

MIPS

Requirements

MIPS Requirements: An Update for the 2023 Performance Year

By: Cindy Moon, Vice President, Health Care Payment and Delivery Reform, Hart Health; and Rachel Groman, Vice President, Clinical Affairs and Quality Improvement, Hart Health



Calendar Year 2023 marks the seventh year of the Merit-based Incentive Payment System, or MIPS – the Medicare value-based purchasing program for physicians and other eligible professionals run by the Centers for Medicare and Medicaid Services (CMS). While many of the policies remain consistent with previous years, there are important changes that can affect a MIPS eligible clinician’s final score and final payment adjustment.

An overview of program requirements for 2023 is provided below. Note that the requirements apply to performance in calendar year 2023, which determines payment adjustments for calendar year 2025.

AM I SUBJECT TO MIPS REQUIREMENTS FOR 2023?

For 2023, MIPS reporting requirements and payment adjustments generally apply to several types of clinicians who receive payment under the Medicare Physician Fee Schedule, including but not limited to physicians, physician assistants, nurse practitioners, and more. However, certain categories of these clinicians are excluded from the MIPS requirements. These include clinicians who:

- Are determined to be Qualifying Alternative Payment Model (APM) Participants (QPs) who meet significant participation requirements through Advanced APMs, or who are determined to be Partial Qualifying APM Participants (Partial QP) who do not elect to report under MIPS. Click [here](#) for more information about QP and Partial QP determinations.
- Are new Medicare-Enrolled MIPS Eligible Clinicians, who first become enrolled in the Medicare program during the 2023 performance year.
- Fall below a CMS-determined “low-volume threshold.”

For 2023, CMS is maintaining the same low-volume criteria that applied in 2022. Specifically, clinicians and group practices who meet any of the following criteria qualify for low-volume status and are excluded from MIPS:

- Bill \$90,000 or less in allowed charges under the Medicare Physician Fee Schedule
- Furnish covered professional services to 200 or fewer Medicare Part B beneficiaries
- Provide 200 or fewer covered professional services under the Physician Fee Schedule

Additionally, clinicians and groups who exceed one or two of the above criteria, but not all three, may choose to [opt in](#) to MIPS or to report [voluntarily](#). Unlike voluntary reporters, those opting in are subject to MIPS payment adjustments and may choose this option if they believe they are likely to perform well under the program.

Information about 2023 MIPS eligibility is available on the Quality Payment Program (QPP) [eligibility webpage](#). Clinicians may determine their eligibility at the individual and group practice level using the [QPP Lookup Tool](#).

Finally, keep in mind that MIPS eligibility and participation is specific to each TIN/NPI combination. Clinicians who provide services under multiple TINs should check each TIN/NPI combination for eligibility and reporting requirements as they apply to each practice.

NEW REPORTING OPTION FOR 2023

Starting with performance year 2023, CMS is implementing MIPS Value Pathways, or MVPs, which are subsets of MIPS measures and activities focused on a specific specialty, condition, or patient population. This new framework is intended to offer clinicians a more streamlined and meaningful participation experience.

continued »

MIPS

Requirements

HOW AM I ASSESSED UNDER MIPS?

In general, MIPS eligible clinicians can participate under MIPS as individual clinicians (based on TIN/ NPI combination), as part of a group (based on the group’s TIN), or at the APM Entity level. Additionally, MIPS eligible clinicians participating in certain CMS APMs, referred to as “MIPS APMs”, are subject to special rules that apply specifically to MIPS APM participants. Finally, clinicians may also participate in MIPS at the subgroup level if they are reporting via an MVP. Click [here](#) for an overview of each of these participation options. Each clinician should check with his or her practice leadership to determine reporting expectations.

MIPS eligible clinicians or groups are assessed for their performance under four performance categories, with each category contributing a certain portion to the final score. Based on combined weighted performance under all of the categories, and the potential addition of a complex patient bonus of up to 10 points, clinicians will receive a MIPS final score that can range from 0 to 100 points. If a clinician has multiple final scores for the same TIN/NPI combination, for example based on individual reporting and group reporting, then CMS will apply the highest final score for purposes of calculating that clinician’s payment adjustment.

For 2023 performance, the performance categories and their weights are the same as the weights that applied for 2022, and they are shown in Table 1. These weights reflect fully-implemented weights, and they will remain in effect going forward.

Table 1: MIPS Performance Categories and Category Weights

PERFORMANCE CATEGORY	PERFORMANCE YEAR 2022 CATEGORY WEIGHT	PERFORMANCE YEAR 2023 CATEGORY WEIGHT
Quality	30%	30%
Cost	30%	30%
Promoting Interoperability	25%	25%
Improvement Activities	15%	15%

Note that in certain situations, such as when a clinician or group falls into a special status category (see below) or does not meet the case minimum required to be scored on any cost measures, a performance category may be reweighted to 0%, with the weight of that category redistributed to another performance category(ies).

With the exception of the cost performance category, all of the categories require clinicians to take proactive steps, such as reporting quality measures or attesting to engagement in Improvement Activities, in order to receive credit. For the cost performance category, CMS will calculate scores based on claims data, so no active reporting is required. Additional information about the requirements under each performance category for 2023 can be found on the QPP website, as linked in Table 1 above.

Additionally, CMS continues to update the list of available quality measures and improvement activities each year. Therefore, clinicians and groups who reported certain measures or improvement activities in the past may need to account for changes in specifications or find new measures/activities to report for 2023. Details about specific measures and activities available for 2023 are now available through the [QPP Resource Library](#).

HOW DO I AVOID A PENALTY FOR 2025?

In order to avoid a penalty, clinicians must achieve a MIPS final score of at least **75 points** for the 2023 performance year. This is the same value that applied for performance year 2022.

Given the category weights and performance threshold that apply for performance year 2023, it is important to meet reporting requirements in all three reportable MIPS performance categories (i.e., Quality, Promoting Interoperability, and Improvement Activities), if applicable.

continued »

MIPS

Requirements

WHAT IF I AM PART OF A SMALL PRACTICE OR HAVE ANOTHER SPECIAL STATUS?

Clinicians who are part of a [small practice](#) receive special scoring accommodations under MIPS that can help bolster their MIPS final scores. These include:

- A floor of 3 points for each reported quality measure in the quality performance category, regardless of how much data are submitted or whether the measure has a benchmark (versus all other clinicians, who will earn 0 points for submitting a measure that does not meet the case minimum, does not meet the data completeness threshold, or does not have a benchmark), and a small practice bonus of 6 points added to the quality performance category numerator
- Fewer reporting requirements under the Improvement Activities performance category
- Eligibility for an automatic hardship exception under the Promoting Interoperability performance category

Clinicians in small practices can also report MIPS quality measures using Part B claims, which is an option that is no longer available to other clinicians.

Other special status categories may also apply, including for rural or health professional shortage area status, hospital-based status, MIPS APM status, and more. To learn more about these other categories, please see the [QPP website](#).

IS CMS OFFERING THE MIPS EXTREME AND UNCONTROLLABLE CIRCUMSTANCES (EUC) EXCEPTION APPLICATION FOR PURPOSES OF COVID-19 IN 2023?

Yes, CMS is once again offering the MIPS EUC Exception Application, which will allow clinicians, groups, and APM Entities to submit an application requesting reweighting of MIPS performance categories due to the current COVID-19 Public Health Emergency (PHE). The MIPS EUC Exception application for the 2023 performance year will be available [here](#) starting in the spring of 2023 (date TBD) and will close at 8 p.m. ET on January 2, 2024.

Please contact healthpolicy@aapmr.org if you have any questions and visit aapmr.org/mips for more information.