

Medicare Shared Savings Program Quality Performance Standard: 30th MIPS Quality Performance Category Score for Performance Year 2023

September 2024

Quality Reporting Requirements

Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) are required to report quality data via the Alternative Payment Model (APM) Performance Pathway (APP) to meet the quality performance standard used to determine shared savings and shared losses.

Quality Performance Standard

The quality performance standard is the minimum quality performance ACOs must achieve to be eligible to share in savings at the maximum rate available for the ACO's track (or payment model within a track). Meeting the quality performance standard also allows an ACO to avoid maximum shared losses for ACOs participating in the ENHANCED track.

For Performance Year (PY) 2023, ACOs that report quality data via the APP can meet the quality performance standard via one of three pathways:

- **For all ACOs:** Achieving a health equity adjusted quality performance score that is equivalent to or higher than the 30th percentile across all Merit-based Incentive Payment System (MIPS) Quality performance category scores, excluding entities/providers eligible for facility-based scoring. Refer to Table 1 to identify the 30th percentile MIPS Quality performance category score for PY 2023.
- **For ACOs reporting the 3 electronic clinical quality measures (eCQMs)/MIPS clinical quality measures (CQMs) and meeting the MIPS data completeness and case minimum requirements for all 3 measures:** Achieving a quality performance score¹ equivalent to or higher than the 10th percentile of the performance benchmark on

¹ The quality performance score refers to the measure performance rate for all measures except for CAHPS for MIPS Survey, which is a composite measure and therefore its decile score is used. For inverse measures (i.e., Quality ID#: 001, Measure # 479, and Measure # 484), lower performance rates indicate better performance. As such, achieving the 10th percentile or a higher percentile equates to achieving the 10th percentile performance rate value or a lower performance rate.

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at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set.² Refer to Table 2 to identify the APP measure types.

- ***For ACOs in their first performance year of their first agreement period:*** Meeting the MIPS data completeness and case minimum requirements on the 10 Centers for Medicare and Medicaid Services (CMS) Web Interface measures or the 3 eQCMs/MIPS CQMs and administering the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS Survey.

Alternative Quality Performance Standard

ACOs that do not meet the quality performance standard based on the criteria above can meet the alternative quality performance standard to be eligible to share in savings at a lower rate that is scaled based on the ACO's quality performance. To meet the alternative quality performance standard, an ACO must report quality data via the APP and achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set.²

The ACO's health equity adjusted quality performance score will be multiplied by the maximum sharing rate for the ACO's track and level to determine its final shared savings rate. A similar approach is applied to ENHANCED track ACOs to determine shared losses. The alternative quality performance standard is available to all ACOs, regardless of how they report quality data.

Failure to Meet the Quality Performance Standard and Alternative Quality Performance Standard

An ACO will not meet the quality performance standard or the alternative quality performance standard for PY 2023 if the ACO (1) does not report any of the 10 CMS Web Interface measures or any of the 3 eQCMs/MIPS CQMs and (2) does not administer a CAHPS for MIPS Survey under the APP. ACOs that do not meet the quality performance standard or the alternative quality performance standard will not be eligible for shared savings, and ACOs participating in the ENHANCED track will owe maximum shared losses.

MIPS Quality Performance Category Score Used for the Quality Performance Standard

PY 2023 is the last performance year that CMS will use performance period submission-level MIPS Quality performance category scores to determine the 30th percentile MIPS Quality performance category score.

Table 1 shows the MIPS Quality performance category scores that equate to the 30th percentile across all MIPS Quality performance category scores for PY 2018 through PY 2023, based on

² Measure level performance benchmarks for PY 2023 for the CMS Web Interface, the eQCMs/MIPS CQMs, and administrative claims measures, used to determine the 10th and 30th percentiles for purposes of evaluating the eQCM/MIPS CQM reporting incentive and the 10th percentile for purposes of evaluating the alternative quality performance standard are posted in the Quality Payment Program Resource Library: <https://qpp.cms.gov/resources/resource-library>. The CAHPS for MIPS 30th percentile decile score will be published in the PY 2023 Shared Savings Program Quality Performance Reports that will be included as part of the PY 2023 Financial Reconciliation Settlement and Quality Performance Report Package.

the unweighted distribution of all MIPS Quality performance category scores, excluding entities and providers eligible for facility-based scoring.³

Table 1. 30th Percentile MIPS Quality Performance Category Scores

PERFORMANCE YEAR	30TH PERCENTILE OF THE MIPS QUALITY PERFORMANCE CATEGORY SCORE
2018	59.30
2019	58.00
2020	63.90
2021	61.73
2022	70.63
2023	65.76

For PY 2024 and subsequent performance years, CMS will use historical submission-level MIPS Quality performance category scores to calculate the 40th percentile MIPS Quality performance category score used to determine whether an ACO met the quality performance standard (as finalized in the CY 2024 Medicare Physician Fee Schedule [PFS] Final Rule, 88 FR 79121). Specifically, a rolling 3-performance year average with a lag of 1-performance year will be used. The 40th percentile MIPS Quality performance category score for PY 2024 is 77.05. For more information refer to the [Medicare Shared Savings Program Quality Performance Standard:40th Percentile MIPS Quality Performance Category Score for Performance Year 2024](#).

APP Measure Types for the eCQM/MIPS CQM Reporting Incentive and Alternative Quality Performance Standard

Table 2 denotes the measures included in the APP measure set. The column titled “Measure Type” identifies the outcome measures applicable for the eCQM/MIPS CQM reporting incentive and alternative quality performance standard described above. Although ACOs are eligible for the alternative quality performance standard regardless of how they report quality data, only ACOs that submit quality performance data via the 3 eCQMs/MIPS CQMs are eligible for the eCQM/MIPS CQM reporting incentive.

Table 2. APP Measure Set for PY 2023

Quality #	MEASURE TITLE	COLLECTION TYPE	SUBMITTER TYPE	MEANINGFUL MEASURES 2.0 AREA	MEASURE TYPE
321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Person-Centered Care	Patient Engagement/ Experience
479	Hospital-Wide, 30 day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Affordability and Efficiency	Outcome^

³ The 30th percentile values for PY 2018 through PY 2022 are for informational purposes only.

484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	N/A	Affordability and Efficiency	Outcome [^]
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	eCQM/MIPS CQM/Medicare CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Chronic Conditions	Intermediate Outcome [^]
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/Medicare CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Behavioral Health	Process
236	Controlling High Blood Pressure	eCQM/MIPS CQM/Medicare CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Chronic Conditions	Intermediate Outcome [^]
318	Falls: Screening for Future Fall Risk	CMS Web Interface*	APM Entity/Third Party Intermediary	Safety	Process
110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	APM Entity/Third Party Intermediary	Behavioral Health	Process
113	Colorectal Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
112	Breast Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
438 ^a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	APM Entity/Third Party Intermediary	Chronic Conditions	Process
370 ^a	Depression Remission at Twelve Months ^{**}	CMS Web Interface*	APM Entity/Third Party Intermediary	Behavioral Health	Outcome

^a. We note that the CMS Web Interface measures Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality #: 438) and Depression Remission at Twelve Months (Quality #: 370) do not have benchmarks; and therefore, are not scored for PY 2023; they are however required to be reported in order to complete the CMS Web Interface data set.

[^] Indicates this is an outcome measure for purposes of determining the eCQM/MIPS CQM reporting incentive and alternative quality performance standard.

* PY 2024 is the last year ACOs will have the option to report via the CMS Web Interface.

** This measure is not included as 1 of the 4 outcome measures for purposes of the alternative quality performance standard as this measure is not scored.

Use of ACO Quality Performance in Calculating Shared Savings and Shared Losses

For information on how shared savings and shared losses are calculated, please refer to the Shared Savings and Losses and Assignment Methodology and Quality Performance Standard Specifications V11, available on the Shared Savings Program website under [Program Guidance & Specifications](#).