

# 2024 QPP Participation and Performance Results

## AT-A-GLANCE

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## Overview

The Quality Payment Program (QPP) Participation and Performance Results At-a-Glance provides an overview of Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) participation, MIPS final scores, and payment adjustments. Highlights for the 2024 performance year include:

- **More MIPS Value Pathways (MVPs) were available for reporting in 2024.** More clinicians participated in MIPS Value Pathways (MVPs) in the 2024 performance year than in the prior year, more clinicians registered for an MVP, more clinicians reported an MVP, and more clinicians received their final score from MVP reporting. ([Section 3, 2023 QPP Participation and Performance Results At-A-Glance \(PDF\)](#))
- Almost 88% of MIPS eligible clinicians qualified for a positive payment adjustment, with less than 8% receiving a negative payment adjustment. More clinicians earning positive payment adjustments translates to **lower positive payment adjustment percentages** because of budget neutrality requirements. ([Section 5](#))
- Updated cost scoring policies, effective with the 2024 performance year/2026 MIPS payment year, **improved cost performance category scores.** ([Section 7](#))
- Higher cost scores contributed to an increase in the **mean and median MIPS final scores.** ([Section 10](#))
- After several years of larger decreases, we observed a much smaller decrease in the number of MIPS eligible clinicians from 2023 to 2024. ([Section 9](#))
- **More clinicians achieved Qualifying APM Participant (QP) and Partial QP status** in the 2024 performance year than in 2023. ([Section 12](#))

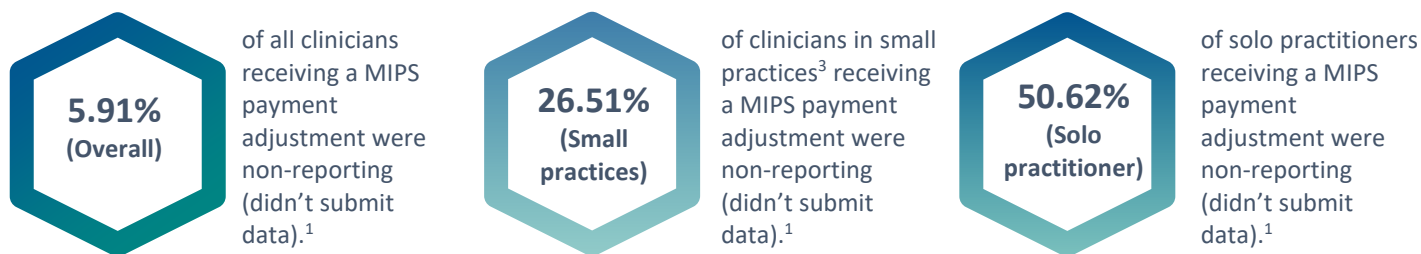
For more information about key terms and data included in this resource, refer to the **2024 QPP Data Use Guide** (accessible from the [Participation and Performance Data page](#) of the QPP website).

# QPP Participation and Performance in the 2024 Performance Year

## 1. General Participation Numbers in 2024



## 2. Non-Reporting Clinician Rates (Overall and Small Practices)



## 3. MVP Participation

Advance registration is required to report an MVP, but clinicians who register for an MVP can still choose to report traditional MIPS instead of, or in addition to, the MVP they registered for. This flexibility accounts for the difference in the number of clinicians who registered and the number who ultimately reported an MVP.

**We continue to see dual reporting: most clinicians who reported an MVP also reported traditional MIPS.**

Dual reporting explains the difference in the number of clinicians who reported an MVP and the number receiving their final score from MVP reporting. Dual reporting allows clinicians and groups to gain experience with the measures and activities available in their selected MVP, while still being eligible to receive the highest final score available to them.



<sup>1</sup> A non-reporting clinician (i.e., an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group) was required to report but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance category. Because they were required to report, they will receive a final score and MIPS payment adjustment even if no data was actively submitted.

<sup>2</sup> For more information on QPs and Partial QPs, refer to [Section 12 \(page 7\)](#), the 2024 QPP Data Use Guide (on the [Participation and Performance Data](#) page of the QPP website), and the [About QPs page](#) on the QPP website.

<sup>3</sup> Small practices are defined in MIPS policy as those with 15 or fewer clinicians billing under the group's Taxpayer Identification Number (TIN). **The small practice definition includes solo practitioners.**

## 4. Final Score Information

There were 3 reporting options available in the 2024 performance year to meet MIPS reporting requirements: **1)** traditional MIPS, **2)** the APM Performance Pathway (APP), and **3)** MIPS Value Pathways (MVPs). [Learn more on the QPP website.](#)

Mean and median final scores were consistent between traditional MIPS and MVP reporting, though they remain lower than the mean and median scores from APP reporting.

Performance Threshold	Mean Final Score	Median Final Score
75 pts	85.24 pts (Overall)	87.69 pts (Overall)
	83.27 pts (Traditional MIPS)	85.60 pts (Traditional MIPS)
	92.95 pts (APM Performance Pathway)	94.00 pts (APM Performance Pathway)
	84.21 pts (MVPs)	85.11 pts (MVPs)

The **mean is the average** value of a set of numbers, while the **median is the middle value** in a set of numbers. Refer to the 2024 QPP Data Use Guide (accessible on the [QPP website](#)) for examples.

## 5. Payment Adjustment Highlights for MIPS Eligible Clinicians

MIPS is required by law to be a budget-neutral program, which generally means that the projected negative adjustments must be balanced by the projected positive adjustments. When fewer clinicians receive a negative payment adjustment, clinicians with a positive payment adjustment see a smaller payment adjustment amount. You can learn more in the [2026 MIPS Payment Year Payment Adjustment User Guide \(PDF\)](#).

Payment Adjustment Type	Max Negative <sup>4</sup>	Negative <sup>4</sup>	Neutral	Positive <sup>5</sup>	
Payment Adjustment Range	-9%	-6.75% – 0%	0%	0% – 0.59%	0.59% – 1.05%
Associated Final Score Range	0 – 18.75 points	18.76 – 74.99 points	75 points	75.01 – 88.99 points	89 – 100 points <sup>5</sup>
Percentage of MIPS Eligible Clinicians in Payment Adjustment/ Final Score Range	1.32%	6.20%	4.96%	44.07%	43.45%

<sup>4</sup> **Max Negative vs. Negative:** Statute mandates that clinicians scoring in the bottom quartile below the performance threshold receive the maximum negative payment adjustment (-9%, starting with the 2020 performance year/2022 MIPS payment year). The remainder of clinicians who score below the performance threshold will receive a negative payment adjustment on a sliding scale.

<sup>5</sup> **Positive:** There's a single positive payment adjustment beginning with the 2023 performance year/2025 MIPS payment year. The "Exceptional" payment adjustment type no longer exists because Congressional funding for the additional adjustment for exceptional performance expired after the 2022 performance year/2024 MIPS payment year. However, we continue to show differentiated final score ranges within the "positive" payment adjustment type to allow comparison with prior performance years.

## 6. Final Scores by Participation Option

Participation option refers to the level at which data is collected and submitted to MIPS. Learn more about [MIPS participation options](#).

High rates of non-reporting by virtual groups (more than 80%) and individuals (more than 50%) resulted in the lower mean and median final scores observed overall for these participation options. However, mean and median final scores exceeded the performance threshold for individual clinicians and virtual groups that actively reported data.

Participation Option	Mean Final Score	Median Final Score
<b>Individual (43,146 MIPS eligible clinicians)</b>	63.27	75.00
Reporting (21,025 clinicians)	81.99	86.85
Non-reporting (22,121 clinicians)	43.58	52.50
<b>Group (370,461 MIPS eligible clinicians)</b>	85.65	86.12
<b>Subgroup<sup>6</sup> (571 MIPS eligible clinicians)</b>	85.47	81.10
<b>Virtual Group (111 MIPS eligible clinicians)</b>	15.51	0.00
Reporting (22 clinicians)	78.26	78.26
Non-reporting (89 clinicians)	0.00	0.00
<b>APM Entity<sup>7</sup> (105,745 MIPS eligible clinicians)</b>	92.85	94.00

Reminder: A non-reporting clinician can be an individually eligible clinician, an opt-in eligible clinician or group who submitted an election to opt-in to the program, or a clinician in a CMS-approved virtual group. These clinicians were required to report and received a final score and MIPS payment adjustment even if no data was actively submitted.

<sup>6</sup> The subgroup participation option is only available to clinicians reporting an MVP. A subgroup is a subset of the clinicians in a single practice.

<sup>7</sup> An APM is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. An APM Entity is an organization that participates in one of these models. (Ex. Medicare Shared Savings Program Accountable Care Organization (ACO).) To be included in this table, the APM Entity must participate in a specific kind of APM (called a MIPS APM) and include MIPS eligible clinicians.

## 7. Mean and Median Unweighted Scores for Each Performance Category

The unweighted score (0 – 100%) is generally determined by dividing \*the points earned\* by \*the points available\* in a performance category.

- Earning 20 out of 40 points for the improvement activities category would result in an unweighted score of 50%.

We multiply the unweighted score by the category’s weight to determine how many points will contribute to the final score.

- An unweighted quality score of 100% is worth 30 points when the category is weighted at 30% of the final score.

The unweighted scores for the quality, improvement activities, and Promoting Interoperability performance categories were consistent between 2023 and 2024, while the **mean and median unweighted scores for the cost performance category increased by 12 and 15 percentage** points, respectively, between 2023 and 2024. This was largely driven by an improvement in the cost measure benchmarking methodology in which the national median cost for a measure is set at a score equivalent to 10% of the performance threshold. Please refer to the [2025 QPP Policies Final Rule Fact Sheet \(PDF\)](#), pages 22 – 24, for detailed information and scoring examples.

Performance Category	2023 Mean Unweighted Category Score	2024 Mean Unweighted Category Score	2023 Median Unweighted Category Score	2024 Median Unweighted Category Score
Quality	75.33%	75.16%	78.84%	78.79%
Cost	60.94%	72.65%	59.51%	74.58%
Promoting Interoperability	95.57%	95.78%	100.00%	100.00%
Improvement Activities	95.43%	96.38%	100.00%	100.00%

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

Payment Adjustment Type:		Max Negative	Negative	Neutral	Positive	
Final Score Range:		0 – 18.75 points	18.76 – 74.99 points	75 points	75.01 – 88.99 points	89 – 100 points
Percentage of MIPS Eligible Clinicians	<b>Overall</b>	<b>1.32%</b>	<b>6.20%</b>	<b>4.96%</b>	<b>44.07%</b>	<b>43.45%</b>
	Reporting	0.22%	5.51%	1.33%	46.77%	46.18%
	Non-reporting	18.98%	17.22%	62.74%	1.05% <sup>9</sup>	0.02% <sup>9</sup>
Percentage of Small Practices <sup>10</sup>	<b>Overall</b>	7.43%	13.39%	17.83%	20.15%	41.19%
	Reporting	0.67%	10.09%	5.76%	27.42%	56.05%
	Non-reporting	26.18%	22.53%	51.28%	0.01%	0.00%
Percentage of Solo Practitioners	<b>Overall</b>	16.62%	20.88%	25.95%	11.19%	25.36%
	Reporting	1.22%	15.68%	9.08%	22.66%	51.36%
	Non-reporting	31.64%	25.94%	42.42%	0.00%	0.00%
Percentage of Rural Practices	<b>Overall</b>	1.66%	6.71%	3.91%	50.08%	37.63%
	Reporting	0.38%	5.83%	1.01%	52.96%	39.80%
	Non-reporting <sup>11</sup>	23.70%	21.87%	53.59%	0.81% <sup>10</sup>	0.03% <sup>10</sup>

<sup>9</sup> A small number of non-reporting clinicians earned positive payment adjustments because of facility-based scoring.

<sup>10</sup> Small practices are defined in MIPS policy as those with 15 or fewer clinicians billing under the group's Taxpayer Identification Number (TIN). **The small practice definition includes solo practitioners.**

<sup>11</sup> Of the 58,285 clinicians identified as rural for the 2024 performance year, less than 6% (3,215) were non-reporting.

# QPP Participation and Performance Changes from Previous Years

## 9. MIPS Participation Changes

After several years of larger decreases, we observed a much smaller decrease in the number of MIPS eligible clinicians from 2023 to 2024.

	2021	2022	Change from 2021 to 2022	2023	Change from 2022 to 2023	2024	Change from 2023 to 2024
Total Clinicians Receiving a MIPS Payment Adjustment (Positive, Neutral, or Negative)	698,883	624,209	↓ 10.68%	541,421	↓ 13.26%	520,035	↓ 3.95%

## 10. Final Score Changes

There was a modest increase in the mean and median final scores between the 2023 and 2024 performance years, which can likely be attributed to the increase in scores for the cost performance category.

	2022	2023	2024
Mean Final Score	82.90	83.18	85.24
Median Final Score	85.29	85.49	87.69

## 11. MIPS Eligible Clinicians: Payment Adjustment Changes

This table shows comparisons of the percentage of MIPS eligible clinicians across 5 payment adjustment ranges in the 2022 performance year, and across 4 payment adjustment ranges in the 2023 and 2024 performance years. To provide a comparison with 2023 (80.86%) and 2024 (85.72%):

- **2022: 79.26%** of clinicians had a final score above the performance threshold (indicated by the sum of “positive only” and “exceptional” adjustments).

This data includes all MIPS eligible clinicians receiving a payment adjustment, regardless of data submission.

Payment Adjustment Type	2022	2023	2024
Exceptional	42.22% (89 points or higher)	N/A	N/A
Positive Only	37.04% (75.01 – 88.99 points)	80.86% (75.01 – 100 points)	85.72% (75.01 – 100 points)
Neutral	7.17% (75 points)	4.75% (75 points)	4.96% (75 points)
Negative	11.48% (18.76 – 74.99 points)	12.13% (18.76 – 74.99 points)	6.20% (18.76 – 74.99 points)
Max Negative	2.09% (0 – 18.75 points)	2.26% (0 – 18.75 points)	1.32% (0 – 18.75 points)

## 12. Qualifying APM Participation Changes

This table shows the changes in the number of clinicians achieving QP and Partial QP status based on their Advanced APM participation. The statuses are determined by the following criteria:

- For performance years 2022-2024: **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 exempt from MIPS. They aren't eligible to receive a MIPS payment adjustment but will receive a financial incentive for being a QP.
- For performance years 2022-2024: **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.

	2022	2023	Change from 2022 to 2023	2024	Change from 2023 to 2024
Total number of Advanced APM participants	420,591	505,201	↑ 20.12%	571,303	↑ 13.08%
Total number of QPs	384,105	463,669	↑ 20.71%	528,827	↑ 14.05%
Total number of Partial QPs	2,528	1,339	↓ 47.03%	2,013	↑ 50.34%

## Where Can I Learn More?

Visit the [Participation and Performance Data](#) page of the QPP website to access the following resources and more:

- The **2024 QPP Participation and Performance Results At-a-Glance** provides a snapshot of QPP participation and performance in the 2024 performance year.
- The companion **2024 QPP Data Use Guide** provides information about key terms and data included in this resource.
- The **2024 QPP Public Use File** provides detailed, clinician-level data regarding MIPS eligibility, measure-level scoring, category-level scoring, and overall MIPS performance.

## Version History

Date	Change Description
05/19/2026	Original version