

(b) Unless a different scoring weight is assigned by CMS, performance in the quality performance category comprises:

(1) 60 percent of a MIPS eligible clinician's final score for MIPS payment year 2019.

(2) 50 percent of a MIPS eligible clinician's final score for MIPS payment year 2020.

(3) 45 percent of a MIPS eligible clinician's final score for MIPS payment years 2021 and 2022.

(4) 40 percent of a MIPS eligible clinician's final score for the MIPS payment year 2023.

(5) 30 percent of a MIPS eligible clinician's final score for the MIPS payment year 2024 and future years.

[83 FR 60078, Nov. 23, 2018, as amended at 84 FR 63195, Nov. 15, 2019; 85 FR 85031, Dec. 28, 2020]

§414.1335 Data submission criteria for the quality performance category.

(a) *Criteria.* A MIPS eligible clinician, group, virtual group, subgroup, or APM Entity must submit data on MIPS quality measures in one of the following manners, as applicable:

(1) *For Medicare Part B claims measures, MIPS CQMs, eCQMs, or QCDR measures.* (i) Except as provided in paragraph (a)(1)(ii) of this section, submits data on at least six measures, including at least one outcome measure. If an applicable outcome measure is not available, reports one other high priority measure. If fewer than six measures apply to the MIPS eligible clinician, group, virtual group, or APM Entity, reports on each measure that is applicable.

(A) For eCQMs, the submission of data requires the utilization of CEHRT, as defined at §414.1305.

(B) [Reserved]

(ii) A MIPS eligible clinician, group, virtual group, and APM Entity that report on a specialty or subspecialty measure set, as designated in the MIPS final list of quality measures established by CMS through rulemaking, must submit data on at least six measures within that set, including at least one outcome measure. If an applicable outcome measure is not available, report one other high priority measure. If the set contains fewer than six meas-

ures or if fewer than six measures within the set apply to the MIPS eligible clinician, group, virtual group, or APM Entity, report on each measure that is applicable.

(A) For eCQMs, the submission of data requires the utilization of CEHRT, as defined at §414.1305.

(B) [Reserved]

(2) *For CMS Web Interface measures.* (i) Report on all measures included in the CMS Web Interface. The group is required to report on at least one measure for which there is Medicare patient data.

(ii) [Reserved]

(3) *For the CAHPS for MIPS survey measure.* (i) For the 12-month performance period, a group, virtual group, subgroup, or APM Entity that participates in the CAHPS for MIPS survey must use a survey vendor that is approved by CMS for the applicable performance period to transmit survey measures data to CMS.

(ii) [Reserved]

(4) *For Medicare CQMs.* (i) A MIPS eligible clinician, group, and APM Entity reporting on the Medicare CQMs (reporting quality data on beneficiaries eligible for Medicare CQMs as defined at §425.20) within the APP measure set and administering the CAHPS for MIPS Survey as required under the APP.

(ii) [Reserved]

(b) [Reserved]

[81 FR 77537, Nov. 4, 2016, as amended at 82 FR 53953, Nov. 16, 2017; 83 FR 60079, Nov. 23, 2018; 84 FR 63195, Nov. 15, 2019; 88 FR 79534, Nov. 16, 2023]

§414.1340 Data completeness criteria for the quality performance category.

(a) MIPS eligible clinicians, groups, virtual groups, subgroups, and APM Entities submitting quality measures data on QCDR measures, MIPS CQMs, or eCQMs must submit data on:

(1) At least 50 percent of the MIPS eligible clinician or group's patients that meet the measure's denominator criteria, regardless of payer for MIPS payment year 2019.

(2) At least 60 percent of the MIPS eligible clinician, group, and virtual group's patients that meet the measure's denominator criteria, regardless