

Medicare Shared Savings Program Quality Performance Standard: 40th Percentile MIPS Quality Performance Category Score for Performance Year 2024

December 2023

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. 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) 2024, ACOs that report quality data via the APP can meet the quality performance standard via one of three pathways:

- Achieving a health equity adjusted quality performance score¹ that is equivalent to or higher than the 40th percentile across all Merit-based Incentive Payment System (MIPS) Quality performance category scores, excluding entities/providers eligible for facility-based scoring.
- For ACOs reporting the 3 electronic clinical quality measures (eCQMs)/MIPS clinical quality measures (CQMs) and meeting the MIPS data completeness requirement for all 3 measures: Achieving a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark² on at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the

¹ ACOs that report 3 eCQMs/MIPS CQMs/Medicare CQMs in the APP measure set, are high performing on quality, and serve a higher proportion of underserved beneficiaries are eligible for health equity adjustment bonus points.

² Measure level performance benchmarks are posted annually in the [Quality Payment Program Resource Library](#). PY 2024 historical benchmarks will be posted in January 2024 for the CMS Web Interface measures and eCQMs/MIPS CQMs. PY 2024 performance period benchmarks will be posted following the submission period in Calendar Year (CY) 2025 for the administrative claims measures and Medicare CQMs. The CAHPS for MIPS 40th percentile decile score will be published in the PY 2024 Shared Savings Program Quality Performance Reports that will be included as part of the PY 2024 Financial Reconciliation Package.

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40th percentile of the performance benchmark on at least 1 of the remaining 5 measures in the APP measure set. Table 2 identifies APP measure types.

- For ACOs in their first performance year of their first agreement period: Meeting the MIPS data completeness requirement on the 10 Centers for Medicare and Medicaid Services (CMS) Web Interface measures or the 3 eCQMs/MIPS CQMs/Medicare 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, the 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 Table 2 identifies APP measure types. The ACO's health equity adjusted quality performance score will be multiplied by the ACO's track's maximum sharing rate 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.

An ACO will not meet the quality performance standard or the alternative quality performance standard for PY 2024 if the ACO (1) does not report any of the 10 CMS Web Interface measures or any of the 3 eCQMs/MIPS CQMs/Medicare CQMs and (2) does not administer a CAHPS for MIPS Survey, except as specified in 42 CFR § 414.1380(b)(1)(vii)(B) 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

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 (as finalized in the CY 2024 Medicare Physician Fee Schedule [PFS] Final Rule, [88 FR 79121](#)). Specifically, we will use a rolling 3-performance year average with a lag of 1 performance year. The quality performance standard for PY 2024 will be based on averaging the 40th percentile MIPS Quality performance category scores from PY 2020 through PY 2022.

The 40th percentile MIPS Quality performance category score that will be used as the quality performance standard for PY 2024 is 77.05. To calculate this value, we first summed the PY 2020 (75.59), PY 2021 (77.83), and PY 2022 (77.73) 40th percentile MIPS Quality performance category score values that resulted in a total of 231.15 ($75.59 + 77.83 + 77.73 = 231.15$). Note that PY 2023 was not included in the average due to the 1-year lag. We then divided the value of 231.15 by 3 (the number of years included in the historical reference period) to arrive at the value of 77.05 ($231.15 \div 3 = 77.05$) that is used for the PY 2024 quality performance standard.

Table 1 shows the MIPS Quality performance category scores that equate to the 40th percentile across all MIPS Quality performance category scores for PY 2020 through PY 2024, based on the unweighted distribution of all MIPS Quality performance category scores, excluding entities and providers eligible for facility-based scoring.

Table 1. 40th Percentile MIPS Quality Performance Category Scores Used in the Calculation of the PY 2024 Historical MIPS Quality Performance Category Score

PERFORMANCE YEAR	40TH PERCENTILE OF THE MIPS QUALITY PERFORMANCE CATEGORY SCORE
2020	75.59 [^]
2021	77.83 [^]
2022	77.73 [^]
2023	Skipped due to 1-year lag
2024	77.05

[^] PY 2020 through PY 2022 40th percentile scores are based on performance period data. Refer to Table 30 (88 FR 79121) of the CY 2024 PFS Final Rule for more detail on these data.

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 2024 and Subsequent Performance Years

MEASURE #	MEASURE TITLE	COLLECTION TYPE	SUBMITTER TYPE	MEANINGFUL MEASURES 2.0 AREA	MEASURE TYPE
Quality ID#: 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Person-Centered Care	Patient Engagement/ Experience
Measure # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Affordability and Efficiency	Outcome [^]
Measure # 484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	N/A	Affordability and Efficiency	Outcome [^]
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/Medicare CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Chronic Conditions	Intermediate Outcome [^]
Quality ID#: 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

MEASURE #	MEASURE TITLE	COLLECTION TYPE	SUBMITTER TYPE	MEANINGFUL MEASURES 2.0 AREA	MEASURE TYPE
Quality ID#: 236	Controlling High Blood Pressure	eCQM/MIPS CQM/Medicare CQM/CMS Web Interface*	APM Entity/Third Party Intermediary	Chronic Conditions	Intermediate Outcome [^]
Quality ID#: 318	Falls: Screening for Future Fall Risk	CMS Web Interface*	APM Entity/Third Party Intermediary	Safety	Process
Quality ID#: 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
Quality ID#: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	APM Entity/Third Party Intermediary	Behavioral Health	Process
Quality ID#: 113	Colorectal Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
Quality ID#: 112	Breast Cancer Screening	CMS Web Interface*	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
Quality ID#: 438 ^a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	APM Entity/Third Party Intermediary	Chronic Conditions	Process
Quality ID#: 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 ID#: 438) and Depression Remission at Twelve Months (Quality ID: # 370) do not have benchmarks; and therefore, are not scored for PY 2024; 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, available on the Shared Savings Program website under [Program Guidance & Specifications](#).