

Quality Payment
PROGRAM

2022 Quality Payment Program Experience Report



MAY 2024

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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
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

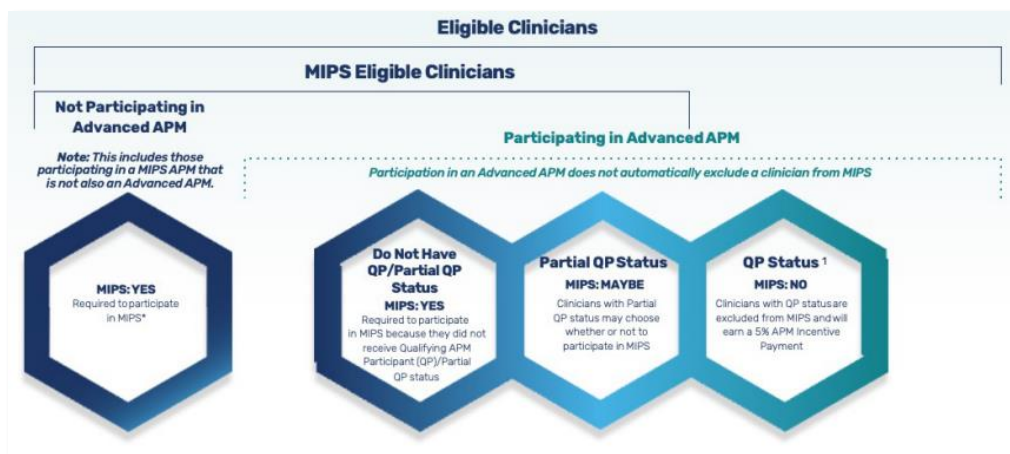
In 2017, the Centers for Medicare & Medicaid Services (CMS) launched the Quality Payment Program (QPP), which aims to reward improved patient outcomes and drive fundamental movement toward a value-based system of care. The program offers **2 payment tracks**: the Merit-based Incentive Payment System (MIPS) and 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, payment adjustments made in 2024 are based on their performance in 2022.

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 2022 through the Medicare or the All-Payer Combination Option, will be eligible to receive a 5% APM Incentive Payment in 2024. 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 the 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 2022 performance year while identifying progress from previous years – 2019 and 2021 performance years. CMS used the 2019 performance year as a pre-Coronavirus Disease 2019 (COVID 19) public health emergency (PHE) comparison point.

In this report, data and insights are provided in the following 4 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. [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 3. [2022 MIPS Final Scores and Associated 2024 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 4. [Advanced APM Participation](#):** Reviews the volume of eligible clinicians achieving QP status.

2. COVID-19 and 2022 Participation

In the 2022 performance year, we were able to start getting back on track with QPP policies and participation for the first time since the declaration of the COVID-19 (PHE) in March 2020.

Although we allowed clinicians to submit a MIPS Extreme and Uncontrollable Circumstances (EUC) Exception Application due to the COVID-19 PHE, we didn't apply this exception automatically to all MIPS eligible clinicians for the 2022 performance year. Visit the QPP website to learn more about our [COVID-19 response](#) in the 2022 performance year and the [MIPS EUC Exception Application](#).

3. Additional Information

For more information on the data included in this report, please see the [2022 QPP Data Use Guide \(PDF\)](#). Along with this report, CMS released the [2022 QPP Public Use File \(PUF\)](#). The 2022 QPP PUF is a large dataset that includes clinician-level, non-aggregated data on clinician experience in the 2022 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 [2022 QPP Participation and Performance Results At-A-Glance \(PDF\)](#) was released at the same time as this report; the At-A-Glance resource provides a snapshot of aggregated data from this report.

B. Summary

The 2022 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. CMS has implemented changes with the data included and the way certain metrics are categorized, offering the opportunity to look at program data in a more targeted way.

In past years, the Experience Report has provided data that inspects clinician participation and performance overall as well as the results of those who **engaged**¹ with the program, or actively participated. Beginning with the 2022 Experience Report, CMS will also focus on **non-reporting**² clinicians (those who didn't report data at all). In addition, the data now 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:

- Data shows that those MIPS eligible clinicians who engage¹ (actively participate) – regardless of practice size – are successful in the program. They have mean and median final scores above the 75-point performance threshold, resulting in positive payment adjustments.
- There is a notable difference in the performance of clinicians who engage¹ compared to those who don't.
 - Small practices, including solo practitioners, who engaged¹ achieved a mean final score of 84.8 points and a mean payment adjustment of 2.73%.
 - Small practices that didn't submit any data have a mean final score of only 38.34 and a mean payment adjustment of -4.6%.
- Data shows a consistent rate of non-reporting clinicians across performance years: About 6% of clinicians are individually eligible (required to report) but don't actively submit data.
- Solo practitioners have the highest rate of non-reporting clinicians (approximately 51%), although the number of solo practitioners who are required to participate has decreased in each performance year.

The 2022 report also includes **safety net provider**³ designations, along with breakouts by MIPS eligible clinician types and specialty. For example:

- Safety net providers³ have low rates of non-reporting clinicians and higher mean and median final scores than clinicians overall.
- The specialties with the highest proportion of clinicians receiving a negative payment adjustment are Anesthesiology, Orthopedic Surgery, Podiatry, and Optometry.
- The specialties with the highest proportion of clinicians receiving a positive payment adjustment are Obstetrics/Gynecology, Physical Therapy and General Surgery.

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 individually eligible for MIPS (and therefore required to participate) but didn't actively submit data. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

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.

Although the 2022 QPP Experience Report provides new ways to review program data, it continues to provide metrics that look at the big picture. For example:

- The **mean final score** for all MIPS eligible clinicians was **82.90 points** and the **median final score** was **85.29 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 2.06%, the median was 0.92%, and the maximum was 8.26%.**
 - Mean and median scores both decreased between 2021 and 2022, whereas performance thresholds increased, resulting in higher payment adjustment amounts.
- Lower final scores overall (with some exceptions) can be attributed to the removal of quality measure bonus points, a change in the complex patient bonus methodology resulting in fewer clinicians being eligible for this bonus, the cost performance category being calculated for the first time since the 2019 performance year, and changes to performance category weights.

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

- Between 2021 and 2022, there was a **26% increase in Advanced APM participation** and a **41% increase in the number of clinicians who achieved QP status**.

C. Key Insights and Data Tables

1. MIPS Eligibility and Participation

Clinicians were included and required to participate in MIPS for the 2022 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, 2022; (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.

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 2022 performance year are listed [here](#).

In 2022, MIPS eligible clinicians could participate in MIPS as an [individual](#), a [group](#), a [virtual group](#), or an [APM Entity](#).

For detailed information about MIPS eligibility and participation in the 2022 performance year, please refer to the [Appendix](#).

Key Insights

1.1 Overall MIPS Participation

- There was a ~11% drop in the number of MIPS eligible clinicians between 2021 and 2022. (Tables 1 and 2) This decrease is likely due to an increase in clinicians achieving QP status ([Table 36](#)).
- The percentage of non-reporting clinicians remained the same between 2021 and 2022. (Table 1)
- For more information about the decrease in MIPS eligible clinicians between 2019 and 2021, please review the [2021 QPP Experience Report \(PDF, 5MB\)](#).

Table 1. Overall MIPS Participation

	2019	2021	2022
Number of MIPS Eligible Clinicians (All)	957,462	698,883	624,209
Number of MIPS Eligible Clinicians (Non-Reporting ⁴)	24,726	41,646	37,038
Percent of MIPS Eligible Clinicians (Non-Reporting)	2.58%	5.96%	5.93%

Table 2. Changes in MIPS Participation

	Change from 2019 to 2021 (Number)	Change from 2019 to 2021 (Percentage)	Change from 2021 to 2022 (Number)	Change from 2021 to 2022 (Percentage)
MIPS Eligible Clinicians (All)	-258,579	-27.01%	-74,674	-10.68%
MIPS Eligible Clinicians (Non-Reporting ⁴)	16,920	68.43%	-4,608	-11.06%

⁴ **Non-reporting MIPS eligible clinicians** who were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

1.2 MIPS Participation by Practice Size and Special Status/Designation

- Solo practitioners have the highest rate of non-reporting clinicians (almost 51%) in 2022. Small practices with 2 – 15 clinicians have the highest decrease in participation from 2021 to 2022, with a ~20% non-reporting rate in 2022. (Table 3a)
- The rate of non-reporting has remained low for rural clinicians as well as those designated as safety net providers⁵. (Table 4a)

Table 3a. MIPS Participation by Practice Size

Practice Size ⁶	2019			2021			2022		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ⁷)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ³)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ³)	Rate of Non-Reporting Clinicians
1 Clinician (Solo Practitioner)	32,637	9,538	29.22%	20,305	10,718	52.79%	17,937	9,126	50.88%
2 – 15 Clinicians	129,887	8,906	6.86%	89,364	15,265	17.08%	66,584	13,112	19.69%
16 – 99 Clinicians	259,019	4,725	1.82%	145,299	10,131	6.97%	125,174	9,678	7.73%
100+ Clinicians	535,919	1,557	0.29%	443,915	5,532	1.25%	414,514	5,122	1.24%

⁵ **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.

⁶ 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, 2021 – September 30, 2022, for 2022).

⁷ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn’t actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 3b. Changes in MIPS Participation by Practice Size

Practice Size ³	Change from 2019 to 2021 (Count)	Change from 2019 to 2021 (Percentage)	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)
1 Clinician (Solo Practitioner)	-12,332	-37.79%	-2,368	-11.66%
2 – 15 Clinicians	-40,523	-31.20%	-22,780	-25.49%
16 – 99 Clinicians	-113,720	-43.90%	-20,125	-13.85%
100+ Clinicians	-92,004	-17.17%	-29,401	-6.62%

Table 4a. MIPS Participation by Special Status Designation

Special Status / Designation	2019			2021			2022		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ⁸)	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 ⁹	125,705	18,643	14.83%	108,377	26,355	24.32%	84,713	22,599	26.68%
Rural	120,156	3,139	2.61%	89,107	5,242	5.88%	80,950	4,441	5.49%
Safety Net Provider	201,608	8,145	4.04%	143,120	11,443	8.00%	125,273	7,844	6.26%

⁸ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

⁹ 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.

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

Special Status/Designation	Change from 2019 to 2021 (Count)	Change from 2019 to 2021 (Percentage)	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)
Small Practice	-17,328	-13.78%	-23,664	-21.83%
Rural	-31,049	-25.84%	-8,157	-9.15%
Safety Net Provider	-58,488	-29.01%	-17,847	-12.47%

1.3 MIPS Participation by Clinician Type

- The most common clinician type in every year is Doctor of Medicine, followed by Nurse Practitioners. (Table 5)
- There’s a consistent non-reporting rate (~8%) for Doctors of Medicine between 2021 and 2021, but a noticeable increase from 2019 (~3.5%). (Table 6)

Table 5. MIPS Participation and Non-Reporting by [MIPS Eligible Clinician Type](#)

	2019			2021			2022		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹⁰)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ⁵ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ⁵ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians
Overall	957,462	24,726	2.58%	698,883	41,646	5.96%	624,209	37,038	5.93%
Anesthesiologist Assistant¹¹	2,513	0	0.00%	1,627	0	0.00%	1,729	0	0.00%
Certified Nurse-Midwife¹²	N/A	N/A	N/A	N/A	N/A	N/A	2,004	4	0.20%
Certified Registered Nurse Anesthetist	46,947	163	0.35%	27,017	281	1.04%	26,805	193	0.72%

¹⁰ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn’t actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

¹¹ 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.

¹² Certified Nurse Midwives and Clinical Social Workers became a MIPS eligible clinician type in the 2022 performance year.

	2019			2021			2022		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹⁰)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ⁵ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ⁵ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians
Clinical Nurse Specialist	1,161	17	1.46%	853	31	3.63%	680	13	1.91%
Clinical Psychologist	6,388	123	1.93%	4,699	164	3.49%	4,054	144	3.55%
Clinical Social Worker ¹²	N/A	N/A	N/A	N/A	N/A	N/A	4,335	37	0.85%
Doctor of Chiropractic (Chiropractor)	1,277	90	7.05%	946	81	8.56%	370	83	22.43%
Doctor of Dental Medicine/Doctor of Dental Surgery (Dentist)	812	17	2.09%	622	24	3.86%	539	14	2.60%
Doctor of Medicine	613,901	20,988	3.42%	462,518	37,048	8.01%	403,943	32,323	8.00%
Doctor of Optometry	10,812	386	3.57%	9,461	645	6.82%	7,456	589	7.90%
Doctor of Osteopathy	452	14	3.10%	325	14	4.31%	267	16	5.99%
Doctor of Podiatric Medicine ¹³	472	24	5.08%	0	0	0.00%	0	0	0.00%
Nurse Practitioner	111,688	1,387	1.24%	95,516	1,994	2.09%	87,816	1,937	2.21%
Occupational Therapist	2,668	41	1.54%	3,224	15	0.47%	2,405	39	1.62%
Physical Therapist	23,572	567	2.41%	23,509	377	1.60%	19,942	523	2.62%
Physician Assistant	80,219	683	0.85%	63,100	937	1.48%	57,536	1,111	1.93%

¹³ Please note that podiatrists could be captured in Medicare coding under Doctor of Podiatric Medicine or Doctor of Medicine in 2019. Beginning in 2021, podiatrists were captured exclusively under Doctor of Medicine.

	2019			2021			2022		
	Number of MIPS Eligible Clinicians (All)	Number of MIPS Eligible Clinicians (Non-Reporting ¹⁰)	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ⁵ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians	Number of MIPS Eligible Clinicians (All)	Number of Non-Reporting ⁵ MIPS Eligible Clinicians	Rate of Non-Reporting Clinicians
Qualified Audiologist	3,287	13	0.40%	2,635	18	0.68%	2,309	8	0.35%
Qualified Speech-Language Pathologist	607	0	0.00%	800	1	0.13%	583	0	0.00%
Registered Dietician/ Nutrition Professional	2,265	9	0.40%	2,007	16	0.80%	1,436	4	0.28%

Table 6. Changes in MIPS Participation by Clinician Type

	Change from 2019 to 2021 (Count)	Change from 2019 to 2021 (Percentage)	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)
Anesthesiologist Assistant ¹⁴	-886	-35.26%	102	6.27%
Certified Nurse-Midwife	N/A ¹⁵	N/A	N/A	N/A
Certified Registered Nurse Anesthetist	-19,930	-42.45%	-212	-0.78%
Clinical Nurse Specialist	-308	-26.53%	-173	-20.28%
Clinical Psychologist	-1,689	-26.44%	-645	-13.73%
Clinical Social Worker	N/A	N/A	N/A	N/A
Doctor of Chiropractic (Chiropractor)	-331	-25.92%	-576	-60.89%
Doctor of Dental Medicine/Doctor of Dental Surgery (Dentist)	-190	-23.40%	-83	-13.34%

¹⁴ Included in the definition of a Certified Registered Nurse Anesthetist in section 1861(bb)(2) of the Social Security Act.

¹⁵ "N/A" is displayed when the clinician type count in either year was zero or "N/A".

	Change from 2019 to 2021 (Count)	Change from 2019 to 2021 (Percentage)	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)
Doctor of Medicine	-151,383	-24.66%	-58,575	-12.66%
Doctor of Optometry	-1,351	-12.50%	-2,005	-21.19%
Doctor of Osteopathy	-127	-28.10%	-58	-17.85%
Doctor of Podiatric Medicine ¹⁶	- 472	N/A	N/A	N/A
Nurse Practitioner	-16,172	-14.48%	-7,700	-8.06%
Occupational Therapist	556	20.84%	-819	-25.40%
Physical Therapist	-63	-0.27%	-3,567	-15.17%
Physician Assistant	-17,119	-21.34%	-5,564	-8.82%
Qualified Audiologist	-652	-19.84%	-326	-12.37%
Qualified Speech-Language Pathologist	193	31.80%	-217	-27.13%
Registered Dietician/ Nutrition Professional	-258	-11.39%	-571	-28.45%

1.4 MIPS Participation by Participation Option

- MIPS participation options remained stable between 2021 and 2022, with approximately two-thirds of clinicians participating as a group. (Table 7)
- Individual participation has remained stable since 2019. (Table 7)
- For more information about the sizable shifts in group and APM Entity participation between 2019 and 2021, please review the [2021 QPP Experience Report](#).

¹⁶ Please note that Podiatrists could be captured in Medicare coding under Doctor of Podiatric Medicine or Doctor of Medicine in 2019. Beginning in 2021, Podiatrists were captured exclusively under Doctor of Medicine.

Table 7. MIPS Participation by Participation Option

Participation Option ¹⁷	2019		2021		2022	
	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	957,462	100.00%	698,883	100.00%	624,209	100.00%
Participate as Individual	60,681	6.34%	55,355	7.92%	46,242	7.41%
Participate as Group	477,713	49.89%	473,631	67.77%	427,425	68.47%
Participate as Virtual Group	75	0.01%	110	0.02%	94	0.02%
Participate as APM Entity	418,993	43.76%	169,787	24.29%	150,448	24.10%

Table 8. Changes in MIPS Participation Options

	2019		2021	
	Change from 2019 to 2021 (Count)	Change from 2019 to 2021 (Percentage)	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)
Participate as Individual	-5,326	-8.78%	-9,113	-16.46%
Participate as Group	-4,082	-0.85%	-46,206	-9.76%
Participate as Virtual Group	35	46.67%	-16	-14.55%
Participate as APM Entity	-249,206	-59.48%	-19,339	-11.39%

¹⁷ 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.

1.5 MIPS Participation by Reporting Option

- 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.

Table 9. MIPS Participation by Reporting Option

MIPS Reporting Option	2021		2022	
	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%
APM Performance Pathway (APP) ¹⁸	169,129	24.20%	150,546	24.12%

Table 10. Changes in MIPS Participation by Reporting Option

MIPS Reporting Option	Change from 2021 to 2022 (Count)	Change from 2021 to 2022 (Percentage)
Traditional MIPS	-56,091	-10.59%
APM Performance Pathway (APP)	-18,583	-10.99%

¹⁸ The 2021 performance year was the first year that clinicians in a MIPS APM could report the APM Performance Pathway (APP). Prior to 2021, clinicians participating in a MIPS APM were scored according to the APM Scoring Standard.

2. 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. In traditional MIPS, clinicians select their measures from the [full inventory of available measures](#), choosing those most applicable to their patient population and scope of care.
- **The cost performance category** measures a healthcare provider's ability to manage healthcare expenses while providing high-quality care. In 2022, the cost performance category is worth 30% of the final MIPS score. 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. In traditional MIPS, clinicians are assessed on the [cost measures](#) for which they meet requirements.
- **The improvement activities performance category** assesses participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. In traditional MIPS, clinicians select activities from the [full inventory of activities](#), choosing those that best fit their practice and support the needs of patients by improving patient engagement, care coordination, patient safety, and other areas in patient care.
- **The Promoting Interoperability performance category** measures the use of technology to exchange and make use of information, with the goal of making communicating patient information less burdensome and improving outcomes. 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. 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](#).

Key Insights

2.1 Quality Performance Category¹⁹

Table 11. 20 Most Frequently Used Quality Measures in 2022 (Excluding Qualified Clinical Data Registry (QCDR) Measures)

- The top 2 most frequently used quality measures are administrative claims measures, which are automatically attributed to clinicians and calculated by CMS.
- There are no MIPS clinical quality measures (CQMs) on the list of most frequently reported measures; the most frequently used measures submitted by clinicians are the CAHPS for MIPS Survey measure, CMS Web Interface measures, and electronic CQMs (eCQMs).
- The prevalence of CMS Web Interface measures and the CAHPS for MIPS Survey measure is likely attributed to their inclusion in the APP quality measure set, which Shared Savings Program Accountable Care Organizations [ACOs] are required to report.

Quality ID	Collection Type ²⁰	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	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	2022	366,426	67.55%	5.48	3.00	5.27	8.99
479	Administrative Claims	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	2021	363,832	67.07%	6.17	3	6.2129	9.4789
321	CAHPS	CAHPS for MIPS Clinician/Group Survey	2017	166,288	30.65%	6.01	4.08	5.93	7.78
110	CMS Web Interface	Preventive Care and Screening: Influenza Immunization	2017	165,640	30.53%	8.74	7.57	8.90	9.84

¹⁹ This data reflects the quality measures that contributed to a MIPS eligible clinician's final score, excluding measures that were suppressed for the 2022 performance year. 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 112 and 318 appear in Table 11 twice; once as a CMS Web Interface measure, and separately as an electronic clinical quality measure (eCQM).)

²⁰ **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. 20 of the [2022 MIPS Quality User Guide \(PDF, 1MB\)](#).

Quality ID	Collection Type ²⁰	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
318	CMS Web Interface	Falls: Screening for Future Fall Risk	2017	165,640	30.53%	9.64	8.40	10.00	10.00
226	CMS Web Interface	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	165,615	30.53%	8.56	6.83	8.73	10.00
112	CMS Web Interface	Breast Cancer Screening	2017	165,615	30.53%	8.86	7.71	9.06	9.66
134	CMS Web Interface	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2017	165,615	30.53%	8.51	6.66	8.81	9.98
113	CMS Web Interface	Colorectal Cancer Screening	2017	165,615	30.53%	8.54	7.65	8.63	9.55
236	CMS Web Interface	Controlling High Blood Pressure	2017	165,615	30.53%	8.32	7.69	8.31	9.03
001	CMS Web Interface	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	165,615	30.53%	9.86	9.51	10.00	10.00
480	Administrative Claims	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS	2021	121,657	22.43%	5.98	3.00	6.34	9.68
001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	107,776	19.87%	7.40	5.52	7.68	8.76
309	eCQM	Cervical Cancer Screening	2017	62,116	11.45%	8.71	7.24	8.86	10.00
318	eCQM	Falls: Screening for Future Fall Risk	2017	53,396	9.84%	8.24	6.37	8.17	10.00
475	eCQM	HIV Screening	2019	48,126	8.87%	9.33	7.97	10.00	10.00

Quality ID	Collection Type ²⁰	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
438	eCQM	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	2017	46,583	8.59%	8.43	6.62	8.65	10.00
112	eCQM	Breast Cancer Screening	2017	45,391	8.37%	8.05	5.78	8.37	9.64
305	eCQM	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	2017	45,366	8.36%	9.03	7.93	9.24	10.00
111	eCQM	Pneumococcal Vaccination Status for Older Adults	2017	38,198	7.04%	7.75	5.33	8.10	9.70

Table 12. 20 Most Frequently Used QCDR (Quality) Measures in 2022

- The most frequently used QCDR measure was included in the final score of less than 2% 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
ECPR39	Avoid Head CT for Patients with Uncomplicated Syncope	2016	10,707	1.97%	8.68	6.82	8.89	10.00
AQI48	Patient-Reported Experience with Anesthesia	2017	9,271	1.71%	8.62	7.07	9.23	9.85
AQI68	Obstructive Sleep Apnea: Mitigation Strategies	2020	8,709	1.61%	8.05	5.25	8.71	10.00
ECPR46	Avoidance of Opiates for Low Back Pain or Migraines	2018	8,178	1.51%	9.35	8.45	10.00	10.00
AQI72	Perioperative Anemia Management	2021	7,914	1.46%	9.66	10.00	10.00	10.00
AQI73	Prevention of Arterial Line-Related Bloodstream Infections	2022	6,056	1.12%	9.26	7.00	10.00	10.00
ABG43	Use of Capnography for Non-Operating Room Anesthesia Measure	2022	5,515	1.02%	7.26	7.00	7.00	8.22

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
QUANTUM31	Central Line Ultrasound Guidance	2016	5,337	0.98%	6.28	4.96	7.00	7.00
PQRANES1	Use of Peripheral Nerve Block within the Emergency Department in Patients Admitted with Low Energy Hip Fracture	2022	5,257	0.97%	7.69	7.00	7.00	9.70
ACQR3	COPD: Steroids for No More than 5 days in COPD Exacerbation	2018	4,552	0.84%	5.56	3.00	5.18	8.96
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	4,465	0.82%	7.88	7.00	7.28	10.00
AQI62	Obstructive Sleep Apnea: Patient Education	2019	4,454	0.82%	6.54	5.78	6.70	6.95
AQI56	Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)	2018	4,216	0.78%	5.98	3.84	6.56	7.00
ACEP59	Chest Pain – Avoidance of Admission for Adult Patients with Low-Risk Chest Pain	2022	4,192	0.77%	7.76	7.00	7.00	9.85
ACEP22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	2016	4,085	0.75%	9.65	8.87	10.00	10.00
MSN15	Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk	2020	4,065	0.75%	9.93	10.00	10.00	10.00
IRIS59	Regaining Vision After Cataract Surgery	2020	4,020	0.74%	9.62	8.32	10.00	10.00
ACEP21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding	2016	3,901	0.72%	8.78	7.85	8.89	9.57

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	3,891	0.72%	7.72	5.00	6.69	10.00
IROMS17	Failure to Progress (FTP): Proportion of Patients Failing to Achieve a Minimal Clinically Important Difference (MCID) to Indicate Functional Improvement in Rehabilitation Patients with Low Back Pain Measured via the Validated Modified Low Back Pain Disability Questionnaire (MDQ) Score.	2019	3,802	0.70%	8.35	5.14	8.82	10.00

Table 13. 20 Least Frequently Used Quality Measures in 2022 (Excluding QCDR Measures)²¹

- As expected, the least frequently reported measures generally have a mean measure score of 3 points, the scoring floor in the 2022 performance year for quality measures without a benchmark. (Only one of the 20 least frequently used measures had 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
336	MIPS CQM	Maternity Care: Postpartum Follow-up and Care Coordination	2017	1	0.0002%	3.00	3.00	3.00	3.00
448	MIPS CQM	Appropriate Workup Prior to Endometrial Ablation	2017	1	0.0002%	3.00	3.00	3.00	3.00
455	MIPS CQM	Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score - better)	2017	1	0.0002%	3.00	3.00	3.00	3.00
461	MIPS CQM	Leg Pain After Lumbar Discectomy/Laminectomy	2018	1	0.0002%	3.00	3.00	3.00	3.00
387	MIPS CQM	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users	2017	2	0.0004%	3.00	3.00	3.00	3.00

²¹ 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
391	MIPS CQM	Follow-Up After Hospitalization for Mental Illness (FUH)	2017	2	0.0004%	3.00	3.00	3.00	3.00
422	Medicare Part B Claims	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	2017	2	0.0004%	3.00	3.00	3.00	3.00
392	MIPS CQM	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	2017	3	0.0006%	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	3	0.0006%	3.00	3.00	3.00	3.00
304	MIPS CQM	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	2017	4	0.0007%	3.00	3.00	3.00	3.00
378 ²²	eCQM	Children Who Have Dental Decay or Cavities	2017	4	0.0007%	8.25	5.10	10.00	10.00
460	MIPS CQM	Back Pain After Lumbar Fusion	2018	4	0.0007%	3.00	3.00	3.00	3.00
258	MIPS CQM	Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)	2017	5	0.0009%	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	5	0.0009%	3.00	3.00	3.00	3.00

²² Measure had a historical benchmark, making it eligible to earn more points than the scoring floor.

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
433	MIPS CQM	Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	2017	5	0.0009%	3.00	3.00	3.00	3.00
459	MIPS CQM	Back Pain After Lumbar Discectomy/Laminectomy	2018	5	0.0009%	3.00	3.00	3.00	3.00
386	MIPS CQM	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences	2017	6	0.0011%	3.00	3.00	3.00	3.00
401	MIPS CQM	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	2017	7	0.0013%	3.00	3.00	3.00	3.00
261	MIPS CQM	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	2017	8	0.0015%	3.00	3.00	3.00	3.00
409	MIPS CQM	Clinical Outcome Post Endovascular Stroke Treatment	2017	8	0.0015%	3.00	3.00	3.00	3.00

Table 14. 20 Least Frequently Used QCDR (Quality) Measures in 2022²³

- 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 2022), 5 points for measures in their second year in the program (added in 2021), and 3 points 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
AAN28	Diabetes/Pre-Diabetes Screening for Patients with DSP	2020	1	0.0002%	3.00	3.00	3.00	3.00

²³ 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
AAO32	Standard Benign Positional Paroxysmal Vertigo (BPPV) Management	2019	1	0.0002%	3.00	3.00	3.00	3.00
ABG40	Hypotension Prevention After Spinal Placement for Elective Cesarean Section	2021	1	0.0002%	5.00 ²⁴	5.00	5.00	5.00
ACR16	Rheumatoid Arthritis Patients with Low Disease Activity or Remission	2021	1	0.0002%	3.00	3.00	3.00	3.00
IGR15	Myocardial Perfusion Imaging (MPI) or Stress Echocardiography Imaging Studies - Adequate Exercise Protocol	2021	1	0.0002%	5.00	5.00	5.00	5.00
IGR16	Myocardial Perfusion Imaging (MPI) Studies, Transthoracic Echo (TTE), or Stress Echocardiography Imaging Studies - Adequate Reporting for Appropriate Interventions	2021	1	0.0002%	5.00	5.00	5.00	5.00
IGR18	Myocardial Perfusion Imaging (MPI) or Stress Echocardiography imaging studies - Improving Image Quality	2021	1	0.0002%	5.00	5.00	5.00	5.00
MBHR17	Improved Efficiency: Time Interval for reporting results of cognitive assessment	2022	1	0.0002%	7.00 ²⁵	7.00	7.00	7.00
OEIS7	Structured Walking Program Prior to Intervention for Claudication	2019	1	0.0002%	3.00	3.00	3.00	3.00
ASPS22	Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection	2020	2	0.0004%	3.00	3.00	3.00	3.00

²⁴ Beginning with the 2022 performance year, quality measures in their 2nd year of the program have a 5-point scoring floor if data completeness criteria are met.

²⁵ Beginning with the 2022 performance year, quality measures in their 1st year of the program have a 7-point scoring floor if data completeness criteria are met.

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
HM11	Outcomes of Treatment of Subjective Tinnitus	2021	2	0.0004%	5.00	5.00	5.00	5.00
AAN30	Migraine Preventive Therapy Management	2021	3	0.0006%	5.00	5.00	5.00	5.00
ACMS9	Post-Operative Management of Field Cancerization after Mohs Micrographic Surgery	2022	3	0.0006%	3.00	3.00	3.00	3.00
CDR2 ²⁶	Diabetic Foot Ulcer (DFU) Healing or Closure	2014	3	0.0006%	8.49	6.37	10.00	10.00
OEIS8	Use of ultrasound guidance for vascular access	2020	3	0.0006%	3.00	3.00	3.00	3.00
AAAAI18	Penicillin Allergy: Appropriate Removal or Confirmation	2015	4	0.0007%	3.00	3.00	3.00	3.00
AAD10	Dermatitis – Improvement in Patient-Reported Itch Severity	2020	4	0.0007%	3.00	3.00	3.00	3.00
AAO36	Tympanostomy Tubes: Resolution of Otitis Media with Effusion (OME) in Adults and Children	2020	4	0.0007%	3.00	3.00	3.00	3.00
CDR6 ²¹	Venous Leg Ulcer (VLU) Healing or Closure	2014	5	0.0009%	7.10	4.29	6.86	10.00
IRIS6	Acquired Involitional Entropion: Normalized lid position after surgical repair	2015	6	0.0011%	3.00	3.00	3.00	3.00

²⁶ Measure had a historical benchmark, making it eligible for more points than the scoring floor.

Table 15. 20 Highest Scoring Quality Measures in 2022 (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) ²⁷	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
001	CMS Web Interface	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	165,615	30.53%	9.86	9.51	10.00	10.00
318	CMS Web Interface	Falls: Screening for Future Fall Risk	2017	165,640	30.53%	9.64	8.40	10.00	10.00
475	eCQM	HIV Screening	2019	48,126	8.87%	9.33	7.97	10.00	10.00
305	eCQM	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	2017	45,366	8.36%	9.03	7.93	9.24	10.00
331	MIPS CQM	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	2017	18,179	3.35%	8.94	7.17	9.64	10.00
370	eCQM	Depression Remission at Twelve Months	2017	22,659	4.18%	8.90	7.10	9.14	10.00
112	CMS Web Interface	Breast Cancer Screening	2017	165,615	30.53%	8.86	7.71	9.06	9.66
110	CMS Web Interface	Preventive Care and Screening: Influenza Immunization	2017	165,640	30.53%	8.74	7.57	8.90	9.84
309	eCQM	Cervical Cancer Screening	2017	62,116	11.45%	8.71	7.24	8.86	10.00
007	eCQM	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	2017	16,973	3.13%	8.58	7.19	8.66	10.00
226	CMS Web Interface	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	165,615	30.53%	8.56	6.83	8.73	10.00

²⁷ 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) ²⁷	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
113	CMS Web Interface	Colorectal Cancer Screening	2017	165,615	30.53%	8.54	7.65	8.63	9.55
134	CMS Web Interface	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	2017	165,615	30.53%	8.51	6.66	8.81	9.98
107	eCQM	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	2017	14,110	2.60%	8.50	7.31	8.49	9.98
066	MIPS CQM	Appropriate Testing for Pharyngitis	2017	12,254	2.26%	8.49	5.71	8.85	10.00
117	eCQM	Diabetes: Eye Exam	2017	14,373	2.65%	8.46	6.56	8.93	10.00
438	eCQM	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	2017	46,583	8.59%	8.43	6.62	8.65	10.00
317	eCQM	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	2017	30,606	5.64%	8.41	6.81	8.65	10.00
128	MIPS CQM	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	2017	11,661	2.15%	8.38	4.75	10.00	10.00
310	eCQM	Chlamydia Screening for Women	2017	29,310	5.40%	8.38	6.97	8.27	10.00

Table 16. 20 Highest Scoring QCDR (Quality) Measures in 2022

There are no QCDR measures that met the 2% reporting threshold for inclusion in this table. Refer to [Table 12](#) for the most frequently reported QCDR measures, including measure score information.

Table 17. 20 Lowest Scoring Quality Measures in 2022 (Excluding QCDR Measures)²⁸

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 ²⁹)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
484	Administrative Claims	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	2022	366,426	67.55%	5.48	3.00	5.27	8.99
130	eCQM	Documentation of Current Medications in the Medical Record	2017	24,445	4.51%	5.72	3.00	6.83	7.00
480	Administrative Claims	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for MIPS	2021	121,657	22.43%	5.98	3.00	6.34	9.68
321	CAHPS for MIPS Survey	CAHPS for MIPS Clinician/Group Survey	2017	166,288	30.65%	6.01	4.08	5.93	7.78
479	Administrative Claims	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	2021	363,832	67.07%	6.17	3.00	6.21	9.48
130	MIPS CQM	Documentation of Current Medications in the Medical Record	2017	24,295	4.48%	6.29	3.92	7.00	7.00

²⁸ Table 17 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.

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 ²⁹)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
076	MIPS CQM	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	2017	19,024	3.51%	6.36	3.83	7.00	7.00
404	MIPS CQM	Anesthesiology Smoking Abstinence	2017	12,759	2.35%	7.02	4.79	7.17	9.40
001	eCQM	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2017	107,776	19.87%	7.40	5.52	7.68	8.76
191	eCQM	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	2017	14,033	2.59%	7.41	5.53	7.59	10.00
119	eCQM	Diabetes: Medical Attention for Nephropathy	2017	20,459	3.77%	7.45	4.73	7.77	9.77
236	MIPS CQM	Controlling High Blood Pressure	2017	14,838	2.74%	7.69	6.15	7.72	9.47
111	eCQM	Pneumococcal Vaccination Status for Older Adults	2017	38,198	7.04%	7.75	5.33	8.10	9.70
066	eCQM	Appropriate Testing for Pharyngitis	2017	17,776	3.28%	7.88	6.07	8.05	9.44
226	eCQM	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2017	22,834	4.21%	7.94	5.19	8.39	10.00
112	eCQM	Breast Cancer Screening	2017	45,391	8.37%	8.05	5.78	8.37	9.64
047	MIPS CQM	Advance Care Plan	2017	29,936	5.52%	8.08	5.76	8.28	10.00
065	eCQM	Appropriate Treatment for Upper Respiratory Infection (URI)	2017	35,314	6.51%	8.10	5.89	8.29	9.73
318	eCQM	Falls: Screening for Future Fall Risk	2017	53,396	9.84%	8.24	6.37	8.17	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 ²⁹)	Mean Measure Score	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
374	eCQM	Closing the Referral Loop: Receipt of Specialist Report	2017	19,650	3.62%	8.26	6.34	8.55	10.00

Table 18. 20 Lowest Scoring QCDR (Quality) Measures in 2022

There are no QCDR measures that met the 2% threshold for inclusion in this table. Refer to **Table 14** for the least frequently reported QCDR measures, including measure score information.

Table 19a. Top 2 Most Frequently Reported Quality Measures per Specialty

- Except for Optometrists and Ophthalmologists, administrative claims measures (which are automatically calculated) were those most frequently contributing to the quality score of the specialties listed below.

Specialty ³⁰	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	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	33,006	80.32%	484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	30,727	74.77%
Family Medicine	484	MCC	Administrative Claims	27,652	80.42%	479	HWR	Administrative Claims	27,306	79.42%

³⁰ This table is limited to the 20 specialties with the greatest number of MIPS eligible clinicians in the 2022 performance year.

Specialty ³⁰	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
Emergency Medicine	479	HWR	Administrative Claims	18,161	64.79%	484	MCC	Administrative Claims	12,045	42.97%
Diagnostic Radiology	484	MCC	Administrative Claims	11,205	41.92%	479	HWR	Administrative Claims	11,085	41.47%
Anesthesiology	484	MCC	Administrative Claims	8,637	47.46%	479	HWR	Administrative Claims	8,336	45.80%
Orthopedic Surgery	484	MCC	Administrative Claims	8,749	70.84%	479	HWR	Administrative Claims	8,633	69.90%
Cardiology	484	MCC	Administrative Claims	9,618	75.73%	479	HWR	Administrative Claims	9,463	74.51%
Ophthalmology	117	Diabetes: Eye Exam	eCQM	5,903	49.94%	238	Use of High-Risk Medications in Older Adults	eCQM	4,161	35.20%
Obstetrics/Gynecology	484	MCC	Administrative Claims	11,023	85.24%	479	HWR	Administrative Claims	10,208	78.94%
General Surgery	484	MCC	Administrative Claims	9,445	83.30%	479	HWR	Administrative Claims	9,375	82.68%
Hospitalist	479	HWR	Administrative Claims	10,589	94.02%	484	MCC	Administrative Claims	9,215	81.82%
Neurology	484	MCC	Administrative Claims	7,611	81.32%	479	HWR	Administrative Claims	7,336	78.38%

Specialty ³⁰	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
Gastroenterology	484	MCC	Administrative Claims	5,755	76.84%	479	HWR	Administrative Claims	5,682	75.86%
Dermatology	484	MCC	Administrative Claims	2,740	43.87%	137	Melanoma: Continuity of Care - Recall System	MIPS CQMs	2,390	38.26%
Podiatry	484	MCC	Administrative Claims	2,054	32.69%	479	HWR	Administrative Claims	1,826	29.06%
Psychiatry	484	MCC	Administrative Claims	6,199	81.21%	479	HWR	Administrative Claims	5,723	74.98%
Pathology	484	MCC	Administrative Claims	3,903	51.67%	479	HWR	Administrative Claims	3,860	51.11%
Optometry	117	Diabetes: Eye Exam	eCQM	3,788	57.13%	238	Use of High-Risk Medications in Older Adults	eCQM	2,663	40.17%
Pulmonary Disease	484	MCC	Administrative Claims	4,949	79.44%	479	HWR	Administrative Claims	4,863	78.06%
Urology	484	MCC	Administrative Claims	4,297	75.53%	479	HWR	Administrative Claims	4,050	71.19%

Table 19b. Top 2 Most Frequently Reported Quality Measures by Specialty – Excluding Administrative Claims³¹

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	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	14,630	35.601%	318	Falls: Screening for Future Fall Risk	CMS Web Interface	14,630	35.60%
Family Medicine	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	14,506	42.190%	318	Falls: Screening for Future Fall Risk	CMS Web Interface	14,506	42.19%
Emergency Medicine	331	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	MIPS CQM	9,618	34.312%	066	Appropriate Testing for Pharyngitis	MIPS CQM	7,187	25.64%
Diagnostic Radiology	145	Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy	MIPS CQM	7,993	29.906%	147	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	MIPS CQM	7,052	26.39%
Anesthesiology	404	Anesthesiology Smoking Abstinence	MIPS CQM	5,015	27.555%	477	Multimodal Pain Management	MIPS CQM	4,236	23.27%
Orthopedic Surgery	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	3,726	30.168%	318	Falls: Screening for Future Fall Risk	CMS Web Interface	3,726	30.17%
Cardiology	321	CAHPS for MIPS Clinician/Group Survey	CAHPS for MIPS Survey	4,935	38.855%	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	4,930	38.82%

³¹ Table 19b provides the top 2 measures attributed to clinicians in each specialty, based on the measures selected and submitted by the practice.

³² This table is limited to the 20 specialties with the greatest number of MIPS eligible clinicians in the 2022 performance year.

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
Ophthalmology	117	Diabetes: Eye Exam	eCQM	5,903	49.937%	238	Use of High-Risk Medications in Older Adults	eCQM	4,161	35.20%
Obstetrics/Gynecology	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	4,939	38.192%	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	4,939	38.19%
General Surgery	321	CAHPS for MIPS Clinician/Group Survey	CAHPS for MIPS Survey	4,722	41.644%	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	4,665	41.14%
Hospitalist	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	5,231	46.444%	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	5,231	46.44%
Neurology	321	CAHPS for MIPS Clinician/Group Survey	CAHPS for MIPS Survey	3,373	36.040%	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	3,350	35.79%
Gastroenterology	321	CAHPS for MIPS Clinician/Group Survey	CAHPS for MIPS Survey	2,953	39.426%	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	2,632	35.14%
Dermatology	137	Melanoma: Continuity of Care - Recall System	MIPS CQM	2,390	38.265%	410	Psoriasis: Clinical Response to Systemic Medications	MIPS CQM	1,754	28.08%
Podiatry	236	Controlling High Blood Pressure	eCQM	1,208	19.227%	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	eCQM	1,166	18.56%

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
Psychiatry	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	2,603	34.102%	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	2,603	34.10%
Pathology	395	Lung Cancer Reporting (Biopsy/Cytology Specimens)	MIPS CQM	2,232	29.551%	396	Lung Cancer Reporting (Resection Specimens)	MIPS CQM	2,195	29.06%
Optometry	117	Diabetes: Eye Exam	eCQM	3,788	57.134%	238	Use of High-Risk Medications in Older Adults	eCQM	2,663	40.17%
Pulmonary Disease	321	CAHPS for MIPS Clinician/Group Survey	CAHPS for MIPS Survey	2,391	38.379%	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS Web Interface	2,369	38.03%
Urology	321	CAHPS for MIPS Clinician/Group Survey	CAHPS for MIPS Survey	1,995	35.068%	110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface	1,944	34.17%

2.2 Cost Performance Category

Table 20. Cost Measure Performance in 2022 (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:
 - More than 90% of these clinicians were scored on the TPCC measure, whereas approximately 73% of these clinicians received a score on 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	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
TPCC_1	Total Per Capita Cost (TPCC)	243,811	90.29%	5.11	1.88	5.00	8.60
MSPB_1	Medicare Spending Per Beneficiary (MSPB) Clinician	197,927	73.30%	7.43	4.70	7.56	9.95
COST_D_1	Diabetes	196,534	72.78%	5.00	2.67	4.99	7.56
COST_ACOPD_1	Asthma/Chronic Obstructive Pulmonary Disease (COPD)	170,776	63.24%	4.20	2.06	3.87	6.54
COST_S_1	Sepsis	153,659	56.90%	8.47	6.37	8.79	10.00
COST_SSC_1	Screening/Surveillance Colonoscopy	133,661	49.50%	4.95	1.95	4.40	8.72
COST_IHCL_1	Intracranial Hemorrhage or Cerebral Infarction	126,484	46.84%	6.39	2.92	6.71	9.95
COST_COPDE_1	Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation	117,795	43.62%	7.19	4.11	7.28	10.00
'COST_KA_1	Knee Arthroplasty	117,519	43.52%	5.38	2.49	4.89	8.99
COST_FIHR_1	Femoral or Inguinal Hernia Repair	114,933	42.56%	5.95	2.53	6.22	9.05
COST_PHA_1	Elective Primary Hip Arthroplasty	107,251	39.72%	5.56	2.34	5.02	9.20

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	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
COST_EOPCI_1	Elective Outpatient Percutaneous Coronary Intervention (PCI)	105,450	39.05%	5.15	2.23	4.81	8.53
COST_LPMSM_1	Lumpectomy, Partial Mastectomy, Simple Mastectomy	105,399	39.03%	6.21	2.83	6.33	9.14
COST_CCLI_1	Revascularization for Lower Extremity Chronic Critical Limb Ischemia	104,050	38.53%	6.65	3.21	6.90	9.33
COST_RUSST_1	Renal or Ureteral Stone Surgical Treatment	103,134	38.19%	5.88	2.85	6.06	8.75
COST_LGH_1	Lower Gastrointestinal Hemorrhage (groups only)	100,194	37.10%	6.32	2.75	6.57	9.63
COST_MR_1	Melanoma Resection	90,569	33.54%	5.40	2.46	5.44	8.12
COST_NECABG_1	Non-Emergent Coronary Artery Bypass Graft (CABG)	88,720	32.85%	5.85	1.99	5.63	9.89
COST_HAC_1	Hemodialysis Access Creation	88,591	32.81%	5.55	2.34	5.45	9.12
COST_LSFDD_1	Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels	88,391	32.73%	5.73	2.47	5.77	9.09
COST_CRR_1	Colon and Rectal Resection	84,821	31.41%	6.01	2.29	5.98	9.13
COST_IOL_1	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	81,511	30.19%	5.47	2.80	4.69	10.00
COST_AKID_1	Acute Kidney Injury Requiring New Inpatient Dialysis	64,057	23.72%	5.64	2.30	5.85	9.64

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	10 th Percentile Measure Score	50 th Percentile Measure Score (Median)	90 th Percentile Measure Score
COST_STEMI_1	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	35,684	13.21%	6.3	2.38	6.37	10.00

2.3 Improvement Activities Performance Category

- “Provide 24/7 Access... to Patient’s Medical Record” remains the most reported improvement activity (same as in 2021).
- Three improvement activities that weren’t among the top 10 improvement activities in 2021 are present in the 2022 performance year: **(1)** Use of telehealth services that expand practice access (reported by 48,299 clinicians), **(2)** implementation of medication management practice improvements (reported by 39,236 clinicians), and **(3)** collection and use of patient experience and satisfaction data on access (reported by 37,051 clinicians).

Table 21. 20 Most Frequently Reported Improvement Activities in 2022

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_EPA_1	Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	146,828	25.36%
IA_BE_4	Engagement of patients through implementation of improvements in patient portal	122,244	21.11%
IA_PSPA_16	Use of decision support and standardized treatment protocols	101,660	17.56%
IA_BE_6	Regularly Assess Patient Experience of Care and Follow Up on Findings	93,814	16.20%
IA_CC_13	Practice Improvements for Bilateral Exchange of Patient Information	81,722	14.11%
IA_EPA_2	Use of telehealth services that expand practice access	48,299	8.34%
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	45,514	7.86%

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_PM_16	Implementation of medication management practice improvements	39,236	6.78%
IA_EPA_3	Collection and use of patient experience and satisfaction data on access	37,051	6.40%
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	36,704	6.34%
IA_BMH_2	Tobacco use	36,153	6.24%
IA_PSPA_6	Consultation of the Prescription Drug Monitoring program	35,914	6.20%
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization.	32,122	5.55%
IA_BMH_4	Depression screening	30,985	5.35%
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes, or other practice improvement processes	30,410	5.25%
IA_PSPA_18	Measurement and improvement at the practice and panel level	29,633	5.12%
IA_PSPA_21	Implementation of fall screening and assessment programs	28,903	4.99%
IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop	26,403	4.56%
IA_BMH_12	Promoting Clinician Well-Being	22,145	3.82%
IA_BE_1	Use of certified EHR to capture patient reported outcomes	21,835	3.77%

2.4 Promoting Interoperability Performance Category

- A sizable percentage of clinicians reported optional/bonus measures:
 - Approximately 82% of clinicians who were scored in this performance category reported the optional Query of the Prescription Drug Monitoring Program (PDMP).
 - More than 30% of clinicians scored in this performance category reported the optional/bonus Syndromic Surveillance Reporting measure.
 - Almost 27% reported the optional/bonus Public Health Registry Reporting measure.
- More than 93% of clinicians who were scored in the Promoting Interoperability performance category reported the e-Prescribing measure; only 1% of clinicians claimed an exclusion for this measure.
- There were 2 options for meeting the Health Information Exchange (HIE) objective requirements:
 - More than 70% of clinicians receiving a score in this performance category reported the HIE Bi-Directional Exchange measure (“option 2”) whereas less than 20% reported the Support Electronic Referral Loops by Sending Health Information and the Support Electronic Referral Loops by Receiving and Reconciling Health Information measures (“option 1”).

Table 22. Frequency of Promoting Interoperability Measures Reported in 2022

Objective	Measure ID	Measure Name ³³	Measure Type ³⁴	Number of Clinicians Who Reported the Measure	Percentage of Clinicians Who Reported the Measure (Out of All MIPS Eligible Clinicians Scored on Promoting Interoperability)
e-Prescribing	PI_EP_1	e-Prescribing	Required	391,436	93.56%
	PI_LVPP_1	e-Prescribing Exclusion	Exclusion	4,245	1.01%
	PI_EP_2	Query of the Prescription Drug Monitoring Program (PDMP)	Optional/Bonus	343,203	82.03%
Health Information Exchange (HIE)	PI_HIE_1 ³⁵	Support Electronic Referral Loops By Sending Health Information	Required	74,814	17.88%
	PI_LVOTC_1	Support Electronic Referral Loops By Sending Health Information Exclusion	Exclusion	26,403	6.31%

³³ For more information about the 2022 Promoting Interoperability measures and exclusions, review the [2022 MIPS Promoting Interoperability Measure Specifications \(ZIP\)](#).

³⁴ 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.

³⁵ There were 2 options for fulfilling the HIE objective requirements in the 2022 performance year: Clinicians could **either** report **(1)** PI_HIE_1 and PI_HIE_4 **or** **(2)** PI_HIE_5.

Objective	Measure ID	Measure Name ³³	Measure Type ³⁴	Number of Clinicians Who Reported the Measure	Percentage of Clinicians Who Reported the Measure (Out of All MIPS Eligible Clinicians Scored on Promoting Interoperability)
	PI_HIE_4 ³⁵	Support Electronic Referral Loops By Receiving and Reconciling Health Information	Required	79,009	18.88%
	PI_LVITC_2	Support Electronic Referral Loops By Receiving and Reconciling Health Information Exclusion	Exclusion	22,215	5.31%
	PI_HIE_5 ³⁵	Health Information Exchange (HIE) Bi-Directional Exchange	Required	295,530	70.63%
Provider to Patient Exchange	PI_PEA_1	Provide Patients Electronic Access to Their Health Information	Required	395,526	94.53%
Public Health and Clinical Data Exchange	PI_PHCDRR_1	Immunization Registry Reporting	Required	347,010	82.94%
	PI_PHCDRR_1_EX_1	Immunization Registry Reporting Exclusion (1)	Exclusion	46,896	11.21%
	PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion (2)	Exclusion	1,399	0.33%
	PI_PHCDRR_1_EX_3	Immunization Registry Reporting Exclusion (3)	Exclusion	1,190	0.28%
	PI_PHCDRR_3	Electronic Case Reporting	Required	286,332	68.44%
	PI_PHCDRR_3_EX_1	Electronic Case Reporting Exclusion (1)	Exclusion	19,536	4.67%
	PI_PHCDRR_3_EX_2	Electronic Case Reporting Exclusion (2)	Exclusion	5,300	1.27%
	PI_PHCDRR_3_EX_3	Electronic Case Reporting Exclusion (3)	Exclusion	23,802	5.69%
	PI_PHCDRR_3_EX_4	Electronic Case Reporting Exclusion (4)	Exclusion	61,665	14.74%

Objective	Measure ID	Measure Name ³³	Measure Type ³⁴	Number of Clinicians Who Reported the Measure	Percentage of Clinicians Who Reported the Measure (Out of All MIPS Eligible Clinicians Scored on Promoting Interoperability)
	PI_PHCDRR_2	Syndromic Surveillance Reporting	Optional/Bonus	127,428	30.46%
	PI_PHCDRR_4	Public Health Registry Reporting	Optional/Bonus	112,851	26.97%
	PI_PHCDRR_5	Clinical Data Registry Reporting	Optional/Bonus	50,228	12.00%

2.5 Unweighted Performance Category Scores³⁶

- The improvement activities performance category had the highest mean and median scores (almost 96%) and contributed to the final score of the most clinicians (almost 93%).
- Only 43% of MIPS eligible clinicians received a cost performance category, which had the lowest mean and median scores of any performance category.
 - Approximately 57% 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 (cost isn't scored under this MIPS reporting option).

Table 23. Unweighted Performance Category Scores

Performance Category	Overall Unweighted Mean Score ³⁷	Overall Unweighted Median Score	Number of MIPS Eligible Clinicians Who Received a Score for the Performance Category	Percentage of All MIPS Eligible Clinicians
Quality	74.63%	78.40%	542,482	86.91%
Cost	59.70%	59.02%	270,036	43.26%
Improvement Activities	95.96%	100.00%	579,007	92.76%
Promoting Interoperability	94.94%	100.00%	418,398	67.03%

³⁶ 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%.

³⁷ 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; alternately, the same 100% performance contributes 50 points when the category is weighted at 50% of the final score.

3. 2022 MIPS Final Scores and Associated 2024 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.

In the 2022 performance year MIPS eligible clinicians could be evaluated across all 4 MIPS performance categories – quality, cost, improvement activities, and Promoting Interoperability – for the first time since 2019. As a reminder, cost was reweighted to 0% of the final score for all MIPS eligible clinicians in the 2020 and 2021 performance years because of COVID-19's impact on measure 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.

The 2022 performance year is the final year for the exceptional performance adjustment, which will be paid in the 2024 payment year.

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

Key Insights

3.1 Final Scores and Payment Adjustments

- MIPS eligible clinicians who engaged³⁸ in the program had a mean final score of 85 points and mean payment adjustment of 2.40%, whereas non-reporting clinicians³⁷ had a mean score of 48 points (well below the 75-point performance threshold) and a mean payment adjustment of -3.41%.

Table 24. 2022 Final Scores and 2024 Payment Adjustments

Status	Final Score				Payment Adjustment			
	Mean	Median	Minimum	Maximum	Mean	Median	Minimum	Maximum
MIPS Eligible Clinicians (All)	82.90	85.29	0.00	100.00	2.06%	0.92%	-9.00%	8.26%
MIPS Eligible Clinicians (Engaged ³⁶)	85.11	86.68	0.00	100.00	2.40%	1.05%	-9.00%	8.26%
MIPS Eligible Clinicians (Non-Reporting ³⁹)	47.85	75.00	0.00	75.00	-3.41%	0.00%	-9.00%	0.00%

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

- Clear differences in mean final scores emerge 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 25a)
 - 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 78 points and a median final score over 86 points**. By contrast, non-reporting solo practitioners had a mean final score below 31 points and a median final score just above 18 points. (Table 25a)
- Clinicians participating in MIPS as an APM Entity had the highest mean and median final scores and payment adjustments. (Table 26)

³⁸ **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.

³⁹ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 25a: 2022 Final Scores and 2024 Payment Adjustments by Practice Size

Practice Size ⁴⁰	Final Score				Payment Adjustment			
	Mean	Median	Minimum	Maximum	Mean	Median	Minimum	Maximum
1 Clinician (Solo Practitioner: All)	54.33	75.00	0.00	100.00	-1.89%	0.00%	-9.00%	8.26%
1 Clinician (Solo Practitioner: Engaged ⁴¹)	78.68	86.37	0.00	100.00	1.89%	1.02%	-9.00%	8.26%
1 Clinician (Solo Practitioner: Non-Reporting ⁴²)	30.81	18.15	0.00	75.00	-5.54%	-9.00%	-9.00%	0.00%
2 – 15 Clinicians (All)	76.59	84.61	0.00	100.00	1.40%	0.86%	-9.00%	8.26%
2 – 15 Clinicians (Engaged)	84.80	89.18	0.00	100.00	2.73%	1.67%	-9.00%	8.26%
2 – 15 Clinicians (Non-Reporting)	43.11	75.00	0.00	75.00	-4.01%	0.00%	-9.00%	0.00%
16 – 99 Clinicians (All)	81.55	83.58	0.00	100.00	1.74%	0.77%	-9.00%	8.26%
16 – 99 Clinicians (Engaged)	83.35	85.19	0.00	100.00	2.04%	0.91%	-9.00%	8.26%
16 – 99 Clinicians (Non-Reporting)	60.03	75.00	0.00	75.00	-1.88%	0.00%	-9.00%	0.00%
100+ Clinicians (All)	85.55	86.50	0.00	100.00	2.43%	1.03%	-9.00%	8.26%
100+ Clinicians (Engaged)	85.78	86.78	7.50	100.00	2.47%	1.05%	-9.00%	8.26%
100+ Clinicians (Non-Reporting)	67.33	75.00	0.00	75.00	-0.97%	0.00%	-9.00%	0.00%

⁴⁰ 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).

⁴¹ **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.

⁴² **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn’t actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 25b: 2022 Final Scores and 2024 Payment Adjustments by Special Status/Designation

Special Status/ Designation	Final Score				Payment Adjustment			
	Mean	Median	Minimum	Maximum	Mean	Median	Minimum	Maximum
Small Practice ⁴³ (All)	71.52	80.18	0.00	100.00	0.67%	0.46%	-9.00%	8.26%
Small Practice (Engaged ⁴⁴)	83.60	88.07	0.00	100.00	2.59%	1.17%	-9.00%	8.26%
Small Practice (Non-Reporting ⁴⁵)	38.34	25.77	0.00	75.00	-4.60%	-5.91%	-9.00%	0.00%
Rural (All)	81.71	84.10	0.00	100.00	1.72%	0.81%	-9.00%	8.26%
Rural (Engaged)	83.84	85.05	0.00	100.00	2.04%	0.90%	-9.00%	8.26%
Rural (Non-Reporting)	45.05	75.00	0.00	75.00	-3.78%	0.00%	-9.00%	0.00%
Safety Net Provider (All)	86.38	91.57	0.00	100.00	3.33%	3.12%	-9.00%	8.26%
Safety Net Provider (Engaged)	89.51	93.21	0.00	100.00	3.86%	4.12%	-9.00%	8.26%
Safety Net Provider (Non-Reporting)	39.48	27.84	0.00	75.00	-4.50%	-5.66%	-9.00%	0.00%

⁴³ 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.

⁴⁴ **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.

⁴⁵ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn’t actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 26. 2022 Final Scores and 2024 Payment Adjustments by Participation Option

Participation Option	Final Score				Payment Adjustment			
	Mean	Median	Minimum	Maximum	Mean	Median	Minimum	Maximum
Individual	55.65	75.00	0.00	100.00	-1.73	0.00	-9.00	8.26
Group	82.00	81.41	0.00	100.00	1.57	0.57	-9.00	8.26
Virtual Group	90.20	94.02	67.21	99.17	3.86	4.61	-0.93	7.75
APM Entity	93.81	93.95	46.42	100.00	4.62	4.57	-3.43	8.26

3.3 Mean and Median Final Score Trends

- Although the overall mean and median final scores remained above the performance threshold in 2022, they decreased from 2021.
 - In 2022, the mean and median final scores across all MIPS eligible clinicians were 82.90 and 85.29 points, respectively. (Table 27a)
 - In 2021, the mean and median final scores across all MIPS eligible clinicians were 89.22 and 97.22 points, respectively. (Table 27a)
- There are several program changes in the 2022 performance year that contributed to lower final scores overall:
 - The removal of quality measure bonus points.
 - A change in the complex patient bonus methodology, resulting in fewer clinicians being eligible for this bonus.
 - The calculation of the cost performance category for the first time since the 2019 performance year, along with an expanded number of cost measures that could be attributed to clinicians.
 - Changes to performance category weights.
- Although scores decreased overall in 2022, the data shows an increase in mean and median final scores for subsets of non-reporting clinicians who work in a medium- or large-size practices.
 - This is primarily explained by an increase in the performance threshold from 60 to 75 points; non-reporting clinicians with reweighting in all 4 categories from the automatic extreme and uncontrollable circumstances (EUC) policy or EUC exception application received a final score equal to the performance threshold.
 - Non-reporting solo practitioners had the most observable decrease in scores (Table 27a), which implies that non-reporting solo practitioners were less likely to request reweighting through the EUC exception application than non-reporting clinicians in other practice sizes.

Table 27a. Final Score Trends by Practice Size

	Mean Final Scores			Median Final Scores		
	2019	2021	2022	2019	2021	2022
MIPS Eligible Clinicians (All)	85.65	89.22	82.90	92.32	97.22	85.29
MIPS Eligible Clinicians (Non-Reporting ⁴⁶)	33.55	58.63	47.85	30.00	60.00	75.00
1 Clinician/Solo Practitioner (All)	64.67	71.08	54.33	72.79	60.00	75.00
1 Clinician/Solo Practitioner (Non-Reporting)	30.32	59.99	30.81	30.00	60.00	18.15
2 – 15 Clinicians (All)	78.31	76.10	76.59	90.09	85.54	84.61
2 – 15 Clinicians (Non-Reporting)	31.24	59.91	43.11	30.00	60.00	75.00
16 – 99 Clinicians (All)	84.92	87.47	81.55	92.17	94.43	83.58
16 – 99 Clinicians (Non-Reporting)	37.64	58.70	60.03	30.00	60.00	75.00
100+ Clinicians (All)	89.06	93.27	85.55	92.92	99.14	86.50
100+ Clinicians (Non-Reporting)	54.15	52.33	67.33	30.00	60.00	75.00

⁴⁶ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 27b. Final Score Trends by Special Status/Designation

Special Status/Designation	Mean Final Scores			Median Final Scores		
	2019	2021	2022	2019	2021	2022
Small Practice (All)	69.08	73.71	71.52	77.19	66.36	80.18
Small Practice (Non-Reporting ⁴⁷)	30.68	59.90	38.34	30.00	60.00	25.77
Rural Practitioner (All)	85.47	88.44	81.71	92.71	97.18	84.10
Rural Practitioner (Non-Reporting)	33.43	57.32	45.05	30.00	60.00	75.00
Safety Net Provider (All)	83.34	87.20	86.38	91.78	96.23	91.57
Safety Net Provider (Non-Reporting)	30.49	59.26	39.48	30.00	60.00	27.84

3.4 Overall Payment Adjustments

- Approximately 87% of MIPS eligible clinicians either avoided a negative payment adjustment or earned a positive payment adjustment for the 2022 performance year (payment will be adjusted in the 2024 payment year). (Table 28)
- Over 42% of clinicians will receive an exceptional payment adjustment, up to 8.26%, whereas just over 2% of clinicians will receive the maximum negative payment adjustment of -9%. (Table 28)

⁴⁷ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 28. 2024 Payment Adjustments Overall

Payment Adjustment Type	Max Negative	Negative	Neutral	Positive Only	Exceptional
Payment Adjustment Range	-9%	-6.75% – 0%	0%	0% – 1.25%	1.55% – 8.26%
					Base adjustment (1.25% – 2.24%) + Exceptional adjustment (0.30% – 6.02%)
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)	2.09%	11.48%	7.17%	37.04%	42.22%
Percentage of MIPS Eligible Clinicians in Payment Adjustment/Final Score Range (Non-Reporting ⁴⁸)	31.19%	10.03%	58.77%	0.00%	0.00%

3.5 Payment Adjustment by Practice Size, Special Status and Participation Option

- Notably, a greater percentage of clinicians in small practices (2 – 15 clinicians) are receiving an exceptional payment adjustment than clinicians in a medium size practice with 16 – 99 clinicians. (Table 29a)
- Compared to other practice sizes, a higher percentage of solo practitioners will receive the maximum negative payment adjustment of -9%. (Table 29a)
- The percentage of MIPS eligible clinicians in rural practices receiving an exceptional payment adjustment is consistent with MIPS eligible clinicians overall, whereas close to 60% of safety net providers will receive an exceptional adjustment (as compared to 42% of MIPS eligible clinicians overall). (Table 29b)
- Individual participation resulted in the highest percentage of negative payment adjustments; this is the participation option attributed to all non-reporting clinicians. (Table 30)
- Over 93% of clinicians who participated in MIPS through their APM Entity received an exceptional payment adjustment. (Table 30)

⁴⁸ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 29a. 2024 Payment Adjustment Types by Practice Size

	Max Negative (-9%)		Negative (-6.75% - 0%)		Neutral (0%)		Positive Only (0% - 1.25%)		Exceptional (1.55%-8.26%)	
	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	
1 Clinician/Solo Practitioner (All)	4,938	27.53%	3,219	17.95%	4,027	22.45%	1,835	10.23%	3,918	21.84%
1 Clinician/Solo Practitioner (Non-Reporting⁴⁹)	4,639	50.83%	1,458	15.98%	3,029	33.19%	0	0.00%	0	0.00%
2 – 15 Clinicians (All)	5,617	8.44%	8,525	12.80%	10,314	15.49%	15,099	22.68%	27,029	40.59%
2 – 15 Clinicians (Non-Reporting)	4,910	37.45%	1,397	10.65%	6,805	51.90%	0	0.00%	0	0.00%
16 – 99 Clinicians (All)	1,939	1.55%	20,947	16.73%	14,242	11.38%	43,274	34.57%	44,772	35.77%
16 – 99 Clinicians (Non-Reporting)	1,678	17.34%	525	5.42%	7,475	77.24%	0	0.00%	0	0.00%
100+ Clinicians (All)	552	0.13%	38,973	9.40%	16,183	3.90%	170,996	41.25%	187,810	45.31%
100+ Clinicians (Non-Reporting)	327	6.38%	335	6.54%	4,460	87.08%	0	0.00%	0	0.00%

⁴⁹ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 29b. 2024 Payment Adjustment Types by Special Status

	Max Negative (-9%)		Negative (-6.75% - 0%)		Neutral (0%)		Positive Only (0% - 1.25%)		Exceptional (1.55%-8.26%)	
	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage
Small Practice (All)	10,665	12.59%	12,152	14.34%	14,750	17.41%	17,554	20.72%	29,592	34.93%
Small Practice (Non-Reporting ⁵⁰)	9,634	42.63%	2,875	12.72%	10,090	44.65%	0	0.00%	0	0.00%
Rural Practitioner (All)	1,764	2.18%	12,706	15.70%	5,994	7.40%	29,679	36.66%	30,807	38.06%
Rural Practitioner (Non-Reporting)	1,513	34.07%	529	11.91%	2,399	54.02%	0	0.00%	0	0.00%
Safety Net Practitioner (All)	3,383	2.70%	9,251	7.38%	8,290	6.62%	30,908	24.67%	73,441	58.62%
Safety Net Practitioner (Non-Reporting)	3,181	40.55%	1,118	14.25%	3,545	45.19%	0	0.00%	0	0.00%

Table 30. 2024 Payment Adjustment Types by Participation Option

	Max Negative (-9%)		Negative (-6.75% - 0%)		Neutral (0%)		Positive Only (0% - 1.25%)		Exceptional (1.55%-8.26%)	
	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage
Individual	12,273	26.54%	8,401	18.17%	9,647	20.86%	5,784	12.51%	10,137	21.92%
Group	773	0.18%	62,823	14.70%	34,870	8.16%	215,717	50.47%	113,242	26.49%
Virtual Group	0	0.00%	6	6.38%	0	0.00%	29	30.85%	59	62.77%
APM Entity	0	0.00%	434	0.29%	249	0.17%	9,674	6.43%	140,091	93.12%

⁵⁰ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

3.6 Payment Adjustments by Clinician Type and Specialty

- Out of all clinician types, Physical Therapists had the highest percentage of clinicians receiving an exceptional payment adjustment (almost 55%) (Table 31).
- Not surprisingly, the payment adjustments for Doctors of Medicine (the most numerous clinician type) were consistent with MIPS eligible clinicians overall (Table 31).
- The specialties with the highest proportion of clinicians receiving negative payment adjustments are Anesthesiology, Orthopedic Surgery, Podiatry and Optometry (Table 32).

Table 31. 2024 Payment Adjustment Types by Clinician Type

Payment Adjustment Type	Max Negative (-9%)		Negative (-6.75% - 0%)		Neutral (0%)		Positive Only (0% - 1.25%)		Exceptional (1.55%-8.26%)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Anesthesiologist Assistant ⁵¹	-	0.00%	358	20.71%	88	5.09%	659	38.11%	624	36.09%
Certified Nurse-Midwife	2	0.10%	130	6.49%	3	0.15%	975	48.65%	894	44.61%
Certified Registered Nurse Anesthetist	133	0.50%	6,054	22.59%	1,837	6.85%	10,139	37.83%	8,642	32.24%
Clinical Nurse Specialist	7	1.03%	105	15.44%	11	1.62%	286	42.06%	271	39.85%
Clinical Psychologist	84	2.07%	243	5.99%	93	2.29%	1,858	45.83%	1,776	43.81%
Clinical Social Worker	14	0.32%	346	7.98%	34	0.78%	1,598	36.86%	2,343	54.05%
Doctor of Chiropractic (Chiropractor)	62	16.76%	71	19.19%	25	6.76%	130	35.14%	82	22.16%
Doctor of Dental Medicine/Doctor of Dental Surgery (Dentist)	11	2.04%	45	8.35%	7	1.30%	230	42.67%	246	45.64%
Doctor of Medicine ⁵²	10,992	2.72%	43,849	10.86%	35,312	8.74%	149,549	37.02%	164,241	40.66%
Doctor of Optometry	482	6.46%	980	13.14%	403	5.41%	2,642	35.43%	2,949	39.55%

⁵¹ Included in the definition of a Certified Registered Nurse Anesthetist in section 1861(bb)(2) of the Social Security Act.

⁵² Includes Doctors of Podiatric Medicine (podiatrists).

Payment Adjustment Type	Max Negative (-9%) Number AND Percentage		Negative (-6.75% - 0%) Number AND Percentage		Neutral (0%) Number AND Percentage		Positive Only (0% - 1.25%) Number AND Percentage		Exceptional (1.55%-8.26%) Number AND Percentage	
	Doctor of Osteopathy	7	2.62%	27	10.11%	16	5.99%	97	36.33%	120
Nurse Practitioner	569	0.65%	10,418	11.86%	3,456	3.94%	32,068	36.52%	41,305	47.04%
Occupational Therapist	36	1.50%	330	13.72%	35	1.46%	994	41.33%	1,010	42.00%
Physical Therapist	380	1.91%	2,088	10.47%	381	1.91%	6,222	31.20%	10,871	54.51%
Physician Assistant	257	0.45%	6,142	10.68%	3,052	5.30%	21,823	37.93%	26,262	45.64%
Qualified Audiologist	10	0.43%	315	13.64%	7	0.30%	973	42.14%	1,004	43.48%
Qualified Speech-Language Pathologist	-	0.00%	52	8.92%	3	0.51%	283	48.54%	245	42.02%
Registered Dietician/Nutrition Professional	-	0.00%	111	7.73%	3	0.21%	678	47.21%	644	44.85%

Table 32. 2024 Payment Adjustment Types by Specialty

Payment Adjustment Type	Max Negative (-9%) Number AND Percentage		Negative (-6.75% - 0%) Number AND Percentage		Neutral (0%) Number AND Percentage		Positive Only (0% - 1.25%) Number AND Percentage		Exceptional (1.55%-8.26%) Number AND Percentage	
	Specialty ⁵³									
Internal Medicine	1,100	2.31%	6,076	12.78%	3,966	8.34%	17,677	37.19%	18,718	39.38%
Family Medicine	605	1.59%	4,035	10.57%	1,946	5.10%	14,067	36.85%	17,516	45.89%
Emergency Medicine	185	0.50%	1,665	4.52%	7,247	19.69%	9,046	24.58%	18,660	50.70%
Diagnostic Radiology	566	1.82%	4,002	12.84%	3,701	11.87%	13,369	42.88%	9,537	30.59%

⁵³ This table is limited to the 20 specialties with the greatest number of MIPS eligible clinicians in the 2022 performance year.

Payment Adjustment Type	Max Negative (-9%)		Negative (-6.75% - 0%)		Neutral (0%)		Positive Only (0% - 1.25%)		Exceptional (1.55%-8.26%)	
	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage	Number AND Percentage
Anesthesiology	221	1.05%	4,984	23.77%	1,122	5.35%	8,297	39.56%	6,347	30.27%
Orthopedic Surgery	591	3.93%	2,128	14.16%	1,667	11.09%	5,476	36.44%	5,165	34.37%
Cardiology	324	2.22%	1,360	9.31%	915	6.27%	5,372	36.78%	6,633	45.42%
Ophthalmology	603	4.25%	1,398	9.86%	1,713	12.08%	4,597	32.42%	5,868	41.39%
Obstetrics/Gynecology	54	0.39%	1,054	7.67%	87	0.63%	6,353	46.25%	6,187	45.05%
General Surgery	135	1.08%	1,283	10.27%	379	3.03%	4,993	39.95%	5,707	45.67%
Hospitalist	42	0.34%	1,327	10.89%	389	3.19%	4,535	37.23%	5,889	48.34%
Neurology	475	4.48%	826	7.79%	626	5.90%	4,531	42.72%	4,148	39.11%
Gastroenterology	142	1.52%	1,192	12.77%	1,041	11.16%	3,264	34.98%	3,692	39.57%
Dermatology	721	7.82%	569	6.17%	1,656	17.97%	2,627	28.50%	3,643	39.53%
Podiatry	1,877	21.92%	892	10.42%	1,903	22.22%	1,840	21.49%	2,052	23.96%
Psychiatry	328	3.88%	747	8.85%	237	2.81%	3,362	39.82%	3,770	44.65%
Pathology	143	1.72%	770	9.23%	462	5.54%	3,957	47.46%	3,006	36.05%
Optometry	482	6.46%	980	13.14%	403	5.41%	2,642	35.43%	2,949	39.55%
Pulmonary Disease	130	1.84%	799	11.30%	428	6.05%	2,666	37.71%	3,046	43.09%
Urology	210	2.99%	681	9.71%	568	8.09%	2,474	35.26%	3,084	43.95%

3.7 Mean and Median Payment Adjustment Trends

- Overall, the mean payment adjustment increased to 2.06% in 2022 because lower final scores result in a larger magnitude of positive payment adjustments. (Table 33a)
- However, the mean payment adjustment for non-reporting clinicians decreased in 2022. Notably, CMS didn't automatically apply the EUC policy to all MIPS eligible clinicians in 2022 as done in 2019 through 2021 due to COVID-19. Under the automatic EUC policy, non-reporting clinicians receive a neutral payment adjustment. (Table 33a)

Table 33a. Payment Adjustment Trends by Practice Size

	Mean Payment Adjustments			Median Payment Adjustments		
	2019	2021	2022	2019	2021	2022
MIPS Eligible Clinicians (All)	1.06%	1.32%	2.06%	1.27%	1.94%	0.92%
MIPS Eligible Clinicians (Non-Reporting ⁵⁴)	0.02%	-0.23%	-3.41%	0.00%	0.00%	0.00%
1 Clinician/Solo Practitioner (All)	0.64%	0.53%	-1.89%	0.00%	0.00%	0.00%
1 Clinician/Solo Practitioner (Non-Reporting)	0.00%	0.00%	-5.54%	0.00%	0.00%	-9.00%
2 – 15 Clinicians (All)	0.88%	0.34%	1.40%	1.12%	0.26%	0.86%
2 – 15 Clinicians (Non-Reporting)	-0.01%	-0.02%	-4.01%	0.00%	0.00%	0.00%
16 – 99 Clinicians (All)	1.01%	1.18%	1.74%	1.26%	1.54%	0.77%
16 – 99 Clinicians (Non-Reporting ⁵⁵)	0.00%	-0.22%	-1.88%	0.00%	0.00%	0.00%
100+ Clinicians (All)	1.15%	1.59%	2.43%	1.31%	2.22%	1.03%
100+ Clinicians (Non-Reporting)	0.39%	-1.30%	-0.97%	0.00%	0.00%	0.00%

⁵⁴ **Non-reporting MIPS eligible clinicians** who were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

⁵⁵ **Non-reporting clinicians** were individually eligible for MIPS (and therefore required to participate) but **didn't actively submit data**. This includes clinicians who qualified for reweighting in one or more performance categories due to extreme and uncontrollable circumstances, exception applications, special status, or clinician type. These clinicians may still have been scored on administrative claims measures automatically calculated by CMS for the quality and cost performance categories.

Table 33b. Payment Adjustment Trends by Special Status

	Mean Payment Adjustments			Median Payment Adjustments		
	2019	2021	2022	2019	2021	2022
Small Practice (All)	0.63%	0.26%	0.67%	0.24%	0.02%	0.46%
Small Practice (Non-Reporting ⁴⁸)	0.00%	-0.02%	-4.60%	0.00%	0.00%	-5.91%
Rural Practitioner (All)	1.07%	1.25%	1.72%	1.29%	1.93%	0.81%
Rural Practitioner (Non-Reporting)	0.02%	-0.46%	-3.78%	0.00%	0.00%	0.00%
Safety Net Provider (All)	1.02%	1.23%	3.33%	1.23%	1.80%	3.12%
Safety Net Provider (Non-Reporting)	-0.04%	-0.13%	-4.50%	0.00%	0.00%	-5.66%

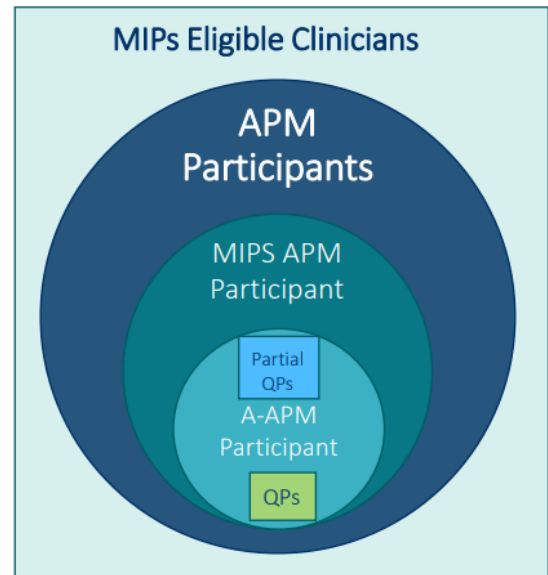
4. Advanced APM Participation

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

Most Advanced APMs are also MIPS APMs.

- QPs receive at least 50% of Medicare Part B payments **or** see at least 35% of Medicare patients through an Advanced APM Entity. 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 receive at least 40% of Medicare Part B payments **or** see at least 25% of Medicare 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. Partial QPs aren't eligible for QP 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 both participate in an Advanced APM and be required to report for MIPS. Refer to the [Appendix](#) for additional resources.



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

Table 34: MIPS Eligible Clinicians Who Received a MIPS Final Score and Payment Adjustment from APM Entity Participation

MIPS APM	Number of MIPS Eligible Clinicians	Percentage of MIPS Eligible Clinicians
Medicare Shared Savings Program Accountable Care Organizations	150,266	99.88%
Oncology Care Model	182	0.12%

Table 35: QP Threshold Scores by Advanced APM

Advanced APM	Average Payment Threshold Score	Average Patient Threshold Score
Primary Care First Model	91.64	86.83
Maryland Total Cost of Care Model	74.83	74.00
Vermont ACO Model	73.91	74.50
Medicare Shared Savings Program Accountable Care Organizations	65.53	66.23
Oncology Care Model	63.32	44.81
Direct Contracting Model	62.71	64.98
Kidney Care Choices Model	59.17	37.19
Comprehensive Care for Joint Replacement Payment Model	29.88	16.87
Bundled Payment for Care Improvement Advanced Model	18.44	16.67

Key Insights

- From 2021 to 2022, there was a 26% increase in the percentage of clinicians participating in Advanced APMs. (Table 36)
- From 2021 to 2022, there was a 41% increase in the percentage of clinicians who achieved QP status. (Table 36)
- Almost 21% of clinicians who participated in an Advanced APM without achieving QP status in 2021 achieved QP status in 2022. (Table 37)

Table 36: Qualifying Advanced APM Participant Status

Qualifying APM Participant (QP) Status	Number of Clinicians (Identified by NPI) in 2021	Number of Clinicians (Identified by NPI) in 2022	Number Change from 2021 to 2022	Percentage Change from 2021 to 2022
Advanced APM Participants	333,658	420,591	86,933	26.05%
QP	273,819	386,263	112,444	41.07%
Partial QP	835	370	-465	-55.69%

Table 37. Transition from MIPS Eligible to Qualifying APM Participant

	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
All Clinicians	42,782	8,968	20.96%
Small Practice Clinicians	3,554	724	20.37%

Appendix: Additional Resources

Eligibility and Participation Resources

- [How MIPS Eligibility Is Determined \(QPP Website\)](#)
- [2022 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#)
- [2022 MIPS Eligibility and Participation User Guide \(PDF\)](#)

MIPS Performance Category Resources

Quality

- [2022 Traditional MIPS Quality Requirements \(QPP Website\)](#)
- [2022 Quality Quick Start Guide \(PDF\)](#)
- [2022 Quality User Guide \(PDF\)](#)
- [2022 MIPS Quality Measures](#)

Cost

- [2022 Traditional MIPS Cost Requirements \(QPP Website\)](#)
- [2022 Cost Quick Start Guide \(PDF\)](#)
- [2022 Cost User Guide \(PDF\)](#)
- [2022 MIPS Cost Measures](#)

Improvement Activities

- [2022 Traditional MIPS Improvement Activities Requirements \(QPP Website\)](#)
- [2022 Improvement Activities Quick Start Guide \(PDF\)](#)
- [2022 Improvement Activities User Guide \(PDF\)](#)
- [2022 MIPS Improvement Activities](#)
- [2022 Improvement Activities Inventory](#)

Promoting Interoperability

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

Final Score and Payment Adjustment Resources

- [2022 Traditional MIPS Scoring Guide \(PDF\)](#)
- **2022 APP Scoring Guide**, available in the [2022 APM Performance Pathway \(APP\) Toolkit \(ZIP\)](#)
- [2024 MIPS Payment Year Payment Adjustment User Guide \(PDF\)](#)

Advanced APM Resources

- [2022 and 2023 Comprehensive List of APMs](#)
- [Learning Resources for QP Status and APM Incentive Payment](#)

Version History

Date	Comment
05/08/2024	Original Posting.