

## Comparison of 2023 and 2024 MIPS Requirements

Policy	2023	2024
<b>Performance Threshold (PT)</b>	Performance Threshold is set at <b>75 points</b> .	<b>No change</b>  Performance Threshold is set at <b>75 points</b> .
<b>Payment Adjustments</b>	<b>+/- 9%</b>  Positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality- maximum positive adjustment will be below 9%	<b>No change</b>  <b>+/- 9%</b>  Positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality- maximum positive adjustment will be below 9%
<b>Category Weights for Non-Patient Facing Pathologists</b>	For large practices of 16+ clinicians <ul style="list-style-type: none"> <li>• Quality: <b>85%</b></li> <li>• Improvement Activities: <b>15%</b></li> <li>• Promoting Interoperability: 0%</li> <li>• Cost: 0% unless the CMS can calculate it for your practice.</li> <li>• </li> </ul> For small practices of ≤15 clinicians: <ul style="list-style-type: none"> <li>• Quality: <b>50%</b></li> <li>• Improvement Activities: <b>50%</b></li> <li>• Promoting Interoperability: 0%</li> <li>• Cost: 0% unless the CMS can calculate it for your practice.</li> </ul>	<b>No change</b>  For large practices of 16+ clinicians <ul style="list-style-type: none"> <li>• Quality: <b>85%</b></li> <li>• Improvement Activities: <b>15%</b></li> <li>• Promoting Interoperability: 0%</li> <li>• Cost: 0% unless the CMS can calculate it for your practice.</li> </ul> For small practices of ≤15 clinicians: <ul style="list-style-type: none"> <li>• Quality: <b>50%</b></li> <li>• Improvement Activities: <b>50%</b></li> <li>• Promoting Interoperability: 0%</li> <li>• Cost: 0% unless the CMS can calculate it for your practice.</li> </ul>
<b>Data Completeness Minimum</b>	Report at least 70% of all denominator-eligible cases	Report at least <b>75%</b> of all denominator-eligible cases



<p><b>Quality Measure Scoring</b></p>	<ul style="list-style-type: none"> <li>• Report on a minimum of 6 measures with one being a high priority measure</li> <li>• 20 case minimum for each measure</li> <li>• Measures with a benchmark will receive <b>1-10 points</b> <ul style="list-style-type: none"> <li>• Topped out measures will receive <b>1-7 points</b></li> </ul> </li> <li>• Measures without a benchmark will receive 0 points for large practices and 3 points for small practices</li> <li>• Measures that don't meet the case minimum will receive 0 points for large practices and 3 points for small practices</li> <li>• Measures that don't meet data completeness will receive 0 points for large practices and 3 points for small practices</li> </ul>	<p><b>No change</b></p> <ul style="list-style-type: none"> <li>• Report on a minimum of 6 measures with one being a high priority measure</li> <li>• 20 case minimum for each measure</li> <li>• Measures with a benchmark will receive <b>1-10 points</b> <ul style="list-style-type: none"> <li>• Topped out measures will receive <b>1-7 points</b></li> </ul> </li> <li>• Measures without a benchmark will receive 0 points for large practices and 3 points for small practices</li> <li>• Measures that don't meet the case minimum will receive 0 points for large practices and 3 points for small practices</li> <li>• Measures that don't meet data completeness will receive 0 points for large practices and 3 points for small practices</li> </ul>
<p><b>Improvement Activities</b></p>	<p>Report at least 1 high-weighted (40 points) or 2 medium-weighted (20 points) activities, undertaken for a minimum of 90 consecutive days</p> <p>At least 50% of the clinicians in a group must attest to the same Improvement activity</p> <ul style="list-style-type: none"> <li>• Clinicians do not need to complete the activity at the same time</li> <li>• Clinicians do not need to do the same project but must attest to the same IA</li> </ul> <p>Retain documentation of each activity for 10 years</p>	<p><b>No change</b></p> <p>Report at least 1 high-weighted (40 points) or 2 medium-weighted (20 points) activities, undertaken for a minimum of 90 consecutive days</p> <p>At least 50% of the clinicians in a group must attest to the same Improvement activity</p> <ul style="list-style-type: none"> <li>• Clinicians do not need to complete the activity at the same time</li> <li>• Clinicians do not need to do the same project but must attest to the same IA</li> </ul> <p>Retain documentation of each activity for 10 years</p>



Policy	2023	2024
<b>Facility-Based Scoring</b>	<p><b>Individual:</b> MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23).</p> <p><b>Group:</b> A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals.</p> <p>Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score.</p> <p>There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement.</p> <p>An individual or group must submit data in the <b>Improvement Activities</b> performance category to maximize MIPS score under facility-based measurement.</p>	<b>No change</b>



## Quality Measures 2024

<p><b>CAP 40</b></p>	<p><a href="#"><u>Squamous Cell Skin Cancer: Complete Reporting</u></a></p> <p><b>Worth at least 7 points in 2024.</b></p> <p>*Measure reporting only available via Bulk Upload</p>	<p><b>NEW MEASURE:</b> % of final pathology reports for excisions <b>ONLY</b> (including Moh's specimens) for SCC of the skin that include a comment on margin status, degree of differentiation/histologic grade, depth or level of invasion, presence of perineural invasion and presence of lymphovascular invasion</p>
<p><b>CAP 41</b></p>	<p><a href="#"><u>Basal Cell Skin Cancer: Complete Reporting</u></a></p> <p><b>Worth at least 7 points in 2024.</b></p> <p>*Measure reporting only available via Bulk Upload &amp; Registry Webtool.</p>	<p><b>NEW MEASURE:</b> % of final pathology reports for excisions <b>ONLY</b> for BCC of the skin that include a comment on histologic subtype, margin status, <i>and if applicable</i> to the specimen - invasion of tumor beyond reticular dermis (or level of invasion, for Moh's specimens), and perineural invasion</p>
<p><b>CAP 42</b></p>	<p><a href="#"><u>Barrett's Esophagus: Complete Analysis with Appropriate Consultation</u></a></p> <p><b>Worth at least 7 points in 2024.</b></p> <p>*Measure reporting only available via Bulk Upload &amp; Registry Webtool.</p>	<p><b>NEW MEASURE:</b> % of esophageal biopsy reports for with a diagnosis of Barrett's mucosa with dysplasia that include documentation of a consultation with a second pathologist for confirmation of dysplasia grading</p> <p><b>CANNOT</b> report both QPP 249 and CAP 42 within same Performance Period.</p>