

# **Doctors and Clinicians Public Reporting: CY 2024 Quality Payment Program Performance Information on the Medicare.gov Compare Tool**

## Table of Contents

<b>Overview .....</b>	<b>2</b>
<b>Publicly Reported Performance Information .....</b>	<b>3</b>
<b>MIPS Quality Measures.....</b>	<b>3</b>
Table 1: MIPS Quality Measures – Individual Clinicians .....	4
Table 2: MIPS Quality Measures – Groups .....	7
<b>CAHPS for MIPS Survey Measure - Groups.....</b>	<b>11</b>
Table 3: CAHPS for MIPS - Groups.....	11
<b>QCDR Measures .....</b>	<b>11</b>
Table 4: QCDR Measures – Individual Clinicians .....	11
Table 5: QCDR Measures – Groups .....	12
<b>MIPS Promoting Interoperability Measures .....</b>	<b>13</b>
Table 6: Promoting Interoperability Measures - Individual.....	14
Table 7: Promoting Interoperability Measures - Group .....	14
<b>MIPS Promoting Interoperability Indicators and Attestations .....</b>	<b>14</b>
Table 8 Promoting Interoperability – Individual Clinicians .....	15
Table 9: Promoting Interoperability – Groups .....	16
Table 10: Promoting Interoperability – Subgroups.....	17
<b>MIPS Improvement Activities Attestations .....</b>	<b>18</b>
Table 11: Improvement Activities – Clinicians and Groups .....	18
Table 12: Improvement Activities – Subgroups .....	21
<b>MIPS Cost Measures.....</b>	<b>21</b>
Table 13: Cost Measures – Clinicians and Groups.....	21
Table 14: Cost Measures – Subgroup .....	22
<b>MIPS Quality Measures for ACOs .....</b>	<b>23</b>
Table 15: Quality Measures for ACOs – CMS Web Interface.....	23
<b>CAHPS for MIPS Survey Measure for ACOs .....</b>	<b>23</b>
Table 16: CAHPS for MIPS - ACOs.....	23
<b>Medicare CQMs for ACOs .....</b>	<b>24</b>
Table 17: Medicare CQMs for ACOs .....	24
<b>Overall MIPS Performance .....</b>	<b>24</b>
Table 18: MIPS Performance.....	24
<b>Additional Resources .....</b>	<b>24</b>
Version History Table.....	25

# 2024 QPP Clinician Performance Information

## Overview

The information provided below is a summary of the Calendar Year (CY) 2024 Quality Payment Program (QPP) performance information that will be publicly reported in 2026 for clinicians and groups in the Doctors and Clinicians sections of Medicare.gov [compare tool](#) profile pages and the [Provider Data Catalog \(PDC\)](#).

Per the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Centers for Medicare & Medicaid Services (CMS) must report the following performance information that meets the public reporting standards under [§414.1395\(b\)](#) in the [PDC](#).<sup>1,2</sup> The performance information must also resonate with patients and caregivers, as demonstrated through user testing, to be included on the clinician and group profile pages of the Medicare.gov [compare tool](#).

- **Performance information of clinicians**, including Merit-based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) quality measures, MIPS Promoting Interoperability measures and attestations, and MIPS improvement activities attestations are included on clinician profile pages of the Medicare.gov [compare tool](#) and in the [PDC](#). MIPS final scores and performance category scores—as in quality, Promoting Interoperability, improvement activities, and cost measure-level data—are available in the [PDC](#).
- **Performance information of groups and virtual groups**, including MIPS and QCDR quality measures, Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Summary Survey Measures, MIPS Promoting Interoperability measures and attestations, and MIPS improvement activities attestations<sup>3</sup> are included on group profile pages of the Medicare.gov [compare tool](#) and in the [PDC](#). MIPS final scores and performance category scores—as in quality, Promoting Interoperability, improvement activities, and cost measure-level data—are available in the [PDC](#).
- **Performance information of subgroups**, including MIPS and QCDR quality measures, MIPS Promoting Interoperability measures and attestations and MIPS improvement activities attestations, that meet public reporting standards, are included on clinician profile pages of the Medicare.gov [compare tool](#) and in the [PDC](#). MIPS final scores and performance category scores—as in Promoting Interoperability, improvement activities, and cost measure level data—are available in the [PDC](#).
- **Performance information of Medicare Shared Savings Program Accountable Care Organizations (ACOs)**, including the names of eligible

---

<sup>1</sup> CMS won't publicly report MIPS quality and MIPS cost measures in their first 2 years of use ([§414.1395\(c\)](#)).

<sup>2</sup> Clinicians and groups that received an Extreme and Uncontrollable Circumstances exception won't have performance information to preview or available for public reporting.

<sup>3</sup> Groups and virtual groups are collectively referred to as "groups" in this document. Clinicians who receive their MIPS score through an ACO will have their final and category scores reported in the [PDC](#).

# 2024 QPP Clinician Performance Information

clinicians in Medicare Shared Savings Program Advanced Alternative Payment Models (APMs) and the names and performance information of Advanced APMs, as much as is possible<sup>4, 5, 6</sup>

For questions about public reporting for clinicians, groups, and ACOs, contact the QPP Service Center by emailing [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), submitting a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday–Friday, 8 a.m.–8 p.m. ET).

People who are deaf or hard of hearing can call 711 to connect with a Telecommunications Relay Services (TRS) Communications Assistant.

## Publicly Reported Performance Information

### *MIPS Quality Measures*

CMS is publicly reporting:

- 59 quality measures as star ratings on the profile pages of individual clinicians on the Medicare.gov [compare tool](#) and 121 quality measures in the [PDC](#)
- 68 quality measures as star ratings on the profile pages of groups on the Medicare.gov [compare tool](#) and 144 quality measures in the [PDC](#)

Please note that all strata for the multiple performance rate measures are included in the tables below, but only the overall performance rate for these measures will be displayed on profile pages.

---

<sup>4</sup> This performance information is being publicly reported because MACRA amended [Section 1848\(q\)\(9\)\(A\)\(ii\)](#) of the Social Security Act.

<sup>5</sup> In the CY 2017 QPP Final Rule, CMS finalized linking eligible clinicians and groups to their APM data, as relevant and possible ([81 FR 77398](#)).

<sup>6</sup> Medicare Shared Savings Program ACOs can review their performance information through their Performance Year (PY) 2024 Medicare Shared Savings Program Quality Performance Reports and their CY 2024 MIPS Performance Feedback.

## 2024 QPP Clinician Performance Information

**Table 1: MIPS Quality Measures – Individual Clinicians**

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
001	MIPS Clinical Quality Measures (MIPS CQM), Electronic Clinical Quality Measures (eCQM)	Yes	Yes
005	eCQM	No	Yes
006	MIPS CQM	Yes	Yes
007	eCQM	No	Yes
008	eCQM	No	Yes
012	eCQM	Yes	Yes
019	eCQM	Yes	Yes
024	MIPS CQM	Yes	Yes
039	Medicare Part B Claims, MIPS CQM	Yes	Yes
047	MIPS CQM	Yes	Yes
048	MIPS CQM	Yes	Yes
050	MIPS CQM	No	Yes
065	MIPS CQM, eCQM	No	Yes
066	MIPS CQM, eCQM	Yes	Yes
116	MIPS CQM	No	Yes
117	MIPS CQM, eCQM	Yes	Yes
118	MIPS CQM	No	Yes
126	MIPS CQM	Yes	Yes
127	MIPS CQM	Yes	Yes
130	eCQM	Yes	Yes
134	MIPS CQM, eCQM	Yes	Yes
137	MIPS CQM	No	Yes
141	MIPS CQM	No	Yes
143	eCQM	Yes	Yes
144	MIPS CQM	Yes	Yes
145	Medicare Part B Claims	Yes	Yes
155	MIPS CQM	No	Yes
176	MIPS CQM	Yes	Yes
177	MIPS CQM	Yes	Yes
178	MIPS CQM	Yes	Yes
180	MIPS CQM	Yes	Yes
181	MIPS CQM	No	Yes
182	MIPS CQM	No	Yes
185	MIPS CQM	No	Yes
191	eCQM	Yes	Yes
217	MIPS CQM	Yes	Yes
218	MIPS CQM	Yes	Yes
219	MIPS CQM	No	Yes
220	MIPS CQM	Yes	Yes

## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
221	MIPS CQM	No	Yes
226.1	eCQM	No	Yes
226.2	Medicare Part B Claims, MIPS CQM, eCQM	Yes	Yes
226.3	eCQM	No	Yes
236	Medicare Part B Claims, MIPS CQM, eCQM	Yes	Yes
238.1	eCQM	Yes	Yes
238.2	eCQM	No	Yes
238.3	eCQM	No	Yes
240	eCQM	Yes	Yes
254	MIPS CQM	No	Yes
268	MIPS CQM	Yes	Yes
277	MIPS CQM	Yes	Yes
279	MIPS CQM	No	Yes
281	eCQM	Yes	Yes
282	MIPS CQM	No	Yes
286	MIPS CQM	No	Yes
288	MIPS CQM	No	Yes
290	MIPS CQM	No	Yes
291	MIPS CQM	No	Yes
293	MIPS CQM	No	Yes
303	MIPS CQM	Yes	Yes
309	eCQM	Yes	Yes
310	eCQM	Yes	Yes
317	Medicare Part B Claims, MIPS CQM, eCQM	Yes	Yes
318	eCQM	Yes	Yes
320	MIPS CQM	No	Yes
322	MIPS CQM	No	Yes
324	MIPS CQM	No	Yes
326	MIPS CQM	Yes	Yes
331	MIPS CQM	Yes	Yes
332	MIPS CQM	No	Yes
338	MIPS CQM	No	Yes
340	MIPS CQM	Yes	Yes
350	MIPS CQM	Yes	Yes
351	MIPS CQM	Yes	Yes
355	MIPS CQM	No	Yes
356	MIPS CQM	No	Yes
357	MIPS CQM	No	Yes
358	MIPS CQM	Yes	Yes
360	MIPS CQM	Yes	Yes
364	MIPS CQM	Yes	Yes

## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
370	MIPS CQM, eCQM	No	Yes
370.1	MIPS CQM, eCQM	No	Yes
370.2	MIPS CQM, eCQM	No	Yes
374	eCQM	Yes	Yes
376	eCQM	Yes	Yes
377	eCQM	No	Yes
385	MIPS CQM	No	Yes
389	MIPS CQM	Yes	Yes
394.1	MIPS CQM	No	Yes
394.2	MIPS CQM	No	Yes
394.3	MIPS CQM	No	Yes
394.4	MIPS CQM	No	Yes
398.1	MIPS CQM	Yes	Yes
398.3	MIPS CQM	No	Yes
398.5	MIPS CQM	No	Yes
398.7	MIPS CQM	No	Yes
404	MIPS CQM	Yes	Yes
405	Medicare Part B Claims	Yes	Yes
410	MIPS CQM	Yes	Yes
415	MIPS CQM	No	Yes
418	MIPS CQM	Yes	Yes
419	MIPS CQM	No	Yes
424	MIPS CQM	No	Yes
430	MIPS CQM	No	Yes
431.1	MIPS CQM	No	Yes
431.2	MIPS CQM	Yes	Yes
431.3	MIPS CQM	No	Yes
436	Medicare Part B Claims	No	Yes
438	MIPS CQM	Yes	Yes
439	MIPS CQM	No	Yes
440	MIPS CQM	No	Yes
441	MIPS CQM	Yes	Yes
443	MIPS CQM	No	Yes
453	MIPS CQM	No	Yes
457	MIPS CQM	No	Yes
470	MIPS CQM	Yes	Yes
472	eCQM	No	Yes
475	eCQM	Yes	Yes
477	MIPS CQM	No	Yes
478	MIPS CQM	Yes	Yes
480	Administrative Claims	No	Yes

<sup>A</sup> Measure and performance rate details are available on the [QPP website](#). For measures with more than one performance rate, the rate is indicated using a decimal number. See the 2024 Multiple Performance Rate Measures spreadsheet within the [2024 Quality Benchmarks \(CSV, 142KB\)](#) file for more information.

## 2024 QPP Clinician Performance Information

**Table 2: MIPS Quality Measures – Groups**

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
001	MIPS Clinical Quality Measures (MIPS CQM), Electronic Clinical Quality Measures (eCQM)	Yes	Yes
005	eCQM	No	Yes
006	MIPS CQM	Yes	Yes
007	eCQM	No	Yes
008	eCQM	No	Yes
012	eCQM	Yes	Yes
019	eCQM	Yes	Yes
024	MIPS CQM	Yes	Yes
039	Medicare Part B Claims, MIPS CQM	Yes	Yes
047	MIPS CQM	Yes	Yes
048	MIPS CQM	Yes	Yes
050	MIPS CQM	Yes	Yes
065	MIPS CQM, eCQM	Yes	Yes
066	MIPS CQM, eCQM	Yes	Yes
116	MIPS CQM	Yes	Yes
117	eCQM	Yes	Yes
118	MIPS CQM	Yes	Yes
126	MIPS CQM	Yes	Yes
127	MIPS CQM	No	Yes
128	MIPS CQM	Yes	Yes
130	MIPS CQM	N/A	N/A
130	eCQM	Yes	Yes
134	MIPS CQM, eCQM	Yes	Yes
137	MIPS CQM	No	Yes
141	Medicare Part B Claims	Yes	Yes
143	MIPS CQM, eCQM	Yes	Yes
144	MIPS CQM	Yes	Yes
145	Medicare Part B Claims, MIPS CQM	Yes	Yes
155	MIPS CQM	No	Yes
176	MIPS CQM	Yes	Yes
177	MIPS CQM	Yes	Yes
178	MIPS CQM	Yes	Yes
180	MIPS CQM	Yes	Yes
181	MIPS CQM	No	Yes
182	MIPS CQM	No	Yes
185	MIPS CQM	No	Yes
187	MIPS CQM	No	Yes



## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
191	eCQM	Yes	Yes
217	MIPS CQM	Yes	Yes
218	MIPS CQM	Yes	Yes
219	MIPS CQM	No	Yes
220	MIPS CQM	Yes	Yes
221	MIPS CQM	Yes	Yes
222	MIPS CQM	Yes	Yes
226.1	eCQM	No	Yes
226.2	Medicare Part B Claims, MIPS CQM, eCQM	Yes	Yes
226.3	eCQM	No	Yes
236	Medicare Part B Claims, MIPS CQM, eCQM	Yes	Yes
238.1	eCQM	Yes	Yes
238.2	eCQM	No	Yes
238.3	eCQM	No	Yes
240	eCQM	Yes	Yes
243	MIPS CQM	Yes	Yes
249	MIPS CQM	No	Yes
250	MIPS CQM	No	Yes
254	MIPS CQM	No	Yes
277	MIPS CQM	Yes	Yes
279	MIPS CQM	No	Yes
281	eCQM	Yes	Yes
282	MIPS CQM	No	Yes
286	MIPS CQM	No	Yes
288	MIPS CQM	No	Yes
290	MIPS CQM	No	Yes
291	MIPS CQM	No	Yes
293	MIPS CQM	No	Yes
309	eCQM	Yes	Yes
310	eCQM	Yes	Yes
317	Medicare Part B Claims, MIPS CQM, eCQM	Yes	Yes
318	eCQM	Yes	Yes
320	MIPS CQM	No	Yes
322	MIPS CQM	No	Yes
326	MIPS CQM	Yes	Yes
331	MIPS CQM	Yes	Yes
332	MIPS CQM	Yes	Yes
350	MIPS CQM	Yes	Yes
351	MIPS CQM	No	Yes
354	MIPS CQM	No	Yes
355	MIPS CQM	No	Yes

## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
356	MIPS CQM	No	Yes
357	MIPS CQM	No	Yes
358	MIPS CQM	Yes	Yes
360	MIPS CQM	Yes	Yes
364	MIPS CQM	Yes	Yes
366.1	eCQM	No	Yes
366.2	eCQM	No	Yes
370	MIPS CQM, eCQM	No	Yes
370.1	MIPS CQM, eCQM	No	Yes
370.2	MIPS CQM, eCQM	No	Yes
374	MIPS CQM, eCQM	Yes	Yes
376	eCQM	Yes	Yes
377	eCQM	No	Yes
378	eCQM	Yes	Yes
379	eCQM	Yes	Yes
382	eCQM	Yes	Yes
383	MIPS CQM	Yes	Yes
384	MIPS CQM	No	Yes
385	MIPS CQM	No	Yes
389	MIPS CQM	Yes	Yes
394.1	MIPS CQM	No	Yes
394.2	MIPS CQM	No	Yes
394.3	MIPS CQM	No	Yes
394.4	MIPS CQM	No	Yes
395	MIPS CQM	No	Yes
396	MIPS CQM	No	Yes
397	MIPS CQM	No	Yes
398.1	MIPS CQM	Yes	Yes
398.2	MIPS CQM	No	Yes
398.3	MIPS CQM	No	Yes
398.4	MIPS CQM	No	Yes
398.5	MIPS CQM	No	Yes
398.6	MIPS CQM	No	Yes
398.7	MIPS CQM	No	Yes
404	MIPS CQM	No	Yes
405	Medicare Part B Claims, MIPS CQM	Yes	Yes
406	MIPS CQM	No	Yes
410	MIPS CQM	Yes	Yes
415	MIPS CQM	No	Yes
416	MIPS CQM	No	Yes
418	MIPS CQM	Yes	Yes
419	MIPS CQM	No	Yes

## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Types	Profile Page	PDC
424	MIPS CQM	No	Yes
430	MIPS CQM	No	Yes
431.1	MIPS CQM	No	Yes
431.2	MIPS CQM	Yes	Yes
431.3	MIPS CQM	No	Yes
436	Medicare Part B Claims	Yes	Yes
438	MIPS CQM, eCQM	Yes	Yes
439	MIPS CQM	No	Yes
440	MIPS CQM	No	Yes
441	MIPS CQM	Yes	Yes
443	MIPS CQM	No	Yes
450	MIPS CQM	No	Yes
453	MIPS CQM	No	Yes
457	MIPS CQM	No	Yes
463	MIPS CQM	No	Yes
464	MIPS CQM	No	Yes
470	MIPS CQM	Yes	Yes
472	eCQM	No	Yes
475	eCQM	Yes	Yes
477	MIPS CQM	No	Yes
478	MIPS CQM	Yes	Yes
479	Administrative Claims	No	Yes
480	Administrative Claims	No	Yes
484	Administrative Claims	No	Yes

# 2024 QPP Clinician Performance Information

## CAHPS for MIPS Survey Measure - Groups

CMS is publicly reporting 6 CAHPS for MIPS Summary Survey Measure (SSM) scores on group profile pages of the Medicare.gov [compare tool](#) and 6 in the [PDC](#). CAHPS for MIPS SSMs are reported on profile pages as top-box percent performance scores. Top-box scores are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale. For example, for CAHPS 1 (Getting Timely Care, Appointments, and Information), this would be the percentage of respondents who said they “always” got timely care, appointments, and information.

**Table 3: CAHPS for MIPS - Groups**

Measure #	Profile Page	PDC
CAHPS 1	Yes	Yes
CAHPS 3	Yes	Yes
CAHPS 4	Yes	Yes
CAHPS 5	Yes	Yes
CAHPS 8	Yes	Yes
CAHPS 9	Yes	Yes

## QCDR Measures

CMS is publicly reporting:

- 4 clinician QCDR measures as star ratings on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 27 QCDR measures in the [PDC](#)
- 17 group QCDR measures as star ratings on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 57 QCDR measures in the [PDC](#)

Please note that all strata for the multiple performance rate measures are included in the table below, but only the overall performance rate for these measures will be displayed on profile pages.

**Table 4: QCDR Measures – Individual Clinicians**

Measure # <sup>A</sup>	Collection Type	Profile Page	PDC
AAD6	QCDR	Yes	Yes
AAD7	QCDR	No	Yes
AAD8	QCDR	No	Yes
AAO16	QCDR	No	Yes
AAO20	QCDR	No	Yes
AAO23	QCDR	Yes	Yes
AAO36	QCDR	No	Yes
ABFM12	QCDR	No	Yes
ACR10	QCDR	No	Yes
ACR12	QCDR	No	Yes

## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Type	Profile Page	PDC
ACR14	QCDR	No	Yes
ACR15	QCDR	Yes	Yes
ACRAD34.1	QCDR	No	Yes
ACRAD34.2	QCDR	No	Yes
ACRAD34.3	QCDR	No	Yes
ACRAD34	QCDR	No	Yes
ACRAD36	QCDR	No	Yes
AQUA15	QCDR	No	Yes
AQUA26	QCDR	No	Yes
MEX5	QCDR	No	Yes
PIMSH1	QCDR	No	Yes
PIMSH4	QCDR	No	Yes
PIMSH9	QCDR	No	Yes
QMM19	QCDR	No	Yes
REGCLR1	QCDR	Yes	Yes
REGCLR3	QCDR	No	Yes

<sup>A</sup> Measure and performance rate details are available on the [QPP website](#). For measures with more than one performance rate, the rate is indicated using a decimal number. See the 2024 Multiple Performance Rate Measures spreadsheet within the [2024 Quality Benchmarks \(CSV, 142KB\)](#) file for more information.

**Table 5: QCDR Measures – Groups**

Measure # <sup>A</sup>	Collection Type	Profile Page	PDC
AAD6	QCDR	No	Yes
AAD7	QCDR	Yes	Yes
AAD12	QCDR	No	Yes
AAO16	QCDR	Yes	Yes
AAO20	QCDR	No	Yes
AAO21	QCDR	No	Yes
ABFM12	QCDR	No	Yes
ACEP22	QCDR	Yes	Yes
ACEP25	QCDR	Yes	Yes
ACEP30	QCDR	No	Yes
ACEP31	QCDR	Yes	Yes
ACEP48	QCDR	No	Yes
ACEP53	QCDR	No	Yes
ACEP59	QCDR	No	Yes
ACEP60	QCDR	No	Yes
ACEP61	QCDR	No	Yes
ACEP62	QCDR	No	Yes
ACR10	QCDR	No	Yes
ACR12	QCDR	Yes	Yes
ACR14	QCDR	No	Yes
ACRAD34.1	QCDR	No	Yes
ACRAD34.2	QCDR	No	Yes
ACRAD34.3	QCDR	No	Yes

## 2024 QPP Clinician Performance Information

Measure # <sup>A</sup>	Collection Type	Profile Page	PDC
ACRAD34	QCDR	Yes	Yes
ACRAD36	QCDR	No	Yes
ACRAD37	QCDR	No	Yes
ACRAD41	QCDR	No	Yes
AQI48	QCDR	No	Yes
AQI72	QCDR	No	Yes
AQUA8	QCDR	No	Yes
AQUA14	QCDR	No	Yes
AQUA15	QCDR	Yes	Yes
AQUA26	QCDR	No	Yes
CAP22	QCDR	Yes	Yes
CAP28	QCDR	No	Yes
CAP30	QCDR	No	Yes
CAP38	QCDR	No	Yes
ECPR39	QCDR	Yes	Yes
ECPR46	QCDR	Yes	Yes
EPCR55	QCDR	Yes	Yes
HCPR24	QCDR	No	Yes
IRIS23	QCDR	No	Yes
MSN13	QCDR	No	Yes
MSN15	QCDR	No	Yes
NHCR4	QCDR	No	Yes
PIMSH1	QCDR	No	Yes
PIMSH2	QCDR	No	Yes
PIMSH9	QCDR	No	Yes
QMM16	QCDR	Yes	Yes
QMM17	QCDR	Yes	Yes
QMM18	QCDR	Yes	Yes
QMM19	QCDR	Yes	Yes
RCOIR12	QCDR	No	Yes
RPAQIR14	QCDR	No	Yes
UREQA8	QCDR	No	Yes
UREQA9	QCDR	No	Yes

### ***MIPS Promoting Interoperability Measures***

CMS is publicly reporting:

- 4 clinician MIPS Promoting Interoperability measures as star ratings on the profile pages of clinicians on the Medicare.gov [compare tool](#) and in the [PDC](#)

## 2024 QPP Clinician Performance Information

- 3 group MIPS Promoting Interoperability measures as star ratings on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 4 in the [PDC](#)

**Table 6: Promoting Interoperability Measures - Individual**

Measure #	Submission Method	Profile Page	PDC
PI_EP_1	Web attestation/EHR/Registry	Yes	Yes
PI_HIE_1	Web attestation/EHR/Registry	Yes	Yes
PI_HIE_4	Web attestation/EHR/Registry	Yes	Yes
PI_PEA_1	Web attestation/EHR/Registry	Yes	Yes

**Table 7: Promoting Interoperability Measures - Group**

Measure #	Submission Method	Profile Page	PDC
PI_EP_1	Web attestation/EHR/Registry	No	Yes
PI_HIE_1	Web attestation/EHR/Registry	Yes	Yes
PI_HIE_4	Web attestation/EHR/Registry	Yes	Yes
PI_PEA_1	Web attestation/EHR/Registry	Yes	Yes

### ***MIPS Promoting Interoperability Indicators and Attestations***

CMS will publicly report the following indicators on the profile pages of clinicians on the Medicare.gov [compare tool](#):

- A yellow caution symbol and plain language description if a clinician attested negatively to 1 or more of the 2024 prevention of information blocking attestations
- A green check mark and plain language description if a clinician reported the Promoting Interoperability performance category by achieving a Promoting Interoperability performance category score above zero

## 2024 QPP Clinician Performance Information

CMS is publicly reporting:

- 34 clinician MIPS Promoting Interoperability attestations as check marks on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 34 clinician MIPS Promoting Interoperability attestations in the [PDC](#)
- 34 group MIPS Promoting Interoperability attestations as check marks on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 34 group MIPS Promoting Interoperability attestations in the [PDC](#)
- 25 subgroup MIPS Promoting Interoperability attestations as check marks on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 26 group MIPS Promoting Interoperability attestations in the [PDC](#)

**Table 8 Promoting Interoperability – Individual Clinicians**

Measure #	Submission Method	Profile Page	PDC
PI_EP_2	Web attestation	Yes	Yes
PI_EP_2_EX_1	Web attestation	Yes	Yes
PI_EP_2_EX_2	Web attestation	Yes	Yes
PI_HIE_5	Web attestation	Yes	Yes
PI_HIE_6	Web attestation	Yes	Yes
PI_INFBLO_1	Web attestation	Yes	Yes
PI_LVITC_2	Web attestation	Yes	Yes
PI_LVOTC_1	Web attestation	Yes	Yes
PI_LVPP_1	Web attestation	Yes	Yes
PI_ONCACB_1	Web attestation	Yes	Yes
PI_ONCDIR_1	Web attestation	Yes	Yes
PI_PHCDRR_1	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_1	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_2	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_3	Web attestation	Yes	Yes
PI_PHCDRR_1_PRE	Web attestation	Yes	Yes
PI_PHCDRR_1_PROD	Web attestation	Yes	Yes
PI_PHCDRR_2	Web attestation	Yes	Yes
PI_PHCDRR_2_PRE	Web attestation	Yes	Yes
PI_PHCDRR_2_PROD	Web attestation	Yes	Yes
PI_PHCDRR_3	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_1	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_2	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_3	Web attestation	Yes	Yes
PI_PHCDRR_3_PRE	Web attestation	Yes	Yes
PI_PHCDRR_3_PROD	Web attestation	Yes	Yes
PI_PHCDRR_4	Web attestation	Yes	Yes
PI_PHCDRR_4_PRE	Web attestation	Yes	Yes
PI_PHCDRR_4_PROD	Web attestation	Yes	Yes
PI_PHCDRR_5	Web attestation	Yes	Yes



## 2024 QPP Clinician Performance Information

Measure #	Submission Method	Profile Page	PDC
PI_PHCDRR_5_PRE	Web attestation	Yes	Yes
PI_PHCDRR_5_PROD	Web attestation	Yes	Yes
PI_PPHI_1	Web attestation	Yes	Yes
PI_PPHI_2	Web attestation	Yes	Yes

**Table 9: Promoting Interoperability – Groups**

Measure #	Submission Method	Profile Page	PDC
PI_EP_2	Web attestation	Yes	Yes
PI_EP_2_EX_1	Web attestation	Yes	Yes
PI_EP_2_EX_2	Web attestation	Yes	Yes
PI_HIE_5	Web attestation	Yes	Yes
PI_HIE_6	Web attestation	Yes	Yes
PI_INFBLO_1	Web attestation	Yes	Yes
PI_LVITC_2	Web attestation	Yes	Yes
PI_LVOTC_1	Web attestation	Yes	Yes
PI_LVPP_1	Web attestation	Yes	Yes
PI_ONCACB_1	Web attestation	Yes	Yes
PI_ONCDIR_1	Web attestation	Yes	Yes
PI_PHCDRR_1	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_1	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_2	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_3	Web attestation	Yes	Yes
PI_PHCDRR_1_PRE	Web attestation	Yes	Yes
PI_PHCDRR_1_PROD	Web attestation	Yes	Yes
PI_PHCDRR_2	Web attestation	Yes	Yes
PI_PHCDRR_2_PRE	Web attestation	Yes	Yes
PI_PHCDRR_2_PROD	Web attestation	Yes	Yes
PI_PHCDRR_3	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_1	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_2	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_3	Web attestation	Yes	Yes
PI_PHCDRR_3_PRE	Web attestation	Yes	Yes
PI_PHCDRR_3_PROD	Web attestation	Yes	Yes
PI_PHCDRR_4	Web attestation	Yes	Yes
PI_PHCDRR_4_PRE	Web attestation	Yes	Yes
PI_PHCDRR_4_PROD	Web attestation	Yes	Yes
PI_PHCDRR_5	Web attestation	Yes	Yes
PI_PHCDRR_5_PRE	Web attestation	Yes	Yes
PI_PHCDRR_5_PROD	Web attestation	Yes	Yes
PI_PPHI_1	Web attestation	Yes	Yes
PI_PPHI_2	Web attestation	Yes	Yes

## 2024 QPP Clinician Performance Information

**Table 10: Promoting Interoperability – Subgroups**

Measure #	Submission Method	Profile Page	PDC
PI_EP_2	Web attestation	Yes	Yes
PI_EP_2_EX_1	Web attestation	Yes	Yes
PI_HIE_5	Web attestation	Yes	Yes
PI_INFBLO_1	Web attestation	Yes	Yes
PI_LVITC_2	Web attestation	Yes	Yes
PI_ONCACB_1	Web attestation	Yes	Yes
PI_ONCDIR_1	Web attestation	Yes	Yes
PI_PHCDRR_1	Web attestation	Yes	Yes
PI_PHCDRR_1_EX_1	Web attestation	Yes	Yes
PI_PHCDRR_1_PRE	Web attestation	Yes	Yes
PI_PHCDRR_1_PROD	Web attestation	Yes	Yes
PI_PHCDRR_2	Web attestation	Yes	Yes
PI_PHCDRR_2_PROD	Web attestation	Yes	Yes
PI_PHCDRR_3	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_1	Web attestation	Yes	Yes
PI_PHCDRR_3_EX_2	Web attestation	Yes	Yes
PI_PHCDRR_3_PRE	Web attestation	Yes	Yes
PI_PHCDRR_3_PROD	Web attestation	Yes	Yes
PI_PHCDRR_4	Web attestation	Yes	Yes
PI_PHCDRR_4_PRE	Web attestation	Yes	Yes
PI_PHCDRR_4_PROD	Web attestation	Yes	Yes
PI_PHCDRR_5	Web attestation	Yes	Yes
PI_PHCDRR_5_PROD	Web attestation	Yes	Yes
PI_PPHI_1	Web attestation	Yes	Yes
PI_PPHI_2	Web attestation	Yes	Yes

# 2024 QPP Clinician Performance Information

## MIPS Improvement Activities Attestations

CMS is publicly reporting:

- 98 clinician and group MIPS improvement activities attestations as check marks on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 106 clinician and group MIPS improvement activities attestations in the [PDC](#)<sup>7</sup>
- 12 subgroup MIPS improvement activities attestations as check marks on the profile pages of clinicians on the Medicare.gov [compare tool](#) and 12 subgroup MIPS improvement activities attestations in the [PDC](#)

**Table 11: Improvement Activities – Clinicians and Groups**

Activity #	Submission Method	Profile Page	PDC
IA_AHE_1	Web attestation	Yes	Yes
IA_AHE_3	Web attestation	Yes	Yes
IA_AHE_5	Web attestation	No	Yes
IA_AHE_6	Web attestation	Yes	Yes
IA_AHE_7	Web attestation	Yes	Yes
IA_AHE_8	Web attestation	No	Yes
IA_AHE_9	Web attestation	No	Yes
IA_AHE_10	Web attestation	Yes	Yes
IA_AHE_11	Web attestation	No	Yes
IA_AHE_12	Web attestation	No	Yes
IA_BE_1	Web attestation	Yes	Yes
IA_BE_3	Web attestation	Yes	Yes
IA_BE_4	Web attestation	Yes	Yes
IA_BE_5	Web attestation	Yes	Yes
IA_BE_6	Web attestation	Yes	Yes
IA_BE_12	Web attestation	Yes	Yes
IA_BE_14	Web attestation	Yes	Yes
IA_BE_15	Web attestation	Yes	Yes
IA_BE_16	Web attestation	Yes	Yes
IA_BE_19	Web attestation	Yes	Yes
IA_BE_22	Web attestation	Yes	Yes
IA_BE_23	Web attestation	Yes	Yes
IA_BE_24	Web attestation	Yes	Yes
IA_BE_25	Web attestation	Yes	Yes
IA_BMH_1	Web attestation	Yes	Yes
IA_BMH_2	Web attestation	Yes	Yes

<sup>7</sup> CMS will report a maximum of 10 attestations per profile page of clinicians on the [compare tool](#) on Medicare.gov according to user preference. For reporters with more than 10 attestations, the 10 most highly reported attestations by entity will be selected for public reporting on the profile pages of clinicians on the Medicare.gov [compare tool](#). All MIPS improvement activities that meet the public reporting standards are publicly available in the [PDC](#).

## 2024 QPP Clinician Performance Information

Activity #	Submission Method	Profile Page	PDC
IA_BMH_4	Web attestation	Yes	Yes
IA_BMH_5	Web attestation	Yes	Yes
IA_BMH_6	Web attestation	Yes	Yes
IA_BMH_7	Web attestation	Yes	Yes
IA_BMH_8	Web attestation	Yes	Yes
IA_BMH_9	Web attestation	Yes	Yes
IA_BMH_10	Web attestation	Yes	Yes
IA_BMH_11	Web attestation	Yes	Yes
IA_BMH_12	Web attestation	Yes	Yes
IA_BMH_14	Web attestation	Yes	Yes
IA_BMH_15	Web attestation	Yes	Yes
IA_CC_1	Web attestation	Yes	Yes
IA_CC_2	Web attestation	Yes	Yes
IA_CC_7	Web attestation	Yes	Yes
IA_CC_8	Web attestation	Yes	Yes
IA_CC_9	Web attestation	Yes	Yes
IA_CC_10	Web attestation	Yes	Yes
IA_CC_11	Web attestation	Yes	Yes
IA_CC_12	Web attestation	Yes	Yes
IA_CC_13	Web attestation	Yes	Yes
IA_CC_15	Web attestation	Yes	Yes
IA_CC_16	Web attestation	Yes	Yes
IA_CC_17	Web attestation	Yes	Yes
IA_CC_18	Web attestation	Yes	Yes
IA_CC_19	Web attestation	Yes	Yes
IA_EPA_1	Web attestation	Yes	Yes
IA_EPA_2	Web attestation	Yes	Yes
IA_EPA_3	Web attestation	Yes	Yes
IA_EPA_4	Web attestation	Yes	Yes
IA_EPA_5	Web attestation	Yes	Yes
IA_EPA_6	Web attestation	Yes	Yes
IA_ERP_1	Web attestation	Yes	Yes
IA_ERP_2	Web attestation	Yes	Yes
IA_ERP_3	Web attestation	No	Yes
IA_ERP_4	Web attestation	Yes	Yes
IA_ERP_5	Web attestation	Yes	Yes
IA_ERP_6	Web attestation	No	Yes
IA_MVP	Web attestation	Yes	Yes
IA_PCMH	Web attestation	Yes	Yes
IA_PM_2	Web attestation	Yes	Yes

## 2024 QPP Clinician Performance Information

Activity #	Submission Method	Profile Page	PDC
IA_PM_3	Web attestation	Yes	Yes
IA_PM_4	Web attestation	Yes	Yes
IA_PM_5	Web attestation	Yes	Yes
IA_PM_6	Web attestation	No	Yes
IA_PM_11	Web attestation	Yes	Yes
IA_PM_12	Web attestation	Yes	Yes
IA_PM_13	Web attestation	Yes	Yes
IA_PM_14	Web attestation	Yes	Yes
IA_PM_15	Web attestation	Yes	Yes
IA_PM_16	Web attestation	Yes	Yes
IA_PM_17	Web attestation	Yes	Yes
IA_PM_18	Web attestation	Yes	Yes
IA_PM_19	Web attestation	Yes	Yes
IA_PM_20	Web attestation	Yes	Yes
IA_PM_21	Web attestation	Yes	Yes
IA_PM_23	Web attestation	Yes	Yes
IA_PSPA_1	Web attestation	Yes	Yes
IA_PSPA_2	Web attestation	Yes	Yes
IA_PSPA_3	Web attestation	Yes	Yes
IA_PSPA_4	Web attestation	Yes	Yes
IA_PSPA_7	Web attestation	Yes	Yes
IA_PSPA_8	Web attestation	Yes	Yes
IA_PSPA_9	Web attestation	Yes	Yes
IA_PSPA_12	Web attestation	Yes	Yes
IA_PSPA_13	Web attestation	Yes	Yes
IA_PSPA_15	Web attestation	Yes	Yes
IA_PSPA_16	Web attestation	Yes	Yes
IA_PSPA_17	Web attestation	Yes	Yes
IA_PSPA_18	Web attestation	Yes	Yes
IA_PSPA_19	Web attestation	Yes	Yes
IA_PSPA_21	Web attestation	Yes	Yes
IA_PSPA_22	Web attestation	Yes	Yes
IA_PSPA_23	Web attestation	Yes	Yes
IA_PSPA_25	Web attestation	Yes	Yes
IA_PSPA_26	Web attestation	Yes	Yes
IA_PSPA_27	Web attestation	Yes	Yes
IA_PSPA_28	Web attestation	Yes	Yes
IA_PSPA_31	Web attestation	Yes	Yes
IA_PSPA_32	Web attestation	Yes	Yes
IA_PSPA_33	Web attestation	Yes	Yes

## 2024 QPP Clinician Performance Information

**Table 12: Improvement Activities – Subgroups**

Activity #	Submission Method	Profile Page	PDC
IA_AHE_3	Web attestation	Yes	Yes
IA_BE_4	Web attestation	Yes	Yes
IA_BE_6	Web attestation	Yes	Yes
IA_BE_16	Web attestation	Yes	Yes
IA_BE_24	Web attestation	Yes	Yes
IA_CC_13	Web attestation	Yes	Yes
IA_CC_17	Web attestation	Yes	Yes
IA_EPA_1	Web attestation	Yes	Yes
IA_EPA_2	Web attestation	Yes	Yes
IA_MVP	Web attestation	Yes	Yes
IA_PM_16	Web attestation	Yes	Yes
IA_PSPA_7	Web attestation	Yes	Yes

### **MIPS Cost Measures**

CMS is publicly reporting:

- 21 clinician Cost measures performance scores in the [PDC](#)
- 23 group Cost measures in the PDC
- 1 subgroup Cost measure in the PDC

**Table 13: Cost Measures – Clinicians and Groups**

Measure ID	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
COST_ACOPD_1	No	Yes	No	Yes
COST_CCLI_1	No	Yes	No	Yes
COST_COPDE_1	No	Yes	No	Yes
COST_CRR_1	No	Yes	No	Yes
COST_D_1	No	Yes	No	Yes
COST_EOPCI_1	No	Yes	No	Yes
COST_FIHR_1	No	Yes	No	Yes
COST_HAC_1	No	Yes	No	Yes
COST_IHCI_1	No	Yes	No	Yes
COST_IOL_1	No	Yes	No	Yes
COST_KA_1	No	Yes	No	Yes
COST_LGH_1	N/A	N/A	No	Yes
COST_LPMSM_1	No	Yes	No	Yes
COST_LSFDD_1	No	Yes	No	Yes
COST_MR_1	No	Yes	No	Yes

## 2024 QPP Clinician Performance Information

Measure ID	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
COST_NECABG_1	No	Yes	No	Yes
COST_PHA_1	No	Yes	No	Yes
COST_RUSST_1	No	Yes	No	Yes
COST_SSC_1	No	Yes	No	Yes
COST_STEMI_1	N/A	N/A	No	Yes
COST_S_1	No	Yes	No	Yes
MSPB_1	No	Yes	No	Yes
TPCC_1	No	Yes	No	Yes

**Table 14: Cost Measures – Subgroup**

Measure ID	Profile Page	PDC
TPCC_1	No	Yes

# 2024 QPP Clinician Performance Information

## *MIPS Quality Measures for ACOs*

Medicare Shared Savings Program Accountable Care Organizations (ACOs) are required to report in the APM Performance Pathway (APP). Measure-level performance scores for groups taking part in Shared Savings Program ACOs are displayed on ACO group profile pages through a pop-up display for a subset of their quality measures submitted through the APP. CMS is publicly reporting 6 quality measures. These measures are reported as percentage performance scores.

**Table 15: Quality Measures for ACOs – CMS Web Interface**

Measure #	Reporting Entity	Profile Page	PDC
001	SSP ACOs	Yes	No
134	SSP ACOs	Yes	No
226	SSP ACOs	Yes	No
236	SSP ACOs	Yes	No
318	SSP ACOs	Yes	No
438	SSP ACOs	Yes	No

## *CAHPS for MIPS Survey Measure for ACOs*

CMS is publicly reporting 6 CAHPS for MIPS Summary Survey Measure (SSM) scores through the pop-up display on ACO group profile pages of the Medicare.gov [compare tool](#). CAHPS for MIPS SSMs are reported on profile pages as top-box percent performance scores. Top-box scores are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale. For example, for CAHPS 1 (Getting Timely Care, Appointments, and Information), this would be the percentage of respondents who said they “always” got timely care, appointments, and information.

**Table 16: CAHPS for MIPS - ACOs**

Measure #	Profile Page	PDC
CAHPS 1	Yes	Yes
CAHPS 3	Yes	Yes
CAHPS 4	No	Yes
CAHPS 5	Yes	Yes
CAHPS 8	Yes	Yes
CAHPS 9	Yes	Yes



# 2024 QPP Clinician Performance Information

## Medicare CQMs for ACOs

CMS is publicly reporting:

- 3 Medicare CQMs for ACOs on group profile pages of the Medicare.gov [compare tool](#).

**Table 17: Medicare CQMs for ACOs**

Measure #	Reporting Entity	Profile Page	PDC
001SSP	SSP ACOs	Yes	No
134SSP	SSP ACOs	Yes	No
236SSP	SSP ACOs	Yes	No

## Overall MIPS Performance

Per [Section 1848\(q\)\(9\)\(A\)](#) of the Social Security Act, eligible clinicians' overall MIPS performance information must be publicly reported. CMS is publicly reporting 2024 final scores and performance category scores for quality, Promoting Interoperability, improvement activities, and cost in the [PDC](#). CMS doesn't publicly report performance information for MIPS performance categories reweighted to 0% through the Extreme and Uncontrollable Circumstance policy and for which information wasn't submitted to CMS.

**Table 18: MIPS Performance**

Type of Score	Collection Type	Profile Page	PDC
Final score	All	No	Yes
Quality performance category score	All	No	Yes
Promoting Interoperability performance category score <sup>8</sup>	All	No	Yes
Improvement activities performance category score	All	No	Yes
Cost performance category score	All	No	Yes

## Additional Resources

Note that for performance year 2023, CMS removed the reference to [Meaningful Measurement Area](#) from all MIPS public facing documents because of the change to Meaningful Measures 2.0 and the addition of the Cascade of Meaningful Measures tool. For more information about the measures lists and specifications, visit the [QPP Resource Library](#). Public reporting information for measures may vary by collection type.

<sup>8</sup> A score of 50 or above in the [PDC](#) means that the clinician got the base score for the Promoting Interoperability performance category ([83 FR 59913](#)).

## 2024 QPP Clinician Performance Information

### Version History Table

Date	Change Description
May 13, 2026	Original version
May 20, 2026	Updated MIPS #226 collection types