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EXECUTIVE SUMMARY

Participants in MIPS in 2024

In 2024, 520,035 clinicians received scores and payment adjustments through the MIPS program. Most of these clinicians participated through one of 14,960 group practices, and their score was based on the performance of all of the clinicians in the group. 43,940 clinicians participated as individuals and were scored on their own performance. See Section 1 for more details.

Most clinicians (358,883) participated in MIPS through the “Traditional MIPS” program, and most of the rest (92,702) participated through a MIPS APM. Only a small number (11,167) participated in the MVP (MIPS Value Pathway) option. See Section 3 for more details.

Over 30,000 clinicians who were required to participate in MIPS did not report quality measures. Approximately two-thirds of those clinicians (19,096) qualified for Extreme and Uncontrollable Circumstances (EUC) reweighting and received the default MIPS score of 75. Another 992 clinicians received facility-based scoring, so their failure to report quality measures did not directly affect their MIPS score. The remaining 10,364 clinicians received very low MIPS scores (an average of 12). See Section 1.4 for more details.

Scores and Payment Adjustments

87% of the clinicians with more than 10 Medicare beneficiaries received a score higher than the performance threshold (75), which qualified them for a payment increase, while 7.6% received a score below 75 and qualified for a penalty, with the remaining 5.1% receiving a neutral score which will result in no adjustment in payment. 1.4% received the maximum penalty of -9%, while 6.4% received the maximum bonus of 1.05%. See Section 2.1 for more details.

Smaller practices were more likely to receive penalties, particularly the maximum penalty, than larger practices. Clinicians or groups in small practices that were classified as having “safety net” status were more likely to receive penalties than clinicians in other small practices. See Section 2.3 for more details.

The cost scores were much higher in 2024 than in 2023 as a result of a change in the scoring methodology that was designed to have the scores centered around 75 rather than 50. The MIPS scores for over 40% of clinicians were calculated without using a score based on cost measures because they participated through an ACO or other alternative payment model, they did not provide services that triggered the calculation, or they were approved for reweighting. More details are in Section 2.4 and Section 2.6.

MVPs

Although over 11,000 clinicians received a MIPS score through an MVP, those scores were based on the performance of only 634 separate entities – 216 groups, 16 subgroups, and 402 individuals. Of the 16 different MVPs available, 40% of the entities participated in the Emergency Medicine MVP. The largest number of clinicians participated in the Lower Extremity Joint Repair MVP, followed by the Primary Care MVP, the Anesthesia Care MVP, and the Cancer Care MVP. Three-fourths of the clinicians who participated in MVPs did so through one of those four MVPs.

In many cases, MVP participants received the default score of 75, rather than a score based on their actual performance on the measures in the MVP, because they were exempt from submitting one or more of the required measures. For many of participants who did receive a score other than 75, it was often based solely on quality measures and improvement activities, not on cost or promoting interoperability.

See Section 4 for more details.

Traditional MIPS

Although the majority of clinicians participating in the Traditional MIPS in 2024 program were MDs and

DOs, nearly 40% were not physicians. Clinicians in small practices are the most likely to participate in MIPS as individuals, whereas the opposite is true of clinicians in large practices. See Section 5.1 and Section 5.2 for more details.

In 2024, MIPS quality scores for clinicians were based on a total of 355 different quality measures. The most frequently used measures were the claims-based measures of hospital admissions and readmissions calculated by CMS; half of all clinicians were scored on these measures. Most clinicians received a score on those measures that was below 7, so those measures tended to push the overall quality score below the performance threshold. The measure most commonly reported by clinicians was the diabetes blood sugar control measure, and most clinicians had scores of 8.1 or higher on this measure. See Section 5.3 for more details.

There were 24 different cost measures used in 2024 to calculate cost scores. The majority of clinicians in large groups were scored based on at least 14 different cost measures, while clinicians in small practices were only scored on 1-3 cost measures, but their cost scores were similar. See Section 5.4 for more detail. The majority of clinicians who were scored on cost were scored on the Total Per Capita Cost (TPCC) measure. 15-30% of physicians participating as individuals had their cost scores based *only* on TPCC. See Section 5.6 for more detail.

There was significant variation in the cost scores by state, although the differences were much smaller than in 2023 due to the changes in the methodology for scoring the cost measures. In some states, 10% or more of the cost scores were below 50, whereas in other states, fewer than 2% of the clinicians received a cost score that low. See Section 5.4 for more details.

1. Participants in MIPS

1.1. Clinicians Included and Excluded from This Analysis

This analysis of the 2024 Merit-Based Incentive Payment System (MIPS) program is based on the data in the the QPP Public Use File (PUF) released by CMS on May 19, 2026.

The *QPP Participation and Performance Results* report issued by CMS states that 520,035 clinicians were included in MIPS in 2024. There are only 503,917 records for MIPS scores in the QPP PUF; CMS indicates that information on NPI-TINs with 10 or fewer Medicare patients are suppressed from the Public Use File based on the CMS Cell Size Suppression Policy. Because 16,118 MIPS records are not included in the PUF, the statistics in this report will differ slightly from those in the *QPP Participation and Performance Results* report.

Clinicians are only required to participate in MIPS if they exceed the Low-Volume Threshold Criteria. One of those criteria is that the clinician must see more than 200 Medicare Part B patients. Clinicians who do not exceed the Low-Volume Threshold Criteria can voluntarily opt-in to participate in MIPS, and some do. Since the clinicians who have 10 or fewer patients would also fall below the Low-Volume Threshold of 200 patients, the records suppressed from the PUF presumably only include clinicians who opted-in to MIPS.

In addition, the QPP Public Use File only includes information on clinicians who participated in MIPS. The CMS *QPP Participation and Performance Results* report indicates that 528,827 clinicians achieved Qualifying APM Participant (QP) status and were thereby exempt from MIPS, and another 2,013 clinicians had Partial QP status and could choose not to participate in MIPS.

1.2. Clinicians vs. Groups vs. "NPI-TINs"

The 503,917 records in the Public Use File represent only 453,202 *unique clinicians* (i.e., unique National Provider Identifiers). If a clinician bills for Medicare services through two or more practices or groups that have separate tax identification numbers (TINs), a separate MIPS score will be assigned to the clinician for each of those TINs (assuming that the clinician or TIN meet the eligibility criteria). Since each clinician has a unique National Provider Identifier (NPI), these are described as NPI-TIN combinations.

Most clinicians participate in MIPS through a group practice, rather than as individuals. Only 43,940 of the 453,202 clinicians in MIPS participated as individuals. There were 14,960 groups participating in the MIPS program in 2024, and every clinician in those group practices who chose to participate through the group received the same MIPS score as the other clinicians in the group practice.

Two or more solo practitioners or small group practices can apply to participate as a "virtual group" and report measures as though they were a single group practice, but there were only 13 such virtual groups in 2024. In addition, two or more individual clinicians who are part of the same TIN can participate in an MVP (MIPS Value Pathway) as a subgroup and receive scores based on their joint performance rather than on their individual performance or the performance of the TIN as a whole, but there were only 16 such subgroups in 2024.

In total, there were 58,929 "unique entities" that participated in MIPS, i.e., either one of the 14,960 group practices, 13 virtual groups, or 16 subgroups (in which multiple clinicians received the same score based on the group's performance) or one of the 43,940 individual clinicians (who may have been part of a group practice but chose to participate as an individual and received a score based on their own performance).

Table 1.1
Participants in MIPS

Total Number of NPI-TINs	Number of Unique Clinicians	Number of Unique Entities	Type of Entity Participating			
			Groups	Subgroups	Virtual Groups	Individuals
503,917	453,202	58,929	14,960	16	13	43,940

1.3. Voluntary Participants in MIPS

Clinicians are not required to participate in MIPS if they fall below any of the three Low-Volume Threshold Criteria, i.e.:

- they do not bill more than \$90,000 for Part B services under the Physician Fee Schedule; or
- they do not see more than 200 Medicare Part B patients; or
- they do not provide more than 200 covered professional services to Medicare Part B patients.

However, a clinician who does not meet one or more of the Low-Volume Threshold Criteria can voluntarily opt-in to participate in MIPS.

It appears that nearly 20,000 NPI-TINs opted in to MIPS in 2024. Only the 3,416 with more than 10 Medicare patients are included in the PUF; the 16,118 whose records were excluded presumably also opted in, representing a likely total of 19,534.

The majority of the 3,416 for which data are available participated as individuals, but many participated through their practice group. Some of the opt-in participants had only a few dozen patients and billed for less than \$10,000 in Part B charges.

The majority of the opt-in participants received MIPS scores greater than 85, and only a small percentage (7-8%) received scores less than 75.

Physical therapists were the specialty most likely to opt-in to MIPS, followed by nurse practitioners, physician assistants, and optometrists.

Table 1.2
Characteristics of Opt-In Participants

QPP Option	Participation Method	Number of Clinicians	Pct in Solo Practice	MIPS Score		Beneficiaries in Practice			Practice Part B Charges		Practice Part B Services	
				Median	<75	Min	Median	Max	Min	Median	Min	Median
MIPS	Group	1,161	2%	85.2	8%	23	278	65,374	\$13,902	\$159,641	201	3,589
MIPS	Individual	1,890	16%	93.6	7%	14	174	1,138	\$5,853	\$66,915	182	727
APM	APM Entity	364	3%	94.0	0%	30	233	3,554	\$7,149	\$37,728	223	481
APM	Individual	1	0%	94.7	0%	212	212	212	\$72,073	\$72,073	587	587

Table 1.3
Specialties Most Frequently Opting-In to MIPS

Specialty	Number of Clinicians	Pct in Solo Practice	MIPS Score		Beneficiaries in Practice			Practice Part B Charges		Practice Part B Services	
			Median	<75	Min	Median	Max	Min	Median	Min	Median
Physical Therapist in Private Practice	870	2%	85.2	3%	14	142	10,400	\$5,853	\$131,534	219	3,589
Nurse Practitioner	377	2%	94.0	7%	40	238	65,374	\$7,149	\$52,380	204	676
Optometry	260	14%	90.1	6%	78	326	23,053	\$12,810	\$63,910	201	724
Physician Assistant	246	0%	94.0	10%	63	245	65,374	\$7,149	\$52,776	204	540
Internal Medicine	220	31%	93.6	10%	35	168	65,374	\$18,500	\$70,119	201	656
Family Practice	196	19%	92.7	8%	52	186	65,374	\$7,149	\$61,517	211	646
Occupational Therapist in Private Practice	123	0%	77.3	1%	23	10,400	10,400	\$22,505	\$21,654,665	521	513,615
General Surgery	71	15%	95.6	7%	52	174	65,374	\$13,902	\$72,379	206	382
Obstetrics/Gynecology	69	1%	94.0	0%	82	174	3,554	\$21,903	\$52,380	201	505
Podiatry	67	30%	90.4	21%	106	244	65,374	\$30,205	\$78,314	280	1,047
Ophthalmology	65	27%	93.6	5%	64	194	2,308	\$34,271	\$78,565	288	676
Dermatology	61	11%	97.0	10%	70	186	687	\$18,599	\$64,237	211	589
Orthopedic Surgery	57	11%	92.1	7%	58	147	254	\$20,678	\$81,972	228	525
Psychiatry	55	5%	90.9	4%	56	173	1,139	\$7,149	\$129,284	270	1,372
Cardiology	42	12%	93.7	7%	46	298	3,554	\$17,883	\$73,968	213	923
Otolaryngology	42	10%	90.5	19%	48	264	487	\$22,857	\$79,653	328	744
Diagnostic Radiology	41	5%	88.6	5%	128	697	65,374	\$21,733	\$35,973	269	1,303
Neurology	38	24%	99.3	11%	64	192	65,374	\$32,239	\$79,146	274	528
Certified Registered Nurse Anesthetist (CRNA)	31	0%	87.7	3%	133	353	415	\$31,303	\$52,921	280	445
Licensed Clinical Social Worker	29	0%	91.7	0%	48	159	1,139	\$37,728	\$146,755	512	1,372
Gastroenterology	28	29%	92.2	11%	100	248	392	\$34,282	\$74,379	201	572
Urology	28	7%	100.0	14%	121	218	65,374	\$19,107	\$72,180	220	614
Emergency Medicine	27	4%	95.3	7%	128	196	464	\$24,741	\$52,164	269	390
Anesthesiology	23	22%	90.4	4%	54	283	457	\$20,741	\$88,049	211	418
Neurosurgery	22	9%	98.8	9%	104	131	194	\$40,282	\$83,865	206	342

1.4. Non-Reporting Clinicians in MIPS

Over 30,000 clinicians who were required to participate in MIPS did not report quality measures. Approximately two-thirds of those clinicians (19,096) qualified for Extreme and Uncontrollable Circumstances (EUC) reweighting and received the default MIPS score of 75. Another 992 clinicians received facility-based scoring, so their failure to report quality measures did not directly affect their MIPS score.

The remaining 10,364 clinicians received very low MIPS scores (an average of 12). Some of these clinicians received a non-zero quality score based on administrative quality measures alone, but their total quality score was low because fewer than the required number of quality measures were reported.

Table 1.4
Scores for Non-Reporting Clinicians

EUC	Facility Score Used	Number of Clinicians	Average Beneficiaries in Practice	Total Score		Quality		Cost		Improvement Activities		Promoting Interoperability	
				Mean	<75	Mean Weight	Mean Score	Mean Weight	Mean Score	Mean Weight	Mean Score	Mean Score	Mean Weight
Yes	No	19,096	8,087	75	0%	0%	0.3	0%	20.0	0%	0.0	0%	0.0
No	No	10,364	817	12	100%	39%	0.1	30%	38.5	28%	0.0	3%	0.0
No	Yes	992	710	63	67%	49%	71.5	30%	70.5	21%	0.0	0%	0.0

Podiatry was the specialty with the largest number of clinicians who did not report MIPS measures and did not receive an exemption from doing so.

Table 1.5
Specialties of Non-Reporting Clinicians
Without EUC or Facility-Based Scoring

Clinician Specialty	Number of Clinicians	Average Beneficiaries in Practice	Average MIPS Score
Podiatry	1,370	535	0
Internal Medicine	942	673	20
Nurse Practitioner	674	958	18
Dermatology	634	700	1
Family Practice	565	1,141	19
Orthopedic Surgery	514	523	14
Ophthalmology	486	762	10
Optometry	429	635	0
Physical Therapist in Private Practice	364	558	18
Otolaryngology	342	520	1
Neurology	301	637	8
Cardiology	295	793	21
Physical Medicine and Rehabilitation	255	534	11
Physician Assistant	228	770	13
Nephrology	195	485	22
Gastroenterology	192	619	23
Psychiatry	188	599	17
Urology	182	546	10
Diagnostic Radiology	172	1,544	1
Pulmonary Disease	147	588	22
Anesthesiology	139	542	13
General Surgery	121	415	15
Emergency Medicine	117	7,682	5
Interventional Cardiology	107	824	19
Pain Management	94	691	21

2. Scores & Payment Adjustments

2.1. MIPS Scores and Payment Adjustments

The “performance threshold” in 2024 was 75, meaning that if a clinician received a MIPS score greater than 75, they would qualify for an increase in the payments for their services from Medicare in 2026, whereas if they received a score below 75, their Medicare payments would be reduced. A score of exactly 75 would mean they would receive the standard Medicare payments.

The lower the score (below 75), the bigger the payment reduction, and the higher the score (above 75), the bigger the potential payment increase (although the size of the increase depended on how many clinicians received a payment reduction, since the program is required to be budget neutral). The maximum penalty is a 9% reduction, which applied to any clinician with a score of 18.75 or less (this is shown as “19” in some of the tables below). The penalty was between -9% and 0% for scores between 18.75 and 75. The maximum payment increase was 1.05% for those with a score of 100 (half as much as the maximum in 2023), and the increases ranged from 0 to 1.05% for scores between 75 and 100.

87% of the clinicians with more than 10 Medicare beneficiaries received a score higher than 75, which qualified them for a payment increase, while 7.6% received a score below 75 and qualified for a penalty, with the remaining 5.1% receiving a neutral score which will result in no adjustment in payment. 1.4% received the maximum penalty of -9%, while 6.4% received the maximum bonus of 1.05%.

Table 2.1
Clinicians and Payment Adjustments in Each Scoring Category

	Zero Score (0)	Max Penalty (0 - 19)	Large Penalty (19 - 55)	Small Penalty (55 - 75)	Neutral (75)	Bonus (75 - 89)	Exceptional (89 - 100)	Max Bonus (100)
# of Clinicians	5,542	1,341	13,583	17,839	25,632	222,501	185,392	32,087
% of Clinicians	1.10%	0.27%	2.70%	3.54%	5.09%	44.15%	36.79%	6.37%
Avg Payment Adjustment	-9.00%	-9.00%	-4.60%	-0.90%	0.00%	0.37%	0.79%	1.05%

2.2. Clinicians with Multiple Scores

The vast majority of clinicians only received a single score as part of a single TIN in 2024. However, about 42,000 clinicians received two or more different scores because they delivered services through two separate practices or groups that had separate TINs.

Although most clinicians only participate in 1 or 2 TINs, nearly 5,000 participated in 3 different TINs, 1,100 participated in 4 TINs, and over 500 participated in 5 or more TINs.

Since the payment adjustments are tied to NPI-TIN combinations, this means the same clinician would receive different payment adjustments for services delivered through different TINs. In some cases, the difference in scores is such that a clinician will receive a payment penalty for the services they deliver through one TIN and a payment increase for the services they deliver through another TIN. About 10% of the clinicians who qualified for a payment penalty through one TIN also qualified for a payment bonus through another TIN.

The payment penalty or bonus for a clinician applies to the services they deliver in 2026 through the TIN associated with the score. As a result, if a clinician delivered services through multiple TINs in 2024, they could be paid more by delivering more of their services in 2026 through the TIN(s) where they received a higher score than by continuing to deliver similar proportions of services through the TINs where they worked in 2024. This could potentially reduce access to services for patients who rely for their care on the practices where clinicians received lower scores.

Radiologists and emergency medicine physicians were far more likely to report through multiple TINs than physicians in other specialties.

Table 2.2 Clinicians With Multiple Scores in 2024					
Number of Different TINs per Clinician	Number of Clinicians With This # of TINs	Percent of All Clinicians	Average Difference in MIPS Scores	Maximum Difference in MIPS Scores	% of Clinicians Receiving Both a Penalty and a Bonus
1	411,576	90.8%	0.0	0.0	0.0%
2	35,152	7.8%	5.2	50.0	3.9%
3	4,801	1.1%	7.9	66.4	9.0%
4	1,110	0.2%	8.9	70.2	10.9%
5-9	555	0.1%	10.2	79.7	11.5%
10+	8	0.0%	10.7	35.6	12.5%

Table 2.3 Specialties With Multiple Scores in 2024							
Specialty	Number of Unique Clinicians	Number of TINs					
		1	2	3	4	5-9	10+
Internal Medicine	76,730	90.4%	8.1%	1.2%	0.3%	0.1%	0.0%
Nurse Practitioner	66,365	93.3%	6.0%	0.6%	0.1%	0.0%	0.0%
Physician Assistant	45,268	91.4%	7.7%	0.7%	0.1%	0.0%	0.0%
Family Medicine	22,140	93.1%	6.4%	0.5%	0.1%	0.0%	0.0%
Emergency Medicine	21,386	83.1%	13.6%	2.6%	0.5%	0.1%	0.0%
Radiology	20,997	69.6%	20.5%	5.9%	2.4%	1.6%	0.0%
Physical Therapist	16,727	96.4%	3.2%	0.2%	0.1%	0.1%	0.0%
Nurse Anesthetist, Certified Registered	15,297	89.7%	9.2%	1.0%	0.1%	0.0%	0.0%
Anesthesiology	15,001	93.1%	6.3%	0.5%	0.0%	0.0%	0.0%
Psychiatry & Neurology	14,634	91.9%	7.1%	0.9%	0.1%	0.0%	0.0%
Orthopaedic Surgery	12,669	91.2%	7.9%	0.8%	0.1%	0.0%	0.0%
Surgery	12,067	89.9%	8.8%	1.1%	0.2%	0.0%	0.0%
Ophthalmology	11,737	90.1%	8.8%	1.0%	0.1%	0.0%	0.0%
Obstetrics & Gynecology	10,606	94.1%	5.4%	0.4%	0.0%	0.0%	0.0%
Hospitalist	8,935	90.8%	7.9%	1.1%	0.2%	0.1%	0.0%
Dermatology	8,792	92.4%	7.0%	0.4%	0.2%	0.0%	0.0%
Podiatrist	7,398	94.8%	4.8%	0.4%	0.0%	0.0%	0.0%
Optometrist	7,302	96.8%	3.1%	0.1%	0.0%	0.0%	0.0%
Pathology	6,356	89.5%	8.6%	1.0%	0.4%	0.5%	0.0%
Urology	5,085	88.4%	9.8%	1.5%	0.3%	0.0%	0.0%
Otolaryngology	4,843	93.1%	6.5%	0.4%	0.0%	0.0%	0.0%
Physical Medicine & Rehabilitation	4,439	93.3%	5.9%	0.7%	0.1%	0.0%	0.0%
Social Worker	3,804	98.0%	2.0%	0.0%	0.0%	0.0%	0.0%
Pediatrics	3,773	97.3%	2.5%	0.1%	0.0%	0.0%	0.0%
Specialist	3,339	94.7%	4.7%	0.5%	0.1%	0.0%	0.0%

2.3. Variation in Scores & Payment Adjustments by Location and Type of Practice

A breakdown by practice size shows that smaller practices were more likely to receive penalties, particularly the maximum penalty, than larger practices.

Rural practices were only slightly more likely to receive penalties than other practices of similar sizes.

However, clinicians or groups in small practices that were classified as having “safety net” status were more likely to receive penalties than clinicians in other small practices. (CMS defines a “safety net” clinician or group as one where the proportion of patients with dual eligibility status (i.e., eligible for both Medicare and Medicaid coverage) is in the top 20th percentile of all MIPS-eligible clinicians.)

Table 2.4 2024 QPP Participation and Scores by Size, Type, and Location of Practice						
Type of Practice	NPI-TIN Participants	% Total	Average Score	% Below Performance Threshold	% Scoring Below 65	% Receiving Maximum Penalty
Solo Practice	14,562	3%	60.2	38.5%	35.7%	17.2%
Small Practice (2-5)	23,910	5%	74.9	21.6%	18.5%	8.0%
Small Practice (6-10)	18,457	4%	82.2	13.4%	9.7%	3.5%
Small Practice (11-15)	12,136	2%	83.5	11.7%	8.2%	2.2%
Large Practice (16-99)	92,544	18%	84.1	11.4%	6.4%	0.9%
Large Practice (100+)	342,308	68%	87.4	3.8%	2.3%	0.2%
Rural Practice	56,605	11%	83.7	8.5%	5.5%	1.7%
Both Small and Rural	10,066	2%	75.9	21.9%	18.5%	7.6%
Safety Net Clinician	106,424	21%	88.8	7.7%	5.9%	1.3%
Safety Net and Small Practice	13,106	3%	73.0	25.6%	22.0%	8.2%
Safety Net and Rural Practice	11,229	2%	87.4	7.4%	4.2%	0.9%
HPSA Clinician	84,376	17%	83.6	9.5%	6.5%	2.0%
ASC-Based Clinician	515	0%	65.3	29.9%	25.8%	16.5%
Hospital-Based Clinician	162,059	32%	87.7	4.1%	2.4%	0.2%
Non-Patient Facing Clinician	81,092	16%	85.4	11.3%	6.4%	0.8%
Facility-Based Clinician	60,814	12%	88.8	5.7%	3.0%	0.3%
Total	503,917		85.1	7.6%	5.2%	1.4%
NOTE: Clinicians and practices have multiple characteristics, so percentages total more than 100%						

2.4. Contributions of Measure Components to Scores

The overall MIPS Score a clinician receives is primarily determined using four different components:

- a score based on quality measures
- a score based on cost measures
- a score based on improvement activities
- a score based on actions classified as promoting interoperability

The four components are weighted and combined into an overall score, and then the Complex Patient Bonus, if any, is added. The standard weights are 30% for the quality score, 30% for the cost score, 15% for the improvement activities score, and 25% for the promoting interoperability score. However, different weightings are used depending on the method of reporting, the size of the practice, and whether CMS grants approval to the clinician or practice to reweight the scores based on “extreme and uncontrollable circumstances” or other factors.

- The overall average cost score (for the subset of clinicians for a whom a cost score was used for their overall MIPS score) was 72.6, slightly below the performance threshold of 75, and lower than the average quality score of 75.0. The cost scores were much higher in 2024 than in 2023 as a result of a change in the scoring methodology that was designed to have the scores centered around 75 rather than 50.
- The average scores for Improvement Activities and Promoting Interoperability were 96, almost the maximum possible.
- On average, clinicians who received the lowest overall MIPS scores and thereby qualified for the largest payment penalties received low scores on all of the four components, but the average cost scores were higher (better) than the other three, so the overall scores would have been even lower without the cost scores.
- For clinicians with scores between 55 and 75, which resulted in small payment penalties, the lowest scoring components were quality and promoting interoperability. On average, the improvement activities scores were above the performance threshold.
- For clinicians who received bonuses, the cost scores were the lowest of the four components, but higher scores on the others resulted in an overall MIPS score above the performance threshold.

Table 2.5
MIPS Scores and Payment Adjustments
for All Clinicians

Range of MIPS Scores	Number of NPI-TINs	% of Total NPI-TINs	Average Payment Adjustment	Average Total Score	Average Quality Score	Average Cost Score	Average IA Score	Average PI Score	Average Complex Patient Bonus
0	5,542	1.1%	-9.00%	0.0	0.0	0.0	0.0	0.0	0.0
0 - 19	1,341	0.3%	-9.00%	13.6	4.1	46.5	8.0	0.0	0.3
19 - 55	13,583	2.7%	-4.60%	36.7	20.4	73.6	36.7	17.5	2.2
55 - 75	17,839	3.5%	-0.90%	67.5	55.7	66.1	91.6	56.5	2.7
75	25,632	5.1%	0.00%	75.0	53.6	59.5	95.8	99.0	0.5
75 - 89	222,501	44.2%	0.37%	83.8	72.7	73.2	99.6	97.5	1.4
89 - 100	185,392	36.8%	0.79%	93.8	84.8	77.1	100.0	98.7	3.7
100	32,087	6.4%	1.05%	100.0	92.5	83.6	100.0	99.8	5.0
Total	503,917	100.0%	0.24%	85.1	75.0	72.6	96.3	95.7	2.5

2.5. Complex Patient Bonus

A clinician or group participating in MIPS can receive a Complex Patient Bonus that increases their overall score by up to 10 points. The Complex Patient Bonus is calculated based on two different factors:

- **Medical Complexity:** The average Hierarchical Condition Categories (HCC) risk score of the clinician or practice's Medicare patient population in 2024 relative to the mean and median HCC scores for clinicians in 2023.
- **Social Risk:** The proportion of the Medicare patient population that is also eligible for Medicaid (i.e., the "dual eligible ratio") in 2024 relative to the mean and median dual eligible ratios for clinicians in 2023.

The QPP Public Use File includes the Dual Eligible Ratio for each entity (either the group or the individual clinician, depending on how the clinician participated in MIPS), but it does not include the average HCC score for the entity, nor does it provide the mean and median figures from 2023 for either measure, so it is impossible to determine exactly why a clinician or group received the Complex Patient Bonus that it did.

The PUF flags some entities as having "Safety Net Status" if the dual eligibility ratio falls in the top 20th percentile of all MIPS eligible clinicians. Although this is not a criterion for receiving the Complex Patient Bonus, it does provide an indication of which entities have the highest dual eligible ratios compared to others.

Table 2.6 Complex Patient Bonus			
Complex Patient Bonus	Percent of All Clinicians	Average Percent of Dual Eligible Patients	Percent of Practices Classified as Safety Net
0-1	51%	12%	3%
1-2	8%	18%	0%
2-3	7%	19%	0%
3-4	7%	22%	21%
4-5	4%	21%	19%
5-6	6%	33%	45%
6-7	6%	33%	71%
7-8	2%	40%	70%
8-9	4%	39%	87%
9-10	2%	41%	100%
10	3%	56%	100%

As shown in the table below, some specialties were more likely to receive high Complex Patient Bonuses than others. In general, clinicians in these specialties had a higher percentage of dual eligible patients than others, but in some cases, it is likely because the clinicians in the specialties treated patients with high HCC scores.

If a clinician or group has a low dual eligible ratio, the only way they can receive a high Complex Patient Bonus is if they have a high average HCC score. Since CMS does not include the average HCC score for a clinician or group in the PUF, the table below estimates the percentage of entities in each specialty that have a high HCC score based on the proportion that received a Complex Patient Bonus greater than 5.0 but did not meet the dual eligible threshold for safety net status.

For example, emergency medicine physicians and nephrologists had high average Complex Patient Bonuses relative to other specialties, but they had lower percentages of dual eligible patients than the other specialties with similar average Complex Patient Bonuses, so it is likely that the average HCC scores for their patients were higher than other specialties.

Table 2.7a
Complex Patient Bonuses by Specialty

Specialty	Mean Complex Patient Bonus	Percent with Bonus > 8.0	Average Percent of Dual Eligible Patients	Percent of Practices Classified as Safety Net	Percent Likely Having High Average HCC Score
Adult Congenital Heart Disease	4.8	37.1%	25.2%	45.7%	5.7%
Licensed Clinical Social Worker	4.5	21.6%	39.2%	52.9%	4.2%
Undersea and Hyperbaric Medicine	4.2	25.9%	26.5%	37.0%	5.6%
Emergency Medicine	4.2	16.4%	25.9%	33.5%	12.9%
Nephrology	4.0	18.5%	24.5%	29.3%	14.5%
Geriatric Psychiatry	4.0	19.2%	27.2%	41.0%	9.0%
Addiction Medicine	3.9	21.9%	27.4%	37.1%	3.8%
Oral Surgery (Dentists Only)	3.9	20.4%	25.8%	31.5%	8.8%
Psychiatry	3.8	16.7%	32.5%	45.0%	5.0%
Infectious Disease	3.7	18.4%	25.4%	31.0%	12.2%
Clinical Psychologist	3.7	20.4%	29.8%	37.6%	5.2%
Geriatric Medicine	3.6	18.4%	26.2%	37.5%	5.5%
Hematology	3.6	16.8%	19.6%	22.6%	6.0%
Neuropsychiatry	3.5	11.7%	25.5%	30.6%	4.5%
Osteopathic Manipulative Medicine	3.5	15.3%	27.7%	44.0%	2.3%
Hospitalist	3.5	16.2%	21.7%	25.2%	8.5%
Dentist	3.5	19.2%	25.3%	26.0%	2.7%
Maxillofacial Surgery	3.5	17.7%	24.2%	30.0%	4.6%
Hospice and Palliative Care	3.4	14.6%	22.3%	25.7%	6.3%
Critical Care (Intensivists)	3.4	15.6%	21.8%	25.6%	7.1%
Internal Medicine	3.3	15.5%	24.2%	30.4%	7.1%
Preventive Medicine	3.3	17.8%	27.2%	32.7%	6.9%
Medical Toxicology	3.3	0.0%	25.8%	18.8%	18.8%
Vascular Surgery	3.2	12.7%	21.6%	22.1%	9.4%
Pediatric Medicine	3.2	16.2%	22.3%	29.6%	6.0%

Table 2.7b Complex Patient Bonuses by Specialty					
Specialty	Mean Complex Patient Bonus	Percent with Bonus > 8.0	Average Percent of Dual Eligible Patients	Percent of Practices Classified as Safety Net	Percent Likely Having High Average HCC Score
Medical Genetics and Genomics	3.2	11.5%	21.2%	21.4%	12.2%
Medical Oncology	3.2	8.0%	16.6%	14.5%	3.5%
Pulmonary Disease	3.1	11.9%	21.6%	23.1%	7.3%
Surgical Oncology	3.0	10.9%	18.3%	18.5%	7.1%
Hematopoietic Cell Transplantation and Cellular Therapy	3.0	6.5%	14.8%	7.5%	0.0%
Hematology-Oncology	2.9	7.5%	18.1%	15.4%	5.6%
Thoracic Surgery	2.9	11.4%	19.8%	19.3%	9.2%
Physical Medicine and Rehabilitation	2.9	14.0%	21.6%	24.1%	7.0%
Cardiac Surgery	2.9	10.7%	19.3%	20.3%	7.3%
Gynecological/Oncology	2.9	11.1%	18.9%	20.7%	3.5%
General Practice	2.8	15.2%	35.4%	45.1%	4.9%
General Surgery	2.8	11.1%	21.6%	23.0%	6.2%
Nurse Practitioner	2.8	11.8%	21.7%	23.2%	6.2%
Nuclear Medicine	2.8	7.0%	20.7%	22.9%	2.9%
Neurology	2.7	9.6%	21.3%	23.0%	5.8%
Cardiology	2.6	9.3%	20.5%	23.3%	4.8%
Advanced Heart Failure and Transplant Cardiology	2.6	11.9%	18.7%	16.2%	7.0%
Undefined Physician type[6]	2.6	9.4%	22.2%	24.2%	2.0%
Physician Assistant	2.6	9.0%	19.2%	20.6%	6.2%
Interventional Radiology	2.6	9.2%	20.4%	22.5%	3.8%
Clinical Cardiac Electrophysiology	2.5	7.9%	18.3%	17.5%	5.3%
Family Practice	2.5	8.8%	22.2%	24.7%	5.5%
Endocrinology	2.4	10.1%	19.4%	20.8%	4.2%
Radiation Oncology	2.4	6.3%	15.8%	12.9%	3.7%
Certified Clinical Nurse Specialist	2.4	9.0%	21.5%	19.4%	2.7%

Table 2.7c
Complex Patient Bonuses by Specialty

Specialty	Mean Complex Patient Bonus	Percent with Bonus > 8.0	Average Percent of Dual Eligible Patients	Percent of Practices Classified as Safety Net	Percent Likely Having High Average HCC Score
Neurosurgery	2.3	8.2%	19.5%	17.3%	5.4%
Plastic and Reconstructive Surgery	2.3	8.0%	18.3%	17.5%	5.9%
Interventional Cardiology	2.3	7.4%	18.8%	18.2%	5.5%
Registered Dietician or Nutrition Professional	2.3	6.6%	19.2%	16.3%	4.5%
Certified Nurse Midwife	2.2	8.1%	21.0%	22.1%	3.2%
Peripheral Vascular Disease	2.2	0.0%	24.5%	29.0%	0.0%
Obstetrics/Gynecology	2.2	7.9%	19.3%	19.7%	3.4%
Colorectal Surgery	2.2	7.5%	17.3%	16.5%	2.4%
Anesthesiology	2.2	7.4%	18.6%	14.6%	4.9%
Pathology	2.1	6.8%	17.7%	16.8%	4.0%
Anesthesiologist Assistant	2.1	3.6%	16.2%	8.6%	4.1%
Sleep Medicine	2.0	6.4%	18.2%	14.2%	4.7%
Certified Registered Nurse Anesthetist (CRNA)	2.0	6.7%	17.8%	14.5%	5.5%
Speech Language Pathologists	2.0	5.9%	17.3%	14.6%	4.8%
Podiatry	1.9	9.4%	22.0%	25.4%	2.8%
Pain Management	1.9	5.2%	18.6%	17.4%	4.8%
Diagnostic Radiology	1.9	5.4%	18.8%	18.3%	2.2%
Gastroenterology	1.8	7.3%	17.4%	16.2%	2.9%
Rheumatology	1.8	5.6%	17.0%	15.9%	2.8%
Urology	1.7	5.4%	16.6%	14.4%	3.3%
Interventional Pain Management	1.7	5.2%	18.0%	18.6%	2.7%
Sports Medicine	1.5	4.5%	15.0%	10.3%	4.4%
Chiropractic	1.5	5.1%	18.1%	14.6%	1.8%
Audiologist	1.4	4.9%	15.3%	11.2%	1.8%
Otolaryngology	1.4	3.7%	15.3%	11.2%	2.6%

Table 2.7d
Complex Patient Bonuses by Specialty

Specialty	Mean Complex Patient Bonus	Percent with Bonus > 8.0	Average Percent of Dual Eligible Patients	Percent of Practices Classified as Safety Net	Percent Likely Having High Average HCC Score
Orthopedic Surgery	1.3	3.7%	15.0%	12.1%	2.5%
Allergy/Immunology	1.2	3.5%	13.8%	10.4%	1.3%
Ophthalmology	1.1	3.4%	13.8%	11.5%	1.3%
Hand Surgery	1.0	3.1%	12.5%	8.1%	1.7%
Optometry	1.0	4.3%	15.1%	12.9%	0.3%
Occupational Therapist in Private Practice	0.7	1.4%	11.9%	6.0%	0.7%
Dermatology	0.6	2.0%	8.0%	5.6%	1.1%
Micrographic Dermatologic Surgery	0.5	1.9%	6.6%	4.4%	1.3%
Physical Therapist in Private Practice	0.5	0.7%	10.1%	3.6%	0.4%

2.6. Use of Cost Scores

The MIPS scores for over 40% of clinicians were calculated without using a score based on cost measures. There were three reasons for this:

- The 99,343 clinicians who participated in MIPS through ACOs or other alternative payment models were not scored on cost;
- 51,304 clinicians did not provide services that triggered the calculation of a cost measure; and
- 62,888 clinicians who were assigned a cost score were approved for reweighting, so the cost measure did not count toward the overall MIPS score.

The median cost scores for those who were reweighted and those who weren't were both below 75, but the scores weren't counted for those who were reweighted. This contributed to the fact that only a small percentage of the clinicians who were reweighted received overall MIPS scores of less than 75 and associated payment penalties.

Table 2.8 Clinicians Scored on Cost in 2024				
Category	Number of NPI-TINs	Percent of Total	% MIPS Scores <75	Median Cost Score
APM Participant	99,343	19.7%	3.1%	0.0
No Cost Measure	51,304	10.2%	21.9%	0.0
Cost Reweighted	62,888	12.5%	0.7%	72.7
Scored on Cost	290,382	57.6%	8.1%	74.6
Total	503,917	100.0%	7.6%	

3. Differences Among Reporting Options

3.1. Participants in MIPS, MVPs, and APMs

Most clinicians (358,883) participated in MIPS through the “Traditional MIPS” program. A large number (92,702) participated through a MIPS APM. Only a small number (11,167) participated in the MVP (MIPS Value Pathway) option.

Most of the clinicians who participated in the MVP option participated through a group practice. Only 634 different entities participated in the MVP program – 216 groups, 16 subgroups, and 402 individuals.

Table 3.1
Participants in MIPS, MVPs, and APMs

Program	Total Number of NPI-TINs	Number of Unique Clinicians	Number of Unique Entities	Type of Entity Participating			
				Groups	Subgroups	Virtual Groups	Individuals
MIPS	394,249	358,883	56,343	13,601	0	13	42,729
MVP	11,437	11,167	634	216	16	0	402
APM	98,231	92,702	1,952	1,143	0	0	809

3.2. Scores and Weights in MIPS, MVPs, and APMs

Although the MIPS score for an individual or group is supposed to be calculated using all four components – quality, cost, improvement activities, and promoting interoperability – 27% of MIPS participants and 45% of MVP participants were assigned a score of 75.0 (the performance threshold) because they had at most one component score that could be used. Over 1/3 of MIPS participants and over half of MVP participants had one or more of their measures reweighted based on an Extreme and Uncontrollable Circumstances (EUC) determination by CMS.

A large percentage of MIPS participants were exempt from scoring on Promoting Interoperability (PI) measures because they met one of the criteria established by CMS – i.e., they were a clinical social worker, part of a small practice, based in a hospital or ambulatory surgery center, and/or did not have a patient-facing role.

Table 3.2 Median Entity Scores in Each Program								
Program	Number of Unique Entities	Median Overall Score			Median Component Scores			
		Final Score	% With Default Score	Calculated Score	Quality	Cost	IA	PI
MIPS	56,343	75.0	27%	55.7	71.5	73.1	100.0	99.0
MVP	634	75.0	45%	64.0	80.2	74.7	100.0	100.0
APM	1,952	93.8	0%	93.8	82.1		100.0	100.0
Medians are only for component scores with non-zero weights								

Table 3.3 Use of Component Scores to Determine Final Score						
Program	Number of Unique Entities	No Scores Used	Quality Score Not Used	Cost Score Not Used	IA Score Not Used	PI Score Not Used
MIPS	56,343	27%	30%	52%	27%	76%
MVP	634	45%	47%	76%	45%	82%
APM	1,952	0%	0%	100%	0%	4%

Table 3.4 Reweighting of Scoring								
Program	# of Unique Entities	% Overall EUC	% Reweighted					
			Quality	Cost	IA	PI EUC	PI Hardship	PI Special
MIPS	56,343	39%	13%	14%	12%	12%	2%	83%
MVP	634	55%	18%	19%	13%	14%	3%	86%
APM	1,952	0%	0%	0%	0%	0%	2%	73%

4. MVPs

4.1. Participants in MVPs

Although over 11,000 clinicians received a MIPS score through an MVP, those scores were based on the performance of only 634 separate entities – 216 groups, 16 subgroups, and 402 individuals. Of the 16 different MVPs available, 40% of the entities participated in the Emergency Medicine MVP. The largest number of clinicians participated in the Lower Extremity Joint Repair MVP, followed by the Primary Care MVP, the Anesthesia Care MVP, and the Cancer Care MVP. Three-fourths of the clinicians who participated in MVPs did so through one of those four MVPs.

Table 4.1
Participants in Individual MVPs

MVP	Total NPI- TINs	Unique Clinicians	Unique Entities	Type of Entity		
				Groups	Subgroups	Individuals
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP	486	485	259	11	0	248
Advancing Cancer Care MVP	1,491	1,421	54	25	9	20
Advancing Care for Heart Disease MVP	340	340	18	13	2	3
Advancing Rheumatology Patient Care MVP	65	65	29	9	0	20
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP	4	4	1	1	0	0
Focusing on Women's Health MVP	278	278	25	5	2	18
Improving Care for Lower Extremity Joint Repair MVP	3,363	3,290	56	47	2	7
Optimal Care for Kidney Health MVP	86	86	17	5	0	12
Optimal Care for Patients with Episodic Neurological Conditions MVP	1	1	1	0	0	1
Patient Safety and Support of Positive Experiences with Anesthesia MVP	1,793	1,784	40	25	0	15
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP	103	103	4	2	0	2
Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP	451	451	20	7	0	13
Quality Care in Mental Health and Substance Use Disorders MVP	45	44	10	6	0	4
Rehabilitative Support for Musculoskeletal Care MVP	149	149	19	16	0	3
Supportive Care for Neurodegenerative Conditions MVP	758	716	25	20	0	5
Value in Primary Care MVP	2,024	2,020	56	24	1	31

4.2. Scores for MVPs

In many cases, MVP participants received the default score of 75, rather than a score based on their actual performance on the measures in the MVP. This is because they were exempt from submitting one or more of the required measures.

Table 4.2a Median Scores in Each MVP									
MVP_ID	Entity Type	Number of Unique Entities	Median Overall Score			Median Component Scores			
			Final Score	% With Default Score	Calculated Score	Quality	Cost	IA	PI
Advancing Rheumatology Patient Care MVP									
G0053	Group	9	92.1	22%	92.1	94.6	77.9	100.0	100.0
G0053	Individual	20	99.9	0%	99.9	99.8	58.7	100.0	100.0
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP									
G0054	Group	1	100.0	0%	100.0	100.0		100.0	
Advancing Care for Heart Disease MVP									
G0055	Group	13	87.0	31%	87.0	82.5	70.7	100.0	100.0
G0055	Individual	3	75.0	67%	0.0	90.0	60.0	100.0	
G0055	Subgroup	2	82.7	0%	82.7	61.7	72.0	100.0	100.0
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP									
G0057	Group	11	89.4	36%	89.4	82.5	85.8	100.0	
G0057	Individual	248	75.0	86%	0.0	40.0	73.6	100.0	
Improving Care for Lower Extremity Joint Repair MVP									
G0058	Group	47	91.8	17%	91.8	90.7	87.0	100.0	99.0
G0058	Individual	7	75.0	71%	0.0	90.0		100.0	
G0058	Subgroup	2	81.0	0%	81.0	58.0	79.1	100.0	99.5
Medians are only for component scores with non-zero weights									

Table 4.2b Median Scores in Each MVP									
MVP_ID	Entity Type	Number of Unique Entities	Median Overall Score			Median Component Scores			
			Final Score	% With Default Score	Calculated Score	Quality	Cost	IA	PI
Patient Safety and Support of Positive Experiences with Anesthesia MVP									
G0059	Group	25	78.8	0%	78.8	70.0		100.0	
G0059	Individual	15	81.4	0%	81.4	76.9		100.0	
Advancing Cancer Care MVP									
M0001	Group	25	100.0	16%	100.0	92.7	71.9	100.0	100.0
M0001	Individual	20	98.5	0%	98.5	88.0	100.0	100.0	100.0
M0001	Subgroup	9	83.0	22%	83.0	70.4	74.4	100.0	100.0
Optimal Care for Kidney Health MVP									
M0002	Group	5	83.8	20%	83.8	61.2	75.1	100.0	100.0
M0002	Individual	12	95.8	8%	95.8	88.4	78.6	100.0	100.0
Optimal Care for Patients with Episodic Neurological Conditions MVP									
M0003	Individual	1	97.5	0%	97.5	90.0		100.0	
Supportive Care for Neurodegenerative Conditions MVP									
M0004	Group	20	94.9	0%	94.9	83.2	45.6	100.0	99.0
M0004	Individual	5	96.2	0%	96.2	92.2		100.0	
Value in Primary Care MVP									
M0005	Group	24	84.2	17%	84.3	79.9	72.4	100.0	99.0
M0005	Individual	31	75.0	48%	34.3	70.6	74.5	100.0	99.0
M0005	Subgroup	1	89.2	0%	89.3	87.8	76.3	100.0	100.0
Medians are only for component scores with non-zero weights									

Table 4.2c Median Scores in Each MVP									
MVP_ID	Entity Type	Number of Unique Entities	Median Overall Score			Median Component Scores			
			Final Score	% With Default Score	Calculated Score	Quality	Cost	IA	PI
Focusing on Women’s Health MVP									
M1366	Group	5	88.7	0%	88.7	90.0	70.1	100.0	100.0
M1366	Individual	18	90.8	6%	90.8	90.7	74.3	100.0	100.0
M1366	Subgroup	2	83.9	0%	83.9	85.4	74.7	100.0	83.5
Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP									
M1367	Group	7	94.5	14%	94.5	95.0		100.0	95.5
M1367	Individual	13	80.0	31%	80.0	76.0		100.0	95.5
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP									
M1368	Group	2	76.8	50%	39.3	49.1		100.0	99.0
M1368	Individual	2	92.1	0%	92.1	74.3	79.5	100.0	
Quality Care in Mental Health and Substance Use Disorders MVP									
M1369	Group	6	76.1	33%	75.0	60.0	70.5	100.0	80.0
M1369	Individual	4	50.3	0%	50.3	21.0	85.0	50.0	
Rehabilitative Support for Musculoskeletal Care MVP									
M1370	Group	16	75.0	62%	5.0	52.5	72.4	100.0	
M1370	Individual	3	75.0	33%	55.6	100.0	52.8	50.0	
Medians are only for component scores with non-zero weights									

4.3. Exemptions and Non-Reporting for MVPs

Many MVP participants received the default score because they received an Extreme and Uncontrollable Circumstances exemption. In addition, a large number were not required to report PI measures because of the special status exemptions.

Table 4.3a Reporting and Exemptions by MVP Participants								
MVP_ID	Entity Type	Number of Unique Entities	Percent Non-Reporting	Percent with Extreme and Uncontrollable Circumstances Reweighting	Percent with EUC Reweighting for PI	Percent with Hardship Reweighting for PI	Percent with Special Status Reweighting for PI	Percent Using Facility Score
Advancing Rheumatology Patient Care MVP								
G0053	Group	45	7%	22%	22%	0%	100%	0%
G0053	Individual	20	0%	5%	0%	0%	100%	0%
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP								
G0054	Group	4	0%	100%	0%	0%	100%	0%
Advancing Care for Heart Disease MVP								
G0055	Group	317	19%	45%	45%	0%	22%	0%
G0055	Individual	3	33%	67%	33%	0%	100%	0%
G0055	Subgroup	20	0%	0%	0%	0%	0%	0%
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP								
G0057	Group	238	26%	80%	16%	12%	100%	0%
G0057	Individual	248	86%	86%	11%	0%	100%	0%
Improving Care for Lower Extremity Joint Repair MVP								
G0058	Group	3,345	3%	30%	12%	33%	39%	0%
G0058	Individual	7	29%	86%	71%	0%	86%	0%
G0058	Subgroup	11	0%	0%	0%	0%	0%	0%

Table 4.3b Reporting and Exemptions by MVP Participants								
MVP_ID	Entity Type	Number of Unique Entities	Percent Non-Reporting	Percent with Extreme and Uncontrollable Circumstances Reweighting	Percent with EUC Reweighting for PI	Percent with Hardship Reweighting for PI	Percent with Special Status Reweighting for PI	Percent Using Facility Score
Patient Safety and Support of Positive Experiences with Anesthesia MVP								
G0059	Group	1,778	0%	0%	0%	0%	100%	0%
G0059	Individual	15	0%	7%	0%	0%	100%	0%
Advancing Cancer Care MVP								
M0001	Group	1,194	20%	23%	20%	0%	73%	0%
M0001	Individual	20	0%	35%	0%	0%	65%	0%
M0001	Subgroup	277	10%	0%	0%	0%	1%	0%
Optimal Care for Kidney Health MVP								
M0002	Group	74	0%	81%	81%	0%	20%	0%
M0002	Individual	12	0%	58%	8%	0%	92%	0%
Optimal Care for Patients with Episodic Neurological Conditions MVP								
M0003	Individual	1	0%	0%	0%	0%	100%	0%
Supportive Care for Neurodegenerative Conditions MVP								
M0004	Group	753	0%	2%	2%	95%	98%	0%
M0004	Individual	5	0%	0%	0%	20%	100%	0%
Value in Primary Care MVP								
M0005	Group	1,950	0%	2%	2%	0%	37%	0%
M0005	Individual	31	35%	55%	10%	6%	87%	0%
M0005	Subgroup	43	0%	0%	0%	0%	0%	0%

Table 4.3c
Reporting and Exemptions by MVP Participants

MVP_ID	Entity Type	Number of Unique Entities	Percent Non-Reporting	Percent with Extreme and Uncontrollable Circumstances Reweighting	Percent with EUC Reweighting for PI	Percent with Hardship Reweighting for PI	Percent with Special Status Reweighting for PI	Percent Using Facility Score
Focusing on Women's Health MVP								
M1366	Group	42	0%	0%	0%	0%	55%	0%
M1366	Individual	18	0%	6%	6%	0%	56%	0%
M1366	Subgroup	218	0%	0%	0%	0%	0%	0%
Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP								
M1367	Group	438	0%	1%	0%	0%	7%	0%
M1367	Individual	13	0%	46%	31%	0%	85%	0%
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP								
M1368	Group	101	1%	100%	1%	0%	1%	0%
M1368	Individual	2	0%	0%	0%	0%	100%	0%
Quality Care in Mental Health and Substance Use Disorders MVP								
M1369	Group	41	0%	12%	12%	0%	27%	0%
M1369	Individual	4	50%	0%	0%	0%	100%	0%
Rehabilitative Support for Musculoskeletal Care MVP								
M1370	Group	146	5%	84%	21%	0%	95%	0%
M1370	Individual	3	33%	33%	0%	0%	100%	0%

4.4. Component Weights for MVPs

For many of participants who did receive a score other than 75, it was often based solely on quality measures and improvement activities, not on cost or promoting interoperability.

Table 4.4a Use of Component Scores to Determine Final Score							
MVP_ID	Entity Type	Number of Unique Entities	No Scores Used	Quality Score Not Used	Cost Score Not Used	IA Score Not Used	PI Score Not Used
Advancing Rheumatology Patient Care MVP							
G0053	Group	9	22%	22%	56%	22%	89%
G0053	Individual	20	0%	0%	80%	0%	50%
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP							
G0054	Group	1	0%	0%	100%	0%	100%
Advancing Care for Heart Disease MVP							
G0055	Group	13	31%	31%	38%	31%	77%
G0055	Individual	3	67%	67%	67%	67%	100%
G0055	Subgroup	2	0%	0%	0%	0%	0%
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP							
G0057	Group	11	36%	36%	82%	36%	100%
G0057	Individual	248	86%	86%	86%	86%	100%
Improving Care for Lower Extremity Joint Repair MVP							
G0058	Group	47	17%	30%	57%	17%	45%
G0058	Individual	7	71%	71%	100%	71%	100%
G0058	Subgroup	2	0%	0%	0%	0%	0%

Table 4.4b
Use of Component Scores to Determine Final Score

MVP_ID	Entity Type	Number of Unique Entities	No Scores Used	Quality Score Not Used	Cost Score Not Used	IA Score Not Used	PI Score Not Used
Patient Safety and Support of Positive Experiences with Anesthesia MVP							
G0059	Group	25	0%	0%	100%	0%	100%
G0059	Individual	15	0%	0%	100%	0%	100%
Advancing Cancer Care MVP							
M0001	Group	25	16%	28%	72%	16%	64%
M0001	Individual	20	0%	0%	95%	0%	50%
M0001	Subgroup	9	22%	22%	56%	22%	22%
Optimal Care for Kidney Health MVP							
M0002	Group	5	20%	20%	60%	20%	80%
M0002	Individual	12	8%	8%	58%	8%	42%
Optimal Care for Patients with Episodic Neurological Conditions MVP							
M0003	Individual	1	0%	0%	100%	0%	100%
Supportive Care for Neurodegenerative Conditions MVP							
M0004	Group	20	0%	0%	85%	0%	95%
M0004	Individual	5	0%	0%	100%	0%	100%
Value in Primary Care MVP							
M0005	Group	24	17%	17%	33%	17%	71%
M0005	Individual	31	48%	55%	71%	48%	97%
M0005	Subgroup	1	0%	0%	0%	0%	0%

Table 4.4c
Use of Component Scores to Determine Final Score

MVP_ID	Entity Type	Number of Unique Entities	No Scores Used	Quality Score Not Used	Cost Score Not Used	IA Score Not Used	PI Score Not Used
Focusing on Women's Health MVP							
M1366	Group	5	0%	0%	20%	0%	80%
M1366	Individual	18	6%	6%	67%	6%	22%
M1366	Subgroup	2	0%	0%	0%	0%	0%
Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP							
M1367	Group	7	14%	14%	100%	14%	71%
M1367	Individual	13	31%	31%	100%	31%	38%
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP							
M1368	Group	2	50%	50%	100%	50%	50%
M1368	Individual	2	0%	0%	0%	0%	100%
Quality Care in Mental Health and Substance Use Disorders MVP							
M1369	Group	6	33%	33%	33%	33%	83%
M1369	Individual	4	0%	0%	50%	0%	100%
Rehabilitative Support for Musculoskeletal Care MVP							
M1370	Group	16	62%	62%	81%	62%	100%
M1370	Individual	3	33%	33%	33%	33%	100%

4.5. Quality Scores in MVPs vs MIPS

The following tables compare the scores on the quality measures used in the MVPs to the scores on the same measures that were received by participants in the Traditional MIPS program. In some cases, the MVP participants had higher median scores on the measure, and in other cases, participants in the Traditional MIPS program had higher scores. It is important to note, however, that because of the relatively low overall participation in MVPs, many of the median MVP scores are based on the performance of fewer than 10 distinct entities, whereas many of the median MIPS scores are based on the performance of hundreds or thousands of separate clinicians or groups.

Appendix 1 compares the scores on the quality measures in MVPs to the MIPS scores on the same measure by clinicians of the same specialty.

Table 4.5a
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Rheumatology MVP Measures						
ACR14	Gout: Serum Urate Target	9.9	9.1	0.8	24	58
130	Documentation of Medications	7.0	7.0	0.0	20	12,243
ACR15	Safe Hydroxychloroquine Dosing	9.5	9.2	0.3	20	36
ACR12	Disease Activity Measurement for Patients with PsA	9.5	9.7	-0.2	19	39
176	TB Screening Prior to Biologic Rx	7.0	7.0	0.0	11	438
180	RA Glucocorticoid Mgt	6.2	7.0	-0.8	3	59
177	RA Disease Activity Assessment	6.4	7.0	-0.5	2	83
134	Depression Screening	3.0	7.0	-4.0	1	3,517
493	Adult Immunization Status	8.2	6.7	1.5	1	1,335
Emergency Medicine MVP Measures						
065	URI Treatment	10.0	7.8	2.2	40	1,319
116	Bronchitis Avoid Antibiotics	0.0	5.7	-5.7	40	331
254	Pregnancy Location Ultrasound	7.0	7.0	0.0	33	232
331	Adult Sinusitis Approp. Use of Antibiotic	0.0	7.2	-7.2	24	596
415	ED Adult Minor Head Trauma CT	7.0	0.0	7.0	23	221
416	Use of CT for Minor Head Trauma	8.3	5.5	2.8	4	139
479	All-Cause Unplanned Readmission Rate	8.8	6.2	2.6	4	1,818

Table 4.5b
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Stroke Care MVP Measures						
047	Advance Care Plan	7.0	8.0	-1.0	1	7,154
236	High Blood Pressure Control	10.0	7.5	2.5	1	9,487
Episodic Neurologic Conditions MVP Measures						
047	Advance Care Plan	3.0	8.0	-5.0	1	7,154
Neurodegenerative Conditions MVP Measures						
047	Advance Care Plan	10.0	8.0	2.0	21	7,154
282	Dementia Functional Assessment	7.0	7.0	0.0	18	191
290	Parkinson's Disease Psychiatric Assessment	7.0	7.0	0.0	17	48
293	Parkinson's Disease Rehabilitative Options	10.0	10.0	0.0	16	124
286	Dementia Safety Screening	7.0	7.0	0.0	8	237
291	Parkinson's Disease Cognitive Assessment	4.1	7.0	-2.9	6	45
484	Hospital Admits for Multi-Chronic Patients	2.9	6.3	-3.4	6	1,875
281	Dementia Cognitive Assessment	10.0	7.9	2.1	4	377
288	Dementia Caregiver Education/Support	7.0	7.0	0.0	4	162
238	Use of High-Risk Medications	1.9	10.0	-8.1	1	8,728
479	All-Cause Unplanned Readmission Rate	7.6	6.2	1.4	1	1,818
487	Screening for Social Drivers of Health	5.0	5.0	0.0	1	2,373

Table 4.5c Quality Scores in MVPs vs MIPS						
Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Heart Disease MVP Measures						
128	BMI Screening	7.0			9	
007	CAD Beta-Blocker	10.0	8.1	1.9	7	834
047	Advance Care Plan	7.0	8.0	−1.0	7	7,154
008	HF Beta-Blocker	9.8	7.0	2.8	6	595
484	Hospital Admits for Multi-Chronic Patients	4.7	6.3	−1.6	6	1,875
492	CV-related Admission Rate for HF Patients	2.7	5.6	−2.9	5	1,036
441	Ischemic Vascular Disease Outcome	7.8	8.5	−0.7	4	105
479	All-Cause Unplanned Readmission Rate	2.4	6.2	−3.8	3	1,818
005	HF Medications	7.8	7.0	0.8	2	514
006	Anti-Platelet Therapy	8.2	10.0	−1.8	2	795
134	Depression Screening	8.0	7.0	1.0	2	3,517
118	ACE or ARB Tx	10.0	10.0	0.0	1	345
238	Use of High-Risk Medications	10.0	10.0	0.0	1	8,728
243	Cardiac Rehab Referral	10.0	9.6	0.4	1	32
326	A-Fib Anticoagulation Therapy	4.0	10.0	−6.0	1	219
487	Screening for Social Drivers of Health	5.0	5.0	0.0	1	2,373

Table 4.5d Quality Scores in MVPs vs MIPS						
Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Hip-Knee Surgery MVP Measures						
350	Knee Replacement Non-Surgical Tx Trial	10.0	10.0	0.0	34	96
024	Fracture Care Communication	10.0	5.8	4.2	29	213
351	Knee Replacement CV Risk Evaluation	10.0	10.0	0.0	29	75
484	Hospital Admits for Multi-Chronic Patients	8.6	6.3	2.4	18	1,875
480	Hip/Knee Replacement Complications	6.2	6.0	0.2	15	1,035
128	BMI Screening	8.9			13	
487	Screening for Social Drivers of Health	5.0	5.0	0.0	12	2,373
470	Knee Replacement Functional Assessment	8.3	5.6	2.7	11	47
376	Hip Replacement Functional Assessment	9.2	7.1	2.1	9	84
479	All-Cause Unplanned Readmission Rate	9.2	6.2	3.0	7	1,818

Table 4.5e
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Anesthesia MVP Measures						
424	Perioperative Temperature Management	7.0	6.5	0.5	32	140
430	Post-Op Nausea/Vomiting Prevention	7.0	3.8	3.2	30	136
477	Multimodal Pain Management	7.0	6.4	0.6	27	113
404	Anesthesiology Smoking Abstinence	8.1	6.8	1.3	24	148
463	Pediatric Post-Op Vomiting Prevention	7.0	2.6	4.4	20	111
AQI48	Patient-Reported Experience with Anesthesia	9.5	6.9	2.6	14	30
ABG44	Low Flow Inhalational General Anesthesia	6.8	6.3	0.4	8	59

Table 4.5f
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Cancer Care MVP Measures						
047	Advance Care Plan	8.2	8.0	0.2	33	7,154
143	Cancer Pain Quantification	7.0	7.0	0.0	24	304
457	Cancer Hospice Admit for Under 3 Days	7.7	6.7	1.0	22	63
144	Cancer Pain Plan for Care	10.0	10.0	0.0	21	230
453	Cancer Chemo In Last 14 Days of Life	10.0	9.1	0.9	21	76
134	Depression Screening	9.9	7.0	2.9	20	3,517
487	Screening for Social Drivers of Health	5.0	5.0	0.0	18	2,373
450	Breast Cancer Appropriate HER2-Pos Tx	10.0	10.0	0.0	12	68
484	Hospital Admits for Multi-Chronic Patients	4.2	6.3	-2.1	9	1,875
PIMSH2	Utilization of GCSF in metastatic colorectal cancer	9.6	8.6	1.0	7	12
479	All-Cause Unplanned Readmission Rate	5.4	6.2	-0.8	6	1,818

Table 4.5g
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Kidney Health MVP Measures						
001	Diabetes HbA1c Poor Control	8.0	7.4	0.6	15	8,385
236	High Blood Pressure Control	7.6	7.5	0.1	15	9,487
130	Documentation of Medications	4.3	7.0	-2.7	13	12,243
488	Kidney Health Evaluation	0.0	0.0	0.0	11	2,326
487	Screening for Social Drivers of Health	6.0	5.0	1.0	3	2,373
047	Advance Care Plan	7.0	8.0	-1.0	1	7,154
484	Hospital Admits for Multi-Chronic Patients	9.7	6.3	3.4	1	1,875
489	Kidney Disease ACE or ARB Therapy	5.0	10.0	-5.0	1	35
493	Adult Immunization Status	5.0	6.7	-1.7	1	1,335

Table 4.5h
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Primary Care MVP Measures						
001	HbA1c Poor Control	7.8	7.4	0.4	31	8,385
236	Controlling High Blood Pressure	8.6	7.5	1.1	26	9,487
047	Advance Care Plan	3.9	8.0	−4.1	20	7,154
134	Depression Screening	6.3	7.0	−0.6	20	3,517
497	Preventive Care and Wellness	7.0	7.0	0.0	13	3,811
493	Adult Immunizaton Status	5.0	6.7	−1.7	10	1,335
438	Statin Therapy	8.8	8.0	0.8	8	2,728
487	Screening for Social Drivers of Health	5.0	5.0	0.0	8	2,373
475	HIV Screening	9.2	9.1	0.1	5	1,210
479	All-Cause Unplanned Readmission Rate	6.1	6.2	−0.1	4	1,818
305	Alcohol and Drug Dependence Treatment	9.6	9.2	0.4	3	451
484	Hospital Admits for Multi-Chronic Patients	3.2	6.3	−3.1	3	1,875
504	Suicide Safety Plan	7.0	7.0	0.0	2	54

Table 4.5i
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Womens Health MVP Measures						
112	Breast Cancer Screening	9.6			19	
309	Cervical Cancer Screening	10.0	8.6	1.4	18	2,260
226	Tobacco Use Screening	7.2	8.9	-1.6	14	11,774
472	Appropriate Use of DXA Scans	7.0	7.0	0.0	13	2,104
487	Screening for Social Drivers of Health	5.0	5.0	0.0	9	2,373
134	Depression Screening	9.7	7.0	2.7	7	3,517
432	Bladder Injury in Pelvic Organ Prolapse Repair	0.0	3.0	-3.0	5	7
493	Adult Immunization Status	5.0	6.7	-1.7	5	1,335
475	HIV Screening	10.0	9.1	0.9	3	1,210
048	Urinary Incontinence	7.0	7.0	0.0	2	431
310	Chlamydia Screening	5.4	7.0	-1.6	1	257
431	Unhealthy Alcohol Use Screening	10.0	10.0	0.0	1	307
479	All-Cause Unplanned Readmission Rate	7.6	6.2	1.4	1	1,818
484	Hospital Admits for Multi-Chronic Patients	5.3	6.3	-1.0	1	1,875

Table 4.5j
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Ear Nose and Throat Care MVP Measures						
226	Tobacco Use Screening	6.9	8.9	−2.0	15	11,774
128	BMI Screening	7.9			14	
487	Screening for Social Drivers of Health	5.0	5.0	0.0	10	2,373
331	Adult Sinusitis Approp. Use of Antibiotic	6.6	7.2	−0.6	8	596
357	Surgical Site Infection	3.0	10.0	−7.0	6	329
332	Appropriate Antibiotic for Sinusitis	10.0	3.0	7.0	4	242
277	Sleep Apnea Severity Assessment	10.0	6.9	3.1	3	75
355	Unplanned Reoperation	10.0	10.0	0.0	3	280
AAO16	Audiometric Evaluation for Age-Related Hearing Loss	7.0	6.3	0.6	1	12
AAO20	Audiometric Evaluation for Tympanostomy Tubes	8.7	8.6	0.1	1	19
AAO23	Tx for Allergic Rhinitis	10.0	9.3	0.7	1	75

Table 4.5k
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Infectious Disease MVP Measures						
130	Documentation of Medications	7.0	7.0	0.0	3	12,243
338	HIV Viral Suppression	4.6	3.8	0.8	3	51
205	STI Testing for People with HIV	3.0	3.0	0.0	2	10
340	HIV Medical Visit Frequency	6.4	10.0	-3.6	2	24
065	URI Treatment	6.3	7.8	-1.5	1	1,319
484	Hospital Admits for Multi-Chronic Patients	2.2	6.3	-4.1	1	1,875
493	Adult Immunization Status	6.1	6.7	-0.6	1	1,335

Table 4.5I
Quality Scores in MVPs vs MIPS

Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Behavioral Health MVP Measures						
134	Depression Screening	3.9	7.0	−3.1	6	3,517
009	Anti-Depressant Medication Management	3.0	6.2	−3.2	3	114
383	Adherence to Antipsychotics for Schizophrenia	1.8	10.0	−8.2	2	48
487	Screening for Social Drivers of Health	6.8	5.0	1.8	2	2,373
305	Alcohol and Drug Dependence Treatment	3.0	9.2	−6.2	1	451
366	Follow-Up for Children Prescribed ADHD Medication	0.0	9.6	−9.6	1	29
370	Depression Remission at Twelve Months	10.0	8.8	1.2	1	290
382	Suicide Risk Assessment in Children	10.0	9.4	0.6	1	72
484	Hospital Admits for Multi-Chronic Patients	2.2	6.3	−4.1	1	1,875

Table 4.5m Quality Scores in MVPs vs MIPS						
Measure Number	Measure Name	Median Quality Scores			Entities Scored	
		MVP	MIPS	Diff	MVP	MIPS
Musculoskeletal Rehab MVP Measures						
155	Falls: Plan of Care	5.0	7.0	-2.0	8	1,651
128	BMI Screening	7.0			4	
219	Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments	7.0	7.8	-0.8	1	134
478	Functional Status Change for Patients with Neck Impairments	8.1	9.3	-1.2	1	94

4.6. Cost Scores in MVPs vs MIPS

The tables below compare the scores on the cost measures used in the MVPs to the scores on the same measures that were received by participants in the Traditional MIPS program.

Table 4.6a Cost Scores in MVPs vs MIPS					
Measure Name	Median Cost Scores			Entities Scored	
	MVP	MIPS	Diff	MVP	MIPS
Rheumatology MVP Measures					
Total Per Capita Cost	7.5	7.4	0.1	10	18,494
Heart Disease MVP Measures					
Total Per Capita Cost	7.5	7.4	0.1	18	18,494
Heart Failure Cost	7.1	7.3	-0.2	17	4,766
Medicare Spending Per Beneficiary	7.8	7.7	0.1	13	7,814
Elective PCI Cost	7.8	7.6	0.2	11	918
STEMI with PCI Cost	8.1	7.7	0.4	4	138
Emergency Medicine MVP Measures					
Emergency Medicine Cost	7.4	7.6	-0.2	259	1,622
Hip-Knee Surgery MVP Measures					
Knee Arthroplasty	7.8	7.5	0.3	52	1,980
Elective Hip Arthroplasty	7.8	7.5	0.3	49	1,445

Table 4.6b Cost Scores in MVPs vs MIPS					
Measure Name	Median Cost Scores			Entities Scored	
	MVP	MIPS	Diff	MVP	MIPS
Cancer Care MVP Measures					
Total Per Capita Cost	7.1	7.4	-0.3	21	18,494
Kidney Health MVP Measures					
Total Per Capita Cost	7.7	7.4	0.3	15	18,494
Neurodegenerative Conditions MVP Measures					
Medicare Spending Per Beneficiary	5.0	7.7	-2.7	4	7,814
Primary Care MVP Measures					
Total Per Capita Cost	6.9	7.4	-0.5	43	18,494
Diabetes Cost	7.4	7.3	0.1	31	9,836
Asthma-COPD Cost	7.3	7.4	-0.1	16	5,357
Depression Cost	7.5	7.4	0.1	16	3,715
Heart Failure Cost	6.8	7.3	-0.5	13	4,766

Table 4.6c Cost Scores in MVPs vs MIPS					
Measure Name	Median Cost Scores			Entities Scored	
	MVP	MIPS	Diff	MVP	MIPS
Womens Health MVP Measures					
Total Per Capita Cost	7.4	7.4	0.0	12	18,494
Medicare Spending Per Beneficiary	7.4	7.7	-0.3	5	7,814
Infectious Disease MVP Measures					
Total Per Capita Cost	7.5	7.4	0.1	4	18,494
Behavioral Health MVP Measures					
Depression Cost	7.6	7.4	0.2	8	3,715
Musculoskeletal Rehab MVP Measures					
Low Back Pain Cost	7.2	7.4	-0.2	7	8,175

4.7. Impact of Multiple Cost Scores in MVPs

In two of the MVPs – the Heart Disease MVP and the Primary Care MVP – clinicians could potentially be evaluated by up to five different cost measures. In almost all cases, clinicians received a cost score for the Total Per Capita Cost (TPCC) measure, and then a subset of clinicians received scores under one or more episode cost measures if they had a sufficient number of patients who met the criteria for those measures.

For the small number of entities that participated in the Heart Disease MVP, the majority were scored on 4 or 5 measures, and their overall cost scores were lower than those who were only scored on 2-3 measures.

For those participating in the Primary Care MVP, about one-third were only scored on a single measure (in most cases, TPCC), one-third were scored on 2-3 measures, and the remaining third were scored on 4-5 measures. The overall cost scores were generally higher for those who received scores on multiple episode cost measures in addition to the TPCC measure.

Table 4.7 Impact on Cost Scores for MVPs From Scoring Multiple Cost Measures				
Number of Cost Measures Scored	Entities Scored	Minimum Cost Score	Mean Cost Score	Maximum Cost Score
Heart Disease				
2	6	44.1	66.5	86.0
3	1	70.3	70.3	70.3
4	7	0.0	40.6	77.1
5	4	0.0	58.1	78.2
Primary Care				
1	14	0.0	46.2	89.0
2	12	0.0	58.8	87.3
3	5	30.1	66.4	91.5
4	4	49.8	69.4	81.6
5	10	0.0	61.1	80.2

5. Traditional MIPS

5.1. Participants in Traditional MIPS

Although the majority of clinicians participating in MIPS are MDs and DOs, nearly 40% of Traditional MIPS participants in 2024 were not physicians.

Table 5.1 Types of Clinicians Participating in 2024				
Clinician Type	NPI-TIN Combinations	% Total	Unique NPIs	% Total
Anesthesiologist Assistant	766	0.2%	727	0.2%
Certified Nurse-Midwife	1,194	0.3%	1,170	0.3%
Certified Registered Nurse Anesthetist	12,867	3.3%	11,798	3.3%
Clinical Nurse Specialist	394	0.1%	377	0.1%
Clinical Psychologist	2,825	0.7%	2,751	0.8%
Clinical Social Worker	3,184	0.8%	3,121	0.9%
Doctor of Chiropractic	298	0.1%	297	0.1%
Doctor of Dental Medicine/Doctor of Dental Surgery	373	0.1%	372	0.1%
Doctor of Optometry	7,200	1.8%	6,988	1.9%
Doctor of Osteopathy	165	0.0%	158	0.0%
Nurse Practitioner	54,822	13.9%	51,518	14.4%
Occupational Therapist	1,936	0.5%	1,883	0.5%
Physical Therapist	15,535	3.9%	14,888	4.1%
Physician	251,687	63.8%	224,753	62.6%
Physician Assistant	38,133	9.7%	35,285	9.8%
Qualified Audiologist	1,715	0.4%	1,683	0.5%
Qualified Speech-Language Pathologist	386	0.1%	382	0.1%
Registered Dietician/Nutrition Professional	769	0.2%	754	0.2%
Total	394,249	100.0%	358,883	100.0%
Note: A few NPIs report multiple clinician types.				

5.2. Method of Participation

Clinicians in small practices are the most likely to participate as individuals, whereas the opposite is true of clinicians in large practices. (Only clinicians who participate in Traditional MIPS, rather than through a MIPS APM, are shown.)

Physicians in some specialties are much more likely to participate as individuals than through groups.

Table 5.2 Method of Clinician Participation in MIPS by Size, Type, and Location of Practice			
Type of Practice	Individual	Virtual Group	Group
Solo Practice	93.7%	0.0%	6.3%
Small Practice (2-5)	42.6%	0.0%	57.4%
Small Practice (6-10)	23.0%	0.4%	76.6%
Small Practice (11-15)	18.7%	0.2%	81.1%
Large Practice (16-99)	9.6%	0.0%	90.4%
Large Practice (100+)	2.2%	0.0%	97.8%
Rural Practice	12.8%	0.0%	87.2%
Both Small and Rural	39.6%	0.0%	60.4%
Safety Net and Large Practice	3.6%	0.1%	96.2%
Safety Net and Small Practice	53.3%	0.0%	46.7%
Safety Net and Rural Practice	9.3%	0.0%	90.7%
HPSA Clinician	13.7%	0.0%	86.3%
ASC-Based Clinician	42.3%	0.0%	57.7%
Hospital-Based Clinician	3.8%	0.1%	96.1%
Non-Patient Facing Clinician	4.7%	0.0%	95.3%
Facility-Based Clinician	7.8%	0.2%	92.1%
All Clinicians	10.8%	0.0%	89.1%

Table 5.3a
Method of Participation in MIPS by Specialty

Specialty	Number of NPI-TINs	Individual	Group
Podiatry	7,295	50.9%	49.1%
General Practice	584	41.8%	58.2%
Interventional Pain Management	746	38.5%	61.5%
Chiropractic	298	30.9%	69.1%
Dermatology	8,729	29.7%	70.3%
Pain Management	1,300	29.0%	71.0%
Otolaryngology	4,272	27.0%	73.0%
Physical Medicine and Rehabilitation	3,347	26.6%	73.0%
Nephrology	3,092	26.6%	73.4%
Hand Surgery	751	25.2%	74.8%
Interventional Cardiology	2,795	24.6%	75.4%
Micrographic Dermatologic Surgery	297	22.6%	77.4%
Cardiology	7,516	22.2%	77.8%
Orthopedic Surgery	9,868	21.3%	78.7%
Allergy/Immunology	1,049	21.2%	78.8%
Clinical Cardiac Electrophysiology	1,058	21.1%	78.9%
Ophthalmology	12,239	21.0%	79.0%
Optometry	7,200	19.9%	80.1%
Pulmonary Disease	4,265	18.5%	81.5%
Urology	4,758	18.2%	81.8%
Vascular Surgery	1,810	18.1%	81.9%
Rheumatology	2,313	17.8%	82.2%
Neurology	6,714	17.8%	82.2%
Endocrinology	2,446	17.7%	82.3%
Internal Medicine	23,789	16.7%	83.3%

Table 5.3b
Method of Participation in MIPS by Specialty

Specialty	Number of NPI-TINs	Individual	Group
Infectious Disease	2,582	16.5%	83.5%
Neurosurgery	2,103	16.1%	83.9%
Sleep Medicine	301	15.0%	85.0%
Family Practice	15,458	13.5%	86.4%
Geriatric Medicine	544	13.2%	86.8%
Gastroenterology	6,464	13.2%	86.8%
Sports Medicine	712	12.4%	87.6%
Osteopathic Manipulative Medicine	165	12.1%	87.3%
Peripheral Vascular Disease	25	12.0%	88.0%
Plastic and Reconstructive Surgery	1,265	11.5%	88.5%
Colorectal Surgery	695	11.2%	88.8%
Radiation Oncology	2,426	10.9%	89.1%
Undefined Physician type[6]	123	10.6%	89.4%
Undersea and Hyperbaric Medicine	40	10.0%	90.0%
Cardiac Surgery	377	9.5%	90.5%
Hematology-Oncology	4,431	9.5%	90.5%
Physical Therapist in Private Practice	15,535	9.0%	90.9%
Diagnostic Radiology	23,084	9.0%	91.0%
General Surgery	7,144	8.2%	91.8%
Geriatric Psychiatry	54	7.4%	92.6%
Psychiatry	5,605	7.4%	92.6%
Interventional Radiology	1,632	7.1%	92.9%
Preventive Medicine	76	6.6%	93.4%
Critical Care (Intensivists)	1,983	5.7%	94.3%
Oral Surgery (Dentists Only)	144	5.6%	94.4%

Table 5.3c
Method of Participation in MIPS by Specialty

Specialty	Number of NPI-TINs	Individual	Group
Thoracic Surgery	868	5.5%	94.5%
Clinical Psychologist	2,825	5.3%	94.7%
Pathology	6,416	5.3%	94.7%
Hematology	396	5.1%	94.9%
Gynecological/Oncology	473	4.9%	95.1%
Certified Clinical Nurse Specialist	394	4.8%	95.2%
Adult Congenital Heart Disease	21	4.8%	95.2%
Medical Oncology	2,141	4.5%	95.5%
Anesthesiology	12,022	4.3%	95.7%
Neuropsychiatry	71	4.2%	95.8%
Nuclear Medicine	336	4.2%	95.8%
Maxillofacial Surgery	100	4.0%	96.0%
Advanced Heart Failure and Transplant Cardiology	327	4.0%	96.0%
Hospitalist	6,449	4.0%	96.0%
Surgical Oncology	596	3.9%	96.1%
Nurse Practitioner	54,822	3.8%	96.1%
Emergency Medicine	21,981	3.1%	96.7%
Physician Assistant	38,133	2.9%	97.1%
Obstetrics/Gynecology	8,009	2.6%	97.4%
Addiction Medicine	88	2.3%	97.7%
Dentist	58	1.7%	98.3%
Hospice and Palliative Care	616	1.5%	98.5%
Occupational Therapist in Private Practice	1,936	1.3%	98.7%
Certified Registered Nurse Anesthetist (CRNA)	12,867	0.7%	99.3%
Pediatric Medicine	2,594	0.6%	99.4%

Table 5.3d
Method of Participation in MIPS by Specialty

Specialty	Number of NPI-TINs	Individual	Group
Audiologist	1,715	0.5%	99.5%
Licensed Clinical Social Worker	3,184	0.3%	99.7%
Speech Language Pathologists	386	0.3%	99.7%
Registered Dietician or Nutrition Professional	769	0.1%	99.9%
Anesthesiologist Assistant	766	0.0%	100.0%
Certified Nurse Midwife	1,194	0.0%	100.0%
Hematopoietic Cell Transplantation and Cellular Therapy	93	0.0%	100.0%
Medical Genetics and Genomics	93	0.0%	100.0%
Medical Toxicology	11	0.0%	100.0%

5.3. Quality Measures Used in MIPS

Under the MIPS program, clinicians have the flexibility to choose which quality measures they report. In addition, CMS calculates 4 quality measures using claims data (the rate of hospital admissions for patients with multiple chronic conditions, the hospital readmission rate, complications for hip/knee replacements, and cardiovascular-related hospital admissions for heart failure patients) for some groups and individual clinicians. The highest-scoring 6 measures reported by clinicians are combined with the measures calculated by CMS to determine each clinician's quality score. Most clinicians participate in MIPS as part of a group, and all of the members of the group are scored on the same set of measures, even if the measures don't apply to their patients.

Most Frequently Used Measures

In 2024, MIPS quality scores for clinicians were based on a total of 355 different quality measures. The most frequently used measures were the claims-based measures of hospital admissions and readmissions calculated by CMS; half of all clinicians were scored on these measures. Most clinicians received a score on those measures that was below 7, so those measures would tend to push the overall quality score below the performance threshold. The measure most commonly reported by clinicians was the diabetes blood sugar control measure, and most clinicians had scores of 8.1 or higher on this measure.

Table 5.4
Quality Measures Most Frequently Used for MIPS Scores in 2024

Measure Number	Measure Name	Number of NPI-TINs Measured	% of Total NPI-TINs	Mean Score	10th Percentile	Median Score	90th Percentile
479	All-Cause Unplanned Readmission Rate	211,859	54%	6.1	2.4	6.1	9.9
484	Hospital Admits for Multi-Chronic Patients	205,104	52%	5.3	2.0	5.0	9.3
001	Diabetes HbA1c Poor Control	162,595	41%	7.7	5.4	8.1	9.7
492	CV-related Admission Rate for HF Patients	148,852	38%	5.3	1.6	5.0	10.0
309	Cervical Cancer Screening	119,444	30%	8.7	6.8	9.0	10.0
480	Hip/Knee Replacement Complications	117,689	30%	5.9	2.2	6.2	9.7
475	HIV Screening	108,887	28%	9.2	8.0	9.7	10.0
317	High Blood Pressure Screening	107,602	27%	8.4	6.5	8.7	10.0
066	Pharyngitis Appropriate Testing	88,606	22%	8.7	6.9	9.3	10.0
488	Kidney Health Evaluation	83,617	21%	0.1	0.0	0.0	0.0
226	Tobacco Use Screening	73,838	19%	7.8	5.0	8.1	10.0
236	High Blood Pressure Control	70,844	18%	7.2	4.0	7.5	9.6
318	Fall Risk Screening	66,465	17%	7.8	5.4	7.9	10.0
305	Alcohol/Drug Dependence Treatment	62,567	16%	9.2	7.3	9.5	10.0
130	Documentation of Medications	51,084	13%	5.7	2.8	7.0	7.0
370	Depression Remission at Twelve Months	49,096	12%	8.7	7.0	8.9	10.0
239	Pediatric Weight Assessment & Counseling	40,874	10%	8.6	7.0	8.7	10.0
134	Depression Screening	39,601	10%	7.4	5.0	7.6	9.2
065	URI Appropriate Tx	35,893	9%	7.3	5.2	7.2	10.0
240	Childhood Immunization Status	35,836	9%	8.5	7.0	8.4	10.0

Lowest Scoring Measures

It has often been asserted that clinicians “cherry pick” measures on which they will score well. However, many of the measures chosen by clinicians, including ones chosen by small numbers of clinicians, are ones where the majority of clinicians received scores below the performance threshold.

Table 5.5 Lowest-Scoring Quality Measures in 2024						
Measure Number	Measure Name	Number of NPI-TINs Measured	Mean Score	10th Percentile	Median Score	90th Percentile
389	Cataract Surgery Refractive Accuracy	1,452	0.0	0.0	0.0	0.0
AQI18	Coronary Artery Bypass Graft (CABG): Prolonged Intubation -Inverse Measure	182	0.0	0.0	0.0	0.0
488	Kidney Health Evaluation	83,617	0.1	0.0	0.0	0.0
AQI49	Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) -Composite	183	0.2	0.0	0.0	0.0
433	Pelvic Organ Prolapse Repair Bowel Injury	17	0.4	0.0	0.0	1.2
459	Lumbar Discectomy Back Pain	49	0.5	0.0	0.0	3.0
MBHR2	Anxiety Response at 6-months	21	0.6	0.0	0.0	3.0
AQI71	Ambulatory Glucose Management	51	0.8	0.0	0.0	3.0
205	HIV/AIDS STD Screening	47	1.0	0.0	0.0	3.0
432	Pelvic Organ Prolapse Repair Bladder Injury	38	1.1	0.0	0.0	3.0
102	Prostate Cancer Avoid Bone Scan	90	2.4	0.0	3.0	3.0
260	Carotid Endarterectomy w/o Complication	11	2.5	0.0	3.0	3.0
104	Prostate Cancer Hormone Tx	48	3.0	3.0	3.0	3.0
259	Aortic Aneurysm Endo Repair w/o Comp.	11	3.0	3.0	3.0	3.0
261	Dizziness Referral for Otologic Eval.	25	3.0	3.0	3.0	3.0

Highest Scoring Measures

At the other extreme, there are a number of measures where most physicians have high scores. Some measures with high scores are later classified as “topped out” measures, because they do not show significant differences in performance among clinicians. However, these types of measures perform an important function of enabling patients to know that their physician does provide high-quality care for the specific type of services they need, and that the cost measures used in MIPS are not encouraging undertreatment. After a measure has been classified as “topped out” for two consecutive years, the score a clinician can receive for the measure is capped at 7 points.

Table 5.6
Highest-Scoring Quality Measures in 2024

Measure Number	Measure Name	Number of NPI-TINs Measured	Mean Score	10th Percentile	Median Score
QMM16	IVC Filter Management Confirmation	1,563	10.0	10.0	10.0
351	Knee Replacement CV Risk Evaluation	1,156	10.0	10.0	10.0
AAD18	No Opioids after Skin Cancer Resection	228	10.0	10.0	10.0
AAD17	Anticoagulation Tx After Skin Cancer Pr.	124	10.0	10.0	10.0
USWR32	Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLUs) appropriate to arterial supply	46	10.0	10.0	10.0
ACRAD37	Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism	6,191	9.9	10.0	10.0
IRIS13	Diabetic Macular Edema - Loss of Visual Acuity	2,123	9.9	10.0	10.0
322	Cardiac Stress Testing Preoperative	1,550	9.9	10.0	10.0
443	Non-Rec. Adolescent Cervical Cancer Screen	1,366	9.9	10.0	10.0
439	Screening Colonoscopy	6,300	9.8	10.0	10.0
450	Breast Cancer Appropriate HER2-Pos Tx	5,897	9.8	9.7	10.0
ACRAD41	Use of Quantitative Criteria for Oncologic FDG PET Imaging	3,617	9.8	10.0	10.0
MSN13	Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring	2,944	9.8	10.0	10.0
350	Knee Replacement Non-Surgical Tx Trial	1,616	9.8	10.0	10.0
ACEP30	Sepsis Management: Septic Shock: Lactate Clearance Rate of $\geq 10\%$	64	9.8	9.4	10.0

Most Frequently Used Measures in Each Specialty

The measures most frequently used to calculate quality scores for most specialties are the claims-based measures calculated by CMS. The measures of hospital admission and readmission rates are only calculated for groups, not for individuals, but since most specialists participate in MIPS through their group, most of them are affected by those measures. Although the hip/knee replacement complications measure is only calculated for orthopedic surgeons, if the surgeons participate through a physician group, the score for the measure will be assigned to the entire group, and that will affect the quality score for physicians of any specialty who are part of the group.

As shown in Table 5.7, the median scores on the claims-based measures for most specialists are below the performance threshold. However, since many specialists participate through large multi-specialty groups, the scores may have little relevance to the care those specialists provide. Table 5.8 shows the scores on the claims-based measures for specialists who participated in MIPS as part of small groups; these scores are more likely to be based on the patients treated by those specialties.

Aside from the claims-based measures calculated by CMS, the measures used to calculate quality scores are those reported by clinicians. If a multi-specialty practice chooses to participate in MIPS as a group, it will have to choose one set of measures that will determine the quality score for all physicians in the group who choose group scoring. However, that means the measures may also have little or nothing to do with the services delivered by some of the specialists in the group.

As shown in Table 5.9, because so many specialists report through groups, the measures most frequently used to determine MIPS scores for specialists are very similar and tend to be primary care measures. The most frequently used measure for most specialists is the diabetes control measure, and for many specialties, the second most frequently used measure is a screening measure for cancer or falls.

Table 5.10 shows the measures reported by specialists who participated in MIPS as individuals. These specialists have the flexibility to use specialty-specific measures. However, because there were not good specialty-specific measures for many specialties in 2024, many specialists were forced to use more generic measures of quality. The most frequently reported measures for most specialties continue to be general measures such as documentation of medications and screening measures.

Table 5.7a
Claims-Based Quality Measures Used for Each Specialty

Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Physician	Addiction Medicine	76.0	81%	5.9	80%	6.3	39%	6.9	67%	5.7
Physician	Adult Congenital Heart Disease	75.5	86%	5.7	90%	6.8	76%	8.0	86%	4.2
Physician	Advanced Heart Failure and Transplant Cardiology	73.0	90%	3.9	92%	6.8	61%	6.7	91%	3.5
Physician	Allergy/Immunology	73.4	53%	6.7	37%	6.3	27%	6.9	32%	5.7
Physician	Anesthesiology	77.5	55%	5.0	56%	6.0	40%	6.9	49%	5.6
Physician	Cardiac Surgery	70.0	75%	4.6	81%	5.9	47%	6.0	68%	3.9
Physician	Cardiology	72.5	62%	4.9	61%	6.3	32%	6.5	68%	5.0
Physician	Clinical Cardiac Electrophysiology	71.6	66%	5.0	65%	6.4	34%	6.2	71%	4.6
Physician	Colorectal Surgery	70.2	70%	4.8	74%	5.5	39%	5.5	53%	4.8
Physician	Critical Care (Intensivists)	73.0	76%	4.5	81%	6.4	46%	6.5	63%	3.8
Physician	Dermatology	69.5	37%	10.0	24%	7.3	11%	6.9	13%	5.6
Physician	Diagnostic Radiology	75.8	27%	5.0	30%	5.4	18%	5.9	23%	5.3
Physician	Emergency Medicine	81.5	34%	5.1	70%	8.3	20%	6.2	25%	5.4
Physician	Endocrinology	73.3	70%	5.1	69%	5.9	43%	6.5	62%	5.3
Physician	Family Practice	73.4	68%	5.1	67%	5.9	32%	5.6	44%	5.1
Physician	Gastroenterology	66.5	69%	6.1	64%	6.1	29%	6.7	39%	5.3
Physician	General Practice	56.1	36%	4.5	34%	5.8	15%	4.6	21%	4.3
Physician	General Surgery	71.6	73%	5.0	76%	5.6	43%	5.5	56%	4.8
Physician	Geriatric Medicine	73.7	80%	4.6	80%	6.5	49%	6.9	66%	5.3
Physician	Geriatric Psychiatry	73.7	61%	4.9	56%	6.2	39%	4.3	44%	3.0
Physician	Gynecological/Oncology	73.6	82%	4.0	79%	5.0	45%	4.8	59%	4.9
Physician	Hand Surgery	65.7	59%	8.0	60%	6.0	61%	6.6	23%	4.7
Physician	Hematology	74.2	88%	4.4	85%	5.0	49%	6.9	67%	6.7
Physician	Hematology-Oncology	71.0	78%	4.0	71%	4.9	35%	5.8	48%	5.7
Physician	Hematopoietic Cell Transplantation and Cellular Therapy	70.8	95%	2.7	92%	2.7	77%	4.7	78%	5.3
Physician	Hospice and Palliative Care	73.7	92%	4.4	91%	5.8	53%	6.2	72%	5.2
Physician	Hospitalist	75.7	81%	4.4	92%	6.0	43%	6.5	63%	5.3
Physician	Infectious Disease	73.5	68%	4.4	69%	5.6	43%	6.9	60%	5.0
Physician	Internal Medicine	72.5	65%	4.4	72%	5.6	31%	6.2	46%	4.9
Physician	Interventional Cardiology	70.5	60%	5.1	58%	6.2	25%	5.1	66%	4.6

Table 5.7b Claims-Based Quality Measures Used for Each Specialty										
Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Physician	Interventional Pain Management	59.8	29%	5.7	23%	5.7	12%	6.6	9%	4.7
Physician	Interventional Radiology	78.8	32%	5.0	36%	5.2	20%	5.2	27%	5.3
Physician	Medical Genetics and Genomics	73.9	96%	3.8	90%	5.8	72%	4.3	86%	5.0
Physician	Medical Oncology	70.8	86%	2.7	82%	3.6	40%	6.9	46%	5.7
Physician	Medical Toxicology	77.5	91%	6.8	100%	5.9	82%	6.9	82%	6.7
Physician	Micrographic Dermatologic Surgery	65.5	33%	10.0	16%	6.8	10%	6.9	10%	5.3
Physician	Nephrology	70.5	54%	6.1	52%	6.0	30%	6.5	38%	5.1
Physician	Neurology	72.9	69%	5.0	67%	6.0	46%	6.7	56%	5.3
Physician	Neurosurgery	70.2	70%	5.3	71%	5.6	45%	6.2	54%	5.0
Physician	Nuclear Medicine	75.0	51%	5.0	54%	5.6	36%	6.4	48%	5.3
Physician	Obstetrics/Gynecology	75.5	77%	5.2	69%	5.9	45%	6.0	58%	4.7
Physician	Ophthalmology	88.2	15%	5.0	14%	5.6	10%	6.7	13%	5.3
Physician	Orthopedic Surgery	65.3	60%	7.0	60%	6.6	63%	6.2	29%	4.6
Physician	Otolaryngology	69.0	48%	5.7	40%	6.0	29%	6.4	34%	5.3
Physician	Pain Management	66.9	44%	6.2	36%	6.3	23%	6.9	22%	5.3
Physician	Pathology	75.0	46%	4.6	46%	5.6	31%	5.3	37%	5.3
Physician	Pediatric Medicine	73.0	89%	4.0	89%	5.7	68%	5.2	79%	4.8
Physician	Peripheral Vascular Disease	74.0	48%	5.4	36%	5.6	20%	3.8	44%	6.3
Physician	Physical Medicine and Rehabilitation	68.5	50%	5.6	49%	6.0	38%	6.5	36%	4.6
Physician	Plastic and Reconstructive Surgery	71.6	71%	5.1	67%	5.8	44%	6.5	52%	5.3
Physician	Podiatry	38.3	18%	5.9	15%	5.8	9%	6.5	9%	4.9
Physician	Preventive Medicine	72.1	82%	6.8	76%	7.3	54%	7.7	63%	4.8
Physician	Psychiatry	73.5	75%	4.8	70%	5.6	45%	6.3	58%	4.8
Physician	Pulmonary Disease	72.0	65%	4.6	66%	6.0	37%	6.5	52%	5.0
Physician	Radiation Oncology	71.6	69%	3.9	61%	5.2	33%	6.1	43%	5.7
Physician	Rheumatology	74.9	52%	5.2	50%	5.9	33%	6.9	41%	5.3
Physician	Sleep Medicine	73.6	71%	5.1	69%	6.8	41%	7.2	59%	5.3
Physician	Sports Medicine	71.6	73%	6.6	72%	6.0	68%	6.0	44%	4.8
Physician	Surgical Oncology	71.5	87%	4.4	87%	4.9	49%	5.3	65%	5.7
Physician	Thoracic Surgery	71.6	82%	4.7	85%	5.6	49%	5.3	73%	5.0

Table 5.7c										
Claims-Based Quality Measures Used for Each Specialty										
Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Physician	Undefined Physician type[6]	74.5	63%	5.7	63%	5.6	38%	3.8	54%	7.4
Physician	Undersea and Hyperbaric Medicine	78.2	62%	5.0	80%	5.6	22%	8.8	50%	3.6
Physician	Urology	64.6	64%	6.4	59%	5.9	26%	5.3	35%	5.3
Physician	Vascular Surgery	70.8	56%	5.2	59%	5.6	31%	5.5	46%	4.7

Table 5.7d
Claims-Based Quality Measures Used for Each Specialty

Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Anesthesiologist Assistant	Anesthesiologist Assistant	85.0	53%	4.1	53%	6.6	33%	5.2	43%	5.2
Certified Nurse-Midwife	Certified Nurse Midwife	75.7	84%	4.7	74%	5.9	41%	5.3	60%	4.8
Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist (CRNA)	76.1	56%	5.0	56%	5.8	33%	6.5	44%	4.8
Clinical Nurse Specialist	Certified Clinical Nurse Specialist	72.5	81%	4.0	80%	5.8	47%	4.1	61%	5.0
Clinical Psychologist	Clinical Psychologist	75.3	75%	5.0	69%	6.6	45%	6.5	58%	4.9
Clinical Social Worker	Licensed Clinical Social Worker	75.3	69%	4.8	55%	6.3	27%	6.3	41%	4.8
Doctor of Chiropractic	Chiropractic	66.8	41%	4.6	38%	5.6	23%	6.5	27%	4.2
Doctor of Dental Medicine/Doctor of Dental Surgery	Dentist	78.2	86%	5.2	79%	6.2	50%	7.2	57%	5.3
Doctor of Dental Medicine/Doctor of Dental Surgery	Maxillofacial Surgery	73.6	90%	5.2	89%	5.4	58%	4.7	73%	4.6
Doctor of Dental Medicine/Doctor of Dental Surgery	Neuropsychiatry	73.6	77%	6.8	76%	4.8	42%	7.1	65%	5.1
Doctor of Dental Medicine/Doctor of Dental Surgery	Oral Surgery (Dentists Only)	73.9	91%	5.7	85%	4.7	59%	4.5	62%	5.6
Doctor of Optometry	Optometry	84.1	13%	4.5	9%	7.0	6%	7.1	8%	5.3
Doctor of Osteopathy	Osteopathic Manipulative Medicine	75.4	63%	5.8	55%	6.5	22%	6.2	28%	5.7
Nurse Practitioner	Nurse Practitioner	73.0	73%	4.9	69%	5.7	32%	6.0	46%	4.8
Occupational Therapist	Occupational Therapist in Private Practice	75.4	53%	8.7	53%	6.6	53%	6.6	16%	4.8
Physical Therapist	Physical Therapist in Private Practice	84.4	26%	8.6	26%	7.1	25%	6.6	9%	4.8
Physician Assistant	Physician Assistant	75.3	67%	5.7	71%	6.6	37%	6.2	40%	5.1
Qualified Audiologist	Audiologist	74.4	70%	6.3	53%	6.6	36%	6.7	42%	5.2
Qualified Speech-Language Pathologist	Speech Language Pathologists	75.7	71%	5.0	65%	7.3	47%	6.7	54%	5.3
Registered Dietician/Nutrition Professional	Registered Dietician or Nutrition Professional	76.1	88%	5.6	88%	7.1	46%	6.9	65%	5.7

Table 5.8a
Claims-Based Quality Measures Used for Each Specialty
Practices With 15 or Fewer Physicians

Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Physician	Addiction Medicine	0.0	0%		0%		0%		0%	
Physician	Advanced Heart Failure and Transplant Cardiology	59.5	100%	1.0	100%	5.3	0%		0%	
Physician	Allergy/Immunology	73.6	0%		0%		0%		0%	
Physician	Anesthesiology	74.9	0%	6.0	0%	5.8	0%	6.7	0%	
Physician	Cardiac Surgery	85.0	12%	5.9	12%	4.2	0%		19%	9.8
Physician	Cardiology	79.8	4%	5.9	2%	4.2	0%		80%	6.4
Physician	Clinical Cardiac Electrophysiology	78.5	7%	4.3	7%	8.2	0%		82%	6.3
Physician	Colorectal Surgery	87.7	0%		1%	7.1	0%		0%	
Physician	Critical Care (Intensivists)	84.2	8%	2.6	1%	10.0	0%		1%	2.8
Physician	Dermatology	85.3	2%	10.0	0%		0%		0%	8.5
Physician	Diagnostic Radiology	85.0	0%	3.6	0%		0%		0%	
Physician	Emergency Medicine	84.2	0%	9.8	0%	6.9	0%		0%	3.9
Physician	Endocrinology	82.6	1%	8.8	0%		0%		0%	7.0
Physician	Family Practice	87.4	4%	5.1	2%	8.0	1%	6.7	1%	6.4
Physician	Gastroenterology	72.7	6%	8.3	2%	7.8	0%		0%	
Physician	General Practice	80.4	1%	10.0	0%		1%	9.1	1%	6.5
Physician	General Surgery	74.2	4%	8.6	2%	7.1	0%	8.6	1%	3.8
Physician	Geriatric Medicine	84.7	8%	7.5	4%	10.0	0%		0%	
Physician	Geriatric Psychiatry	39.5	0%		0%		0%		0%	
Physician	Gynecological/Oncology	87.9	4%	2.9	0%		0%		0%	
Physician	Hand Surgery	59.1	0%		0%		22%	4.6	0%	
Physician	Hematology	71.0	0%		0%		0%		0%	
Physician	Hematology-Oncology	77.5	5%	5.7	0%		0%		0%	
Physician	Hematopoietic Cell Transplantation and Cellular Therapy	50.5	0%		0%		0%		0%	
Physician	Hospice and Palliative Care	84.2	0%		0%		0%		0%	
Physician	Hospitalist	83.4	3%	3.5	13%	2.6	0%		4%	2.4
Physician	Infectious Disease	81.6	0%		0%		0%		0%	
Physician	Internal Medicine	83.3	3%	6.4	4%	7.8	0%	8.1	4%	5.6
Physician	Interventional Cardiology	77.6	4%	6.2	2%	6.4	0%		83%	6.3
Physician	Interventional Pain Management	72.2	1%	9.5	0%		0%		0%	9.0

Table 5.8b
Claims-Based Quality Measures Used for Each Specialty
Practices With 15 or Fewer Physicians

Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Physician	Interventional Radiology	92.9	0%		0%		0%		2%	6.4
Physician	Medical Oncology	84.2	3%	7.6	0%		0%		0%	
Physician	Micrographic Dermatologic Surgery	80.8	1%	9.1	0%		0%		0%	
Physician	Nephrology	81.0	0%	9.5	0%		0%		0%	2.0
Physician	Neurology	63.2	0%		0%		0%	2.1	0%	6.9
Physician	Neurosurgery	77.6	1%	4.4	0%		1%	5.7	0%	
Physician	Nuclear Medicine	92.0	0%		0%		0%		0%	
Physician	Obstetrics/Gynecology	89.9	4%	7.5	0%	6.7	0%		1%	4.5
Physician	Ophthalmology	96.0	0%		0%		0%		0%	
Physician	Orthopedic Surgery	62.8	3%	7.3	0%		40%	6.7	0%	
Physician	Otolaryngology	72.7	5%	9.9	0%		0%		0%	
Physician	Pain Management	70.0	3%	5.8	0%		1%	6.1	0%	
Physician	Pathology	80.0	1%	9.5	0%	7.8	0%		0%	
Physician	Pediatric Medicine	79.6	4%	7.5	0%		0%		4%	7.6
Physician	Peripheral Vascular Disease	86.9	0%		0%		0%		50%	8.2
Physician	Physical Medicine and Rehabilitation	78.0	2%	6.4	1%	3.0	1%	5.4	0%	
Physician	Plastic and Reconstructive Surgery	84.4	2%	8.5	1%	7.1	2%	4.2	0%	
Physician	Podiatry	63.3	1%	7.0	0%		1%	7.5	1%	9.3
Physician	Preventive Medicine	62.1	17%	10.0	0%		17%	7.7	0%	
Physician	Psychiatry	72.8	4%	8.2	0%		0%		1%	4.4
Physician	Pulmonary Disease	78.6	10%	4.3	5%	10.0	0%		1%	2.8
Physician	Radiation Oncology	81.4	1%	2.9	0%		0%		0%	
Physician	Rheumatology	88.0	0%	5.1	0%	3.0	0%		0%	
Physician	Sleep Medicine	78.8	0%		0%		0%		0%	
Physician	Sports Medicine	80.1	0%		0%		38%	4.9	0%	
Physician	Surgical Oncology	54.9	0%		38%	7.1	0%		0%	
Physician	Thoracic Surgery	66.0	2%	9.1	4%	7.1	0%		4%	7.3
Physician	Undefined Physician type[6]	52.8	0%		0%		0%		9%	6.2
Physician	Undersea and Hyperbaric Medicine	44.2	0%		0%		0%		0%	
Physician	Urology	65.0	3%	10.0	0%	6.7	0%		0%	7.0
Physician	Vascular Surgery	76.9	4%	7.7	3%	8.3	0%		3%	7.9

Table 5.8c
Claims-Based Quality Measures Used for Each Specialty
Practices With 15 or Fewer Physicians

Type of Clinician	Specialty	Median Total Quality Score	Q484 Admissions for Multiple Chronic Condition Patients		Q479 Hospital Readmission Rate		Q480 Hip/Knee Replacement Surgery Complications		Q492 CV-Related Admissions for HF Patients	
			% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score	% NPI-TINs Scored	Median Score
Certified Nurse-Midwife	Certified Nurse Midwife	91.0	4%	3.8	0%		0%		0%	
Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist (CRNA)	77.7	2%	3.8	0%		2%	4.3	0%	
Clinical Nurse Specialist	Certified Clinical Nurse Specialist	80.0	5%	9.0	0%		0%		5%	6.4
Clinical Psychologist	Clinical Psychologist	80.0	7%	7.3	0%		0%		0%	
Clinical Social Worker	Licensed Clinical Social Worker	87.5	22%	7.3	0%		0%		0%	
Doctor of Chiropractic	Chiropractic	84.8	0%		0%		0%		0%	
Doctor of Dental Medicine/Doctor of Dental Surgery	Dentist	70.6	0%		0%		0%		0%	
Doctor of Dental Medicine/Doctor of Dental Surgery	Maxillofacial Surgery	79.0	0%		0%		0%		0%	
Doctor of Dental Medicine/Doctor of Dental Surgery	Neuropsychiatry	40.1	0%		0%		0%		0%	
Doctor of Dental Medicine/Doctor of Dental Surgery	Oral Surgery (Dentists Only)	58.1	0%		0%		0%		0%	
Doctor of Optometry	Optometry	93.7	0%		0%		0%		0%	
Doctor of Osteopathy	Osteopathic Manipulative Medicine	84.6	14%	8.8	5%	6.4	0%		5%	4.3
Nurse Practitioner	Nurse Practitioner	84.3	8%	6.4	2%	8.0	1%	7.7	6%	4.6
Occupational Therapist	Occupational Therapist in Private Practice	83.9	0%		0%		4%	4.6	0%	
Physical Therapist	Physical Therapist in Private Practice	81.8	0%	8.4	0%		3%	4.8	0%	6.9
Physician Assistant	Physician Assistant	85.2	4%	9.1	1%	6.3	3%	7.2	3%	5.6
Qualified Audiologist	Audiologist	82.1	10%	9.9	0%		0%		0%	
Qualified Speech-Language Pathologist	Speech Language Pathologists	80.0	0%		0%		0%		0%	
Registered Dietician/Nutrition Professional	Registered Dietician or Nutrition Professional	89.0	4%	8.8	0%		0%		0%	

Table 5.9a
Quality Measures Most Frequently Used for Scores in Each Specialty
Excluding Claims-Based Measures

Type of Clinician	Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Physician	Addiction Medicine	88	475	HIV Screening	64%	001	Diabetes HbA1c Poor Control	59%
Physician	Adult Congenital Heart Disease	21	475	HIV Screening	71%	317	High Blood Pressure Screening	67%
Physician	Advanced Heart Failure and Transplant Cardiology	327	001	Diabetes HbA1c Poor Control	65%	475	HIV Screening	53%
Physician	Allergy/Immunology	1,049	317	High Blood Pressure Screening	33%	001	Diabetes HbA1c Poor Control	31%
Physician	Anesthesiology	12,022	001	Diabetes HbA1c Poor Control	41%	475	HIV Screening	35%
Physician	Cardiac Surgery	377	001	Diabetes HbA1c Poor Control	57%	309	Cervical Cancer Screening	40%
Physician	Cardiology	7,516	001	Diabetes HbA1c Poor Control	46%	317	High Blood Pressure Screening	39%
Physician	Clinical Cardiac Electrophysiology	1,058	001	Diabetes HbA1c Poor Control	46%	317	High Blood Pressure Screening	37%
Physician	Colorectal Surgery	695	001	Diabetes HbA1c Poor Control	49%	309	Cervical Cancer Screening	38%
Physician	Critical Care (Intensivists)	1,983	001	Diabetes HbA1c Poor Control	51%	475	HIV Screening	43%
Physician	Dermatology	8,729	137	Melanoma Recall	34%	226	Tobacco Use Screening	27%
Physician	Diagnostic Radiology	23,084	ACRAD37	Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism	23%	ACRAD36	Incidental Coronary Artery Calcification Reported on Chest CT	22%
Physician	Emergency Medicine	21,981	ACEP59	Chest Pain – Avoidance of admission for adult patients with low-risk chest pain.	35%	ACEP64	Avoidance of admission for adult patients in Emergency Department with low-risk Deep Vein Thrombosis (DVT).	30%
Physician	Endocrinology	2,446	001	Diabetes HbA1c Poor Control	63%	317	High Blood Pressure Screening	40%
Physician	Family Practice	15,458	001	Diabetes HbA1c Poor Control	64%	309	Cervical Cancer Screening	42%
Physician	Gastroenterology	6,464	317	High Blood Pressure Screening	41%	001	Diabetes HbA1c Poor Control	36%
Physician	General Practice	584	001	Diabetes HbA1c Poor Control	36%	317	High Blood Pressure Screening	23%
Physician	General Surgery	7,144	001	Diabetes HbA1c Poor Control	55%	309	Cervical Cancer Screening	43%
Physician	Geriatric Medicine	544	001	Diabetes HbA1c Poor Control	60%	475	HIV Screening	46%
Physician	Geriatric Psychiatry	54	001	Diabetes HbA1c Poor Control	59%	309	Cervical Cancer Screening	52%
Physician	Gynecological/Oncology	473	001	Diabetes HbA1c Poor Control	52%	309	Cervical Cancer Screening	44%
Physician	Hand Surgery	751	001	Diabetes HbA1c Poor Control	32%	226	Tobacco Use Screening	30%
Physician	Hematology	396	475	HIV Screening	47%	001	Diabetes HbA1c Poor Control	45%
Physician	Hematology-Oncology	4,431	001	Diabetes HbA1c Poor Control	45%	475	HIV Screening	35%
Physician	Hematopoietic Cell Transplantation and Cellular Therapy	93	370	Depression Remission at Twelve Months	59%	309	Cervical Cancer Screening	56%
Physician	Hospice and Palliative Care	616	001	Diabetes HbA1c Poor Control	60%	309	Cervical Cancer Screening	49%
Physician	Hospitalist	6,449	001	Diabetes HbA1c Poor Control	58%	309	Cervical Cancer Screening	48%
Physician	Infectious Disease	2,582	001	Diabetes HbA1c Poor Control	51%	475	HIV Screening	43%
Physician	Internal Medicine	23,789	001	Diabetes HbA1c Poor Control	55%	309	Cervical Cancer Screening	38%
Physician	Interventional Cardiology	2,795	001	Diabetes HbA1c Poor Control	42%	317	High Blood Pressure Screening	38%

Table 5.9b
Quality Measures Most Frequently Used for Scores in Each Specialty
Excluding Claims-Based Measures

Type of Clinician	Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Physician	Interventional Pain Management	746	226	Tobacco Use Screening	32%	130	Documentation of Medications	29%
Physician	Interventional Radiology	1,632	ACRAD36	Incidental Coronary Artery Calcification Reported on Chest CT	28%	001	Diabetes HbA1c Poor Control	23%
Physician	Medical Genetics and Genomics	93	001	Diabetes HbA1c Poor Control	68%	309	Cervical Cancer Screening	61%
Physician	Medical Oncology	2,141	001	Diabetes HbA1c Poor Control	39%	475	HIV Screening	34%
Physician	Medical Toxicology	11	475	HIV Screening	73%	239	Pediatric Weight Assessment & Counseling	64%
Physician	Micrographic Dermatologic Surgery	297	137	Melanoma Recall	36%	226	Tobacco Use Screening	29%
Physician	Nephrology	3,092	001	Diabetes HbA1c Poor Control	45%	317	High Blood Pressure Screening	39%
Physician	Neurology	6,714	001	Diabetes HbA1c Poor Control	50%	475	HIV Screening	40%
Physician	Neurosurgery	2,103	001	Diabetes HbA1c Poor Control	52%	309	Cervical Cancer Screening	40%
Physician	Nuclear Medicine	336	001	Diabetes HbA1c Poor Control	37%	475	HIV Screening	30%
Physician	Obstetrics/Gynecology	8,009	309	Cervical Cancer Screening	65%	475	HIV Screening	56%
Physician	Ophthalmology	12,239	117	Diabetes Eye Exam	61%	238	Use of High-Risk Medications	47%
Physician	Orthopedic Surgery	9,868	001	Diabetes HbA1c Poor Control	39%	226	Tobacco Use Screening	28%
Physician	Otolaryngology	4,272	001	Diabetes HbA1c Poor Control	32%	309	Cervical Cancer Screening	25%
Physician	Pain Management	1,300	001	Diabetes HbA1c Poor Control	28%	226	Tobacco Use Screening	27%
Physician	Pathology	6,416	001	Diabetes HbA1c Poor Control	33%	395	Lung Cancer Report - Biopsy Specimen	31%
Physician	Pediatric Medicine	2,594	001	Diabetes HbA1c Poor Control	66%	475	HIV Screening	57%
Physician	Peripheral Vascular Disease	25	236	High Blood Pressure Control	56%	066	Pharyngitis Appropriate Testing	48%
Physician	Physical Medicine and Rehabilitation	3,347	001	Diabetes HbA1c Poor Control	35%	309	Cervical Cancer Screening	27%
Physician	Plastic and Reconstructive Surgery	1,265	001	Diabetes HbA1c Poor Control	48%	309	Cervical Cancer Screening	38%
Physician	Podiatry	7,295	001	Diabetes HbA1c Poor Control	31%	226	Tobacco Use Screening	27%
Physician	Preventive Medicine	76	001	Diabetes HbA1c Poor Control	55%	475	HIV Screening	53%
Physician	Psychiatry	5,605	001	Diabetes HbA1c Poor Control	57%	309	Cervical Cancer Screening	46%
Physician	Pulmonary Disease	4,265	001	Diabetes HbA1c Poor Control	47%	309	Cervical Cancer Screening	38%
Physician	Radiation Oncology	2,426	001	Diabetes HbA1c Poor Control	37%	309	Cervical Cancer Screening	32%
Physician	Rheumatology	2,313	001	Diabetes HbA1c Poor Control	38%	317	High Blood Pressure Screening	32%
Physician	Sleep Medicine	301	001	Diabetes HbA1c Poor Control	54%	475	HIV Screening	41%
Physician	Sports Medicine	712	001	Diabetes HbA1c Poor Control	51%	309	Cervical Cancer Screening	37%
Physician	Surgical Oncology	596	001	Diabetes HbA1c Poor Control	51%	309	Cervical Cancer Screening	42%
Physician	Thoracic Surgery	868	001	Diabetes HbA1c Poor Control	57%	309	Cervical Cancer Screening	42%

Table 5.9c Quality Measures Most Frequently Used for Scores in Each Specialty Excluding Claims-Based Measures								
Type of Clinician	Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Physician	Undefined Physician type[6]	123	001	Diabetes HbA1c Poor Control	64%	309	Cervical Cancer Screening	55%
Physician	Undersea and Hyperbaric Medicine	40	001	Diabetes HbA1c Poor Control	68%	488	Kidney Health Evaluation	42%
Physician	Urology	4,758	001	Diabetes HbA1c Poor Control	37%	309	Cervical Cancer Screening	29%
Physician	Vascular Surgery	1,810	001	Diabetes HbA1c Poor Control	42%	309	Cervical Cancer Screening	31%

Table 5.9d
Quality Measures Most Frequently Used for Scores in Each Specialty
Excluding Claims-Based Measures

Type of Clinician	Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Anesthesiologist Assistant	Anesthesiologist Assistant	766	430	Post-Op Nausea/Vomiting Prevention	47%	ABG44	Low Flow General Anesthesia	46%
Certified Nurse-Midwife	Certified Nurse Midwife	1,194	309	Cervical Cancer Screening	71%	001	Diabetes HbA1c Poor Control	61%
Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist (CRNA)	12,867	001	Diabetes HbA1c Poor Control	44%	475	HIV Screening	32%
Clinical Nurse Specialist	Certified Clinical Nurse Specialist	394	001	Diabetes HbA1c Poor Control	60%	309	Cervical Cancer Screening	51%
Clinical Psychologist	Clinical Psychologist	2,825	001	Diabetes HbA1c Poor Control	59%	309	Cervical Cancer Screening	47%
Clinical Social Worker	Licensed Clinical Social Worker	3,184	001	Diabetes HbA1c Poor Control	55%	309	Cervical Cancer Screening	43%
Doctor of Chiropractic	Chiropractic	298	001	Diabetes HbA1c Poor Control	40%	309	Cervical Cancer Screening	26%
Doctor of Dental Medicine/Doctor of Dental Surgery	Dentist	58	475	HIV Screening	59%	001	Diabetes HbA1c Poor Control	45%
Doctor of Dental Medicine/Doctor of Dental Surgery	Maxillofacial Surgery	100	475	HIV Screening	65%	370	Depression Remission at Twelve Months	47%
Doctor of Dental Medicine/Doctor of Dental Surgery	Neuropsychiatry	71	001	Diabetes HbA1c Poor Control	56%	475	HIV Screening	51%
Doctor of Dental Medicine/Doctor of Dental Surgery	Oral Surgery (Dentists Only)	144	475	HIV Screening	56%	001	Diabetes HbA1c Poor Control	47%
Doctor of Optometry	Optometry	7,200	117	Diabetes Eye Exam	67%	238	Use of High-Risk Medications	51%
Doctor of Osteopathy	Osteopathic Manipulative Medicine	165	001	Diabetes HbA1c Poor Control	57%	236	High Blood Pressure Control	36%
Nurse Practitioner	Nurse Practitioner	54,822	001	Diabetes HbA1c Poor Control	49%	317	High Blood Pressure Screening	37%
Occupational Therapist	Occupational Therapist in Private Practice	1,936	226	Tobacco Use Screening	31%	130	Documentation of Medications	30%
Physical Therapist	Physical Therapist in Private Practice	15,535	130	Documentation of Medications	34%	226	Tobacco Use Screening	31%
Physician Assistant	Physician Assistant	38,133	001	Diabetes HbA1c Poor Control	44%	309	Cervical Cancer Screening	33%
Qualified Audiologist	Audiologist	1,715	001	Diabetes HbA1c Poor Control	40%	309	Cervical Cancer Screening	33%
Qualified Speech-Language Pathologist	Speech Language Pathologists	386	001	Diabetes HbA1c Poor Control	52%	475	HIV Screening	46%
Registered Dietician/Nutrition Professional	Registered Dietician or Nutrition Professional	769	001	Diabetes HbA1c Poor Control	72%	309	Cervical Cancer Screening	56%

Table 5.10a
Quality Measures Most Frequently Used for Scores in Each Specialty
for Physicians Reporting as Individuals
(Excluding Claims-Based Measures)

Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
		Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Addiction Medicine	2	130	Documentation of Medications	50%	130	Documentation of Medications	50%
Adult Congenital Heart Disease	1						
Advanced Heart Failure and Transplant Cardiology	13	317	High Blood Pressure Screening	46%	318	Fall Risk Screening	38%
Allergy/Immunology	222	130	Documentation of Medications	23%	130	Documentation of Medications	23%
Anesthesiology	521	130	Documentation of Medications	22%	226	Tobacco Use Screening	20%
Cardiac Surgery	36	317	High Blood Pressure Screening	39%	236	High Blood Pressure Control	33%
Cardiology	1,668	236	High Blood Pressure Control	41%	317	High Blood Pressure Screening	29%
Clinical Cardiac Electrophysiology	223	236	High Blood Pressure Control	35%	317	High Blood Pressure Screening	27%
Colorectal Surgery	78	001	Diabetes HbA1c Poor Control	22%	001	Diabetes HbA1c Poor Control	22%
Critical Care (Intensivists)	113	130	Documentation of Medications	37%	317	High Blood Pressure Screening	27%
Dermatology	2,596	137	Melanoma Recall	34%	047	Advance Care Plan	27%
Diagnostic Radiology	2,067	436	Adult CT Dose Lowering Techniques	4%	145	Fluoroscopy Exposure Dose	4%
Emergency Medicine	688	065	URI Appropriate Tx	24%	415	ED Adult Minor Head Trauma CT	23%
Endocrinology	433	001	Diabetes HbA1c Poor Control	38%	236	High Blood Pressure Control	38%
Family Practice	2,079	001	Diabetes HbA1c Poor Control	32%	236	High Blood Pressure Control	29%
Gastroenterology	853	130	Documentation of Medications	20%	236	High Blood Pressure Control	19%
General Practice	243	001	Diabetes HbA1c Poor Control	15%	130	Documentation of Medications	12%
General Surgery	588	226	Tobacco Use Screening	27%	130	Documentation of Medications	26%
Geriatric Medicine	72	130	Documentation of Medications	26%	001	Diabetes HbA1c Poor Control	25%
Geriatric Psychiatry	4	047	Advance Care Plan	25%	047	Advance Care Plan	25%
Gynecological/Oncology	23	226	Tobacco Use Screening	43%	047	Advance Care Plan	22%
Hand Surgery	189	130	Documentation of Medications	27%	226	Tobacco Use Screening	26%
Hematology	20	047	Advance Care Plan	35%	001	Diabetes HbA1c Poor Control	25%
Hematology-Oncology	422	047	Advance Care Plan	28%	143	Cancer Pain Quantification	28%
Hospice and Palliative Care	9	047	Advance Care Plan	44%	130	Documentation of Medications	22%
Hospitalist	255	047	Advance Care Plan	28%	130	Documentation of Medications	25%
Infectious Disease	426	130	Documentation of Medications	18%	226	Tobacco Use Screening	13%
Internal Medicine	3,978	236	High Blood Pressure Control	25%	001	Diabetes HbA1c Poor Control	25%
Interventional Cardiology	687	236	High Blood Pressure Control	40%	317	High Blood Pressure Screening	31%
Interventional Pain Management	215	130	Documentation of Medications	33%	226	Tobacco Use Screening	28%

Table 5.10b
Quality Measures Most Frequently Used for Scores in Each Specialty
for Physicians Reporting as Individuals
(Excluding Claims-Based Measures)

Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
		Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Interventional Radiology	116	130	Documentation of Medications	8%	130	Documentation of Medications	8%
Medical Oncology	97	047	Advance Care Plan	30%	143	Cancer Pain Quantification	27%
Micrographic Dermatologic Surgery	67	137	Melanoma Recall	40%	047	Advance Care Plan	37%
Nephrology	823	236	High Blood Pressure Control	40%	317	High Blood Pressure Screening	33%
Neurology	1,194	130	Documentation of Medications	26%	317	High Blood Pressure Screening	23%
Neurosurgery	338	226	Tobacco Use Screening	26%	130	Documentation of Medications	25%
Nuclear Medicine	14	236	High Blood Pressure Control	14%	236	High Blood Pressure Control	14%
Obstetrics/Gynecology	212	236	High Blood Pressure Control	26%	317	High Blood Pressure Screening	25%
Ophthalmology	2,565	117	Diabetes Eye Exam	43%	238	Use of High-Risk Medications	31%
Orthopedic Surgery	2,098	130	Documentation of Medications	28%	226	Tobacco Use Screening	24%
Otolaryngology	1,153	238	Use of High-Risk Medications	19%	130	Documentation of Medications	18%
Pain Management	377	130	Documentation of Medications	30%	226	Tobacco Use Screening	27%
Pathology	339	397	Melanoma Reporting	11%	249	Barrett's Esophagus	8%
Pediatric Medicine	16	130	Documentation of Medications	31%	130	Documentation of Medications	31%
Peripheral Vascular Disease	3						
Physical Medicine and Rehabilitation	891	130	Documentation of Medications	26%	226	Tobacco Use Screening	18%
Plastic and Reconstructive Surgery	145	226	Tobacco Use Screening	18%	238	Use of High-Risk Medications	17%
Podiatry	3,714	226	Tobacco Use Screening	20%	130	Documentation of Medications	19%
Preventive Medicine	5	130	Documentation of Medications	20%	130	Documentation of Medications	20%
Psychiatry	414	130	Documentation of Medications	16%	134	Depression Screening	14%
Pulmonary Disease	789	226	Tobacco Use Screening	32%	236	High Blood Pressure Control	31%
Radiation Oncology	265	226	Tobacco Use Screening	25%	130	Documentation of Medications	21%
Rheumatology	412	130	Documentation of Medications	39%	236	High Blood Pressure Control	30%
Sleep Medicine	45	130	Documentation of Medications	27%	317	High Blood Pressure Screening	24%
Sports Medicine	88	130	Documentation of Medications	31%	318	Fall Risk Screening	23%
Surgical Oncology	23	226	Tobacco Use Screening	39%	130	Documentation of Medications	35%
Thoracic Surgery	48	317	High Blood Pressure Screening	29%	238	Use of High-Risk Medications	27%
Undefined Physician type(s)	13	236	High Blood Pressure Control	23%	317	High Blood Pressure Screening	15%
Undersea and Hyperbaric Medicine	4	226	Tobacco Use Screening	100%	130	Documentation of Medications	75%
Urology	868	130	Documentation of	17%	226	Tobacco Use Screening	17%

Table 5.10c Quality Measures Most Frequently Used for Scores in Each Specialty for Physicians Reporting as Individuals (Excluding Claims-Based Measures)							
Specialty	# of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
		Code	Measure Name	% Using Measure	Code	Measure Name	% Using Measure
Vascular Surgery	328	226	Tobacco Use Screening	32%	236	High Blood Pressure Control	29%

5.4. Cost Scores in MIPS

There were 24 different cost measures used in 2024 to calculate cost scores.

The cost score for a clinician is calculated by taking the average of the scores on all of the individual cost measures that were determined to be applicable to that clinician based on the attribution rules for each measure. The cost score for a group is the average of the cost scores attributed to any of the clinicians in the group. As a result, the cost score for a clinician who participates in MIPS through a group will be based on cost measures attributable to that clinician but also on cost measures attributable to other clinicians in the group.

Cost Scores by Reporting Type

Most of the clinicians for whom cost scores played a role in their overall MIPS score were part of large groups. The majority of clinicians in large groups were scored based on at least 14 different cost measures, while clinicians in small practices were only scored on 1-3 cost measures, but their cost scores were similar.

The median cost scores were similar for the different types of practices.

Table 5.11 Cost Scores by Type of Reporting and Practice Size									
Method of Participation and Practice Size	% Assigned Cost Score	% Scores Reweighted to 0	% Scored on Cost	# NPI-TINs Scored on Cost	Median Number of Measures Assigned	Median Cost Score Used	% With Cost Score < 50	% With Cost Score < 75	% With Cost Score > 90
Individual (Solo Practice)	56.1%	36.6%	35.6%	4,738	1.0	75.6	5.8%	47.2%	7.1%
Individual (2+ Practice)	54.0%	43.8%	30.3%	8,906	1.0	74.9	6.3%	50.2%	7.1%
Virtual Group	100.0%	0.0%	100.0%	111	4.0	0.0	100.0%	100.0%	0.0%
Group (Solo Practice)	58.2%	58.0%	24.4%	220	2.0	75.5	5.9%	45.9%	5.5%
Group (2-15 Clinicians)	76.1%	25.1%	57.0%	22,337	1.0	75.4	5.8%	47.4%	3.5%
Group (> 15 Clinicians)	93.9%	14.9%	79.9%	247,749	14.0	74.6	1.8%	54.4%	1.1%
APM Entity	0.0%		0.0%	0					

Cost Scores by Specialty

The cost scores were similar in most specialties. In a few specialties, a higher percentage of clinicians received very low cost scores.

Table 5.12a
Cost Scores by Specialty
(Excludes Clinicians Scored Through APM Entity)

Type of Clinician	Specialty	% Assigned Cost Score	% Scores Reweighted to 0	% Scored on Cost	# NPI-TINs Scored on Cost	Median Number of Measures Assigned	Median Cost Score Used	% With Cost Score < 50	% With Cost Score < 75	% With Cost Score > 90
Physician	Addiction Medicine	100.0%	6.8%	93.2%	82	16.5	74.3	0.0%	58.5%	0.0%
Physician	Adult Congenital Heart Disease	95.2%	5.0%	90.5%	19	24.0	76.1	0.0%	47.4%	5.3%
Physician	Advanced Heart Failure and Transplant Cardiology	99.4%	11.7%	87.8%	287	24.0	74.5	1.4%	58.9%	0.7%
Physician	Allergy/Immunology	99.4%	23.7%	75.9%	796	2.0	74.2	2.8%	55.2%	1.5%
Physician	Anesthesiology	70.4%	11.5%	62.2%	7,482	17.0	74.6	1.8%	56.5%	1.3%
Physician	Cardiac Surgery	97.1%	17.5%	80.1%	302	22.5	74.2	1.0%	59.6%	1.0%
Physician	Cardiology	96.8%	19.7%	77.7%	5,841	13.0	74.6	1.8%	52.2%	1.3%
Physician	Clinical Cardiac Electrophysiology	91.9%	22.2%	71.5%	756	15.0	74.4	2.6%	57.8%	0.7%
Physician	Colorectal Surgery	88.5%	12.7%	77.3%	537	21.5	74.9	0.6%	52.0%	1.9%
Physician	Critical Care (Intensivists)	96.8%	12.2%	85.0%	1,685	20.0	74.5	1.4%	54.4%	0.4%
Physician	Dermatology	64.3%	43.8%	36.1%	3,152	1.0	75.5	2.6%	45.8%	4.7%
Physician	Diagnostic Radiology	58.6%	17.7%	48.3%	11,141	5.0	74.3	3.4%	57.5%	1.6%
Physician	Emergency Medicine	96.5%	41.4%	56.6%	12,433	7.0	76.8	1.8%	34.5%	6.7%
Physician	Endocrinology	99.1%	15.5%	83.7%	2,047	18.0	74.6	0.4%	55.2%	0.3%
Physician	Family Practice	96.3%	14.1%	82.7%	12,787	12.0	75.0	3.2%	49.9%	1.4%
Physician	Gastroenterology	98.7%	25.0%	74.0%	4,785	12.0	74.9	0.8%	51.1%	1.5%
Physician	General Practice	92.1%	31.6%	63.0%	368	4.0	74.3	7.3%	53.3%	3.3%
Physician	General Surgery	95.0%	12.7%	82.9%	5,922	18.0	74.4	1.6%	57.2%	1.8%
Physician	Geriatric Medicine	99.8%	10.1%	89.7%	488	19.0	74.9	1.2%	50.4%	0.6%
Physician	Geriatric Psychiatry	98.1%	11.3%	87.0%	47	12.5	74.6	0.0%	53.2%	0.0%
Physician	Gynecological/Oncology	90.5%	11.4%	80.1%	379	18.0	73.7	4.0%	67.0%	0.5%
Physician	Hand Surgery	71.4%	22.0%	55.7%	418	7.0	74.4	1.2%	59.1%	1.0%
Physician	Hematology	94.4%	10.4%	84.6%	335	18.0	73.8	1.5%	68.7%	0.0%
Physician	Hematology-Oncology	85.9%	19.5%	69.2%	3,066	16.0	73.7	2.3%	64.5%	1.5%
Physician	Hematopoietic Cell Transplantation and Cellular Therapy	100.0%	5.4%	94.6%	88	24.0	72.8	2.3%	79.5%	0.0%
Physician	Hospice and Palliative Care	98.5%	7.7%	90.9%	560	21.0	74.3	0.4%	58.2%	0.4%
Physician	Hospitalist	97.1%	6.3%	91.0%	5,866	20.0	74.6	0.8%	55.0%	0.5%
Physician	Infectious Disease	94.9%	17.4%	78.4%	2,024	18.0	74.6	0.6%	53.6%	0.3%
Physician	Internal Medicine	96.8%	15.6%	81.8%	19,450	13.0	74.6	1.8%	52.7%	1.6%
Physician	Interventional Cardiology	94.3%	23.6%	72.1%	2,015	11.0	74.6	2.4%	52.7%	1.7%
Physician	Interventional Pain Management	97.1%	40.2%	58.0%	433	2.0	74.2	4.4%	55.4%	2.5%
Physician	Interventional Radiology	70.7%	16.6%	59.0%	963	4.0	74.1	3.7%	56.7%	1.9%
Physician	Medical Genetics and Genomics	100.0%	12.9%	87.1%	81	24.0	71.5	2.5%	72.8%	0.0%
Physician	Medical Oncology	86.9%	13.2%	75.4%	1,615	14.0	72.5	3.8%	71.9%	0.8%
Physician	Medical Toxicology	100.0%	0.0%	100.0%	11	24.0	75.1	0.0%	45.5%	0.0%
Physician	Micrographic Dermatologic Surgery	84.2%	50.8%	41.4%	123	1.0	76.3	4.1%	39.0%	4.9%
Physician	Nephrology	98.0%	21.3%	77.1%	2,383	11.0	75.0	1.5%	49.7%	0.9%
Physician	Neurology	87.5%	14.2%	75.0%	5,037	20.0	74.0	1.1%	61.5%	0.7%
Physician	Neurosurgery	95.8%	14.8%	81.6%	1,716	19.0	73.9	1.7%	63.2%	0.5%
Physician	Nuclear Medicine	66.1%	14.4%	56.5%	190	22.0	73.8	0.0%	69.5%	0.0%
Physician	Obstetrics/Gynecology	98.5%	7.6%	91.0%	7,286	17.0	74.6	1.4%	54.4%	0.3%
Physician	Ophthalmology	78.8%	21.0%	62.3%	7,621	1.0	75.1	6.1%	48.9%	1.5%

Table 5.12b
Cost Scores by Specialty
(Excludes Clinicians Scored Through APM Entity)

Type of Clinician	Specialty	% Assigned Cost Score	% Scores Reweighted to 0	% Scored on Cost	# NPI-TINs Scored on Cost	Median Number of Measures Assigned	Median Cost Score Used	% With Cost Score < 50	% With Cost Score < 75	% With Cost Score > 90
Physician	Orthopedic Surgery	91.5%	24.5%	69.1%	6,822	7.0	74.2	2.4%	58.2%	2.0%
Physician	Otolaryngology	66.9%	21.6%	52.4%	2,238	13.0	74.6	2.1%	55.9%	1.3%
Physician	Pain Management	96.0%	28.2%	68.9%	896	3.0	74.4	3.3%	55.4%	2.3%
Physician	Pathology	53.4%	11.8%	47.1%	3,024	18.0	74.4	0.5%	57.8%	1.8%
Physician	Pediatric Medicine	98.8%	9.6%	89.2%	2,315	24.0	74.3	2.7%	61.6%	0.4%
Physician	Peripheral Vascular Disease	100.0%	20.0%	80.0%	20	3.0	72.6	15.0%	55.0%	20.0%
Physician	Physical Medicine and Rehabilitation	86.2%	18.9%	69.9%	2,339	7.0	73.7	6.9%	61.5%	0.6%
Physician	Plastic and Reconstructive Surgery	90.4%	17.8%	74.3%	940	19.0	73.9	4.0%	62.2%	1.5%
Physician	Podiatry	29.4%	20.6%	23.3%	1,702	1.0	75.3	3.9%	43.5%	1.1%
Physician	Preventive Medicine	98.7%	12.0%	86.8%	66	19.0	75.1	1.5%	48.5%	0.0%
Physician	Psychiatry	98.3%	9.6%	88.9%	4,982	16.0	74.5	1.3%	55.5%	2.5%
Physician	Pulmonary Disease	97.7%	18.5%	79.7%	3,398	15.0	74.4	1.0%	56.0%	0.4%
Physician	Radiation Oncology	76.0%	13.2%	65.9%	1,599	14.0	74.1	3.8%	60.8%	0.8%
Physician	Rheumatology	89.8%	22.8%	69.3%	1,602	14.0	74.3	3.7%	58.6%	2.9%
Physician	Sleep Medicine	87.0%	8.0%	80.1%	241	18.0	74.6	0.8%	54.8%	0.4%
Physician	Sports Medicine	93.0%	16.5%	77.7%	553	14.0	74.5	2.0%	58.4%	0.9%
Physician	Surgical Oncology	92.8%	11.6%	82.0%	489	22.0	73.2	0.4%	70.3%	0.4%
Physician	Thoracic Surgery	97.7%	10.4%	87.6%	760	23.0	74.1	1.7%	64.3%	0.7%
Physician	Undefined Physician type[6]	87.8%	9.3%	79.7%	98	17.0	71.8	2.0%	66.3%	2.0%
Physician	Undersea and Hyperbaric Medicine	87.5%	2.9%	85.0%	34	13.0	74.1	0.0%	55.9%	2.9%
Physician	Urology	89.5%	30.1%	62.5%	2,976	12.0	74.8	2.3%	51.6%	2.1%
Physician	Vascular Surgery	90.2%	19.8%	72.3%	1,309	13.5	74.6	2.1%	54.5%	1.5%

Table 5.12c
Cost Scores by Specialty
(Excludes Clinicians Scored Through APM Entity)

Type of Clinician	Specialty	% Assigned Cost Score	% Scores Reweighted to 0	% Scored on Cost	# NPI-TINs Scored on Cost	Median Number of Measures Assigned	Median Cost Score Used	% With Cost Score < 50	% With Cost Score < 75	% With Cost Score > 90
Anesthesiologist Assistant	Anesthesiologist Assistant	58.0%	0.0%	58.0%	444	7.0	75.1	0.0%	43.9%	0.0%
Certified Nurse-Midwife	Certified Nurse Midwife	99.2%	4.9%	94.3%	1,126	17.0	75.1	1.4%	48.9%	0.4%
Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist (CRNA)	69.9%	10.8%	62.3%	8,021	11.0	74.6	2.3%	54.5%	0.8%
Clinical Nurse Specialist	Certified Clinical Nurse Specialist	96.4%	4.7%	91.9%	362	18.0	74.2	2.2%	58.0%	0.8%
Clinical Psychologist	Clinical Psychologist	97.7%	9.0%	88.9%	2,511	17.0	74.3	0.6%	56.2%	0.6%
Clinical Social Worker	Licensed Clinical Social Worker	99.1%	3.3%	95.9%	3,052	6.0	75.8	1.5%	41.1%	1.3%
Doctor of Chiropractic	Chiropractic	96.6%	8.0%	88.9%	265	3.0	75.1	11.7%	49.1%	3.4%
Doctor of Dental Medicine/Doctor of Dental Surgery	Dentist	89.7%	5.8%	84.5%	49	18.5	71.4	2.0%	77.6%	0.0%
Doctor of Dental Medicine/Doctor of Dental Surgery	Maxillofacial Surgery	94.0%	14.9%	80.0%	80	23.0	73.6	0.0%	62.5%	0.0%
Doctor of Dental Medicine/Doctor of Dental Surgery	Neuropsychiatry	97.2%	13.0%	84.5%	60	24.0	73.3	1.7%	66.7%	1.7%
Doctor of Dental Medicine/Doctor of Dental Surgery	Oral Surgery (Dentists Only)	93.1%	19.4%	75.0%	108	16.0	72.8	0.0%	76.9%	0.0%
Doctor of Optometry	Optometry	61.7%	13.4%	53.4%	3,847	1.0	75.7	7.9%	44.8%	1.5%
Doctor of Osteopathy	Osteopathic Manipulative Medicine	96.4%	11.3%	85.5%	141	8.0	75.3	3.5%	39.7%	5.0%
Nurse Practitioner	Nurse Practitioner	97.1%	13.6%	83.9%	46,007	12.0	74.6	3.0%	52.9%	1.2%
Occupational Therapist	Occupational Therapist in Private Practice	97.3%	11.3%	86.3%	1,671	6.0	73.5	1.4%	60.3%	0.2%
Physical Therapist	Physical Therapist in Private Practice	95.9%	8.0%	88.3%	13,711	1.0	73.3	1.3%	66.3%	0.5%
Physician Assistant	Physician Assistant	95.8%	20.1%	76.6%	29,195	12.0	74.8	2.2%	51.6%	1.8%
Qualified Audiologist	Audiologist	95.2%	19.6%	76.5%	1,312	13.0	75.2	1.0%	47.1%	0.8%
Qualified Speech-Language Pathologist	Speech Language Pathologists	99.2%	9.7%	89.6%	346	19.0	74.1	1.4%	61.0%	0.0%
Registered Dietician/Nutrition Professional	Registered Dietician or Nutrition Professional	99.2%	3.9%	95.3%	733	20.0	74.8	1.5%	52.1%	0.7%

Variation in Cost Scores by State

There was significant variation in the cost scores by state, although the differences were much smaller than in 2023 due to the changes in the methodology for scoring the cost measures. In some states, 10% or more of the cost scores were below 50, whereas in other states, fewer than 2% of the clinicians received a cost score that low.

State	# Scored	Mean Score	% < 50	% < 75	% > 90
AK	1,846	65.4	25.4%	43.4%	3.7%
WV	573	68.2	11.0%	65.1%	3.7%
NV	2,312	67.7	10.9%	64.6%	3.6%
DC	273	71.0	10.3%	58.2%	4.8%
IA	1,845	68.9	10.0%	41.9%	0.1%
RI	509	72.1	9.6%	25.0%	1.6%
WA	2,249	70.5	9.6%	29.5%	1.5%
NH	575	70.6	9.2%	54.6%	0.3%
AR	1,121	70.7	8.2%	54.1%	2.0%
NE	1,339	69.3	7.3%	65.0%	1.9%
WY	726	68.2	7.0%	76.7%	2.1%
ND	696	72.2	6.9%	49.6%	0.3%
LA	2,270	70.1	6.8%	73.3%	1.0%
NJ	7,860	69.3	6.6%	71.9%	1.3%
AL	2,910	71.6	6.4%	48.4%	2.4%
OK	3,863	68.7	6.2%	72.7%	1.7%
CO	6,092	71.1	6.0%	56.6%	0.4%
KS	2,261	70.3	5.9%	67.4%	1.5%
DE	682	71.8	5.9%	31.8%	0.7%
NY	21,114	72.6	5.4%	39.1%	2.7%
UT	4,221	70.7	5.2%	83.6%	0.0%
MA	2,351	71.3	5.0%	45.7%	1.0%
OR	3,689	79.2	4.8%	15.6%	9.1%
HI	994	76.1	4.7%	24.4%	4.9%
TN	3,981	73.2	4.1%	44.5%	2.3%
IL	12,496	71.5	4.1%	77.3%	0.6%

State	# Scored	Mean Score	% < 50	% < 75	% > 90
IN	5,608	72.4	4.0%	42.3%	1.0%
TX	22,161	71.7	3.8%	63.8%	0.4%
CA	36,795	71.8	3.7%	65.4%	0.6%
MI	6,975	71.5	3.7%	54.0%	1.0%
CT	8,840	75.1	3.7%	51.5%	12.3%
VA	7,454	72.5	3.6%	46.2%	1.1%
MS	2,689	71.9	3.5%	73.5%	0.5%
WI	5,885	73.6	3.3%	26.9%	0.5%
MO	5,232	73.0	3.2%	46.6%	0.8%
VT	294	63.0	3.1%	77.6%	1.7%
AZ	7,501	72.9	2.9%	48.0%	2.7%
PA	18,542	73.7	2.7%	59.9%	0.5%
MT	985	73.5	2.4%	50.6%	1.2%
KY	6,874	72.6	2.4%	78.6%	1.0%
ID	1,311	71.9	2.3%	40.2%	0.2%
MD	11,013	70.8	2.2%	71.7%	0.7%
OH	10,993	74.8	2.1%	42.2%	0.6%
FL	15,033	74.7	1.9%	46.3%	0.9%
GA	6,604	74.6	1.8%	26.6%	0.4%
SC	2,736	74.8	1.7%	44.9%	1.2%
NM	3,253	75.8	1.6%	17.3%	1.6%
SD	1,718	72.5	1.5%	61.1%	0.0%
MN	8,034	75.3	1.1%	27.5%	0.3%
NC	8,294	76.5	0.9%	25.5%	2.0%
ME	2,265	72.9	0.5%	62.1%	0.7%

The wide variation in the average scores and in the ranges of scores can be seen more clearly in the graphs below.

Figure 5.14
Average MIPS Cost Scores by State

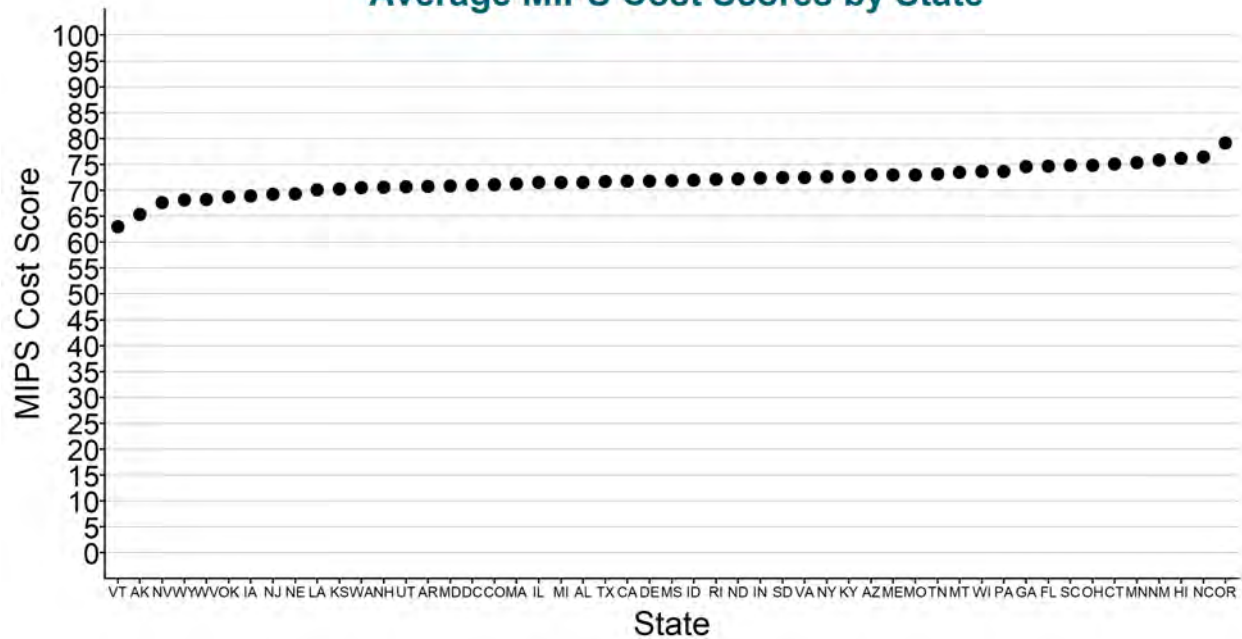
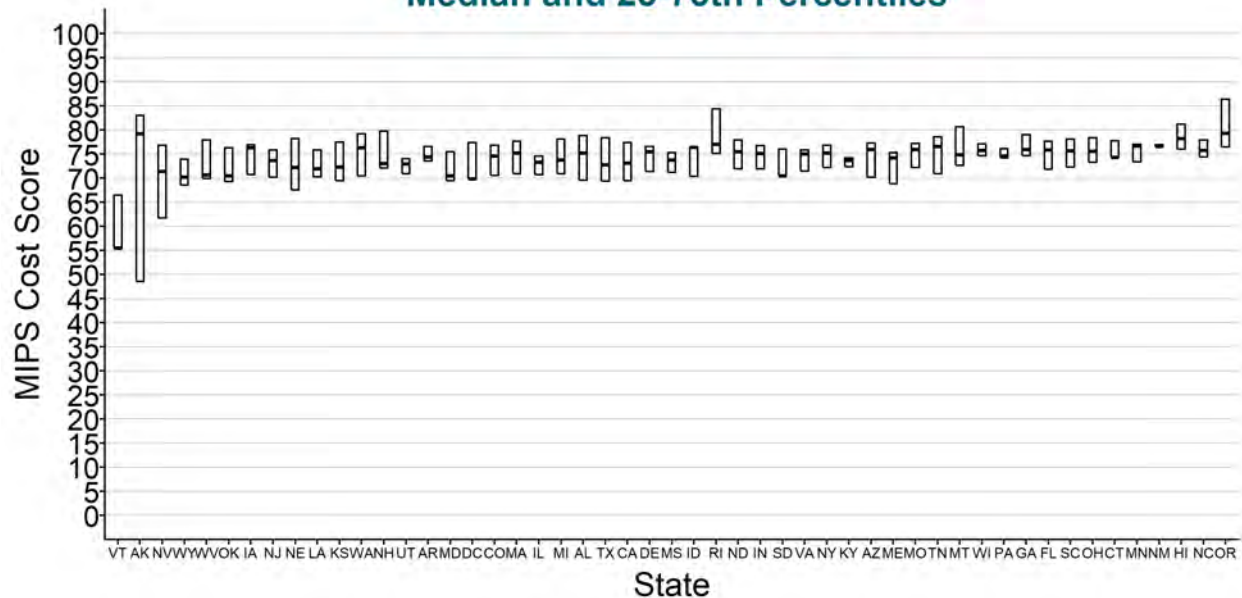


Figure 5.15
MIPS Cost Scores by State
Median and 25-75th Percentiles



5.5. Cost Measures Used to Calculate Cost Scores

Table 5.16 shows the 24 different cost measures used in 2024 to calculate cost scores. Most of the measures are specific to particular types of patients and services (e.g., patients with diabetes or patients receiving a hernia repair), but the Total Per Capita Cost (TPCC) measure is used for patients of all types and the Medicare Spending Per Beneficiary (MSPB) measure applies to any patient discharged from a hospital. That is why they are the most commonly used of all the cost measures.

As shown in Table 5.17, the most commonly used measures to determine MIPS scores in most specialties are the same. This is because so many clinicians are participating through multi-specialty groups, and every clinician in the group is assigned a cost score based on all of the cost measures attributed to any clinicians in the group.

Table 5.18 shows that there is more variation in the measures used for clinicians reporting as individuals and in small groups, since they will only be attributed cost measures based on the services they themselves provide.

Appendix 2 shows there is considerable variation across states in the scores on individual cost measures. As a result, a clinician's cost score varied depending on the state where they were located.

Table 5.16
Use of Cost Measures in 2024
(Excludes Those Where Cost Was Reweighted)

Measure Name	Number of NPI-TINs Measured	Mean Score	10th Percentile	Median Score	90th Percentile
Total Per Capita Cost	232,468	7.0	5.8	7.3	8.0
Medicare Spending Per Beneficiary	207,294	8.1	7.4	7.9	9.1
Low Back Pain	191,788	7.2	6.1	7.3	7.9
Diabetes	188,620	7.2	6.5	7.3	7.7
Depression	173,535	7.2	6.5	7.4	7.8
Heart Failure	170,713	7.0	6.1	7.3	7.7
Sepsis	167,582	8.8	7.9	8.7	9.9
Asthma/COPD	162,865	6.9	5.9	7.1	7.6
Emergency Medicine	155,234	7.3	5.5	7.7	8.6
Screening/Surveillance Colonoscopy	138,043	7.3	6.4	7.3	8.2
Inpatient COPD Exacerbation	136,999	7.9	7.1	7.8	8.7
Hernia Repair	131,689	7.6	7.0	7.5	8.2
Stroke	129,840	7.6	6.6	7.6	9.0
Knee Arthroplasty	121,012	7.3	6.4	7.4	8.2
Elective Hip Arthroplasty	116,854	7.2	5.7	7.3	8.3
Lumpectomy or Mastectomy	112,212	7.6	6.7	7.5	8.9
Renal or Ureteral Stone Surgery	109,520	7.7	6.6	7.6	9.0
Lower Extremity Revascularization	106,727	7.5	6.5	7.5	8.7
Lower Gastrointestinal Hemorrhage	106,187	7.6	6.6	7.5	9.0
Elective PCI	105,771	7.5	6.9	7.4	8.3
Melanoma Resection	97,521	7.3	6.3	7.4	8.3
Colon and Rectal Resection	97,508	7.6	6.7	7.7	8.7
Lumbar Spinal Fusion	96,747	7.4	6.3	7.6	8.7
Non-Emergent CABG	91,260	7.7	6.6	7.7	9.3
Hemodialysis Access Creation	83,614	7.6	6.6	7.6	8.9
Cataract Surgery	81,006	7.5	6.6	7.3	8.6
Psychoses	75,974	7.8	7.0	7.6	9.5
STEMI with PCI	43,730	7.8	6.8	7.6	10.0

Table 5.17a
Cost Measures Most Frequently Used for Scores in Each Specialty
Excluding Total Per Capita Cost & Medicare Spending Per Beneficiary

Type of Clinician	Specialty	Number of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Measure Name	% Using Measure	Median Score	Measure Name	% Using Measure	Median Score
Physician	Addiction Medicine	88	Depression	81%	7.3	Diabetes	75%	7.5
Physician	Adult Congenital Heart Disease	21	Depression	86%	7.2	Depression	86%	7.2
Physician	Advanced Heart Failure and Transplant Cardiology	327	Diabetes	83%	7.3	Heart Failure	81%	7.0
Physician	Allergy/Immunology	1,049	Asthma/COPD	66%	7.2	Diabetes	34%	7.4
Physician	Anesthesiology	12,022	Low Back Pain	53%	7.2	Sepsis	50%	8.7
Physician	Cardiac Surgery	377	Non-Emergent CABG	65%	7.7	Diabetes	64%	7.2
Physician	Cardiology	7,516	Heart Failure	68%	7.3	Diabetes	67%	7.3
Physician	Clinical Cardiac Electrophysiology	1,058	Heart Failure	67%	7.2	Diabetes	63%	7.3
Physician	Colorectal Surgery	695	Screening/Surveillance Colonoscopy	66%	7.3	Colon and Rectal Resection	57%	7.7
Physician	Critical Care (Intensivists)	1,983	Sepsis	74%	8.7	Diabetes	68%	7.3
Physician	Dermatology	8,729	Melanoma Resection	33%	7.6	Diabetes	14%	7.4
Physician	Diagnostic Radiology	23,084	Diabetes	24%	7.3	Low Back Pain	24%	7.1
Physician	Emergency Medicine	21,981	Emergency Medicine	52%	7.8	Sepsis	38%	9.1
Physician	Endocrinology	2,446	Diabetes	82%	7.4	Depression	62%	7.4
Physician	Family Practice	15,458	Diabetes	70%	7.4	Low Back Pain	61%	7.4
Physician	Gastroenterology	6,464	Screening/Surveillance Colonoscopy	65%	7.2	Diabetes	48%	7.4
Physician	General Practice	584	Diabetes	45%	7.4	Low Back Pain	36%	7.5
Physician	General Surgery	7,144	Diabetes	65%	7.3	Hernia Repair	64%	7.5
Physician	Geriatric Medicine	544	Diabetes	84%	7.4	Depression	77%	7.4
Physician	Geriatric Psychiatry	54	Depression	81%	7.3	Emergency Medicine	61%	7.7
Physician	Gynecological/Oncology	473	Diabetes	65%	7.2	Depression	63%	7.3
Physician	Hand Surgery	751	Knee Arthroplasty	51%	7.5	Elective Hip Arthroplasty	50%	7.5
Physician	Hematology	396	Low Back Pain	74%	7.1	Diabetes	74%	7.2
Physician	Hematology-Oncology	4,431	Diabetes	58%	7.3	Low Back Pain	56%	7.1
Physician	Hematopoietic Cell Transplantation and Cellular Therapy	93	Diabetes	89%	7.3	Diabetes	89%	7.3
Physician	Hospice and Palliative Care	616	Diabetes	81%	7.3	Sepsis	80%	8.7
Physician	Hospitalist	6,449	Sepsis	87%	8.7	Inpatient COPD Exacerbation	80%	7.8
Physician	Infectious Disease	2,582	Sepsis	70%	8.5	Diabetes	62%	7.3
Physician	Internal Medicine	23,789	Diabetes	66%	7.4	Sepsis	61%	8.7
Physician	Interventional Cardiology	2,795	Heart Failure	63%	7.3	Diabetes	62%	7.2

Table 5.17b
Cost Measures Most Frequently Used for Scores in Each Specialty
Excluding Total Per Capita Cost & Medicare Spending Per Beneficiary

Type of Clinician	Specialty	Number of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Measure Name	% Using Measure	Median Score	Measure Name	% Using Measure	Median Score
Physician	Interventional Pain Management	746	Low Back Pain	56%	7.5	Diabetes	14%	7.3
Physician	Interventional Radiology	1,632	Low Back Pain	30%	7.1	Diabetes	30%	7.3
Physician	Medical Genetics and Genomics	93	Depression	81%	7.3	Depression	81%	7.3
Physician	Medical Oncology	2,141	Diabetes	64%	7.4	Low Back Pain	62%	7.1
Physician	Medical Toxicology	11	Sepsis	100%	8.4	Asthma/COPD	91%	7.3
Physician	Micrographic Dermatologic Surgery	297	Melanoma Resection	39%	7.6	Depression	10%	7.3
Physician	Nephrology	3,092	Diabetes	68%	7.4	Heart Failure	52%	7.3
Physician	Neurology	6,714	Depression	62%	7.3	Low Back Pain	62%	7.2
Physician	Neurosurgery	2,103	Low Back Pain	72%	7.2	Depression	56%	7.3
Physician	Nuclear Medicine	336	Diabetes	47%	7.4	Heart Failure	45%	7.0
Physician	Obstetrics/Gynecology	8,009	Diabetes	65%	7.4	Depression	61%	7.4
Physician	Ophthalmology	12,239	Cataract Surgery	60%	7.5	Diabetes	15%	7.2
Physician	Orthopedic Surgery	9,868	Knee Arthroplasty	58%	7.5	Low Back Pain	57%	7.3
Physician	Otolaryngology	4,272	Asthma/COPD	35%	7.1	Diabetes	34%	7.4
Physician	Pain Management	1,300	Low Back Pain	66%	7.4	Depression	29%	7.3
Physician	Pathology	6,416	Diabetes	40%	7.2	Sepsis	39%	8.7
Physician	Pediatric Medicine	2,594	Diabetes	80%	7.2	Depression	77%	7.3
Physician	Peripheral Vascular Disease	25	Diabetes	44%	6.6	Diabetes	44%	6.6
Physician	Physical Medicine and Rehabilitation	3,347	Low Back Pain	65%	7.3	Diabetes	40%	7.3
Physician	Plastic and Reconstructive Surgery	1,265	Diabetes	57%	7.3	Depression	55%	7.3
Physician	Podiatry	7,295	Low Back Pain	16%	7.6	Diabetes	14%	7.4
Physician	Preventive Medicine	76	Diabetes	76%	7.5	Depression	74%	7.3
Physician	Psychiatry	5,605	Depression	81%	7.3	Diabetes	65%	7.4
Physician	Pulmonary Disease	4,265	Asthma/COPD	66%	7.1	Sepsis	61%	8.6
Physician	Radiation Oncology	2,426	Depression	51%	7.3	Diabetes	51%	7.2
Physician	Rheumatology	2,313	Low Back Pain	58%	7.3	Diabetes	49%	7.4
Physician	Sleep Medicine	301	Diabetes	68%	7.4	Depression	65%	7.3
Physician	Sports Medicine	712	Low Back Pain	69%	7.4	Knee Arthroplasty	65%	7.4
Physician	Surgical Oncology	596	Lumpectomy or Mastectomy	70%	7.5	Diabetes	68%	7.2
Physician	Thoracic Surgery	868	Diabetes	74%	7.2	Heart Failure	72%	7.2

Table 5.17c Cost Measures Most Frequently Used for Scores in Each Specialty Excluding Total Per Capita Cost & Medicare Spending Per Beneficiary								
Type of Clinician	Specialty	Number of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Measure Name	% Using Measure	Median Score	Measure Name	% Using Measure	Median Score
Physician	Undefined Physician type[6]	123	Diabetes	59%	7.1	Sepsis	57%	8.7
Physician	Undersea and Hyperbaric Medicine	40	Diabetes	68%	7.2	Diabetes	68%	7.2
Physician	Urology	4,758	Renal or Ureteral Stone Surgery	52%	7.5	Low Back Pain	40%	7.4
Physician	Vascular Surgery	1,810	Lower Extremity Revascularization	55%	7.6	Diabetes	48%	7.3

Type of Clinician	Specialty	Number of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Measure Name	% Using Measure	Median Score	Measure Name	% Using Measure	Median Score
Anesthesiologist Assistant	Anesthesiologist Assistant	766	Diabetes	53%	7.4	Low Back Pain	51%	7.4
Certified Nurse-Midwife	Certified Nurse Midwife	1,194	Diabetes	73%	7.3	Depression	69%	7.4
Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist (CRNA)	12,867	Diabetes	49%	7.3	Low Back Pain	48%	7.2
Clinical Nurse Specialist	Certified Clinical Nurse Specialist	394	Diabetes	75%	7.3	Depression	75%	7.3
Clinical Psychologist	Clinical Psychologist	2,825	Depression	84%	7.3	Diabetes	63%	7.4
Clinical Social Worker	Licensed Clinical Social Worker	3,184	Depression	90%	7.3	Diabetes	53%	7.4
Doctor of Chiropractic	Chiropractic	298	Low Back Pain	84%	7.5	Diabetes	37%	7.3
Doctor of Dental Medicine/Doctor of Dental Surgery	Dentist	58	Low Back Pain	83%	7.1	Diabetes	81%	7.4
Doctor of Dental Medicine/Doctor of Dental Surgery	Maxillofacial Surgery	100	Diabetes	72%	7.2	Emergency Medicine	71%	7.7
Doctor of Dental Medicine/Doctor of Dental Surgery	Neuropsychiatry	71	Depression	79%	7.3	Diabetes	73%	7.3
Doctor of Dental Medicine/Doctor of Dental Surgery	Oral Surgery (Dentists Only)	144	Diabetes	69%	7.2	Depression	67%	7.3
Doctor of Optometry	Optometry	7,200	Cataract Surgery	48%	7.5	Diabetes	13%	7.3
Doctor of Osteopathy	Osteopathic Manipulative Medicine	165	Low Back Pain	70%	7.6	Diabetes	62%	7.5
Nurse Practitioner	Nurse Practitioner	54,822	Diabetes	61%	7.3	Depression	57%	7.4
Occupational Therapist	Occupational Therapist in Private Practice	1,936	Low Back Pain	83%	7.4	Knee Arthroplasty	46%	7.8
Physical Therapist	Physical Therapist in Private Practice	15,535	Low Back Pain	87%	7.3	Knee Arthroplasty	22%	7.8
Physician Assistant	Physician Assistant	38,133	Low Back Pain	53%	7.3	Diabetes	50%	7.3
Qualified Audiologist	Audiologist	1,715	Asthma/COPD	50%	7.2	Diabetes	48%	7.4
Qualified Speech-Language Pathologist	Speech Language Pathologists	386	Low Back Pain	78%	7.3	Diabetes	62%	7.2
Registered Dietician/Nutrition Professional	Registered Dietician or Nutrition Professional	769	Diabetes	91%	7.4	Heart Failure	82%	7.3

Table 5.18a
Cost Measures Most Frequently Used for Scores in Each Specialty
Excluding Total Per Capita Cost & Medicare Spending Per Beneficiary
Only Physicians Participating as Individuals or Small Group Practices

Type of Clinician	Specialty	Number of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Measure Name	% Using Measure	Median Score	Measure Name	% Using Measure	Median Score
Physician	Addiction Medicine	4	Low Back Pain	25%	7.9	Low Back Pain	25%	7.9
Physician	Advanced Heart Failure and Transplant Cardiology	14	Heart Failure	29%	7.5	Heart Failure	29%	7.5
Physician	Allergy/Immunology	400	Asthma/COPD	51%	7.8	Asthma/COPD	51%	7.8
Physician	Anesthesiology	950	Low Back Pain	39%	7.4	Low Back Pain	39%	7.4
Physician	Cardiac Surgery	52	Non-Emergent CABG	31%	7.3	Non-Emergent CABG	31%	7.3
Physician	Cardiology	2,428	Heart Failure	43%	7.6	Heart Failure	43%	7.6
Physician	Clinical Cardiac Electrophysiology	314	Heart Failure	41%	6.7	Heart Failure	41%	6.7
Physician	Colorectal Surgery	146	Screening/Surveillance Colonoscopy	53%	8.3	Screening/Surveillance Colonoscopy	53%	8.3
Physician	Critical Care (Intensivists)	231	Asthma/COPD	38%	7.1	Asthma/COPD	38%	7.1
Physician	Dermatology	5,319	Melanoma Resection	23%	7.8	Melanoma Resection	23%	7.8
Physician	Diagnostic Radiology	3,658	Lower Extremity Revascularization	1%	7.3	Lower Extremity Revascularization	1%	7.3
Physician	Emergency Medicine	1,181	Emergency Medicine	31%	7.6	Emergency Medicine	31%	7.6
Physician	Endocrinology	671	Diabetes	63%	7.2	Diabetes	63%	7.2
Physician	Family Practice	3,069	Diabetes	50%	7.5	Diabetes	50%	7.5
Physician	Gastroenterology	1,525	Screening/Surveillance Colonoscopy	42%	7.6	Screening/Surveillance Colonoscopy	42%	7.6
Physician	General Practice	311	Diabetes	32%	7.3	Diabetes	32%	7.3
Physician	General Surgery	1,058	Hernia Repair	32%	7.7	Hernia Repair	32%	7.7
Physician	Geriatric Medicine	96	Diabetes	52%	7.7	Diabetes	52%	7.7
Physician	Geriatric Psychiatry	8	Depression	25%	7.4	Depression	25%	7.4
Physician	Gynecological/Oncology	46	Diabetes	7%	8.1	Diabetes	7%	8.1
Physician	Hand Surgery	229	Knee Arthroplasty	5%	7.7	Knee Arthroplasty	5%	7.7
Physician	Hematology	33	Asthma/COPD	6%	7.1	Asthma/COPD	6%	7.1
Physician	Hematology-Oncology	681	Diabetes	5%	7.3	Diabetes	5%	7.3
Physician	Hospice and Palliative Care	18	Diabetes	17%	7.1	Diabetes	17%	7.1
Physician	Hospitalist	323	Sepsis	26%	8.0	Sepsis	26%	8.0
Physician	Infectious Disease	680	Sepsis	39%	8.2	Sepsis	39%	8.2
Physician	Internal Medicine	5,345	Diabetes	39%	7.4	Diabetes	39%	7.4
Physician	Interventional Cardiology	968	Heart Failure	40%	7.5	Heart Failure	40%	7.5
Physician	Interventional Pain Management	492	Low Back Pain	57%	7.6	Low Back Pain	57%	7.6
Physician	Interventional Radiology	247	Lower Extremity Revascularization	14%	7.4	Lower Extremity Revascularization	14%	7.4

Table 5.18b
Cost Measures Most Frequently Used for Scores in Each Specialty
Excluding Total Per Capita Cost & Medicare Spending Per Beneficiary
Only Physicians Participating as Individuals or Small Group Practices

Type of Clinician	Specialty	Number of NPI-TINs	Most Commonly Used Measure			Second Most Common Measure		
			Measure Name	% Using Measure	Median Score	Measure Name	% Using Measure	Median Score
Physician	Medical Oncology	158	Diabetes	3%	8.8	Diabetes	3%	8.8
Physician	Micrographic Dermatologic Surgery	188	Melanoma Resection	39%	7.7	Melanoma Resection	39%	7.7
Physician	Nephrology	1,283	Diabetes	46%	7.4	Diabetes	46%	7.4
Physician	Neurology	1,642	Low Back Pain	19%	7.4	Low Back Pain	19%	7.4
Physician	Neurosurgery	461	Low Back Pain	40%	7.2	Low Back Pain	40%	7.2
Physician	Nuclear Medicine	40	Diabetes	5%	7.9	Diabetes	5%	7.9
Physician	Obstetrics/Gynecology	503	Diabetes	2%	7.0	Diabetes	2%	7.0
Physician	Ophthalmology	7,898	Cataract Surgery	52%	7.6	Cataract Surgery	52%	7.6
Physician	Orthopedic Surgery	2,746	Knee Arthroplasty	33%	7.6	Knee Arthroplasty	33%	7.6
Physician	Otolaryngology	1,827	Asthma/COPD	3%	7.9	Asthma/COPD	3%	7.9
Physician	Pain Management	610	Low Back Pain	57%	7.5	Low Back Pain	57%	7.5
Physician	Pathology	1,821	Screening/Surveillance Colonoscopy	2%	7.7	Screening/Surveillance Colonoscopy	2%	7.7
Physician	Pediatric Medicine	43	Diabetes	21%	8.0	Diabetes	21%	8.0
Physician	Peripheral Vascular Disease	7	Lower Extremity Revascularization	29%	7.2	Lower Extremity Revascularization	29%	7.2
Physician	Physical Medicine and Rehabilitation	1,274	Low Back Pain	42%	7.4	Low Back Pain	42%	7.4
Physician	Plastic and Reconstructive Surgery	265	Melanoma Resection	26%	7.2	Melanoma Resection	26%	7.2
Physician	Podiatry	5,226	Diabetes	1%	7.2	Diabetes	1%	7.2
Physician	Preventive Medicine	11	Asthma/COPD	9%	2.3	Asthma/COPD	9%	2.3
Physician	Psychiatry	573	Depression	49%	7.4	Depression	49%	7.4
Physician	Pulmonary Disease	1,184	Asthma/COPD	51%	7.3	Asthma/COPD	51%	7.3
Physician	Radiation Oncology	561	Lumpectomy or Mastectomy	2%	8.8	Lumpectomy or Mastectomy	2%	8.8
Physician	Rheumatology	929	Low Back Pain	33%	7.5	Low Back Pain	33%	7.5
Physician	Sleep Medicine	71	Asthma/COPD	15%	7.7	Asthma/COPD	15%	7.7
Physician	Sports Medicine	112	Knee Arthroplasty	21%	7.7	Knee Arthroplasty	21%	7.7
Physician	Surgical Oncology	31	Melanoma Resection	23%	6.6	Melanoma Resection	23%	6.6
Physician	Thoracic Surgery	97	Non-Emergent CABG	18%	6.9	Non-Emergent CABG	18%	6.9
Physician	Undefined Physician type[6]	24	Melanoma Resection	12%	9.0	Melanoma Resection	12%	9.0
Physician	Urology	1,373	Renal or Ureteral Stone Surgery	26%	7.6	Renal or Ureteral Stone Surgery	26%	7.6
Physician	Vascular Surgery	646	Lower Extremity Revascularization	41%	7.6	Lower Extremity Revascularization	41%	7.6

5.6. The Total Per Capita Cost Measure

The most broadly applicable cost measure used in 2024 was the Total Per Capita Cost (TPCC) measure, which could potentially be attributed to any physician who delivered a “primary care service” to a beneficiary. This included many specialists.

As shown in Table 5.19, the majority of clinicians who were scored on cost had the TPCC as part of their scoring. Clinicians in large groups almost always had the TPCC as part of their scoring, but in most cases, their cost score was also based on measures other than the TPCC. 15-30% of physicians participating as individuals had their cost scores based *only* on TPCC. The median TPCC scores were higher for small groups than for individual physicians and large groups.

As shown in Table 5.20, for large groups, TPCC was only one out of an average of 16 cost measures attributed to them, so the low scores on TPCC had a relatively small effect on their overall cost score. Small practices and individual participants had only 2-3 cost measures attributed to them, so the TPCC measure would have had a much larger impact. However, it does not appear that the scores on the TPCC measure made the overall cost scores higher or lower than they would have been if the TPCC had not been used.

Differences by Specialty

As shown in Appendix 2, the TPCC measure had similar impacts on most specialties, and in the majority of specialties, the cost scores would have been similar if the TPCC measure had been excluded.

Differences by State

Table 5.21 shows there is dramatic variation in TPCC scores across states. In some states, more than one-sixth of the clinicians received TPCC scores lower than 5.0, whereas in most states, fewer than 4% of clinicians received a score this low.

Table 5.19
Impact of TPCC Measure on Cost Score

Participation Group	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using TPCC	Median TPCC Score	% Scores Based Only on TPCC	Median of Scores Based Only on TPCC
Individual (Solo Practice)	36%	75.6	62%	7.6	17.5%	7.4
Individual (2+ Practice)	30%	74.9	49%	7.5	28.9%	7.5
Virtual Group	100%	0.0	100%	7.0	19.8%	3.8
Group (Solo Practice)	24%	75.5	63%	7.8	11.6%	8.0
Group (2-15 Clinicians)	57%	75.4	51%	7.5	16.1%	7.4
Group (> 15 Clinicians)	80%	74.6	86%	7.3	3.1%	7.7
APM Entity	0%					

Table 5.20
Impact of Total Per Capita Cost
on Cost Scores Using Multiple Cost Measures

Participation_Group	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including TPCC in Cost Measures	Median of Measures Including TPCC	Median of Measures Excluding TPCC
Individual (Solo Practice)	36%	58%	2.7	88%	7.6	7.6
Individual (2+ Practice)	30%	50%	2.6	70%	7.4	7.4
Virtual Group	100%	80%	4.0	100%	7.6	7.8
Group (Solo Practice)	24%	64%	3.0	87%	7.6	7.5
Group (2-15 Clinicians)	57%	49%	3.6	89%	7.4	7.4
Group (> 15 Clinicians)	80%	89%	16.0	94%	7.5	7.5
APM Entity	0%					

Table 5.21a
TPCC Scores by State

State	Median Score	% < 5	% <7.5	% > 9
UT	7.0	26.6%	91.4%	0.0%
NV	7.3	21.5%	75.1%	1.2%
MA	7.5	21.3%	44.0%	1.8%
KS	7.0	18.4%	84.3%	0.1%
AK	7.5	18.0%	35.3%	11.3%
IN	7.1	17.6%	82.5%	2.2%
DE	7.6	15.7%	37.7%	0.2%
AZ	7.4	13.4%	72.1%	0.3%
MO	6.8	12.0%	88.6%	0.5%
WA	7.6	11.6%	37.6%	9.2%
AR	7.3	11.5%	65.0%	4.3%
OK	7.2	11.4%	68.9%	0.4%
CO	6.6	10.8%	79.3%	1.3%
IA	7.0	10.7%	77.3%	0.0%
WY	6.2	10.0%	96.7%	1.1%
NE	7.1	9.3%	62.3%	0.6%
WI	7.1	8.0%	93.4%	0.0%
LA	7.4	6.7%	60.4%	0.9%
NY	7.5	6.6%	25.2%	4.6%
DC	7.7	6.0%	44.6%	20.5%
TX	6.5	4.9%	82.6%	0.4%
CT	7.4	4.9%	57.2%	1.2%
SC	7.4	4.5%	52.7%	1.5%
NH	7.2	4.3%	60.0%	2.6%
AL	7.6	4.2%	36.7%	0.6%
CA	7.1	3.8%	67.1%	7.3%

Table 5.21b
TPCC Scores by State

State	Median Score	% < 5	% <7.5	% > 9
SD	6.1	3.6%	93.1%	2.6%
IL	7.0	3.3%	84.1%	0.4%
VA	7.4	3.2%	66.9%	1.2%
GA	7.7	2.9%	44.5%	0.6%
ME	7.2	2.8%	94.9%	0.7%
MI	7.5	2.7%	49.6%	4.0%
MS	7.1	2.5%	67.3%	0.9%
ND	7.2	2.3%	89.7%	0.0%
ID	7.1	1.8%	90.2%	0.0%
PA	7.3	1.8%	61.7%	0.4%
FL	7.2	1.7%	65.3%	1.6%
OH	7.4	1.6%	50.1%	1.4%
NJ	7.5	1.5%	45.7%	1.4%
TN	7.4	1.3%	55.8%	6.2%
MN	7.5	1.2%	27.8%	0.1%
KY	7.2	1.1%	80.8%	0.2%
NC	7.6	0.7%	27.6%	2.5%
NM	6.8	0.5%	86.1%	1.5%
OR	7.5	0.4%	41.4%	4.9%
MT	6.6	0.3%	90.4%	0.0%
RI	7.4	0.3%	53.7%	1.7%
MD	7.6	0.3%	44.1%	1.7%
HI	8.0	0.0%	1.4%	9.9%
VT	6.3	0.0%	89.1%	3.3%
WV	7.2	0.0%	56.9%	3.5%

5.7. The Medicare Spending Per Beneficiary Measure

The Medicare Spending Per Beneficiary (MSPB) measure applies only to patients discharged from the hospital and it is attributed to the clinician group that performed surgery (for surgical admissions) or provided at least 30% of the visits for a medical admission. As a result, it was used for fewer individuals and small group practices than the TPCC measure, but it was used for over 80% of large groups. Table 5.22 shows that for 10-15% of the individual clinicians who were attributed the MSPB measure, it was the only measure on which their cost score was based.

Table 5.23 shows that for most types of participants, use of the MSPB measure did not significantly affect the overall cost score compared to what it would have been only with the other cost measures assigned to the clinicians.

Differences by Specialty

Table A3.1 in Appendix 3 shows that radiologists and nuclear medicine physicians were the only specialists likely to have their cost scores based solely on the MSPB. Table A3.2 shows that in every specialty, the majority of cost scores were the same or better as a result of including the MSPB measure.

Differences by State

Table 5.24 shows significant variation in the scores by state.

Table 5.22
Impact of MSPB Measure on Cost Score

Participation Group	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using MSPB	Median MSPB Score	% Scores Based Only on MSPB	Median of Scores Based Only on MSPB
Individual (Solo Practice)	36%	75.6	10%	7.7	12.6%	7.9
Individual (2+ Practice)	30%	74.9	19%	7.4	14.4%	7.4
Virtual Group	100%	0.0	80%	9.5	0.0%	
Group (Solo Practice)	24%	75.5	20%	7.7	13.3%	7.5
Group (2-15 Clinicians)	57%	75.4	21%	7.8	3.2%	7.7
Group (> 15 Clinicians)	80%	74.6	81%	7.9	1.6%	7.6
APM Entity	0%					

Table 5.23
Impact of Medicare Spending Per Beneficiary on Cost Scores Using Multiple Cost Measures

Participation_Group	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including MSPB in Cost Measures	Median of Measures Including MSPB	Median of Measures Excluding MSPB
Individual (Solo Practice)	36%	58%	2.7	16%	7.5	7.4
Individual (2+ Practice)	30%	50%	2.6	32%	7.3	7.4
Virtual Group	100%	80%	4.0	100%	7.6	7.0
Group (Solo Practice)	24%	64%	3.0	28%	7.4	7.5
Group (2-15 Clinicians)	57%	49%	3.6	43%	7.5	7.4
Group (> 15 Clinicians)	80%	89%	16.0	89%	7.6	7.5
APM Entity	0%					

Table 5.24a MSPB Scores by State				
State	Median Score	% < 5	% < 7.5	% > 9
DC	6.9	12.4%	97.3%	0.9%
NV	7.7	9.1%	43.0%	6.6%
IL	7.9	1.0%	9.5%	6.4%
OK	7.9	1.0%	38.0%	12.1%
MI	8.3	1.0%	5.9%	12.5%
LA	8.0	0.5%	14.6%	2.7%
KS	8.1	0.5%	19.2%	12.3%
MS	7.8	0.5%	2.0%	1.8%
VA	7.9	0.5%	2.4%	7.8%
NM	7.9	0.4%	11.6%	6.9%
TX	7.8	0.3%	14.4%	1.5%
AL	8.2	0.3%	15.6%	17.8%
IN	7.9	0.3%	7.7%	5.3%
NJ	7.2	0.3%	65.0%	1.2%
CO	8.0	0.3%	11.4%	18.1%
NY	7.9	0.2%	10.5%	13.0%
CA	7.9	0.2%	8.0%	12.5%
AR	7.8	0.2%	22.0%	3.9%
GA	8.2	0.2%	10.8%	15.4%
TN	7.8	0.2%	30.3%	6.1%
MD	8.0	0.1%	5.2%	3.7%
IA	8.1	0.1%	9.6%	8.3%
OH	7.9	0.1%	11.5%	6.3%
NC	7.9	0.1%	1.1%	11.9%
KY	7.6	0.1%	19.8%	3.1%
MO	7.9	0.0%	8.0%	9.8%

Table 5.24b MSPB Scores by State				
State	Median Score	% < 5	% < 7.5	% > 9
UT	7.6	0.0%	35.8%	1.6%
PA	7.7	0.0%	23.0%	0.8%
AZ	8.0	0.0%	7.8%	12.0%
AK	10.0	0.0%	0.4%	97.6%
CT	7.8	0.0%	18.8%	17.8%
DE	8.0	0.0%	19.6%	4.1%
FL	7.8	0.0%	25.6%	6.6%
HI	8.6	0.0%	0.0%	25.0%
ID	8.5	0.0%	0.3%	0.5%
MA	7.7	0.0%	8.2%	0.7%
ME	8.0	0.0%	2.4%	5.1%
MN	9.1	0.0%	0.2%	54.4%
MT	8.9	0.0%	0.0%	45.3%
ND	9.0	0.0%	0.0%	46.7%
NE	8.0	0.0%	4.3%	21.8%
NH	7.3	0.0%	57.9%	1.1%
OR	9.4	0.0%	1.8%	68.5%
RI	8.6	0.0%	2.7%	14.5%
SC	7.8	0.0%	4.0%	5.9%
SD	7.4	0.0%	59.7%	35.4%
VT	8.7	0.0%	0.0%	0.0%
WA	9.5	0.0%	6.0%	53.9%
WI	8.6	0.0%	2.0%	12.0%
WV	7.7	0.0%	1.6%	4.3%
WY	8.7	0.0%	33.0%	39.5%

5.8. The Diabetes Cost Measure

The Diabetes cost measure was the most frequently used cost measure that is applicable only to patients with a specific health problem. It could potentially be attributed to any physician who delivered multiple visits or a visit and another service to a beneficiary with diabetes.

As shown in Table 5.25, the majority of clinicians in large groups who were scored on cost had the Diabetes cost measure as part of their scoring. As shown in Table 5.26, the Diabetes measure did not significantly affect the overall cost score.

Differences by Specialty

Table A4.1 in Appendix 4 shows that median Diabetes cost measure scores were similar for all specialties. Table A4.2 shows that for most specialties, the scores on the Diabetes cost measure did not negatively affect the overall cost scores.

Differences by State

Table 5.27 shows that, similar to the other cost measures, there is dramatic variation in the Diabetes cost measure scores across states. In some states, more than 10% of clinicians received a score below 5, whereas in most states, fewer than 2% of clinicians received a Diabetes cost score that low.

Table 5.25
Impact of Diabetes Cost Measure on Cost Score

Participation Group	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using Diabetes Cost	Median Diabetes Cost Score	% Scores Based Only on Diabetes Cost	Median of Scores Based Only on Diabetes Cost
Individual (Solo Practice)	36%	75.6	44%	7.5	3.6%	7.6
Individual (2+ Practice)	30%	74.9	25%	7.4	2.2%	7.5
Virtual Group	100%	0.0	0%			
Group (Solo Practice)	24%	75.5	46%	7.4	0.0%	
Group (2-15 Clinicians)	57%	75.4	22%	7.2	0.9%	5.2
Group (> 15 Clinicians)	80%	74.6	72%	7.4	0.1%	7.1
APM Entity	0%					

Table 5.26
Impact of Diabetes Cost Measure
on Cost Scores Using Multiple Cost Measures

Participation Group	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including Diabetes Cost in Cost Measures	Median of Measures Including Diabetes Cost	Median of Measures Excluding Diabetes Cost
Individual (Solo Practice)	36%	58%	2.7	73%	7.6	7.6
Individual (2+ Practice)	30%	50%	2.6	49%	7.4	7.4
Virtual Group	100%	80%	4.0	0%		
Group (Solo Practice)	24%	64%	3.0	72%	7.5	7.6
Group (2-15 Clinicians)	57%	49%	3.6	44%	7.4	7.5
Group (> 15 Clinicians)	80%	89%	16.0	81%	7.5	7.6
APM Entity	0%					

Table 5.27a
Diabetes Cost Scores by State

State	Median Score	% < 5	% < 7.5	% > 9
AK	4.1	77.3%	98.4%	0.0%
NV	6.2	21.1%	82.8%	0.7%
OK	6.1	17.1%	96.1%	0.3%
WY	6.1	11.9%	84.8%	0.0%
TN	7.1	10.8%	34.3%	0.6%
WA	7.2	8.7%	46.4%	2.8%
ND	6.8	7.0%	99.6%	0.4%
LA	7.1	6.0%	68.7%	0.0%
KS	7.2	5.4%	49.0%	0.3%
NH	7.4	5.0%	13.9%	0.0%
NY	7.2	2.9%	70.1%	1.1%
AL	7.5	2.9%	46.3%	16.4%
ME	7.5	2.3%	35.7%	0.0%
IL	7.1	2.2%	81.7%	0.2%
WI	7.1	2.2%	94.0%	0.0%
PA	7.4	1.7%	39.6%	0.1%
CA	7.3	1.4%	59.8%	0.4%
DE	7.1	1.2%	88.0%	2.1%
AZ	7.3	1.1%	68.1%	0.2%
MO	7.3	1.0%	71.1%	0.2%
TX	6.9	1.0%	88.6%	0.2%
FL	7.1	0.9%	67.3%	2.8%
HI	6.9	0.8%	92.6%	0.0%
AR	7.6	0.7%	35.0%	11.4%
MD	7.2	0.7%	79.0%	0.3%
NC	7.4	0.6%	77.6%	0.9%

Table 5.27b
Diabetes Cost Scores by State

State	Median Score	% < 5	% < 7.5	% > 9
MA	7.4	0.6%	61.7%	1.0%
MI	7.3	0.6%	68.2%	3.8%
NE	7.0	0.5%	56.9%	0.2%
WV	7.5	0.5%	73.9%	1.1%
IA	7.3	0.5%	60.7%	0.2%
NJ	7.3	0.5%	50.6%	0.9%
MS	7.3	0.5%	90.8%	0.2%
VA	7.2	0.4%	57.6%	1.3%
IN	7.3	0.4%	81.4%	0.3%
CO	7.2	0.4%	50.4%	0.1%
MN	7.3	0.3%	71.0%	0.0%
KY	7.3	0.3%	42.3%	0.1%
GA	7.4	0.2%	47.0%	0.4%
SC	7.4	0.2%	70.6%	0.2%
MT	6.6	0.2%	92.4%	0.0%
OH	7.5	0.1%	33.5%	0.4%
UT	6.9	0.0%	45.5%	0.1%
CT	7.0	0.0%	75.2%	0.1%
DC	7.8	0.0%	29.2%	12.5%
ID	7.3	0.0%	90.8%	0.3%
NM	7.7	0.0%	11.4%	2.0%
OR	7.4	0.0%	33.5%	0.3%
RI	7.4	0.0%	46.9%	0.0%
SD	6.8	0.0%	98.6%	0.0%
VT	7.7	0.0%	75.0%	3.6%

6. MIPS Scores for Physicians Assigned to CMMI Ambulatory Specialty Model

The Center for Medicare and Medicaid Innovation (CMMI) plans to implement the “Ambulatory Specialty Model” (ASM) in 2027 and to mandate participation in the model by certain types of specialists who deliver services to patients with heart failure or low back pain in randomly-selected geographic regions. The physicians who are required to participate would have their Medicare payments modified based on their individual performance on a specific set of quality measures.

Most, but not all, of these measures are already being used in the MIPS program, so some insights into how clinicians would perform on the measures that would be used in ASM could potentially be gained based on their performance in the 2024 MIPS program. However, as shown below, a large fraction of the physicians who would be required to participate in ASM did not participate in MIPS in 2024 (presumably because they were Qualified Participants in an APM), and the majority of those who did participate in MIPS did not report the quality measures that will be used in ASM.

6.1. Heart Failure

One part of ASM would mandate participation by (general) cardiologists working in selected geographic areas if they treat at least 20 heart failure patients during the year. The cardiologists would have their Medicare payments adjusted (most likely a payment reduction because of the design of the model) based partially on their performance on the following measures:

- Measure 005: ACE Inhibitor or ARB or ARNI Therapy for LVSD Heart Failure Patients
- Measure 008: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) Heart Failure Patients
- Measure 236: Controlling High Blood Pressure
- Measure 377: Functional Status Assessments for Heart Failure
- Measure 492: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure

CMS has released a list of the physicians who will be required to participate in 2027. Only 59% of those physicians participated in MIPS in 2024; the others were presumably part of APMs. The performance of the MIPS participants on the quality measures that will be used in ASM can provide only limited insight into how the physicians would perform under ASM, because most of the physicians did not report the measures that will be used in ASM.

Table 6.1 MIPS Participation by Clinicians Assigned to ASM Heart Failure Model in 2027		
Participation in MIPS	Number of ASM NPIs Measured	% of ASM NPIs
2024 MIPS Participant	1,542	59.4%
Not in MIPS in 2024	1,055	40.6%
Total	2,597	100.0%

Table 6.2 Performance on Heart Failure Cost Measure in 2024 MIPS Clinicians Assigned to Ambulatory Specialty Model							
Measure Name	Number of ASM NPIs Measured	% of ASM NPIs	Measure_ID	Mean Score	10th Percentile	Median Score	90th Percentile
Heart Failure	1,194	77%	COST_HF_1	7.2	6.1	7.3	8.2

Table 6.3 Quality Measures for ASM Heart Failure Participants							
Measure Number	Measure Name	Number of ASM NPIs Measured	% of ASM NPIs	Mean Score	10th Percentile	Median Score	90th Percentile
005	HF Medications	72	5%	8.2	7.0	8.6	9.8
008	HF Beta-Blocker	109	7%	8.0	5.2	8.8	10.0
236	High Blood Pressure Control	847	55%	8.0	6.0	8.4	9.5
377	CHF Functional Assessment	8	1%	8.4	2.8	10.0	10.0
492	CV-related Admission Rate for HF Patients	696	45%	5.5	1.6	5.1	10.0

6.2. Low Back Pain

The other part of ASM would mandate participation by anesthesiologists, orthopedic surgeons, neurosurgeons, physiatrists, and pain management physicians working in selected geographic areas if they treat at least 20 patients with low back pain during the year. The physicians would have their Medicare payments adjusted (most likely a payment reduction because of the design of the model) based partially on their performance on the following measures:

- Measure 128: BMI Screening and Follow-Up Plan
- Measure 134: Screening for Depression and Follow-Up Plan
- Measure 220: Functional Status Change for Patients with Low Back Impairments
- Measure 238: Use of High-Risk Medications in Older Adults
- A new measure of Magnetic Resonance Imaging (MRI) of the Lumbar Spine for Low Back Pain

CMS has proposed to replace the Functional Status Change measure with the following measure:

- Measure 182: Functional Outcome Assessment

CMS has released a list of the physicians who will be required to participate in 2027. Only 61% of those physicians participated in MIPS in 2024. The performance of the MIPS participants on the quality measures that will be used in ASM can provide only limited insight into how the physicians would perform under ASM, because most of the physicians did not report the measures that will be used in ASM. (The Functional Outcome Assessment measure is “topped out” in MIPS because most of the clinicians who report it have 100% performance on the measure, so the maximum score CMS awards for the measure in MIPS is 7.0, not 10.0.)

Table 6.4 MIPS Participation by Clinicians Assigned to ASM Low Back Pain Model in 2027		
Participation in MIPS	Number of ASM NPIs Measured	% of ASM NPIs
2024 MIPS Participant	2,381	61.0%
Not in MIPS in 2024	1,522	39.0%
Total	3,903	100.0%

Table 6.5 Performance on Low Back Pain Cost Measure in 2024 MIPS Clinicians Assigned to Ambulatory Specialty Model							
Measure Name	Number of ASM NPIs Measured	% of ASM NPIs	Measure_ID	Mean Score	10th Percentile	Median Score	90th Percentile
Low Back Pain	1,989	84%	COST_LBP_1	7.2	6.1	7.4	8.2

Table 6.6 Quality Measures for ASM Low Back Pain Participants							
Measure Number	Measure Name	Number of ASM NPIs Measured	% of ASM NPIs	Mean Score	10th Percentile	Median Score	90th Percentile
128	BMI Screening	38	2%	8.7	7.0	9.3	9.8
134	Depression Screening	479	20%	7.8	3.0	8.6	10.0
182	Functional Outcome Assessment	37	2%	5.1	1.9	7.0	7.0
220	Low Back Impairments Funct. Status Chg	4	0%	9.4	8.4	10.0	10.0
238	Use of High-Risk Medications	283	12%	5.6	3.0	5.2	10.0

Appendices

1. Quality Scores for Specialists in MVPs vs MIPS

This appendix compares the scores on quality measures assigned to individual clinicians who participated in MVPs (either as individuals or through a group) to the performance on the same measure by clinicians of the same specialty in the Traditional MIPS program. (The measure score does not necessarily represent the performance of clinicians of that specialty, since a specialist participating in MIPS through a group will be assigned a score based on the performance of all clinicians in the group.)

Table A1.1a Quality Scores in MVP vs MIPS for Anesthesia MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Anesthesiology						
430	Post-Op Nausea/Vomiting Prevention	7.0	3.5	3.5	584	3,265
477	Multimodal Pain Management	6.3	5.8	0.5	564	2,923
AQI48	Patient-Reported Experience with Anesthesia	8.6	9.0	-0.4	458	2,019
463	Pediatric Post-Op Vomiting Prevention	7.0	3.7	3.3	356	2,075
ABG44	Low Flow Inhalational General Anesthesia	5.0	5.0	0.0	344	2,446
404	Anesthesiology Smoking Abstinence	7.2	7.9	-0.7	297	2,630
424	Perioperative Temperature Management	7.0	3.3	3.7	254	2,831

Table A1.1b Quality Scores in MVP vs MIPS for Anesthesia MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Certified Registered Nurse Anesthetist (CRNA)						
477	Multimodal Pain Management	6.3	5.8	0.5	934	2,644
430	Post-Op Nausea/Vomiting Prevention	7.0	3.5	3.5	677	3,246
AQI48	Patient-Reported Experience with Anesthesia	9.7	9.0	0.7	666	2,198
ABG44	Low Flow Inhalational General Anesthesia	5.0	5.0	0.0	628	2,451
404	Anesthesiology Smoking Abstinence	3.9	7.9	-4.0	503	2,276
463	Pediatric Post-Op Vomiting Prevention	7.0	2.7	4.3	409	1,975
424	Perioperative Temperature Management	7.0	3.3	3.7	369	2,980

Table A1.2a Quality Scores in MVP vs MIPS for Cancer Care MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Hematology-Oncology						
479	All-Cause Unplanned Readmission Rate	1.1	4.9	−3.8	186	3,158
047	Advance Care Plan	8.0	7.2	0.8	149	387
457	Cancer Hospice Admit for Under 3 Days	10.0	7.6	2.3	115	170
453	Cancer Chemo In Last 14 Days of Life	10.0	10.0	0.0	105	292
450	Breast Cancer Appropriate HER2-Pos Tx	10.0	10.0	0.0	96	449
134	Depression Screening	10.0	8.9	1.1	88	745
484	Hospital Admits for Multi-Chronic Patients	4.2	4.0	0.2	83	3,447
487	Screening for Social Drivers of Health	5.0	5.0	0.0	81	83
144	Cancer Pain Plan for Care	10.0	8.0	2.0	62	580
143	Cancer Pain Quantification	7.0	7.0	0.0	47	286
PIMSH2	Utilization of GCSF in metastatic colorectal cancer	6.2	7.2	−1.0	27	228

Table A1.2b Quality Scores in MVP vs MIPS for Cancer Care MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Medical Oncology						
047	Advance Care Plan	6.7	7.2	−0.5	78	213
479	All-Cause Unplanned Readmission Rate	1.1	3.6	−2.5	78	1,752
457	Cancer Hospice Admit for Under 3 Days	10.0	7.2	2.8	70	146
453	Cancer Chemo In Last 14 Days of Life	10.0	10.0	0.0	60	370
484	Hospital Admits for Multi-Chronic Patients	4.2	2.7	1.5	40	1,834
487	Screening for Social Drivers of Health	5.0	5.0	0.0	39	18
450	Breast Cancer Appropriate HER2-Pos Tx	10.0	10.0	0.0	35	342
144	Cancer Pain Plan for Care	10.0	7.9	2.1	20	421
134	Depression Screening	10.0	8.9	1.1	16	329
143	Cancer Pain Quantification	7.0	7.0	0.0	11	90
PIMSH2	Utilization of GCSF in metastatic colorectal cancer	9.7	7.2	2.5	3	165

Table A1.2c Quality Scores in MVP vs MIPS for Cancer Care MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Radiation Oncology						
047	Advance Care Plan	6.9	7.2	−0.3	129	219
450	Breast Cancer Appropriate HER2-Pos Tx	10.0	10.0	0.0	118	342
457	Cancer Hospice Admit for Under 3 Days	10.0	8.4	1.6	115	36
453	Cancer Chemo In Last 14 Days of Life	10.0	10.0	0.0	112	202
484	Hospital Admits for Multi-Chronic Patients	9.8	3.9	5.9	78	1,684
479	All-Cause Unplanned Readmission Rate	8.9	5.2	3.7	58	1,479
487	Screening for Social Drivers of Health	5.0	5.0	0.0	23	62
144	Cancer Pain Plan for Care	10.0	8.3	1.7	21	339
143	Cancer Pain Quantification	6.9	5.7	1.2	16	219
134	Depression Screening	9.4	8.5	0.9	12	329
PIMSH2	Utilization of GCSF in metastatic colorectal cancer	9.6	7.2	2.4	10	73

Table A1.3a
Quality Scores in MVP vs MIPS
for Heart Disease MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Cardiology						
008	HF Beta-Blocker	10.0	8.8	1.2	75	624
484	Hospital Admits for Multi-Chronic Patients	2.7	4.9	-2.2	68	4,646
007	CAD Beta-Blocker	10.0	8.2	1.8	66	827
441	Ischemic Vascular Disease Outcome	10.0	8.1	1.9	65	192
128	BMI Screening	10.0			47	
492	CV-related Admission Rate for HF Patients	8.4	5.0	3.4	29	5,104
479	All-Cause Unplanned Readmission Rate	2.2	6.3	-4.1	22	4,606
047	Advance Care Plan	6.8	7.9	-1.1	19	440
005	HF Medications	8.7	8.7	0.0	11	321
134	Depression Screening	8.9	7.7	1.2	10	581
243	Cardiac Rehab Referral	10.0	5.4	4.6	3	84

Table A1.3b
Quality Scores in MVP vs MIPS
for Heart Disease MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Interventional Cardiology						
484	Hospital Admits for Multi-Chronic Patients	5.2	5.1	0.1	46	1,688
008	HF Beta-Blocker	10.0	8.8	1.2	36	295
492	CV-related Admission Rate for HF Patients	1.4	4.6	−3.2	35	1,840
007	CAD Beta-Blocker	10.0	8.4	1.6	32	393
441	Ischemic Vascular Disease Outcome	8.0	8.1	−0.1	30	91
479	All-Cause Unplanned Readmission Rate	2.2	6.2	−4.0	20	1,630
128	BMI Screening	10.0			18	
047	Advance Care Plan	6.8	8.0	−1.2	11	228
005	HF Medications	8.7	8.7	0.0	6	158
134	Depression Screening	8.9	8.1	0.8	5	238
243	Cardiac Rehab Referral	10.0	6.5	3.5	2	15

Table A1.3c
Quality Scores in MVP vs MIPS
for Heart Disease MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Clinical Cardiac Electrophysiology						
484	Hospital Admits for Multi-Chronic Patients	5.2	5.0	0.2	22	693
008	HF Beta-Blocker	10.0	9.0	1.0	18	129
007	CAD Beta-Blocker	10.0	9.1	0.9	14	129
441	Ischemic Vascular Disease Outcome	10.0	8.1	1.9	14	31
492	CV-related Admission Rate for HF Patients	8.4	4.6	3.8	13	755
128	BMI Screening	10.0			10	
479	All-Cause Unplanned Readmission Rate	2.2	6.4	-4.2	7	691
005	HF Medications	8.7	9.4	-0.7	4	64
047	Advance Care Plan	6.8	7.9	-1.1	4	53
134	Depression Screening	8.9	8.1	0.8	4	92

Table A1.4a
Quality Scores in MVP vs MIPS
for Hip-Knee Surgery MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Orthopedic Surgery						
350	Knee Replacement Non-Surgical Tx Trial	10.0	10.0	0.0	538	446
484	Hospital Admits for Multi-Chronic Patients	9.4	7.0	2.4	434	5,924
480	Hip/Knee Replacement Complications	7.1	6.2	0.9	404	6,237
376	Hip Replacement Functional Assessment	9.2	10.0	-0.8	392	491
351	Knee Replacement CV Risk Evaluation	10.0	10.0	0.0	362	321
128	BMI Screening	9.5			361	
470	Knee Replacement Functional Assessment	8.0	6.7	1.3	301	156
024	Fracture Care Communication	10.0	6.2	3.8	227	290
479	All-Cause Unplanned Readmission Rate	8.5	6.6	1.9	196	5,968
487	Screening for Social Drivers of Health	5.0	5.0	0.0	109	676

Table A1.4b
Quality Scores in MVP vs MIPS
for Hip-Knee Surgery MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Physical Therapist in Private Practice						
350	Knee Replacement Non-Surgical Tx Trial	10.0	10.0	0.0	775	332
470	Knee Replacement Functional Assessment	8.0	8.1	-0.1	719	115
351	Knee Replacement CV Risk Evaluation	10.0	10.0	0.0	642	251
376	Hip Replacement Functional Assessment	10.0	10.0	0.0	596	556
484	Hospital Admits for Multi-Chronic Patients	8.8	8.6	0.2	554	3,995
479	All-Cause Unplanned Readmission Rate	8.5	7.1	1.4	340	3,982
480	Hip/Knee Replacement Complications	9.2	6.6	2.6	331	3,812
128	BMI Screening	9.5			307	
024	Fracture Care Communication	10.0	10.0	0.0	304	274
487	Screening for Social Drivers of Health	5.0	8.8	-3.8	81	1,227

Table A1.4c
Quality Scores in MVP vs MIPS
for Hip-Knee Surgery MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Occupational Therapist in Private Practice						
350	Knee Replacement Non-Surgical Tx Trial	10.0	10.0	0.0	149	97
376	Hip Replacement Functional Assessment	9.2	10.0	-0.8	142	148
484	Hospital Admits for Multi-Chronic Patients	9.6	8.7	0.9	118	1,033
470	Knee Replacement Functional Assessment	8.0	6.7	1.3	107	28
128	BMI Screening	9.8			98	
480	Hip/Knee Replacement Complications	9.2	6.6	2.6	96	1,018
351	Knee Replacement CV Risk Evaluation	10.0	10.0	0.0	95	82
479	All-Cause Unplanned Readmission Rate	8.5	6.6	1.9	52	1,022
024	Fracture Care Communication	10.0	10.0	0.0	38	72
487	Screening for Social Drivers of Health	5.0	8.4	-3.4	27	222

Table A1.5a Quality Scores in MVP vs MIPS for Primary Care MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Family Practice						
001	HbA1c Poor Control	7.9	8.4	−0.5	103	9,937
134	Depression Screening	5.3	8.0	−2.7	93	1,984
475	HIV Screening	8.3	9.5	−1.2	86	4,844
479	All-Cause Unplanned Readmission Rate	7.6	5.9	1.7	86	10,399
305	Alcohol and Drug Dependence Treatment	7.9	9.3	−1.4	77	2,806
236	Controlling High Blood Pressure	8.2	7.8	0.4	28	4,373
047	Advance Care Plan	3.3	7.8	−4.5	9	686
487	Screening for Social Drivers of Health	5.0	5.0	0.0	7	175
484	Hospital Admits for Multi-Chronic Patients	2.7	5.1	−2.4	6	10,543
493	Adult Immunizaton Status	5.0	7.7	−2.7	6	448
438	Statin Therapy	6.2	7.0	−0.8	2	665

Table A1.5b
Quality Scores in MVP vs MIPS
for Primary Care MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Internal Medicine						
001	HbA1c Poor Control	7.9	8.3	−0.4	158	13,256
134	Depression Screening	5.5	8.0	−2.5	102	2,797
236	Controlling High Blood Pressure	7.7	8.2	−0.5	93	5,770
475	HIV Screening	8.3	9.6	−1.3	93	7,686
479	All-Cause Unplanned Readmission Rate	7.6	5.6	2.0	93	17,233
305	Alcohol and Drug Dependence Treatment	7.9	9.5	−1.6	64	4,203
497	Preventive Care and Wellness	8.3	8.0	0.3	53	1,304
484	Hospital Admits for Multi-Chronic Patients	10.0	4.4	5.6	52	15,480
504	Suicide Safety Plan	7.0	7.0	0.0	51	73
047	Advance Care Plan	3.0	8.5	−5.5	8	2,320
438	Statin Therapy	10.0	7.6	2.4	3	1,090
493	Adult Immunizaton Status	7.5	7.6	−0.1	2	909

Table A1.6a Quality Scores in MVP vs MIPS for Rheumatology MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Rheumatology						
ACR14	Gout: Serum Urate Target	9.4	8.4	1.0	38	136
ACR12	Disease Activity Measurement for Patients with PsA	10.0	9.6	0.4	35	108
130	Documentation of Medications	7.0	7.0	0.0	31	441
ACR15	Safe Hydroxychloroquine Dosing	9.6	8.7	0.9	25	79
177	RA Disease Activity Assessment	5.9	7.0	−1.1	13	104
176	TB Screening Prior to Biologic Rx	7.0	7.0	0.0	10	96
180	RA Glucocorticoid Mgt	6.2	7.0	−0.8	6	86
493	Adult Immunization Status	8.2	7.1	1.1	2	72

Table A1.6b
Quality Scores in MVP vs MIPS
for Rheumatology MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Internal Medicine						
ACR14	Gout: Serum Urate Target	8.4	10.0	−1.6	4	3
130	Documentation of Medications	7.0	7.0	0.0	3	3,521
177	RA Disease Activity Assessment	5.9	7.0	−1.1	3	14
ACR12	Disease Activity Measurement for Patients with PsA	10.0	10.0	0.0	3	7
ACR15	Safe Hydroxychloroquine Dosing	4.6	8.2	−3.5	2	1

Table A1.7 Quality Scores in MVP vs MIPS for Stroke Care MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Vascular Surgery						
047	Advance Care Plan	7.0	7.9	−0.9	3	151
236	High Blood Pressure Control	10.0	7.0	3.0	3	482

Table A1.8
Quality Scores in MVP vs MIPS
for Emergency Medicine MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Emergency Medicine						
116	Bronchitis Avoid Antibiotics	9.2	8.1	1.1	159	4,973
065	URI Treatment	9.2	9.1	0.1	140	6,181
254	Pregnancy Location Ultrasound	7.0	7.0	0.0	135	3,299
331	Adult Sinusitis Approp. Use of Antibiotic	6.0	7.9	-1.9	102	4,630
479	All-Cause Unplanned Readmission Rate	8.3	8.3	0.0	67	15,298
416	Use of CT for Minor Head Trauma	10.0	10.0	0.0	53	1,411
415	ED Adult Minor Head Trauma CT	7.0	7.0	0.0	51	1,074

Table A1.9a Quality Scores in MVP vs MIPS for Kidney Health MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Nephrology						
130	Documentation of Medications	4.0	7.0	−3.0	12	564
236	High Blood Pressure Control	6.7	7.7	−1.0	12	1,132
488	Kidney Health Evaluation	0.0	0.0	0.0	12	713
001	Diabetes HbA1c Poor Control	6.0	7.9	−1.9	11	1,408

Table A1.9b
Quality Scores in MVP vs MIPS
for Kidney Health MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Family Practice						
001	Diabetes HbA1c Poor Control	8.8	8.4	0.4	21	9,937
236	High Blood Pressure Control	8.7	7.8	0.9	21	4,373
484	Hospital Admits for Multi-Chronic Patients	9.7	5.1	4.6	21	10,543
487	Screening for Social Drivers of Health	5.0	5.0	0.0	21	175
493	Adult Immunization Status	5.0	7.7	-2.7	21	448
Registered Dietician or Nutrition Professional						
001	Diabetes HbA1c Poor Control	8.8	8.6	0.2	6	558
236	High Blood Pressure Control	8.7	8.4	0.3	6	248
484	Hospital Admits for Multi-Chronic Patients	9.7	5.6	4.1	6	678
487	Screening for Social Drivers of Health	5.0	5.0	0.0	6	22
493	Adult Immunization Status	5.0	7.8	-2.8	6	26

Table A1.10 Quality Scores in MVP vs MIPS for Episodic Neurologic Conditions MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS

Table A1.11a Quality Scores in MVP vs MIPS for Neurodegenerative Conditions MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Physical Medicine and Rehabilitation						
047	Advance Care Plan	10.0	10.0	0.0	300	438
282	Dementia Functional Assessment	7.0	7.0	0.0	300	45
290	Parkinson's Disease Psychiatric Assessment	7.0	7.0	0.0	300	2
293	Parkinson's Disease Rehabilitative Options	10.0	10.0	0.0	300	25
484	Hospital Admits for Multi-Chronic Patients	2.9	5.6	-2.7	245	1,684

Table A1.11b Quality Scores in MVP vs MIPS for Neurodegenerative Conditions MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Clinical Psychologist						
282	Dementia Functional Assessment	7.0	7.0	0.0	23	101
286	Dementia Safety Screening	7.0	7.0	0.0	22	134
047	Advance Care Plan	10.0	10.0	0.0	20	312
290	Parkinson's Disease Psychiatric Assessment	7.0	7.0	0.0	20	7
479	All-Cause Unplanned Readmission Rate	7.6	6.6	1.0	14	1,945
288	Dementia Caregiver Education/Support	7.0	7.0	0.0	3	122
487	Screening for Social Drivers of Health	5.0	5.0	0.0	3	67
Licensed Clinical Social Worker						
047	Advance Care Plan	10.0	10.0	0.0	29	515
282	Dementia Functional Assessment	7.0	7.0	0.0	29	167
286	Dementia Safety Screening	7.0	7.0	0.0	29	278
290	Parkinson's Disease Psychiatric Assessment	7.0	7.0	0.0	29	7
479	All-Cause Unplanned Readmission Rate	7.6	6.3	1.3	22	1,737

Table A1.12a
Quality Scores in MVP vs MIPS
for Womens Health MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Obstetrics/Gynecology						
309	Cervical Cancer Screening	9.4	9.6	−0.2	44	5,241
226	Tobacco Use Screening	8.7	7.7	1.0	40	893
472	Appropriate Use of DXA Scans	7.0	7.0	0.0	39	82
475	HIV Screening	10.0	9.4	0.6	26	4,517
112	Breast Cancer Screening	9.9			23	
484	Hospital Admits for Multi-Chronic Patients	5.3	5.2	0.1	22	6,170
487	Screening for Social Drivers of Health	5.0	5.0	0.0	6	35
432	Bladder Injury in Pelvic Organ Prolapse Repair	0.0	3.0	−3.0	5	15
048	Urinary Incontinence	7.0	6.8	0.2	2	22
493	Adult Immunization Status	5.0	7.1	−2.1	2	108

Table A1.12b
Quality Scores in MVP vs MIPS
for Womens Health MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Internal Medicine						
309	Cervical Cancer Screening	9.4	9.1	0.3	18	9,031
472	Appropriate Use of DXA Scans	7.0	7.0	0.0	18	388
475	HIV Screening	10.0	9.6	0.4	17	7,686
226	Tobacco Use Screening	8.7	7.9	0.8	16	4,051
484	Hospital Admits for Multi-Chronic Patients	5.3	4.4	0.9	16	15,480
112	Breast Cancer Screening	10.0			2	

Table A1.13a
Quality Scores in MVP vs MIPS
for Ear Nose and Throat Care MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Otolaryngology						
355	Unplanned Reoperation	10.0	10.0	0.0	198	298
AAO16	Audiometric Evaluation for Age-Related Hearing Loss	7.0	7.0	0.0	188	44
AAO20	Audiometric Evaluation for Tympanostomy Tubes	8.7	7.9	0.8	188	49
AAO23	Tx for Allergic Rhinitis	10.0	8.7	1.3	188	229
331	Adult Sinusitis Approp. Use of Antibiotic	5.9	7.0	-1.1	40	426
226	Tobacco Use Screening	6.1	7.7	-1.6	37	779
487	Screening for Social Drivers of Health	5.0	5.0	0.0	34	242
128	BMI Screening	8.3			33	
332	Appropriate Antibiotic for Sinusitis	10.0	10.0	0.0	20	137
277	Sleep Apnea Severity Assessment	10.0	6.6	3.4	14	43
357	Surgical Site Infection	10.0	10.0	0.0	14	279

Table A1.13b
Quality Scores in MVP vs MIPS
for Ear Nose and Throat Care MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Allergy/Immunology						
355	Unplanned Reoperation	10.0	10.0	0.0	50	27
AAO16	Audiometric Evaluation for Age-Related Hearing Loss	7.0	2.9	4.1	50	3
AAO20	Audiometric Evaluation for Typanostomy Tubes	8.7	7.9	0.8	50	2
AAO23	Tx for Allergic Rhinitis	10.0	8.6	1.4	50	21
128	BMI Screening	8.3			3	
226	Tobacco Use Screening	6.1	10.0	-3.9	3	259
331	Adult Sinusitis Approp. Use of Antibiotic	5.9	10.0	-4.1	3	240
487	Screening for Social Drivers of Health	5.0	7.3	-2.3	3	143

Table A1.13c
Quality Scores in MVP vs MIPS
for Ear Nose and Throat Care MVP Specialists

Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Audiologist						
355	Unplanned Reoperation	10.0	10.0	0.0	126	199
AAO16	Audiometric Evaluation for Age-Related Hearing Loss	7.0	7.0	0.0	124	38
AAO20	Audiometric Evaluation for Tympanostomy Tubes	8.7	7.9	0.8	124	31
AAO23	Tx for Allergic Rhinitis	10.0	8.6	1.4	124	126
331	Adult Sinusitis Approp. Use of Antibiotic	5.9	7.2	-1.3	13	198
487	Screening for Social Drivers of Health	5.0	5.0	0.0	13	103
128	BMI Screening	8.3			11	
226	Tobacco Use Screening	6.1	7.5	-1.4	11	399
277	Sleep Apnea Severity Assessment	5.6	6.6	-1.0	4	19
332	Appropriate Antibiotic for Sinusitis	10.0	10.0	0.0	4	72
357	Surgical Site Infection	10.0	10.0	0.0	2	196

Table A1.14 Quality Scores in MVP vs MIPS for Infectious Disease MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Infectious Disease						
130	Documentation of Medications	6.0	7.0	−1.0	49	228
338	HIV Viral Suppression	3.9	6.0	−2.1	49	88
065	URI Treatment	6.3	6.3	0.0	47	189
484	Hospital Admits for Multi-Chronic Patients	2.2	4.4	−2.2	47	1,743
493	Adult Immunization Status	6.1	7.9	−1.8	47	104
205	STI Testing for People with HIV	3.0	3.0	0.0	2	10
340	HIV Medical Visit Frequency	6.4	10.0	−3.6	2	24

Table A1.15a Quality Scores in MVP vs MIPS for Behavioral Health MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Psychiatry						
134	Depression Screening	1.0	7.3	−6.3	12	1,133
009	Anti-Depressant Medication Management	1.0	8.0	−7.0	7	43
383	Adherence to Antipsychotics for Schizophrenia	1.7	1.6	0.1	7	104
487	Screening for Social Drivers of Health	7.0	6.4	0.6	7	134
366	Follow-Up for Children Prescribed ADHD Medication	0.0	9.3	−9.3	4	288
370	Depression Remission at Twelve Months	10.0	8.4	1.6	4	1,385
382	Suicide Risk Assessment in Children	10.0	9.2	0.8	4	372

Table A1.15b Quality Scores in MVP vs MIPS for Behavioral Health MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Licensed Clinical Social Worker						
134	Depression Screening	9.6	7.0	2.6	12	1,156
366	Follow-Up for Children Prescribed ADHD Medication	0.0	10.0	-10.0	12	226
370	Depression Remission at Twelve Months	10.0	8.0	2.0	12	705
382	Suicide Risk Assessment in Children	10.0	9.9	0.1	12	359

Table A1.16a Quality Scores in MVP vs MIPS for Musculoskeletal Rehab MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Physical Therapist in Private Practice						
128	BMI Screening	7.0			15	
155	Falls: Plan of Care	7.0	7.0	0.0	15	3,482
219	Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments	7.0	8.1	-1.1	15	874
478	Functional Status Change for Patients with Neck Impairments	8.1	8.0	0.1	15	1,173

Table A1.16b Quality Scores in MVP vs MIPS for Musculoskeletal Rehab MVP Specialists						
Measure Number	Measure Name	Median Quality Scores			Specialists Scored	
		MVP	MIPS	Diff	MVP	MIPS
Physical Medicine and Rehabilitation						
155	Falls: Plan of Care	3.0	7.0	−4.0	44	193
128	BMI Screening	3.0			10	

2. Variation in Cost Measure Scores by State

Figure A2.1
Total Per Capita Cost Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

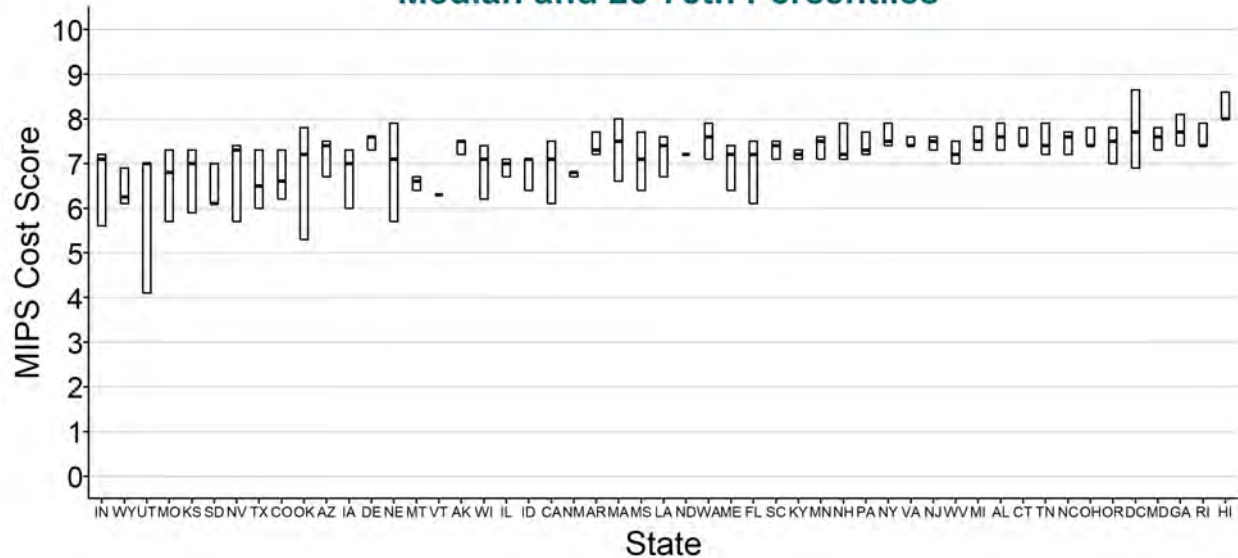


Figure A2.2
Medicare Spending Per Beneficiary Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

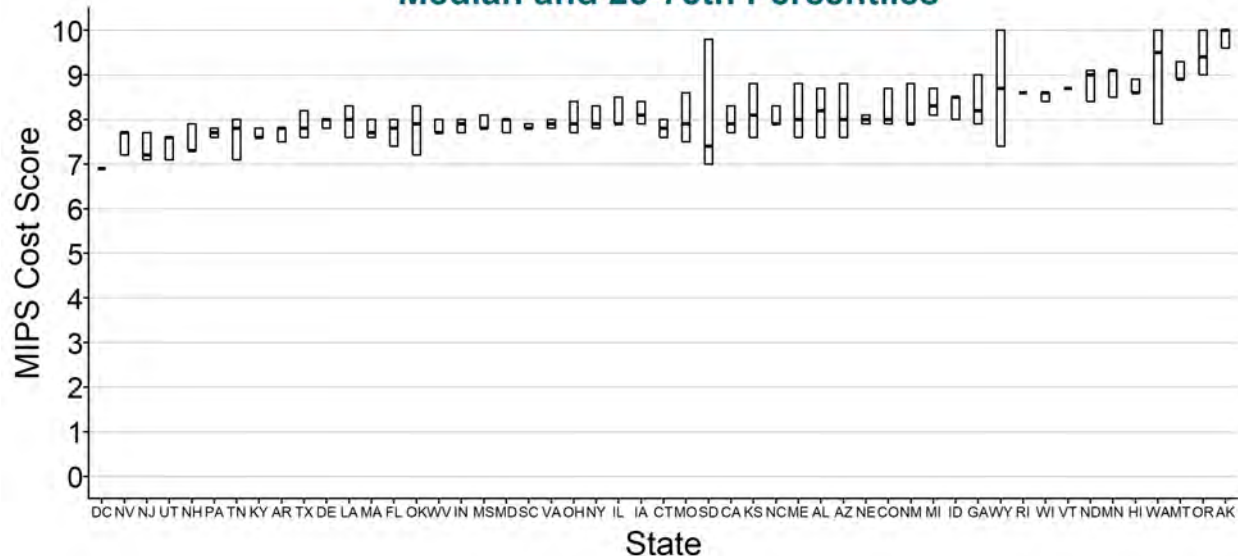


Figure A2.3
Heart Failure Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

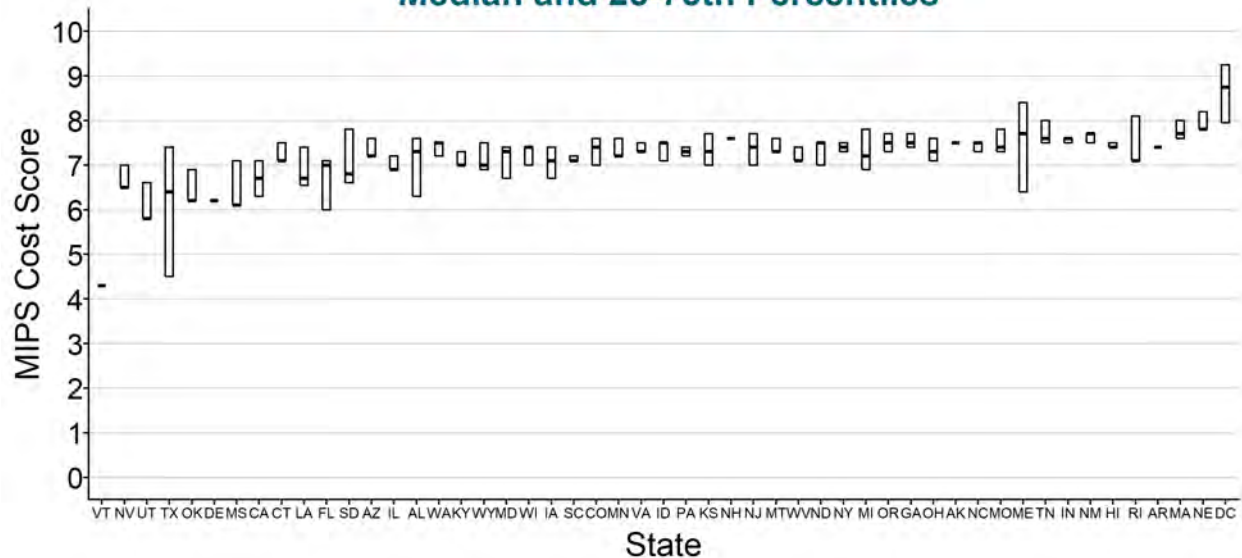


Figure A2.4
Low Back Pain Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

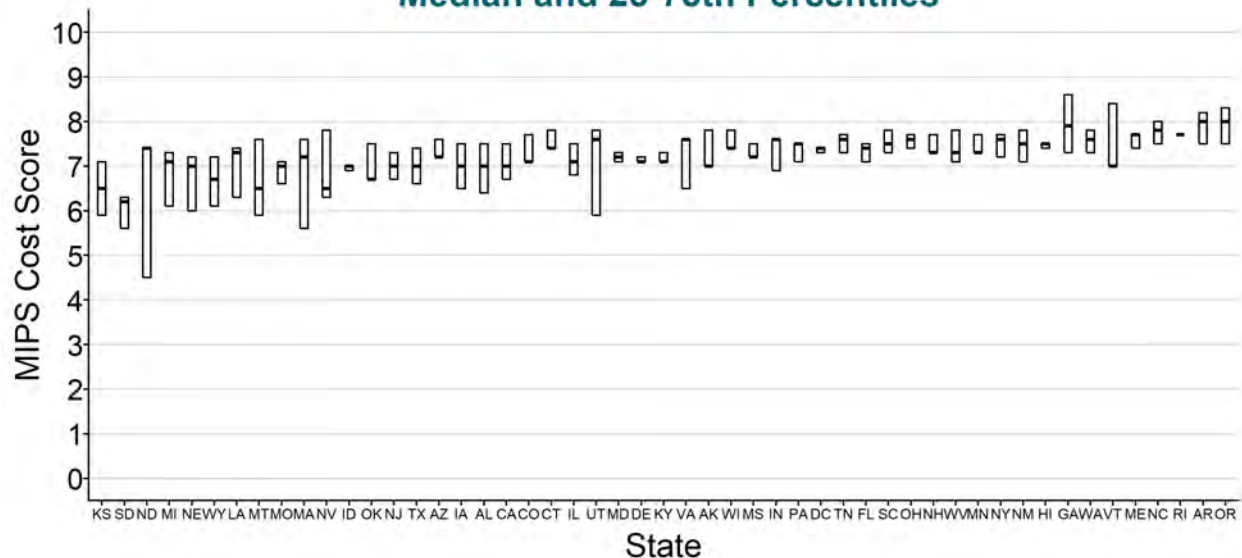


Figure A2.5
Asthma/COPD Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

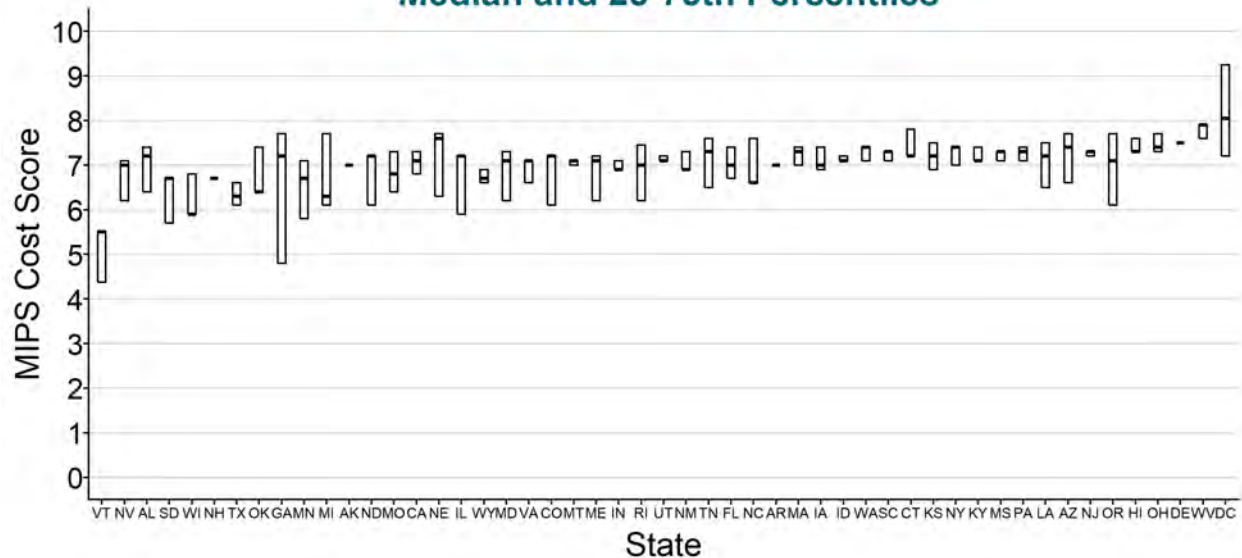


Figure A2.6
Lower Extremity Revascularization Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

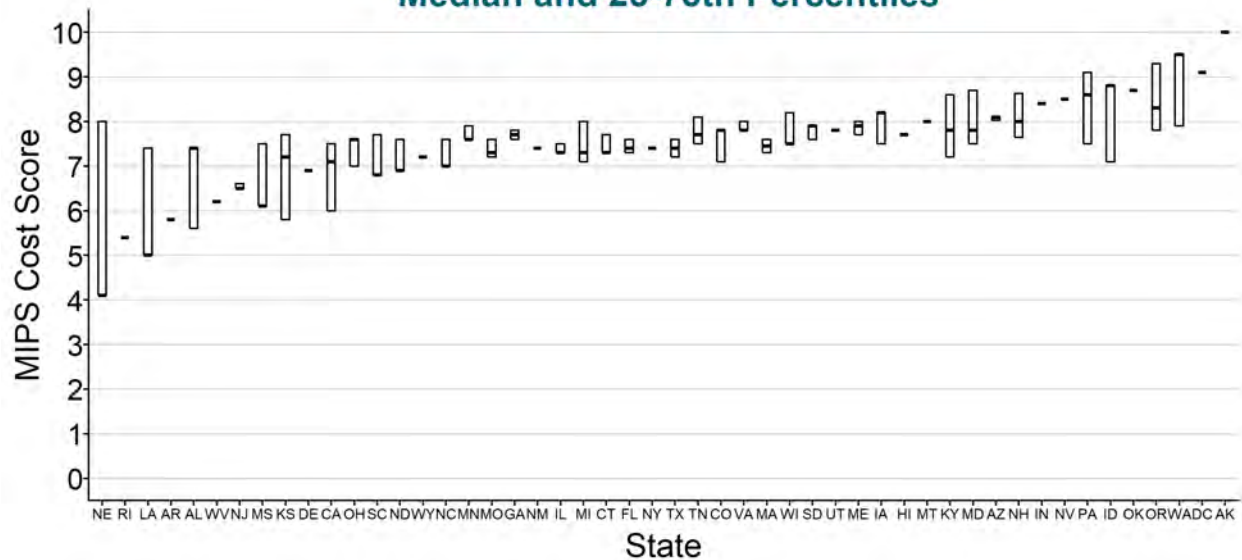


Figure A2.7
Inpatient COPD Exacerbation Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

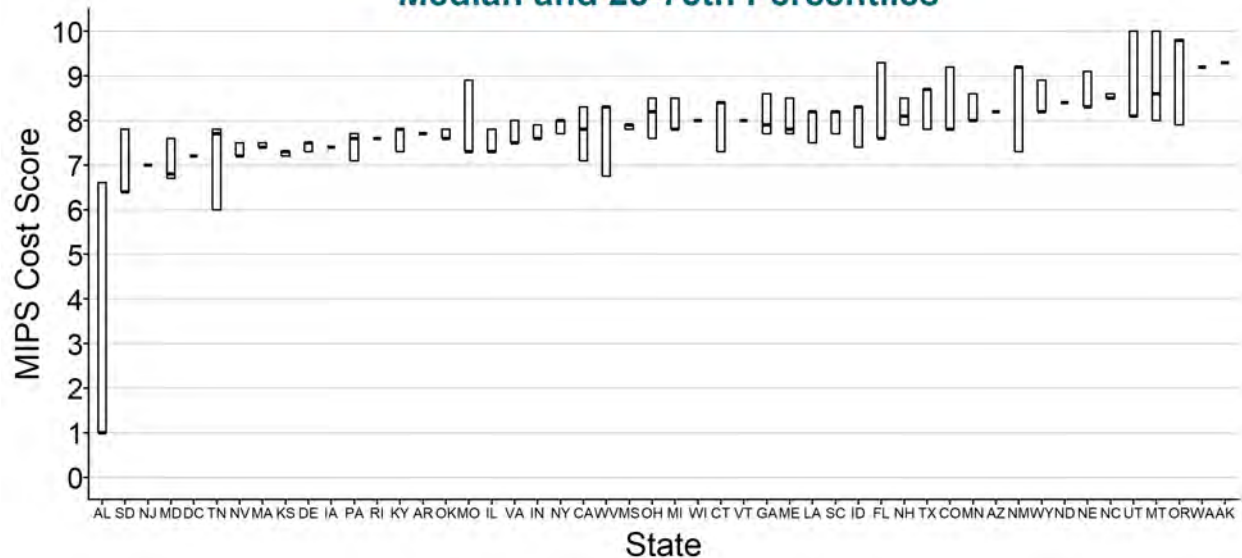


Figure A2.8
Colon and Rectal Resection Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

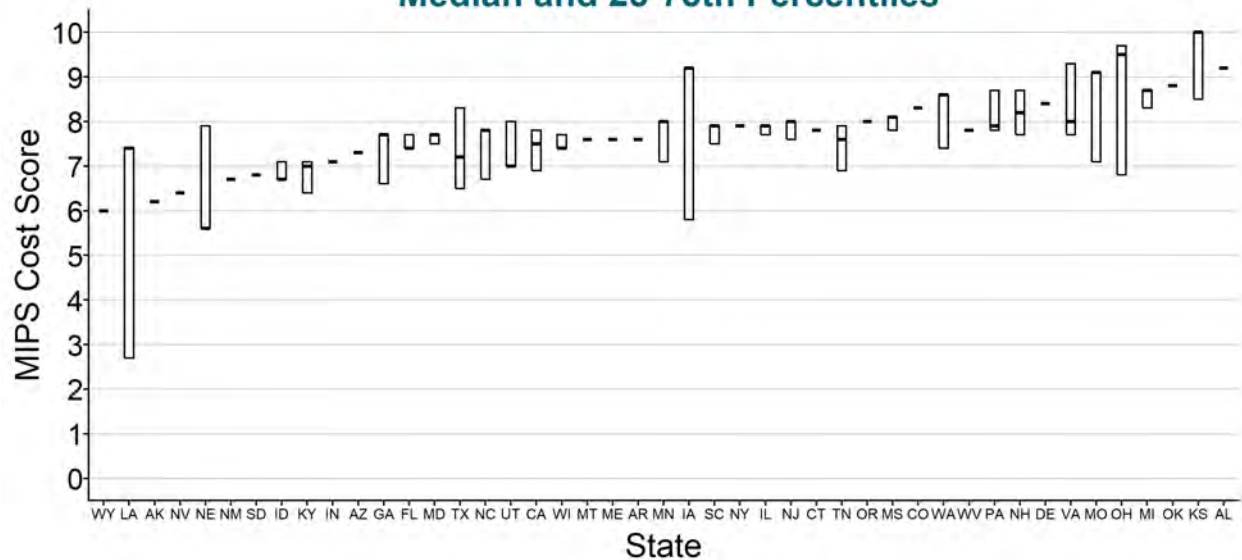


Figure A2.9
Diabetes Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

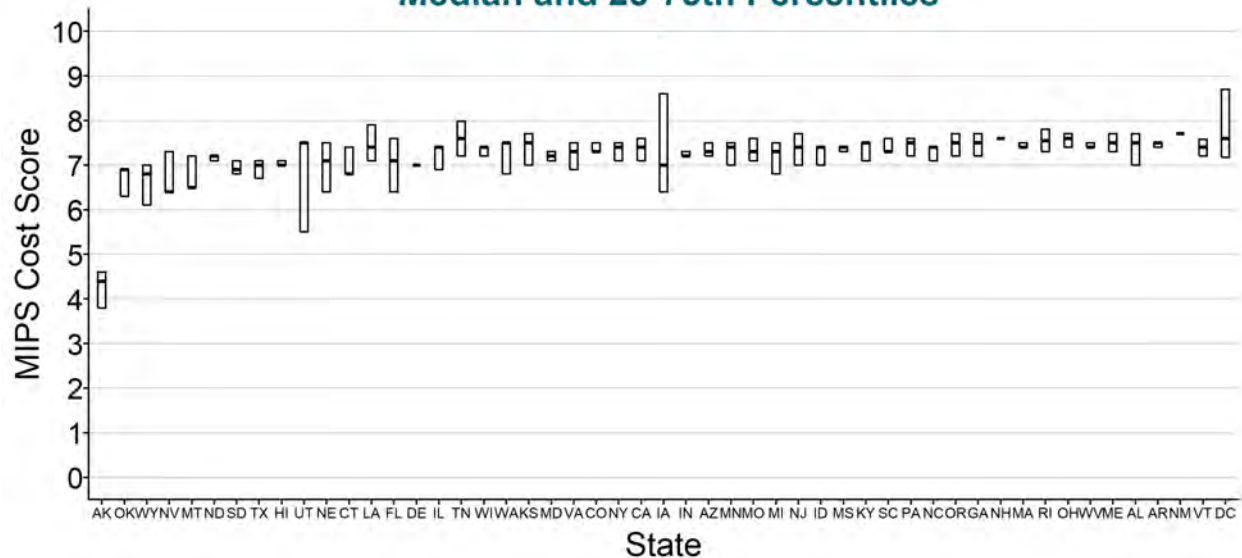


Figure A2.10
Elective PCI Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

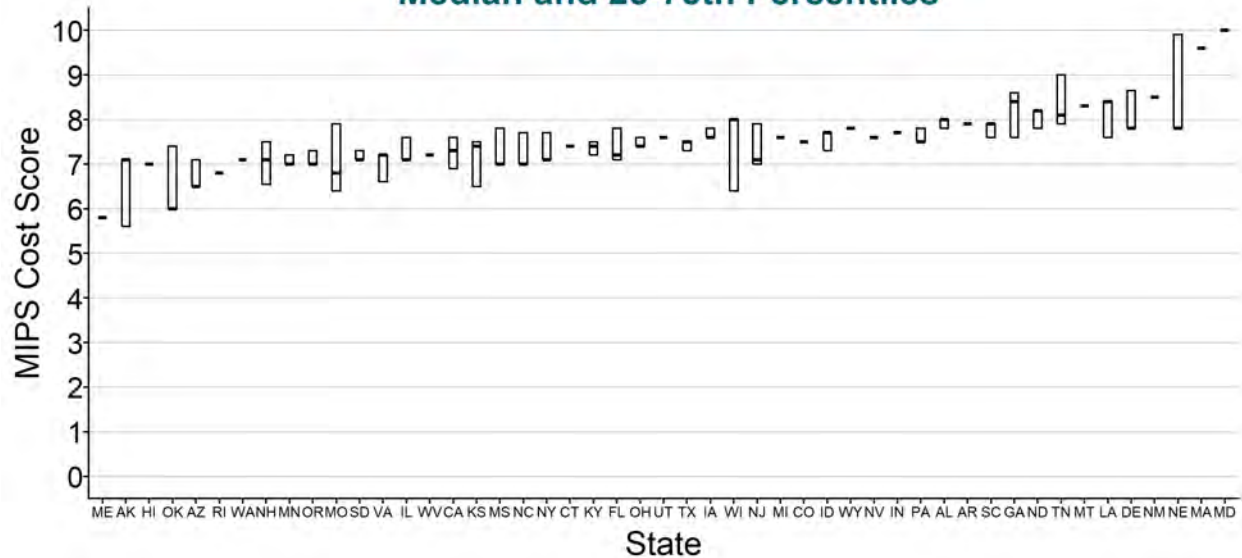


Figure A2.11
Hernia Repair Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

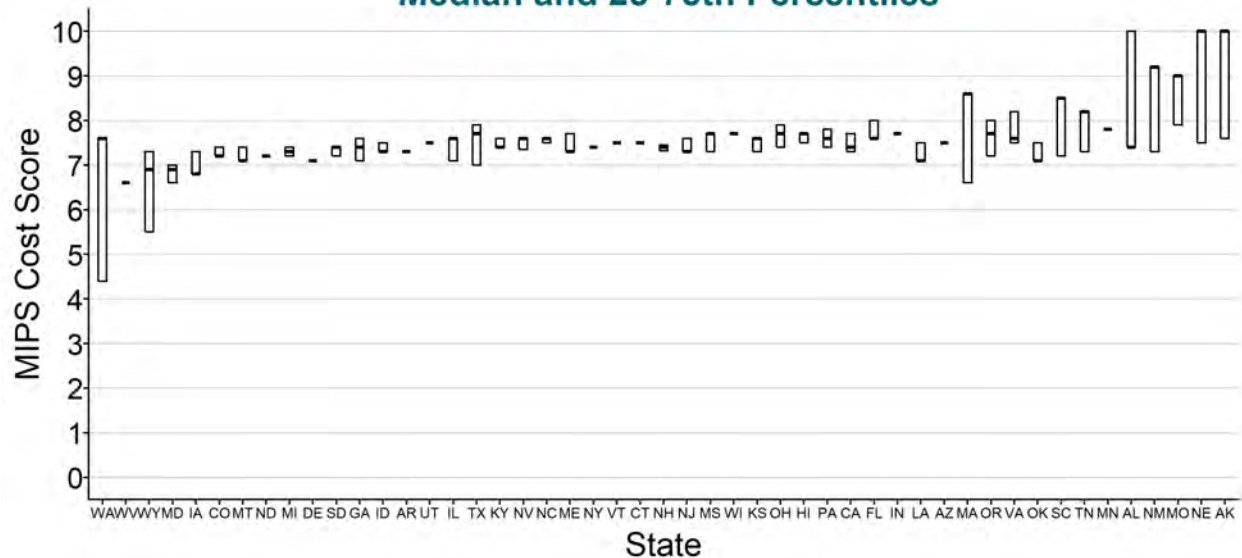


Figure A2.12
Hemodialysis Access Creation Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

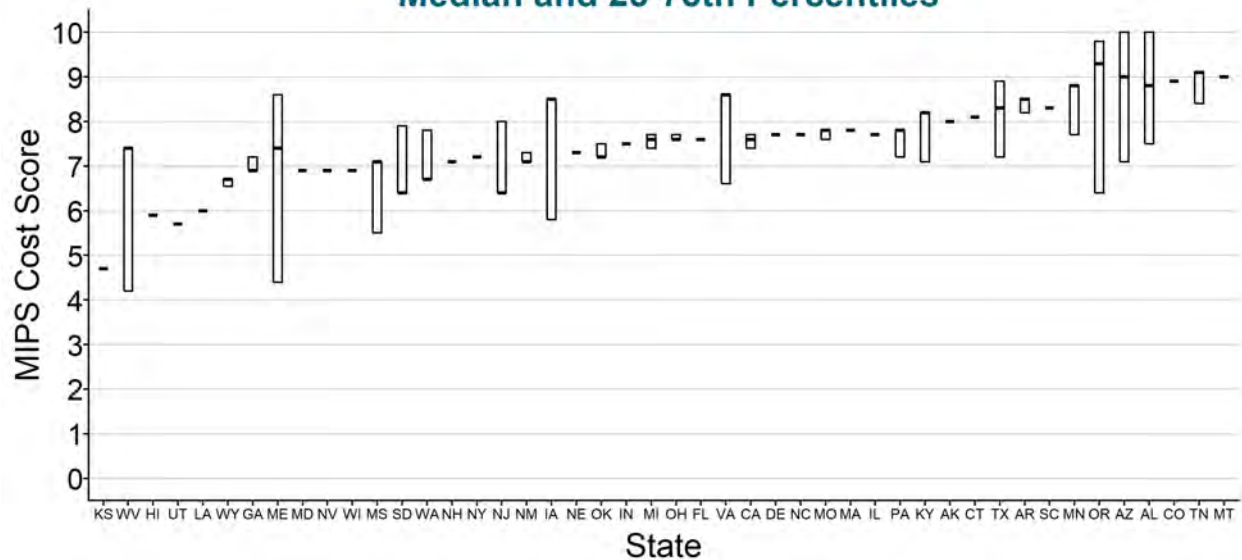


Figure A2.13
Stroke Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

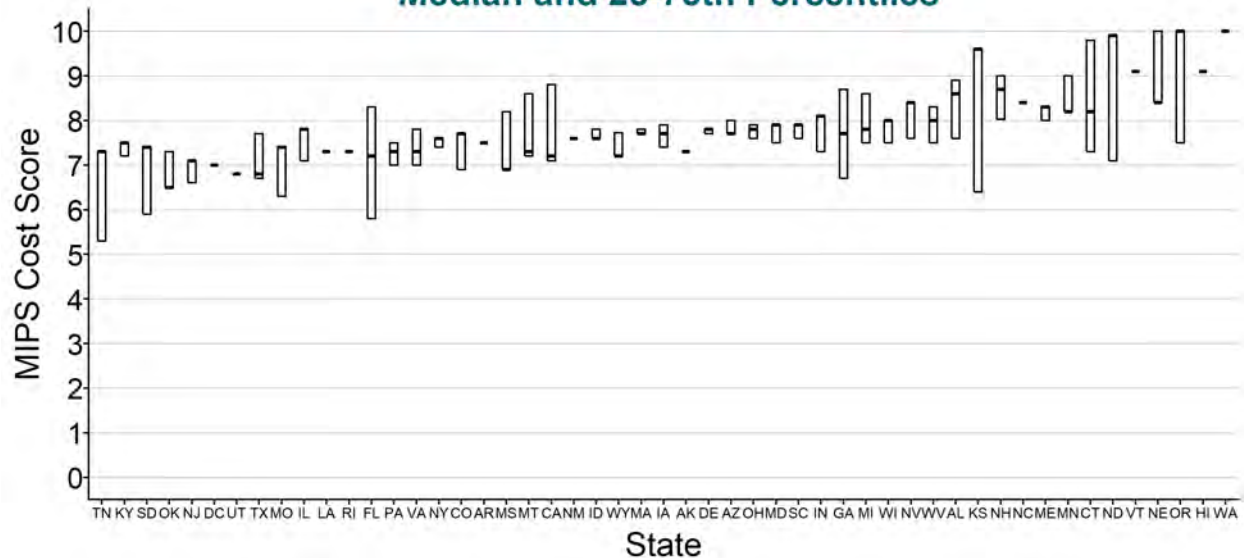


Figure A2.14
Cataract Surgery Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

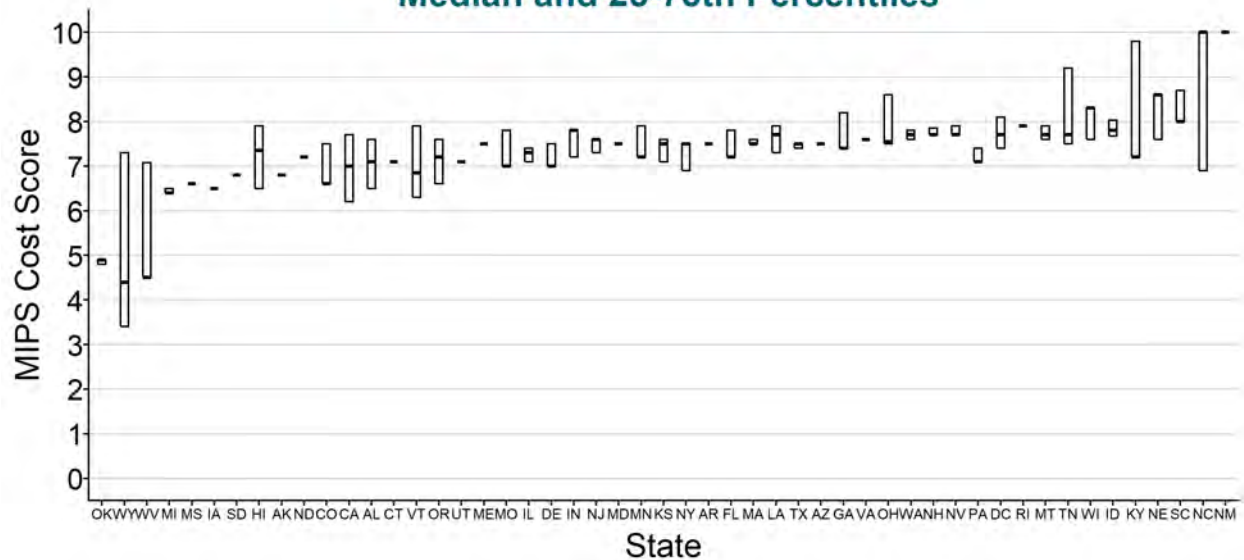


Figure A2.15
Knee Arthroplasty Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

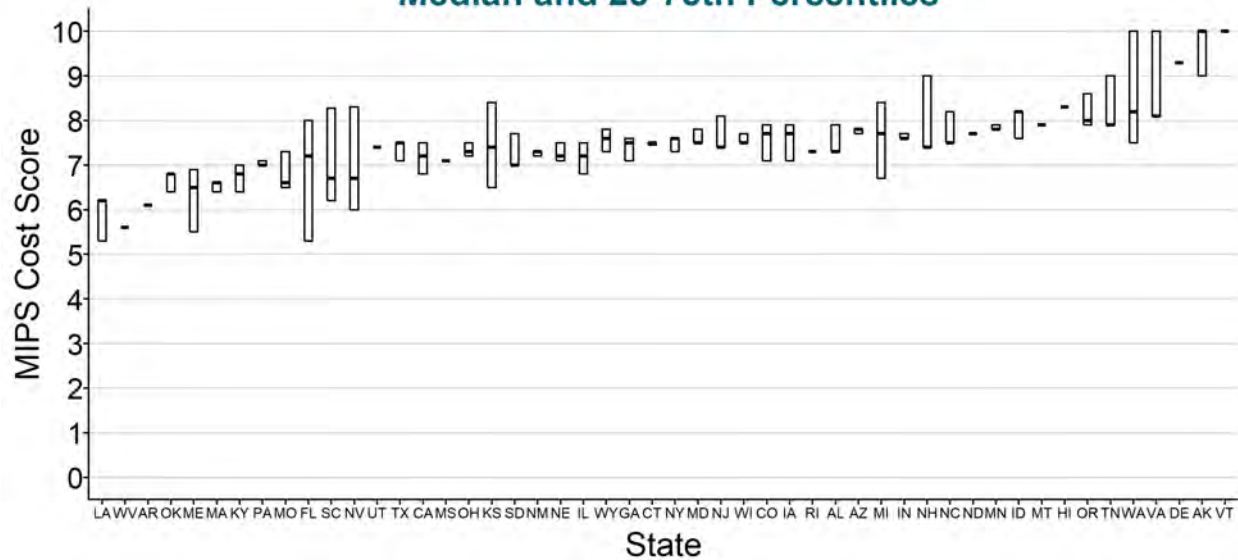


Figure A2.16
Lower Gastrointestinal Hemorrhage Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

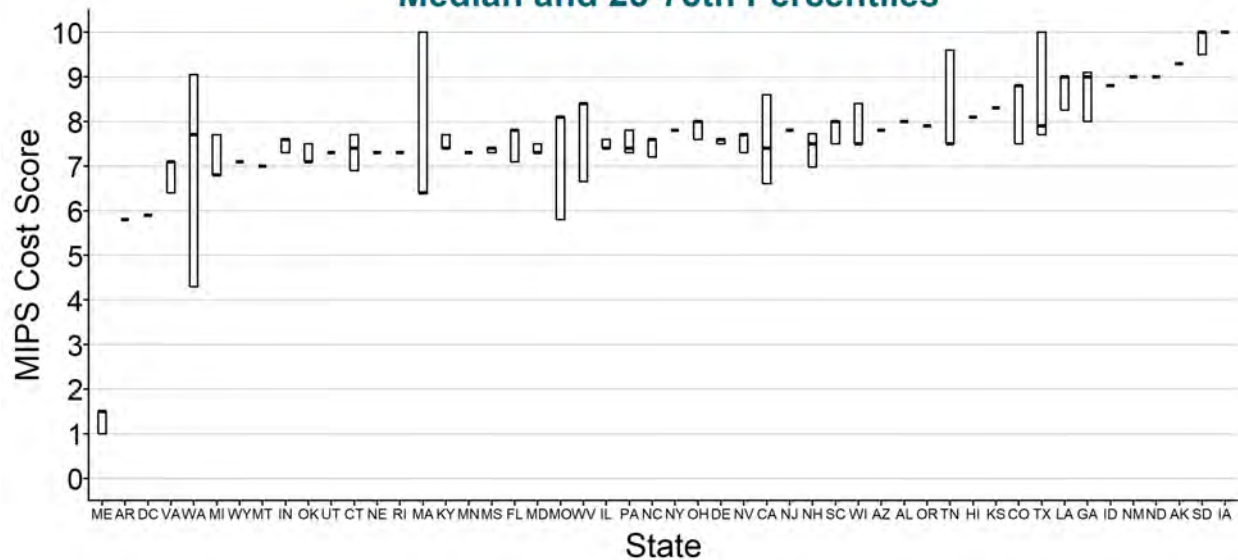


Figure A2.17
Lumpectomy or Mastectomy Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

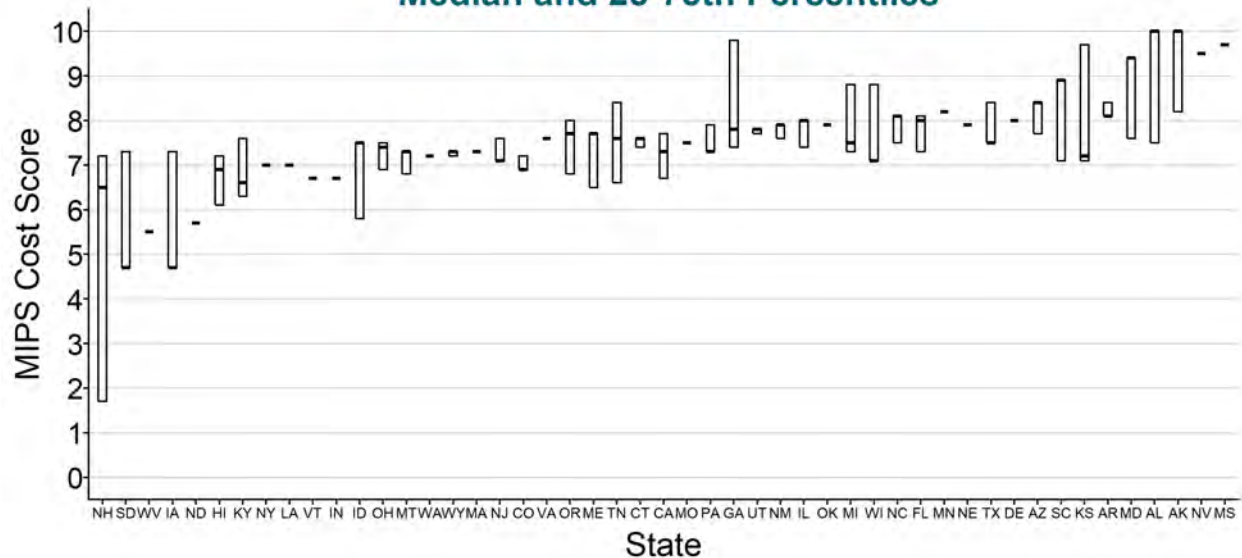


Figure A2.18
Lumbar Spinal Fusion Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

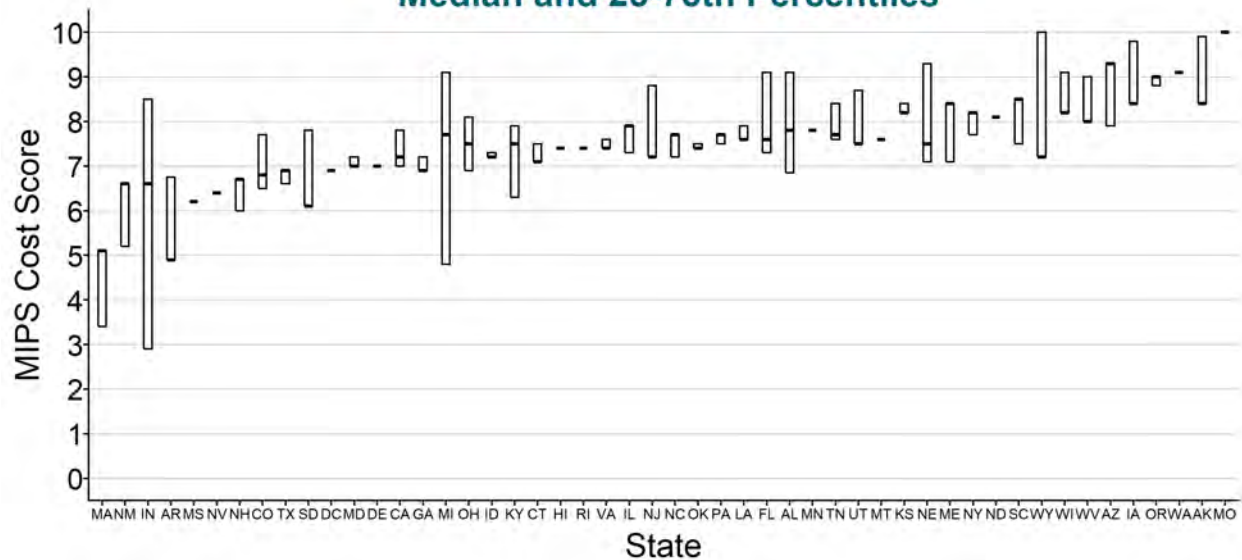


Figure A2.19
Melanoma Resection Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

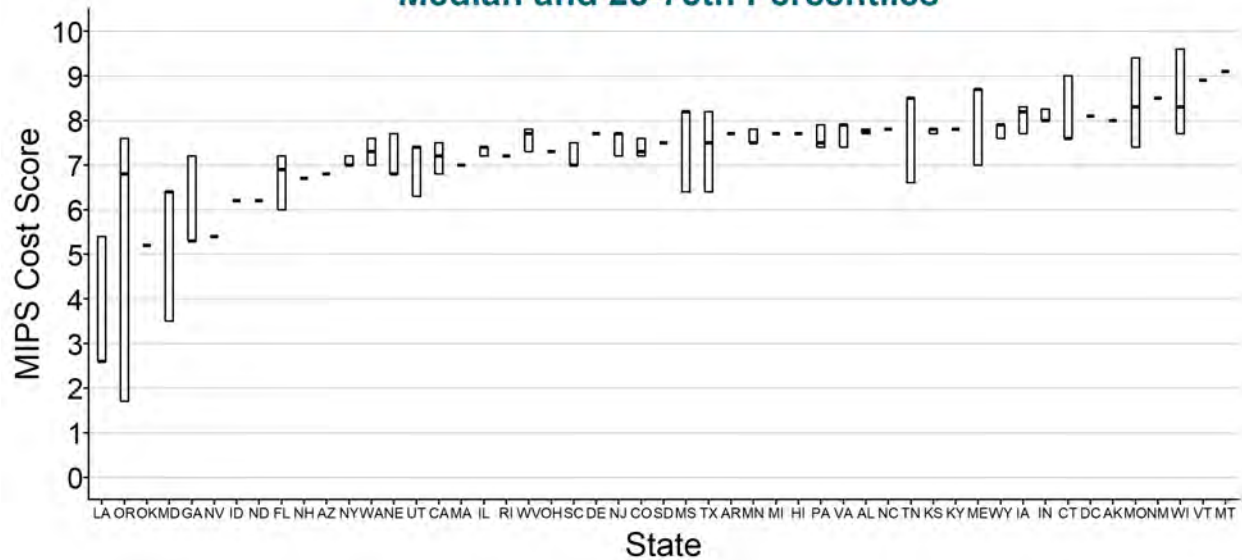


Figure A2.20
Non-Emergent CABG Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

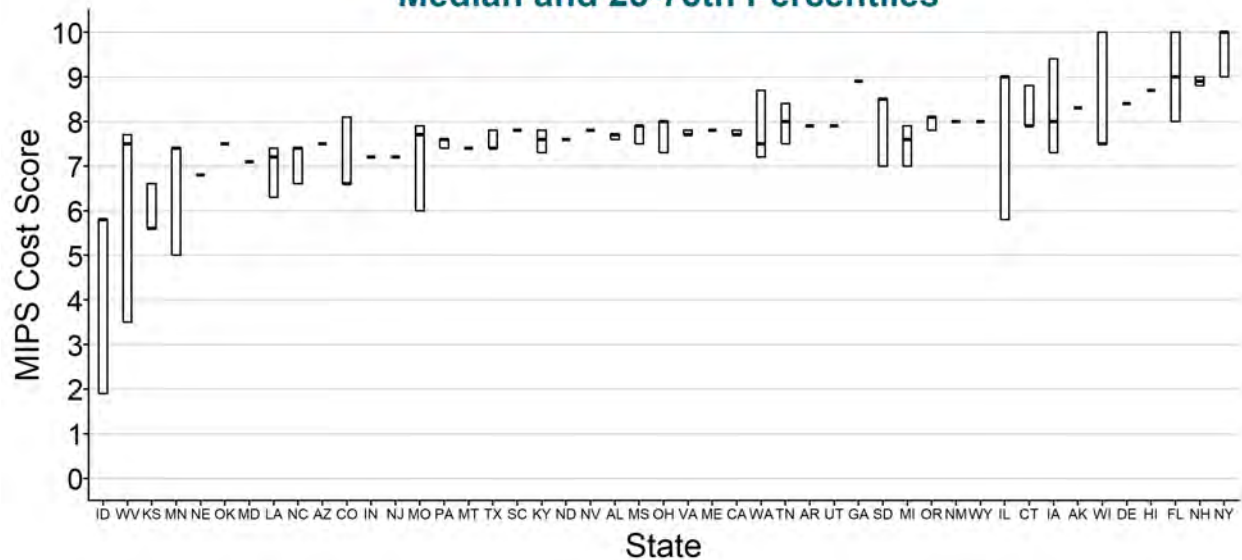


Figure A2.21
Elective Hip Arthroplasty Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

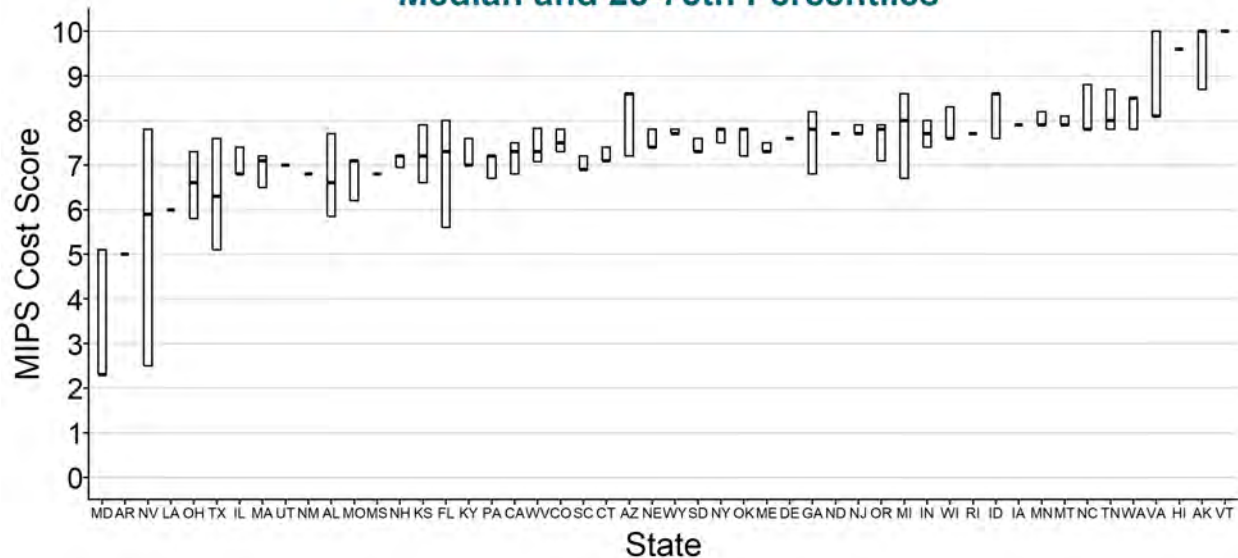


Figure A2.22
Renal or Ureteral Stone Surgery Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

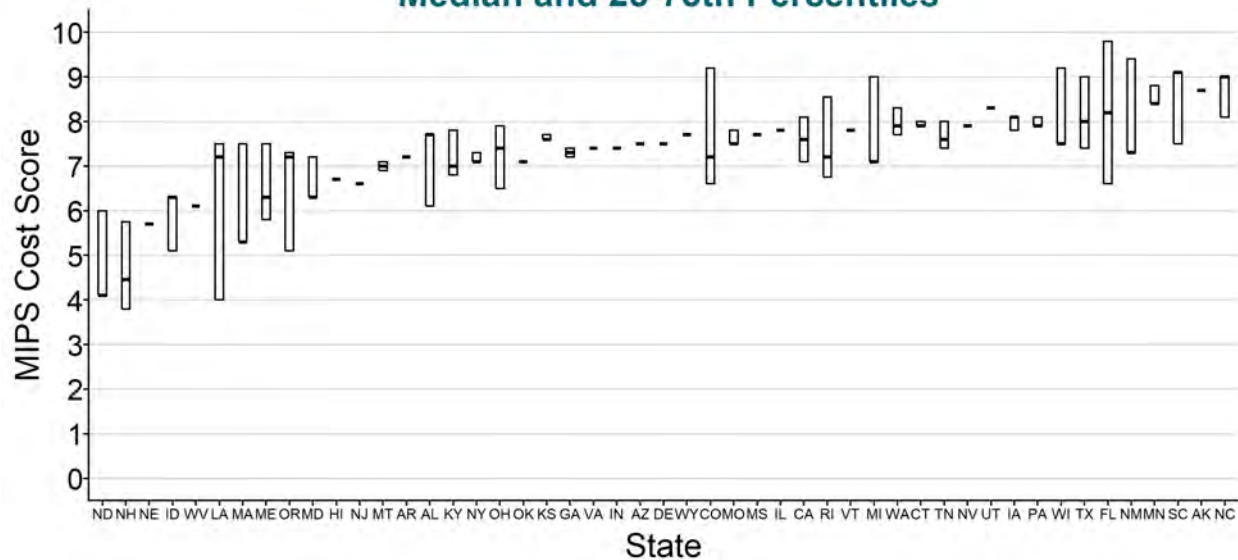


Figure A2.23
Screening/Surveillance Colonoscopy Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles

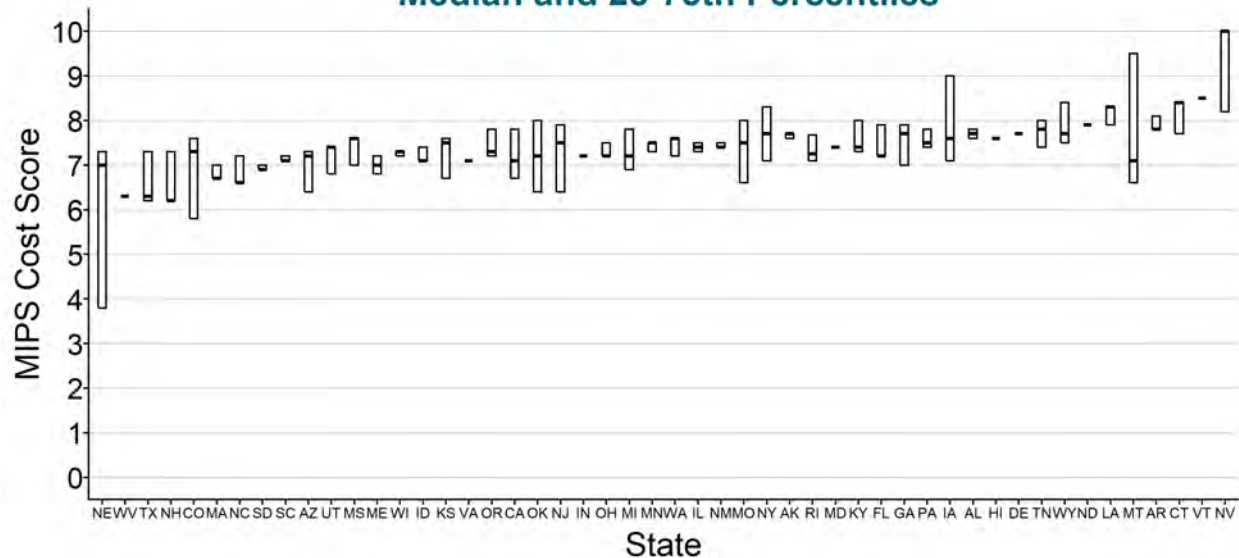
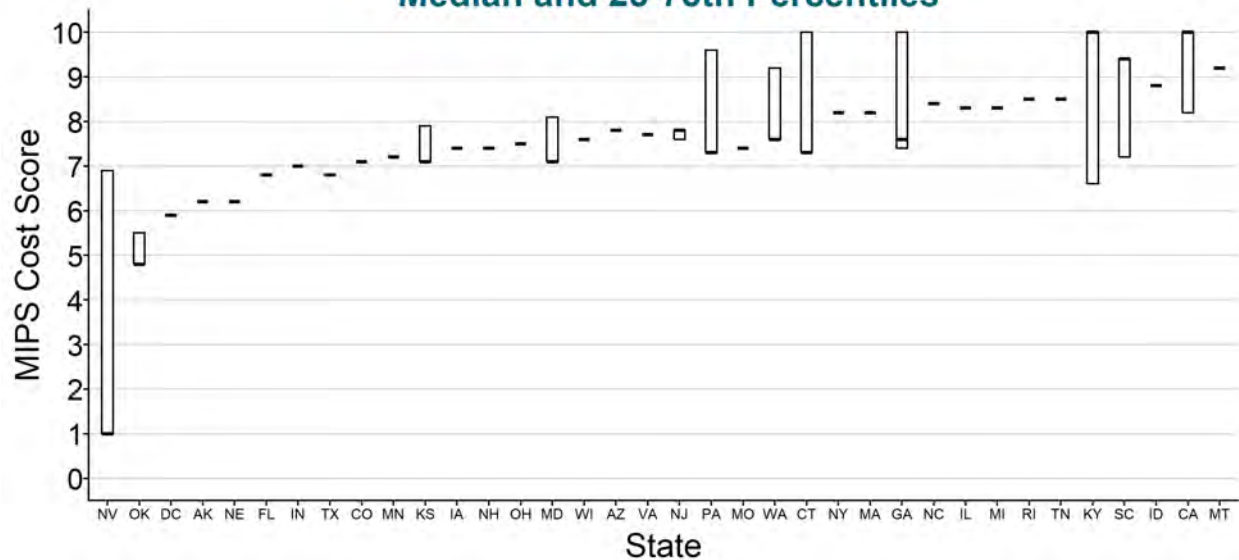
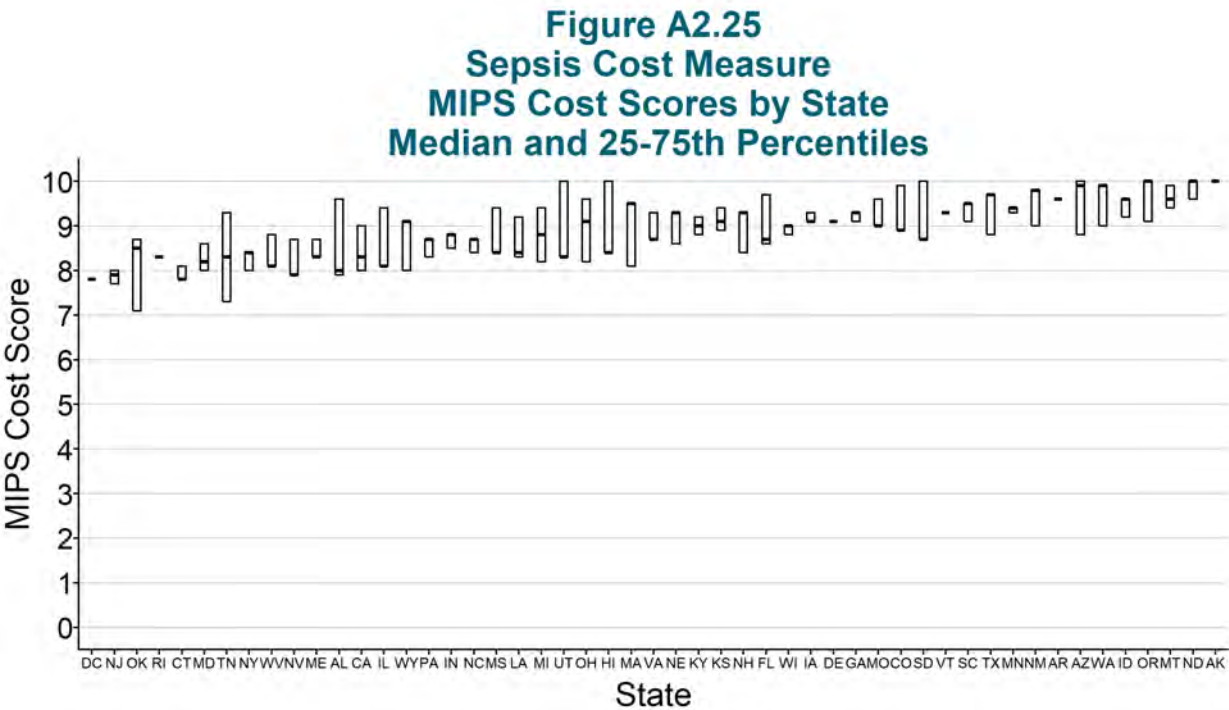


Figure A2.24
STEMI with PCI Cost Measure
MIPS Cost Scores by State
Median and 25-75th Percentiles





3. Impact of TPCC Measure by Specialty

Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using TPCC	# NPI-TINs Scored on TPCC	Median TPCC Score	% Scores Based Only on TPCC	Median of Scores Based Only on TPCC
Addiction Medicine	93%	74.3	91%	75	7.4	1.3%	7.9
Adult Congenital Heart Disease	90%	76.1	68%	13	7.0	0.0%	
Advanced Heart Failure and Transplant Cardiology	88%	74.5	85%	244	7.4	2.9%	4.1
Allergy/Immunology	76%	74.2	94%	752	7.3	4.8%	7.7
Anesthesiologist Assistant	58%	75.1	91%	405	7.2	0.0%	
Anesthesiology	62%	74.6	83%	6,245	7.2	0.6%	5.8
Audiologist	77%	75.2	96%	1,253	7.4	21.9%	7.5
Cardiac Surgery	80%	74.2	78%	236	7.3	0.8%	6.8
Cardiology	78%	74.6	93%	5,441	7.5	4.2%	7.2
Certified Clinical Nurse Specialist	92%	74.2	95%	344	7.2	3.2%	6.8
Certified Nurse Midwife	94%	75.1	97%	1,095	7.4	11.6%	7.5
Certified Registered Nurse Anesthetist (CRNA)	62%	74.6	89%	7,116	7.3	1.9%	5.8
Chiropractic	89%	75.1	66%	176	7.3	1.1%	2.6
Clinical Cardiac Electrophysiology	71%	74.4	83%	628	7.4	1.4%	4.1
Clinical Psychologist	89%	74.3	83%	2,085	7.3	0.3%	7.4
Colorectal Surgery	77%	74.9	82%	439	7.3	0.7%	8.3
Critical Care (Intensivists)	85%	74.5	85%	1,427	7.3	0.1%	7.6
Dentist	84%	71.4	98%	48	7.3	2.1%	1.0
Dermatology	36%	75.5	41%	1,303	7.3	0.4%	6.3
Diagnostic Radiology	48%	74.3	67%	7,491	7.0	4.1%	5.2
Emergency Medicine	57%	76.8	69%	8,521	7.3	2.5%	6.9
Endocrinology	84%	74.6	95%	1,954	7.4	0.8%	7.6
Family Practice	83%	75.0	93%	11,953	7.4	4.9%	7.2
Gastroenterology	74%	74.9	94%	4,513	7.4	2.8%	7.5
General Practice	63%	74.3	94%	345	7.4	14.2%	7.4
General Surgery	83%	74.4	86%	5,097	7.3	1.8%	6.9
Geriatric Medicine	90%	74.9	94%	461	7.4	2.2%	7.0
Geriatric Psychiatry	87%	74.6	77%	36	7.3	0.0%	
Gynecological/Oncology	80%	73.7	94%	357	7.2	7.6%	6.8
Hand Surgery	56%	74.4	95%	399	7.2	1.0%	2.9

Table A3.1b
Impact of TPCC Measure on Cost Score

Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using TPCC	# NPI-TINs Scored on TPCC	Median TPCC Score	% Scores Based Only on TPCC	Median of Scores Based Only on TPCC
Hematology	85%	73.8	94%	316	6.7	1.6%	7.0
Hematology-Oncology	69%	73.7	91%	2,791	7.1	4.4%	7.4
Hematopoietic Cell Transplantation and Cellular Therapy	95%	72.8	95%	84	6.5	0.0%	
Hospice and Palliative Care	91%	74.3	94%	528	7.3	1.7%	7.6
Hospitalist	91%	74.6	89%	5,213	7.3	0.2%	4.8
Infectious Disease	78%	74.6	92%	1,863	7.3	1.3%	7.7
Internal Medicine	82%	74.6	91%	17,782	7.3	2.8%	7.0
Interventional Cardiology	72%	74.6	84%	1,692	7.4	1.4%	7.0
Interventional Pain Management	58%	74.2	52%	223	7.2	1.3%	6.2
Interventional Radiology	59%	74.1	67%	642	6.9	4.5%	1.0
Licensed Clinical Social Worker	96%	75.8	89%	2,713	7.7	1.5%	8.1
Maxillofacial Surgery	80%	73.6	85%	68	7.2	0.0%	
Medical Genetics and Genomics	87%	71.5	96%	78	7.1	1.3%	1.0
Medical Oncology	75%	72.5	96%	1,556	6.5	4.3%	4.8
Medical Toxicology	100%	75.1	100%	11	7.3	0.0%	
Micrographic Dermatologic Surgery	41%	76.3	25%	31	7.4	0.0%	
Nephrology	77%	75.0	96%	2,297	7.5	4.4%	7.4
Neurology	75%	74.0	87%	4,368	7.3	0.8%	6.9
Neuropsychiatry	85%	73.3	90%	54	7.0	1.9%	1.0
Neurosurgery	82%	73.9	83%	1,424	7.2	0.8%	1.6
Nuclear Medicine	57%	73.8	79%	150	7.3	1.3%	4.6
Nurse Practitioner	84%	74.6	93%	42,842	7.4	7.8%	7.9
Obstetrics/Gynecology	91%	74.6	97%	7,059	7.4	16.7%	7.6
Occupational Therapist in Private Practice	86%	73.5	59%	981	7.2	1.0%	7.0
Ophthalmology	62%	75.1	25%	1,901	7.1	0.9%	5.4
Optometry	53%	75.7	28%	1,091	7.3	4.3%	8.3
Oral Surgery (Dentists Only)	75%	72.8	98%	106	7.2	0.0%	
Orthopedic Surgery	69%	74.2	82%	5,588	7.2	1.4%	4.4
Osteopathic Manipulative Medicine	85%	75.3	92%	130	7.5	3.8%	7.7
Otolaryngology	52%	74.6	92%	2,064	7.3	16.9%	7.5

Table A3.1c
Impact of TPCC Measure on Cost Score

Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using TPCC	# NPI-TINs Scored on TPCC	Median TPCC Score	% Scores Based Only on TPCC	Median of Scores Based Only on TPCC
Pain Management	69%	74.4	65%	585	7.2	0.9%	3.4
Pathology	47%	74.4	89%	2,684	7.2	1.0%	7.8
Pediatric Medicine	89%	74.3	95%	2,199	7.3	3.0%	1.0
Peripheral Vascular Disease	80%	72.6	80%	16	7.4	31.2%	10.0
Physical Medicine and Rehabilitation	70%	73.7	78%	1,818	7.3	1.5%	3.8
Physical Therapist in Private Practice	88%	73.3	29%	4,008	7.3	1.0%	7.2
Physician Assistant	77%	74.8	89%	25,881	7.3	4.4%	7.6
Plastic and Reconstructive Surgery	74%	73.9	85%	803	7.2	1.2%	7.3
Podiatry	23%	75.3	85%	1,440	7.5	16.0%	7.5
Preventive Medicine	87%	75.1	92%	61	7.3	4.9%	7.9
Psychiatry	89%	74.5	86%	4,291	7.4	0.8%	8.2
Pulmonary Disease	80%	74.4	93%	3,162	7.4	1.4%	7.2
Radiation Oncology	66%	74.1	92%	1,471	7.1	7.0%	5.9
Registered Dietician or Nutrition Professional	95%	74.8	97%	712	7.5	1.3%	7.1
Rheumatology	69%	74.3	88%	1,414	7.4	9.0%	7.5
Sleep Medicine	80%	74.6	85%	205	7.3	6.3%	7.0
Speech Language Pathologists	90%	74.1	76%	262	7.4	3.1%	7.9
Sports Medicine	78%	74.5	92%	511	7.3	0.0%	
Surgical Oncology	82%	73.2	91%	445	6.9	0.2%	1.6
Thoracic Surgery	88%	74.1	89%	678	7.3	0.7%	6.9
Undefined Physician type[6]	80%	71.8	87%	85	6.9	5.9%	7.5
Undersea and Hyperbaric Medicine	85%	74.1	82%	28	7.2	0.0%	
Urology	63%	74.8	87%	2,584	7.3	1.5%	4.8
Vascular Surgery	72%	74.6	78%	1,027	7.4	2.9%	6.8

Table A3.2a
Impact of TPCC on Cost Scores Using Multiple Cost Measures

Specialty	% NPI-TINs Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including TPCC in Cost Measures	Median of Measures Including TPCC	Median of Measures Excluding TPCC
Addiction Medicine	93%	96%	16.7	94%	7.5	7.5
Adult Congenital Heart Disease	90%	100%	20.9	68%	7.5	7.5
Advanced Heart Failure and Transplant Cardiology	88%	96%	19.5	86%	7.5	7.5
Allergy/Immunology	76%	93%	10.7	97%	7.5	7.5
Anesthesiologist Assistant	58%	92%	20.1	99%	7.6	7.6
Anesthesiology	62%	95%	18.5	88%	7.6	7.6
Audiologist	77%	78%	16.2	96%	7.6	7.6
Cardiac Surgery	80%	98%	17.4	79%	7.5	7.5
Cardiology	78%	94%	14.5	94%	7.6	7.5
Certified Clinical Nurse Specialist	92%	96%	16.0	95%	7.5	7.5
Certified Nurse Midwife	94%	88%	16.6	97%	7.6	7.6
Certified Registered Nurse Anesthetist (CRNA)	62%	95%	16.8	92%	7.6	7.6
Chiropractic	89%	68%	10.8	97%	7.3	7.4
Clinical Cardiac Electrophysiology	71%	92%	16.0	89%	7.5	7.5
Clinical Psychologist	89%	88%	16.6	94%	7.5	7.5
Colorectal Surgery	77%	95%	17.2	85%	7.6	7.6
Critical Care (Intensivists)	85%	97%	17.3	87%	7.5	7.6
Dentist	84%	98%	17.9	98%	7.3	7.3
Dermatology	36%	45%	17.5	91%	7.5	7.6
Diagnostic Radiology	48%	71%	14.2	90%	7.4	7.5
Emergency Medicine	57%	80%	13.8	83%	7.6	7.6
Endocrinology	84%	99%	15.7	96%	7.5	7.5
Family Practice	83%	93%	13.7	96%	7.5	7.5
Gastroenterology	74%	95%	13.8	96%	7.6	7.6
General Practice	63%	85%	9.7	95%	7.5	7.5
General Surgery	83%	95%	16.8	89%	7.5	7.5
Geriatric Medicine	90%	98%	16.9	95%	7.5	7.5
Geriatric Psychiatry	87%	98%	13.5	78%	7.6	7.6
Gynecological/Oncology	80%	93%	17.5	94%	7.4	7.4
Hand Surgery	56%	98%	13.0	96%	7.4	7.5

Table A3.2b
Impact of TPCC on Cost Scores Using Multiple Cost Measures

Specialty	% NPI-TINs Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including TPCC in Cost Measures	Median of Measures Including TPCC	Median of Measures Excluding TPCC
Hematology	85%	98%	17.3	95%	7.4	7.5
Hematology-Oncology	69%	95%	16.3	92%	7.4	7.5
Hematopoietic Cell Transplantation and Cellular Therapy	95%	100%	19.2	95%	7.4	7.5
Hospice and Palliative Care	91%	98%	18.2	94%	7.5	7.5
Hospitalist	91%	99%	17.2	90%	7.5	7.5
Infectious Disease	78%	98%	16.7	92%	7.6	7.6
Internal Medicine	82%	96%	14.2	93%	7.5	7.5
Interventional Cardiology	72%	94%	13.8	88%	7.5	7.5
Interventional Pain Management	58%	56%	8.0	91%	7.3	7.5
Interventional Radiology	59%	71%	14.3	89%	7.3	7.5
Licensed Clinical Social Worker	96%	89%	11.8	98%	7.6	7.6
Maxillofacial Surgery	80%	99%	18.6	86%	7.3	7.3
Medical Genetics and Genomics	87%	99%	20.1	96%	7.4	7.4
Medical Oncology	75%	95%	15.1	97%	7.3	7.5
Medical Toxicology	100%	100%	20.5	100%	7.5	7.6
Micrographic Dermatologic Surgery	41%	30%	17.3	84%	7.7	7.5
Nephrology	77%	95%	12.8	97%	7.6	7.6
Neurology	75%	94%	17.4	91%	7.5	7.5
Neuropsychiatry	85%	95%	19.7	93%	7.5	7.5
Neurosurgery	82%	94%	16.5	88%	7.4	7.5
Nuclear Medicine	57%	90%	18.9	87%	7.4	7.4
Nurse Practitioner	84%	90%	14.4	95%	7.5	7.5
Obstetrics/Gynecology	91%	83%	17.1	97%	7.6	7.6
Occupational Therapist in Private Practice	86%	59%	11.0	98%	7.6	7.6
Ophthalmology	62%	30%	15.5	84%	7.4	7.5
Optometry	53%	30%	11.3	91%	7.5	7.6
Oral Surgery (Dentists Only)	75%	99%	17.2	99%	7.3	7.3
Orthopedic Surgery	69%	93%	12.4	87%	7.4	7.5
Osteopathic Manipulative Medicine	85%	94%	11.2	94%	7.5	7.6
Otolaryngology	52%	82%	17.2	94%	7.5	7.5

Table A3.2c Impact of TPCC on Cost Scores Using Multiple Cost Measures						
Specialty	% NPI-TINs Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including TPCC in Cost Measures	Median of Measures Including TPCC	Median of Measures Excluding TPCC
Pain Management	69%	71%	11.5	92%	7.4	7.5
Pathology	47%	95%	18.4	93%	7.6	7.6
Pediatric Medicine	89%	96%	19.8	96%	7.6	7.6
Peripheral Vascular Disease	80%	60%	14.2	92%	7.2	7.2
Physical Medicine and Rehabilitation	70%	82%	15.0	93%	7.4	7.5
Physical Therapist in Private Practice	88%	30%	11.1	97%	7.6	7.6
Physician Assistant	77%	89%	14.5	95%	7.5	7.6
Plastic and Reconstructive Surgery	74%	89%	18.2	95%	7.5	7.5
Podiatry	23%	78%	12.5	92%	7.5	7.6
Preventive Medicine	87%	94%	16.6	94%	7.6	7.6
Psychiatry	89%	92%	15.9	93%	7.6	7.5
Pulmonary Disease	80%	98%	15.0	94%	7.5	7.5
Radiation Oncology	66%	91%	16.3	94%	7.5	7.5
Registered Dietician or Nutrition Professional	95%	98%	17.2	98%	7.6	7.6
Rheumatology	69%	85%	15.4	94%	7.5	7.5
Sleep Medicine	80%	92%	18.1	87%	7.5	7.5
Speech Language Pathologists	90%	75%	18.4	97%	7.6	7.6
Sports Medicine	78%	96%	15.2	96%	7.5	7.5
Surgical Oncology	82%	97%	18.2	93%	7.4	7.4
Thoracic Surgery	88%	98%	18.2	90%	7.5	7.5
Undefined Physician type[6]	80%	85%	17.6	96%	7.3	7.3
Undersea and Hyperbaric Medicine	85%	94%	14.0	88%	7.4	7.5
Urology	63%	89%	14.5	96%	7.5	7.6
Vascular Surgery	72%	90%	15.2	85%	7.5	7.5

4. Impact of MSPB Measure by Specialty

Table A4.1a Impact of MSPB Measure on Cost Score						
Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using MSPB	Median MSPB Score	% Scores Based Only on MSPB	Median of Scores Based Only on MSPB
Addiction Medicine	93%	74.3	84%	7.8	0.0%	
Adult Congenital Heart Disease	90%	76.1	95%	7.9	0.0%	
Advanced Heart Failure and Transplant Cardiology	88%	74.5	95%	7.9	0.4%	8.7
Allergy/Immunology	76%	74.2	44%	7.9	0.0%	
Anesthesiologist Assistant	58%	75.1	92%	7.8	0.0%	
Anesthesiology	62%	74.6	83%	7.9	0.0%	7.3
Audiologist	77%	75.2	63%	7.9	0.0%	
Cardiac Surgery	80%	74.2	96%	7.9	0.7%	7.6
Cardiology	78%	74.6	80%	7.9	0.3%	7.7
Certified Clinical Nurse Specialist	92%	74.2	81%	7.9	0.0%	
Certified Nurse Midwife	94%	75.1	85%	7.9	0.0%	
Certified Registered Nurse Anesthetist (CRNA)	62%	74.6	84%	7.9	0.0%	
Chiropractic	89%	75.1	39%	8.3	0.0%	
Clinical Cardiac Electrophysiology	71%	74.4	88%	7.9	1.3%	8.1
Clinical Psychologist	89%	74.3	72%	7.9	0.3%	10.0
Colorectal Surgery	77%	74.9	91%	7.9	0.2%	8.0
Critical Care (Intensivists)	85%	74.5	94%	7.9	1.4%	7.7
Dentist	84%	71.4	96%	8.0	0.0%	
Dermatology	36%	75.5	36%	7.9	0.0%	
Diagnostic Radiology	48%	74.3	89%	7.9	27.6%	7.6
Emergency Medicine	57%	76.8	73%	8.2	0.0%	

Table A4.1b
Impact of MSPB Measure on Cost Score

Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using MSPB	Median MSPB Score	% Scores Based Only on MSPB	Median of Scores Based Only on MSPB
Endocrinology	84%	74.6	74%	7.9	0.0%	
Family Practice	83%	75.0	70%	7.9	0.1%	6.3
Gastroenterology	74%	74.9	82%	8.1	0.0%	7.2
General Practice	63%	74.3	42%	7.9	0.0%	
General Surgery	83%	74.4	90%	7.9	0.7%	7.7
Geriatric Medicine	90%	74.9	84%	7.9	0.2%	7.3
Geriatric Psychiatry	87%	74.6	68%	7.8	0.0%	
Gynecological/Oncology	80%	73.7	84%	7.9	0.0%	
Hand Surgery	56%	74.4	94%	7.9	0.0%	
Hematology	85%	73.8	90%	7.8	0.0%	
Hematology-Oncology	69%	73.7	86%	7.9	0.5%	8.8
Hematopoietic Cell Transplantation and Cellular Therapy	95%	72.8	76%	7.8	0.0%	
Hospice and Palliative Care	91%	74.3	91%	7.9	0.2%	9.4
Hospitalist	91%	74.6	98%	7.9	0.5%	8.3
Infectious Disease	78%	74.6	95%	7.9	0.3%	8.9
Internal Medicine	82%	74.6	81%	7.9	0.5%	7.6
Interventional Cardiology	72%	74.6	86%	7.9	1.7%	8.1
Interventional Pain Management	58%	74.2	24%	7.9	1.0%	7.3
Interventional Radiology	59%	74.1	83%	7.9	23.7%	7.5
Licensed Clinical Social Worker	96%	75.8	51%	8.0	0.0%	
Maxillofacial Surgery	80%	73.6	96%	7.8	0.0%	

Table A4.1c Impact of MSPB Measure on Cost Score						
Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using MSPB	Median MSPB Score	% Scores Based Only on MSPB	Median of Scores Based Only on MSPB
Medical Genetics and Genomics	87%	71.5	90%	7.9	0.0%	
Medical Oncology	75%	72.5	76%	7.9	0.0%	
Medical Toxicology	100%	75.1	91%	7.8	0.0%	
Micrographic Dermatologic Surgery	41%	76.3	24%	7.9	0.0%	
Nephrology	77%	75.0	87%	7.8	0.2%	7.4
Neurology	75%	74.0	88%	7.9	1.2%	7.5
Neuropsychiatry	85%	73.3	90%	7.8	0.0%	
Neurosurgery	82%	73.9	89%	7.9	1.4%	7.2
Nuclear Medicine	57%	73.8	92%	7.8	9.8%	7.5
Nurse Practitioner	84%	74.6	72%	7.9	0.2%	7.6
Obstetrics/Gynecology	91%	74.6	79%	7.9	0.0%	7.7
Occupational Therapist in Private Practice	86%	73.5	56%	8.1	0.0%	
Ophthalmology	62%	75.1	21%	7.9	0.0%	
Optometry	53%	75.7	16%	8.0	0.0%	
Oral Surgery (Dentists Only)	75%	72.8	91%	7.9	0.0%	
Orthopedic Surgery	69%	74.2	81%	7.9	0.6%	7.2
Osteopathic Manipulative Medicine	85%	75.3	72%	8.6	0.0%	
Otolaryngology	52%	74.6	68%	7.9	0.1%	8.1
Pain Management	69%	74.4	42%	7.9	0.0%	
Pathology	47%	74.4	86%	7.9	0.0%	
Pediatric Medicine	89%	74.3	89%	7.9	0.0%	

Table A4.1d Impact of MSPB Measure on Cost Score						
Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using MSPB	Median MSPB Score	% Scores Based Only on MSPB	Median of Scores Based Only on MSPB
Peripheral Vascular Disease	80%	72.6	45%	8.1	0.0%	
Physical Medicine and Rehabilitation	70%	73.7	68%	7.9	0.6%	9.1
Physical Therapist in Private Practice	88%	73.3	27%	8.1	0.0%	
Physician Assistant	77%	74.8	76%	7.9	0.7%	7.8
Plastic and Reconstructive Surgery	74%	73.9	79%	7.9	0.1%	7.1
Podiatry	23%	75.3	70%	7.9	4.4%	7.6
Preventive Medicine	87%	75.1	74%	7.9	0.0%	
Psychiatry	89%	74.5	76%	7.9	0.1%	5.8
Pulmonary Disease	80%	74.4	87%	7.8	0.4%	7.7
Radiation Oncology	66%	74.1	80%	7.9	1.2%	7.3
Registered Dietician or Nutrition Professional	95%	74.8	87%	7.9	0.0%	
Rheumatology	69%	74.3	64%	7.9	0.0%	
Sleep Medicine	80%	74.6	85%	7.9	0.5%	8.9
Speech Language Pathologists	90%	74.1	64%	7.9	0.0%	
Sports Medicine	78%	74.5	87%	7.9	0.0%	
Surgical Oncology	82%	73.2	86%	7.9	0.2%	7.6
Thoracic Surgery	88%	74.1	95%	7.9	0.3%	7.0
Undefined Physician type[6]	80%	71.8	78%	7.8	1.3%	7.7
Undersea and Hyperbaric Medicine	85%	74.1	71%	7.9	0.0%	
Urology	63%	74.8	83%	8.0	0.0%	9.8
Vascular Surgery	72%	74.6	86%	7.9	0.5%	7.6

Table A4.2a
Impact of MSPB on Cost Scores Using Multiple Cost Measures

Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including MSPB in Cost Measures	Median of Measures Including MSPB	Median of Measures Excluding MSPB
Addiction Medicine	93%	96%	16.7	87%	7.5	7.5
Adult Congenital Heart Disease	90%	100%	20.9	95%	7.5	7.5
Advanced Heart Failure and Transplant Cardiology	88%	96%	19.5	99%	7.5	7.5
Allergy/Immunology	76%	93%	10.7	48%	7.6	7.6
Anesthesiologist Assistant	58%	92%	20.1	100%	7.6	7.5
Anesthesiology	62%	95%	18.5	88%	7.6	7.6
Audiologist	77%	78%	16.2	81%	7.6	7.6
Cardiac Surgery	80%	98%	17.4	98%	7.6	7.5
Cardiology	78%	94%	14.5	85%	7.6	7.5
Certified Clinical Nurse Specialist	92%	96%	16.0	85%	7.5	7.5
Certified Nurse Midwife	94%	88%	16.6	96%	7.6	7.5
Certified Registered Nurse Anesthetist (CRNA)	62%	95%	16.8	89%	7.6	7.6
Chiropractic	89%	68%	10.8	58%	7.6	7.6
Clinical Cardiac Electrophysiology	71%	92%	16.0	94%	7.5	7.5
Clinical Psychologist	89%	88%	16.6	81%	7.6	7.5
Colorectal Surgery	77%	95%	17.2	96%	7.6	7.6
Critical Care (Intensivists)	85%	97%	17.3	96%	7.6	7.5
Dentist	84%	98%	17.9	98%	7.3	7.2
Dermatology	36%	45%	17.5	80%	7.6	7.6
Diagnostic Radiology	48%	71%	14.2	90%	7.5	7.4
Emergency Medicine	57%	80%	13.8	91%	7.7	7.6

Table A4.2b
Impact of MSPB on Cost Scores Using Multiple Cost Measures

Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including MSPB in Cost Measures	Median of Measures Including MSPB	Median of Measures Excluding MSPB
Endocrinology	84%	99%	15.7	75%	7.6	7.5
Family Practice	83%	93%	13.7	75%	7.6	7.5
Gastroenterology	74%	95%	13.8	86%	7.6	7.4
General Practice	63%	85%	9.7	50%	7.6	7.6
General Surgery	83%	95%	16.8	94%	7.5	7.5
Geriatric Medicine	90%	98%	16.9	86%	7.5	7.5
Geriatric Psychiatry	87%	98%	13.5	70%	7.6	7.6
Gynecological/Oncology	80%	93%	17.5	91%	7.4	7.4
Hand Surgery	56%	98%	13.0	95%	7.5	7.4
Hematology	85%	98%	17.3	92%	7.5	7.5
Hematology-Oncology	69%	95%	16.3	90%	7.5	7.4
Hematopoietic Cell Transplantation and Cellular Therapy	95%	100%	19.2	76%	7.5	7.5
Hospice and Palliative Care	91%	98%	18.2	93%	7.5	7.5
Hospitalist	91%	99%	17.2	98%	7.5	7.5
Infectious Disease	78%	98%	16.7	97%	7.6	7.5
Internal Medicine	82%	96%	14.2	84%	7.5	7.5
Interventional Cardiology	72%	94%	13.8	90%	7.5	7.5
Interventional Pain Management	58%	56%	8.0	42%	7.4	7.3
Interventional Radiology	59%	71%	14.3	88%	7.4	7.4
Licensed Clinical Social Worker	96%	89%	11.8	57%	7.6	7.5
Maxillofacial Surgery	80%	99%	18.6	97%	7.5	7.3

Table A4.2c Impact of MSPB on Cost Scores Using Multiple Cost Measures						
Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including MSPB in Cost Measures	Median of Measures Including MSPB	Median of Measures Excluding MSPB
Medical Genetics and Genomics	87%	99%	20.1	91%	7.4	7.4
Medical Oncology	75%	95%	15.1	79%	7.4	7.4
Medical Toxicology	100%	100%	20.5	91%	7.6	7.6
Micrographic Dermatologic Surgery	41%	30%	17.3	81%	7.6	7.5
Nephrology	77%	95%	12.8	91%	7.6	7.6
Neurology	75%	94%	17.4	92%	7.5	7.5
Neuropsychiatry	85%	95%	19.7	95%	7.5	7.5
Neurosurgery	82%	94%	16.5	94%	7.5	7.5
Nuclear Medicine	57%	90%	18.9	92%	7.5	7.5
Nurse Practitioner	84%	90%	14.4	80%	7.6	7.5
Obstetrics/Gynecology	91%	83%	17.1	95%	7.6	7.5
Occupational Therapist in Private Practice	86%	59%	11.0	95%	7.6	7.5
Ophthalmology	62%	30%	15.5	71%	7.5	7.5
Optometry	53%	30%	11.3	54%	7.6	7.5
Oral Surgery (Dentists Only)	75%	99%	17.2	92%	7.3	7.3
Orthopedic Surgery	69%	93%	12.4	87%	7.5	7.4
Osteopathic Manipulative Medicine	85%	94%	11.2	77%	7.5	7.4
Otolaryngology	52%	82%	17.2	83%	7.5	7.5
Pain Management	69%	71%	11.5	60%	7.5	7.5
Pathology	47%	95%	18.4	91%	7.6	7.5
Pediatric Medicine	89%	96%	19.8	92%	7.6	7.6

Table A4.2d Impact of MSPB on Cost Scores Using Multiple Cost Measures						
Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including MSPB in Cost Measures	Median of Measures Including MSPB	Median of Measures Excluding MSPB
Peripheral Vascular Disease	80%	60%	14.2	75%	7.2	7.2
Physical Medicine and Rehabilitation	70%	82%	15.0	82%	7.5	7.5
Physical Therapist in Private Practice	88%	30%	11.1	89%	7.6	7.6
Physician Assistant	77%	89%	14.5	85%	7.6	7.5
Plastic and Reconstructive Surgery	74%	89%	18.2	88%	7.6	7.5
Podiatry	23%	78%	12.5	86%	7.5	7.5
Preventive Medicine	87%	94%	16.6	79%	7.6	7.6
Psychiatry	89%	92%	15.9	82%	7.5	7.5
Pulmonary Disease	80%	98%	15.0	88%	7.5	7.5
Radiation Oncology	66%	91%	16.3	87%	7.5	7.5
Registered Dietician or Nutrition Professional	95%	98%	17.2	89%	7.6	7.5
Rheumatology	69%	85%	15.4	75%	7.6	7.5
Sleep Medicine	80%	92%	18.1	92%	7.5	7.5
Speech Language Pathologists	90%	75%	18.4	85%	7.6	7.6
Sports Medicine	78%	96%	15.2	91%	7.5	7.5
Surgical Oncology	82%	97%	18.2	88%	7.5	7.5
Thoracic Surgery	88%	98%	18.2	97%	7.5	7.5
Undefined Physician type[6]	80%	85%	17.6	90%	7.3	7.3
Undersea and Hyperbaric Medicine	85%	94%	14.0	75%	7.5	7.4
Urology	63%	89%	14.5	94%	7.6	7.5
Vascular Surgery	72%	90%	15.2	95%	7.5	7.5

5. Impact of Diabetes Cost Measure by Specialty

Table A5.1a Impact of Diabetes Cost Measure on Cost Score						
Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using Diabetes Cost	Median Diabetes Cost Score	% Scores Based Only on Diabetes Cost	Median of Scores Based Only on Diabetes Cost
Addiction Medicine	93%	74.3	80%	7.5	0.0%	
Adult Congenital Heart Disease	90%	76.1	95%	7.6	0.0%	
Advanced Heart Failure and Transplant Cardiology	88%	74.5	94%	7.3	0.4%	7.1
Allergy/Immunology	76%	74.2	45%	7.4	0.0%	
Anesthesiologist Assistant	58%	75.1	91%	7.4	0.0%	
Anesthesiology	62%	74.6	79%	7.3	0.0%	7.3
Audiologist	77%	75.2	62%	7.4	0.0%	
Cardiac Surgery	80%	74.2	79%	7.2	0.0%	
Cardiology	78%	74.6	86%	7.3	0.2%	7.1
Certified Clinical Nurse Specialist	92%	74.2	82%	7.3	0.0%	
Certified Nurse Midwife	94%	75.1	78%	7.3	0.0%	
Certified Registered Nurse Anesthetist (CRNA)	62%	74.6	78%	7.3	0.0%	
Chiropractic	89%	75.1	42%	7.3	0.0%	
Clinical Cardiac Electrophysiology	71%	74.4	88%	7.3	0.3%	7.3
Clinical Psychologist	89%	74.3	71%	7.4	0.0%	
Colorectal Surgery	77%	74.9	74%	7.3	0.0%	
Critical Care (Intensivists)	85%	74.5	80%	7.3	0.0%	
Dentist	84%	71.4	96%	7.4	0.0%	
Dermatology	36%	75.5	38%	7.4	0.2%	7.3
Diagnostic Radiology	48%	74.3	50%	7.3	0.2%	7.1
Emergency Medicine	57%	76.8	52%	7.4	0.2%	7.6

Table A5.1b
Impact of Diabetes Cost Measure on Cost Score

Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using Diabetes Cost	Median Diabetes Cost Score	% Scores Based Only on Diabetes Cost	Median of Scores Based Only on Diabetes Cost
Endocrinology	84%	74.6	98%	7.4	0.2%	7.2
Family Practice	83%	75.0	85%	7.4	0.2%	7.1
Gastroenterology	74%	74.9	65%	7.4	0.0%	8.0
General Practice	63%	74.3	72%	7.4	0.0%	
General Surgery	83%	74.4	78%	7.3	0.2%	3.3
Geriatric Medicine	90%	74.9	93%	7.4	0.0%	
Geriatric Psychiatry	87%	74.6	60%	7.2	0.0%	
Gynecological/Oncology	80%	73.7	81%	7.2	0.0%	
Hand Surgery	56%	74.4	51%	7.3	0.0%	
Hematology	85%	73.8	87%	7.2	0.0%	
Hematology-Oncology	69%	73.7	84%	7.3	0.3%	8.1
Hematopoietic Cell Transplantation and Cellular Therapy	95%	72.8	94%	7.3	0.0%	
Hospice and Palliative Care	91%	74.3	89%	7.3	0.0%	
Hospitalist	91%	74.6	79%	7.3	0.2%	7.9
Infectious Disease	78%	74.6	79%	7.3	0.0%	
Internal Medicine	82%	74.6	81%	7.4	0.1%	7.1
Interventional Cardiology	72%	74.6	87%	7.2	0.9%	7.1
Interventional Pain Management	58%	74.2	24%	7.3	0.0%	
Interventional Radiology	59%	74.1	51%	7.3	0.0%	
Licensed Clinical Social Worker	96%	75.8	55%	7.4	0.0%	
Maxillofacial Surgery	80%	73.6	90%	7.2	0.0%	

Table A5.1c Impact of Diabetes Cost Measure on Cost Score						
Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using Diabetes Cost	Median Diabetes Cost Score	% Scores Based Only on Diabetes Cost	Median of Scores Based Only on Diabetes Cost
Medical Genetics and Genomics	87%	71.5	93%	7.1	0.0%	
Medical Oncology	75%	72.5	85%	7.4	0.1%	9.3
Medical Toxicology	100%	75.1	91%	7.4	0.0%	
Micrographic Dermatologic Surgery	41%	76.3	24%	7.4	0.0%	
Nephrology	77%	75.0	89%	7.4	0.0%	
Neurology	75%	74.0	78%	7.4	0.3%	7.8
Neuropsychiatry	85%	73.3	87%	7.3	0.0%	
Neurosurgery	82%	73.9	68%	7.3	0.0%	
Nuclear Medicine	57%	73.8	83%	7.4	0.0%	
Nurse Practitioner	84%	74.6	73%	7.3	0.0%	7.1
Obstetrics/Gynecology	91%	74.6	71%	7.4	0.0%	
Occupational Therapist in Private Practice	86%	73.5	26%	7.3	0.0%	
Ophthalmology	62%	75.1	24%	7.2	0.8%	5.4
Optometry	53%	75.7	24%	7.3	0.0%	
Oral Surgery (Dentists Only)	75%	72.8	92%	7.2	0.0%	
Orthopedic Surgery	69%	74.2	49%	7.3	0.0%	
Osteopathic Manipulative Medicine	85%	75.3	73%	7.5	0.0%	
Otolaryngology	52%	74.6	66%	7.4	0.0%	
Pain Management	69%	74.4	41%	7.3	0.0%	
Pathology	47%	74.4	85%	7.2	0.4%	7.1
Pediatric Medicine	89%	74.3	90%	7.2	0.0%	8.0

Table A5.1d Impact of Diabetes Cost Measure on Cost Score						
Specialty	% NPI-TINs Scored on Cost	Median Cost Score	% Scores Using Diabetes Cost	Median Diabetes Cost Score	% Scores Based Only on Diabetes Cost	Median of Scores Based Only on Diabetes Cost
Peripheral Vascular Disease	80%	72.6	55%	6.6	0.0%	
Physical Medicine and Rehabilitation	70%	73.7	57%	7.3	0.2%	7.0
Physical Therapist in Private Practice	88%	73.3	15%	7.3	0.0%	7.1
Physician Assistant	77%	74.8	65%	7.3	0.1%	7.1
Plastic and Reconstructive Surgery	74%	73.9	76%	7.3	0.1%	1.0
Podiatry	23%	75.3	60%	7.4	6.0%	7.8
Preventive Medicine	87%	75.1	88%	7.6	0.0%	
Psychiatry	89%	74.5	73%	7.4	0.1%	8.4
Pulmonary Disease	80%	74.4	73%	7.4	0.0%	
Radiation Oncology	66%	74.1	77%	7.2	0.1%	7.1
Registered Dietician or Nutrition Professional	95%	74.8	95%	7.4	0.3%	7.1
Rheumatology	69%	74.3	70%	7.4	0.5%	8.2
Sleep Medicine	80%	74.6	85%	7.4	1.5%	7.1
Speech Language Pathologists	90%	74.1	70%	7.2	0.0%	
Sports Medicine	78%	74.5	65%	7.4	0.0%	
Surgical Oncology	82%	73.2	83%	7.2	0.0%	
Thoracic Surgery	88%	74.1	85%	7.2	0.2%	7.2
Undefined Physician type[6]	80%	71.8	74%	7.1	1.4%	7.1
Undersea and Hyperbaric Medicine	85%	74.1	79%	7.2	0.0%	
Urology	63%	74.8	63%	7.3	0.1%	7.3
Vascular Surgery	72%	74.6	66%	7.3	0.3%	7.5

Table A5.2a
Impact of Diabetes Cost Measure
on Cost Scores Using Multiple Cost Measures

Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including Diabetes Cost in Cost Measures	Median of Measures Including Diabetes Cost	Median of Measures Excluding Diabetes Cost
Addiction Medicine	93%	96%	16.7	84%	7.5	7.5
Adult Congenital Heart Disease	90%	100%	20.9	95%	7.5	7.5
Advanced Heart Failure and Transplant Cardiology	88%	96%	19.5	98%	7.5	7.6
Allergy/Immunology	76%	93%	10.7	49%	7.6	7.6
Anesthesiologist Assistant	58%	92%	20.1	99%	7.6	7.6
Anesthesiology	62%	95%	18.5	83%	7.6	7.6
Audiologist	77%	78%	16.2	80%	7.6	7.6
Cardiac Surgery	80%	98%	17.4	81%	7.5	7.6
Cardiology	78%	94%	14.5	90%	7.6	7.6
Certified Clinical Nurse Specialist	92%	96%	16.0	85%	7.5	7.5
Certified Nurse Midwife	94%	88%	16.6	88%	7.6	7.6
Certified Registered Nurse Anesthetist (CRNA)	62%	95%	16.8	83%	7.6	7.6
Chiropractic	89%	68%	10.8	62%	7.6	7.6
Clinical Cardiac Electrophysiology	71%	92%	16.0	94%	7.5	7.5
Clinical Psychologist	89%	88%	16.6	80%	7.6	7.6
Colorectal Surgery	77%	95%	17.2	78%	7.6	7.6
Critical Care (Intensivists)	85%	97%	17.3	82%	7.6	7.6
Dentist	84%	98%	17.9	98%	7.3	7.3
Dermatology	36%	45%	17.5	84%	7.6	7.6
Diagnostic Radiology	48%	71%	14.2	71%	7.5	7.6
Emergency Medicine	57%	80%	13.8	64%	7.6	7.6
Endocrinology	84%	99%	15.7	99%	7.5	7.6
Family Practice	83%	93%	13.7	91%	7.5	7.5
Gastroenterology	74%	95%	13.8	68%	7.5	7.5
General Practice	63%	85%	9.7	85%	7.5	7.6
General Surgery	83%	95%	16.8	82%	7.5	7.5
Geriatric Medicine	90%	98%	16.9	96%	7.5	7.5
Geriatric Psychiatry	87%	98%	13.5	61%	7.6	7.6
Gynecological/Oncology	80%	93%	17.5	87%	7.4	7.4
Hand Surgery	56%	98%	13.0	52%	7.5	7.6

Table A5.2b
Impact of Diabetes Cost Measure
on Cost Scores Using Multiple Cost Measures

Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including Diabetes Cost in Cost Measures	Median of Measures Including Diabetes Cost	Median of Measures Excluding Diabetes Cost
Hematology	85%	98%	17.3	89%	7.4	7.4
Hematology-Oncology	69%	95%	16.3	88%	7.4	7.4
Hematopoietic Cell Transplantation and Cellular Therapy	95%	100%	19.2	94%	7.5	7.5
Hospice and Palliative Care	91%	98%	18.2	91%	7.5	7.5
Hospitalist	91%	99%	17.2	80%	7.5	7.5
Infectious Disease	78%	98%	16.7	80%	7.6	7.6
Internal Medicine	82%	96%	14.2	85%	7.5	7.5
Interventional Cardiology	72%	94%	13.8	91%	7.5	7.6
Interventional Pain Management	58%	56%	8.0	43%	7.4	7.5
Interventional Radiology	59%	71%	14.3	71%	7.5	7.6
Licensed Clinical Social Worker	96%	89%	11.8	62%	7.6	7.6
Maxillofacial Surgery	80%	99%	18.6	91%	7.5	7.5
Medical Genetics and Genomics	87%	99%	20.1	94%	7.4	7.4
Medical Oncology	75%	95%	15.1	89%	7.3	7.3
Medical Toxicology	100%	100%	20.5	91%	7.6	7.6
Micrographic Dermatologic Surgery	41%	30%	17.3	78%	7.5	7.5
Nephrology	77%	95%	12.8	93%	7.6	7.6
Neurology	75%	94%	17.4	82%	7.5	7.5
Neuropsychiatry	85%	95%	19.7	91%	7.5	7.5
Neurosurgery	82%	94%	16.5	73%	7.5	7.5
Nuclear Medicine	57%	90%	18.9	92%	7.5	7.5
Nurse Practitioner	84%	90%	14.4	81%	7.5	7.5
Obstetrics/Gynecology	91%	83%	17.1	85%	7.5	7.5
Occupational Therapist in Private Practice	86%	59%	11.0	43%	7.6	7.6
Ophthalmology	62%	30%	15.5	79%	7.5	7.5
Optometry	53%	30%	11.3	81%	7.5	7.6
Oral Surgery (Dentists Only)	75%	99%	17.2	93%	7.3	7.3
Orthopedic Surgery	69%	93%	12.4	52%	7.5	7.5
Osteopathic Manipulative Medicine	85%	94%	11.2	77%	7.6	7.5
Otolaryngology	52%	82%	17.2	81%	7.5	7.5

Table A5.2c
Impact of Diabetes Cost Measure
on Cost Scores Using Multiple Cost Measures

Specialty	% Scored on Cost	% With Multiple Cost Measures	Average Number of Measures	% Including Diabetes Cost in Cost Measures	Median of Measures Including Diabetes Cost	Median of Measures Excluding Diabetes Cost
Pain Management	69%	71%	11.5	58%	7.5	7.5
Pathology	47%	95%	18.4	90%	7.6	7.6
Pediatric Medicine	89%	96%	19.8	93%	7.6	7.6
Peripheral Vascular Disease	80%	60%	14.2	92%	7.2	7.4
Physical Medicine and Rehabilitation	70%	82%	15.0	69%	7.6	7.6
Physical Therapist in Private Practice	88%	30%	11.1	49%	7.6	7.6
Physician Assistant	77%	89%	14.5	73%	7.5	7.6
Plastic and Reconstructive Surgery	74%	89%	18.2	85%	7.5	7.6
Podiatry	23%	78%	12.5	73%	7.6	7.6
Preventive Medicine	87%	94%	16.6	94%	7.5	7.6
Psychiatry	89%	92%	15.9	79%	7.6	7.6
Pulmonary Disease	80%	98%	15.0	75%	7.5	7.5
Radiation Oncology	66%	91%	16.3	85%	7.5	7.5
Registered Dietician or Nutrition Professional	95%	98%	17.2	97%	7.6	7.6
Rheumatology	69%	85%	15.4	82%	7.5	7.6
Sleep Medicine	80%	92%	18.1	92%	7.6	7.5
Speech Language Pathologists	90%	75%	18.4	92%	7.6	7.6
Sports Medicine	78%	96%	15.2	68%	7.6	7.6
Surgical Oncology	82%	97%	18.2	85%	7.5	7.5
Thoracic Surgery	88%	98%	18.2	86%	7.5	7.5
Undefined Physician type[6]	80%	85%	17.6	87%	7.3	7.3
Undersea and Hyperbaric Medicine	85%	94%	14.0	84%	7.5	7.5
Urology	63%	89%	14.5	71%	7.5	7.6
Vascular Surgery	72%	90%	15.2	73%	7.5	7.6