Quality Payment
PROGRAM

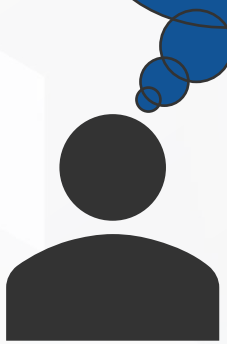
Merit-based Incentive Payment System (MIPS)

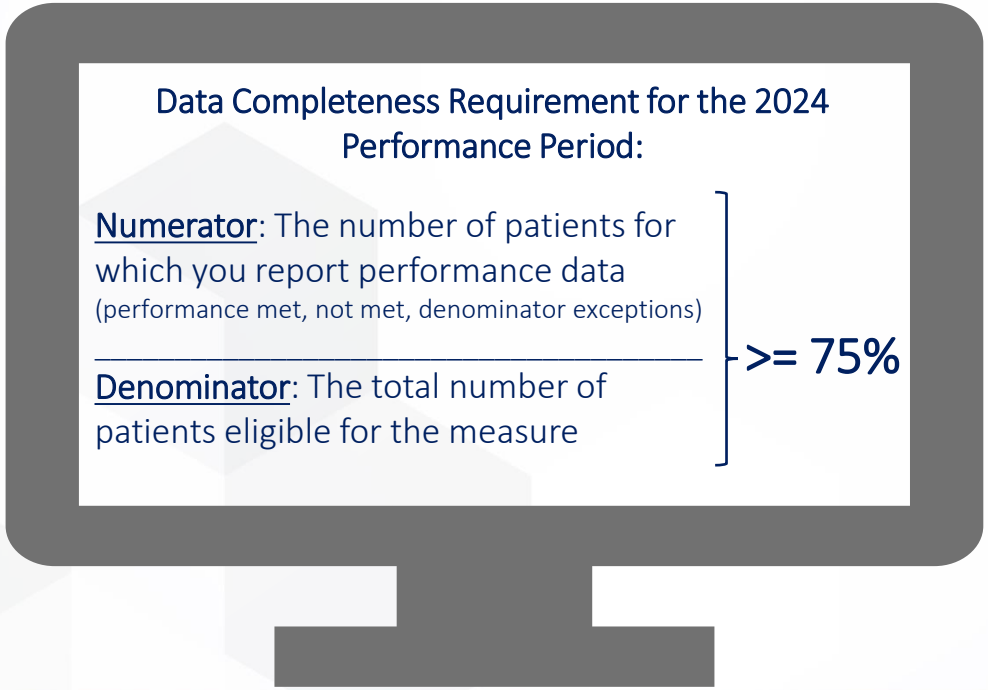
2024 MIPS Quality Data Completeness Quick Guide

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The data completeness requirement is calculated by considering both the total number of patients seen who are eligible for the measure, and the total number of patients for which you reported.

CMS wants to ensure that you are accounting for as much of your patient population as possible when reporting on your measures. To do this, there is a data completeness requirement.



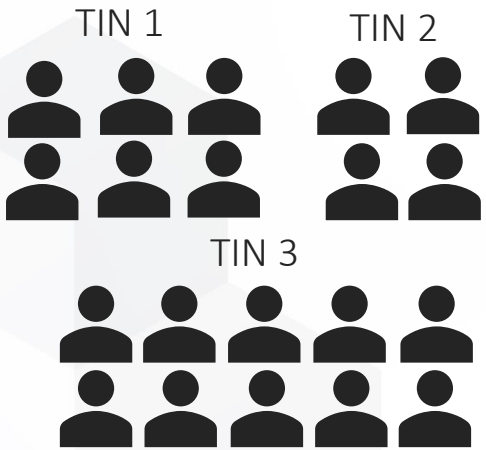


Let's look at an example of how to calculate data completeness. **Step 1** is to aggregate data for the total patient population per measure at the level of reporting - individual MIPS eligible clinician, group, virtual group, subgroup, or APM Entity level.

Now that we know the total patient population, we can calculate the denominator.

Example: An APM Entity, such as a Medicare Shared Savings Program Accountable Care Organization (ACO), has 3 Tax Identification Numbers (TINs), and each TIN saw a different number of **unique** patients during the performance year:

TIN 1 = 6 **unique** patients seen
TIN 2 = 4 **unique** patients seen
TIN 3 = 10 **unique** patients seen
Total across all TINs = **20 unique patients seen**



Example Continued: For the APM Entity with 3 TINs, each TIN needs to calculate the measure's **eligible population,** which is always defined in the measure's specification document.

TIN 1 = 2 patients in the eligible population
TIN 2 = 2 patients in the eligible population
TIN 3 = 6 patients in the eligible population
Total across all TINs = **10 patients in the eligible population**

Since the **denominator** must represent **100% of the eligible population**:

Denominator = 10

Step 2 is to calculate the denominator. In this example, since the denominator represents 100% of the eligible population, those 10 patients represent the denominator.

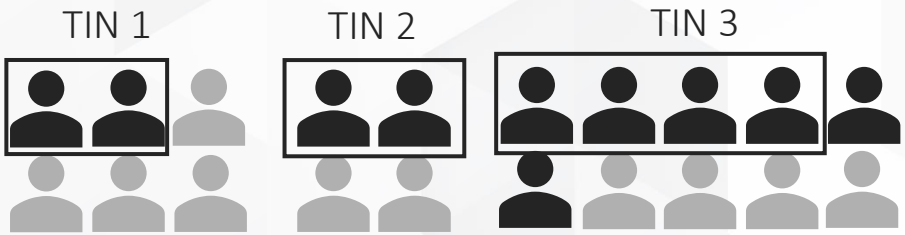
$$\frac{?}{10} = ?$$

MIPS CQMs (All-Payer Data) - Calculating the Numerator

Example Continued: To meet or exceed the 75% data completeness requirement, the APM Entity **must report** performance data (performance met or not met, or denominator exceptions) for **at least 75%** of the total **eligible population** as shown in the denominator.

75% (data completeness threshold) **of 10** (total eligible population) is 8 which is **>7.5**

Numerator = 8 which is >7.5



Now that we know the denominator, we can calculate the numerator. Let's first look at how we would calculate the numerator for a MIPS Clinical Quality Measure (CQM).

$$\frac{8}{10} \quad 80\% > 75\%$$

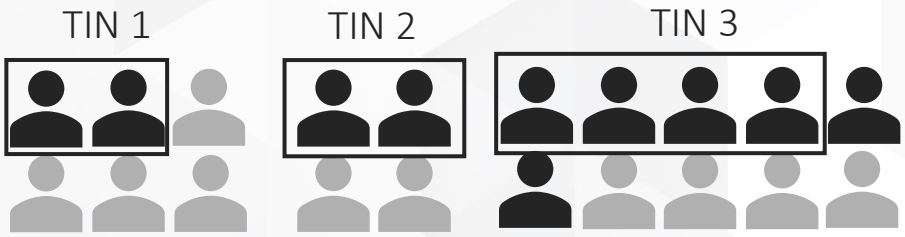
Data Completeness Requirement Met!

For Medicare CQMs (Eligible Medicare fee-for-service Beneficiary Data) - Calculating the Numerator

Example Continued: To meet or exceed the 75% data completeness requirement, the ACO **must report** performance data (performance met or not met, or denominator exceptions) for **at least 75%** of the total **eligible population** as shown in the denominator.

75% (data completeness threshold) **of 10** (total eligible population) is 8 which is **>7.5**

Numerator = 8 which is >7.5



Now that we know the denominator, we can calculate the numerator. For Medicare CQMs for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQM).

$$\frac{8}{10} \quad 80\% > 75\%$$

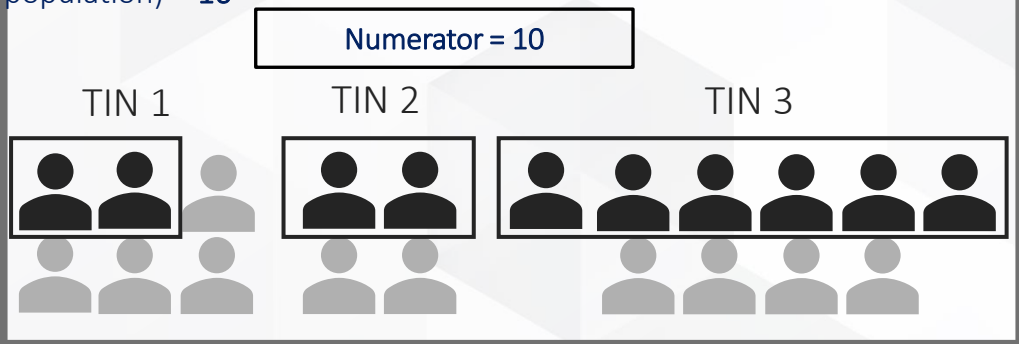
Data Completeness Requirement Met!

eCQMs (All-Payer Data) - Calculating the Numerator

Example Continued: To meet or exceed the 75% data completeness requirement, the APM Entity **must report** performance data (performance met or not met, or denominator exceptions) for **at least 75%** of the total **eligible population** as shown in the denominator.

However, since eCQMs are submitted electronically without any manual manipulation, **an APM Entity that submits an eCQM via CEHRT automatically achieves 100% data completeness.**

100% (data submitted via CEHRT) **of 10** (total eligible and matched population) **= 10**



In this example, we will look at how the numerator is calculated for an electronic Clinical Quality Measure (eCQM) that is submitted using Certified Electronic Health Record Technology (CEHRT).

$$\frac{10}{10} = 100\%$$

Data Completeness Requirement Met!

2024 Performance Period Change

The data completeness threshold **increased from 70% in the 2023 performance period to 75% in the 2024** performance period.

True, Accurate, and Complete Reporting

Selectively reporting favorable data that misrepresents your actual performance is called **"cherry-picking"**. Part 42 sections 414.1390(b) and 414.1400(a)(5) provide that all MIPS data submitted must be certified as true, accurate, and complete. Incomplete reporting of a measure's eligible population, or otherwise misrepresenting a clinician or group's performance (e.g., only submitting favorable performance data), would not be considered true, accurate, or complete.

Avoid a Zero Score

Keep in mind there are no gradations of data completeness. **Data Completeness is met or not met.**

Using the example from page 5, if the APM Entity reports on 7 patients instead of 8, **it would not meet data completeness** and would receive **zero points** for the measure.

Data Aggregation

Remember, data completeness is aggregated and calculated for each measure at the level of reporting - individual MIPS eligible clinician, group, virtual group, subgroup, or APM Entity level. When reporting eCQMs and MIPS CQMs, your denominator eligible encounters include your entire patient population across the TIN, all sites associated with the TIN, all TINs part of the virtual group, or all TINs participating in the APM Entity (such as a Medicare Shared Savings Program ACO). When reporting Medicare CQMs, your denominator eligible encounters include only the eligible Medicare fee-for-service patient population across all TINs participating in the Medicare Shared Savings Program ACO.

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

DATE	DESCRIPTION
02/28/2025	Updated slide 2 to clarify the data completeness requirement calculation.
05/28/2024	Original Posting.