



2024 Quality Payment Program (QPP) Data Use Guide

Table of Contents

- [Background and Purpose](#)
- [Key QPP Terms & Definitions](#)
- [2024 QPP Participation and Performance Results At-a-Glance Data Dictionary](#)
- [Version History](#)

Background and Purpose

For the 2024 performance year, the Quality Payment Program (QPP) is publishing a suite of QPP Data Resources. These products are anchored in the program’s objective to provide accurate, timely, and actionable participation and performance data to clinicians, patients, and other interested parties. These products include the 2024 QPP Participation and Performance Results At-a-Glance, 2024 QPP Public Use File, and the 2024 QPP Data Use Guide.

Below is a description of each product which can be accessed from the [Participation and Performance Data](#) page of the QPP website.

2024 QPP Participation and Performance Results At-a-Glance.

This resource provides a snapshot of aggregated data for key QPP program metrics for the 2024 performance year. It provides a high-level overview of participation, scoring, and payment adjustment information.

2024 QPP Public Use File.

This dataset includes clinician-level (non-aggregated) data for the QPP program for the 2024 performance year. It provides detailed data at the Taxpayer Identification Number (TIN)/National Provider Identifier (NPI) level regarding clinician eligibility, measure-level scoring, performance category scoring, final scores, and payment adjustment factors (represented as percentages).

There are also 2 supplemental resources for the 2024 QPP Public Use File:

- 2024 QPP Public Use File Data Dictionary
- 2024 QPP Public Use File Methodology

2024 QPP Data Use Guide (PDF).

The 2024 QPP Data Use Guide is a companion resource to the 2024 QPP Participation and Performance Results At-a-Glance, providing descriptions of key terms and a detailed data dictionary.

QPP Data.

- Each of the QPP Data Resources uses the QPP dataset available as of March 4, 2026.
- QPP data was validated through a rigorous process that involves multiple program code reviews, tests and retests, and data output quality controls.
- The QPP dataset is limited to the measure and activity data that contributed to a clinician's final score. Measures and activities that were submitted but didn't count toward a clinician's final score are excluded from the dataset.

Please note: CMS retired the QPP Experience Report following the 2023 performance year. Researchers may continue to aggregate data on their own using the clinician-level information in the Public Use File.

Key QPP Terms & Definitions

This section reviews key terms used throughout the QPP data resources:

Term	Description
<p>Alternative Payment Model (APM)</p>	<p>A payment approach that gives added incentive payments to reward healthcare providers for delivering high-quality and coordinated care. APMs can apply to a specific clinical condition, a care episode, or a population.</p> <p>Pertinent information in the 3 resources refers to MIPS APMs and Advanced APMs.</p> <ul style="list-style-type: none"> • A MIPS APM has MIPS eligible clinicians participating in the APM on their Centers for Medicare & Medicaid Services (CMS) approved participation list. • An Advanced APM is a type of APM that includes specific features. It 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.
<p>APM Entity</p>	<p>An APM Entity is an organization that participates in an APM or Other Payer arrangement through a direct agreement with CMS or other payers, or through a federal or state law or regulation. A Medicare Shared Savings Program Accountable Care Organization (ACO) is an example of an APM Entity. An APM Entity in a MIPS APM can participate in MIPS and submit data on behalf of its MIPS eligible clinicians.</p>
<p>Collection Type</p>	<p>Collection type refers to the way a clinician collects data for a quality measure, such as in their certified electronic health record technology (CEHRT) or by adding quality data codes to their Medicare Part B claims.</p> <p>While an individual quality measure may be collected in multiple ways, each collection type has its own specifications (instructions) for reporting that measure. For example, there are 5 collection types available for reporting MIPS Quality ID 001 (Diabetes: Hemoglobin A1c [HbA1c] Poor Control [$>9\%$]¹).</p> <p>The following collection types were available for the 2024 performance year:</p> <ul style="list-style-type: none"> • Administrative Claims Measures • Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey Measure • CMS Web Interface Measures • Electronic Clinical Quality Measures (eCQMs) • Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs) • Medicare Part B Claims Measures • MIPS Clinical Quality Measures (MIPS CQMs) • Qualified Clinical Data Registry (QCDR) Measures

¹ The title of this measure was updated to “Diabetes: Glycemic Status Assessment Greater Than 9%” beginning with the 2025 performance period.

Term	Description
Final Score	<p>A value between 0 and 100 points that's determined by evaluating a MIPS eligible clinician's performance on applicable measures and completion of activities for each performance category. A MIPS eligible clinician's final score determines their MIPS payment adjustment. (Learn more in the 2026 MIPS Payment Year (2024 Performance Year): Payment Adjustment User Guide [PDF, 1MB].)</p>
Mean	<p>The average value of a set of numbers, determined by the sum of the numbers in the set divided by the count of the numbers in the set.</p> <p>Example: 1, 2, 2, 5, 10.</p> <ul style="list-style-type: none"> • The sum of these numbers (20) is divided by the numbers in the set (5), which equals 4. • The mean is 4.
Median	<p>The middle value of a set of numbers.</p> <p>Example: 1, 2, 2, 5, 10.</p> <ul style="list-style-type: none"> • The median is 2 (the middle value).
MIPS Eligible Clinician	<p>A clinician who meets certain criteria and will receive a MIPS payment adjustment. As finalized in policy, a MIPS eligible clinician is always defined by a unique Taxpayer Identification Number/National Provider Identifier (TIN/NPI combination), which means the same provider can be represented in QPP data under multiple TIN/NPI combinations. Refer to the TIN/NPI combination entry for an example.</p>
National Provider Identifier (NPI)	<p>A unique 10-digit identifier issued to providers. Each provider has a single NPI.</p> <p>A limited number of metrics related to Qualifying APM Participants in these products count providers by their unique NPI, while most counts are based on a unique combination of TIN and NPI. Refer to the TIN/NPI combination entry for more information.</p>

Term	Description
<p>Non-Reporting Clinician</p>	<p>A non-reporting clinician was required to report (i.e., an individually eligible clinician, an opt-in eligible clinician or a group that submitted an election to opt in to the program, or a clinician in a CMS-approved virtual group) but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance categories. (This includes clinicians who received reweighting in one or more performance categories because of an exception application, the extreme and uncontrollable circumstances (EUC) policy, or special status.)</p> <ul style="list-style-type: none"> • Because they were required to report, they'll receive a final score and MIPS payment adjustment even without actively submitting data. • These clinicians may still have been scored on administrative claims measures that CMS automatically calculates for the quality and/or cost performance categories or may have received facility-based scoring in the quality and cost performance categories (derived from the total performance score in the Hospital Value-Based Purchasing Program). <p>Please note that we updated the definition of non-reporting clinicians starting with the performance year (PY) 2023 report. As such, the non-reporting data for PY 2022 shown in the PY 2024 report may not exactly match the non-reporting data in the PY 2022 report.</p>
<p>Participation Option</p>	<p>Participation options refer to the level at which data is collected and submitted to CMS for MIPS. There are 5 participation options available beginning with the 2024 performance year:</p> <ul style="list-style-type: none"> • Individual: Data is collected and submitted by or on behalf of an individual MIPS eligible clinician (identified by TIN/NPI). • Group: Data is collected and submitted on behalf of all MIPS eligible clinicians in a practice (identified by TIN). • Subgroup (MVP reporting only): Data is collected and submitted on behalf of a subset of the MIPS eligible clinicians within a single TIN (identified by subgroup ID). • Virtual group (traditional MIPS reporting only): Data is collected and submitted on behalf of all MIPS eligible clinicians in a CMS-approved virtual group (identified by virtual group ID) which is a group of clinicians spanning multiple TINs, each with 10 or fewer associated NPIs. • APM Entity: Data is collected and submitted on behalf of the MIPS eligible clinicians in an APM Entity (identified by APM ID).

Term	Description
Payment Adjustment Types	<p>There are 4 MIPS payment adjustment types, each of which is associated with a final score range.</p> <ul style="list-style-type: none"> • Max Negative: The maximum negative payment adjustment is -9%. <ul style="list-style-type: none"> – This is assigned to MIPS eligible clinicians with a 2024 final score between 0 and 18.75 points. • Negative: A negative payment adjustment is between -9% and 0%. The exact percentage is determined by the final score. <ul style="list-style-type: none"> – This is assigned to MIPS eligible clinicians with a 2024 final score between 18.76 and 74.99 points. • Neutral: A neutral payment adjustment is 0% (i.e., no increase or decrease to payment). <ul style="list-style-type: none"> – This is assigned to MIPS eligible clinicians with a 2024 final score of 75 points. • Positive: A positive payment adjustment is greater than 0%. This adjustment is subject to a scaling factor to preserve budget neutrality. <ul style="list-style-type: none"> – This is assigned to MIPS eligible clinicians with a 2024 final score between 75.01 and 100 points.
Performance Threshold	<p>The minimum final score needed to avoid a negative adjustment.</p> <ul style="list-style-type: none"> • The performance threshold is set at 75 points for the 2024 performance year.
Practice Size	<p>The number of clinicians (identified by NPI) billing under a practice’s TIN in the second 12-month segment of the MIPS determination period (October 1, 2023 – September 30, 2024, for the 2024 performance year). In this report, practice sizes are defined as:</p> <ul style="list-style-type: none"> • 1 clinician (solo practitioner) • 2 – 15 clinicians • 16 – 99 clinicians • 100 or more (100+) clinicians
Qualifying APM Participant (QP) <hr/> Partially Qualifying APM Participant (Partial QP)	<p>QP and Partial QP status are determined by the volume of patients seen and payments received by clinicians in an Advanced APM.</p> <p>For 2024, 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 excluded from MIPS. They aren’t eligible to receive a MIPS payment adjustment but will receive a financial incentive for being a QP.</p> <hr/> <p>For 2024, 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.</p>

Term	Description
Reporting (Engaged) Clinician	A MIPS eligible clinician who submitted at least one measure, attestation, or activity. Data could be submitted through the individual, group, subgroup, virtual group, or APM Entity participation option .
Reporting Option	<p>There are 3 MIPS reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements beginning with the 2024 performance year:</p> <ul style="list-style-type: none"> • Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS. • The Alternative Payment Model (APM) Performance Pathway (APP) is a streamlined reporting option for clinicians who participate in a MIPS APM. • MIPS Value Pathways (MVPs) are the newest reporting option, offering a streamlined, reduced set of measures and improvement activities focused on a specialty or medical condition.
Safety Net Provider	<p>MIPS eligible clinicians who are in the top 20th percentile in their percentage of patients who are enrolled in Medicare Part A and Part B as well as full-benefit Medicaid, also known as dually eligible individuals.</p> <p>The dual eligibility ratio is specific to the participation option through which the MIPS eligible clinician earned their final score.</p> <ul style="list-style-type: none"> • For example, if the clinician received a final score from group participation, their safety net provider status is based on the group’s dual eligibility ratio.
Special Status	<p>CMS analyzes Medicare claims to determine and assign special statuses to clinicians, groups, virtual groups, and APM Entities. Special statuses result in varying flexibilities for scoring and reporting. Most special statuses are assigned if you meet the criteria in 1 of the 2 year-long segments of the MIPS Determination Period. Learn more about special statuses in the 2024 performance year.</p> <ul style="list-style-type: none"> • Small practices have 15 or fewer clinicians (NPIs) billing under the practice’s TIN; solo practitioners also receive this special status. • Rural practices are located in a ZIP code designated as rural by the Federal Office of Rural Health Policy (FORHP) using the most recent FORHP Eligible ZIP code file available.
Taxpayer Identification Number (TIN)	<p>A TIN is a unique 9-digit identifier used for billing and tax purposes. A TIN can belong to:</p> <ul style="list-style-type: none"> • A clinician (if self-employed) • A practice • An organization like a hospital <p>A group is identified by its TIN.</p>

Term	Description
TIN/NPI Combination	<p>When a clinician reassigns their Medicare billing rights to a TIN, their NPI becomes associated with that TIN. This association is referred to as a TIN/NPI combination.</p> <ul style="list-style-type: none"> • If a clinician reassigns billing rights to multiple TINs, they'll have multiple TIN/NPI combinations. <p>A MIPS eligible clinician is identified by a unique TIN/NPI combination.</p> <p>Example:</p> <p>Dr. Keller (NPI 1234567890) has reassigned her billing rights to Better Health Practice (TIN 987654321). She's also reassigned her billing rights to Advanced Health Care Systems (TIN 876543210).</p> <p>Dr. Keller has 2 TIN/NPI combinations and is eligible for MIPS under each. As a result, Dr. Keller will be included in the number of MIPS eligible clinicians twice — once for each of her 2 TIN/NPI combinations.</p>

2024 QPP Participation and Performance Results At-a-Glance Data Dictionary

This section provides descriptions of each metric included in the 2024 QPP Participation and Performance Results At-A-Glance.

1. General Participation Numbers in 2024

Metric	Description
Total clinicians receiving a MIPS payment adjustment	Sum of distinct MIPS eligible clinicians (identified by unique TIN/NPI combinations) who will receive a MIPS payment adjustment that is either positive, neutral, or negative.
Total non-reporting clinicians (clinicians who didn't submit data) receiving a MIPS payment adjustment	Sum of distinct individually eligible clinicians (identified by unique TIN/NPI combinations) receiving a MIPS payment adjustment who didn't actively submit data for any of these 3 performance categories: quality, improvement activities, and Promoting Interoperability.
Total number of Qualifying APM Participants (QPs)	Sum of distinct providers (identified by unique NPI) in an Advanced APM that achieved QP status for the 2024 performance year.
Total number of Partially Qualifying APM Participants (Partial QPs)	Sum of distinct providers (identified by unique NPI) in an Advanced APM that achieved Partial QP status for the 2024 performance year.

2. [Non-Reporting Clinician](#) Rates in 2024 (Overall and Small Practices)

Metric	Definition
Overall rate (%)	Number of MIPS eligible clinicians who didn't submit data divided by the total number of MIPS eligible clinicians.
Small practice rate (%)	Number of MIPS eligible clinicians with the small practice special status who didn't submit data divided by the total number of MIPS eligible clinicians with the small practice special status.
Solo practitioner rate (%)	Number of MIPS eligible solo practitioners who didn't submit data divided by the total number of MIPS eligible solo practitioners.

3. MVP Participation

Metric	Definition
Clinicians registered for an MVP	Number of MIPS eligible clinicians who registered to report an MVP at the individual, group, subgroup, or APM Entity level.
Clinicians reported an MVP	Number of MIPS eligible clinicians who were registered for an MVP and submitted MVP data.
Clinicians with a final score from MVP reporting	Number of MIPS eligible clinicians who received a MIPS final score based on the MVP data they submitted. (Clinicians who reported both traditional MIPS and an MVP would be included in this count when their MVP reporting resulted in a higher score than their traditional MIPS reporting.)
MVPs available	Number of MVPs finalized through rulemaking for reporting in the 2024 performance year.
MVPs registered for	Number of MVPs included in MVP registrations for the 2024 performance year.
MVPs reported	Number of MVPs for which data was submitted for the 2024 performance year.

4. Final Score Information

Metric	Definition
<u>Mean</u> final score	<ul style="list-style-type: none"> • Overall: Sum of all final scores assigned to MIPS eligible clinicians divided by the total number of MIPS eligible clinicians who received a final score. • Traditional MIPS: Sum of all final scores from traditional MIPS assigned to MIPS eligible clinicians divided by the total number of MIPS eligible clinicians who received a final score from traditional MIPS reporting. • APM Performance Pathway: Sum of all final scores from the APM Performance Pathway assigned to MIPS eligible clinicians divided by the total number of MIPS eligible clinicians who received a final score from APM Performance Pathway reporting. • MIPS Value Pathways: Sum of all final scores from a MIPS Value Pathway assigned to MIPS eligible clinicians divided by the total number of MIPS eligible clinicians who received a final score from MIPS Value Pathway reporting.

Metric	Definition
<u>Median</u> final score	<ul style="list-style-type: none"> • Overall: The middle value of the set of final scores assigned to all MIPS eligible clinicians. • Traditional MIPS: The middle value of the set of final scores assigned to MIPS eligible clinicians who received a final score from traditional MIPS reporting. • APM Performance Pathway: The middle value of the set of final scores assigned to MIPS eligible clinicians who received a final score from APM Performance Pathway reporting. • MIPS Value Pathways: The middle value of the set of final scores assigned to MIPS eligible clinicians who received a final score from MIPS Value Pathway reporting.

5. Payment Adjustment Highlights for MIPS Eligible Clinicians

Metric	Definition
Percentage of MIPS eligible clinicians in payment adjustment/final score range	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians receiving a Max Negative payment adjustment (final score of 0 – 18.75 points) divided by the total number of MIPS eligible clinicians. • The number of MIPS eligible clinicians receiving a Negative payment adjustment (final score of 18.75 – 74.99) points) divided by the total number of MIPS eligible clinicians. • The number of MIPS eligible clinicians receiving a Neutral payment adjustment (final score of 75 points) divided by the total number of MIPS eligible clinicians. • The number of MIPS eligible clinicians receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians. • The number of MIPS eligible clinicians receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians.

6. Final Scores by Participation Option

Metric	Definition
<p>Mean final score by participation option</p>	<p>Individual</p> <ul style="list-style-type: none"> The sum of all final scores assigned to each MIPS eligible clinician (earned from individual participation) divided by the total number of MIPS eligible clinicians who earned a final score from individual participation. The sum of all final scores assigned to each reporting MIPS eligible clinician (earned from individual participation) divided by the total number of MIPS eligible clinicians who reported and earned a final score from individual participation. The sum of all final scores assigned to each non-reporting MIPS eligible clinician (earned from individual participation) divided by the total number of non-reporting MIPS eligible clinicians who earned a final score from individual participation. <p>Group</p> <ul style="list-style-type: none"> The sum of all final scores assigned to each MIPS eligible clinician (earned from group participation) divided by the total number of MIPS eligible clinicians who earned a final score from group participation. <p>Subgroup</p> <ul style="list-style-type: none"> The sum of all final scores assigned to each MIPS eligible clinician (earned from subgroup participation) divided by the total number of MIPS eligible clinicians who earned a final score from subgroup participation. <p>Virtual Group</p> <ul style="list-style-type: none"> The sum of all final scores assigned to each MIPS eligible clinician (earned from virtual group participation) divided by the total number of MIPS eligible clinicians who earned a final score from virtual group participation. The sum of all final scores assigned to each reporting MIPS eligible clinician (earned from virtual group participation) divided by the total number of MIPS eligible clinicians who reported and earned a final score from virtual group participation. The sum of all final scores assigned to each non-reporting MIPS eligible clinician (earned from virtual group participation) divided by the total number of non-reporting MIPS eligible clinicians who earned a final score from virtual group participation. <p>APM Entity</p> <ul style="list-style-type: none"> The sum of all final scores assigned to each MIPS eligible clinician (earned from APM Entity participation) divided by the total number of MIPS eligible clinicians who earned a final score from APM Entity participation.

Metric	Definition
<p>Median final score by participation option</p>	<p>Individual</p> <ul style="list-style-type: none"> • The middle value of a set of final scores (earned from individual participation) assigned to all MIPS eligible clinicians who earned a final score from individual participation. • The middle value of a set of final scores (earned from individual participation) assigned to all reporting MIPS eligible clinicians who earned a final score from individual participation. • The middle value of a set of final scores (earned from individual participation) assigned to all non-reporting MIPS eligible clinicians who earned a final score from individual participation. <p>Group</p> <ul style="list-style-type: none"> • The middle value of a set of final scores (earned from group participation) assigned to all MIPS eligible clinicians participating as a group. <p>Subgroup</p> <ul style="list-style-type: none"> • The middle value of a set of final scores (earned from subgroup participation) assigned to all MIPS eligible clinicians participating as a subgroup. <p>Virtual Group</p> <ul style="list-style-type: none"> • The middle value of a set of final scores (earned from virtual group participation) assigned to all MIPS eligible clinicians in a CMS-approved virtual group. • The middle value of a set of final scores (earned from virtual group participation) assigned to all reporting MIPS eligible clinicians in a CMS-approved virtual group. • The middle value of a set of final scores (earned from virtual group participation) assigned to all non-reporting MIPS eligible clinicians in CMS-approved virtual group. <p>APM Entity</p> <ul style="list-style-type: none"> • The middle value of a set of final scores (earned from APM Entity participation) assigned to all MIPS eligible clinicians participating as an APM Entity.

7. Mean and Median Unweighted Scores for Each Performance Category

Metric	Definition
<p>Mean unweighted score</p>	<p>These calculations were performed for both the 2023 and 2024 performance years.</p> <ul style="list-style-type: none"> • The sum of all unweighted scores assigned to MIPS eligible clinicians for the quality* performance category divided by the total number of MIPS eligible clinicians who received a score for the quality performance category. • The sum of all unweighted scores assigned to MIPS eligible clinicians for the cost** performance category divided by the total number of MIPS eligible clinicians who received a score for the cost performance category. • The sum of all unweighted scores assigned to MIPS eligible clinicians for the Promoting Interoperability performance category divided by the total number of MIPS eligible clinicians who received a score for the Promoting Interoperability performance category. • The sum of all unweighted scores assigned to MIPS eligible clinicians for the improvement activities*** performance category divided by the total number of MIPS eligible clinicians who received a score for the improvement activities performance category.
<p>Median unweighted score</p>	<p>These calculations were performed for both the 2023 and 2024 performance years.</p> <ul style="list-style-type: none"> • The middle value of a set of unweighted scores for the quality* performance category assigned to MIPS eligible clinicians. • The middle value of a set of unweighted scores for the cost** performance category assigned to MIPS eligible clinicians. • The middle value of a set of unweighted scores for the Promoting Interoperability performance category assigned to MIPS eligible clinicians. • The middle value of a set of unweighted scores for the improvement activities*** performance category assigned to MIPS eligible clinicians.

*Unweighted quality scores are inclusive of small practice bonus points and quality improvement scores.

**Unweighted cost scores are inclusive of cost improvement scores.

***Unweighted improvement activity scores are inclusive of clinicians who receive automatic credit in this performance category from APM participation.

8. Snapshot of 2026 Payment Adjustments for Small, Solo, and Rural Practices

Metric	Definition
<p>Percentage of MIPS eligible clinicians (all)</p>	<ul style="list-style-type: none"> • The number of all MIPS eligible clinicians receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians. • The number of all MIPS eligible clinicians receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians. • The number of all MIPS eligible clinicians receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians. • The number of all MIPS eligible clinicians receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians. • The number of all MIPS eligible clinicians receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians.
<p>Percentage of MIPS eligible clinicians (reporting)</p>	<ul style="list-style-type: none"> • The number of reporting MIPS eligible clinicians receiving a Max Negative payment adjustment divided by the total number of reporting MIPS eligible clinicians. • The number of reporting MIPS eligible clinicians receiving a Negative payment adjustment divided by the total number of reporting MIPS eligible clinicians. • The number of reporting MIPS eligible clinicians receiving a Neutral payment adjustment divided by the total number of reporting MIPS eligible clinicians. • The number of reporting MIPS eligible clinicians receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of reporting MIPS eligible clinicians. • The number of reporting MIPS eligible clinicians receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of reporting MIPS eligible clinicians.

Metric	Definition
<p>Percentage of MIPS eligible clinicians (non-reporting)</p>	<ul style="list-style-type: none"> • The number of non-reporting MIPS eligible clinicians receiving a Max Negative payment adjustment divided by the total number of non-reporting MIPS eligible clinicians. • The number of non-reporting MIPS eligible clinicians receiving a Negative payment adjustment divided by the total number of non-reporting MIPS eligible clinicians. • The number of non-reporting MIPS eligible clinicians receiving a Neutral payment adjustment divided by the total number of non-reporting MIPS eligible clinicians. • The number of non-reporting MIPS eligible clinicians receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of non-reporting MIPS eligible clinicians. • The number of non-reporting MIPS eligible clinicians receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of non-reporting MIPS eligible clinicians.
<p>Percentage of small practices (overall)</p>	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians with the small practice special status receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians with the small practice special status. • The number of MIPS eligible clinicians with the small practice special status receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians with the small practice special status. • The number of MIPS eligible clinicians with the small practice special status receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians with the small practice special status. • The number of MIPS eligible clinicians with the small practice special status receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians with the small practice special status. • The number of MIPS eligible clinicians with the small practice special status receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians with the small practice special status.

Metric	Definition
<p>Percentage of small practices (reporting)</p>	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians who (1) submitted data, (2) have the small practice special status, and (3) are receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians who submitted data and have the small practice special status. • The number of MIPS eligible clinicians who (1) submitted data, (2) have the small practice special status, and (3) are receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians who submitted data and have the small practice special status. • The number of MIPS eligible clinicians who (1) submitted data, (2) have the small practice special status, and (3) are receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians who submitted data and have the small practice special status. • The number of MIPS eligible clinicians who (1) submitted data, (2) have the small practice special status, and (3) are receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians who submitted data and have the small practice special status. • The number of MIPS eligible clinicians who (1) submitted data, (2) have the small practice special status, and (3) are receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians who submitted data and have the small practice special status.

Metric	Definition
<p>Percentage of small practices (non-reporting)</p>	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the small practice special status, and (3) are receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians who didn't submit data and have the small practice special status. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the small practice special status, and (3) are receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians who didn't submit data and have the small practice special status. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the small practice special status, and (3) are receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians who didn't submit data and have the small practice special status. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the small practice special status, and (3) are receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians who didn't submit data and have the small practice special status. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the small practice special status, and (3) are receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians who didn't submit data and have the small practice special status.
<p>Percentage of solo practitioners (overall)</p>	<ul style="list-style-type: none"> • The number of solo practitioners receiving a Max Negative payment adjustment divided by the total number of solo practitioners. • The number of solo practitioners receiving a Negative payment adjustment divided by the total number of solo practitioners. • The number of solo practitioners receiving a Neutral payment adjustment divided by the total number of solo practitioners. • The number of solo practitioners receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of solo practitioners. • The number of solo practitioners receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of solo practitioners.

Metric	Definition
<p>Percentage of solo practitioners (reporting)</p>	<ul style="list-style-type: none"> • The number of solo practitioners who submitted data and are receiving a Max Negative payment adjustment divided by the total number of solo practitioners who submitted data. • The number of solo practitioners who submitted data and are receiving a Negative payment adjustment divided by the total number of solo practitioners who submitted data. • The number of solo practitioners who didn't submit data and are receiving a Neutral payment adjustment divided by the total number of solo practitioners who submitted data. • The number of solo practitioners who didn't submit data and are receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of solo practitioners who submitted data. • The number of solo practitioners who didn't submit data and are receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of solo practitioners who submitted data.
<p>Percentage of solo practitioners (non-reporting)</p>	<ul style="list-style-type: none"> • The number of solo practitioners who didn't submit data and are receiving a Max Negative payment adjustment divided by the total number of solo practitioners who didn't submit data. • The number of solo practitioners who didn't submit data and are receiving a Negative payment adjustment divided by the total number of solo practitioners who didn't submit data. • The number of solo practitioners who didn't submit data and are receiving a Neutral payment adjustment divided by the total number of solo practitioners who didn't submit data. • The number of solo practitioners who didn't submit data and are receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of solo practitioners who didn't submit data. • The number of solo practitioners who didn't submit data and are receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of solo practitioners who didn't submit data.

Metric	Definition
<p>Percentage of rural practices (overall)</p>	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians with the rural practice special status receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status. • The number of MIPS eligible clinicians with the rural practice special status receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status. • The number of MIPS eligible clinicians with the rural practice special status receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status. • The number of MIPS eligible clinicians with the rural practice special status receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians with the rural practice special status. • The number of MIPS eligible clinicians with the rural practice special status receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians with the rural practice special status.
<p>Percentage of rural practices (reporting)</p>	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status and who submitted data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status and who submitted data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status and who submitted data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians with the rural practice special status and who submitted data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians with the rural practice special status and who submitted data.

Metric	Definition
<p>Percentage of rural practices (non-reporting)</p>	<ul style="list-style-type: none"> • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Max Negative payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status and who didn't submit data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Negative payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status and who didn't submit data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Neutral payment adjustment divided by the total number of MIPS eligible clinicians with the rural practice special status and who didn't submit data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Positive payment adjustment (final score between 75.01 and 88.99 points) divided by the total number of MIPS eligible clinicians with the rural practice special status and who didn't submit data. • The number of MIPS eligible clinicians who (1) didn't submit data, (2) have the rural special status, and (3) are receiving a Positive payment adjustment (final score between 89.00 and 100 points) divided by the total number of MIPS eligible clinicians with the rural practice special status and who didn't submit data.

9. MIPS Participation Changes

Metric	Definition
Total clinicians receiving a MIPS payment adjustment	<ul style="list-style-type: none"> The total number of all MIPS eligible clinicians receiving a MIPS payment adjustment for the 2021 performance year. The total number of all MIPS eligible clinicians receiving a MIPS payment adjustment for the 2022 performance year. The total number of all MIPS eligible clinicians receiving a MIPS payment adjustment for the 2023 performance year. The total number of all MIPS eligible clinicians receiving a MIPS payment adjustment for the 2024 performance year.
Change (percentage) in MIPS eligible clinicians from 2022 to 2023	The percentage is calculated using the following formula: (2021 number minus 2022 number) divided by 2021 number.
Change (percentage) in MIPS eligible clinicians from 2022 to 2023	The percentage is calculated using the following formula: (2022 number minus 2023 number) divided by 2022 number.
Change (percentage) in MIPS eligible clinicians from 2023 to 2024	The percentage is calculated using the following formula: (2023 number minus 2024 number) divided by 2023 number.

10. Final Score Changes

Metric	Definition
Mean final score	<ul style="list-style-type: none"> The sum of all final scores assigned to MIPS eligible clinicians in 2022 divided by the total number of MIPS eligible clinicians who received a final score in 2022. The sum of all final scores assigned to MIPS eligible clinicians in 2023 divided by the total number of MIPS eligible clinicians who received a final score in 2023. The sum of all final scores assigned to MIPS eligible clinicians in 2024 divided by the total number of MIPS eligible clinicians who received a final score in 2024.

Metric	Definition
Median final score	<ul style="list-style-type: none"> The middle value of a set of final scores assigned to all MIPS eligible clinicians in 2022. The middle value of a set of final scores assigned to all MIPS eligible clinicians in 2023. The middle value of a set of final scores assigned to all MIPS eligible clinicians in 2024.

11. MIPS Eligible Clinicians: Payment Adjustment Changes

Metric	Definition
Percentage of MIPS eligible clinicians receiving an Exceptional adjustment	<ul style="list-style-type: none"> 2022: The number of all MIPS eligible clinicians receiving an Exceptional payment adjustment for the 2022 performance year divided by the total number of MIPS eligible clinicians in 2022. 2023: N/A (There are no clinicians receiving an exceptional adjustment in the 2023 performance year.) 2024: N/A (There are no clinicians receiving an exceptional adjustment in the 2024 performance year.)
Percentage of MIPS eligible clinicians receiving a Positive Only adjustment	<ul style="list-style-type: none"> 2022: The number of all MIPS eligible clinicians receiving a Positive Only payment adjustment (final score of 60.01 to 84.99 points) for the 2022 performance year divided by the total number of MIPS eligible clinicians in 2022. 2023: The number of all MIPS eligible clinicians receiving a Positive Only payment adjustment (final score of 75.01 to 88.99 points) for the 2023 performance year divided by the total number of MIPS eligible clinicians in 2023. 2024: The number of all MIPS eligible clinicians receiving a Positive payment adjustment (final score 75.01 to 100 points) for the 2024 performance year divided by the total number of MIPS eligible clinicians in 2024.

Metric	Definition
Percentage of MIPS eligible clinicians receiving a Neutral adjustment	<ul style="list-style-type: none"> The number of all MIPS eligible clinicians receiving a Neutral payment adjustment for the 2022 performance year divided by the total number of MIPS eligible clinicians in 2022. The number of all MIPS eligible clinicians receiving a Neutral payment adjustment for the 2023 performance year divided by the total number of MIPS eligible clinicians in 2023. The number of all MIPS eligible clinicians receiving a Neutral payment adjustment for the 2024 performance year divided by the total number of MIPS eligible clinicians in 2024.
Percentage of MIPS eligible clinicians receiving a Negative adjustment	<ul style="list-style-type: none"> The number of all MIPS eligible clinicians receiving a Negative payment adjustment for the 2022 performance year divided by the total number of MIPS eligible clinicians in 2022. The number of all MIPS eligible clinicians receiving a Negative payment adjustment for the 2023 performance year divided by the total number of MIPS eligible clinicians in 2023. The number of all MIPS eligible clinicians receiving a Negative payment adjustment for the 2024 performance year divided by the total number of MIPS eligible clinicians in 2024.
Percentage of MIPS eligible clinicians receiving a Max Negative adjustment	<ul style="list-style-type: none"> The number of all MIPS eligible clinicians receiving a Max Negative payment adjustment for the 2022 performance year divided by the total number of MIPS eligible clinicians in 2022. The number of all MIPS eligible clinicians receiving a Max Negative payment adjustment for the 2023 performance year divided by the total number of MIPS eligible clinicians in 2023. The number of all MIPS eligible clinicians receiving a Max Negative payment adjustment for the 2024 performance year divided by the total number of MIPS eligible clinicians in 2024.

12. Qualifying APM Participation Changes

Metric	Definition
Total number of Advanced APM participants	<ul style="list-style-type: none"> The number of all clinicians (identified by NPI) who participated in an Advanced APM, regardless of QP status in 2022. The number of all clinicians (identified by NPI) who participated in an Advanced APM, regardless of QP status in 2023. The number of all clinicians (identified by NPI) who participated in an Advanced APM, regardless of QP status in 2024.

Metric	Definition
Change (percentage) in Advanced APM participants from 2022 to 2023	<ul style="list-style-type: none"> The percentage is calculated using the following formula: (2022 number minus 2023 number) divided by 2022 number.
Change (percentage) in Advanced APM participants from 2023 to 2024	<ul style="list-style-type: none"> The percentage is calculated using the following formula: (2023 number minus 2024 number) divided by 2023 number.
Total number of QPs	<ul style="list-style-type: none"> The number of all clinicians (identified by NPI) who participated in an Advanced APM and achieved QP status in 2022. The number of all clinicians (identified by NPI) who participated in an Advanced APM and achieved QP status in 2023. The number of all clinicians (identified by NPI) who participated in an Advanced APM and achieved QP status in 2024.
Change (percentage) in QPs from 2022 to 2023	<ul style="list-style-type: none"> The percentage is calculated using the following formula: (2022 number minus 2023 number) divided by 2022 number.
Change (percentage) in QPs from 2023 to 2024	<ul style="list-style-type: none"> The percentage is calculated using the following formula: (2023 number minus 2024 number) divided by 2023 number.
Total number of Partial QPs	<ul style="list-style-type: none"> The number of all clinicians (identified by NPI) who participated in an Advanced APM and achieved Partial QP status in 2022. The number of all clinicians (identified by NPI) who participated in an Advanced APM and achieved Partial QP status in 2023. The number of all clinicians (identified by NPI) who participated in an Advanced APM and achieved Partial QP status in 2024.
Change (percentage) in Partial QPs from 2022 to 2023	<ul style="list-style-type: none"> The percentage is calculated using the following formula: (2022 number minus 2023 number) divided by 2022 number.
Change (percentage) in Partial QPs from 2023 to 2024	<ul style="list-style-type: none"> The percentage is calculated using the following formula: (2023 number minus 2024 number) divided by 2023 number.

Version History

Date	Change Description
05/19/2026	Original version