



# It's practically impossible to meet the MIPS 2023 Performance Threshold without the use of QCDR measures

Quality Payment Program rules have changed — MIPS performance thresholds remain high and scoring floors are lower. Large practices (16+ clinicians) only reporting QPP/CQM measures are at risk for a MIPS penalty <b>unless performance is perfect.</b>		
Quality Measure- Achievement Points	Maximum Achievable Points *	Minimum Achievable Points **
New QPP/CQM measure in 2023 for Pathology Quality Measure set (Mismatch Repair...)	10	7
Existing Pathology QPP/CQM measures	7	1
Total Quality achievement points earned <small>CMS accepts your 6 highest scoring measures. To achieve 100% or a perfect performance, you must submit at least 20 cases per measure, and meet the 70% data completeness requirement. Performance of less than 100%, having less than 20 cases for each measure, or not meeting data completeness will result in lower scores.</small>	45	12
<b>Weighted Quality Score Contribution to MIPS Final Score***</b>	<b>63.8</b>	<b>17.0</b>
Improvement Activities- Achievement Points		
Total Improvement Activities achievement points earned (Assume Maximum points earned)	40	40
<b>Weighted IA Score Contribution to MIPS Final Score***</b>	<b>15</b>	<b>15</b>
<b>Estimated MIPS Final Score solely using QPP/CQM measures</b>	<b>78.8</b>	<b>32.0</b>
<b>Does the MIPS Final Score meet the performance threshold<sup>1</sup> to avoid penalties?</b>	<b>Y</b>	<b>N</b>
Disclaimer: <i>Points values assume data completeness and case minimums are achieved by a practice.</i> <i>*Maximum points value is 7 points per QPP/CQM measure, unless the measure is less than 2 years old. Measures less than 2 years old earn a maximum of 10 points, assuming 20 entities report the new measure to CMS.</i> <i>**Minimum point value is 1 point per QPP/CQM measure, unless the measure is less than 2 years old. Measures less than 2 years old earn a minimum of 7 points.</i> <i>***Points calculations are based on weighting applied to pathology practices with 16 or more pathologists on staff</i> 1. The 2023 MIPS performance threshold to avoid penalties is 75 points <b>Actual points earned will vary by performance of the practice. QCDR measures exclusive to the Pathologists Quality Registry earn you the points that you need to maximize scores and earning potential.</b>		

Existing QPP measures are considered by CMS as "topped out" and only earn a maximum of 7 points per measure.

Quality scores carry a weighting of 85% when calculating a MIPS Final Score for practices with 16 or more clinicians.

78.8 is the maximum score that can be earned solely by reporting QPP/CQM measures.

The bonus pool for "exceptional scores" is no longer available. The only way to earn higher payment adjustments in MIPS is to score higher.

QCDR measures give large practices the opportunity to earn a final score >79.

Contact our team of experts today at [mips@cap.org](mailto:mips@cap.org) and learn how you can optimize your performance in MIPS.

Our experience does make a difference.