Quality Payment
PROGRAM

# Merit-based Incentive Payment System (MIPS)

## Reporting Options Comparison Resource

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

# How to Use This Guide

# How to Use This Guide

**Please Note:** This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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### Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

# Overview

# What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP). Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

## If you're eligible for MIPS in 2025:

- You have to report measure and activity data for the quality (PDF, 271KB), improvement activities (PDF, 298KB), and Promoting Interoperability (PDF, 244KB) performance categories.
  - Exceptions to these reporting requirements include your MIPS reporting option, special status, clinician type, extreme and uncontrollable circumstances (EUC) or hardship exception.
- You don't need to report any data for the cost measures; we collect and calculate data for the cost (PDF, 348KB) performance category for you, if applicable.
  - Exceptions include your MIPS reporting option, participation option, EUC and whether or not you meet the case minimum for any cost measures.

Continued on next slide.

Quality Payment PROGRAM

**To learn more about MIPS eligibility and participation options:**

- Visit the How MIPS Eligibility is Determined and Participation Options Overview webpages on the Quality Payment Program website.
- Check your current participation status using the QPP Participation Status Tool.

# What is the Merit-based Incentive Payment System? (Continued)

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% (groupject to a scaling factor to preserve budget neutrality) |

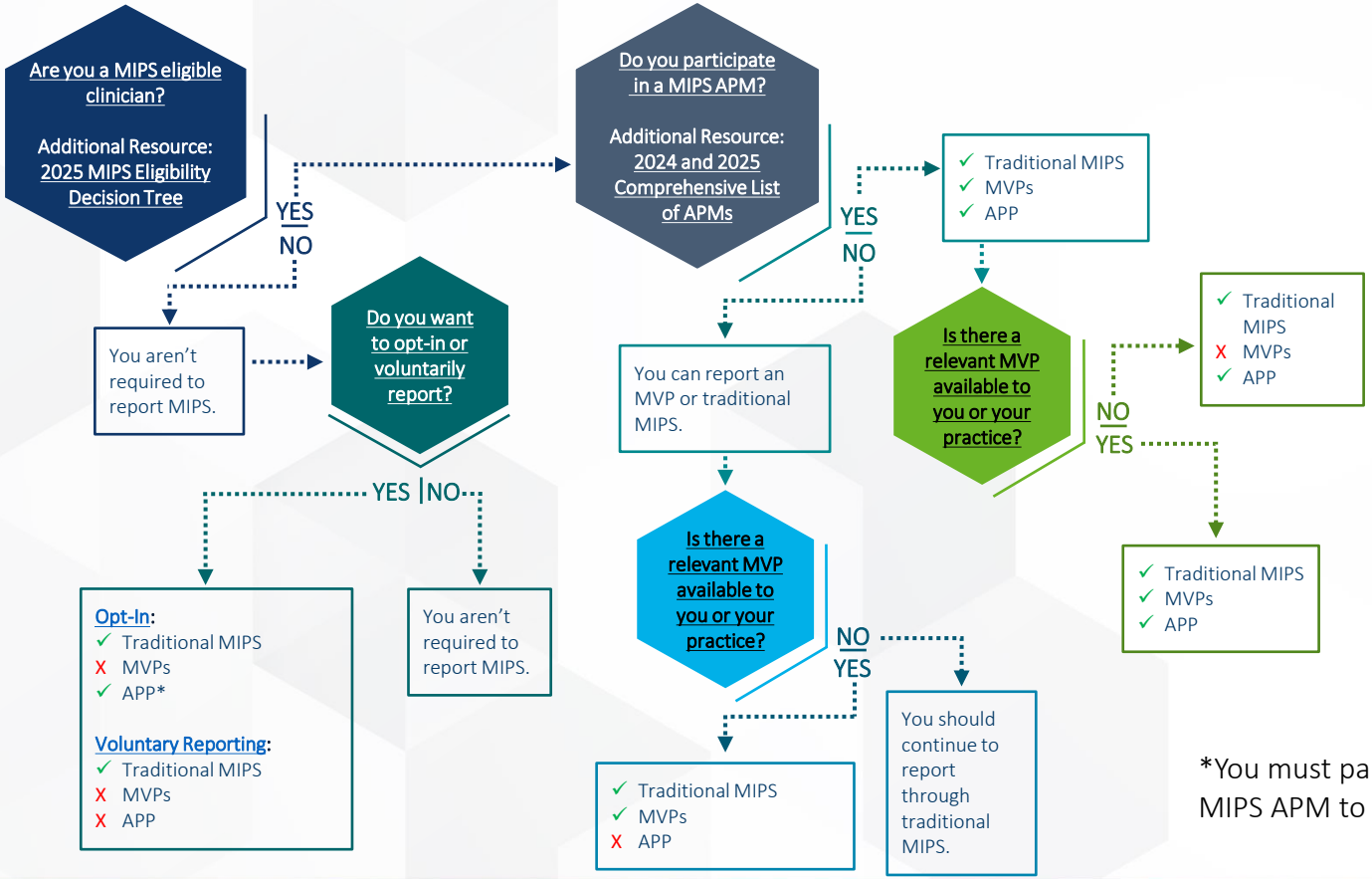
- Your MIPS payment adjustment is based on your performance during the 2025 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2027.

# MIPS Reporting Options

- There are 3 MIPS reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements.
  1. MIPS Value Pathways (MVPs)
  2. Traditional MIPS
  3. Alternative Payment Model (APM) Performance Pathway (APP)
- This resource provides an overview of the similarities and differences between the reporting options and provides information to help you understand which reporting option(s) may be the best for you or your practice.

# Which Reporting Options Are Available to Me?

Review the questions below to determine which reporting option(s) you can select to meet your MIPS reporting requirements for the 2025 performance year. Once you've identified which reporting option(s) are available to you, review the tables that follow to understand the similarities and differences between each reporting option and determine which may be the best choice for you or your practice.




*You must participate in a MIPS APM to report the APP.

# MIPS Reporting Options At-A-Glance

## Who can report?

| Traditional MIPS | MVPs | APP |
|---|---|---|
| ✓ MIPS eligible clinicians in a MIPS APM<br>✓ MIPS eligible clinicians not in a MIPS APM<br>✓ Opt-in eligible clinicians<br>✓ Voluntary reporters | ✓ MIPS eligible clinicians in a MIPS APM<br>✓ MIPS eligible clinicians not in a MIPS APM<br>× Opt-in eligible clinicians<br>× Voluntary reporters<br><br>**Review the 21 MVPs available for the 2025 performance year on** Explore MVPs. If there isn't an available MVP relevant to your specialty or scope of care, you should continue to report through traditional MIPS (or the APP if applicable).<br><br>Learn more about CMS needs and priorities for the development of new MVPs in MVP Development Resources (ZIP, 1MB). | ✓ MIPS eligible clinicians in a MIPS APM<br>× MIPS eligible clinicians not in a MIPS APM<br>✓ Opt-in eligible clinicians<br>× Voluntary reporters |

Check your MIPS eligibility on the QPP Participation Status Look-up.

# MIPS Reporting Options At-A-Glance (Continued)

## What are the available participation options?

| Traditional MIPS | MVPs | APP |
|---|---|---|
| ✓ Individual | ✓ Individual | ✓ Individual |
| × Subgroup | ✓ Subgroup | × Subgroup |
| ✓ Group | ✓ Group | ✓ Group |
| ✓ Virtual group | × Virtual group | × Virtual group |
| ✓ APM Entity | ✓ APM Entity | ✓ APM Entity |

Subgroup participation is only available for MVP reporting. A subgroup is a subset of clinicians from the same group (identified by Taxpayer Identification Number, or TIN) and must include at least 2 clinicians, with at least 1 individually eligible MIPS eligible clinician. Learn more about the subgroup participation option on the QPP website.

# MIPS Reporting Options At-A-Glance (Continued)

## Why should I choose this reporting option? What is the benefit(s) of this reporting option?

| Traditional MIPS | MVPs | APP |
|---|---|---|
| • More choice in quality measure and improvement activity selection.<br><br>This reporting option is a good choice for those that want or need more flexibility with measure and activity selection based on their patient population and clinical make-up. Under traditional MIPS, you can select from all the quality measures and improvement activities in the MIPS inventory.<br><br>**Traditional MIPS will eventually be sunset as a reporting option.** Learn more about the Transition from Traditional MIPS to MVPs. | • Streamlined, cohesive sets of measures and activities.<br>• Reduced reporting requirements for the quality performance category and improvement activities performance category.<br>• Enhanced performance feedback.<br><br>This reporting option is a good choice for those with a relevant MVP available (review Explore MVPs to see the currently available MVPs).<br><br>**MVPs are the future of MIPS and will be required in future years.** | • Streamlined reporting requirements.<br><br>This reporting option is a good choice for those participating in a MIPS APM and who want to reduce reporting requirements.<br><br>• Beginning with the calendar year (CY) 2025 performance period, there are 2 quality measure sets available under the APP: the existing APP quality measure set and the new APP Plus quality measure set.<br><br>The APP is optional for MIPS eligible clinicians who also participate in a MIPS APM. Medicare Shared Savings Program Accountable Care Organizations (ACOs) **must** report the new APP Plus quality measure set. |

For traditional MIPS and MVPs - Review flexibilities for small practices in the Comparison of Reporting Requirements and Scoring Tables.

# MIPS Reporting Options At-A-Glance (Continued)

## How do I report my data?

| Traditional MIPS | MVPs | APP |
|---|---|---|
| • You can collect and submit data for yourself or your practice by manually uploading files and attesting to reporting requirements.<br>  ○ You can report quality measures through a variety of collection types. Review the Quality Performance Category: Learning About Collection Types (PDF, 799KB).<br>• You can work with a third party intermediary (e.g., Qualified Clinical Data Registry (QCDR), Qualified Registry) to submit data on your behalf.<br>• You don't need to submit any data for administrative claims **quality or cost** measures. We'll collect and calculate this data on your behalf. | • You can collect and submit data for yourself or your practice by manually uploading files and attesting to reporting requirements.<br>  ○ You can report quality measures through a variety of collection types. Review the Quality Performance Category: Learning About Collection Types (PDF, 799KB).<br>• You can work with a third party intermediary (e.g., QCDR, Qualified Registry) that supports an MVP relevant to you or your practice.<br>• You don't need to submit any data for administrative claims quality or cost measures. We'll collect and calculate this data on your behalf.<br>• For more information about MVP data collection and submission, check out the Prepare for MVP Data Collection & Submission webpage. | • You can collect and submit data for your practice by manually uploading files and attesting to reporting requirements.<br>  ○ You can report quality measures through a variety of collection types. Review the **2025 APP Scoring Guide**, which will be available in the 2025 APP Toolkit.<br>• You can work with a third party intermediary (e.g., QCDR, Qualified Registry) to submit data on your behalf.<br>• You don't need to submit any data for administrative claims measures. We'll collect and calculate this data on your behalf. |

Review the 2025 Qualified Clinical Data Registries (QCDRs) Qualified Posting (XLSX, 225KB) and the 2025 Qualified Registries Qualified Posting (XLSX, 198KB).

# MIPS Reporting Options At-A-Glance (Continued)

## Where do I submit my data?

| Traditional MIPS | MVPs | APP |
|---|---|---|
| • To submit data via traditional MIPS, you must sign into the QPP website and select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-side navigation bar.<br><br>• You may see multiple Reporting Options available, and you'll choose traditional MIPS and select **Start Reporting.** | • You must register in advance to report an MVP. More details on the MVP registration process are available in the 2025 MVP Registration Guide (PDF, 1MB).<br><br>• To submit your data for an MVP that you previously registered for and have been approved, you must sign into the QPP website and select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-side navigation bar.<br><br>• You may see multiple Reporting Options available, and you'll choose MVP and select **Start Reporting.** | • To submit data via the APP, you must sign into the QPP website and select **Start Reporting** on the main page or **Eligibility & Reporting** from the left-side navigation bar.<br><br>• You may see multiple Reporting Options available, and you'll choose the APP and select **Start Reporting.**<br><br>For Shared Savings Program ACOs, the ACOs' QPP Security Official or QPP Staff User in the ACO Management System (ACO-MS) can access the QPP website using their ACO-MS Username and Password. For more information for Shared Savings Program ACOs, please refer to the Overview of ACO-MS User Access and ACO Contacts tip sheet. |
| If you're working with a third party intermediary, the Qualified Registry or QCDR can submit data on your behalf by signing in to the QPP website OR by using the QPP Submission Application Programming Interface (API). | | |

Refer to the QPP Access User Guide to set up an account if you don't have access.

# 2025 Reporting Requirements Comparison

# Performance Category Requirements

| Traditional MIPS | MVPs | APP |
|---|---|---|
| MIPS eligible clinicians are evaluated on 4 performance categories:<br>• Quality<br>• Cost<br>• Improvement activities<br>• Promoting Interoperability | MIPS eligible clinicians are evaluated on 4 performance categories:<br>• Quality<br>• Cost<br>• Improvement activities<br>• Promoting Interoperability*<br><br>*Each MVP includes the same "foundational layer" comprised of the Promoting Interoperability performance category and population health measures. The population health measures are scored as part of the quality performance category but don't count toward the 4 required quality measures. | MIPS eligible clinicians are evaluated on 3 performance categories:<br>• Quality<br>• Improvement activities<br>• Promoting Interoperability |

# Quality Performance Category (Continued)

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| **Weight** | 30% \| 40% small practices \| 55% APM Entities<br><br>The quality performance category will be reweighted to 0% if there are no applicable measures available to the clinician. | 30% \| 40% small practices \| 55% APM Entities<br><br>The quality performance category **won't be** reweighted to 0% if there are no applicable measures available to the clinician. | 50% |
| **Measure Requirements** | • Select 6 measures from nearly 200 MIPS and more than 600 QCDR measures **OR** an available specialty measure set.<br>  ○ You must choose one outcome measure or one high priority measure in the absence of an applicable outcome measure.<br>• Automatically evaluated on up to 4 administrative claims measures if applicable.<br><br>Review available measures on Explore Measures & Activities. | • Select 4 measures from a limited set of MVP-specific measures.<br>  ○ You must choose one outcome measure or one high priority measure in the absence of an available outcome measure.<br>  ○ This can include an outcomes-based administrative claims measures (automatically calculated if selected during MVP registration). This is different from the population health measure selected.<br>• Automatically evaluated on a population health measure.<br><br>Review the measures available in each MVP on Explore MVPs. | • Report 3 measures required under the APP **OR** report 4 measures required under the APP Plus (required for Shared Savings Program ACOs).<br>• Administer Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey (required for the APP and APP Plus).<br>• Automatically evaluated on the available administrative claims measures.<br><br>Review the quality measures on the Quality: APP Requirements webpage. |

# Quality Performance Category

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Available Collection Types | • Electronic Clinical Quality Measures (eCQMs), MIPS CQMs, Medicare Part B claims measures, QCDR measures, CAHPS for MIPS Survey.<br>• You can submit measures from different collection types to meet quality performance category reporting requirements. | • eCQMs, MIPS CQMs, Medicare Part B claims measures (small practices only), QCDR measures, CAHPS for MIPS Survey. All available collection types are dependent on the measures available in your selected MVP.<br>• You can submit measures from different collection types to meet quality performance category reporting requirements. | • eCQMs, MIPS CQMs, Medicare Part B claims measures (small practices only), CAHPS for MIPS Survey.<br>• Medicare CQMs for ACOs Participating in the Medicare Shared Savings Program are only available to Shared Savings Program ACOs reporting the APP Plus.<br>• You can submit measures from different collection types to meet quality performance category reporting requirements. |
| Data Completeness | Report 100% of denominator-eligible cases and performance data for at least 75% of the denominator-eligible cases for each quality measure.<br>• eCQMs, MIPS CQMs, and QCDR measures include all-payer data.<br>• Only Medicare Part B claims measures are limited to Medicare patients/encounters. | | Report 100% of denominator-eligible cases and performance data for at least 75% of the denominator-eligible cases for each quality measure.<br>• eCQMs and MIPS CQMs include all-payer data.<br>• Medicare Part B claims measures and Medicare CQMs* are limited to Medicare patients/encounters. |

*Shared Savings Program ACOs receive a Quarterly List of Beneficiaries Eligible for Medicare CQMs based on available claims data.

# Cost Performance Category

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Weight | 30% \| 0% APM Entities | 30% \| 0% APM Entities | 0% - Not applicable |
| Measure Requirements | No reporting is required.<br>• You'll be scored on each of the 35 MIPS cost measures for which you meet or exceed the established case minimum, based on Medicare claims data.<br>• Reweighting is applied when the clinician or group can't be scored on any of the 35 MIPS cost measures.<br>Review cost measures on Explore Measures & Activities. | No reporting is required.<br>• You'll be scored on each of the cost measure(s) in your selected MVP for which you meet or exceed the established case minimum, based on Medicare claims data.<br>○ Subgroups will receive the affiliated group's cost score.<br>• Reweighting is applied when the clinician or group can't be scored on any of the cost measures included in the selected MVP.<br>Review the cost measures available in each MVP on Explore MVPs. | Not applicable. |

# Improvement Activities Performance Category

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Weight | 15% \| 30% small practices | 15% \| 30% small practices | 20% |
| Activity Requirements | **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:<br>• 1 improvement activity (40 points) **OR**<br>• Participate in a recognized or certified patient-centered medical home or comparable specialty practice (attest to IA_PCMH).<br><br>**All other MIPS eligible clinicians:** select (from over 100 activities) and perform:<br>• 2 improvement activities (20 points each) **OR**<br>• Participate in a recognized or certified patient-centered medical home or comparable specialty practice (attest to IA_PCMH).<br><br>**Group, virtual group or APM Entity reporting:**<br>• 50% of clinicians in the group, virtual group, or APM Entity must perform the same activity for a continuous 90-day period (or as specified in the activity description), but don't have to perform the activity concurrently.<br><br>Review available activities on Explore Measures & Activities. | **All MVP participants** select from the activities available within the MVP (there are no reduced reporting requirements for special status designations):<br>• 1 improvement activity (40 points)<br>• Participate in a recognized or certified patient-centered medical home or comparable specialty practice (attest to IA_PCMH).<br>**Group, subgroup or APM Entity reporting:**<br>• 50% of clinicians in the group, subgroup, or APM Entity must perform the same activity for a continuous 90-day period (or as specified in the activity description), but don't have to perform the activity concurrently.<br><br>Review the activities available in each MVP on Explore MVPs. | No reporting is required.<br><br>Receive full credit when data is reported for another performance category. |

# Promoting Interoperability Performance Category

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| **Weight** | 25% \| 0% small practices \| 30% APM Entities<br><br>Reweighting can apply if you meet certain requirements.<br>• Review details about reweighting (automatic or through an application) on the Promoting Interoperability Requirements webpage. | 25% \| 0% small practices \| 30% APM Entities<br><br>Reweighting applies just as it does in traditional MIPS. | 30%<br><br>Reweighting applies just as it does in traditional MIPS. |
| **Activities and Attestation Requirements** | • Report the complete Promoting Interoperability measure set for a minimum of any continuous 180-day period and complete required attestations. | • Report the complete Promoting Interoperability measure set for a minimum of any continuous 180-day period and complete required attestations.<br>  ○ Subgroups are required to submit the Promoting Interoperability data of their affiliated group.<br><br>• The Promoting Interoperability performance category is considered part of the foundational layer, which means it's the same across all MVPs. | • Report the complete Promoting Interoperability measure set for a minimum of any continuous 180-day period and complete required attestations. |

The last 180-day performance period for calendar year 2025 begins on July 5, 2025.

# 2025 Scoring Comparison

# Quality Performance Category Scoring: Measure-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| **For the 6 required measures:**<br><br>Measures that meet case minimum and data completeness criteria are scored against a benchmark.<br><br>• Measures that can be scored against a benchmark earn 1 – 10 points*.<br>• Measures without a benchmark will earn 0 points (small practices earn 3 points).<br>• Measures that don't meet case minimum or data completeness criteria earn 0 points (small practices earn 3 points).<br>• Required but unsubmitted measures will receive 0 points.<br><br>*Certain topped out measures are capped at 7 points. Beginning with the 2025 performance period, a flat benchmarking methodology is applied to a subset of 15 topped out measures. | **For the 4 required measures:**<br><br>Measures that meet case minimum and data completeness criteria are scored against a benchmark.<br><br>• Measures that can be scored against a benchmark earn 1 – 10 points*.<br>• Measures without a benchmark will earn 0 points (small practices earn 3 points).<br>• Measures that don't meet case minimum or data completeness criteria earn 0 points (small practices earn 3 points).<br>  ○ This applies to any outcomes-based administrative claims measures if available in the MVP and selected during MVP registration as 1 of their 4 required measures.<br>  ○ A subgroup will receive the affiliated group's score for the administrative claims measures.<br>• Required but unsubmitted measures will receive 0 points.<br><br>*Certain topped out measures are capped at 7. Beginning with the 2025 performance period, a flat benchmarking methodology is applied to a subset of 15 topped out measures. | **For required measures:**<br><br>Measures that meet case minimum and data completeness criteria are scored against a benchmark.<br><br>• Measures that can be scored against a benchmark earn 1 – 10 points**.<br>• Required measures that don't meet case minimum criteria or have a benchmark will be excluded from scoring (and the denominator will be reduced).<br>• Measures that don't meet data completeness criteria earn 0 points (small practices earn 3 points).<br>• Required but unsubmitted measures will receive 0 points.<br><br>**Topped out measures won't be capped at 7 points. |

Review the 2025 Quality Benchmarks for more information, such as which measures are capped at 7 points and which are subject to the flat benchmarking methodology.

# Quality Performance Category Scoring: Measure-level Scoring (Continued)

| Traditional MIPS | MVPs | APP |
|---|---|---|
| Measures in their first year of the program will earn a minimum of 7 points, provided data completeness is met.<br><br>Measures in their second year of the program will earn a minimum of 5 points, provided data completeness is met.<br><br>If the CAHPS for MIPS Survey measure is administered as 1 of the 6 required measures, it will earn 1 - 10 points based on comparison to its benchmark.<br>• If the group or APM Entity doesn't meet minimum sampling requirements, CAHPS will be excluded from scoring (and the denominator will be reduced).<br><br>**Administrative Claims Measures (evaluated in addition to the required measures)**<br>Measures that meet case minimum requirements will be scored against a benchmark and receive 1 – 10 points.<br><br>Measures that don't meet case minimum criteria or that don't have a benchmark will be excluded from scoring. | Measures in their first year of the program will earn a minimum of 7 points, provided data completeness is met.<br><br>Measures in their second year of the program will earn a minimum of 5 points, provided data completeness is met.<br><br>If the CAHPS for MIPS Survey measure is administered as 1 of the 4 required measures, it will earn 1 - 10 points based on comparison to its benchmark.<br>• If the group, subgroup, or APM Entity doesn't meet minimum sampling requirements, CAHPS will be excluded from scoring (and the denominator will be reduced).<br><br>**Population Health Measure (evaluated in addition to the required measures)**<br>Measures that meet case minimum requirements will be scored against a benchmark and receive 1 – 10 points.<br><br>Measures that don't meet case minimum criteria or that don't have a benchmark will be excluded from scoring. | The CAHPS for MIPS Survey measure is required and will earn 1 - 10 points based on comparison to its benchmark.<br>• If the group or APM Entity doesn't meet minimum sampling requirements, CAHPS will be excluded from scoring (and the denominator will be reduced).<br><br>**Administrative Claims Measures (evaluated in addition to the required measures)**<br>Measures that meet case minimum requirements will be scored against a benchmark and receive 1 – 10 points.<br><br>Measures that don't meet case minimum criteria or that don't have a benchmark will be excluded from scoring. |

# Quality Performance Category Scoring: Measure-level Scoring (Continued)

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| **Complex Organization Adjustment**<br><br>Beginning with the 2025 performance period, we're applying a complex organization adjustment to account for the organizational complexities that APM Entities (including Shared Savings Program ACOs) and virtual groups face when reporting quality measures using the eCQM collection type.<br><br>• We'll add one measure achievement point for each eCQM submitted for an APM Entity or virtual group that meets data completeness and case minimum requirements.<br>• The adjustment may not exceed 10% of the total available measure achievement points in the quality performance category. | Available | Available | Available |

# Quality Performance Category Scoring: Category-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| Achievement points | Achievement points | Achievement points |
| Available points[1] (10 x # of total measures) | Available points[2] (10 x # of total measures) | Available points[3, 4] (10 x # of total measures) |
| + Small practice bonus (if applicable) | + Small practice bonus (if applicable) | + Small practice bonus (if applicable) |
| + Improvement scoring | + Improvement scoring | + Improvement scoring |

[1] **Traditional MIPS:** Maximum of 100 points (6 required measures + 4 administrative claims measures).

[2] **MVPs:** Maximum of 50 points (4 required measures + 1 population health measure).

[3] **APP:** Maximum of 60 points (3 required measures + CAHPS for MIPS Survey measure + 2 administrative claims measures).
[4] **APP Plus:** Maximum of 60 points (4 required measures + CAHPS for MIPS Survey measure + 1 administrative claims measure).

The available points in your selected reporting option can decrease if you can't be scored on one or more administrative claims measure, the population health measure, or the CAHPS for MIPS Survey measure.

# Cost Performance Category Scoring: Measure-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| • You can earn between 1 and 10 points for each scored cost measure, based on comparison to a performance period benchmark.<br>• Measures that don't meet case minimum or don't have a benchmark will be excluded from scoring. | | Not applicable. |

# Cost Performance Category Scoring: Category-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| Achievement points<br>Total available points (10 x # of MIPS cost measures that could be scored)<br>+ Improvement scoring* | Achievement points<br>Total available points (10 x # of MIPS cost measures included in the MVP that could be scored)<br>+ Improvement scoring*<br>Subgroups will receive the cost score of their affiliated group. | Not applicable. |

*A maximum cost improvement score of 1 percentage point out of 100 percentage points will be available beginning with the 2023 performance period. For more information about cost improvement scoring please refer to the 2025 Traditional MIPS Scoring Guide and the 2025 MVP Implementation Guide.

# Improvement Activities Performance Category Scoring: Activity-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| **Clinicians, groups, virtual groups, and APM Entities with certain special statuses (small practice, rural, HPSA, non-patient facing)**<br>• 1 improvement activity = 40 points<br>• Attest to participating in a certified or recognized patient-centered medical home or comparable specialty society = 40 points<br><br>**All other MIPS eligible clinicians:**<br>• 2 improvement activities = 20 points each<br>• Attest to participating in a certified or recognized patient-centered medical home or comparable specialty society = 40 points<br><br>If you're a clinician in any APM reporting traditional MIPS, you'll earn half credit (50%) automatically for the improvement activities performance category when you submit data for another performance category. You must attest to an additional activity to achieve the maximum 40 points.<br><br>Learn more about special statuses. | **All MVP participants:**<br>• 1 improvement activity = 40 points<br>• Attest to participation in a certified or recognized patient-centered medical home or comparable specialty practice; or attest to the creation of a quality improvement initiative within your practice when also reporting an MVP = 40 points<br><br>All MVP participants receive 40 points for any improvement activity in the MVP, regardless of special status.<br><br>If you're a clinician in any APM reporting an MVP, you'll earn half credit (50%) for the improvement activities performance category when you submit data for another performance category. **You must attest to an additional activity to achieve the maximum 40 points.** | Not applicable.<br><br>Clinicians reporting the APP receive full credit (100%) in this performance category. |

# Improvement Activities Performance Category Scoring: Category-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| $\frac{\text{Points for Reported Activities}}{\text{40 Points}}$ | $\frac{\text{Points for Reported Activities}}{\text{40 Points}}$ | Automatically receive full credit in this category. |

# Comparison of MIPS Scoring for Traditional MIPS, MVPs, & APP for the 2024 Performance Year

## Promoting Interoperability Performance Category Scoring: Measure-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| • Measures submitted with a yes/no value: 0 points or maximum points available for the measure.<br><br>• Measures submitted with a numerator and denominator: (numerator/denominator) x available points for the measure. | | |

## Promoting Interoperability Performance Category Scoring: Category-level Scoring

| Traditional MIPS | MVPs | APP |
|---|---|---|
| | $\frac{\text{(Sum of Measure Points + Bonus Points)}}{\text{100 Points}}$ | |

If you report an exclusion instead of the measure, the measure's points will be redistributed to another measure.

Note: subgroups will receive a score of zero in this performance category if they don't submit their affiliated group's Promoting Interoperability data.

# Final Score

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Performance Threshold | 75 points | 75 points | 75 points |
| Final Score Calculation | Quality score x category weight<br>+<br>Cost score x category weight<br>+<br>Improvement activities score<br>x category weight<br>+<br>Promoting Interoperability score<br>x category weight<br>+<br>Complex patient bonus | Quality score x category weight<br>+<br>Cost score x category weight<br>+<br>Improvement activities score<br>x category weight<br>+<br>Promoting Interoperability score<br>x category weight<br>+<br>Complex patient bonus* | Quality score x category weight<br>+<br>Improvement activities score<br>x category weight<br>+<br>Promoting Interoperability score<br>x category weight<br>+<br>Complex patient bonus |

*Subgroups will receive the affiliated group's complex patient bonus score, if available.

# Final Score (Continued)

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Facility-based Scoring | Available<br><br>For facility-based clinicians and groups, we'll:<br>✓ Calculate one final score using facility-based measurement (including any improvement activities and Promoting Interoperability data that may have been reported), and<br>✓ Calculate one final score based on quality, improvement activities and Promoting Interoperability data that may have been reported and MIPS cost measures that can be calculated, and<br>✓ Assign the higher of these final scores. | Available<br><br>A facility-based clinician or group can still report an MVP.<br><br>In this instance we'll:<br>✓ Calculate one final score in traditional MIPS using facility-based measurement, and<br>✓ Calculate one final score from MVP reporting, and<br>✓ Assign the higher of these final scores. | Available<br><br>A facility-based clinician or group can still report the APP.<br><br>In this instance we'll:<br>✓ Calculate one final score in traditional MIPS using facility-based measurement, and<br>✓ Calculate one final score from APP reporting, and<br>✓ Assign the higher of these final scores. |

# Final Score (Continued)

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Performance Feedback | ✓ Measure- and activity-level scores<br>✓ Category-level scores<br>✓ Final scores and payment adjustment information<br>× Comparative performance feedback with like clinicians | ✓ Measure- and activity-level scores<br>✓ Category-level scores<br>✓ Final scores and payment adjustment information<br>✓ Comparative performance feedback with like clinicians who reported the same MVP | ✓ Measure- and activity-level scores<br>✓ Category-level scores<br>✓ Final scores and payment adjustment information<br>× Comparative performance feedback with like clinicians |
| Targeted Review (TR) | Available for MIPS eligible clinicians:<br>✓ Individuals<br>✓ Groups<br>✓ Virtual groups<br>✓ APM Entity<br>May request a TR for an approximate 60-day period, beginning with the release of final scores and closing 30 days after the release of MIPS payment adjustments. | Available for MIPS eligible clinicians:<br>✓ Individuals<br>✓ Subgroups<br>✓ Groups<br>✓ APM Entity<br>May request a TR for an approximate 60-day period, beginning with the release of final scores and closing 30 days after the release of MIPS payment adjustments. | Available for MIPS eligible clinicians:<br>✓ Individuals<br>✓ Groups<br>✓ APM Entity<br>May request a TR for an approximate 60-day period, beginning with the release of final scores and closing 30 days after the release of MIPS payment adjustments. |
| Public Reporting | Public reporting available on CMS' Care Compare:<br>✓ Individuals<br>✓ Groups<br>✓ Virtual groups<br>✓ APM Entities | Public reporting available on CMS' Care Compare:<br>✓ Individuals<br>✓ Subgroups<br>✓ Groups<br>✓ APM Entities | Public reporting available on CMS' Care Compare:<br>✓ Individuals<br>✓ Groups<br>✓ Virtual groups<br>✓ APM Entities |

# Final Score (Continued)

| | Traditional MIPS | MVPs | APP |
|---|---|---|---|
| Extreme and Uncontrollable Circumstances (EUC) Exception Application | ✓ Individuals<br>✓ Groups<br>✓ Virtual groups<br>✓ APM Entities are required to request reweighting of all performance categories | ✓ Individuals<br>× Subgroups (will receive reweighting applied to affiliated group)<br>✓ Groups<br>✓ APM Entities are required to request reweighting of all performance categories | ✓ Individuals<br>✓ Groups<br>✓ APM Entities are required to request reweighting of all performance categories |
| MIPS Automatic EUC Policy | ✓ Qualifying individuals<br>× Group<br>× Virtual group<br>× APM Entity | ✓ Qualifying individuals<br>× Subgroups<br>× Group<br>× APM Entity | ✓ Qualifying individuals<br>× Group<br>× APM Entity |
| MIPS Promoting Interoperability Hardship Exception Application | ✓ Individuals<br>✓ Groups<br>✓ Virtual groups<br>× APM Entity | ✓ Individuals<br>✓ Groups<br>× Subgroups (will receive reweighting applied to affiliated group)<br>× APM Entity | ✓ Individuals<br>✓ Groups<br>× APM Entity |

# Help and Version History

# Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

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.

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.

# Version History

If we need to update this document, changes will be identified here.

| DATE | DESCRIPTION |
| --- | --- |
| 5/21/2025 | Original Posting. |