Clinician Performance Information on the Compare Tool on Medicare.gov
CY 2023 Clinicians Public Reporting
July 2025

Overview

The Centers for Medicare & Medicaid Services (CMS) made the following adjustments to the calendar year (CY) 2023 Quality Payment Program (QPP) public reporting information available for preview until Thursday, August 21, 2025, at 8 p.m. ET (5 p.m. PT):

- CMS has updated the analyses of the CY 2023 performance measure data so more measures available initially for public reporting will be included on the profile pages of clinicians and groups on the Medicare.gov compare tool and in the Provider Data Catalog (PDC).
- CMS has made adjustments resulting in the addition of 2 clinician quality measures and 17 group quality measures available for public reporting and added them to this document.
- Star ratings for Merit-based Incentive Payment System (MIPS) administrative claims quality measures #479 and #480 won't appear on the profile pages of clinicians and groups on the Medicare.gov compare tool and will appear only in the PDC.
- For multiple performance rate measures that meet public reporting requirements, only the overall performance rate will appear on the profile pages of clinicians and groups on the Medicare.gov compare tool. All performance rate strata for these measures will be in the PDC.

This spreadsheet is a summary of the Calendar Year (CY) 2023 Quality Payment Program (QPP) performance information that will be publicly reported in 2025 on the clinician and group profile pages in the Doctors and Clinicians sections of the Medicare.gov compare tool and the Provider Data Catalog (PDC).

Per the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Centers for Medicare & Medicaid Services (CMS) must report the following performance information that meets the public reporting standards under §414.1395(b) in the PDC.[1,2] The performance information must also resonate with patients and caregivers, as

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[1] CMS won't publicly report MIPS quality and MIPS cost measures in their first 2 years of use (§414.1395(c)).
[2] Clinicians and groups that received an Extreme and Uncontrollable Circumstances exception won't have performance information to preview or available for public reporting.

demonstrated through user testing, to be included on the clinician and group profile pages of the Medicare.gov compare tool.

- **Performance information of clinicians,** including Merit-based Incentive Payment System (MIPS) and Qualified Clinical Data Registry (QCDR) quality measures, MIPS Promoting Interoperability measures and attestations, MIPS improvement activities attestations are included on clinician profile pages of the Medicare.gov compare tool and in the PDC. MIPS final scores and performance category scores—as in quality, Promoting Interoperability, improvement activities, and cost—are available in the PDC.

- **Performance information of groups and virtual groups,** including MIPS and QCDR quality measures, Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Summary Survey Measures, MIPS Promoting Interoperability measures and attestations, and MIPS improvement activities attestations[3] are included on group profile pages of the Medicare.gov compare tool and in the PDC. MIPS final scores and performance category scores—as in quality, Promoting Interoperability, improvement activities, and cost—are available in the PDC.

- **Performance information of Medicare Shared Savings Program Accountable Care Organizations (ACOs)**, including the names of eligible clinicians in Medicare Shared Savings Program Advanced Alternative Payment Models (APMs) and the names and performance information of Advanced APMs, as much as is possible[4, 5,6]

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

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

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[3] Groups and virtual groups are collectively referred to as "groups" in this document. Clinicians who receive their MIPS score through an ACO will have their final and category scores reported in the PDC.
[4] This performance information is being publicly reported because MACRA amended Section 1848(q)(9)(A)(ii) of the Social Security Act.
[5] In the CY 2017 QPP Final Rule, CMS finalized linking eligible clinicians and groups to their APM data, as relevant and possible (81 FR 77398).
[6] Medicare Shared Savings Program ACOs can review their performance information through their Performance Year (PY) 2023 Medicare Shared Savings Program Quality Performance Reports and their CY 2023 MIPS Performance Feedback.

Publicly Reported Performance Information

MIPS Quality Measures

CMS is publicly reporting:

- 62 quality measures as star ratings on the profile pages of individual clinicians on the Medicare.gov compare tool and 114 quality measures in the PDC
- 68 quality measures as star ratings on the profile pages of groups on the Medicare.gov compare tool and 127 quality measures in the PDC

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

Measures with reporting recommendations that differ between clinicians and groups are listed twice in the table below. For example, see measure #5.

Table 1

Measure # A	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
001	MIPS Clinical Quality Measures (MIPS CQM), Electronic Clinical Quality Measures (eCQM)	Yes	Yes	Yes	Yes
005	MIPS CQM	Yes	Yes	N/A	N/A
005	eCQM	Yes	Yes	Yes	Yes
006	MIPS CQM	Yes	Yes	Yes	Yes
007	MIPS CQM	N/A	N/A	Yes	Yes
007	eCQM	Yes	Yes	N/A	N/A
008	MIPS CQM	Yes	Yes	N/A	N/A
008	eCQM	Yes	Yes	Yes	Yes
012	eCQM	No	Yes	Yes	Yes
014	MIPS CQM	Yes	Yes	Yes	Yes
019	eCQM	Yes	Yes	Yes	Yes
024	MIPS CQM	Yes	Yes	Yes	Yes
039	Medicare Part B Claims, MIPS CQM	Yes	Yes	Yes	Yes
047	MIPS CQM	Yes	Yes	Yes	Yes
048	MIPS CQM	Yes	Yes	Yes	Yes
050	MIPS CQM	Yes	Yes	Yes	Yes
052	MIPS CQM	No	Yes	No	Yes
065	MIPS CQM	N/A	N/A	Yes	Yes

Measure # A	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
065	eCQM	Yes	Yes	Yes	Yes
066	MIPS eCQM	Yes	Yes	Yes	Yes
093	MIPS CQM	No	Yes	No	Yes
107	eCQM	No	Yes	Yes	Yes
112	MIPS CQM	Yes	Yes	Yes	Yes
112	eCQM	Yes	Yes	Yes	Yes
112	Medicare Part B Claims	Yes	Yes	N/A	N/A
113	MIPS CQM, eCQM	Yes	Yes	Yes	Yes
116	MIPS CQM	No	Yes	No	Yes
117	eCQM	Yes	Yes	Yes	Yes
118	MIPS CQM	Yes	Yes	Yes	Yes
126	MIPS CQM	Yes	Yes	Yes	Yes
127	MIPS CQM	Yes	Yes	No	Yes
128	MIPS CQM, eCQM	Yes	Yes	Yes	Yes
130	MIPS CQM	Yes	Yes	N/A	N/A
130	eCQM	Yes	Yes	Yes	Yes
134	MIPS CQM	Yes	Yes	N/A	N/A
134	eCQM	Yes	Yes	Yes	Yes
137	MIPS CQM	No	Yes	No	Yes
138	MIPS CQM	No	Yes	No	Yes
141	MIPS CQM	No	Yes	No	Yes
143	MIPS CQM	N/A	N/A	Yes	Yes
143	eCQM	Yes	Yes	Yes	Yes
144	MIPS CQM	Yes	Yes	Yes	Yes
145	Medicare Part B Claims	Yes	Yes	N/A	N/A
145	MIPS CQM	Yes	Yes	Yes	Yes
147	MIPS CQM	N/A	N/A	No	Yes
155	MIPS CQM	No	Yes	No	Yes
176	MIPS CQM	Yes	Yes	No	Yes
177	MIPS CQM	Yes	Yes	Yes	Yes
178	MIPS CQM	Yes	Yes	No	Yes
180	MIPS CQM	Yes	Yes	Yes	Yes
181	MIPS CQM	No	Yes	No	Yes
182	MIPS CQM	Yes	Yes	No	Yes
185	MIPS CQM	No	Yes	Yes	Yes
187	MIPS CQM	N/A	N/A	No	Yes
191	MIPS CQM	Yes	Yes	Yes	Yes
217	MIPS CQM	Yes	Yes	N/A	N/A
218	MIPS CQM	Yes	Yes	N/A	N/A
220	MIPS CQM	Yes	Yes	N/A	N/A
221	MIPS CQM	Yes	Yes	N/A	N/A
226.1	MIPS CQM	No	Yes	N/A	N/A

Measure # [A]	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
226.1	eCQM	No	Yes	No	Yes
226.2	MIPS CQM	Yes	Yes	N/A	N/A
226.2	eCQM	Yes	Yes	Yes	Yes
226.3	MIPS CQM	No	Yes	N/A	N/A
226.3	eCQM	No	Yes	No	Yes
236	MIPS CQM	Yes	Yes	N/A	N/A
236	eCQM	Yes	Yes	Yes	Yes
238.1	eCQM	Yes	Yes	Yes	Yes
238.2	eCQM	No	Yes	No	Yes
238.3	eCQM	No	Yes	No	Yes
240	eCQM	No	Yes	Yes	Yes
243	MIPS CQM	No	Yes	N/A	N/A
249	MIPS CQM	N/A	N/A	No	Yes
250	MIPS CQM	N/A	N/A	No	Yes
254	MIPS CQM	No	Yes	No	Yes
268	MIPS CQM	No	Yes	N/A	N/A
277	MIPS CQM	No	Yes	Yes	Yes
279	MIPS CQM	No	Yes	No	Yes
281	eCQM	No	Yes	Yes	Yes
282	MIPS CQM	No	Yes	No	Yes
283	MIPS CQM	No	Yes	No	Yes
286	MIPS CQM	No	Yes	Yes	Yes
288	MIPS CQM	No	Yes	No	Yes
290	MIPS CQM	No	Yes	No	Yes
291	MIPS CQM	Yes	Yes	N/A	N/A
293	MIPS CQM	No	Yes	No	Yes
309	eCQM	Yes	Yes	Yes	Yes
310	eCQM	No	Yes	No	Yes
317	MIPS CQM	Yes	Yes	Yes	Yes
317	eCQM	Yes	Yes	N/A	N/A
318	eCQM	Yes	Yes	Yes	Yes
320	MIPS CQM	No	Yes	Yes	Yes
322	MIPS CQM	No	Yes	No	Yes
324	MIPS CQM	No	Yes	No	Yes
326	MIPS CQM	Yes	Yes	Yes	Yes
331	MIPS CQM	Yes	Yes	Yes	Yes
332	MIPS CQM	No	Yes	No	Yes
336	MIPS CQM	Yes	Yes	N/A	N/A
338	MIPS CQM	N/A	N/A	Yes	Yes
350	MIPS CQM	Yes	Yes	Yes	Yes
351	MIPS CQM	Yes	Yes	No	Yes
354	MIPS CQM	N/A	N/A	Yes	Yes

Measure # A	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
355	MIPS CQM	No	Yes	No	Yes
356	MIPS CQM	Yes	Yes	Yes	Yes
357	MIPS CQM	No	Yes	No	Yes
358	MIPS CQM	Yes	Yes	Yes	Yes
360	MIPS CQM	N/A	N/A	No	Yes
364	MIPS CQM	N/A	N/A	No	Yes
366.1	eCQM	N/A	N/A	No	Yes
366.2	eCQM	N/A	N/A	No	Yes
370	eCQM	N/A	N/A	No	Yes
370.1	eCQM	N/A	N/A	No	Yes
370.2	eCQM	N/A	N/A	No	Yes
374	MIPS CQM, eCQM	Yes	Yes	Yes	Yes
376	eCQM	No	Yes	No	Yes
377	eCQM	No	Yes	No	Yes
378	eCQM	N/A	N/A	No	Yes
379	eCQM	N/A	N/A	Yes	Yes
382	eCQM	N/A	N/A	Yes	Yes
384	MIPS CQM	Yes	Yes	Yes	Yes
385	MIPS CQM	Yes	Yes	No	Yes
389	MIPS CQM	Yes	Yes	Yes	Yes
394.1	MIPS CQM	No	Yes	No	Yes
394.2	MIPS CQM	No	Yes	No	Yes
394.3	MIPS CQM	No	Yes	No	Yes
394.4	MIPS CQM	No	Yes	Yes	Yes
395	MIPS CQM	N/A	N/A	No	Yes
396	MIPS CQM	N/A	N/A	No	Yes
397	MIPS CQM	N/A	N/A	No	Yes
398.1	MIPS CQM	No	Yes	No	Yes
398.3	MIPS CQM	No	Yes	No	Yes
398.5	MIPS CQM	No	Yes	No	Yes
398.7	MIPS CQM	No	Yes	No	Yes
400	MIPS CQM	Yes	Yes	Yes	Yes
402	MIPS CQM	Yes	Yes	Yes	Yes
404	MIPS CQM	Yes	Yes	Yes	Yes
405	MIPS CQM	Yes	Yes	No	Yes
406	MIPS CQM	N/A	N/A	No	Yes
410	MIPS CQM	No	Yes	Yes	Yes
415	MIPS CQM	No	Yes	No	Yes
416	MIPS CQM	N/A	N/A	No	Yes
418	MIPS CQM	No	Yes	Yes	Yes
419	MIPS CQM	No	Yes	No	Yes

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

A Measure and performance rate details are available on the QPP website. For measures with more than one performance rate, the rate is indicated using a decimal number. See the 2023 Multiple Performance Rate Measures spreadsheet within the 2023 Quality Benchmarks (ZIP, 692KB) file for more information.

CAHPS for MIPS Group Quality Measure

CMS is publicly reporting 8 CAHPS for MIPS Summary Survey Measure (SSM) scores on group profile pages of the Medicare.gov compare tool and in the PDC. CAHPS for MIPS SSMs are reported on profile pages as top-box percent performance scores. Top-box scores are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale. For example, for CAHPS 1 (Getting Timely Care, Appointments, and Information), this would be the percentage of respondents who said they "always" got timely care, appointments, and information.

Table 2

Measure #	Technical Measure Title	Profile Page	PDC
CAHPS 1	CAHPS for MIPS SSM: Getting Timely Care, Appointments, and Information	Yes	Yes
CAHPS 3	Patient's Rating of Provider	Yes	Yes
CAHPS 4	CAHPS for MIPS SSM: Access to Specialists	No	Yes

Measure #	Technical Measure Title	Profile Page	PDC
CAHPS 5	CAHPS for MIPS SSM: Health Promotion and Education	Yes	Yes
CAHPS 6	CAHPS for MIPS SSM: Shared Decision-Making	Yes	Yes
CAHPS 8	CAHPS for MIPS SSM: Courteous and Helpful Office Staff	Yes	Yes
CAHPS 9	CAHPS for MIPS SSM: Care Coordination	Yes	Yes
CAHPS 12	CAHPS for MIPS SSM: Stewardship of Patient Resources	Yes	Yes

QCDR Measures

CMS is publicly reporting:

- 8 clinician QCDR measures as star ratings on the profile pages of clinicians on the Medicare.gov compare tool and 25 QCDR measures in the PDC
- 17 group QCDR measures as star ratings on the profile pages of clinicians on the Medicare.gov compare tool and 78 QCDR measures in the PDC

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

Table 3

Measure # [A]	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
AAD6	QCDR	Yes	Yes	No	Yes
AAD7	QCDR	Yes	Yes	Yes	Yes
AAO16	QCDR	No	Yes	No	Yes
AAO23	QCDR	Yes	Yes	Yes	Yes
ABG41	QCDR	N/A	N/A	No	Yes
ACEP19	QCDR	N/A	N/A	Yes	Yes
ACEP21	QCDR	N/A	N/A	No	Yes
ACEP22	QCDR	N/A	N/A	Yes	Yes
ACEP25	QCDR	N/A	N/A	Yes	Yes
ACEP30	QCDR	N/A	N/A	No	Yes
ACEP31	QCDR	N/A	N/A	No	Yes
ACEP48	QCDR	N/A	N/A	No	Yes
ACEP55	QCDR	N/A	N/A	No	Yes
ACR10	QCDR	No	Yes	No	Yes
ACR12	QCDR	N/A	N/A	Yes	Yes
ACR14	QCDR	No	Yes	No	Yes
ACR15	QCDR	No	Yes	No	Yes

Measure #[A]	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
ACRAD34.1	QCDR	N/A	N/A	No	Yes
ACRAD34.2	QCDR	N/A	N/A	No	Yes
ACRAD34.3	QCDR	N/A	N/A	No	Yes
ACRAD34	QCDR	N/A	N/A	No	Yes
ACRAD36	QCDR	N/A	N/A	No	Yes
ACRAD37	QCDR	N/A	N/A	No	Yes
ACRAD40	QCDR	N/A	N/A	No	Yes
ACRAD41	QCDR	N/A	N/A	No	Yes
AQI48	QCDR	No	Yes	No	Yes
AQI56	QCDR	No	Yes	No	Yes
AQI65	QCDR	N/A	N/A	No	Yes
AQI68	QCDR	Yes	Yes	Yes	Yes
AQI69	QCDR	N/A	N/A	No	Yes
AQI72	QCDR	N/A	N/A	No	Yes
AQUA8	QCDR	No	Yes	N/A	N/A
AQUA14	QCDR	N/A	N/A	No	Yes
AQUA15	QCDR	Yes	Yes	No	Yes
AQUA26	QCDR	Yes	Yes	No	Yes
CAP22	QCDR	N/A	N/A	No	Yes
CAP28	QCDR	N/A	N/A	Yes	Yes
CAP30	QCDR	N/A	N/A	Yes	Yes
ECPR39	QCDR	N/A	N/A	Yes	Yes
ECPR46	QCDR	N/A	N/A	Yes	Yes
EPCR52	QCDR	N/A	N/A	No	Yes
EPCR55	QCDR	N/A	N/A	No	Yes
GIQIC23	QCDR	No	Yes	No	Yes
HM7	QCDR	No	Yes	No	Yes
IRIS2	QCDR	No	Yes	Yes	Yes
IRIS13	QCDR	No	Yes	No	Yes
IRIS23	QCDR	N/A	N/A	No	Yes
IRIS39	QCDR	N/A	N/A	No	Yes
IRIS41	QCDR	N/A	N/A	No	Yes
IRIS43	QCDR	N/A	N/A	No	Yes
IRIS46	QCDR	N/A	N/A	No	Yes
IRIS54	QCDR	No	Yes	No	Yes
IRIS59.1	QCDR	N/A	N/A	No	Yes
IRIS59.2	QCDR	N/A	N/A	No	Yes
IRIS59	QCDR	N/A	N/A	Yes	Yes
IROMS11	QCDR	N/A	N/A	No	Yes
IROMS12	QCDR	N/A	N/A	No	Yes
IROMS13	QCDR	N/A	N/A	No	Yes
IROMS14	QCDR	N/A	N/A	No	Yes

Measure # [A]	Collection Types	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
IROMS16	QCDR	N/A	N/A	No	Yes
IROMS17	QCDR	N/A	N/A	No	Yes
IROMS18	QCDR	N/A	N/A	No	Yes
IROMS19	QCDR	N/A	N/A	No	Yes
IROMS20	QCDR	N/A	N/A	No	Yes
MEX5	QCDR	No	Yes	No	Yes
MSN13	QCDR	N/A	N/A	No	Yes
MSN15	QCDR	N/A	N/A	No	Yes
NHCR4	QCDR	N/A	N/A	Yes	Yes
PIMSH1	QCDR	Yes	Yes	No	Yes
PIMSH2	QCDR	N/A	N/A	No	Yes
PIMSH4	QCDR	No	Yes	Yes	Yes
PIMSH9	QCDR	No	Yes	No	Yes
PIMSH10	QCDR	No	Yes	No	Yes
QMM16	QCDR	N/A	N/A	No	Yes
QMM17	QCDR	N/A	N/A	No	Yes
QMM18	QCDR	N/A	N/A	No	Yes
QMM19	QCDR	N/A	N/A	No	Yes
QMM20	QCDR	N/A	N/A	No	Yes
RCOIR7	QCDR	N/A	N/A	No	Yes
RCOIR10	QCDR	N/A	N/A	No	Yes
RCOIR12	QCDR	N/A	N/A	Yes	Yes
REGCLR1	QCDR	No	Yes	No	Yes
REGCLR3	QCDR	Yes	Yes	Yes	Yes
RPAQIR14	QCDR	N/A	N/A	No	Yes

[A] Measure and performance rate details are available on the QPP website. For measures with more than one performance rate, the rate is indicated using a decimal number. See the 2023 Multiple Performance Rate Measures spreadsheet within the 2023 Quality Benchmarks (ZIP, 692KB) file for more information.

MIPS Promoting Interoperability Measures

CMS is publicly reporting:

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

Table 4

Measure #	Reporting Entities	Submission Method	Profile Page	PDC
PI_EP_1	Clinicians, Groups	Web attestation/EHR/Registry	Yes	Yes
PI_HIE_1	Clinicians, Groups	Web attestation/EHR/Registry	Yes	Yes
PI_HIE_4	Clinicians, Groups	Web attestation/EHR/Registry	Yes	Yes
PI_PEA_1	Clinicians, Groups	Web attestation/EHR/Registry	Yes	Yes

MIPS Promoting Interoperability Indicators and Attestations

CMS will publicly report the following indicators on the profile pages of clinicians on the Medicare.gov compare tool:

- A yellow caution symbol and plain language description if a clinician attested negatively to 1 or more of the 2023 prevention of information blocking attestations
- A green check mark and plain language description if a clinician reported the Promoting Interoperability performance category by achieving a Promoting Interoperability performance category score above zero

CMS is publicly reporting:

- 35 clinician MIPS Promoting Interoperability attestations as check marks on the profile pages of clinicians on the Medicare.gov compare tool and 35 clinician MIPS Promoting Interoperability attestations in the PDC
- 35 group MIPS Promoting Interoperability attestations as check marks on the profile pages of clinicians on the Medicare.gov compare tool and 35 group MIPS Promoting Interoperability attestations in the PDC

Table 5

Measure #	Reporting Entities	Submission Method	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
PI_EP_2	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_EP_2_EX_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_EP_2_EX_2	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_EP_2_EX_3	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_HIE_5	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_HIE_6	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes

Measure #	Reporting Entities	Submission Method	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
PI_INFBLO_1	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_LVITC_2	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_LVOTC_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_LVPP_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_ONCACB_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_ONCDIR_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_1	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_1_EX_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_1_EX_2	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_1_EX_3	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_1_PRE	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_1_PROD	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_2	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_2_PRE	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_2_PROD	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_3	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_3_EX_1	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_3_EX_2	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_3_EX_3	Groups	Web attestation	N/A	Yes	N/A	Yes
PI_PHCDRR_3_PRE	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_3_PROD	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes

Measure #	Reporting Entities	Submission Method	Clinician Profile Page	Clinician PDC	Group Profile Page	Group PDC
PI_PHCDRR_4	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_4 _PRE	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_4 _PROD	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_5	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_5 _PRE	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PHCDRR_5 _PROD	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PPHI_1	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes
PI_PPHI_2	Clinicians, Groups	Web attestation	Yes	Yes	Yes	Yes

MIPS Improvement Activities Attestations

CMS is publicly reporting:

- 103 clinician MIPS improvement activities attestations as check marks on the profile pages of clinicians on the Medicare.gov compare tool and 103 clinician MIPS improvement activities attestations in the PDC[7]

Table 6

Activity #	Reporting Entity/Entities	Submission Method	Profile Page	PDC
IA_AHE_1	Clinicians, Groups	Web attestation	Yes	Yes
IA_AHE_3	Clinicians, Groups	Web attestation	Yes	Yes
IA_AHE_5	Clinicians, Groups	Web attestation	No	Yes
IA_AHE_6	Clinicians, Groups	Web attestation	Yes	Yes
IA_AHE_7	Clinicians, Groups	Web attestation	Yes	Yes
IA_AHE_8	Clinicians, Groups	Web attestation	No	Yes
IA_AHE_9	Clinicians, Groups	Web attestation	No	Yes
IA_AHE_10	Clinicians, Groups	Web attestation	Yes	Yes
IA_AHE_11	Clinicians, Groups	Web attestation	No	Yes
IA_AHE_12	Clinicians, Groups	Web attestation	No	Yes

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

Activity #	Reporting Entity/Entities	Submission Method	Profile Page	PDC
IA_BE_1	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_3	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_4	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_5	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_6	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_12	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_14	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_15	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_16	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_19	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_22	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_23	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_24	Clinicians, Groups	Web attestation	Yes	Yes
IA_BE_25	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_1	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_2	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_4	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_5	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_6	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_7	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_8	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_9	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_10	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_11	Clinicians, Groups	Web attestation	Yes	Yes
IA_BMH_12	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_1	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_2	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_7	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_8	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_9	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_10	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_11	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_12	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_13	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_15	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_16	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_17	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_18	Clinicians, Groups	Web attestation	Yes	Yes
IA_CC_19	Clinicians, Groups	Web attestation	Yes	Yes
IA_EPA_1	Clinicians, Groups	Web attestation	Yes	Yes

Activity #	Reporting Entity/Entities	Submission Method	Profile Page	PDC
IA_EPA_2	Clinicians, Groups	Web attestation	Yes	Yes
IA_EPA_3	Clinicians, Groups	Web attestation	Yes	Yes
IA_EPA_4	Clinicians, Groups	Web attestation	Yes	Yes
IA_EPA_5	Clinicians, Groups	Web attestation	Yes	Yes
IA_EPA_6	Clinicians, Groups	Web attestation	Yes	Yes
IA_ERP_1	Clinicians, Groups	Web attestation	Yes	Yes
IA_ERP_2	Clinicians, Groups	Web attestation	Yes	Yes
IA_ERP_3	Clinicians, Groups	Web attestation	No	Yes
IA_ERP_4	Clinicians, Groups	Web attestation	Yes	Yes
IA_ERP_5	Clinicians, Groups	Web attestation	Yes	Yes
IA_ERP_6	Clinicians, Groups	Web attestation	No	Yes
IA_PCMH	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_2	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_3	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_4	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_5	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_6	Clinicians, Groups	Web attestation	No	Yes
IA_PM_11	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_12	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_13	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_14	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_15	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_16	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_17	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_18	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_19	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_20	Clinicians, Groups	Web attestation	Yes	Yes
IA_PM_21	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_1	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_2	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_3	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_4	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_7	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_8	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_9	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_12	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_13	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_15	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_16	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_17	Clinicians, Groups	Web attestation	Yes	Yes

Activity #	Reporting Entity/Entities	Submission Method	Profile Page	PDC
IA_PSPA_18	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_19	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_21	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_22	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_23	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_25	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_26	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_27	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_28	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_29	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_31	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_32	Clinicians, Groups	Web attestation	Yes	Yes
IA_PSPA_33	Clinicians, Groups	Web attestation	Yes	Yes

MIPS Quality Measures for ACO

Shared Savings Program ACOs are required to report in the APM Performance Pathway (APP). Measure-level performance scores for groups taking part in Shared Savings Program ACOs are displayed on ACO group profile pages through a pop-up modal for a subset of their quality measures submitted through the APP. CMS is publicly reporting 8 quality measures. These measures are reported as percentage performance scores.

Table 7

Measure #	Reporting Entity	Collection Type(s)	Profile Page	PDC
001	SSP ACOs	CMS Web Interface	Yes	No
112	SSP ACOs	CMS Web Interface	Yes	No
113	SSP ACOs	CMS Web Interface	Yes	No
134	SSP ACOs	CMS Web Interface	Yes	No
226	SSP ACOs	CMS Web Interface	Yes	No
236	SSP ACOs	CMS Web Interface	Yes	No
318	SSP ACOs	CMS Web Interface	Yes	No
438	SSP ACOs	CMS Web Interface	Yes	No

CAHPS for MIPS Survey Measure for ACO

CMS is publicly reporting 7 CAHPS for MIPS Summary Survey Measure (SSM) scores through the pop-up modals on ACO group profile pages of the Medicare.gov compare tool. CAHPS for MIPS SSMs are reported on profile pages as top-box percent performance scores. Top-box scores are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale. For example, for CAHPS 1 (Getting Timely Care, Appointments, and Information), this

would be the percentage of respondents who said they "always" got timely care, appointments, and information.

Table 8

Measure #	Technical Measure Title	Profile Page	PDC
CAHPS 1	Getting Timely Care, Appointments, and Information	Yes	No
CAHPS 3	Patient's Rating of Provider	Yes	No
CAHPS 5	Health Promotion and Education	Yes	No
CAHPS 6	Shared Decision-Making	Yes	No
CAHPS 8	Courteous and Helpful Office Staff	Yes	No
CAHPS 9	Care Coordination	Yes	No
CAHPS 12	Stewardship of Patient Resources	Yes	No

Overall MIPS Performance

Per Section 1848(q)(9)(A) of the Social Security Act, eligible clinicians' overall MIPS performance information must be publicly reported. CMS is publicly reporting 2023 final scores and performance category scores for quality, Promoting Interoperability, improvement activities, and cost in the PDC. CMS doesn't publicly report performance information for MIPS performance categories reweighted to 0% through the Extreme and Uncontrollable Circumstance policy and for which information wasn't submitted to CMS.

Table 9

Type of Score	Collection Type	Posted on Profile Page	Posted on PDC
Final score	All	No	Yes
Quality performance category score	All	No	Yes
Promoting Interoperability performance category score[8]	All	No	Yes
Improvement activities performance category score	All	No	Yes
Cost performance category score	All	No	Yes

Additional Resources

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

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

Version History

Date	Change Description
May 27, 2025	Original version
July 23, 2025	Added Table 2. Updated information before and/or in Table 1, Table 3, Table 4, Table 5, Table 6, Table 7, and Table 8.