2025/2026 Quality Payment Program (QPP) Overview & Updates

Altarum Quality Improvement Advisor Services
December 9, 2025

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Who We Are

Advancing Health Missions

Altarum is a mission-driven nonprofit founded in 1946 to empower government agencies and other organizations to advance their missions and improve health for all.

We provide integrated research and analysis, technical assistance and on-the-ground expertise, digital solutions, and tailored communications that drive actionable, evidence-based change and measurable outcomes.

Our goal in every customer engagement is to build sustainable capacity to improve the health and wellbeing of the populations you serve, such as veterans and military families, children, older adults, individuals living with disabilities, and people with limited access to care.

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Today's Presenter

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Darla has been working in the healthcare field for 40+ years managing multi-specialty practices, providing medical billing and consulting, completing successful implementation and utilization improvement projects for numerous different EHR systems, as well as having worked with many quality improvement initiatives throughout her years in practices and in the field. Darla has been working at Altarum for almost 10 years, currently in the Population Health Division providing technical assistance and training, both on-site and virtually for several different projects.

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Agenda

- 2025 QPP Reporting Timeline
- 2025 QPP Overview-The 3 Reporting Options, Eligibility and Scoring:
  - Alternative Payment Model (APM) Performance Pathway (APP)
  - Traditional MIPS
  - MIPS Value Pathways (MVP)
- MIPS last minute reminders……2025 To Do List
- Review 2026 QPP Program Changes
- Where to go for QPP Help
- Questions and Answers

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Housekeeping

- Please feel free to put your questions in the chat and I will try to address them at the end of each section.
- If you prefer to unmute to ask your question, I will pause at the end of each section for questions, and you can feel free to ask at that time.
- There are no dumb questions – please feel free to ask for clarification if needed.
- Time will be offered at the end of the presentation as well for additional questions or discussions as time permits.
- If I am unable to get to all of your questions during the presentation, I will follow up with Novello, and they will get the answer to your practice.

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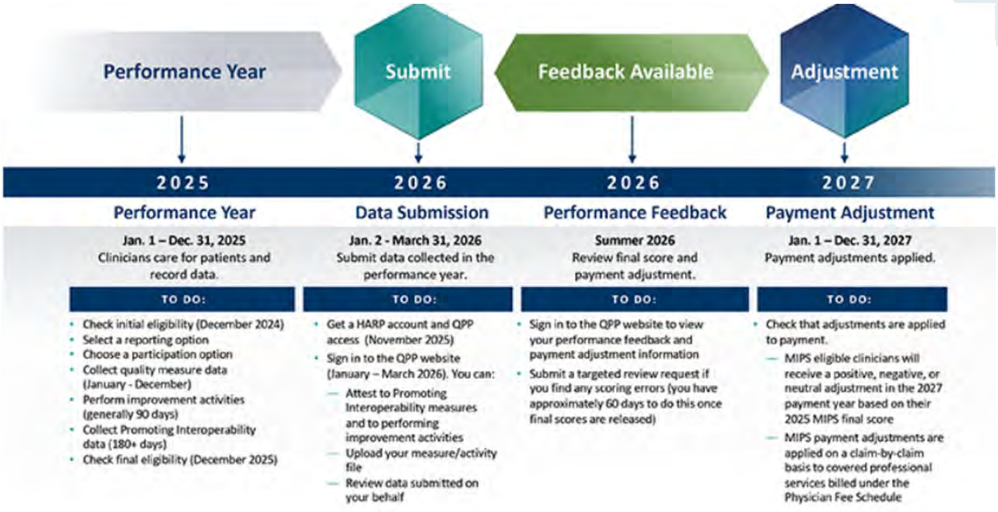
2025 QPP Reporting Timeline

2025 Performance Year – The MIPS program has distinct phases that span several calendar years as shown below.



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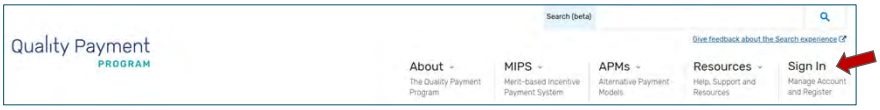
QPP Portal website: https://qpp.cms.gov



- In order to report MIPS or to see performance data from previous years, you will need QPP Portal Access.

  Note: To ensure your password stays active you must log in to the QPP Portal at least once every 90 days.

- Both the HARP and QPP websites use your same login and password, however, all logins are maintained within the HARP system.

  Note: To access the QPP Portal, users will need an active HARP account with CMS.

- Do you have an existing HARP (or old EIDM) account? If you don't know, contact the Quality Payment Program Helpdesk for help in registering or re-activating your old account by calling **1-866-288-8292.**

- If you have ***never*** had an EIDM/HARP account, new users can register at https://harp.cms.gov/login and click on the ***Sign Up Button*** at the bottom of the screen.

  You will need to complete validation to prove your identity and authorization to access your organization's information. This process could take some time depending on how quickly your data is verified. HARP uses a third-party service provided by Experian to verify your identity to access any CMS portals. This may require your social security number.

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2025 MIPS Reporting – How you participate determines incentives and reporting requirements.

Clinicians and practices have 3 MIPS reporting options:

APP (Advanced Payment Model (APM) Performance Pathway)

Traditional MIPS – *Note:* There are many Qualified Clinical Data Registries (QCDRs) available to help MIPS clinicians with capturing and reporting measures. A list of the 2025 CMS approved QCDRs can be found here; https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3106/2025%20QCDR%20Qualified%20Posting.xlsx

MVPs (MIPS Value Pathways) falls under the MIPS Track and is the newest MIPS option created as an alternative to traditional MIPS or the APP track that can be used to fulfill reporting requirements. *(Note: CMS plans to sunset traditional MIPS in the future, at which point MVPs will become mandatory unless the clinician is eligible to report via the APP).*

In all 3 tracks, Incentive Payments and Payment Adjustments take place 2 years after the applicable QP Performance Period.

We will review each of these options in more detail on the following slides, starting with APM Participation.

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2025 QPP Performance Year

APM Participation

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What is the APM Performance Pathway or (APP)?

APM – Alternative Payment Model - Under an agreement with CMS, ACOs, groups of doctors, hospitals, and other healthcare providers come together voluntarily to enter a payment model which rewards participants for improving care quality and lowering costs, designed to move away from traditional fee-for-service payments.

- APMs base payment incentives on performance (either at the APM entity or eligible clinician level) on cost/utilization, and quality measures.
- Certain APMs are considered **"MIPS APMs"** which means they have MIPS eligible clinicians participating in the APM on their CMS-approved participation list. Those MIPS eligible clinicians still have to report but are eligible for certain scoring benefits under MIPS.

Advanced APM - A type of APM that includes specific features and allows participating eligible clinicians to seek **Qualifying APM Participant (QP) status** to receive higher reimbursement.

- Most Advanced APMs are also "MIPS APMs".
- When a clinician participating in an Advanced APM meets or exceeds certain thresholds of payment amounts or patient counts, that clinician is considered a **QP** and is not only eligible for a higher incentive payment but is also excluded from MIPS reporting requirements and any negative payment adjustments.
- **QPs** receive a higher conversion factor applied to their Medicare payments resulting in higher reimbursement for some covered Medicare Part B professional services.
- Not all clinicians meet thresholds to achieve **QP** status but may reach a **partial QP status.**

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Reporting responsibilities can vary depending on the ACO you belong to.

Not all ACOs are qualified as Advanced APMs which offer participants the opportunity to reach a QP status. To be considered an Advanced APM, the ACO must meet certain criteria such as; take on more than nominal financial risk (usually two-sided risk), use Certified EHR Technology (CEHRT), and use quality measures similar to MIPS.

Some common examples of differences in the types of ACOs you could be participating with are;

- REACH ACO *(Realizing Equity Access and Community Health)* **This is an Advanced APM and participants can achieve QP or Partial QP status.** QPs are exempt from reporting MIPS and the ACO itself handles reporting through the APP for these participants. Non-QP clinicians are subject to MIPS incentives and payment adjustments and must report to avoid a penalty.
  - ***Note:** Novello Physicians Organization is a REACH ACO*
- MSSP ACOs *(The Medicare Shared Savings Program (MSSP, also known as the Shared Savings Program))* **in Basic Track levels (A through D)** are considered non-risk-based arrangements and therefore **do not qualify as Advanced APMs.** These types of ACOs may report data on behalf of their participants but **participants are not eligible to achieve QP status**. *Important: If you are participating in one of these types of ACOs be sure to clarify with the ACO what MIPS reporting you are responsible for.*

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Reporting responsibilities can vary depending on the ACO you belong to, continued.

Additional common examples of differences in the types of ACOs you could be participating with are;

- MSSP ACOs in Enhanced & Basic Level E tracks qualify as **Advanced APMs in which participants are eligible to achieve a QP status and avoid having to report MIPS.** If a participant in one of these Enhanced Track ACOs achieves QP status, they are exempt from MIPS reporting entirely and do not need to report PI. However, if you are a MIPS Eligible Clinician (EC) who does not meet QP thresholds then you must report the MIPS PI category measures and earn a score.
  - ***Note:** QP status alone no longer exempts a clinician from the Shared Savings Program's PI reporting requirement; all MIPS ECs must meet the PI requirements to ensure the ACO is eligible for shared savings, unless they meet another general MIPS PI exclusion (e.g., non-patient facing, small practice, or an approved hardship.)*
- Primary Care First ACO *(PCF)* This is another type of ACO that is **also considered an Advanced APM and clinicians can achieve QP or Partial QP status.** Non-QP and Partial QP clinicians are subject to MIPS incentives and payment adjustments and must report to avoid a penalty. *Non-QPs Check with your ACO to clarify what you need to report.*

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2025 APM Qualifying Participant **(QP)** Status

https://qpp.cms.gov/apms/advanced-apms

- For the 2025 performance year, to reach **QP status** clinicians must receive at least **75%** of their Medicare Part B Payments or see at least **50%** of their Medicare patients through an Advanced APM during the QP performance period (January 1 - August 31). *(These percentages have increased from the 2024 thresholds).*
- QP determinations and eligibility to report in the MIPS program are determined through four snapshots between January 1 and December 31.
- APM Incentive Payments are paid 2 years after the applicable QP Performance Period.
- **QPs are excluded from MIPS reporting and payment adjustments**, and instead receive the following incentives:
  - For performance years 2017 – 2022, a 5 percent APM Incentive Payment
  - For performance year 2023, a 3.5 percent APM Incentive Payment
  - For performance year 2024, a 1.88 percent APM Incentive Payment and an increased physician fee schedule update based on the QP conversion factor
  - **For performance years 2025 and beyond, an increased physician fee schedule update based on the qualifying APM conversion factor *(we will discuss this change further on an upcoming slide).***

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2025 APM Partial Qualifying Participant **(Partial QP)** Status

https://qpp.cms.gov/apms/advanced-apms

- In 2025 to reach **Partial QP status** clinicians must receive at least **50%** of their Medicare Part B payments or have seen at least **35%** of Medicare patients through an Advanced APM during the QP performance period (January 1-August 31). *(These numbers have also increased from the 2024 thresholds)*
- A benefit of achieving Partial QP status includes the option to choose whether or not you wish to participate in MIPS . If a Partial QP chooses not report MIPS, they will not receive any MIPS payment adjustments (penalties or incentives).
- If a Partial QP chooses to report to MIPS
  a. The clinician must meet or exceed the 75-point threshold and fulfill all MIPS requirements.
  b. The clinician must complete their submission to MIPS by reporting via either the:
    - APM Performance Pathway (APP)
    - Traditional MIPS Value Pathway
    - MVP MIPS Value Pathway *(pre-registration required)*
  c. The clinician will receive a MIPS payment adjustment based on the MIPS final score earned.

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2025 APM Participant Status- What if **QP** Status is Not Met?

https://qpp.cms.gov/apms/advanced-apms

- For the 2025 performance year, as in past years, Clinicians who participate in an APM but who do not meet QP or Partial QP status are required to participate in MIPS and submit performance category data.
- Non-QP and Partial QP clinicians are subject to MIPS incentives and payment adjustments.
- If an APM is not reporting on behalf of the clinician, they will need to complete their own MIPS submission.
- CMS recommends working with your APM directly to understand their requirements, as each APM can differ in their reporting requirements.

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2025 APM/QP Determination Periods

- Clinicians who participate in MIPS APMs are evaluated for MIPS eligibility at the individual and group level, just like any other clinician. CMS reviews Advanced APM participation four times each performance year, during what is referred to as a "snapshot" using each Advanced APM entity's participation list at 4 snapshot dates to:
  - Determine QP status (Snapshots 1 – 3)
  - Update APM participation for each APM Entity (Snapshots 1 – 4)

QP Determinations & APM Participation Snapshots Details	
Snapshot	**Release on QPP Site**
Snapshot 1 Covers January 1, 2025 – March 31, 2025	**Snapshot 1** July 2025
Snapshot 2 Covers January 1, 2025 – June 30, 2025	**Snapshot 2** October 2025
Snapshot 3 Covers January 1, 2025 – August 31, 2025	**Snapshot 3** December 2025
Snapshot 4 (MIPS APMs) Covers January 1, 2025 – December 31, 2025	**Snapshot 4** March 2026

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2025 APM/QP Determination Periods

Participants New to a MIPS APM after Snapshot 3

- A final review of MIPS APM participation data takes place in the last four months of the year, from the end of snapshot 3 until the end of the applicable Performance Year.

Snapshot 3 Covers January 1, 2025 – August 31, 2025	**Snapshot 3** December 2025
Snapshot 4 (MIPS APMs) Covers January 1, 2025 – December 31, 2025	**Snapshot 4** March 2026

- If you join a MIPS APM during that period, you:
  - Will be considered a participant in the MIPS APM, and
  - Will be eligible to report MIPS through the APP

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Financial Incentive Changes for APM Participants

APM Incentive Payment ending as Qualifying APM Conversion Factor increases.

- An important change to note is that after the 2024 performance year/2026 payment year, the APM Incentive Payment ends and **QPs** will begin to receive a higher Medicare Physician Fee Schedule (PFS) update, called the "qualifying APM conversion factor" as CMS transitions the way incentive payments are made.
- ***Note: For those clinicians and practices that participated under NPO Inc for performance year 2024, any final APM Incentive Payment you qualified for will be sent to you next summer (July/August 2026).***
- **Starting this year (2025 performance year/2027 payment year) and beyond, QPs** will receive only the increased physician fee schedule update based on the qualifying APM conversion factor as shown below:
  - QPs will receive a payment increase of 0.75 percent on Medicare covered professional services under the PFS
  - Non-QPs will receive a payment increase of 0.25 percent on Medicare covered professional services under the PFS

QPs will continue to be excluded from MIPS reporting and payment adjustments for the applicable performance year/payment year.

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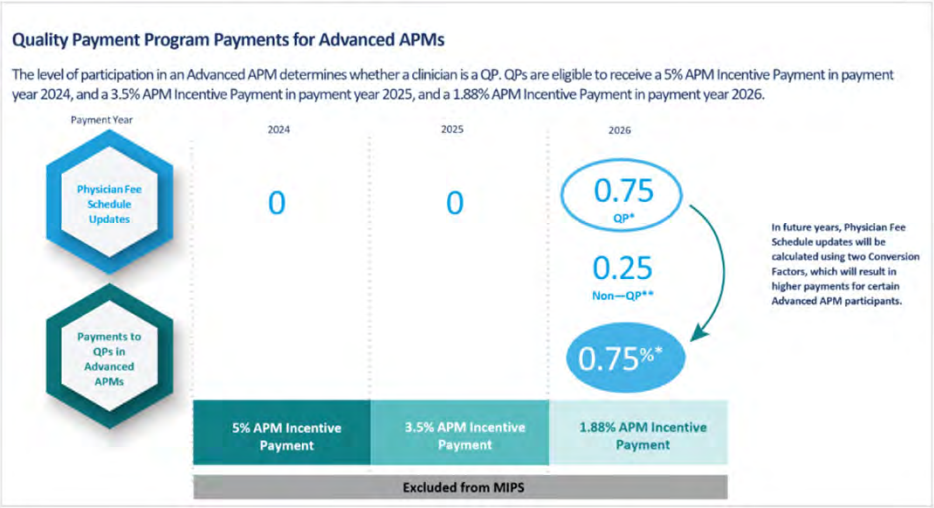
Financial Incentive Changes for APM Participants



https://qpp.cms.gov/apms/advanced-apms

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APM / ACO Participant Questions?

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2025 QPP Performance Year

Traditional MIPS

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2025 MIPS Reporting Options

1. **Individual Clinician** -A clinician submits their own individual performance data specific to a TIN/NPI combination.
   - If you are MIPS eligible as an individual, you are required to participate in MIPS.
   - When you participate as an individual, you collect, and report measures and activities based on your individual performance.
   - A clinician participating as an individual can also participate at the group, subgroup, and/or APM Entity level and those participating in any of those multiple ways will receive the highest of their final scores.
2. **Group -** A practice submits aggregated performance data on behalf of all clinicians billing under their TIN.
   - When you participate as a group, the MIPS eligible clinicians who are not eligible as individuals will be included in MIPS and receive a payment adjustment also.
   - A group is defined as a single TIN with 2 or more clinicians (at least one clinician within the group must be MIPS eligible).
   - Clinicians in a practice that is participating as a group can also participate at the individual, subgroup and/or APM Entity level and those participating in any of those multiple ways will receive the highest of their final scores.
3. **Virtual Group** - A combination of 2 or more TINs that elect to form a virtual group for the performance year.
   - Virtual groups must meet the reporting requirements under traditional MIPS and must submit an election request via email to: MIPS_VirtualGroups@cms.hhs.gov during the virtual group election period which usually runs from Oct – Dec of the previous year.
   - There is no limit to the number of TINs to compose a virtual group.(as long as you have at least 2)
   - Virtual groups cannot report via an APM or MVP.
4. **Subgroup –** A subset of clinicians in a group (at least 2 clinicians) one of which must be MIPS eligible as an individual.
   - Subgroup participation **is only available for reporting via MVP (MIPS Value Pathway)** and requires advance registration via your Health Care Quality Information System (HCQIS) Access Roles and Profile system (HARP) account.
   - Subgroups cannot report via traditional MIPS or an APM.

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2025 MIPS Eligibility

Eligible Clinician Types *(If you are not one of the following clinician types, you are excluded from MIPS reporting):*

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals
- Clinical social workers
- Certified nurse midwives

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2025 MIPS Eligibility

- **If a clinician or group *(practice)* exceeds all three of the Low-Volume Thresholds,** they are considered MIPS-eligible and are required to participate to avoid a negative payment adjustment:
  - Bill more than $90,000 for Medicare Part B covered professional services, **and**
  - See more than 200 Medicare Part B patients, **and**
  - Provide more than 200 covered professional services to Medicare Part B patients.

If only one or two of the three Low-Volume Threshold criteria are met, that clinician or group *(practice)* is not automatically required to participate in MIPS but could choose to Opt-In to receive a performance feedback report and be eligible for a potential positive or negative payment adjustment.

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2025 MIPS Eligibility

- Check the QPP Participation Status Tool to determine if you are required to participate in MIPS and to see if you've been assigned a special status designation. Note: You must sign in to see special status information at the virtual group or APM Entity level. https://qpp.cms.gov/participation-lookup
- There are certain factors, such **as QPP exceptions and special statuses** that can affect your reporting requirements for different performance categories under traditional MIPS, MVPs, or the APP. These factors can result in bonus points or reduced reporting requirements for a specific performance category.
  - Ambulatory Surgical Center (ASC)-based
  - Hospital-based
  - Non-patient Facing
  - Small Practice
  - Health Professional Shortage Area (HPSA)
  - Rural
  - Facility-based
- The only special status available to APM entities is "small practice."
- If you are not eligible to participate in MIPS and are one of the eligible clinician types, **you can elect to "opt-in" to MIPS** reporting for a chance at a payment adjustment and to have your data publicly reported on the CMS Care Compare website. **Keep in mind that if you choose to "opt-in" the payment adjustment you receive could be positive, negative or neutral depending on your performance.**
- More information on Participation can be found in the MIPS Eligibility and Participation User Guide at: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3213/2025-MIPS-Eligibility-and-Participation-User-Guide.pdf

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2025 MIPS Eligibility

A clinician can be individually eligible or eligible at the group level. Your eligibility status determines whether you'll receive a MIPS payment adjustment.

Individually Eligible	Group Eligible
Required to participate	**Will receive a MIPS payment adjustment when:**
Will receive a MIPS payment adjustment regardless of data submission.	• Their practice chooses to participate as a group or virtual group. • They participate in a subgroup and submit data for a MIPS Value Pathway (MVP). • They're part of a MIPS APM and their APM Entity reports to MIPS.

We recommend you look at scoring both ways, individually and group, because Medicare uses the highest score achieved and there may be times when a group score is better than the individual alone.

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2025 MIPS Determination Periods

- CMS reviews past and current Medicare Part B claims and PECOS data for clinicians and practices twice for each performance year to;
  - Determine eligibility (including whether you exceed the low-volume threshold),
  - Assign special statuses, and
  - Update clinician lists for each practice.
- If you bill Medicare for Part B services in both segments, you must exceed the low-volume threshold during both segments to be eligible for MIPS.

MIPS Determination Period Segment Details	
Segment	**Release on QPP Website**
Segment 1 Covers October 1, 2023 – September 30, 2024	**Initial Eligibility** December 2024
Segment 2 Covers October 1, 2024 – September 30, 2025	**Final Eligibility*** December 2025

*Final eligibility is reconciled between the 2 segments; this determination is final unless you're identified as a Qualifying APM participant (QP) in Snapshot 3.

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2025 MIPS Scoring Threshold

75 points is the minimum score needed to avoid a negative payment adjustment in 2025.

If you're eligible for MIPS in 2025 (Continued):

- Your performance across the MIPS performance categories, each with a specific weight, will result in a **MIPS final score of 0 to 100 points**.
- Your **MIPS final score will determine your MIPS payment adjustment**.

Your 2025 Final Score	Your 2027 MIPS Payment Adjustment
0.00 – 18.75 points	Negative MIPS payment adjustment of -9%
18.76 – 74.99 points	Negative MIPS payment adjustment, between -9% and 0%, on a linear sliding scale
75.00 points	Neutral MIPS payment adjustment (0%)
75.01 – 100.00 points	Positive MIPS payment adjustment, greater than 0% (subject to a scaling factor to preserve budget neutrality)

- Your MIPS payment adjustment is based on your performance during the 2025 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2027.

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2025 MIPS Contains Four (4) Performance Categories and Several Category Weighting Options Depending on How You Participate

Individual, Group, Subgroup, and Virtual Group Participation

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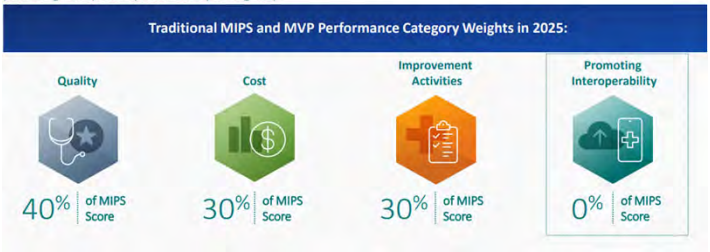
2025 MIPS –Performance Categories continued

MIPS APM Entity Participation

Standard Weighting for Small Practices

(Promoting Interoperability Automatically Reweighted)



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2025 MIPS **Quality** Category Overview

Quality Traditional MIPS: https://qpp.cms.gov/mips/quality-requirements
Quality APP Requirements: https://qpp.cms.gov/mips/app-quality-requirements

- You must collect and submit measure data for the (entire year) **12-month performance period** (Jan. 1 – Dec. 31, 2025).
- There are 5 collection types for MIPS quality measures:
  - Electronic Clinical Quality Measures (eCQMs);
  - MIPS Clinical Quality Measures (CQMs);
  - Qualified Clinical Data Registry (QCDR) Measures;
  - Medicare Part B Claims Measures;
  - Administrative Claims; and
  - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey *(for 2025 registration has already closed on June 30, 2025)*
- You can submit measures from different collection types to fulfill the requirement to report data for **at least 6 quality measures**.

TIP: Make sure that your selected quality measures can be reliably scored against a benchmark. Reporting a measure that doesn't meet case minimum, data completeness, or a benchmark (historical or performance period) is unavailable, will result in 0 out of 10 points (3 points for small practices).

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2025 MIPS **Quality** Category Scoring Considerations

- **Score Weight** - 30% OF FINAL SCORE - This percentage can change due to: Special statuses, Exception applications, or APM Entity participation.
- **Bonus Points** - Bonus points are only available for small practices. Six bonus points will continue to be added to the quality performance category score for clinicians in small practices who submit at least one measure, either individually or as a group, virtual group, or APM Entity. This bonus isn't added to clinicians, groups, or virtual groups who are scored under facility-based scoring.
- **New:** Beginning in the 2025 performance period, CMS is applying a complex organization adjustment to account for the organizational complexities facing APM Entities (including Shared Savings Program Accountable Care Organizations (ACOs)) and virtual groups when reporting eCQMs. They are adding one measure achievement point for each submitted eCQM for an APM Entity or virtual group that meets data completeness and case minimum requirements. The adjustment may not exceed 10% of the total available measure achievement points in the quality performance category.
- **Quality Improvement Scoring** - Individual MIPS eligible clinicians, groups, virtual groups, and APM Entities may earn up to 10 additional percentage points based on their improvement in the quality performance category from the previous year.

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2025 MIPS **Promoting Interoperability (PI)** Category Overview

PI Traditional MIPS: https://qpp.cms.gov/mips/promoting-interoperability
2025 Promoting Interoperability Quick Start Guide -PDF

- You must collect and submit measure data for any **minimum continuous 180-day period in calendar year 2025.**
- Collect your data in Certified Electronic Health Record Technology (CEHRT) with the functionality that meets ONC's health IT certification criteria in 45 CFR 170.315 *(vendor is responsible for maintaining this certification)*
- Provide your EHR's CMS identification code from the Certified Health IT product List (CHPL), available on HealthIT.gov. https://chpl.healthit.gov/#/search
- Submit a "Yes" to these Required Attestations:
  - Perform or Review a Security Risk Analysis
  - Perform an Annual Assessment of the High Priority Guide (from the SAFER Guides)
  - Certify that you acted in good faith to exchange electronic health Information – did not Limit or Restrict Interoperability
  - Acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology
- Report the 6 to 7 required objectives and measures or claim their exclusion(s)
- Submit your level of active engagement for the Public Health and Clinical Data Exchange measures

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NOTE: If any of these requirements are not met, you will receive a zero for the Promoting Interoperability Category

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2025 MIPS **Promoting Interoperability** Measures

Objectives	Measures		Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)
e-Prescribing	e-Prescribing		Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	1 – 10 points
	Query of PDMP		(1) Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period; or (2) Any MIPS eligible clinician who does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.	10 points
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	1 – 15 points
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.	1 – 15 points
	Option 2	HIE Bi-Directional Exchange	No exclusion available	30 points
	Option 3	Enabling Exchange under TEFCA	No exclusion available	30 points

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2025 MIPS **Promoting Interoperability** Measures continued

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No exclusion available	1 – 25 points
Public Health and Clinical Data Exchange ★	Report to the following public health or clinical data registries: 1. Immunization Registry Reporting 2. Electronic Case Reporting	Each of these measures has their own exclusions; please refer to the 2025 Promoting Interoperability Measure Specifications (ZIP, 4MB) for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria: • Doesn't diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period. • Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. • Operates in a jurisdiction where no agency/registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.	25 points for the objective
	Option to report one of the following public health agency or clinical data registry measures: • Public Health Registry Reporting, OR • Clinical Data Registry Reporting, OR • Syndromic Surveillance Reporting	Optional measures (no exclusions available)	5 bonus points

★ Note: suppression of the Electronic Case Reporting measure for the current CY 2025 performance period/2027 MIPS payment year

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Electronic Case Reporting 2025

- **Public Health and Clinical Data Exchange Objective, - Electronic Case Reporting Measure**
- CMS has suppressed the Electronic Case Reporting measure for the MIPS PI performance category and the Medicare PI Program for the CY 2025 performance period/2027 MIPS payment year.
- According to CMS "***We're suppressing the measure due to the CDC temporarily pausing the onboarding of new healthcare organizations for production of electronic case reporting data and new local public health agencies for receipt of electronic case reporting data".***
- **The measure must still be reported.**
- MIPS eligible clinicians meeting the requirements of the MIPS PI performance category and eligible hospitals and CAHs participating the Medicare PI Program will meet the measure requirements by attesting either "Yes" or "No" to being in active engagement with a public health agency, or by claiming an applicable exclusion.
- MIPS eligible clinicians, eligible hospitals, and CAHs that report the suppressed Electronic Case Reporting measure will receive full credit for the measure.

Note: MIPS eligible clinicians, eligible hospitals, and CAHs who don't report the Electronic Case Reporting measure (or claim an applicable exclusion) will earn zero points for the Promoting Interoperability performance category.

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Security Risk Assessment Tool Resources

HealthIT.gov

https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool

What is the Security Risk Assessment Tool (SRA Tool)?
The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with the HHS Office for Civil Rights (OCR), developed a downloadable Security Risk Assessment (SRA) Tool to help guide you through the process. The tool is designed to help healthcare providers conduct a security risk assessment as required by the HIPAA Security Rule. The target audience of this tool is medium and small providers; thus, use of this tool may not be appropriate for larger organizations.

https://www.youtube.com/watch?v=TZ_CiMszpAk

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SAFER Guides have been **updated for the 2025 Performance Year**

HealthIT.gov https://www.healthit.gov/topic/safety/safer-guides

The 2025 SAFER guides have been updated and streamlined to focus on the highest risk, most commonly occurring issues that can be addressed through technology or practice changes to build system resilience.

The 2025 SAFER Guides consist of eight guides organized into three broad groups. These guides enable healthcare organizations to address EHR safety in a variety of areas. Most organizations will want to start with the Foundational Guides and proceed from there to address their areas of greatest interest or concern. The guides identify recommended practices to optimize the safety and safe use of EHRs. The content of the guides can be explored here, at the links below, or interactive PDF versions of the guides can be downloaded and completed locally for self-assessment of an organization's degree of conformance to the Recommended Practices.

The recommended practices in the SAFER Guides are intended to be useful for all EHR users, developers, patient safety organizations, and others who are concerned with optimizing the safe use of Health IT.

Safer EHRs: An Introduction to the SAFER Guides (Video)

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2025 MIPS **Improvement Activities** Category Overview

2025 Improvement Activities Quick Start Guide: https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3113/2025-Improvement-Activities-Quick-Start-Guide.pdf

- Improvement activities require a minimum **continuous 90-day performance period** (during calendar year (CY) 2025) unless otherwise stated in the activity description.
- Each improvement activity can take place during its own 90-day period as long as it is completed within CY 2025.
- Activities do not have to be performed concurrently.
- Submit a "Yes" to a minimum number of activities:
  - **Small Practice, Rural, Non-Patient Facing, or Health Professional Shortage Area** statuses **attest to 1 activity**
  - **Other** clinicians, groups, and virtual groups **attest to 2 activities**

  New: Beginning this year (in the 2025 performance period), improvement activities are no longer weighted.
- Participants in an APM will automatically receive half-credit / 50% in this category, however, to receive 100% (the full 40 points) they must also attest to another activity.

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2025 MIPS **Improvement Activities** Category Overview Continued

- Participants in a recognized or certified **patient-centered medical home** or comparable specialty practice, can earn the maximum improvement activity performance category score by attesting yes to (IA_PCMH) during the submission period.
- You can attest to improvement activities you performed during the 2024 performance period again unless otherwise indicated in the activity description.
- If you're reporting either traditional MIPS or an MVP as a group, virtual group, subgroup, or APM Entity, **at least 50% of the clinicians in the group, virtual group, subgroup, or APM Entity must perform the same activity** for a continuous 90-day period (but do not have to perform the activity concurrently) to attest and receive credit for that activity.

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2025 MIPS **Improvement Activities** Scoring Considerations

- Score Weight - 15% or 30% OF FINAL SCORE (This percentage varies based on APM Participation, Special statuses, or Exception applications)
- There is a maximum of 40 points that can be earned from attesting to activities in this performance category.

Most clinicians must implement and **submit 1 or 2 improvement activities** to receive the **maximum score of 40 points** in this performance category.

Traditional MIPS	MVPs
Clinicians, groups, virtual groups, and APM Entities with **certain special statuses (small practice, rural, health professional shortage area (HPSA), non-patient facing)** select (from **over 100 activities**) and perform: • 1 improvement activity (40 points)	**N/A – there are no reduced reporting requirements for special status designations**
All other MIPS eligible clinicians select (from over 100 activities) and perform: • 2 improvement activities (20 points each)	**All MVP participants** select (from the **activities available within the MVP**): • 1 improvement activity (40 points)

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2025 MIPS **Improvement Activities** Scoring Considerations Continued

Other Ways to Earn Improvement Activity Points under both traditional MIPS and the MVP reporting option	Points Received	Action Required?
Participate in a certified or recognized **patient-centered medical home** or comparable specialty society.	40 points	**Yes** – You must attest to this participation (IA_PCMH) during the 2025 submission period.
Participate in an APM.	At least 20 points (out of 40 possible)	**Yes** – You must submit data for another MIPS performance category to receive the points awarded (half credit / 50%) for APM participation for the improvement activities performance category. You must attest to an additional activity to achieve the maximum 40 points.

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2025 MIPS **Cost** Performance Category Overview

MIPS Cost Performance Category Fact Sheet https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2294/MIPS%20Cost%20Performance%20Category%20Fact%20Sheet.pdf

- Score Weight: 0 - 30% OF FINAL SCORE (This percentage can change based on: Exception applications)
- CMS uses Medicare administrative claims data to calculate cost measure performance, which means **clinicians and groups do not have to submit any data for this performance category**.
- CMS will automatically evaluate and calculate data from these claims for measures that meet or exceed an established case minimum. **If you do not meet the established case minimum for any of the available cost measures, you will not be scored in this category, and the 30% weight will be distributed to another performance category (or categories).
- Note: APM Entities reporting traditional MIPS are not evaluated on cost.

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2025 MIPS **Cost** Performance Category Overview continued

- There are 35 cost measures available for the 2025 performance period, including:
  - Episode-based cost measures based on a range of procedures, acute inpatient medical conditions, and chronic conditions, and
  - Population-based cost measures focused more broadly on primary and inpatient care.
- Review the list of cost measures at: https://qpp.cms.gov/mips/explore-measures?tab=costMeasures&py=2025
- ***2025 Update*** – CMS has updated the cost measure scoring methodology to more appropriately incentivize or penalize clinicians with costs above or below national average spending. More information about the cost category can be found on the CMS website: https://www.cms.gov/medicare/quality/value-based-programs/cost-measures

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2025 MIPS **Cost** Performance Category Overview continued

Although there are **no reporting requirements for the Cost Performance Category of MIPS**, initiating a few best practices could help to improve your score, improve health outcomes for your patients, and help to lower healthcare costs overall;

- Improve care coordination and communication between primary care providers, specialists, and hospitals to prevent duplicate tests and treatments;
  - Agree to exchange patient information to improve care coordination
  - Implement referral tracking and increase closed referral loops
- Track and Follow Up on your Admit, Discharge, and Transfer (ADT) notifications
- Contact all hospital-discharged patients in an effort to optimize post-acute care and decrease readmissions
- Ensure accurate and complete diagnosis coding
- Proactive management of high-risk patients

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2025 QPP MIPS last minute reminders……To-Do List

Quality Performance

- ❑Select a minimum of Six (6) Quality Measures
- ❑One outcome measure or a high priority measure if there is no applicable outcome measure OR Report on one complete specialty measure set
- ❑Meet case minimum (of at least 20 cases (for most measures))
- ❑Each quality measure must meet the data completeness requirement of 75% of the denominator-eligible patients/cases
- ❑ Confirm QRDA III file availability if submitting via CEHRT

Improvement Activities

- ❑ Small Practice, Rural, Non-Patient Facing, or Health Professional Shortage Area statuses attest to 1 activity
- ❑ Other clinicians, groups, and virtual groups attest to 2 activities

Promoting Interoperability

- ❑ Verify EHR Certification Number (CEHRT)
- ❑Perform or Review a Security Risk Analysis
- ❑Complete SAFER Guide
- ❑Verify any Public Health or Clinical Data Exchange Registries you will be reporting on
- ❑ Verify that PI Dashboard reports are available from your CEHRT

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MIPS Minimum Requirements 2025

Quality

- ❑ You must report a minimum of Six (6) MIPS quality measures **(One of the Six must be an **outcome** or **high-priority measure**) **OR** complete a **specialty measure set**
- ❑ Each quality measure must have a benchmark available
- ❑ Each quality measure must meet the case minimum (of at least 20 cases (for most measures))
- ❑ Each quality measure must meet the data completeness requirement of 75% of the denominator-eligible patients/cases (which will continue through the 2028 performance period)
- ❑ Identify / Test / Verify quality measure reports, sometimes called (Quality dashboard), within your EHR for ongoing improvements and to prepare for reporting

Improvement Activities

- ❑ Complete each activity for a minimum of a continuous 90-day period within CY 2025, unless otherwise stated in the activity description, **and** compile documentation supporting your work.

  Activity _____ Start Date _____ to End Date _____

  Activity _____ Start Date _____ to End Date _____

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MIPS Minimum Requirements 2025

Promoting Interoperability

- ❑ Choose your 180-day reporting period (6-months) _____ to _____
- ❑ EHR Certification Number: _____ (https://chpl.healthit.gov/#/search)
- ❑ Perform or Review a Security Risk Analysis within CY 2025 – Date Completed: _____
- ❑ Complete the self-assessment checklist in the High Priority Practices SAFER Guide (PDF) - Date Completed: _____
- ❑ Verify any Public Health and Clinical Data Exchange Registries you will be reporting on and ensure you have documentation to prove your level of active engagement with each
- ❑ Identify / Test measures and objectives report sometimes called (PI dashboard) within your EHR for ongoing improvement and to prepare for reporting

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Questions?

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2025 QPP Performance Year

MIPS Value Pathways (MVP)

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What is the MVP Track?

MIPS Value Pathways– MVPs are subsets of measures and activities that are related to a given specialty or medical condition.

- The MVP track offers a reduced list of measures and improvement activities to report.
- MVPs also have enhanced performance feedback for participants, providing feedback for like clinicians reporting within the same MVP.
- Each MVP is developed with a given specialty or medical condition in mind.
- This streamlined, reduced set of measures and improvement activities offer a more connected assessment of quality of care, enhanced performance feedback, and are intended to reduce administrative burden.
- MVP reporting is not currently required but CMS intends to sunset traditional MIPS through rulemaking in future years and for that reason they encourage the early adoption of reporting MVPs to allow clinicians a chance to get more comfortable with MVPs and prepare for any potential practice workflow changes that may be needed to do well in this track.
- A clinician can choose to report an MVP in addition to another reporting option via traditional MIPS or the APP, and CMS will take the highest score you receive.
- A clinician can participate in multiple ways to report multiple MVPs and can participate as an individual, subgroup, group, APM Entity, or in any combination of these 4 participation options.
- There are no additional eligibility or determination periods necessary when reporting MVPs, clinicians are determined eligible based on their participation as part of an APP or under Traditional MIPS.
- Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, **each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures.**

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What is the MVP Track?

Reporting requirements for each MVP

- **Quality Performance Category**
  - Select and submit 4 quality measures.
  - At least one measure must be an outcome measure (or a high priority measure if an outcome is not available or applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
- **Improvement Activities Performance Category**
  - In the CY 2025 final rule, CMS is removing the activity weightings and simplifying requirements by reducing the number of activities clinicians are required to attest to completing.
- **Cost Performance Category**
  - CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.

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What is the MVP Track?

Reporting requirements for each MVP continued

Foundational Layer

- **Population Health Measures**
  - In the CY 2025 final rule, CMS is removing the requirement to select a measure during registration. CMS will calculate these measures through administrative claims and will be scored as part of the quality performance category.
  - For the 2025 performance period, there are 2 population health measures available for selection:
    - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
    - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
- **Promoting Interoperability Performance Category**
  - Must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category.

How to Decide if You Should Report an MVP?

- Review Explore MVPs on the QPP website for details about the quality measures, improvement activities, and cost measures available in each MVP. https://qpp.cms.gov/mips/explore-mips-value-pathways

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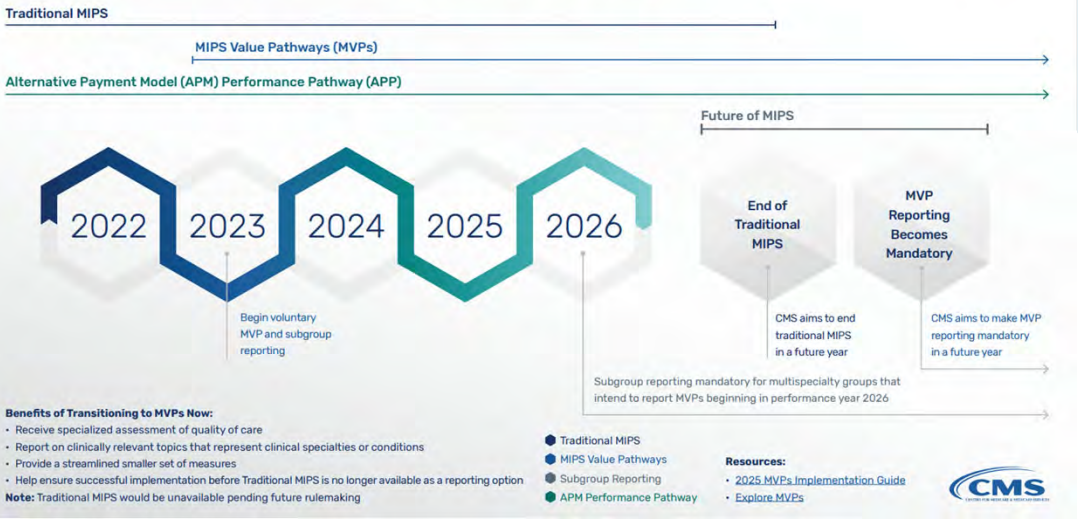
Transition from Traditional MIPS to MVPs

Quality Payment PROGRAM



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2025 MVPs

There are 21 MVPs currently finalized for the 2025 performance year:

1. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP
2. Advancing Cancer Care MVP
3. Advancing Care for Heart Diseases MVP
4. Advancing Rheumatology Patient Care MVP
5. Complete Ophthalmologic Care MVP
6. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP
7. Dermatological Care MVP
8. Focusing on Women's Health MVP
9. Gastroenterology Care MVP
10. Improving Care for Lower Extremity Joint Repair MVP
11. Optimal Care for Kidney Health MVP
12. Optimal Care for Patients with Urologic Conditions MVP
13. Patient Safety and Support of Positive Experiences with Anesthesia MVP
14. Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP
15. Pulmonology Care MVP
16. Quality Care for Patients with Neurological Conditions MVP
17. Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP
18. Quality Care in Mental Health and Substance Use Disorders MVP
19. Rehabilitative Support for Musculoskeletal Care MVP
20. Surgical Care MVP
21. Value in Primary Care MVP

Don't see a relevant MVP for your scope of practice?

CMS will continue to expand MVPs to include more specialties and subspecialties that participate in MIPS through future rulemaking.

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More information on reporting MVPs can be found on the QPP website at: https://qpp.cms.gov/mips/mvps/learn-about-mvp-reporting-option.

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Questions?

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2026 QPP Performance Year Changes

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2026 Changes for APMs and ACOs

Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs)

- CMS revised the definition of a "beneficiary eligible for Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs)", for performance year 2025 **and subsequent performance years**, to reduce ACOs' burden in the patient matching necessary to report Medicare CQMs because the list of beneficiaries eligible for Medicare CQMs will have greater overlap with the list of beneficiaries that are assignable to an ACO.
- You can find more information about the finalized policies specific to the Shared Savings Program Accountable Care Organizations at; https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f-medicare-shared-savings

Advanced APMS

Note: The previous CMS QP determination rule stated; *"Generally, we make QP determinations at the APM Entity level, however, there are limited exceptions where CMS may perform this calculation for an individual clinician. We generally use Evaluation and Management services to determine which beneficiaries are included in our QP determinations."*

- **New for 2026**, CMS added a determination of Qualifying APM Participant (QP) status at the individual level for all eligible clinicians in Advanced APMs, in addition to determinations at the APM Entity level.
- **New for 2026,** CMS also added a **calculation based on "Covered Professional Services" as the set of services used for QP determinations**. We're also creating a uniform calculation methodology by using 2 sets of services for the QP calculations: 1) Evaluation and Management services; and 2) All Covered Professional Services. We will assign QP status based on the most favorable calculation.

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2026 Changes for APMs and ACOs continued

- Changes have been made to the Alternative Payment Models (APM) Performance Pathway (APP) Plus quality measure set to maintain alignment with the MIPS quality measure inventory by incrementally incorporating additional measures into the APP Plus quality measure set. **2 new quality measures have been added to the 6 existing measures in the APP plus quality measure set** beginning with the CY 2026 performance period/2028 MIPS payment year: #113, #484

Measure Name (Quality ID)	Performance Period
Diabetes: Glycemic Status Assessment Greater Than 9% (Quality #001, previously named Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%))	2025
Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality #134)	2025
Controlling High Blood Pressure (Quality #236)	2025
CAHPS for MIPS Survey (Quality #321)	2025
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible MIPS Clinician Groups (Quality #479)	2025
Breast Cancer Screening (Quality #112)	2025
Colorectal Cancer Screening (Quality #113)	2026

Measure Name (Quality ID)	Performance Period
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure (Quality #484, not included in the Adult Universal Foundation)	2026
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Quality #305)	2027
Adult Immunization Status (Quality #493)	2028 or the performance period that is one year after the eCQM specification becomes available, whichever is later

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2026 MIPS

MIPS General Policies in 2026

- To avoid a negative payment, **the performance threshold remains at 75 points** through the 2028 performance year.
- For an overview of QPP policies in the CY 2026 Medicare PFS Final Rule, and a comparison table showcasing the changes to current QPP policies, you can download the 2026 Quality Payment Program Final Rule Fact Sheet and Policy Comparison Table pdf at: file:///C:/Users/dparsons/Downloads/2026%20Quality%20Payment%20Program%20Final%20Rule%20Fact%20Sheet%20and%20Policy%20Comparison%20Table%20(2).pdf

MIPS-Promoting Interoperability (PI) Changes in 2026

- **CMS has adopted a new Measure Suppression Policy** for the MIPS Promoting Interoperability (PI) performance category and the Medicare Promoting Interoperability Program. **see suppression of the Electronic Case Reporting Measure in 2025**
  - CMS established criteria for determining circumstances in which a measure could be suppressed; a suppressed measure won't be assessed for performance for MIPS eligible clinicians meeting the reporting requirements of the MIPS PI performance category and eligible hospitals and critical access hospitals (CAHs) participating in the Medicare PI Program, respectively.
  - The new measure suppression policy provides CMS with the means to address future potential circumstances that would warrant the necessity to suppress a Promoting Interoperability measure from performance.
  - The measure suppression policy will be effective starting with the CY 2026 performance period/2028 MIPS payment year and the EHR reporting period in CY 2026.
  - **An identified suppressed measure must still be reported.** MIPS eligible clinicians, eligible hospitals, and CAHs that report a suppressed measure will receive the maximum available points for a measure or full credit for a measure.

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2026 MIPS

MIPS General Policies in 2026

- **The Security Risk Analysis Measure has been modified to include a second attestation component** that requires MIPS eligible clinicians **to attest "Yes" or "No" to having conducted security risk management** as required under the risk management component of the HIPAA Security Rule in addition to the existing measure requirement to attest "Yes" or "No" to having conducted or reviewed a security risk analysis in accordance with the HIPAA Security Rule.
  - The measure remains required.
  - A "No" response for the measure will continue to result in a total score of zero points for the Promoting Interoperability performance category.
- The High Priority Practices Safety Assurance Factors for Electronic Health Record (EHR) Resilience **(SAFER) Guide measure has been updated** to require the use of the 2025 SAFER Guides.. A MIPS eligible clinician will attest "Yes" or "No" to completing **an annual self-assessment using the High Priority Practices Guide within the 2025 SAFER Guides**.
  - The measure remains required.
  - A "No" response for the measure will continue to result in a total score of zero points for the Promoting Interoperability performance category
- There is a new optional/bonus measure for the Public Health and Clinical Data Exchange objective, specifically, the **Public Health Reporting Using Trusted Exchange Framework and Common Agreement™ (TEFCA) measure**.
  - A MIPS eligible clinician will attest that they're in active engagement (validated data production) with a public health agency to transfer health information using TEFCA.

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2026 MIPS

MIPS-Quality Performance Category Changes

- There are a total of 190 quality measures for the CY 2026 performance period. **Note:** QCDR measures are approved outside the rulemaking process and are excluded from this total.
- **CMS has removed "health equity" from the definition of a high priority measure**; **the revised High Priority definition** is: An outcome (including intermediate-outcome and patient-reported outcome), appropriate use, patient safety, efficiency, patient experience, care coordination, or opioid quality measure.
- **For 2026 an alternative benchmarking methodology will apply to a subset of topped out measures** that belong to specialty sets with limited measure choice and a high proportion of topped out measures, in areas that lack measure development, which precludes meaningful participation in MIPS. *(Last year CMS announced that they would submit the exact measures this policy will apply to each year, starting in 2026, and detail the related benchmarks.)*
- **CMS has finalized 19 quality measures that will receive the topped-out measure benchmarks** for the CY 2026 performance period. A list of the 2026 measures can be found in the 2026 QPP Fact Sheet and Policy Comparison Table.pdf

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2026 MIPS

MIPS-Quality Performance Category Changes continued

- Addition of **5 new** quality measures, substantive **changes to 30** quality measures, and the **removal of 10** quality measures.

New Measures:
- #512: Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR)
- #513: Patient Reported Falls and Plan of Care
- #514: Diagnostic Delay of Venous Thromboembolism in Primary Care
- #515: Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
- #516: Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

Removed Measures:
- #185 Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- #264 Sentinel Lymph Node Biopsy for Invasive Breast Cancer
- #290 Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease
- #322 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria
- #419 Overuse of Imaging for the Evaluation of Primary Headache
- #424 Perioperative Temperature Management
- #443 Non-Recommended Cervical Cancer Screening in Adolescent Females:
- #487 Screening for Social Drivers of Health
- #498 Connection to Community Service Provider
- #508 Adult COVID-19 Vaccination Status

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2026 MIPS

MIPS-Improvement Activities Performance Category Changes

- Added a new subcategory titled “Advancing Health and Wellness” and removed the “Achieving Health Equity” subcategory.

- Addition of **3 new** improvement activities, the **modification of 7** improvement activities, and the **removal of 8** improvement activities.

New Activities:
- Improving Detection of Cognitive Impairment in Primary Care
- Integrating Oral Health Care in Primary Care
- Patient Safety in Use of Artificial Intelligence (AI)

Removed Activities:
- IA_AHE_5 MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
- IA_AHE_8 Create and Implement an Anti-Racism Plan
- IA_AHE_9 Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
- IA_AHE_11 Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients
- IA_AHE_12 Practice Improvements that Engage Community Resources to Address Drivers of Health
- IA_PM_6 Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities
- IA_PM_26 Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B
- IA_ERP_3 COVID-19 Clinical Data Reporting with or without Clinical Trial

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2026 MIPS

MIPS-Cost Performance Category Changes

- **The establishment of a 2-year informational-only feedback period for new cost measures**, allowing clinicians to receive feedback on their score(s) and find opportunities to improve performance before a new cost measure affects their MIPS final score. Note: There are not any new cost measures for implementation in the 2026 performance period.
- There are a total of 35 cost measures available in the CY 2026 performance period *(the same as last year)* and CMS **is not expanding or reducing the existing inventory this performance year**.
- CMS has **modified the Total Per Capita Cost (TPCC) measure candidate event and attribution criteria** to limit instances where TPCC is attributed to highly specialized groups based solely on billing of advanced care practitioners. Specifically, CMS finalized changes that:
  - Exclude any candidate events initiated by an advanced care practitioner Taxpayer Identification Number-National Provider Identifier (TIN-NPI) if all other non-advanced care practitioner TIN-NPIs in their group are excluded based on the specialty exclusion criteria;
  - Require the second service used to initiate a second candidate event to be an E/M service or other related primary care service provided within 90 days of the initial candidate event service by a TIN-NPI within the same TIN; and
  - Require the second service used to initiate a candidate event be provided by a TIN-NPI that has not been excluded from the measure based on specialty exclusion criteria.

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2026 MVPs

MIPS Value Pathways (MVPs) Changes

- Added **6 new MVPs** for the 2026 performance period that are related to diagnostic radiology, interventional radiology, neuropsychology, pathology, podiatry, and vascular surgery and **modified all 21 existing MVPs**, in alignment with proposals to update the quality measure and improvement activity inventories.
- You can download the 2026 Finalized MIPS Value Pathways Guide.pdf from the QPP website which highlights the finalized MVP policy changes, beginning with the 2026 performance year.

There are 27 MVPs available to report in the 2026 performance period:

- Diagnostic Radiology (NEW)
- Interventional Radiology (NEW)
- Neuropsychology (NEW)
- Pathology (NEW)
- Podiatry (NEW)
- Vascular Surgery (NEW)
- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Advancing Cancer Care
- Advancing Care for Heart Disease
- Advancing Rheumatology Patient Care
- Complete Ophthalmologic Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Dermatological Care
- Focusing on Women's Health
- Gastroenterology Care
- Improving Care for Lower Extremity Joint Repair
- Optimal Care for Kidney Health
- Optimal Care for Patients with Urologic Conditions
- Patient Safety and Support of Positive Experiences with Anesthesia
- Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
- Pulmonology Care
- Quality Care for Patients with Neurological Conditions
- Quality Care for the Treatment of Ear, Nose, and Throat Disorders
- Quality Care in Mental Health and Substance Use Disorders
- Rehabilitative Support for Musculoskeletal Care
- Surgical Care
- Value in Primary Care

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2026 MVPs

MIPS Value Pathways (MVPs) Reporting Changes continued

- Groups will attest to their specialty composition (whether they're a single specialty group or multispecialty group that meets the requirements of a small practice) during the MVP registration process. (i.e., CMS won't make this determination for them.) CMS believes this policy will support groups in their transition to MVP reporting and will help them assess their need to participate as subgroups.
- Multispecialty small practices will still be able to report an MVP as a group, and they won't be required to form subgroups beginning in the CY 2026 performance period. (i.e., Subgroup reporting will remain optional for multispecialty small practices.)
- Beginning with the CY 2026 performance period, multispecialty groups that want to report an MVP must register at the subgroup, individual, or APM Entity level.
- CMS **updated the definition of an MVP Participant to include multispecialty small practices**. Beginning with the CY 2026 performance period, an **MVP Participant can only be either**;
  - an individual MIPS eligible clinician,
  - a single-specialty group,
  - a multispecialty group that meets the requirements of a small practice,
  - a subgroup, or
  - an APM Entity.
- Qualified Clinical Data Registries (QCDRs) and Qualified Registries will have one year after a new MVP is finalized before they're required to fully support that MVP, to provide more time to implement necessary system updates to capture the measures and activities finalized for inclusion.

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Where Can You Go for QPP Help?

Contact the Quality Payment Program Service Center

1. By email at QPP@cms.hhs.gov
2. By creating a QPP Service Center ticket at: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central , or
3. By phone at: 1-866-288-8292 Monday through Friday, 8 a.m. – 8 p.m. ET.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.
https://qpp.cms.gov/
https://qpp.cms.gov/resources/help-and-support
https://qpp.cms.gov/mips/overview
https://qpp.cms.gov/resources/resource-library

Visit the Small Practices page of the Quality Payment Program website where you can sign up for the monthly QPP Small Practices Newsletter and find resources and information relevant for small practices.
https://qpp.cms.gov/resources/small-practices

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Questions?

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