

Quality Payment PROGRAM



Merit-based Incentive Payment System (MIPS)

MIPS Overview Quick Start Guide



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Purpose: This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) 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.

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.



The Merit-based Incentive Payment System

The Merit-based Incentive Payment System (MIPS) is one way to participate in QPP. 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.

The Merit-based Incentive Payment System

If you're eligible for MIPS:

- You report measure and activity data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories.
 - Exceptions to these reporting requirements include your [MIPS reporting option](#), [special status](#), [extreme and uncontrollable circumstances](#), or [hardship exception](#). Detailed information for each performance year will be available in the Traditional MIPS Scoring Guide, APP Scoring Guide, and MIPS Value Pathways Implementation Guide. These resources are updated annually and will be posted to the [QPP Resource Library](#).
- We collect and calculate data for the [cost](#) performance category for you, if applicable.
 - Exceptions include your [MIPS reporting option](#), [participation option](#), [extreme and uncontrollable circumstances](#), and whether or not you meet case minimum for any cost measures.

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](#).



The Merit-based Incentive Payment System (Continued)

If you're eligible for MIPS:

- 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 final score **above** the performance threshold (**75 points** in 2022 – 2025 performance years).
 - **Neutral payment adjustment** for clinicians with a final score **equal to** the performance threshold (**75 points** in 2022 – 2025 performance years).
 - **Negative payment adjustment** for clinicians with a final score **below** the performance threshold (**75 points** in 2022 – 2025 performance years).
- Your MIPS payment adjustment is based on your performance during the performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1 of the payment year.
 - E.g., 2027 is the payment year for the 2025 performance year.

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](#).



Get Started with MIPS in 6 Steps

6 Steps for MIPS Participation



The [Appendix](#) provides a snapshot of the 2024 and 2025 performance year timelines and associated activities.



STEP 1

Check Your Initial Eligibility

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



- Your preliminary eligibility is available at the start of the performance year.
- Your final eligibility will be available in December of the performance year.

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.

Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

For more information about eligibility:

Review the **MIPS Eligibility & Participation User Guide** (found on the [QPP Resource Library](#)) for the applicable performance year.

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 1

Check Your Initial Eligibility (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.

MIPS Eligibility:  **INDIVIDUAL**  **GROUP**

This could change when eligibility data is updated in December of the performance year 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.

MIPS Eligibility:  **INDIVIDUAL**  **GROUP**

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

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 1

Check Your Initial Eligibility (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.

MIPS Eligibility: ☒ INDIVIDUAL ☒ GROUPOpt-in Option: [Opt-in eligible](#) as individual

This could change when eligibility data is updated in December of the performance year 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.

MIPS Eligibility: ☒ INDIVIDUAL ☒ GROUPOpt-in Option: [Opt-in eligible](#) as group

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

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 2

Select a Reporting Option

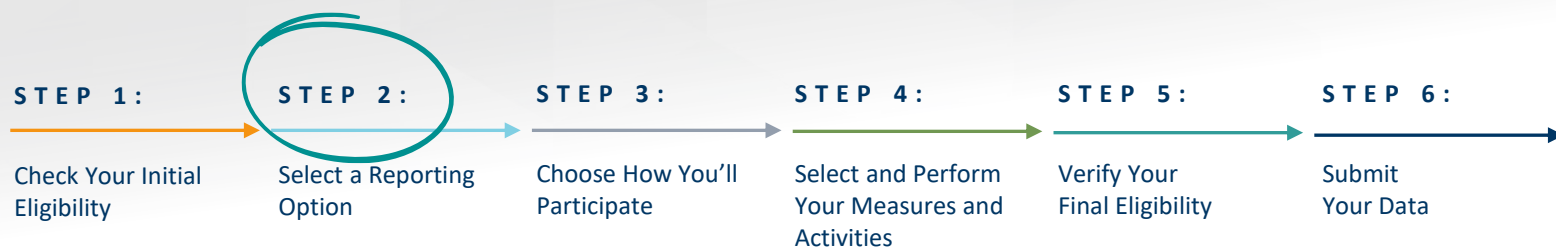
1. [Traditional MIPS](#) is the original MIPS reporting option. You select the quality measures and improvement activities that you'll collect and report from the complete MIPS inventory. You report the complete set of Promoting Interoperability measures and attestations. We collect and calculate data for the cost performance category for you.
2. [MIPS Value Pathways \(MVPs\)](#) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities 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).
→ [Check to see if there's an MVP relevant to your practice.](#)

MIPS APM Participants Only

3. The [Alternative Payment Model \(APM\) Performance Pathway](#), or APP, is a streamlined reporting framework, with specified quality measures, 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.

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.



GET STARTED WITH MIPS IN 6 STEPS

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.
- **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.

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

Quality Payment PROGRAM

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).
- We'll evaluate you on any applicable administrative claims-based measures based on data we collect.

**COST:**

- No measure selection or data submission required.
- We collect and evaluate this data for you.
- Review cost measures.*

**IMPROVEMENT ACTIVITIES:**

- Select 2 improvement activities.*
 - Clinicians with certain special statuses have reduced reporting requirements.
- Perform each activity for a continuous 90-day period in the calendar year (or as indicated in the activity's description).

**PROMOTING INTEROPERABILITY:**

- No measure selection.
- Report complete measure set* for a continuous 180-day period.

*The [Explore Measures & Activities](#) tool is updated each year at the end of January. Make sure you review the [quality measure benchmarks](#) when selecting measures to understand how benchmarks affect scoring. These will also be available in late January of the performance year.

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 4

Select and Perform Your Measures and Activities (Continued)

MVPs

Start by selecting your MVP*. Registration is required and closes November 30 (or the first business day after when November 30 falls on a weekend).

**QUALITY:**

- Select 4 measures within the MVP.
- Collect data for each measure for the 12-month performance period (January 1-December 31).
- We'll evaluate you on a population health measure using data we collect through administrative claims.

**IMPROVEMENT ACTIVITIES:**

- Select 1 improvement activity within the MVP.
- Perform each activity for a continuous 90-day period (or as indicated in the activity's description).

**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.

**PROMOTING INTEROPERABILITY:**

- No measure selection.
- Report complete measure set for a continuous 180-day period.

*The Explore MIPS Value Pathways tool is updated each year at the end of January.

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 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).
 - Shared Savings Program ACOs must report the new APP Plus quality measure set beginning with the 2025 performance year.

AND

- Register for the CAHPS for MIPS Survey measure.
- We'll evaluate you on 2 administrative claims-based measures based on the data we collect.

Learn more about the [APP Quality Requirements](#).



COST:

- Not evaluated under the APP.



IMPROVEMENT ACTIVITIES:

- No reporting required.
- Automatic full credit.



PROMOTING INTEROPERABILITY:

- No measure selection.
- Report complete measure set for a continuous 180-day period.

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 5

Verify Your Final Eligibility

Check the [QPP Participation Status Tool](#) in **late November/early December of the performance year** 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 performance year and eligible to receive a MIPS payment adjustment in the associated payment year.

Note: Your eligibility is preliminary until final eligibility is released at the end of the performance year.

How Do I Check My MIPS Eligibility?

You can check your final eligibility status using the [QPP Participation Status Tool](#) on the QPP website.

Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.

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 Qualified Clinical Data Registry (QCDR) or Qualified Registry, between January 2 and March 31 following the performance year. To find a QCDR or Qualified Registry, search for “qualified posting” for the applicable performance year in the [QPP Resource Library](#).

**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 (small practices only).
- We calculate administrative claims quality measures for you; no data submission required.

**IMPROVEMENT ACTIVITIES:**

- [Sign in to the QPP website](#) and attest to (check “yes”) activities 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.

During the Performance Year: Medicare Part B Claims Quality Measures (Small Practices Only)

January 2 – March 31: 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.

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 (Continued)

Submit data yourself or with the help of a QCDR or Qualified Registry, between January 2 and March 31 following the performance year. To find a QCDR or Qualified Registry, search for “qualified posting” in the [QPP Resource Library](#).

**PROMOTING INTEROPERABILITY:**

- [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)

Did you know?

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

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



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 the MIPS Data Validation Criteria for the appropriate performance year (found on the [QPP Resource Library](#)) for more information about the recommended documentation for each improvement activity.

Review Your Performance Feedback

- [Sign in to the QPP website](#) to review your performance feedback.
 - Preliminary feedback is available as soon as data is.
 - We anticipate final scores will be released in mid-June and that payment adjustment information will be available in mid-July.

Preview Public Reporting Data

- [Sign in to the QPP website](#) to preview your 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)

- Review your claims to see payment adjustments applied on a claim-by-claim basis to covered professional services billed in the payment year.
- The payment year is the 2nd year after the performance year.
Example. Your 2025 final score will determine your payment adjustments in 2027.



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.

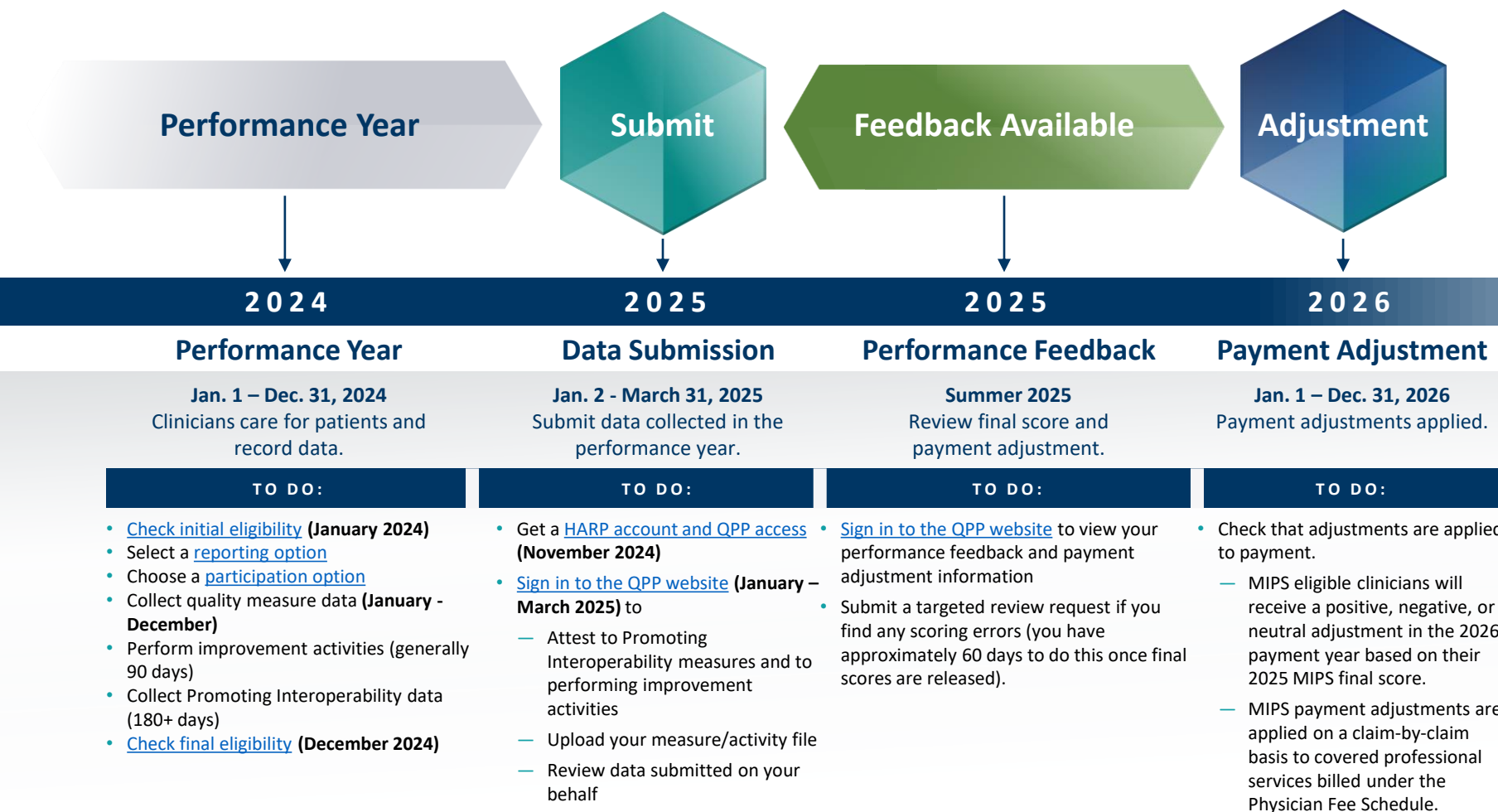
DATE	DESCRIPTION
01/06/2025	Original Posting.

Appendix

Appendix: 2024 Performance Year Timeline



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



Appendix: 2025 Performance Year Timeline



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

