Quality Payment PROGRAM

2024 Medicare Physician Fee Schedule (PFS) Final Rule Frequently Asked Questions (FAQs) for the Quality Payment Program (QPP)

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Merit-based Incentive Payment System (MIPS) FAQs

General

Where can I find more information on QPP policies finalized in the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule?

We provide an overview of the major policies we finalized for QPP in our 2024 Quality Payment Program Policies Final Rule Resources (ZIP). In addition to this FAQ document, these resources include:

- Overview Fact Sheet and QPP Policy Comparison table (PDF) (highlighting changes from previous policy)
- 2024 QPP Final Rule MVP Guide (PDF)

We'll also host a public webinar on November 14, 2023 that reviews the major changes in the final rule. This webinar and registration link will be announced through the QPP listserv; you can also monitor the QPP Webinar Library for information about all of our upcoming and past webinars.

In addition, the Electronic Code of Federal Regulations, Subpart O, will be updated to reflect newly codified regulations. (Please note this resource frequently identifies policies by the payment year instead of the performance year/performance period; the 2026 payment year generally equates to the 2024 performance year/performance period.)

Are there any proposed policies that weren't finalized?

Yes.

- We didn't finalize our proposal to set the performance threshold using the mean final score from the 2017 – 2019 performance periods.
    - **The performance threshold will remain 75 points for the 2024 performance period.**

- We didn't finalize our proposal to increase the data completeness threshold for reporting quality measures in the 2027 performance period.
    - **The data completeness threshold will remain 75% through the 2026 performance period.**

Can we still use a health IT vendor as a third party intermediary to help with our data submission for the 2024 performance period?

Yes. We finalized a policy that will eliminate the health IT vendor category of third party intermediaries beginning with the **2025** performance period. Beginning with the 2025 performance period, health IT vendors would need to self-nominate to become a Qualified Clinical Data Registry (QCDR) or Qualified Registry and be approved by CMS for the performance period to submit data on behalf a clinician or group. Health IT vendors that aren't a CMS-approved QCDR or Qualified Registry could still support data collection but wouldn't be able to submit data on behalf of the clinician.

What are the CEHRT requirements for MIPS in the 2024 performance period?

We modified the definition of certified electronic health record technology (CEHRT) for QPP to align with the Office of the National Coordinator for Health Information Technology (ONC)'s proposed regulations. We have modified the definition of CEHRT to no longer exclusively refer to year-themed "editions" of ONC health IT certification criteria, and the definition will now refer to the ONC health IT certification criteria adopted in 45 CFR 170.315.

We're scheduled to transition to a new EHR system during the 2024 performance year. What does this mean for our quality measure reporting and meeting the data completeness threshold?

We understand that eligible clinicians, groups, and/or their practices or hospitals may undergo a mid-year transition from one EHR system to another EHR system, which may impact a clinician or group's ability to submit a full 12 months of data for the quality performance period. We want to emphasize the 12-month performance period and 75% data completeness threshold are applicable regardless of whether an interested party undergoes an EHR transition mid-year.

In this scenario, the 12-month performance period and data completeness requirements may be met by running and supplying reports in each of the EHR systems used before and after the transition and aggregating the data into a single 12-month report for submission to CMS. Please note, if you're reporting eCQMs, both the previously used EHR system(s) and the currently used EHR system(s) must meet the applicable CEHRT criteria. In instances where data for the full 12 months is unavailable (for example, if aggregation of EHR reports isn't possible), the measure score will reflect the inability to meet the 12-month performance period and data completeness threshold.

MIPS Value Pathways

What MIPS Value Pathways (MVPs) are available for reporting in 2024?

There are 16 MVPs available for 2024.

New:

- Focusing on Women's Health
- Quality Care for the Treatment of Ear, Nose, and Throat Disorders
- Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
- Quality Care in Mental Health and Substance Use Disorders
- Rehabilitative Support for Musculoskeletal Care

Modified:

- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Advancing Cancer Care
- Advancing Care for Heart Disease
- Advancing Rheumatology Patient Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Improving Care for Lower Extremity Joint Repair
- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Patient Safety and Support of Positive Experiences with Anesthesia
- Value in Primary Care
- Supportive Care for Neurodegenerative Conditions

The 2024 Explore MVPs webpage will be updated to reflect these new and updated MVPs in late January 2024. In the meantime, you can review the 2024 Finalized MVPs Guide (PDF) for detailed information.

Where can I learn more about the MIPS Value Pathways (MVPs) reporting option?

Please visit the MVPs webpage for general information; the 2024 MVP Implementation Guide will be available in early 2024.

You can also learn more about which MIPS reporting option (traditional MIPS, MVPs, APM Performance Pathway (APP)) may be best for you by reviewing the MIPS Reporting Options Comparison Resource.

Eligibility and Participation

How do I know if I'm eligible for MIPS in 2024?

To be eligible for MIPS, you must:

- Be a MIPS eligible clinician type (described below);
- Exceed the low-volume threshold as an individual or group; and
- Not be otherwise excluded because of your Medicare enrollment date or your status as a Qualifying APM Participant (QP), or as a Partial QP that has elected not to participate.

We anticipate the QPP Participation Status lookup tool will be updated with initial 2024 MIPS eligibility results in December.

MIPS Eligible Clinician Types	Low-Volume Threshold	Other Exclusions
• Physician (including doctor of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry) • Osteopathic practitioner • Chiropractor • Physician assistant • Nurse practitioner • Clinical nurse specialist • Certified registered nurse anesthetist • Physical therapist • Occupational therapist • Clinical psychologist • Qualified speech-language pathologist • Qualified audiologist • Registered dietitian or nutrition professional • Clinical social worker • Certified nurse-midwife	You exceed the low-volume threshold and are a MIPS eligible clinician if you: • Bill more than $90,000 in allowed charges for Medicare Part B covered professional services **AND** • Provide covered services to more than 200 Medicare Part B patients **AND** • Provide more than 200 covered professional services to Medicare Part B patients. We evaluate individuals and groups on the low-volume threshold. We're continuing our policy that allows clinicians and groups that meet or exceed 1 or 2 of these thresholds to **opt-in** to MIPS eligibility and participation.	You're excluded from MIPS in 2024 if you: • Enrolled as a Medicare provider on or after January 1, 2024. • Are identified as a Qualifying APM Participant (QP) or as a Partial QP that has elected not to participate. (This information is added to the QPP Participation Status lookup tool, and is tentatively scheduled for July, September, and December 2024.)

Can we report traditional MIPS as a subgroup?

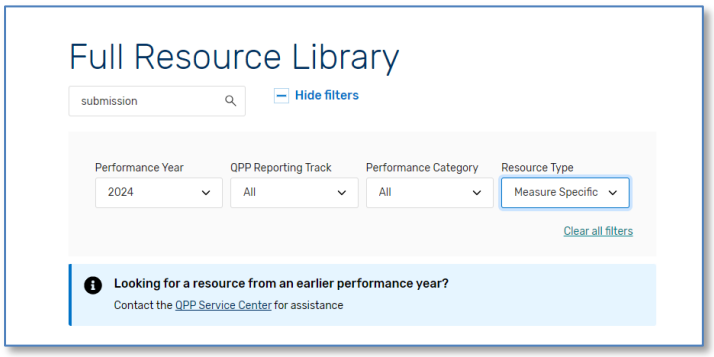
No. Clinicians can register as a subgroup to report an MVP, but subgroup participation isn't an option for traditional MIPS. Review the eligibility requirements and participation options available for each MIPS reporting option in the MIPS Reporting Options Comparison Resource.

Measures and Activities

When will measure specifications/supporting documentation and activity descriptions be available for finalized measures/activities?

Measure specifications and supporting documentation (such as single source documentation that lets you search for codes that qualify for a given measure) will be posted on the QPP Resource Library before the performance period begins on January 1, 2024.

(When searching in the QPP Resource Library, scroll past the General and Regulatory Resource sections until you reach the "Full Resource Library." Filter by the 2024 Performance Year and choose "Measure Specifications and Benchmarks" as the Resource type.)



The Explore Measures & Activities tool will be updated for the 2024 performance period in late January 2024.

When will historical quality benchmarks be available for the 2024 performance period?

We anticipate the 2024 Quality Benchmarks will be available in late January 2024.

Where can I find a list of topped-out quality measures for the 2024 performance period?

We identify topped-out quality measures, including those capped at 7 points, through the benchmarking process. We anticipate that the 2024 Quality Benchmarks will be available in late January 2024.

Reporting Requirements

Are there any changes to reporting requirements?

Yes, there are several changes in the Promoting Interoperability performance category that were finalized in the CY 2024 PFS Final Rule, along with policies that were previously finalized for the quality and Promoting Interoperability performance categories.

As finalized in the CY 2024 PFS Final Rule:

- We increased the length of the Promoting Interoperability performance period to a minimum of 180 continuous days in the calendar year beginning with the 2024 performance period.
- We require a "yes" response for the SAFER Guide measure (Promoting Interoperability performance category) beginning with the 2024 performance period.
- We modified an exclusion to Query of Prescription Drug Monitoring Program measure.
- We will continue to automatically reweight the Promoting Interoperability performance category to 0% for clinical social workers.

As previously finalized for the **Promoting Interoperability** performance category:

- There are 2 levels of active engagement which must be submitted for the Public Health and Clinical Data Exchange Objective measures: "Pre-production and Validation" and "Validated Data Production".

As previously finalized for the **quality** performance category:

- There's a 75% data completeness threshold for reporting quality measures (excluding the CMS Web Interface).
- The 2024 performance period is the final year for Shared Savings Program ACOs to use the CMS Web Interface for quality measure reporting.

Scoring and Payment Adjustments

Were there any scoring changes finalized in the CY 2024 PFS Final Rule?

Yes, we finalized a change to the cost improvement scoring methodology, beginning with the 2023 performance period. Improvement will be measured at the category level, rather than the measure level. Please refer to the CY 2024 PFS Final Rule for details on this change.

What's the maximum negative payment adjustment for the 2024 performance period (2026 MIPS payment year)?

As specified in section 1848(q)(6)(B)(iv) of the Social Security Act, the maximum negative payment adjustment for the 2022 payment year (2020 performance year) and beyond is **-9%**. The **actual** payment adjustment (positive, neutral, or negative) you'll receive for the 2026 MIPS

payment year will be based on your MIPS final score from the 2024 performance period and may be subject to a scaling factor to ensure budget neutrality, as required by section 1848(q)..

How many points do I need to avoid a negative payment adjustment for the 2024 performance period (2026 MIPS payment year)?

The performance threshold is the number against which your final score is compared to determine your payment adjustment. **The performance threshold for the 2024 performance year remains 75 points.** See the table below for more information about the relationship between 2024 final scores and 2026 payment adjustments.

Your 2024 Final Score	Payment Impact for MIPS Eligible Clinicians for the 2026 MIPS Payment Year
0.00 – 18.75 points	-9% payment adjustment
18.76 – 74.99 points	Negative payment adjustment (between -9% and 0%)
75.00 points (Performance threshold=75.00 points)	Neutral payment adjustment (0%)
75.01 – 100.00 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements) As a reminder, the 2022 performance year/2024 payment year was the last year for the additional positive payment adjustment for exceptional performance.

Public Reporting FAQs

Q: What categorization system does CMS use for identifying procedures clinicians have performed?

A: CMS uses Restructured BETOS, which is updated annually, unlike the original BETOS system. However, since Restructured BETOS does not contain categories for all procedure codes, we may use other sources, such as MIPS quality and cost measures, to define additional categories.

Q: How does CMS identify the procedures clinicians have performed under Medicare Advantage?

We identify the procedures using physician/supplier Medicare Part C non-institutional encounters for certain services and procedures, in the same way in which we do with Medicare Part B non-institutional claims. We also note that, similar to Part B non-institutional claims, Part C physician/supplier non-institutional encounters list performing clinician National Provider Identifiers (NPIs) for each procedure, so there is no further attribution process.

Version History

Date	Change Description
11/01/2023	Original posting.