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# Merit-based Incentive Payment System (MIPS)

## 2025 MIPS Quick Start Guide for Small Practices

# Table of Contents



**Purpose:** This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements for small practices (15 or fewer clinicians) to get you started with participating in the 2025 performance year.

Indicates a page with key information that may be worth printing.

**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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# Overview

# What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the QPP, which rewards value in 1 of 2 ways:


If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

Beginning in 2024, if you participate in an Advanced APM and achieve Qualifying APM Participant (QP) status, you may be eligible for an increased QP conversion factor and will be excluded from MIPS.

This guide will only cover Merit-based Incentive Payment System (MIPS) participation in QPP. For more information on participating in an Advanced APM, visit our APM Overview webpage and check out our APM related resources in the Quality Payment Program Resource Library.

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# The Merit-based Incentive Payment System

The Merit-based Incentive Payment System (MIPS) is one way to participate in QPP. The program rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

## PROMOTING INTEROPERABILITY

Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).

## IMPROVEMENT ACTIVITIES

Assesses your participation in activities that improve clinical practice and support patient engagement.

## QUALITY

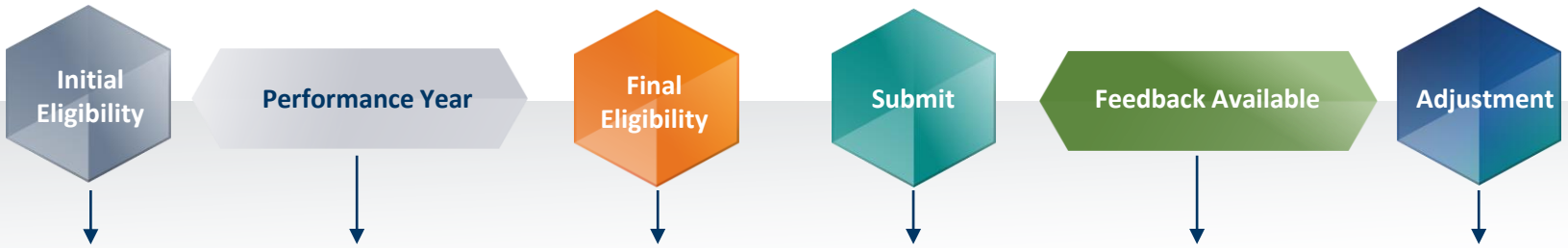
Assesses the quality of care you deliver by measuring health care processes, outcomes, and patient experiences of care.

## COST

Assesses the cost of the care you provide based on your Medicare Part B claims.

# MIPS Program Timeline

The MIPS program has distinct phases that span several calendar years as shown below.




| Initial Eligibility | Performance Year | Final Eligibility | Data Submission | Performance Feedback | Payment Adjustment |
|---|---|---|---|---|---|
| **December 2024** Check initial eligibility based on first segment of MIPS Determination Period (October 1, 2023, to September 30, 2024). | **Jan. 1 – Dec. 31, 2025** Care for patients and record data. | **December 2025** Check final eligibility based on second segment of MIPS Determination Period (October 1, 2024, to September 30, 2025). | **Jan. 2 – March 31, 2026** Submit data collected in the performance year. | **Summer 2026** Review 2025 final score and payment adjustment. (Targeted Review is available for ~60 days after final scores are released.) | **Jan. 1 – Dec. 31, 2027** Check that adjustments are applied to payment. |

# How Do Small Practices Participate in MIPS?

If you're a clinician in a small practice and eligible for MIPS in 2025:

- You generally have to submit data for the quality and improvement activities, performance categories.
  - Small practices aren't required to submit Promoting Interoperability data but can choose to do so.
  - We collect and calculate cost measure data for you.
- 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 whether you receive a negative, neutral, or positive MIPS payment adjustment.
  - Positive payment adjustment for clinicians with a 2025 final score above 75.
  - Neutral payment adjustment for clinicians with a 2025 final score of 75.
  - Negative payment adjustment for clinicians with a 2025 final score below 75.
- Your MIPS payment adjustment is based on your performance during the 2025 performance year and applied on a claim-by-claim basis to payments for your Medicare Part B-covered professional services, beginning on January 1, 2027.

### What is the Definition of a Small Practice?

A small practice is defined as a group that has 15 or fewer clinicians identified by National Provider Identifier (NPI), billing under the groups Taxpayer Identification Number (TIN). CMS makes this determination by reviewing claims data. Learn more about special status designations on the QPP website.

To see if you have the small practice designation, visit the Quality Payment Program Participation (QPP) Status Lookup Tool.

**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.

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# MIPS Policy Flexibilities for Small Practices

# Performance Category Flexibilities

For the 2025 performance year, we remain committed to identifying flexibilities and options to help clinicians in small practices meaningfully participate and succeed in MIPS. These flexibilities apply to all 3 MIPS reporting options (traditional MIPS, MIPS Value Pathways (MVPs), Alternative Payment Model (APM) Performance Pathway) unless otherwise specified.

## Quality Performance Category

Small practices will receive:

- 3 points for submitting quality measures without an available benchmark (historical or performance period) – all other clinicians receive zero points
- 3 points for submitting measures that don't meet the case minimum or data completeness requirements – all other clinicians receive zero points
- 6 bonus points added to the quality performance category score when at least 1 quality measure is submitted (applies to individual, group, subgroup, virtual group and APM Entity participation, but not to clinicians or groups who are scored under facility-based scoring.)

## Promoting Interoperability Performance Category

Small practices will receive automatic reweighting of the Promoting Interoperability performance category to 0%, regardless of whether they choose to participate as an individual, group, or virtual group.

- You don't need to submit a MIPS Promoting Interoperability Performance Category Hardship Exception application to request reweighting in this performance category.

You can still choose to submit Promoting Interoperability data, which would void reweighting of the performance category. We'll score any data that's submitted.

# Performance Category Flexibilities (Continued)

## Improvement Activities Performance Category

Small practices, and those in rural locations and in health professional shortage areas will receive full credit in this performance category (both traditional MIPS and MVP reporting) when you perform and attest to:

- UPDATED 1 activity

## Performance Category Reweighting

We'll continue to use our performance category reweighting and redistribution policies when calculating MIPS Final Scores for small practices. Under this methodology, we'll increase the weight of the improvement activities performance category when other performance categories are reweighted to 0%.

- See Appendix A for more information.

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# What's New in the 2025 Performance Year?

# Key Updates

## 1) Maintained Stability for Traditional MIPS

- Kept the **current performance threshold policies**, leaving it at **75 points for the 2025 performance period**
- Maintained the **75% data completeness criteria threshold** through the 2028 performance period/2030 MIPS payment year

## 2) Focused on MIPS Value Pathways (MVP) Development and Maintenance

- Finalized **6 new MVPs** that will be available beginning with the 2025 performance period related to ophthalmology, dermatology, gastroenterology, pulmonology, urology, and surgical care
- Finalized **limited modifications to the previously finalized MVPs**, including the consolidation of 2 neurology-focused MVPs into a single neurological MVP

## 3) Established APP Plus Quality Measure Set

- Finalized, with modification, an **additional quality measure set under the APP** reporting option called the APP Plus quality measure set

**For more information** about the 2025 QPP Policies Final Rule, please refer to the 2025 QPP Policies Final Rule Fact Sheet (PDF, 798KB) and 2025 Finalized MIPS Value Pathways Guide (PDF, 2MB).

# Key Updates (Continued)

## 4) Updated Measure/Activity Inventories and Scoring Methodologies

### Quality Performance Category

- Added **7 new quality measures**, the **removal of 10 quality measures**, and **substantive changes to 66 quality measures**
- Removed **the 7-point cap for scoring certain topped out quality measures** in specialty sets with limited measures

To learn more about quality measure benchmarks, please refer to the Benchmarks page of the QPP website. The 2025 historical benchmarks and Quality Benchmarks User Guide will be available on this page by the end of January 2025.

### Improvement Activities Performance Category

- Removed **improvement activity weighting** and **streamlining the reporting requirements** for the performance category
  - Small practices must attest to 1 activity for traditional MIPS reporting and MVPs.

**For more information** about the 2025 QPP Policies Final Rule, please refer to the 2025 QPP Policies Final Rule Fact Sheet (PDF, 798KB) and 2025 Finalized MIPS Value Pathways Guide (PDF, 2MB).

# Key Updates (Continued)

## 4) Updated Measure/Activity Inventories and Scoring Methodologies (Continued)

### Cost Performance Category

- Added **6 new episode-based cost measures** and revisions of **2 existing episode-based cost measures**
- Revised **cost measure scoring methodology** to assess clinician cost of care more appropriately

### Promoting Interoperability Performance Category

- Changed **our policy governing our treatment of multiple data submissions** received for the Promoting Interoperability performance category
  - Small practices will continue to receive automatic reweighting of the Promoting Interoperability performance category to 0%. You can still choose to submit Promoting Interoperability data, which would void reweighting of the performance category. We'll score any data that's submitted.


### Data Submission for Quality, Improvement Activities, & Promoting Interoperability Performance Categories

- Finalized **minimum criteria for a qualifying data submission** in the quality, improvement activities, and Promoting Interoperability performance categories

**For more information** about the 2025 QPP Policies Final Rule, please refer to the 2025 QPP Policies Final Rule Fact Sheet (PDF, 798KB) and 2025 Finalized MIPS Value Pathways Guide (PDF, 2MB).

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# Get Started with MIPS in 6 Steps: Small Practices

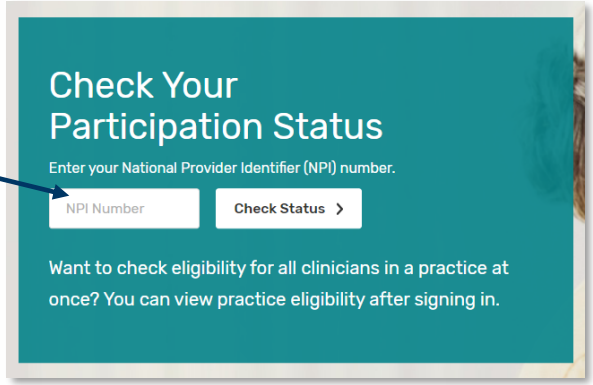
# 6 Steps for MIPS Participation in the 2025 Performance Year


See Appendix B for a countdown of activities during the performance year through data submission.

STEP 1

# Check Your Initial Eligibility for the 2025 Performance Year

Enter your 10-digit National Provider Identifier (NPI) in the QPP Participation Status Tool on the QPP website.




- Your preliminary eligibility is available now.
- Your final eligibility will be available in December 2025.

The next few pages will review the possible preliminary eligibility results displayed in the QPP Participation Status Tool and what these results mean for you.

- Please note that we evaluate clinicians for eligibility to participate at both the individual and group level.

**For more information about eligibility:**

Review the **MIPS Eligibility & Participation User Guide**

STEP 1

# Check Your Initial Eligibility for the 2025 Performance Year (Continued)

## QPP Participation Status Tool Results

1. If you see this on the QPP Participation Status Tool, you're **currently required** to participate in MIPS, either as an individual or group.


This could change when eligibility data is updated in December 2025 if you fall below the low-volume threshold, but you should be prepared to submit data.

2. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **can choose** to do so at the group level.


The option to participate as a group could change when eligibility data is updated in December 2025 if the group falls below the low-volume threshold.

STEP 1

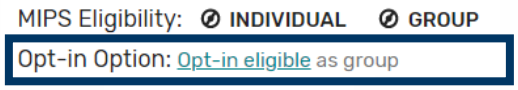
# Check Your Initial Eligibility for the 2025 Performance Year (Continued)

## QPP Participation Status Tool Results (Continued)

3. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as an individual** and receive a payment adjustment. The practice can also choose, but isn't required, to report as a group.


⚠ This could change when eligibility data is updated in December 2025 if the individual or group falls below the low-volume threshold.

4. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.




⚠ This could change when eligibility data is updated in December 2025 if the group falls below the low-volume threshold.

STEP 2

# Select a Reporting Option

## Newest Reporting Option

MIPS Value Pathways (MVPs) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities that are related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). There are 21 MVPs available to report for the 2025 performance year. Check to see if there's an MVP relevant to your practice!

Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

## Original Reporting Option

Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from the complete MIPS inventory. Note, you're able to report traditional MIPS in addition to an MVP or if you're in a MIPS APM, the APP.

Small practices must attest to 1 improvement activity. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set. We collect and calculate data for the cost performance category for you.

STEP 2

# Select a Reporting Option (Continued)

## MIPS APM Participants Only

The Alternative Payment Model (APM) Performance Pathway, or APP, is a streamlined reporting framework, with specified quality measure sets, available to clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

### Are You in a Medicare Shared Savings Program Accountable Care Organization (ACO)?

If you're in a Shared Savings Program ACO, your ACO will report quality data on your behalf. Shared Savings Program ACOs are required to report the new APM Performance Pathway (APP) Plus quality measure set.

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STEP 3

# Choose How You'll Participate

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS.

- **Individual:** Collect and submit data for an individual MIPS eligible clinician.
- **Group:** Collect and submit data for all clinicians in the group.
- **Virtual Group:** Collect and submit data for all clinicians in a CMS approved virtual group (traditional MIPS only). Virtual group elections are submitted to CMS prior to the performance year – the virtual group election period for 2025 performance year closed on December 31, 2024.
- **APM Entity:** Collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.
- **Subgroup:** This is a new participation option only available to clinicians reporting an MVP. Advance registration is required.

For more information about participation options visit the Participation Options Overview webpage on the Quality Payment Program website.

**Your eligibility informs your participation options.**

This clinician is eligible at the individual and group levels and can choose whether to participate as an individual, group, or subgroup:

MIPS Eligibility: ✓ INDIVIDUAL ✓ GROUP

This clinician is only eligible at the group (or subgroup) level, any data submitted by the individual would be considered voluntary. There's no requirement to participate as a group or subgroup, but if a practice chooses to participate as a group (or clinicians in the practice choose to form a subgroup), the clinicians will receive a payment adjustment:

MIPS Eligibility: ⊘ INDIVIDUAL ✓ GROUP

STEP 4

# Select and Perform Your Measures and Activities

## TRADITIONAL MIPS

### QUALITY:

- Select 6 measures.
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2025).*
- We'll evaluate you on any applicable administrative claims-based measures based on data we collect.

### IMPROVEMENT ACTIVITIES:

- Select 1 activity.
- Perform each activity for a continuous 90-day period in the 2025 calendar year (or as indicated in the activity's description).

### COST:

- No measure selection or data submission required.
- We collect and evaluate this data for you for measures meeting the minimum requirement.
- Review cost measures.

### PROMOTING INTEROPERABILITY:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

STEP 4

# Select and Perform Your Measures and Activities (Continued)

## MVPs

Start by selecting your MVP. There are 22 available for the 2025 performance year. Advance registration is required by December 1, 2025.

### QUALITY:

- Select 4 measures within the MVP.
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2025).*
- Choose an administrative claims-based population health measure to be evaluated on (if you meet case minimum).

### COST:

- No measure selection or data submission required.
- We collect and evaluate this data for you based on the cost measures included in your MVP.

### IMPROVEMENT ACTIVITIES:

- Select 1 activity or IA_PCMH (participation in a patient-centered medical home) within the MVP.
- Perform each activity for a continuous 90-day period in the 2025 calendar year (or as indicated in the activity's description).

### PROMOTING INTEROPERABILITY:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

STEP 4

# Select and Perform Your Measures and Activities (Continued)

## APP

Only available to MIPS eligible clinicians that also participate in a MIPS APM.

### QUALITY:

- Collect data for the original **APP quality measure set** or the new **APP Plus quality measure set** for the 12-month performance period (January 1-December 31, 2025).*
  - Shared Savings Program ACOs must report the new APP Plus quality measure set.
- Register for and administer the CAHPS for MIPS Survey measure. (Register April 1 – June 30, then collect data through December.)
- We collect and evaluate data for 2 administrative claims-based measures if you meet the case minimum.
- Learn more about the APP Quality Requirements.

### COST:

- Not evaluated under the APP.

### IMPROVEMENT ACTIVITIES:

- No reporting required.
- Automatic full credit for the 2025 performance year.

### PROMOTING INTEROPERABILITY:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

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STEP 5

# Verify Your Final Eligibility

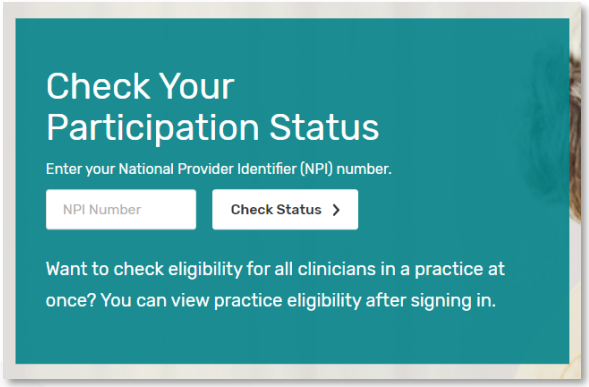
Check the QPP Participation Status Tool in **December 2025** to confirm that you remain eligible for MIPS and a payment adjustment.

**This step is critical** to understanding whether you're required to report for the 2025 performance year and eligible to receive a MIPS payment adjustment in 2027.

**Note:** Your preliminary eligibility is available now and your final eligibility will be available in December 2025.

### How Do I Check My MIPS Eligibility?

You can check your final eligibility status using the QPP Participation Status Tool on the QPP website.




**STEP 1:** Check Your Initial Eligibility

**STEP 2:** Select a Reporting Option

**STEP 3:** Choose How You'll Participate

**STEP 4:** Select and Perform Your Measures and Activities

**STEP 5:** Verify Your Final Eligibility

**STEP 6:** Submit Your Data

STEP 6

# Submit Your Data

Submit data yourself or with the help of a Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 2 and March 31, 2026. To find a QCDR or Qualified Registry, search for "qualified posting" in the QPP Resource Library.

(Note: Medicare Part B claims quality measures are submitted throughout the performance year.)

**Quality:**

- Sign in to the QPP website and upload a file of your quality measure data.

OR

- Work with a QCDR or Qualified Registry to submit data on your behalf.

OR

- Report quality measures via Medicare Part B claims throughout the performance year.

**Improvement Activities*:**

- Sign in to the QPP website and attest to (check "yes") activity you've performed.

OR

- Sign in to the QPP website and upload a file of your improvement activity data.

OR

- Work with a **QCDR or Qualified Registry** to submit data on your behalf.

*No reporting required for APP framework.

**Now (throughout 2025):**
Medicare Part B Claims Quality Measures (Small Practices Only)

**January 2 – March 31, 2026:**
Everything Else

**Did you know?**

When reporting an **MVP**, you need to include the relevant **MVP identifier** (and **subgroup identifier** if applicable) in your submission.

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STEP 6

# Submit Your Data (Continued)

Submit data yourself or with the help of a QCDR or Qualified Registry, between January 2 and March 31, 2026. To find a QCDR or Qualified Registry, search for "qualified posting" in the QPP Resource Library.

**Promoting Interoperability:**

**Reporting not required.** If you choose to report:

- Sign in to the QPP website and attest to the data required for these measures
  (select yes or no/provide numerator and denominator values).

OR

- Sign in to the QPP website and upload a file of your Promoting Interoperability data.

OR

- Work with a **QCDR or Qualified Registry** to submit data on your behalf.

**Cost:**

**No data submission required.**

- We retrieve your cost data from administrative claims (those you submit to CMS for payment)

**Now (throughout 2025):**
Medicare Part B Claims Quality Measures (Small Practices Only)

**January 2 – March 31, 2026:**
Everything Else

**Did you know?**

When reporting an **MVP**, you need to include the relevant **MVP identifier** (and **subgroup identifier** if applicable) in your submission.

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# What Happens After I Submit My Data?

# Next Steps

### Retain Your Documentation (6 years)

- Save records validating the quality measures you reported and improvement activities you performed.

### Review Your Performance Feedback (Late Summer 2026)

- Sign in to the QPP website to review your performance feedback.
  - Preliminary feedback is available once data is submitted.
  - We anticipate final scores will be released in mid-June 2026 and that payment adjustment information will be in available in mid-July 2026.
  - Submit a targeted review request if you find any scoring errors. Targeted Review closes 30 days after the release of your payment adjustment information.

### Preview Public Reporting Data (Late 2026)

- Sign in to the QPP website to preview your 2025 MIPS performance data for public reporting.

**A Closer Look:**

- Your data will be published on Doctors & Clinicians on the Medicare Care Compare website, formerly known as Physician Compare.
- Looking to explore and download provider data? Visit the data catalog on the CMS website.

### Review Payment Adjustments (January 1 – December 31, 2027)

- Review your claims to see payment adjustments for your 2025 performance applied on a claim-by-claim basis to covered professional services billed in 2027.

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# 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 |
| --- | --- |
| 01/06/2025 | Original Posting. |

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# Appendix

# Appendix A: Final Score Calculation

**2025 Performance Year Redistribution Policies for Small Practices**

We're continuing the performance category redistribution policies for small practices only to **more heavily weight the improvement activities performance category** when other performance categories are reweighted.

**Standard weighting for small practices (Promoting Interoperability automatically reweighted):**

| Quality | Cost | Improvement Activities | Promoting Interoperability |
|---|---|---|---|
|  |  |  |  |
| 40% of MIPS Score | 30% of MIPS Score | 30% of MIPS Score | 0% of MIPS Score |

**When both the cost and the Promoting Interoperability performance categories are reweighted:**

| Quality | Cost | Improvement Activities | Promoting Interoperability |
|---|---|---|---|
|  |  |  |  |
| 50% of MIPS Score | 0% of MIPS Score | 50% of MIPS Score | 0% of MIPS Score |

# Appendix A: Final Score Calculation (Continued)

**2025 Performance Year Redistribution Policies for Small Practices**

**Note:** The following scenarios apply to everyone, not just small practices.

**When both the quality and the Promoting Interoperability performance categories are reweighted:**

| Quality | Cost | Improvement Activities | Promoting Interoperability |
|---|---|---|---|
| 0% of MIPS Score | 50% of MIPS Score | 50% of MIPS Score | 0% of MIPS Score |

**When no performance categories are reweighted (this means you submitted Promoting Interoperability data):**

| Quality | Cost | Improvement Activities | Promoting Interoperability |
|---|---|---|---|
| 30% of MIPS Score | 30% of MIPS Score | 15% of MIPS Score | 25% of MIPS Score |

# Appendix B: Countdown to Data Submission

## JAN-MAR 2025

- ❑ **CHECK CURRENT ELIGIBILITY STATUS**
  Enter 10-digit National Provider Identifier (NPI) in the QPP Participation Status Tool
- ❑ **SELECT REPORTING OPTION**
  Review the 2025 MIPS At-A-Glance Reporting Options for Small Practices
- ❑ **CHOOSE PARTICIPATION OPTION**
  Visit the Participations Options Overview webpage to learn more (individual, group, virtual group*, subgroup**, or APM Entity)
- ❑ **SELECT & PERFORM 2025 PERFROMANCE YEAR (PY) MEASURES & ACTIVITIES (JAN 1 - DEC 31, 2025)**
  - Quality: Select measures & collect data; begin submitting Medicare Part B Claims (PDF, 1MB) now (if applicable)
  - Improvement Activities: Select & perform activities for a continuous 90-day period***
  - Promoting Interoperability: Automatically reweighted to 0% unless data is reported. If, reporting, collect data using an Electronic Health Record (EHR) that meets the certification criteria at 45 CFR 170.315 for 180 continuous days (or more)
  - Cost: CMS collects & evaluates your data***

## APR-JUN 2025

- ❑ **CONTINUE TO PERFORM YOUR QUALITY MEASURES & IMPROVEMENT ACTIVITIES**
  If you use an EHR, review your practice's first quarter quality measure performance rates & adjust, as needed
- ❑ **REGISTER FOR CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) FOR MIPS SURVEY**
  Registration information for groups, subgroups, virtual groups, and APM Entities that would like to administer the CAHPS for MIPS Survey (April 1 – June 30, 2025)
- ❑ **REGISTER FOR MVPs**
  You must register in advance to report an MVP for individuals, groups, subgroups, and APM Entities is open April 1 – December 1, 2025.
- ❑ **2025 MIPS PY EXTREME & UNCONTROLLABLE CIRCUMSTANCES (EUC) EXCEPTION APPLICATION**
  The application is now open and closes December 31

## JUL-SEP 2025

- ❑ **CONTINUE TO PERFORM YOUR QUALITY MEASURES & IMPROVEMENT ACTIVITIES**
  If you use an EHR, review your practice's first and second quarter quality measure performance rates and adjust, as needed
- ❑ **REPORT PROMOTING INTEROPERABILITY DATA (OPTIONAL)**
  If you choose to report Promoting Interoperability data, July 5 is last day to start a 180-day performance period.

Key: *Only available for traditional MIPS **Only available for MVP reporting ***Traditional MIPS and MVP reporting.

# Appendix B: Countdown to Data Submission (Continued)

| OCT-DEC 2025 | JAN-FEB 2026 | MAR 2026 |
|---|---|---|
| ❑ **COMPLETE QUALITY MEASURES AND IMPROVEMENT ACTIVITIES**<br>The last 90-day period to complete improvement activities<br><br>❑ **DEADLINE TO REGISTER FOR AN MVP**<br>December 1, 2025 (For those NOT reporting the CAHPS for MIPS Survey)<br><br>❑ **VERIFY YOUR FINAL ELIGIBILITY STATUS**<br>Check the QPP Participation Status Tool in December 2025 to confirm that you remain eligible for MIPS and a payment adjustment<br><br>❑ **DEADLINE TO SUBMIT 2025 MIPS PERFORMANCE YEAR EUC EXCEPTION APPLICATION**<br>The application closes December 31, 2025, at 8:00 P.M. ET | ❑ **TIME TO SUBMIT 2024 PERFORMANCE YEAR DATA!**<br>Sign in to the QPP website with your HCQIS Access Roles and Profile (HARP) credentials<br><br>Begin submission process early to ensure ample time to address any issues<br><br>❑ **SAVE RECORDS VALIDATING THE QUALITY MEASURES YOU REPORTED AND IMPROVEMENT ACTIVITIES YOU PERFORMED.**<br>Review the 2025 MIPS Data Validation Criteria for more information about the recommended documentation for each improvement activity. | ❑ **LAST DAY TO SUBMIT 2025 PERFORMANCE YEAR DATA**<br>March 31, 2026, @8:00 P.M. ET |

Key: *Only available for traditional MIPS **Only available for MVP reporting ***Traditional MIPS and MVP reporting.