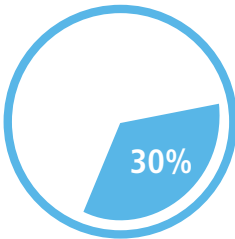




Using the AQUA Registry for 2024 MIPS Reporting

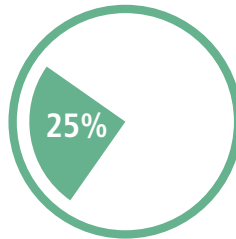
Merit-Based Incentive Payment System (MIPS) Categories:

Quality Reporting



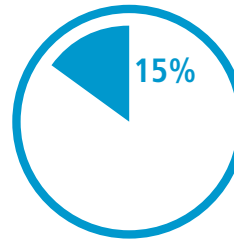
Maximum Points: 60 – 70 (based on group size)

Promoting Interoperability (PI)



Maximum Points: 100

Improvement Activities (IA)



Maximum Points: 40 (based on group size and location)

Cost (Resource Use)



Average score of attributable resource measures (based on group size)

AQUA Registry Provides:

TRADITIONAL MIPS:

- The ability to report on 6 out of 50 plus measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.

MVPs:

- Select from the Focusing on Women’s Health OR Advancing Cancer Care MVPs.
- Report on a minimum of 4 measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.

TRADITIONAL MIPS:

- A score calculator where eligible providers can input numerator/ denominator data.
- An attestation module where providers are able to attest to the required objectives and their measures.
- The ability to earn 5 bonus points, under the Public Health and Clinical Data Exchange Objective, by attesting to the Clinical Data Registry reporting measure AND supplying your active engagement stage.

MVPs:

- Same requirements as traditional MIPS.

(Note: Participation in the AQUA Registry alone is not sufficient to meet this category; eligible providers must use an ONC Health IT Certified EHR, in conjunction with the AQUA Registry, to meet the required measures.)

TRADITIONAL MIPS:

- An attestation module which allows providers the ability to attest to a series of weighted activities, geared towards improving clinical practice and care delivery.
- The ability to select from any one of CMS’ 100+ improvement activity measures.
- The ability to attest to certain activities, which are only available to providers participating with a QCDR.

MVPs:

- Select and submit 2 medium OR 1 high weighted improvement activity OR IA_PCMH.
- Select from the full set of improvement activities available under the Women’s Health OR Advancing Cancer Care MVPs.

(Note: Contact the AQUA Registry Team to learn more about specific IA measures that AQUA can support.)

TRADITIONAL MIPS:

- CMS will calculate Cost performance using administrative claims data.
- Providers are not required to submit any information for the Cost performance category.

MVPs:

- Same requirements as traditional MIPS.



Using the AQUA Registry for 2024 MIPS Reporting

How can you use the AQUA Registry for MIPS (Merit-based Incentive Payment System) report?

MIPS is a path to participate in the Quality Payment Program (QPP) created by CMS under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. **The AQUA Registry is a “one-stop shop” to streamline the MIPS reporting process to CMS.** See the table on the reverse side, to learn how the AQUA Registry can help streamline your practice’s MIPS reporting needs. Additionally, some participants reporting MIPS through the AQUA Registry saw an average increase in score of 6.5 points.

NEW: MIPS performance periods

Newly finalized for the 2024 performance year, eligible providers must report a 180-day minimum for the Promoting Interoperability performance category. The Improvement Activities category will remain at a 90-day minimum. Additionally, the Quality and Cost performance categories will stay at a 1-year minimum.

Penalty for not reporting

Eligible providers who do not report their data will receive a financial penalty under MIPS. Per the statute, the maximum negative adjustment under MIPS will remain -9% for the 2024 performance year. The table below shows the maximum negative adjustments based on the practice size:

Practice Size	Maximum Negative Adjustment under MIPS [^] (9%, 2024 performance year)
Solo	\$15,697
10	\$156,968
20	\$313,937
50	\$784,842

[^]Figures are based on 2021 CMS payments to urologists.

Who is eligible?

Eligible providers must bill Medicare Part B more than \$90,000 annually, provide care to more than 200 individual Part B beneficiaries **AND** provide more than 200 covered professional services under the Physician Fee Schedule. If all three requirements are met, then the clinician must report for the 2024 performance year. Clinicians can check their eligibility status using the [CMS Lookup Tool](#). Additionally, for MIPS you must also be a:

- Physician
- Osteopathic practitioner
- Chiropractor
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Physical therapist
- Occupational therapist
- Clinical psychologist
- Qualified speech-language pathologist
- Qualified audiologist
- Registered dietitian or nutrition professional
- Clinical social workers
- Certified nurse midwives

NEW: MIPS Value Pathways (MVPs)

MVPs are a subset of measures and activities, that can be used to meet MIPS reporting requirements. The MVP framework aims to align and connect measures across all four MIPS categories for different specialties or conditions. Participants interested in reporting through a MVP will need to register between April 1 and December 2, 2024. For the 2024 performance year, the AQUA Registry will be supporting the Women’s Health and the Advancing Cancer Care MVPs. Participants will be able to report through the traditional MIPS or MVP pathway. Additionally, the AQUA Registry is working with CMS to develop a urology specific MVP, which we hope will be available for the 2025 performance year.