology	396	MIPS CQM	Lung Cancer Reporting (Resection Specimens)	2,242	29.50%	395	MIPS CQM	Lung Cancer Reporting (Biopsy/Cytology Specimens)	2,068	27.21%
Optometry	117	eCQM	Diabetes: Eye Exam	3,891	55.29%	238	eCQM	Use of High-Risk Medications in Older Adults	3,860	54.85%
Pulmonary Disease	321	CAHPS Measure	CAHPS for MIPS Clinician/Group Survey	1,935	34.99%	001	CMS Web Interface Measure	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	1,782	32.22%
Urology	321	CAHPS for MIPS Clinician/Group Survey	CAHPS	1,475	31.16%	112	Breast Cancer Screening	CMS Web Interface	1,316	27.80%

3.2 Cost Performance Category

Table 25. Cost Measure Performance in 2023 (All Measures)

- It's not surprising that the 2 population-based cost measures – Total Per Capita Cost (TPCC) and Medicare Spending Per Beneficiary (MSPB) Clinician measures – were applicable to the greatest percentage of MIPS eligible clinicians who received a score in the cost performance category.
- Almost 87% of these clinicians were scored on the TPCC measure, whereas approximately 70% of these clinicians received a score on the MSPB Clinician measure.

Measure ID	Measure Name	Number of MIPS Eligible Clinicians Scored on the Measure	Percentage of MIPS Eligible Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Cost)	Mean Measure Score ³⁵	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
TPCC_1	Total Per Capita Cost (TPCC)	238,420	86.74%	5.21	1.96	5.06	8.78
MSPB_1	Medicare Spending Per Beneficiary (MSPB) Clinician	194,895	70.91%	7.56	4.77	7.76	10.00
COST_D_1	Diabetes	178,525	64.95%	5.08	2.73	5.10	7.24
COST_ACOPD_1	Asthma/Chronic Obstructive Pulmonary Disease (COPD)	167,820	61.06%	4.14	2.12	3.98	6.32
COST_S_1	Sepsis	154,801	56.32%	8.85	7.15	9.35	10.00
COST_SSC_1	Screening/Surveillance Colonoscopy	138,376	50.34%	5.13	2.39	4.76	9.09
COST_COPDE_1	Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation	128,196	46.64%	6.85	3.73	6.78	10.00
COST_KA_1	Knee Arthroplasty	126,021	45.85%	5.28	2.49	5.03	8.24
COST_IHCI_1	Intracranial Hemorrhage or Cerebral Infarction	124,220	45.19%	5.89	2.79	5.65	9.51
COST_FIHR_1	Femoral or Inguinal Hernia Repair	121,999	44.39%	5.29	2.78	4.89	8.18

³⁵ In the CY 2025 Physician Fee Schedule Final Rule, CMS finalized a change to the cost measure scoring methodology which will begin with the 2024 performance year. This change wasn't in effect with the data in this report.

Measure ID	Measure Name	Number of MIPS Eligible Clinicians Scored on the Measure	Percentage of MIPS Eligible Clinicians Scored on the Measure (Out of All MIPS Eligible Clinicians Scored on Cost)	Mean Measure Score ³⁵	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
COST_PHA_1	Elective Primary Hip Arthroplasty	114,838	41.78%	5.15	1.93	4.72	8.79
COST_RUSST_1	Renal or Ureteral Stone Surgical Treatment	108,972	39.65%	5.95	2.27	5.97	9.86
COST_LPMSM_1	Lumpectomy, Partial Mastectomy, Simple Mastectomy	108,143	39.34%	5.93	2.66	5.91	9.20
COST_EOPCI_1	Elective Outpatient Percutaneous Coronary Intervention (PCI)	106,315	38.68%	5.18	2.22	4.69	9.21
COST_CCLI_1	Revascularization for Lower Extremity Chronic Critical Limb Ischemia	101,415	36.90%	6.35	3.29	5.99	9.62
COST_LGH_1	Lower Gastrointestinal Hemorrhage (groups only)	97,699	35.54%	6.51	2.55	6.95	10.00
COST_LSFDD_1	Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels	97,364	35.42%	6.03	2.48	6.19	9.44
COST_MR_1	Melanoma Resection	97,067	35.31%	5.43	2.80	5.43	7.87
COST_CRR_1	Colon and Rectal Resection	89,944	32.72%	5.89	1.86	6.09	9.25
COST_HAC_1	Hemodialysis Access Creation	89,513	32.57%	5.33	2.41	4.83	8.72
COST_NECABG_1	Non-Emergent Coronary Artery Bypass Graft (CABG)	87,751	31.93%	6.36	2.50	6.73	10.00
COST_IOL_1	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	85,860	31.24%	5.66	2.57	4.75	10.00
COST_AKID_1	Acute Kidney Injury Requiring New Inpatient Dialysis	63,540	23.12%	5.71	2.12	5.68	9.58
COST_STEMI_1	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	37,110	13.50%	5.83	2.33	5.99	10.00

3.3 Improvement Activities Performance Category

- “Engagement of patients through implementation of improvements in patient portal” was the most reported improvement activity.
- The 20 most frequently reported improvement activities were evenly distributed across the different subcategories.

Table 26. 20 Most Frequently Reported Improvement Activities in 2023

Activity ID	Activity Name	Number of Clinicians Who Reported the Activity	Percentage of Clinicians Who Reported the Activity (Out of All MIPS Eligible Clinicians Scored on Improvement Activities)
IA_BE_4	Engagement of patients through implementation of improvements in patient portal	113,471	22.02%
IA_EPA_1	Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	101,361	19.67%
IA_BE_6	Regularly Assess Patient Experience of Care and Follow Up on Findings	94,742	18.38%
IA_CC_13	Practice Improvements to Align with OpenNotes Principles	52,387	10.16%
IA_PSPA_16	Use of decision support and standardized treatment protocols	37,442	7.26%
IA_EPA_2	Use of telehealth services that expand practice access	33,885	6.57%
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	31,262	6.07%
IA_PM_16	Implementation of medication management practice improvements	23,824	4.62%
IA_AHE_3	Promote Use of Patient-Reported Outcome Tools	23,313	4.52%
IA_BMH_2	Tobacco use	22,838	4.43%
IA_BMH_4	Depression screening	19,825	3.85%
IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop	16,885	3.28%
IA_EPA_3	Collection and use of patient experience and satisfaction data on access	15,114	2.93%

Activity ID	Activity Name	Number of Clinicians Who Reported the Activity	Percentage of Clinicians Who Reported the Activity (Out of All MIPS Eligible Clinicians Scored on Improvement Activities)
IA_AHE_6	Provide Education Opportunities for New Clinicians	13,107	2.54%
IA_BE_1	Use of certified EHR to capture patient reported outcomes	11,793	2.29%
IA_PCMH	Electronic submission of Patient Centered Medical Home accreditation	11,070	2.15%
IA_CC_19	Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes.	10,331	2.00%
IA_PM_13	Chronic Care and Preventative Care Management for Empaneled Patients	10,126	1.96%
IA_BMH_12	Promoting Clinician Well-Being	10,091	1.96%
IA_BE_12	Use evidence-based decision aids to support shared decision-making.	9,472	1.84%

3.4 Promoting Interoperability Performance Category

- More than 92% of clinicians reported the now-required Query of the Prescription Drug Monitoring Program (PDMP) measure.
- Approximately 77% of clinicians fulfilled their Health Information Exchange (HIE) objective by reporting the Bi-Directional Exchange measure.
- Almost 95% of clinicians reporting the Immunization Registry Reporting measure were in the validated data production level (completed testing and validation of the electronic submission; electronically submitting production data to the Public Health Agency or Clinical Data Registry), whereas 58% of those reporting the Electronic Case Reporting measure were in the validated data production level.
- Almost one-third of clinicians reported the optional/bonus Syndromic Surveillance Reporting measure.

Table 27. Frequency of Promoting Interoperability Measures Reported in 2023

Objective	Measure ID	Measure Name ³⁶	Measure Type ³⁷	Number of Clinicians Who Reported the Measure	Percentage of Clinicians Who Reported the Measure (Out of All MIPS Eligible Clinicians Scored on Promoting Interoperability)
Attestation	PI_ONCDIR_1	ONC Direct Review Attestation	Required	371,090	96.31%
	PI_INFLO_1	Actions to Limit or Restrict the Compatibility of CEHRT	Required	370,960	96.27%
	PI_ONCACB_1	ONC-ACB Surveillance Attestation	Optional	302,792	78.58%
Protect Patient Health Information	PI_PPHI_1	Security Risk Analysis	Required	370,908	96.26%
	PI_PPHI_2	High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides	Required	370,819	96.24%
e-Prescribing	PI_EP_1	e-Prescribing	Required	367,168	95.29%
	PI_LVPP_1	e-Prescribing Exclusion	Exclusion	3,707	0.96%
	PI_EP_2	Query of the Prescription Drug Monitoring Program (PDMP)	Required	352,489	91.48%
	PI_EP_2_EX_1	Query of the Prescription Drug Monitoring Program (PDMP) Exclusion	Exclusion	2,028	0.53%
	PI_EP_2_EX_2	Query of the Prescription Drug Monitoring Program (PDMP) Exclusion	Exclusion	7,030	1.82%
	PI_EP_2_EX_3	Query of the Prescription Drug Monitoring Program (PDMP) Exclusion	Exclusion	9,348	2.43%

³⁶ For more information about the 2023 Promoting Interoperability measures and exclusions, review the [2023 MIPS Promoting Interoperability Measure Specifications \(ZIP, 3MB\)](#).

³⁷ This performance category includes both required and optional/bonus measures; most required measures have one or more exclusions available for clinicians who qualify. For example, there are 3 exclusions available for the Immunization Registry Reporting.

Health Information Exchange (HIE) – Option 1	PI_HIE_1	Support Electronic Referral Loops By Sending Health Information	Required	53,670	13.93%
	PI_LVOTC_1	Support Electronic Referral Loops By Sending Health Information Exclusion	Exclusion	15,987	4.15%
	PI_HIE_4	Support Electronic Referral Loops By Receiving and Reconciling Health Information	Required	56,813	14.74%
	PI_LVITC_2	Support Electronic Referral Loops By Receiving and Reconciling Health Information Exclusion	Exclusion	12,572	3.26%
Health Information Exchange (HIE) – Option 2	PI_HIE_5	Health Information Exchange	Required	295,514	76.69%
Health Information Exchange (HIE) – Option 3	PI_HIE_6	Enabling Exchange Under TECA	Required	5,611	1.46%
Provider to Patient Exchange	PI_PEA_1	Provide Patients Electronic Access to Their Health Information	Required	370,695	96.20%
Public Health and Clinical Data Exchange	PI_PHCDRR_1	Immunization Registry Reporting	Required	327,195	84.91%
	PI_PHCDRR_1_PRE	Immunization Registry Reporting Active Engagement Level 1	Required	17,422	4.52%
	PI_PHCDRR_1_PROD	Immunization Registry Reporting Active Engagement Level 2	Required	309,606	80.35%
	PI_PHCDRR_1_EX_1	Immunization Registry Reporting Exclusion (1)	Exclusion	42,655	11.07%
	PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion (2)	Exclusion	610	0.16%
	PI_PHCDRR_1_EX_3	Immunization Registry Reporting Exclusion (3)	Exclusion	338	0.09%

Public Health and Clinical Data Exchange (Continued)	PI_PHCDRR_3	Electronic Case Reporting	Required	326,047	84.62%
	PI_PHCDRR_3_PRE	Electronic Case Reporting Active Engagement Level 1	Required	136,353	35.39%
	PI_PHCDRR_3_PROD	Electronic Case Reporting Active Engagement Level 2	Required	189,335	49.14%
	PI_PHCDRR_3_EX_1	Electronic Case Reporting Exclusion (1)	Exclusion	25,418	6.60%
	PI_PHCDRR_3_EX_2	Electronic Case Reporting Exclusion (2)	Exclusion	7,780	2.02%
	PI_PHCDRR_3_EX_3	Electronic Case Reporting Exclusion (3)	Exclusion	11,524	2.99%
	PI_PHCDRR_2	Syndromic Surveillance Reporting	Optional/Bonus	215,283	55.87%
	PI_PHCDRR_2_PRE	Syndromic Surveillance Reporting Active Engagement Level 1	Optional/Bonus	9,133	2.37%
	PI_PHCDRR_2_PROD	Syndromic Surveillance Reporting Active Engagement Level 2	Optional/Bonus	116,174	30.15%
	PI_PHCDRR_4	Public Health Registry Reporting	Optional/Bonus	246,952	64.09%
	PI_PHCDRR_4_PRE	Public Health Registry Reporting Active Engagement Level 1	Optional/Bonus	57,993	15.05%
	PI_PHCDRR_4_PROD	Public Health Registry Reporting Active Engagement Level 2	Optional/Bonus	82,937	21.52%
	PI_PHCDRR_5	Clinical Data Registry Reporting	Optional/Bonus	235,016	60.99%
	PI_PHCDRR_5_PRE	Clinical Data Registry Reporting Active Engagement Level 1	Optional/Bonus	13,706	3.56%
	PI_PHCDRR_5_PROD	Clinical Data Registry Reporting Active Engagement Level 2	Optional/Bonus	79,714	20.69%

3.5 Unweighted Performance Category Scores³⁸

- The improvement activities performance category had the highest mean and median scores (more than 95%) and contributed to the final score of the most clinicians (more than 95%).
- Only 43% of MIPS eligible clinicians received a cost performance category, which had the lowest mean and median scores of any performance category.
 - Approximately 51% of MIPS eligible clinicians didn't receive a cost performance score because **(1)** they didn't meet the requirements for any cost measure, **(2)** they were approved for reweighting due to extreme and uncontrollable circumstances, **or (3)** they reported through the APM Performance Pathway (APP) (cost isn't scored under this MIPS reporting option).

Table 28. Unweighted Performance Category Scores

Performance Category	Overall Unweighted Mean Score	Overall Unweighted Median Score	Number of MIPS Eligible Clinicians Who Received a Score for the Performance Category	Percentage of All MIPS Eligible Clinicians
Quality	75.33	78.84	486,018	89.77%
Cost	60.94	59.51	274,865	50.77%
Improvement Activities	95.43	100	515,384	95.19%
Promoting Interoperability	95.57	100	385,324	71.17%

³⁸ The unweighted score (0% – 100%) is generally determined by dividing *the points earned* by *the points available* in a performance category. (**For example:** Earning 20 out of 40 points for the improvement activities would result in an unweighted score of 50%.) The unweighted score is the measure of performance before it's multiplied by the category's weight to determine how many points will contribute to the final score. The unweighted score also allows for comparison between clinicians with different performance category weighting. (**For example:** An unweighted quality score of 100% contributes 30 points towards the final score when the category is weighted at 30% of the final score; alternatively, the same 100% performance contributes 50 points when the category is weighted at 50% of the final score.)

4. 2023 MIPS Final Scores and Associated 2025 Payment Adjustments

After MIPS eligible clinicians select and report on measures and activities, they receive a MIPS final score, and associated payment adjustment based on their performance.

When MIPS eligible clinicians were scored on all 4 performance categories, the categories had the following weights:

- Quality: 30%
- Cost: 30%
- Improvement Activities: 15%
- Promoting Interoperability: 25%

The Medicare Access and CHIP Reauthorization Act (MACRA) requires MIPS to be a budget-neutral program. Generally, this means the projected negative adjustments must be balanced by the projected positive adjustments. When more clinicians receive a negative payment adjustment, clinicians with a positive payment adjustment see a larger payment adjustment amount.

As a reminder, congressional funding for the MIPS exceptional payment adjustment expired after the 2022 performance year. The 2022 performance year was the final year for the exceptional performance adjustment, which was paid in the 2024 payment year.

For more information about final scores and MIPS payment adjustments, review the additional resources found in the [Appendix](#).

Data Highlights

4.1 Final Scores and Payment Adjustments

- As communicated in the [2025 MIPS Payment Year Payment Adjustment User Guide \(PDF, 1MB\)](#) and the [2023 QPP Participation and Performance Results At-A-Glance \(PDF, 411KB\)](#), the maximum positive payment adjustment was 2.15%, for a final score of 100 points.
- MIPS eligible clinicians who engaged³⁹ in the program had a mean final score over 85 points and mean payment adjustment of 0.86%, whereas non-reporting clinicians³⁷ had a mean score below 47 points (well below the 75-point performance threshold) and a mean payment adjustment of -3.59%.

Table 29. 2023 Final Scores and 2025 Payment Adjustments

Status	Final Score		Payment Adjustment	
	Mean	Median	Mean	Median
MIPS Eligible Clinicians (All)	83.18	85.49	0.59%	0.90%
MIPS Eligible Clinicians (Engaged ³⁶)	85.54	86.59	0.86%	1.00%
MIPS Eligible Clinicians (Non-Reporting ⁴⁰)	46.35	75.00	-3.59%	0.00%

4.2 Final Scores and Payment Adjustments by Practice Size, Special Status, Reporting Option, and Participation Option

- Clear differences in mean final scores remain between engaged and non-reporting clinicians, regardless of practice size:
 - The mean final score for engaged clinicians in every practice size was above the 75-point performance threshold (positive payment adjustment), whereas non-reporting clinicians in every practice size had a mean score below the 75-point performance threshold (negative payment adjustment) ([Table 30a](#)).

³⁹ **Engaged clinicians** are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a [MIPS APM](#) and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁴⁰ **Non-reporting MIPS eligible clinicians** were required to report (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

- While solo practitioners had the lowest mean final score overall (below the 75-point performance threshold), **engaged solo practitioners had a mean final score over 79 points and a median final score of almost 86 points**. By contrast, non-reporting solo practitioners had a mean final score below 29 points and a median final score just above 15 points (Table 30a).
- Clinicians participating in MIPS through the [APM Performance Pathway \(APP\)](#), and as an APM Entity, continue to have the highest mean and median final scores and payment adjustments ([Table 31a](#) and [Table 31b](#)).

Table 30a: 2023 Final Scores and 2025 Payment Adjustments by Practice Size

Practice Size ⁴¹	Final Score		Payment Adjustment	
	Mean	Median	Mean	Median
1 Clinician (Solo Practitioner: All)	53.64	75.00	-2.89%	0.00%
1 Clinician (Solo Practitioner: Engaged ⁴²)	79.68	85.51	0.15%	0.91%
1 Clinician (Solo Practitioner: Non-Reporting ⁴³)	27.97	15.34	-5.88%	-9.00%
2 – 15 Clinicians (All)	76.92	84.49	-0.17%	0.82%
2 – 15 Clinicians (Engaged)	85.05	89.13	0.76%	1.22%
2 – 15 Clinicians (Non-Reporting)	41.16	38.72	-4.24%	-4.35%
16 – 99 Clinicians (All)	81.81	84.18	0.46%	0.79%
16 – 99 Clinicians (Engaged)	83.74	85.42	0.67%	0.90%
16 – 99 Clinicians (Non-Reporting)	61.73	75.00	-1.68%	0.00%

⁴¹ The **practice size** is determined by the number of clinicians billing under the practice's TIN in the second 12-month segment of the [MIPS determination period](#) (October 1, 2021 – September 30, 2022 for 2022).

⁴² **Engaged clinicians** are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a [MIPS APM](#) and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁴³ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

Practice Size ⁴¹	Final Score		Payment Adjustment	
	Mean	Median	Mean	Median
100+ Clinicians (All)	86.02	86.41	0.92%	0.98%
100+ Clinicians (Engaged)	86.20	86.64	0.94%	1.00%
100+ Clinicians (Non-Reporting)	68.63	75.00	-0.80%	0.00%

Table 30b: 2023 Final Scores and 2025 Payment Adjustments by Special Status/Designation

Special Status/ Designation	Final Score		Payment Adjustment	
	Mean	Median	Mean	Median
Small Practice ⁴⁴ (All)	71.40	80.33	0.81%	0.46%
Small Practice (Engaged ⁴⁵)	84.11	88.36	0.65%	1.15%
Small Practice (Non-Reporting ⁴⁶)	35.49	22.24	-4.95%	-6.33%
Rural (All)	81.45	83.80	0.42%	0.76%
Rural (Engaged)	83.80	84.56	0.69%	0.82%
Rural (Non-Reporting)	40.58	30.00	-4.33%	-5.40%
Safety Net Provider (All)	86.50	91.25	0.86%	1.40%

⁴⁴ The **small practice special status** identifies clinicians in a practice with 15 or fewer clinicians bill under the practice's TIN in either segment of the [MIPS determination period](#). This means that a practice could have had 16 or more clinicians in 1 segment if there were 15 or fewer in the other segment. The small practice special status includes solo practitioners.

⁴⁵ **Engaged clinicians** are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a [MIPS APM](#) and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁴⁶ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

	Final Score		Payment Adjustment	
Special Status/ Designation	Mean	Median	Mean	Median
Safety Net Provider (Engaged)	89.87	91.60	1.24%	1.43%
Safety Net Provider (Non-Reporting)	40.39	30.00	-4.38%	-5.40%

Table 31a. 2023 Final Scores and 2025 Payment Adjustments by MIPS Reporting Option

	Final Score		Payment Adjustment	
Reporting Option	Mean	Median	Mean	Median
Traditional MIPS	79.96	82.11	0.28%	0.61%
APM Performance Pathway (APP)	94.35	94.62	1.67%	1.69%
MIPS Value Pathways (MVPs)	82.87	87.86	0.57%	1.11%

Table 31b. 2023 Final Scores and 2025 Payment Adjustments by Participation Option

	Final Score		Payment Adjustment	
Participation Option	Mean	Median	Mean	Median
Individual	56.16	75	-2.58%	0.00%
Group	82.87	82.91	0.63%	0.68%
Virtual Group	74.88	75	-0.01%	0.00%
APM Entity	94.24	94.31	1.66%	1.66%
Subgroup	89.98	93.62	1.25%	1.60%

4.3 Mean and Median Final Score Trends

- The overall mean and median final scores remained above the performance threshold in 2023 and were consistent with those from 2022.
 - In 2023, the mean and median final scores across all MIPS eligible clinicians were 83.18 and 85.49 points, respectively (Table 32a).
 - In 2022, the mean and median final scores across all MIPS eligible clinicians were 82.90 and 85.29 points, respectively (Table 32a).
- There were significant decreases from 2022 to 2023 in the mean and median final scores for non-reporting clinicians in the following categories:
 - The median score for non-reporting clinicians in a practice with 2 – 15 clinicians (small practices excluding solo practitioners) in 2023 was half of what it was in 2022 (Table 32a).
 - The median score for non-reporting rural clinicians in 2023 was 45 points lower than it was in 2022 (Table 32a).

Table 32a. Final Score Trends by Practice Size

	Mean Final Scores			Median Final Scores		
	2021	2022	2023	2021	2022	2023
MIPS Eligible Clinicians (All)	89.22	82.90	83.18	97.22	85.29	85.49
MIPS Eligible Clinicians (Engaged ⁴⁷)	91.13	85.1	85.54	98	86.67	86.59
MIPS Eligible Clinicians (Non-Reporting ⁴⁸)	58.63	47.85	46.35	60.00	75.00	75.00
1 Clinician/Solo Practitioner (All)	71.08	54.33	53.64	60.00	75.00	75.00
1 Clinician/Solo Practitioner (Engaged)	83.48	78.68	79.68	93.22	86.37	85.51
1 Clinician/Solo Practitioner (Non-Reporting)	59.99	30.81	27.97	60.00	18.15	15.34

⁴⁷ **Engaged clinicians** are those who submitted at least one measure, attestation, or activity (or had this data submitted on their behalf), or who participated in a MIPS APM and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁴⁸ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

2 – 15 Clinicians (All)	76.10	76.59	76.92	85.54	84.61	84.49
2 – 15 Clinicians (Engaged)	79.43	84.8	85.05	93.14	89.17	89.13
2 – 15 Clinicians (Non-Reporting)	59.91	43.11	41.16	60.00	75.00	38.72
16 – 99 Clinicians (All)	87.47	81.55	81.81	94.43	83.58	84.18
16 – 99 Clinicians (Engaged)	89.59	83.35	83.74	95.44	85.19	85.42
16 – 99 Clinicians (Non-Reporting)	58.70	60.03	61.73	60.00	75.00	75.00
100+ Clinicians (All)	93.27	85.55	86.02	99.14	86.50	86.41
100+ Clinicians (Engaged)	93.76	85.77	86.2	99.24	86.78	86.64
100+ Clinicians (Non-Reporting)	52.33	67.33	68.63	60.00	75.00	75.00

Table 32b. Final Score Trends by Special Status/Designation

Special Status/Designation	Mean Final Scores			Median Final Scores		
	2021	2022	2023	2021	2022	2023
Small Practice ⁴⁹ (All)	73.71	71.52	71.40	66.36	80.18	80.33
Small Practice (Engaged ⁵⁰)	78.14	83.6	84.11	91.15	88.06	88.36
Small Practice (Non-Reporting ⁵¹)	59.90	38.34	35.49	60.00	25.77	22.24

⁴⁹ The **small practice special status** identifies clinicians in a practice with 15 or fewer clinicians bill under the practice's TIN in either segment of the MIPS determination period. This means that a practice could have had 16 or more clinicians in 1 segment if there were 15 or fewer in the other segment. The small practice special status includes solo practitioners.

⁵⁰ **Engaged clinicians** are those who submitted at least one measure, attestation, or activity (or had this data submitted on their behalf), or who participated in a MIPS APM and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁵¹ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

	Mean Final Scores			Median Final Scores		
Special Status/Designation	2021	2022	2023	2021	2022	2023
Rural Practitioner (All)	88.44	81.71	81.45	97.18	84.10	83.80
Rural Practitioner (Engaged)	90.36	83.8	83.8	97.61	85.05	84.56
Rural Practitioner (Non-Reporting)	57.32	45.05	40.58	60.00	75.00	30.00
Safety Net Provider (All)	87.20	86.38	86.50	96.23	91.57	91.25
Safety Net Provider (Engaged)	89.59	89.51	89.87	97.44	93.21	91.6
Safety Net Provider (Non-Reporting)	59.26	39.48	40.39	60.00	27.84	30.00

4.4 Overall Payment Adjustments

- Approximately 80% of MIPS eligible clinicians earned a positive payment adjustment for the 2023 performance year (payment will be adjusted in the 2025 payment year) (Table 33).
- Less than 15% of MIPS eligible clinicians earned a positive payment adjustment for the 2023 performance year, with just over 2% of clinicians receiving the maximum negative payment adjustment of -9% (Table 33).

Table 33. 2025 Payment Adjustments Overall

Payment Adjustment Type	Max Negative	Negative	Neutral	Positive	
Payment Adjustment Range	-9%	-6.75% – 0%	0%	0% – 1.28%	1.28% – 2.15%
Associated Final Score Range	0 – 18.75 points	18.76 – 74.99 points	75 points	75.01 – 88.99 points	89 – 100 points
Percentage of MIPS Eligible Clinicians in Payment Adjustment/Final Score Range (All)	2.26%	12.13%	4.75%	38.86%	42.00%
Percentage of MIPS Eligible Clinicians in Payment Adjustment/Final Score Range (Non-Reporting ⁵²)	33.44%	11.00%	54.04%	1.39%	0.13%

4.5 Payment Adjustment by Practice Size, Special Status, Reporting Option, and Participation Option

- More than 20% of solo practitioners received final scores between 89 and 100 points, though they also have the highest instance of clinicians receiving the maximum negative payment adjustment of -9% ([Table 34a](#)).
- Almost 42% of clinicians in a practice with 2 – 15 clinicians received final scores between 89 and 100 points, which is consistent with the rate of MIPS eligible clinicians overall.
- In the first year of the MVP reporting option, more than 43% of clinicians who received their final score from MVP reporting also earned final scores between 89 and 100 points ([Table 35b](#)).
- Over 99% of MIPS eligible clinicians who participated in MIPS through their APM Entity received a positive payment adjustment ([Table 35a](#)).

⁵² **Non-reporting clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance categories. Because they were required to report, they will receive a final score and MIPS payment adjustment even if no data was actively submitted. Their final score can include data calculated and scored automatically by CMS, such as administrative claims-based quality measures or cost measures, or quality and cost scores derived from the Hospital Value-based Purchasing Program (learn more in the [2023 Facility-Based Quick Start Guide \(PDF\)](#)).

Table 34a. 2025 Payment Adjustment Types by Practice Size

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% – 1.28%)		(1.28% – 2.15%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
1 Clinician/ Solo Practitioner (All)	4,814	28.77%	3,305	19.75%	3,072	18.36%	1,949	11.65%	3,591	21.46%
1 Clinician/Solo Practitioner (Engaged ⁵³)	209	2.52%	1,838	22.13%	730	8.79%	1,936	23.31%	3,591	43.24%
1 Clinician/ Solo Practitioner (Non-Reporting ⁵⁴)	4,605	54.65%	1,467	17.41%	2,342	27.79%	13	0.15%	0	0.00%
2 – 15 Clinicians (All)	5,266	8.27%	8,811	13.84%	8,331	13.09%	15,128	23.76%	26,132	41.04%
2 – 15 Clinicians (Engaged)	526	1.01%	7,459	14.38%	2,635	5.08%	15,113	29.14%	26,132	50.38%
2 – 15 Clinicians (Non-Reporting)	4,740	40.16%	1,352	11.45%	5,696	48.26%	15	0.13%	2	0.02%
16 – 99 Clinicians (All)	1,542	1.55%	16,467	16.59%	8,052	8.11%	37,142	37.43%	36,037	36.31%
16 – 99 Clinicians (Engaged)	227	0.25%	15,852	17.51%	1,614	1.78%	36,823	40.68%	36,000	39.77%
16 – 99 Clinicians (Non-Reporting)	1,315	15.07%	615	7.05%	6,438	73.80%	319	3.66%	37	0.42%

⁵³ Engaged clinicians are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a MIPS APM and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁵⁴ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% – 1.28%)		(1.28% – 2.15%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
100+ Clinicians (All)	631	0.17%	37,104	10.26%	6,241	1.73%	156,179	43.17%	161,627	44.68%
100+ Clinicians (Engaged)	378	0.11%	36,950	10.32%	3,082	0.86%	156,074	43.58%	161,621	45.13%
100+ Clinicians (Non-Reporting)	253	6.88%	154	4.19%	3,159	85.91%	105	2.86%	6	0.16%

Table 34b. 2025 Payment Adjustment Types by Special Status

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Small Practice ⁵⁵ (All)	10,211	13.07%	12,135	15.54%	11,474	14.69%	16,396	20.99%	27,892	35.71%
Small Practice (Engaged ⁵⁶)	736	1.28%	9,275	16.08%	3,419	5.93%	16,367	28.37%	27,892	48.35%
Small Practice (Non-Reporting ⁵⁷)	9,475	46.40%	2,860	14.01%	8,055	39.45%	29	0.14%	0	0.00%

⁵⁵ The **small practice special status** identifies clinicians in a practice with 15 or fewer clinicians bill under the practice's TIN in either segment of the [MIPS determination period](#). This means that a practice could have had 16 or more clinicians in 1 segment if there were 15 or fewer in the other segment. The small practice special status includes solo practitioners.

⁵⁶ **Engaged clinicians** are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a [MIPS APM](#) and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁵⁷ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Rural Practitioner (All)	1,552	2.56%	9,234	15.22%	2,315	3.82%	26,469	43.62%	21,110	34.79%
Rural Practitioner (Engaged)	227	0.40%	8,800	15.34%	806	1.40%	26,436	46.08%	21,104	36.78%
Rural Practitioner (Non-Reporting)	1,325	40.07%	434	13.12%	1,509	45.63%	33	1.00%	6	0.18%
Safety Net Practitioner (All)	3,079	2.82%	8,627	7.89%	3,989	3.65%	27,502	25.14%	66,178	60.51%
Safety Net Practitioner (Engaged)	151	0.15%	7,411	7.27%	891	0.87%	27,324	26.81%	66,150	64.90%
Safety Net Practitioner (Non-Reporting)	2,928	39.31%	1,216	16.33%	3,098	41.60%	178	2.39%	28	0.38%

Table 35a. 2025 Payment Adjustment Types by Reporting Option

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Traditional MIPS	12,225	2.95%	63,626	15.33%	25,404	6.12%	203,216	48.97%	110,529	26.63%
APM Performance Pathway	0	0.00%	535	0.45%	41	0.03%	5,138	4.29%	113,917	95.22%
MIPS Value Pathways	28	0.41%	1,526	22.47%	251	3.70%	2,044	30.10%	2,941	43.31%

Table 35b. 2025 Payment Adjustment Types by Participation Option

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Individual	11,607	25.77%	9,073	20.14%	8,327	18.49%	6,932	15.39%	9,105	20.21%
Group	646	0.17%	56,043	14.93%	16,776	4.47%	198,199	52.80%	103,736	27.63%
Subgroup	0	0.00%	12	11.88%	0	0.00%	0	0.00%	89	88.12%
Virtual Group	0	0.00%	9	3.00%	291	97.00%	0	0.00%	0	0.00%
APM Entity	0	0.00%	550	0.46%	302	0.25%	5,267	4.37%	114,457	94.93%

4.6 Payment Adjustments by Clinician Type and Specialty

- Out of all clinician types, Clinical Social Workers had the highest percentage of clinicians receiving a final score of 89 – 100 points (almost 55%) ([Table 36](#)).
- Not surprisingly, the payment adjustments for Doctors of Medicine (the most numerous clinician type) were consistent with MIPS eligible clinicians overall ([Table 36](#)).
- The specialties with the highest proportion of clinicians receiving negative payment adjustments are Podiatry, Orthopedic Surgery, Optometry, and Anesthesiology (Table 37).

Table 36. 2025 Payment Adjustment Types by Clinician Type

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Anesthesiologist Assistant ⁵⁸	0	0.00%	106	6.75%	0	0.00%	669	42.58%	796	50.67%
Certified Nurse-Midwife	0	0.00%	154	8.98%	0	0.00%	724	42.24%	836	48.77%
Certified Registered Nurse Anesthetist	118	0.53%	3,593	16.29%	204	0.92%	10,087	45.73%	8,057	36.52%
Clinical Nurse Specialist	2	0.33%	98	16.20%	5	0.83%	260	42.98%	240	39.67%
Clinical Psychologist	75	1.93%	325	8.37%	80	2.06%	1,665	42.88%	1,738	44.76%
Clinical Social Worker	7	0.16%	289	6.70%	22	0.51%	1,647	38.16%	2,351	54.47%
Doctor of Chiropractic (Chiropractor)	66	18.18%	79	21.76%	13	3.58%	130	35.81%	75	20.66%
Doctor of Dental Medicine/Doctor of Dental Surgery (Dentist)	8	1.54%	48	9.23%	7	1.35%	209	40.19%	248	47.69%
Doctor of Medicine ⁵⁹	9,834	2.86%	41,878	12.18%	22,025	6.41%	129,199	37.59%	140,777	40.96%
Doctor of Optometry	567	7.50%	952	12.59%	410	5.42%	2,508	33.17%	3,124	41.32%
Doctor of Osteopathy	6	2.69%	22	9.87%	14	6.28%	87	39.01%	94	42.15%
Nurse Practitioner	554	0.72%	9,288	12.03%	1,577	2.04%	32,676	42.34%	33,088	42.87%
Occupational Therapist	43	1.80%	364	15.22%	32	1.34%	946	39.55%	1,007	42.10%
Physical Therapist	723	3.50%	2,018	9.76%	342	1.65%	6,721	32.50%	10,878	52.60%
Physician Assistant	245	0.49%	5,919	11.72%	951	1.88%	20,977	41.55%	22,393	44.36%

⁵⁸ Included in the definition of a Certified Registered Nurse Anesthetist in section 1861(bb)(2) of the Social Security Act.

⁵⁹ Includes Doctors of Podiatric Medicine (podiatrists).

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Qualified Audiologist	5	0.21%	371	15.81%	13	0.55%	1,027	43.76%	931	39.67%
Qualified Speech-Language Pathologist	0	0.00%	64	11.00%	1	0.17%	273	46.91%	244	41.92%
Registered Dietician/Nutrition Professional	0	0.00%	119	9.74%	0	0.00%	593	48.53%	510	41.73%

Table 37. 2025 Payment Adjustment Types by Specialty

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Specialty ⁶⁰										
Internal Medicine	890	2.52%	4,487	12.68%	1,623	4.59%	13,407	37.89%	14,974	42.32%
Family Medicine	546	2.08%	3,527	13.45%	898	3.43%	9,861	37.62%	11,383	43.42%
Emergency Medicine	100	0.45%	1,942	8.69%	1,192	5.33%	7,102	31.77%	12,015	53.76%
Diagnostic Radiology	448	1.53%	3,816	12.99%	3,003	10.23%	12,305	41.90%	9,796	33.36%
Anesthesiology	245	1.34%	3,232	17.62%	306	1.67%	7,917	43.17%	6,640	36.21%
Orthopedic Surgery	521	3.77%	2,513	18.18%	1,524	11.03%	5,104	36.93%	4,160	30.10%
Cardiology	308	2.46%	1,347	10.77%	951	7.60%	4,639	37.10%	5,260	42.06%

⁶⁰ This table is limited to the 20 specialties (as defined by Medicare for physicians) with the greatest number of MIPS eligible clinicians in the 2023 performance year.

Payment Adjustment Type	Max Negative Number AND Percentage		Negative Number AND Percentage		Neutral Number AND Percentage		Positive Number AND Percentage			
Payment Adjustment Range	(-9%)		(-6.75% - 0%)		(0%)		(0% - 1.25%)		(1.55%-8.26%)	
Associated Final Score Range	0 – 18.75 points		18.76 – 74.99 points		75 points		75.01 – 88.99 points		89 – 100 points	
Ophthalmology	542	3.88%	1,440	10.30%	1,394	9.97%	3,926	28.09%	6,674	47.75%
Obstetrics/Gynecology	55	0.45%	1,417	11.67%	147	1.21%	4,998	41.15%	5,529	45.52%
General Surgery	128	1.16%	1,225	11.14%	264	2.40%	4,586	41.69%	4,796	43.60%
Hospitalist	31	0.30%	801	7.66%	125	1.19%	4,295	41.06%	5,209	49.79%
Neurology	407	4.18%	1,154	11.85%	602	6.18%	3,880	39.84%	3,696	37.95%
Gastroenterology	147	1.67%	890	10.09%	517	5.86%	3,849	43.65%	3,415	38.73%
Dermatology	749	7.95%	786	8.34%	1,290	13.69%	2,724	28.91%	3,873	41.11%
Podiatry	1,887	23.20%	964	11.85%	1,628	20.01%	1,742	21.41%	1,914	23.53%
Psychiatry	292	3.75%	793	10.20%	166	2.13%	3,197	41.11%	3,329	42.81%
Pathology	103	1.24%	801	9.67%	398	4.81%	3,548	42.85%	3,431	41.43%
Optometry	567	7.50%	952	12.59%	410	5.42%	2,508	33.17%	3,124	41.32%
Pulmonary Disease	124	1.98%	814	12.98%	392	6.25%	2,303	36.72%	2,639	42.08%
Urology	177	2.82%	640	10.20%	642	10.23%	2,120	33.80%	2,694	42.95%

4.7 Mean and Median Payment Adjustment Trends

- While the mean payment adjustment decreased to 0.59% in 2023 due to the removal of the exceptional adjustment after the 2022 performance year/2024 payment year, the median payment adjustment of 0.90% was consistent with last year (Table 38a).
- Non-reporting clinicians in practices with 2 – 15 clinicians and non-reporting rural clinicians saw the greatest decline in median payment adjustments from 2022 to 2023. (Table 38a and Table 38b).

Table 38a. Payment Adjustment Trends by Practice Size

	Mean Payment Adjustments			Median Payment Adjustments		
	2021	2022	2023	2021	2022	2023
MIPS Eligible Clinicians (All)	1.32%	2.06%	0.59%	1.94%	0.92%	0.90%
MIPS Eligible Clinicians (Engaged ⁶¹)	1.41%	2.4%	0.86%	2.05%	1.04%	1.00%
MIPS Eligible Clinicians (Non-Reporting ⁶²)	-0.23%	-3.41%	-3.59%	0.00%	0.00%	0.00%
1 Clinician/Solo Practitioner (All)	0.53%	-1.89%	-2.89%	0.00%	0.00%	0.00%
1 Clinician/Solo Practitioner (Engaged)	1.13%	1.89%	0.15%	1.36%	1.02%	0.91%
1 Clinician/Solo Practitioner (Non-Reporting)	0.00%	-5.54%	-5.88%	0.00%	-9.00%	-9.00%
2 – 15 Clinicians (All)	0.34%	1.40%	-0.17%	0.26%	0.86%	0.82%
2 – 15 Clinicians (Engaged)	0.42%	2.73%	0.76%	1.35%	1.66%	1.22%
2 – 15 Clinicians (Non-Reporting)	-0.02%	-4.01%	-4.24%	0.00%	0.00%	-4.35%
16 – 99 Clinicians (All)	1.18%	1.74%	0.46%	1.54%	0.77%	0.79%
16 – 99 Clinicians (Engaged)	1.28%	2.04%	0.67%	1.68%	0.91%	0.90%

⁶¹ **Engaged clinicians** are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a [MIPS APM](#) and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁶² **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

	Mean Payment Adjustments			Median Payment Adjustments		
	2021	2022	2023	2021	2022	2023
16 – 99 Clinicians (Non-Reporting)	-0.22%	-1.88%	-1.68%	0.00%	0.00%	0.00%
100+ Clinicians (All)	1.59%	2.43%	0.92%	2.22%	1.03%	0.98%
100+ Clinicians (Engaged)	1.63%	2.47%	0.94%	2.23%	1.05%	1.00%
100+ Clinicians (Non-Reporting)	-1.30%	-0.97%	-0.80%	0.00%	0.00%	0.00%

Table 38b. Payment Adjustment Trends by Special Status

	Mean Payment Adjustments			Median Payment Adjustments		
	2021	2022	2023	2021	2022	2023
Small Practice ⁶³ (All)	0.26%	0.67%	-0.81%	0.02%	0.46%	0.46%
Small Practice (Engaged ⁶⁴)	0.35%	2.59%	0.65%	1.07%	1.17%	1.15%
Small Practice (Non-Reporting ⁶⁵)	-0.02%	-4.60%	-4.95%	0.00%	-5.91%	-6.33%
Rural Practitioner (All)	1.25%	1.72%	0.42%	1.93%	0.81%	0.76%
Rural Practitioner (Engaged)	1.35%	2.03%	0.69%	2.00%	0.9%	0.82%
Rural Practitioner (Non-Reporting)	-0.46%	-3.78%	-4.33%	0.00%	0.00%	-5.40%

⁶³ The **small practice special status** identifies clinicians in a practice with 15 or fewer clinicians bill under the practice's TIN in either segment of the [MIPS determination period](#). This means that a practice could have had 16 or more clinicians in 1 segment if there were 15 or fewer in the other segment. The small practice special status includes solo practitioners.

⁶⁴ **Engaged clinicians** are those who submitted at least one measure, attestation or activity (or had this data submitted on their behalf), or who participated in a [MIPS APM](#) and received automatic credit in the improvement activities performance category because of their APM participation. Data could have been submitted at the individual, group, virtual group, or APM Entity level.

⁶⁵ **Non-reporting MIPS eligible clinicians** were required to report (i.e., were an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Review the [2023 QPP Data Use Guide \(PDF\)](#) for more information on this definition.

Safety Net Provider (All)	1.23%	3.33%	0.86%	1.80%	3.12%	1.40%
Safety Net Provider (Engaged)	1.35%	3.86%	1.24%	1.97%	4.12%	1.43%
Safety Net Provider (Non-Reporting)	-0.13%	-4.50%	-4.38%	0.00%	-5.66%	-5.40%

5. APM Participation

An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to reward healthcare providers for delivering high-quality and coordinated care. APMs can apply to a specific clinical condition, a care episode, or a population.

MIPS APM: A MIPS APM is a type of APM that allows participants to receive MIPS scoring that reflects their participation in an APM.

Advanced APM: An Advanced APM is a type of APM that allows participants to seek Qualifying APM Participant (QP) status by achieving threshold levels of payments or patients through their Advanced APM Entity.

- For the 2023 performance year, QPs received at least 50% of payments **or** saw at least 35% of patients through an Advanced APM. They're exempt from MIPS. They aren't eligible to receive a MIPS payment adjustment but will receive a financial incentive for being a QP.
- Partial QPs received at least 40% of payments **or** saw at least 25% of patients through an Advanced APM Entity. They can choose whether to participate in MIPS. If they elect to participate, they'll receive a MIPS payment adjustment. incentives.

Clinicians in an Advanced APM who don't achieve QP or Partial QP status based on the thresholds above are evaluated for MIPS eligibility like any other clinician. A clinician can participate in an Advanced APM **and** be required to report for MIPS. Refer to the [Appendix](#) for additional resources.

Table 39: MIPS Eligible Clinicians Who Received a MIPS Final Score and Payment Adjustment from APM Entity Participation

- In performance year 2021, 12 out of 475 Medicare Shared Savings Program Accountable Care Organizations (ACOs) reported eQMs/MIPS CQMs under the APP, while 37 out of 482 ACOs reported eQMs/MIPS CQMs in performance year 2022.
- Submission data for performance year 2023 indicate that 72 out of 456 ACOs reported eQMs/MIPS CQMs under the APP.

MIPS APM	Number of MIPS Eligible Clinicians	Percentage of MIPS Eligible Clinicians
Medicare Shared Savings Program	119,467	99.08%
Enhancing Oncology Model	1,109	0.92%

Table 40: QP Threshold Scores by Advanced APM⁶⁶

Advanced APM	Average Payment Threshold Score	Average Patient Threshold Score
Primary Care First Model	92.84	88.7
Maryland Total Cost of Care Model	88.7	87.93
Vermont ACO Model	74.92	74.79
Medicare Shared Savings Program	64.59	65.72
ACO REACH Model	62.87	63.23
Kidney Care Choices Model	60.22	42.73
Comprehensive Care for Joint Replacement Payment Model	31.38	16.28
Bundled Payment for Care Improvement Advanced Model	23.45	21.07

⁶⁶ Threshold scores reflect eligible clinician scores that participated in the model listed and as such may reflect participation in more than one model.

Key Insights

- From 2022 to 2023, there was a 20% increase in the percentage of clinicians participating in Advanced APMs (Table 41).
- From 2022 to 2023, there was a 41% increase in the percentage of clinicians who achieved QP status (Table 41).
- Almost 21% of clinicians who participated in an Advanced APM without achieving QP status in 2021 achieved QP status in 2022 (Table 42).

Table 41: Participation and Qualifying APM Participant (QP) Status

Qualifying APM Participant (QP) Status	Number of Clinicians (Identified by NPI) in 2021	Number of Clinicians (Identified by NPI) in 2022	Number of Clinicians (Identified by NPI) in 2023	Number Change from 2021 to 2022	Number Change from 2022 to 2023	Percentage Change from 2021 to 2022	Percentage Change from 2022 to 2023
Advanced APM Participants	333,658	420,591	505,201	86,933	84,610	26.05%	20.12%
QP	271,231	384,105	463,669	112,874	79,564	41.62 %	20.71%
Partial QP	3,365	2,528	1,339	-837	-1,189	-24.87%	-47.03%

Table 42. Participants in Advanced APMs Gain QP Status

	Number of Clinicians (Identified by NPI, and in an Advanced APM) Not QP in 2021	Number of Clinicians (Identified by NPI) Not QP in 2021 Who Became QP in 2022	Percentage of Clinicians (Identified by NPI) Not QP in 2021 Who Became QP in 2022	Number of Clinicians (Identified by NPI, and in an Advanced APM) Not QP in 2022	Number of Clinicians (Identified by NPI) Not QP in 2022 Who Became QP in 2023	Percentage of Clinicians (Identified by NPI) Not QP in 2022 Who Became QP in 2023
All Clinicians	42,782	6,449	32.79%	19,666	7,111	38.56%
Small Practice Clinicians	3,554	523	27.95%	1,871	473	34.48%

Appendix: Additional Resources

Eligibility and Participation Resources

- [How MIPS Eligibility Is Determined \(QPP Website\)](#)
- [2023 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#)
- [2023 MIPS Eligibility and Participation User Guide \(PDF\)](#)

MIPS Performance Category Resources

Quality

- [2023 Traditional MIPS Quality Requirements \(QPP Website\)](#)
- [2023 Quality Quick Start Guide \(PDF\)](#)
- [2023 Quality User Guide \(PDF\)](#)
- [2023 MIPS Quality Measures](#)

Cost

- [2023 Traditional MIPS Cost Requirements \(QPP Website\)](#)
- [2023 Cost Quick Start Guide \(PDF\)](#)
- [2023 Cost User Guide \(PDF\)](#)
- [2023 MIPS Cost Measures](#)

Improvement Activities

- [2023 Traditional MIPS Improvement Activities Requirements \(QPP Website\)](#)
- [2023 Improvement Activities Quick Start Guide \(PDF\)](#)
- [2023 Improvement Activities User Guide \(PDF\)](#)
- [2023 MIPS Improvement Activities](#)
- [2023 Improvement Activities Inventory](#)

Promoting Interoperability

- [2023 Promoting Interoperability Requirements](#)
- [2023 Promoting Interoperability Quick Start Guide](#)
- [2022 Promoting Interoperability User Guide](#)
- [2023 MIPS Promoting Interoperability Measures](#)
- [2023 Promoting Interoperability Actions to Limit or Restricts Fact Sheet](#)
- [2023 High Priority Practices SAFER Guide Fact Sheet](#)

Final Score and Payment Adjustment Resources

- [2023 Traditional MIPS Scoring Guide \(PDF\)](#)
- **2023 APP Scoring Guide**, available in the [2023 APM Performance Pathway \(APP\) Toolkit \(ZIP\)](#)
- [2025 MIPS Payment Year Payment Adjustment User Guide \(PDF\)](#)

Advanced APM Resources

- [2023 and 2024 Comprehensive List of APMs](#)
- [Learning Resources for QP Status and APM Incentive Payment](#)

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