Quality Payment
PROGRAM



2025 Merit-based Incentive Payment System (MIPS) Performance Feedback FAQs

Purpose

This document answers key questions (with supporting screenshots) about the MIPS performance feedback experience now available.

- These FAQs are intended to help you navigate the information in your performance feedback.
- **This resource doesn't provide detailed information about MIPS reporting requirements and scoring.**

Review the following resources on the Quality Payment Program (QPP) Resource Library for detailed scoring information:

- 2025 Traditional MIPS Scoring Guide (PDF)
- 2025 MVPs Implementation Guide (PDF)
- **2025 APP Scoring Guide**, available in the 2025 APP Toolkit (ZIP)
- 2025 Facility-based Quick Start Guide (PDF)

PLEASE NOTE: Third party representatives such as **Qualified Clinical Data Registries (QCDRs) and Qualified Registries can't access your performance feedback.**

DISCLAIMER: All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

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Fast Facts About Performance Feedback

What Is Performance Feedback?

Performance feedback is a summary of the data you've submitted to us and that we collected on your behalf. Final performance feedback includes:

- Performance category-level scores and weights.
- Bonus points and improvement scoring.
- Measure-level performance data and scores.
- Activity-level scores.
- Payment adjustment information (available approximately one month after final scores are released).
- Supplemental reports on administrative claims quality and cost measures.
  - Learn more in the 2025 MIPS Performance Feedback: Supplemental Reports Guide (PDF).
- Comparative quality and cost feedback (MVP reporting only).

Who Can Access MIPS Performance Feedback and Payment Adjustment Information?

MIPS performance feedback is accessible to clinicians and authorized representatives of practices, virtual groups, and APM Entities (including Shared Savings Program Accountable Care Organizations [ACOs]), whether they reported traditional MIPS, a MIPS Value Pathway (MVP), or the APM Performance Pathway (APP).

- **Practice representatives** with the QPP Staff User or Security Official role can view MIPS final scores and payment adjustments from **individual, group, and subgroup participation**.
- **APM Entity representatives** with the QPP Staff User or Security Official role can view the MIPS final score and payment adjustment for their APM Entity.
  - If you're a Medicare Shared Savings Program (Shared Savings Program) ACO's QPP Security Official or QPP Staff User contact in the ACO Management System (ACO-MS), then you can view the ACO's MIPS final score by signing in to the QPP website using your ACO-MS username and password.
- **Virtual group representatives** with the QPP Staff User or Security Official role can view the MIPS final score and payment adjustment from virtual group participation.
- **Individual clinicians** with the QPP Clinician role can view their MIPS final score and payment adjustment from individual, group, subgroup, virtual group, or APM Entity participation.

Please review Appendix C for more information about what you can and can't view in performance feedback, based on your permissions and access.

REMINDER: Third party representatives such as **Qualified Clinical Data Registries (QCDRs) and Qualified Registries can't access your performance feedback.**

How Do I Access Performance Feedback?

1. Sign in to the Quality Payment Program website.
2. Click "**View PY 2025 Final Performance Feedback**" on the home page or select "Performance Feedback" from the left-hand navigation bar.
3. Select your organization (Practice, APM Entity, Virtual Group).
   a. Practice representatives can access individual, group, and subgroup feedback through the practice organization.

General Questions

Can I Download Feedback Reports?

Yes, you can print performance feedback using the **Print** button accessible on each page within performance feedback. (This feature uses your browser's native print functionality.) You can also download a spreadsheet with your submitted data (submission.csv), even if it didn't count towards your final score.

How Can I Learn More about 2025 MIPS Reporting Requirements and Scoring?

These FAQs are intended to help you navigate your performance feedback. This resource doesn't provide detailed information about MIPS reporting requirements and scoring. Review the following resources on the QPP Resource Library for detailed information:

- 2025 Traditional MIPS Scoring Guide (PDF)
- 2025 MVPs Implementation Guide (PDF)
- **2025 APP Scoring Guide**, available in the 2025 APP Toolkit (ZIP)
- 2025 Facility-based Quick Start Guide (PDF)

What if We Find an Error with our Payment Adjustment/Performance Feedback?

If you believe an error has been made in your final score, you have approximately 60 days to request a targeted review. **The 2025 targeted review period will close on November 30, 2026, at 8 p.m. ET.**

What's a Targeted Review?

A targeted review is a process through which QPP participants can request that the Centers for Medicare & Medicaid Services (CMS) review the calculation of their MIPS payment adjustment factor. For more information on the targeted review process, please review the 2025 Targeted Review User Guide (PDF).

We continue to listen to you and make improvements to the system based on your feedback.

All screenshots include fictitious patients and organizations. Screenshots were captured from a test environment, so there may be slight variations between the screenshots included in this guide (including dates) and the user interface in the production system.

Contact the QPP Service Center if you have questions about a discrepancy.

Accessing Final Score (Performance Feedback)

Before You Begin

If you don't already have a Health Care Quality Information Systems (HCQIS) Authorized Roles and Profile (HARP) account or access to your organization on QPP website, you'll need to create an account, request access, and wait to be approved.

- More information is available in the QPP Access User Guide (ZIP).

Please note that due to a mandatory federal-wide security update, you'll need a CMS-supported version of Microsoft Edge or Chrome to access the QPP website. You may encounter errors if you use a different web browser.

- **Please update your browser to the latest version of Microsoft Edge or Chrome.**

How Can I Access My/Our MIPS Performance Feedback?

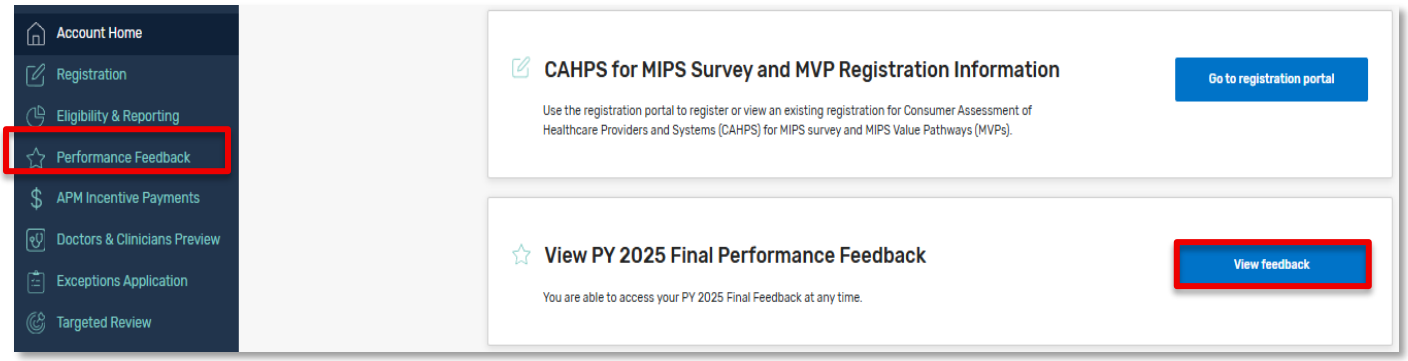
You can access your performance feedback through the QPP website by signing in with the same credentials that allowed you to submit and view data during the submission period.

- Please note that if you are a **Shared Savings Program ACO's** QPP Security Official or QPP Staff User contact in the ACO Management System (ACO-MS), then you can view performance feedback by signing in to the QPP website using your ACO-MS username and password.
- For guidance on how to add the QPP Security Official and QPP Staff User contacts to an ACO in ACO-MS, please refer to the ACO-MS User Access and ACO Contents Tip Sheet.

If you don't have an account or role for your organization, refer to the QPP Access User Guide (ZIP) for information on creating an account and requesting a role for your organization.

See Appendix C for more information about what you can and can't view in performance feedback based on your credentials.

After signing in, select **View Feedback** or **Performance Feedback** in the left-hand navigation pane.



I'm a Clinician. What's the Best Way for Me to Access My Performance Feedback?

The **Clinician role** will let you view your performance feedback for all your associated practices without requesting access to each practice or gaining access to information about other clinicians in your practice.

If you're a clinician in a MIPS APM, this role also lets you directly access performance feedback based on your APM Entity's reporting via traditional MIPS, an MVP, and/or the APP.

Please review the **Register for a HARP Account** and **Connect as a Clinician** documents in the QPP Access User Guide (ZIP).

Can Third Party Intermediaries Access Performance Feedback?

Only authorized practice (or virtual group or APM Entity) representatives can access performance feedback. CMS doesn't grant direct access to performance feedback for third party intermediaries (QCDRs and Qualified Registries) because it contains sensitive information, including payment and patient information.

Third party intermediaries with an account and a role for their Registry (or QCDR) organization can still access their dashboard and view the measures and activities they submitted on behalf of their clients, and the related scoring information. However, they **can't access**:

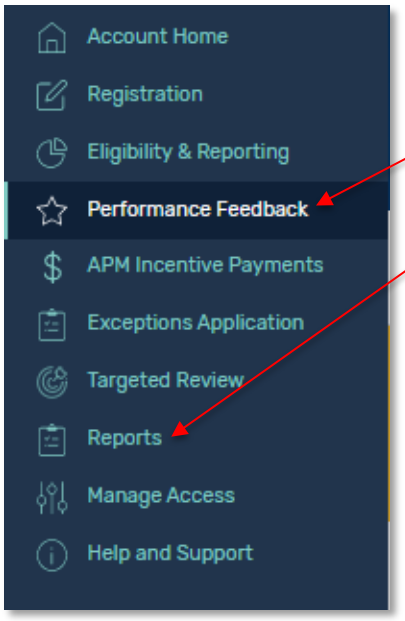
- Data submitted directly by their client or by another third party intermediary.
- Quality or cost measures that CMS calculates from administrative claims.
- Supplemental (including patient-level) reports for administrative claims measures.
- Final score and payment adjustment information.

To view their clients' performance feedback, third party intermediaries need to submit a request for a role for each practice (identified by Taxpayer Identification Number, or TIN), virtual group, or APM Entity they represent.

- The Security Official for each organization will decide whether to approve the request.
- If approved, the third party intermediary is authorized to access performance feedback and all other information available for the organization once signed into the QPP website.

What's the Difference Between the Performance Feedback and Reports Tabs?

Some users may notice the **Reports** tab in their left-hand navigation panel.



You'll access your 2025 MIPS performance feedback through the **Performance Feedback** tab.

The **Reports** tab is where some users will find:

- 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey Detail Reports.
- Historical CMS Web Interface reports for groups and APM Entities that have reported quality measures through the CMS Web Interface in previous years.
- Historical payment adjustment reports.
- Quarterly Items & Services data (learn more in Items and Services FAQs)

Navigating Into Performance Feedback and Frequently Asked Questions

Click the hyperlinked organization type in the table below that corresponds to your role and needs.

Organization Type	Details
Practice Representative	Screenshots for accessing performance feedback and frequently asked questions related to **individual**, **group**, and **subgroup** participation. • Applicable to users with the Staff or Security Official QPP Role for the practice, identified by TIN
APM Entity (Including Shared Savings Program ACOs)	Screenshots for accessing performance feedback and frequently asked questions related to APM Entity participation. • Applicable to users with the Staff or Security Official QPP Role for the APM Entity, identified by APM Entity ID
Individual Clinician	Screenshots for accessing performance feedback and frequently asked questions related to individual, group, and subgroup participation. • Applicable to clinicians, identified by NPI, with the QPP Clinician Role
Virtual Group	Screenshots for accessing performance feedback and frequently asked questions related to virtual group participation. • Applicable to users with the Staff or Security Official QPP Role for the virtual group, identified by Virtual Group ID

Navigating Into Performance Feedback: Practice Representatives

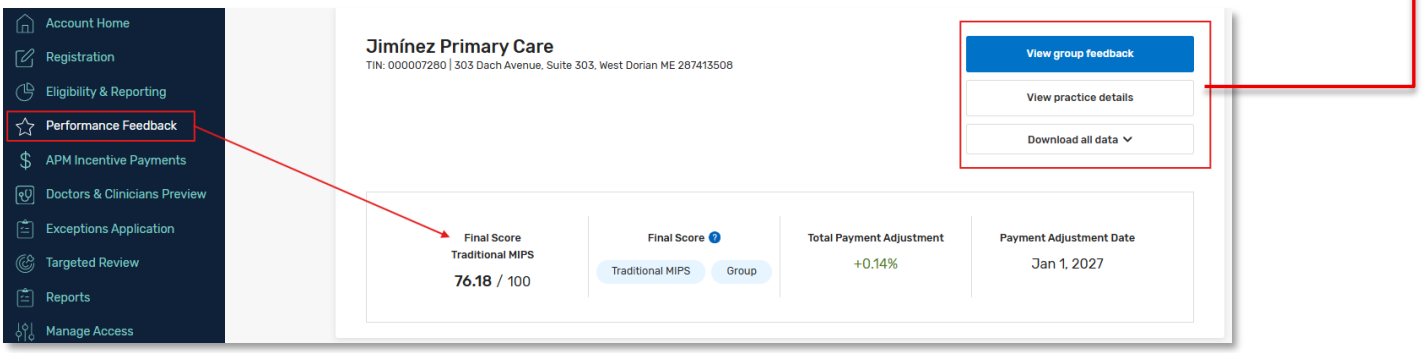
This section assumes you have either the QPP Staff User or QPP Security Official role for a **Practice** organization. (This is distinct from access to a virtual group and/or APM Entity organization.)

Practice representatives can view feedback for the group (if the practice participated as a group), individual clinicians, and subgroups (if any clinicians in the practice registered to report an MVP as a subgroup).

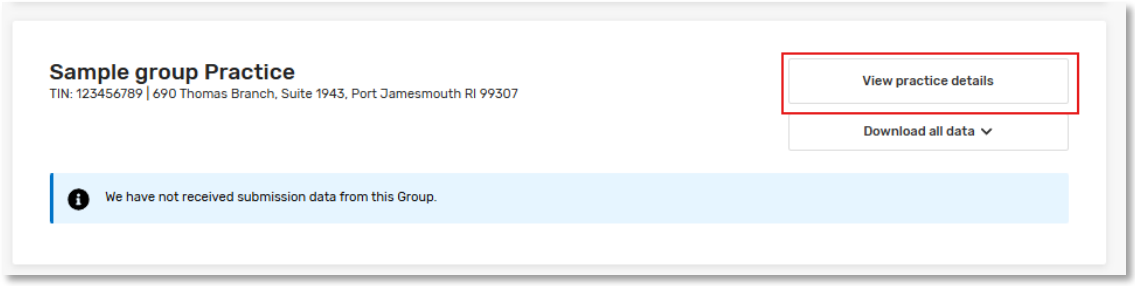
Performance Feedback Landing Page

If your practice reported as a group, you'll see a reporting summary of the group-level performance feedback for your practice once you select Performance Feedback. Please note, this only reflects the scores and associated payment adjustment from group reporting.

- Select **View group feedback** to access group-level performance feedback (aggregated data submitted on behalf of all clinicians in the practice).
- Select **View practice details** to access clinician-level performance feedback (data submitted on behalf of a single clinician in the practice) and subgroup-level l performance feedback (aggregated data submitted on behalf of a subset of clinicians in the practice that you identified in your MVP and subgroup registration).
- Select **Download all data** to access CSV files with your practice's data without accessing feedback details.



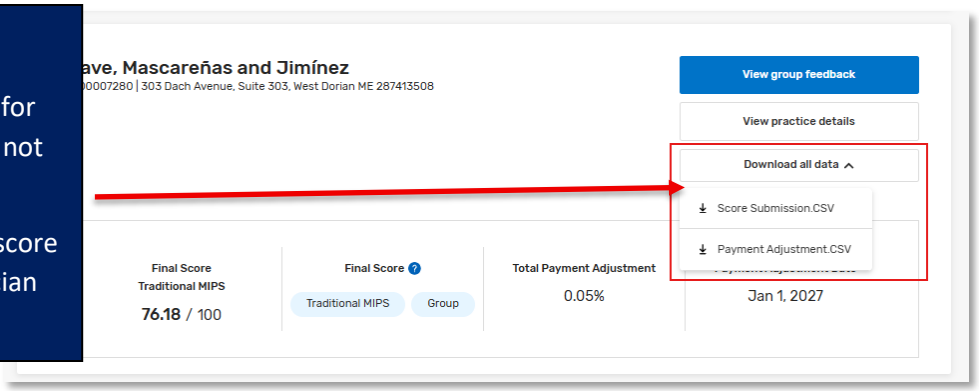
If your practice didn't report as a group, you may see an alert that we didn't receive submission data from the group, even if you submitted data at the individual or subgroup level.



Downloadable File Details

You can download 2 files from this page:

- **Score Submission CSV:** Data submitted for your entire practice, which may or may not contribute to your final score.
- **Payment Adjustments CSV:** MIPS final score and payment adjustment for each clinician in the practice.

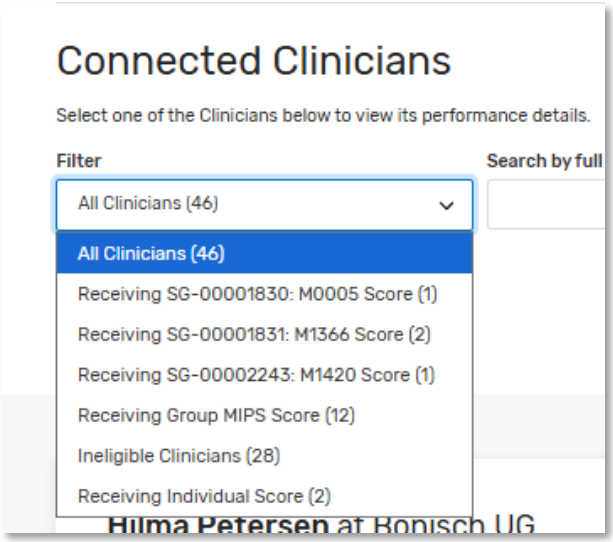


Practice Details

Under **Connected Clinicians**, you can access a list of clinicians in the practice, with a summary of the final score and payment adjustment attributed to each.

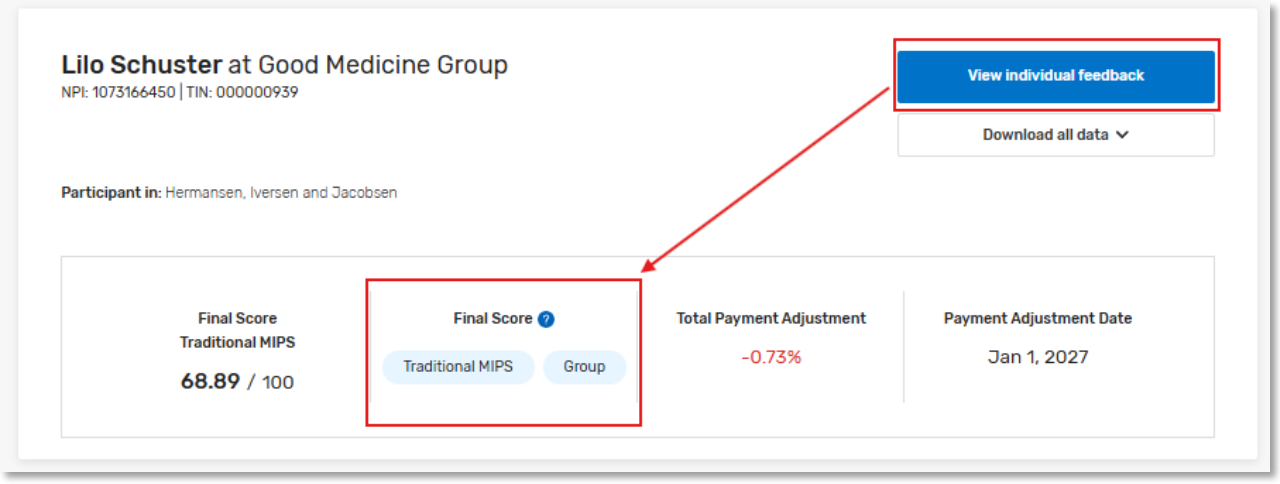
You can also filter this list by the reporting and participation options the practice implemented to show which final score clinicians are receiving.

- The more ways that your practice reported data (multiple participation options and reporting options), the more options that will appear in this list:



When you select **View individual feedback,** you will see the details associated with their final score. In the screenshot below, the clinician's final score comes from group reporting (traditional MIPS).

- Selecting **View individual feedback** will take you to the details of the group's score.

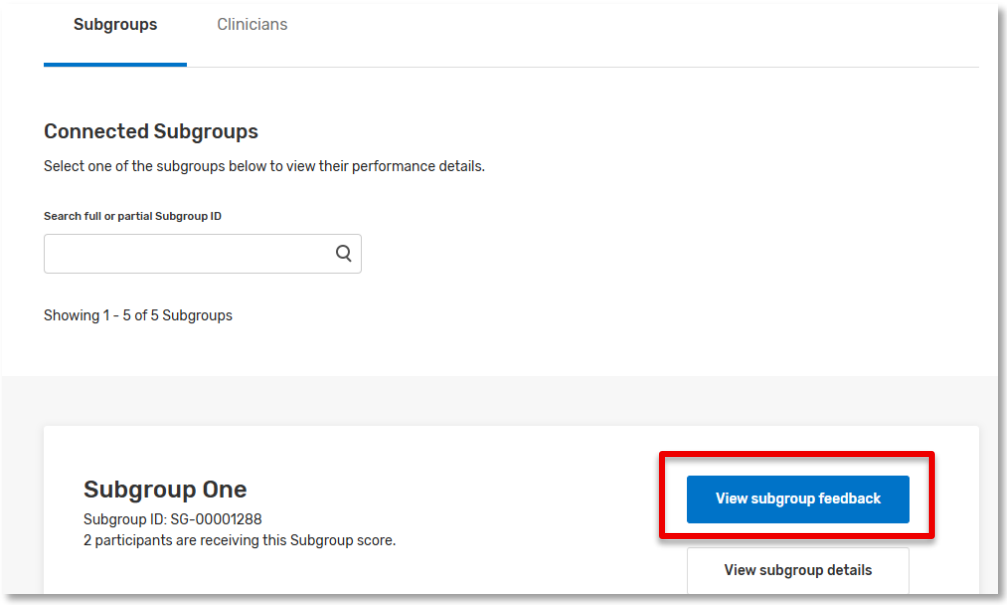


Please note that you won't see information about final scores from virtual group or APM Entity participation.

Subgroup Feedback

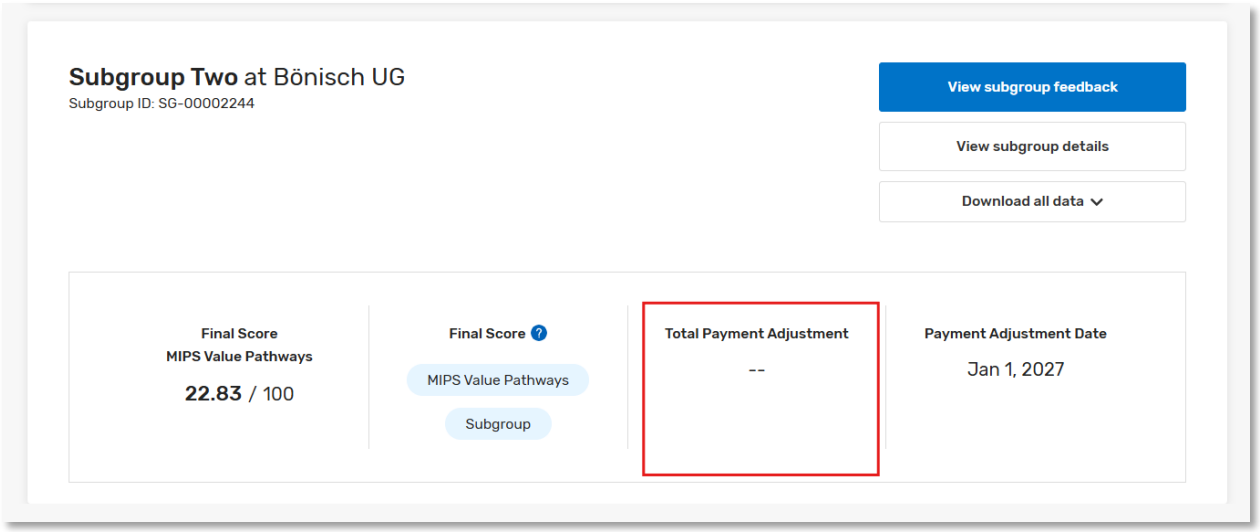
If any clinicians in the practice registered to report an MVP as a subgroup, you'll see the subgroup(s) listed under **Connected Subgroups**.

- Select **View subgroup feedback** to the right of the subgroup name to access performance feedback based on **subgroup participation** (aggregated data submitted on behalf of the clinicians in the subgroup).
- Select **View subgroup details** to view a list of the clinicians included in the subgroup's registration.
- Select **Download Data** – and choose "Score Submission.CSV" – for a list of all data submitted by the subgroup.



Note: The **Total Payment Adjustment** will display as "--" if none of the clinicians in the subgroup are receiving the payment adjust associated with the subgroup's final score.

This means every clinician in the subgroup received a final score from individual or group participation (i.e., the subgroup score was lower than the group and individual scores).



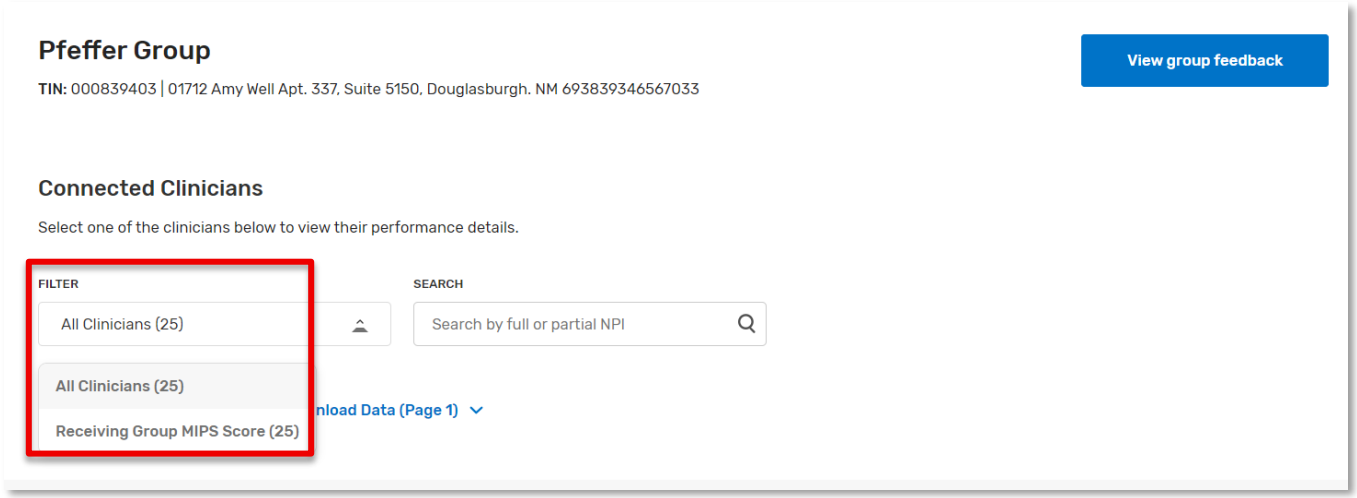
Continue with these Frequently Asked Questions or skip ahead to the Final Score Overview section.

Our Practice Participated in Multiple Ways. Can I Easily See Which Final Score Was Attributed to the Clinicians in Our Practice?

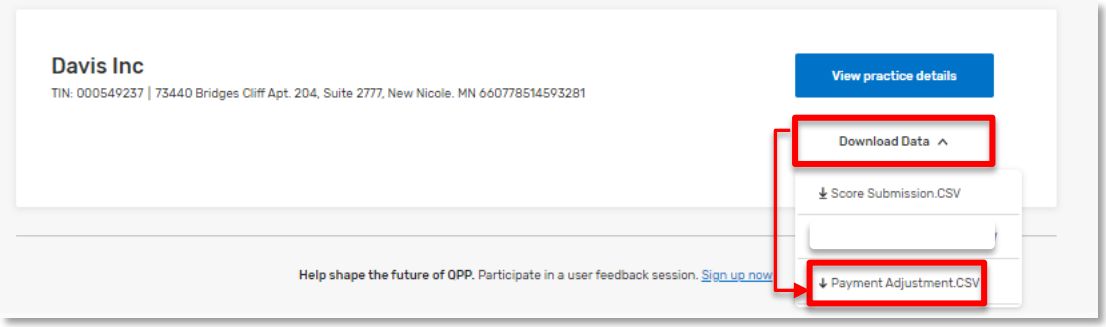
Yes, there are 2 ways to do this:

1. **Under Connected Clinicians** on the "Practice Details" page, you can filter your clinicians by the final scores attributed to the clinicians in your practice based on the reporting and participation options your practice implemented.

In the screenshot below, all MIPS eligible clinicians are getting the group's traditional MIPS score. However, there would be additional options in the filter if any clinicians had received their final score from individual traditional MIPS reporting, individual MVP reporting, or subgroup MVP reporting.



2. Before you get into the "Practice Details," you can **download the Payment Adjustment CSV** to see the final score, performance category scores, and associated payment adjustment earned by each clinician in the group.



Our Practice Didn't Participate/Submit Data as a Group or Subgroup. What Will We See in Performance Feedback?

If your practice didn't submit data as a group or subgroup for the 2025 performance year, you'll see a message indicating that your clinicians only reported as individuals.

You can **View Individual Feedback** for each connected clinician.

We'll also make administrative claims quality measure scores available for informational purposes if they can be calculated.

What's a "Connected Clinician" and Who's Included in This List?

Connected clinicians are all clinicians, identified by their NPI, who are associated with your practice (TIN) through Medicare Part B claims billed October 1, 2024 – September 30, 2025, regardless of their individual MIPS eligibility. Your connected clinicians are displayed on the Practice Details page of performance feedback and can also be accessed through the Connected Clinicians List CSV download on the **Practice Details** page.

- Clinicians who started billing claims under your TIN for services furnished on or after October 1, 2025, through December 31, 2025, will appear in the Payment Adjustment CSV.

Can I Access a List of the Clinicians Participating in the Subgroups in Our Practice?

Yes. You can access a list of clinicians associated with each subgroup in the practice. Select **View Subgroup Details** next to each subgroup name.

Our Practice Includes Clinicians Who Participated in a MIPS APM. What Performance Feedback Will We See?

When you sign in with practice credentials, you're able to view final scores based on the data your practice submitted to QPP at the group, subgroup, or individual level. You **won't** be able to view final scores for the APM Entity (or virtual group, if applicable).

We Participate in a Virtual Group. Why Don't I See Our Performance Feedback?

Representatives of solo practitioners and practices participating in a virtual group must have a Staff User role connected to the virtual group to access the virtual group's performance feedback. These permissions are different than the ones that let you access information specific to your practice. Please review the **Connect to an Organization** document in the QPP Access User Guide (ZIP).

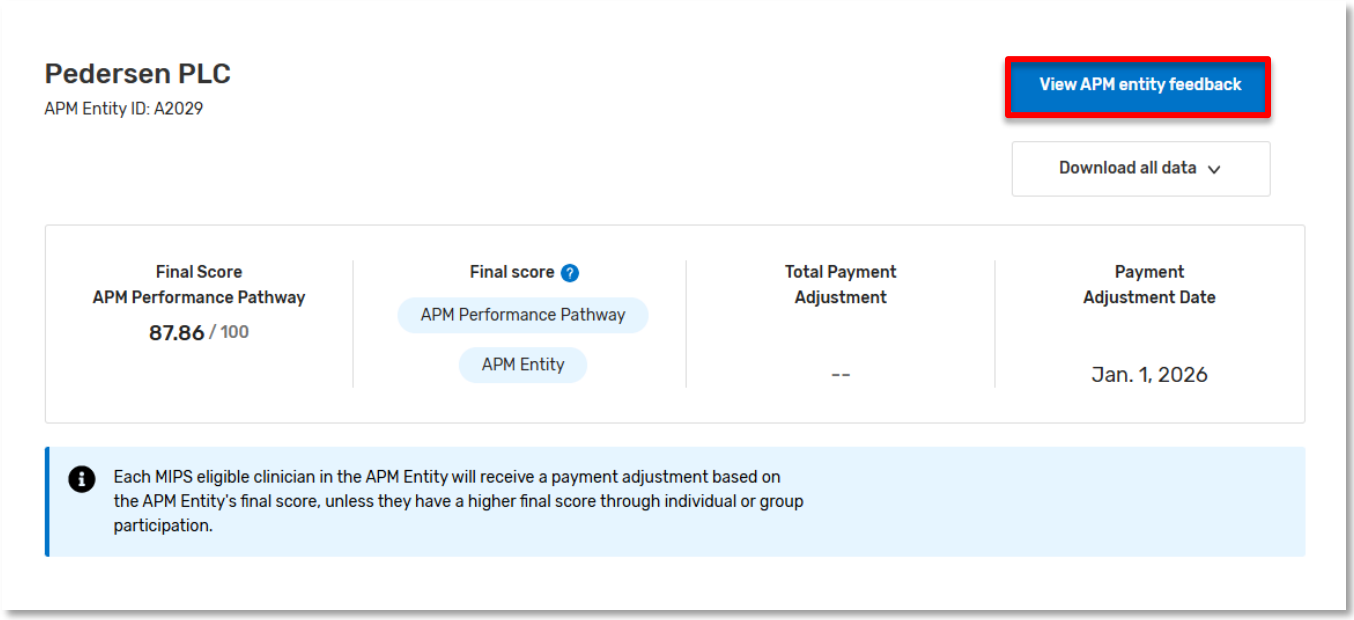
Any data submitted by individual clinicians, solo practitioners, or TINs within the virtual group will be considered voluntary and not eligible for a payment adjustment.

Continue on to Navigating as an APM Entity Representative, or skip ahead to the Final Score Overview section.

Navigating Into Performance Feedback: APM Entity Representatives

This section assumes you have either the QPP Staff User or the QPP Security Official role for an **APM Entity** organization. (This is distinct from access to a practice and/or virtual group organization.)

Select **View APM Entity Feedback** to access APM Entity-level performance feedback.

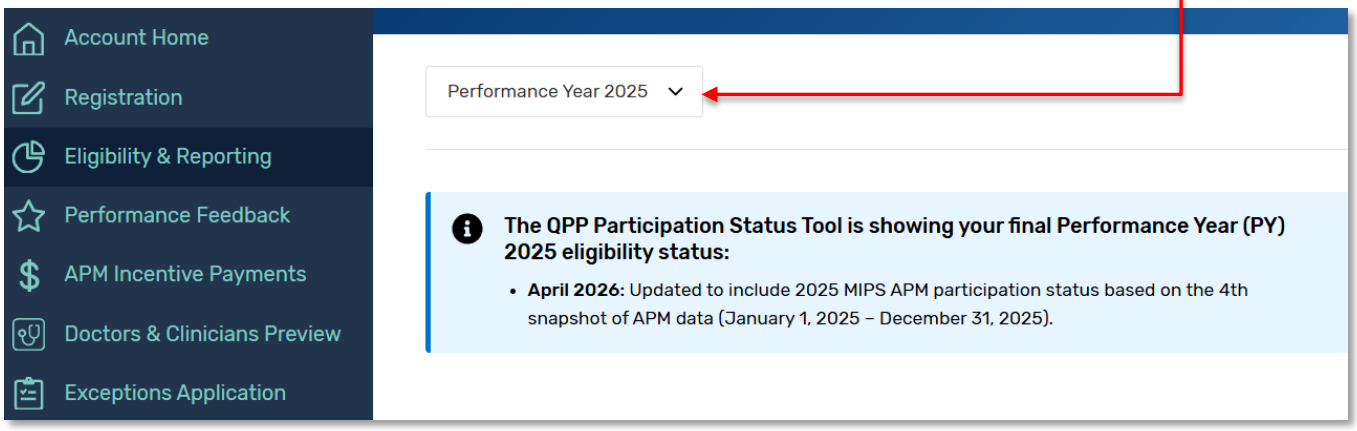


Continue with these Frequently Asked Questions or skip ahead to the Final Score Overview section.

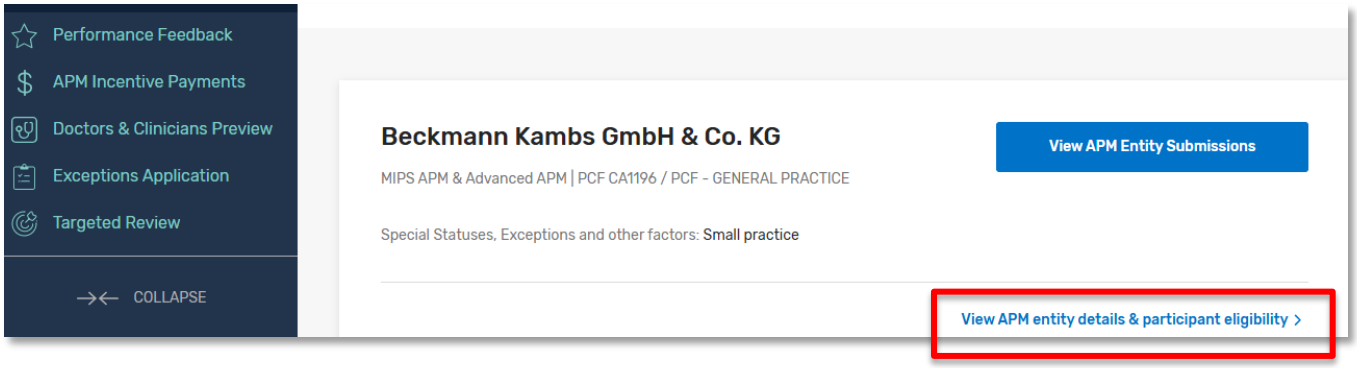
Can We Access a List of the Clinicians Associated with Our APM Entity?

Yes. You can download this list by clicking "**View Participant Eligibility**" from the **Eligibility & Reporting** tab.

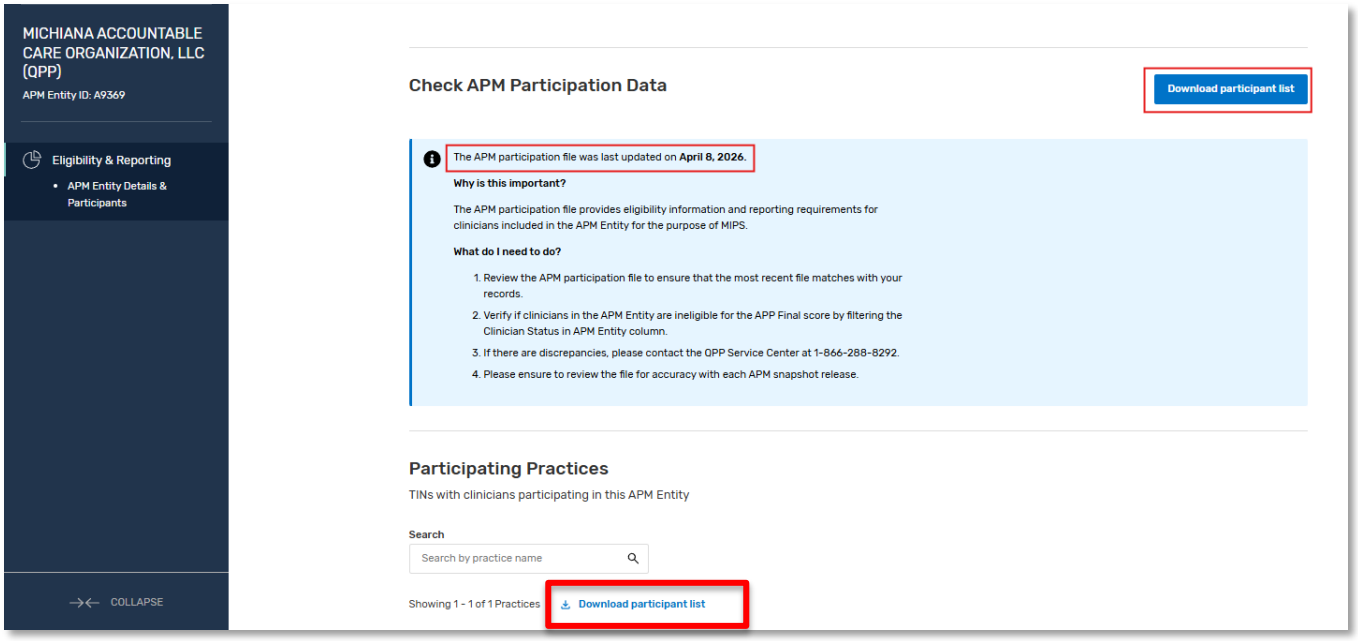
- It will default to Performance Year 2026.
- **You'll need to change the selection in the drop-down to Performance Year 2025.**



From here, you'll select **View APM entity details & participant eligibility**.



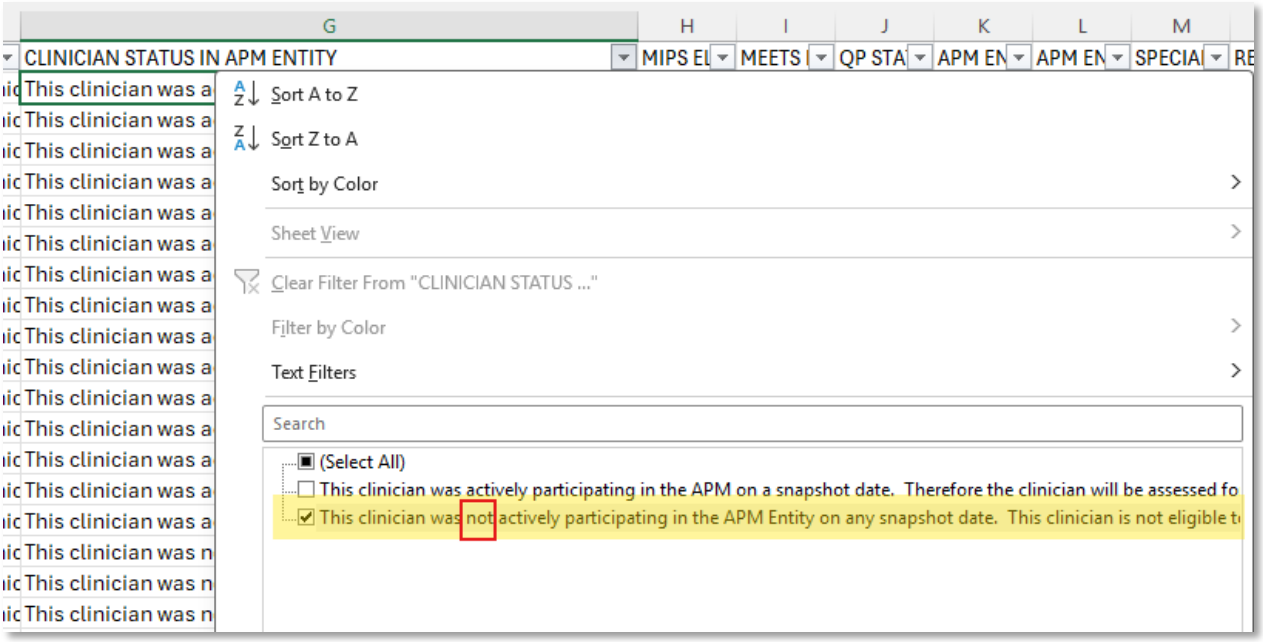
Once you land on the APM Entity Details & Participants screen, you can click **Download Participant List** for a list of all participating practices and clinicians associated with the APM Entity.



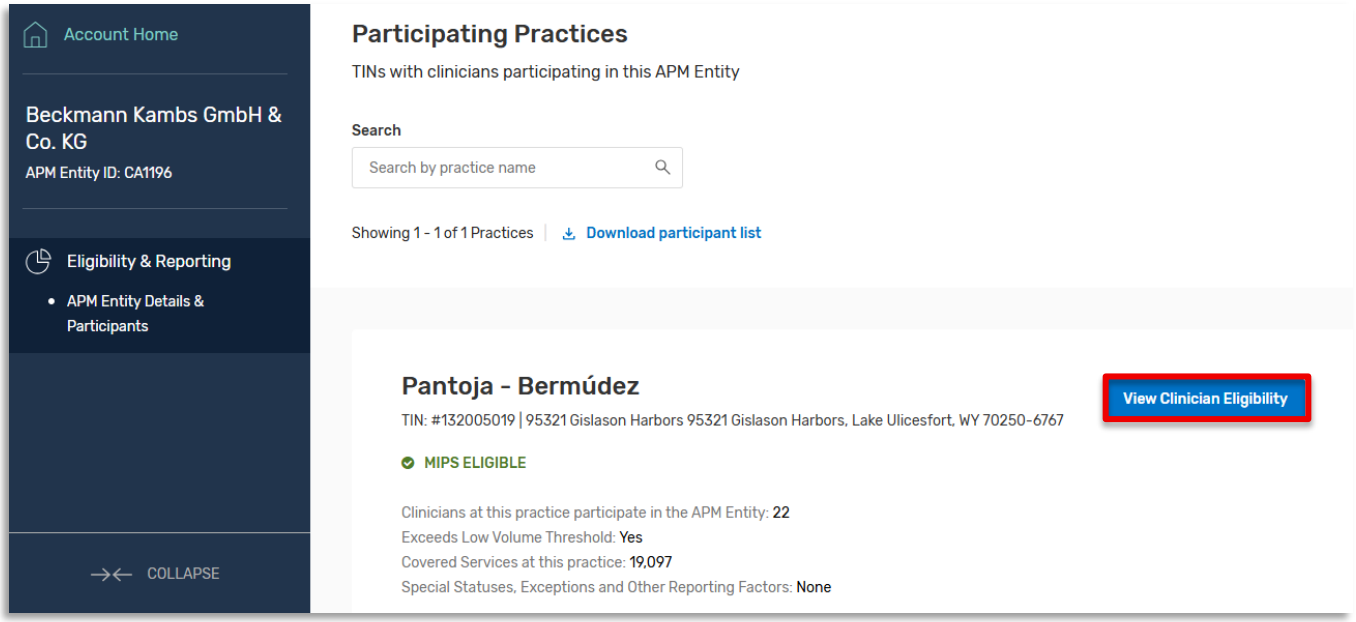
Important: Make sure to filter column G – "Clinician Status in APM Entity" – by the following:

- "This clinician was **not** actively participating in the APM Entity on any snapshot date. This clinician is not eligible to report via the APP and will not be included in QP determinations. This clinician must report through traditional MIPS, unless otherwise exempt."

MIPS eligible clinicians with this status aren't eligible to receive the APM Entity's final score or the associated payment adjustment.



You can also click "**View Clinician Eligibility**" for any of the participating practices to view the clinicians within that practice.



What Should We Expect to See in Feedback?

Users with access to the APM Entity (i.e., a Staff User or Security Official role for the APM Entity organization) will be able to view:

- The APM Entity's final score.
- Performance category scores (quality, improvement activities, Promoting Interoperability, as applicable).
- A report of the individual and/or group Promoting Interoperability performance category scores that contributed to the APM Entity's Promoting Interoperability score.
- Measure-level scoring for quality measures reported by the APM Entity.

Can Individual Clinicians View Our APM Entity Feedback?

Yes. Individual clinicians in the APM Entity can view their final score from the APM Entity if they have the clinician role **or** if they have been approved as a staff user for the APM Entity.

Representatives of Shared Savings Program ACO Participant TINs and practices with clinicians receiving their APM Entity's final score **won't** be able to access the APM Entity's performance feedback unless they have been approved as a staff user for the APM Entity.

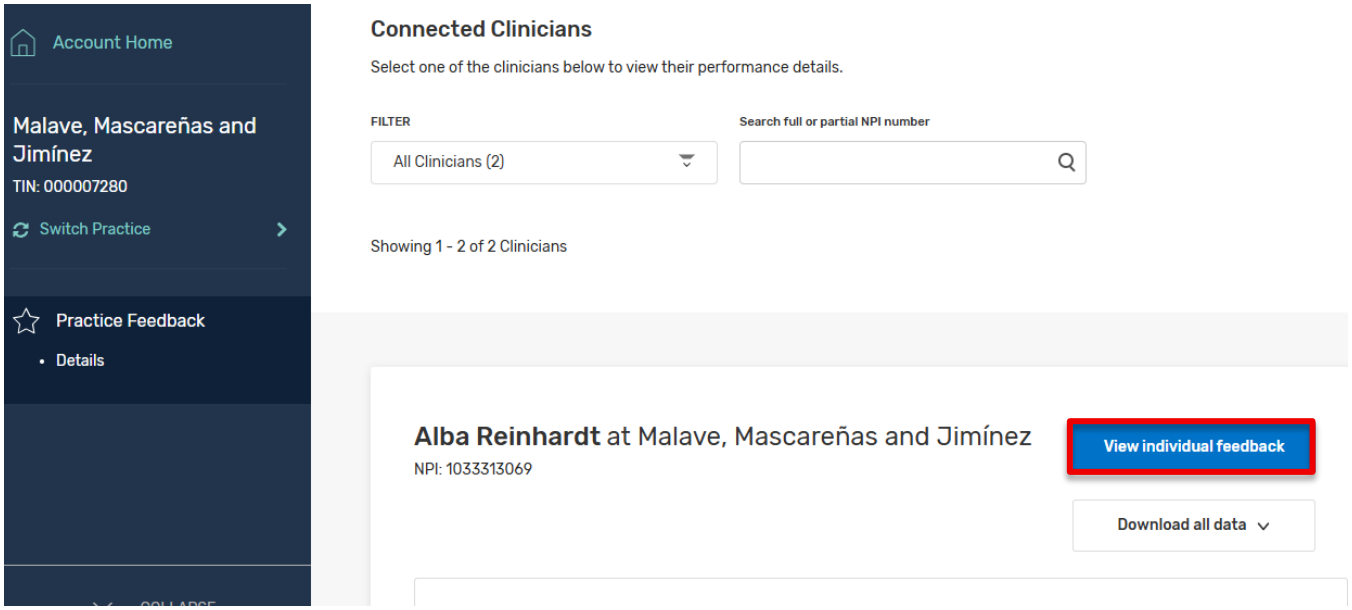
Continue on to Navigating as an Individual Clinician, or skip ahead to the Final Score Overview section.

Navigating Into Performance Feedback: Individual Clinicians

Note: This section assumes you're a clinician with the Clinician role. (This is different from the QPP Staff User role for a practice, APM Entity, or virtual group organization).

You'll see a list of all your associated organizations (practices, APM Entities, and virtual groups).

Select **View Individual Feedback** to access your performance feedback associated with this organization. Your feedback at an organization may be based on individual, group, or MIPS APM participation.



Continue with these Frequently Asked Questions or skip ahead to the Final Score Overview section.

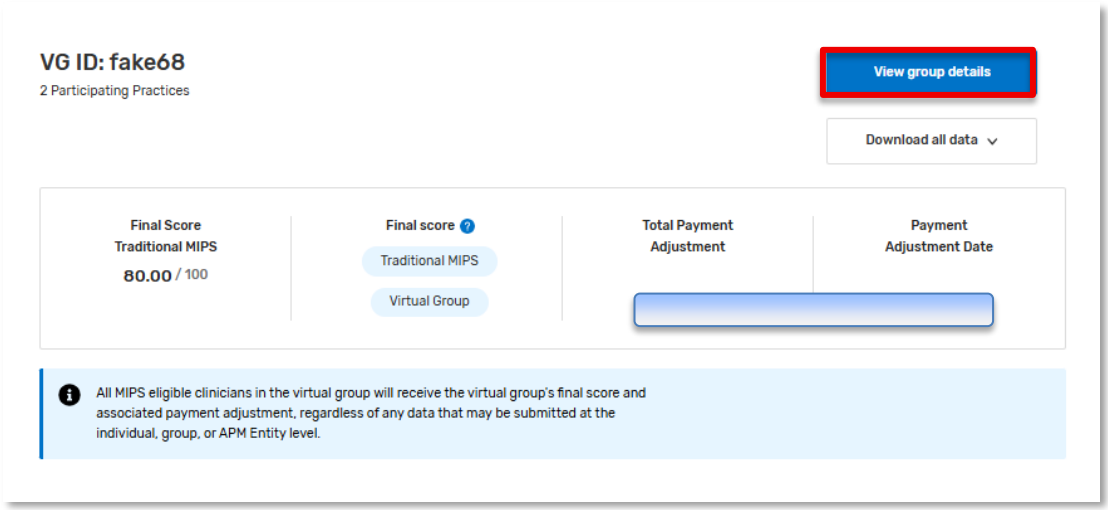
How Do I Identify My Associated Organizations in Performance Feedback?

You should see the same associations on the **Performance Feedback** tab as you see for the 2025 performance year in the QPP Participation Status Tool or on the Eligibility & Reporting page when you sign in to the QPP website. Click "**View Individual Feedback**" to view your final score as well as any individual data submitted on your behalf.

Navigating Into Performance Feedback: Virtual Group Representatives

This section assumes that you have either the QPP Staff User or the QPP Security Official role for a **Virtual Group** organization. (This is distinct from access to a practice and/or APM Entity organization.)

Select **View Group Details** to access virtual group-level performance feedback.

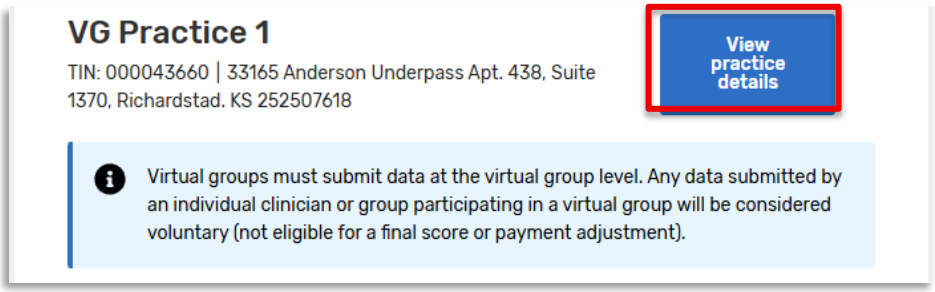


Can the Practices and/or Solo Practitioners Who Participate in Our Virtual Group Access Our Performance Feedback?

Yes, but only if they have an approved Staff User role for your virtual group. This means they are connected to your virtual group organization and requested the Staff User role; these permissions are different than the ones that let them access information specific to their practice. For more information, review the **Connect to an Organization** document in the QPP Access User Guide (ZIP).

Can I Access a List of the Clinicians Participating in Our Virtual Group?

Yes. You can access a list of clinicians associated with each practice in the virtual group. Select **View practice details** next to each practice name.



We Have Clinicians in Our Virtual Group Who Participate in a MIPS APM. What Kind of Performance Feedback Will We See?

You'll see performance feedback based on the data you submitted to QPP at the virtual group level. Please note that clinicians participating in a virtual group will always get the virtual group's final score, even if they also participate in a MIPS APM.

Overview: Final Score and Payment Adjustment

When you navigate into feedback, you'll land on the **Overview** page. From here, you can view:

- Your final score.
- Your score and the weight for each MIPS performance category.
- Your payment adjustment information once available. (Payment adjustments are released approximately one month after final scores; we'll send an announcement through the QPP listserv once payment adjustments are available in your performance feedback.)

How Is Our Final Score Determined?

Your final score is the sum of your performance category scores, and any points awarded for the complex patient bonus.

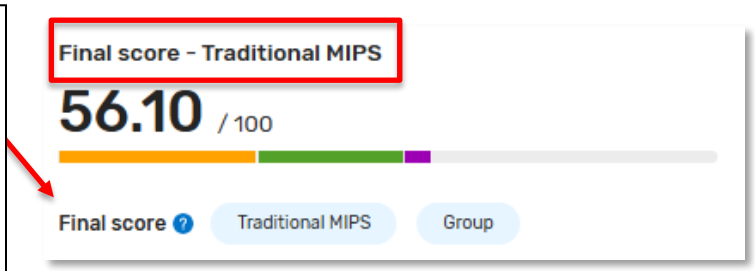
Your final score is associated with a MIPS reporting option and participation option.

The Final Score card will identify both.

There are 3 MIPS reporting options:

- Traditional MIPS*
- APM Performance Pathway (APP)
- MIPS Value Pathways (MVPs).

***Facility-based clinicians and groups** are eligible to receive quality and cost scores in traditional MIPS based on their facility's Total Performance Score in the Hospital Value-Based Purchasing Program. These clinicians and groups will see their final score attributed to "Facility-based." You can learn more about facility-based scoring in the 2025 Facility-Based Quick Start Guide (PDF).





If a clinician participated in MIPS multiple ways — for example, your practice reported traditional MIPS at the group level, and the clinician also reported an MVP as an individual — we'll assign the highest score that could be attributed to the clinician under that TIN/NPI combination.

Can I always see the highest score for my clinicians?

No, it depends on the organizations you have permission to view.

- **Users with access to an APM Entity** can only access performance feedback and the final score for the APM Entity. They won't see if the participating clinicians have a higher score from individual or group participation.
- **Users with access to a practice (TIN)** can only access performance feedback and the final scores from individual, group, and subgroup participation. They won't see if clinicians have a higher score from APM Entity or virtual group participation.

We Participated in Multiple Ways. How Did You Determine Which Final Score and Payment Adjustment to Attribute to Our Clinicians?

While clinicians can participate in multiple ways under a single TIN/NPI combination, they'll only have one final score and associated payment adjustment under that TIN/NPI combination.

When a clinician has multiple final scores that can be attributed to their TIN/NPI combination, we apply the following hierarchy when determining which final score will determine payment adjustments:

Scenario	Final Score Used to Determine Payment Adjustments
TIN/NPI is part of a virtual group and reported as an individual, group, subgroup, and/or APM Entity.	Virtual group's final score. (All other reporting is considered voluntary.)
TIN/NPI has a score from individual, group, subgroup and/or APM Entity reporting.	The highest of these final scores, from either APM Entity, group, subgroup, or individual reporting.

For group, subgroup, virtual group and MIPS APM participation, **MIPS eligible clinicians** include clinicians who didn't exceed the low-volume threshold as individuals but are otherwise eligible MIPS based on:

- Clinician type/ specialty
- Medicare enrollment date
- Not reaching QP thresholds if they're in an Advanced APM

We Reported an MVP and Traditional MIPS, but I Only See My Performance Data for Traditional MIPS. Why Can't I Find My MVP Feedback?

There are 2 reasons why you may not see your MVP data listed with your final score.

1. To report an MVP, you needed to register in advance AND your data must have included the correct MVP identifier.
    a. You wouldn't have been able to submit data with an MVP identifier if you hadn't registered for that MVP.
    b. Data submitted without an MVP identifier was attributed to traditional MIPS.

2. If both of your traditional MIPS and MVP submissions were accepted, only one of these will count for your final score. When your traditional MIPS score is higher, it will show as your final score, and you can view your MVP feedback by selecting "Other Score". (Refer to the next question.)

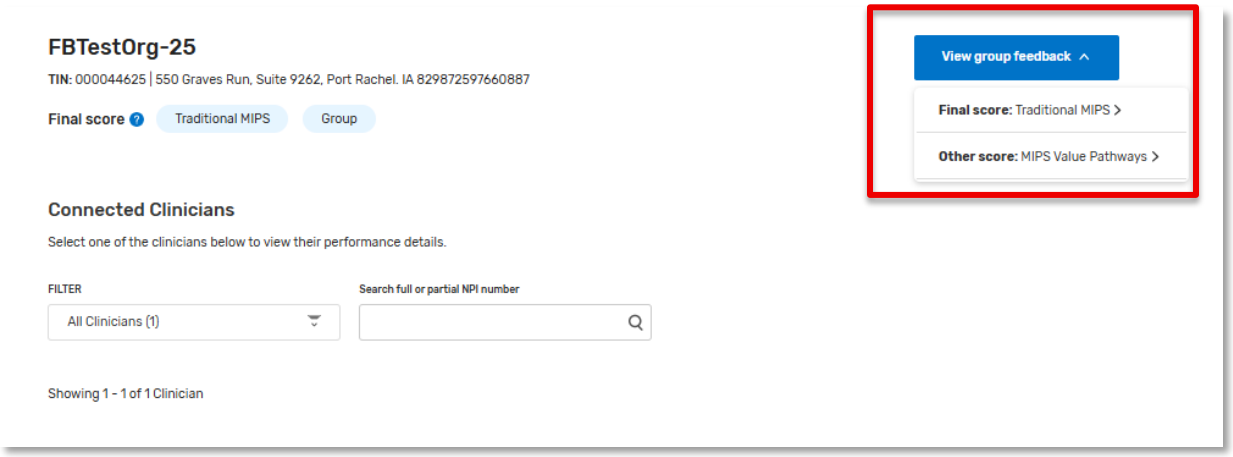
Why do I see both a Final Score and "Other Score"?

Your final score determines your MIPS payment adjustment. If you have the option to view an "Other Score", that means you submitted data for an MVP that wasn't used for your final score. This data has always been available through the downloadable Score Submissions.CSV, but we're also providing a formatted version in performance feedback to help you more easily compare your performance between your MIPS reporting options.

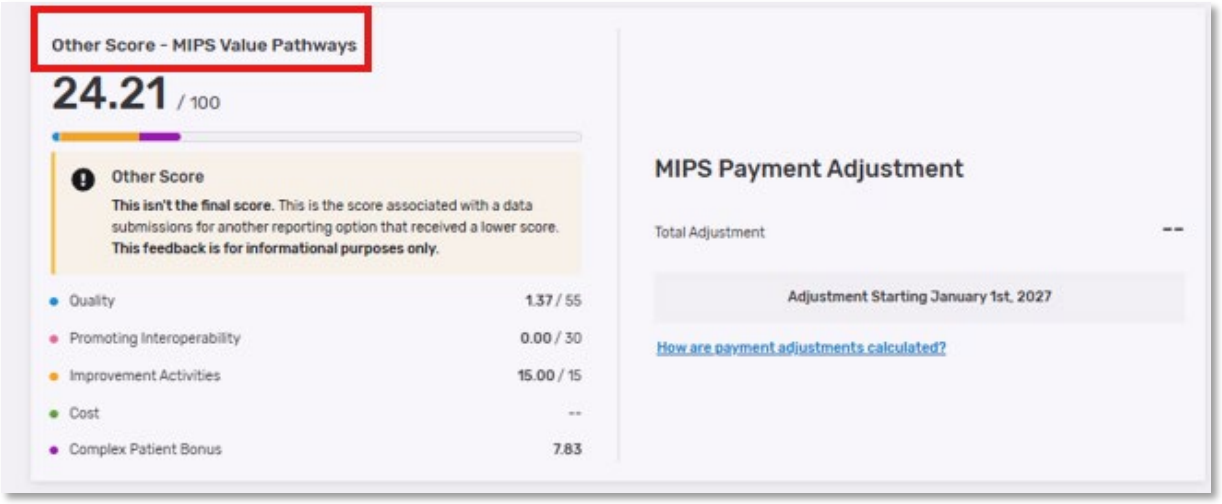
Let's look at an example.
Your practice reported both an MVP and traditional MIPS as a group.

- You earned 78 out of 100 points for your MVP submission.
- You earned 83 out of 100 points for your traditional MIPS submission.

We selected the traditional MIPS submission for your group's final score because it received the higher score. When you select "Other score" from your group feedback dropdown, you'll see a formatted version of your MVP submission data and scores.



You'll be asked to confirm that you understand the "Other Score" is informational only.



How Does My MIPS Final Score Determine My Payment Adjustment?

Your MIPS final score will be between 0 and 100 points. Each final score will correlate to a payment adjustment, **but in most cases, we can't project what this correlation will be (exceptions noted in the table below)**.

Why?
MIPS is required by law to be a budget-neutral program, which generally means that the size of payment adjustments depends on the overall participation and performance of clinicians in the program for that year.

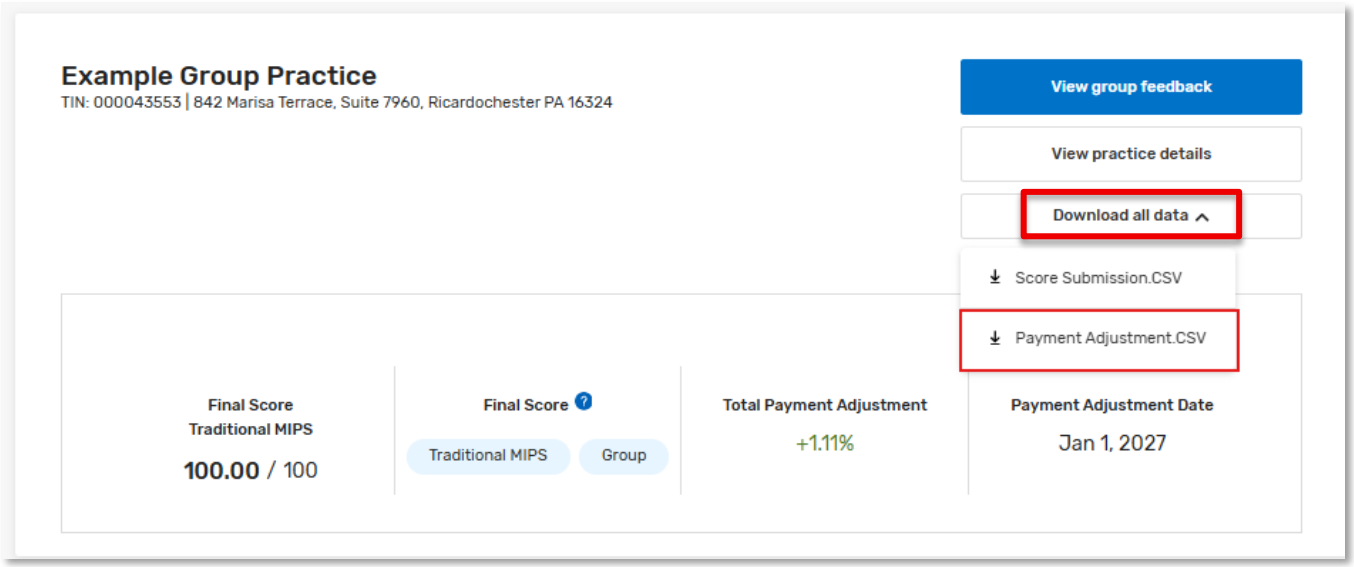
Final Score	Payment Adjustment
0.00 – 18.75 points	-9% payment adjustment
18.76 – 74.99 points	Negative payment adjustment (greater than -9% and less than 0%)
75.00 points (Performance threshold)	Neutral payment adjustment (0%)
75.01 –100.00 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements)

- When more MIPS eligible clinicians have a final score above the performance threshold, we see **lower positive adjustments** because there are fewer MIPS eligible clinicians receiving a negative adjustment and relatively more MIPS eligible clinicians receiving a positive MIPS payment adjustment.
- When more MIPS eligible clinicians have a final score below the performance threshold, we see **higher positive adjustments** because there are more MIPS eligible clinicians receiving a negative MIPS payment adjustments and relatively fewer MIPS eligible clinicians receiving positive MIPS payment adjustments.

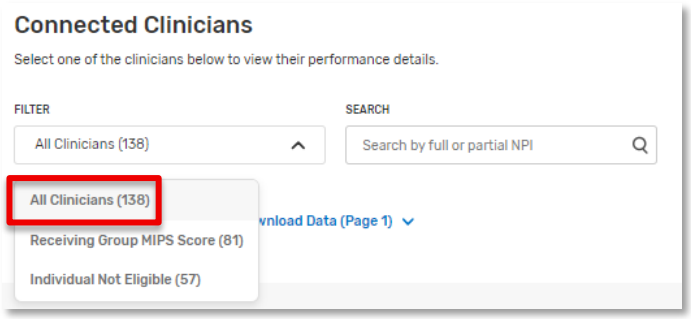
Is There a Way for Me to See a List of the Final Scores and Payment Adjustments for All the MIPS Eligible Clinicians in My Practice (Identified by TIN)?

Yes, once payment adjustments are released. From the **Performance Feedback** tab, select **"Payment Adjustment CSV"** from the **Download Data** menu under the **View Practice Details** button.

Note: This downloadable file won't be available until MIPS payment adjustments are released at the end of October.

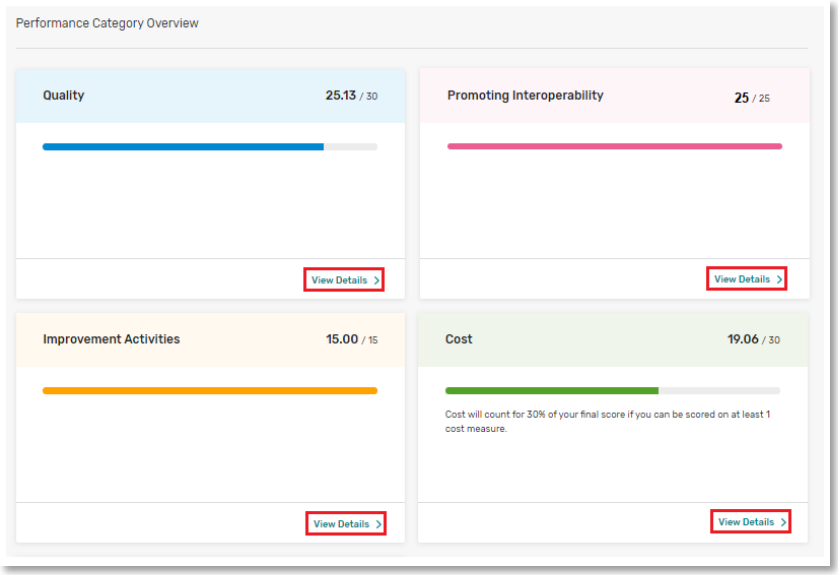


You can also filter your Connected Clinicians list by final score information once you've clicked **View Practice Details.** The list defaults to showing **All Clinicians.** There are multiple reports you can choose from (not all are shown in the image below).



How Can I See More Information About the Different Performance Categories?

You can access the scoring details for each performance category by clicking "**View Details**" on the Performance Category Overview cards below.



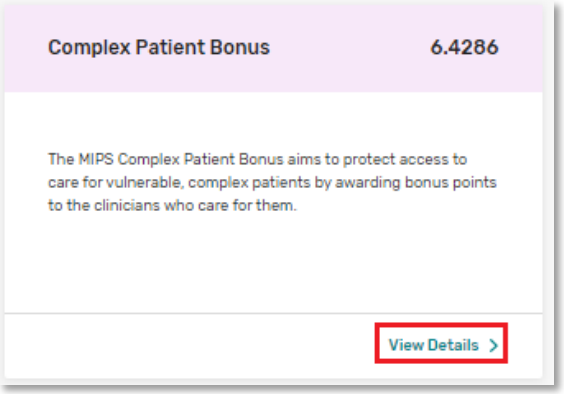
What Is the Complex Patient Bonus?

The MIPS Complex Patient Bonus aims to protect access to care for vulnerable, medically complex patients by awarding bonus points to the clinicians who care for them. This bonus is comprised of 2 components that are added together to form your score:

- **Medical Complexity.** This component uses the Hierarchical Condition Categories (HCC) Risk Scores of your patient population. These scores are assigned to each Medicare patient based on the severity of their acute or chronic conditions and are an indicator of medical complexity.
- **Social Risk.** This component uses the Dual Eligibility Ratio of your patient population. Dual Eligibility is a common indicator of social risk and refers to patients who are eligible for both Medicare and full- or partial-benefits under Medicaid.

How Is the Complex Patient Bonus Calculated?

To learn about these calculations, click **View Details** on the Complex Patient Bonus card or review the 2025 Complex Patient Bonus Fact Sheet (PDF).



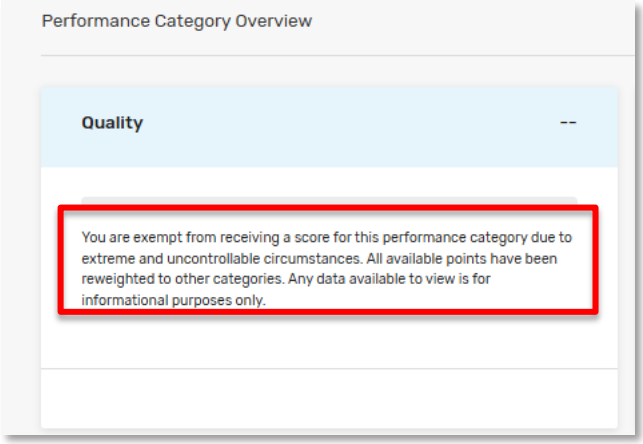
Why Am I Not Eligible for the Complex Patient Bonus?

The complex patient bonus is **limited** to MIPS eligible clinicians, groups, virtual groups and APM Entities with at least one risk indicator (either average HCC risk score or dual eligibility ratio) at or above the median risk indicator calculated for all MIPS eligible clinicians, groups, virtual groups and APM Entities from the prior performance year.

From the Overview page, you'll see a message indicating that you're not eligible for this bonus. Click **View Details** to learn more about this calculation and why you're not eligible.

What Will Display When the Quality Performance Category Is Reweighted?

When a category is reweighted due to extreme and uncontrollable circumstances, the performance category overview will display language stating that you're exempt from receiving a score for that performance category.



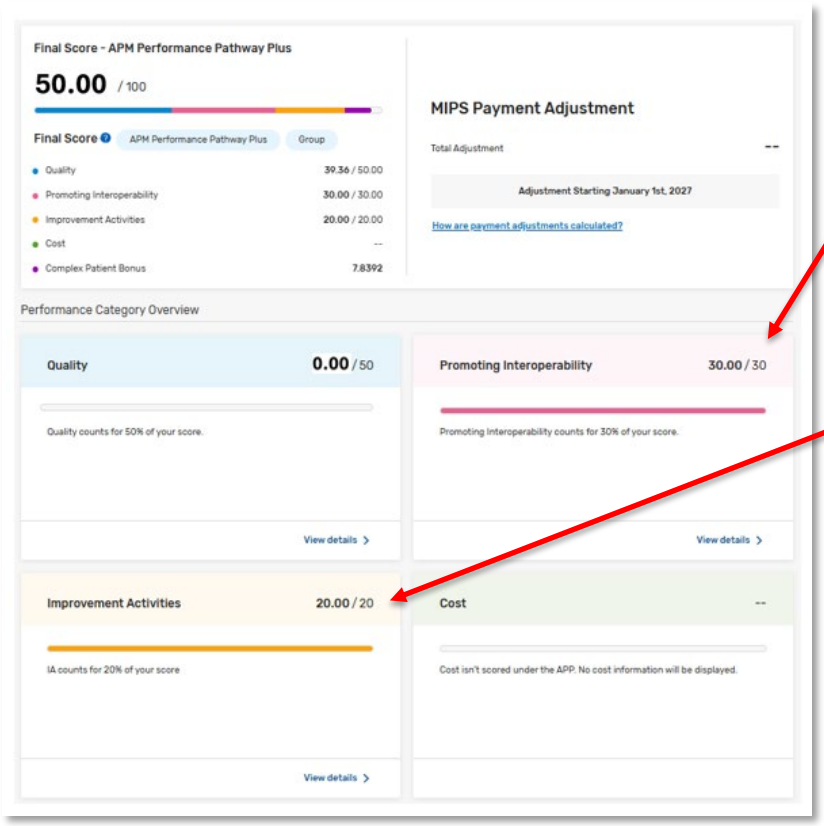
- Appendix A reviews reweighting for individual clinicians under the automatic Extreme and Uncontrollable Circumstances (EUC) policy.
- Appendix B reviews the performance category weight redistribution when 1 or more performance categories are reweighted for any circumstances.

We're a Participant TIN in a Shared Savings Program ACO. Why Do We See a Score of Zero for the Quality Performance Category?

Participant TINs (accessing their feedback on the QPP website through the Staff User or Security Official roles for the practice) can only see the data they reported at the group or individual level. You see a quality score of zero because the ACO, not the group or individual, reported the APP Plus quality measures.

- Participant TINs that reported Promoting Interoperability data for the APP Plus as a group or individual will see a group or individual final score based on the Promoting Interoperability data they reported and the 100% automatic credit for the improvement activities performance category.
- ACO Participant TINs **won't** see the final score or performance category scores attributed to the ACO.
- Only authorized representatives of the ACO (users with the Staff User or Security Official role for the ACO) or MIPS eligible clinicians in the ACO with the Clinician Role can access the ACO's final score.

Here's an example of what a Participant TIN might see if they submitted Promoting Interoperability data as a group on behalf of their MIPS eligible clinician in the ACO:



If you reported Promoting Interoperability data as a group, you'll see a score based on the data your group submitted – please note that **this isn't the ACO's score** for the performance category.

Automatic full credit for Improvement Activities when data is submitted for the APP Plus in another performance category.

As a reminder, the MIPS eligible clinicians in the ACO will receive the highest final score and associated payment adjustment that could be attributed to their TIN/NPI combination. (But only clinicians on the APM Participant List are eligible to receive the ACO's score.) Please reach out to your ACO coordinator for more information about the ACO's final score.

Quality

If your Final Score indicates "Facility-based," skip ahead.

Each of the MIPS reporting options have distinct measure reporting requirements for 2025 that are reflected on the quality details page of performance feedback.

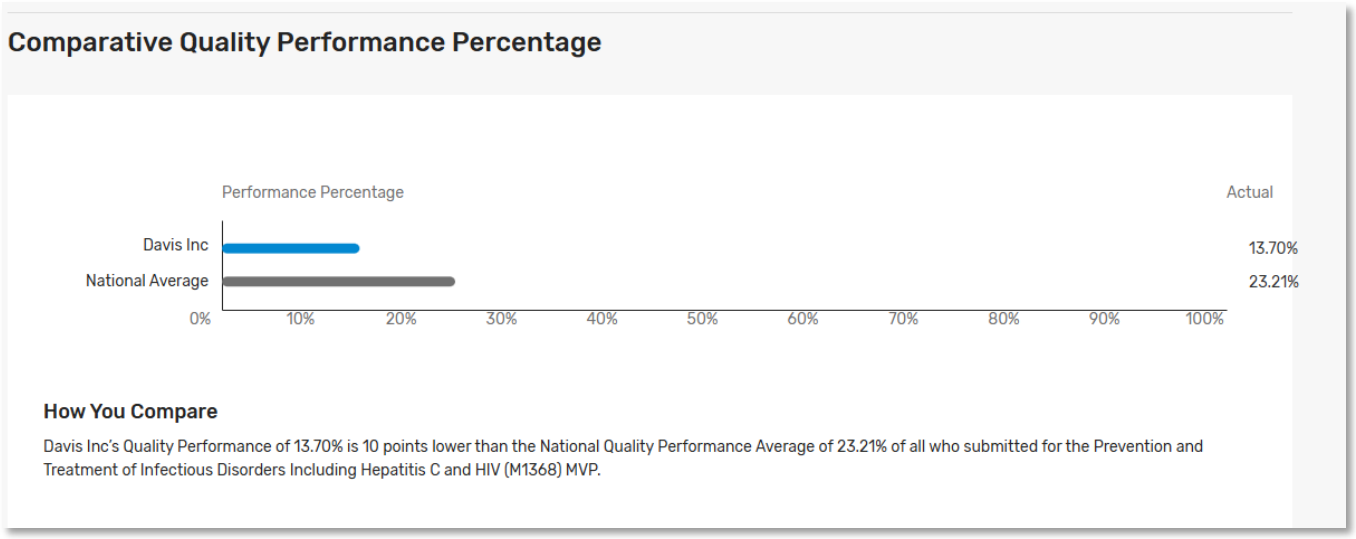
- **Traditional MIPS**
  - You submit 6 measures (any available in the MIPS quality measure inventory) or a complete specialty set.
  - We automatically calculate 4 administrative claims measures; you'll be scored on the measures for which you meet the requirements.

- **MVPs**
  - You submit 4 measures (selected from those available in the MVP you register for) or 3 measures (if you selected an outcomes-based administrative claims-based measure in your MVP registration).
  - We automatically calculate the available population health measures within MVP you registered for and apply the higher scoring measure to your quality score. If you don't meet case minimum for either population health measure, the measure will be excluded from scoring.
    - The scored population health measure doesn't count towards the 4 required quality measures.

  *If you registered for an outcomes-based measure as 1 of your 4 required measures (separate from the population health measure), you'll receive 0 points if you don't meet the measure requirements.

- **APP**
  - **APP Plus Quality Measure Set (Required for Shared Savings Program ACOs):**
    - You submit the 4 required measures.
    - You administer the CAHPS for MIPS Survey.
    - We automatically calculate 1 administrative claims measure; you'll be scored on the measures for which you meet the requirements.
  - **APP Quality Measure Set:**
    - You submit the 3 required measures.
    - You administer the CAHPS for MIPS Survey.
    - We automatically calculate 2 administrative claims measures; you'll be scored on the measures for which you meet the requirements.

Comparative Quality Feedback (MVP Reporting Only)

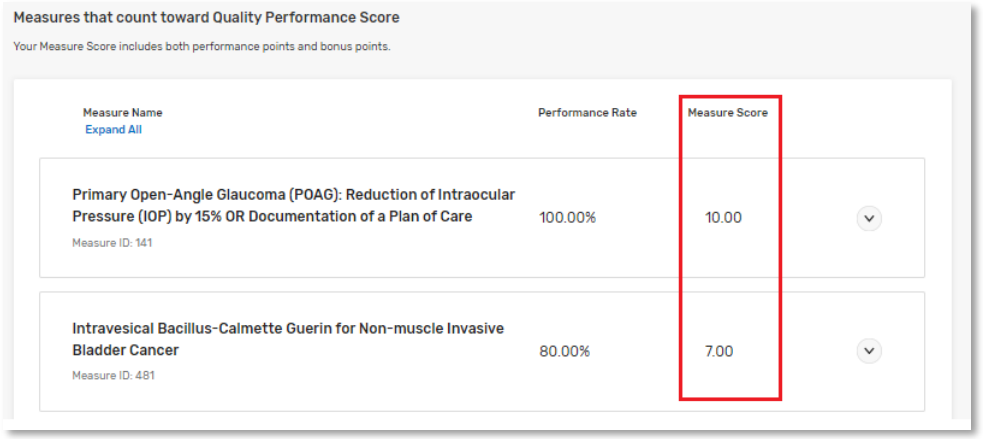


Individual clinicians, groups, subgroups and APM Entities who received a final score from the MVP reporting option can see how their quality score compared to all other MVP participants who reported the same MVP.

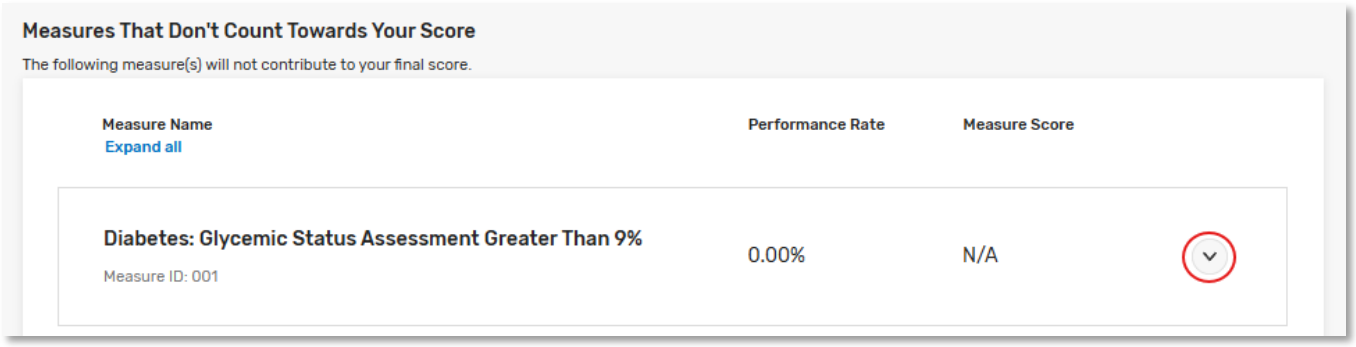
Submitted Measures

On the quality page, you may see your submitted quality measures displayed in up to 2 groups:

1. Measures whose performance points and bonus points count toward your quality performance category score. The measure score will display the points earned based on comparison to its benchmark.

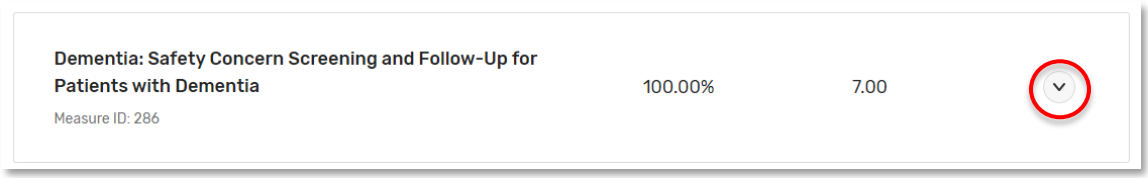


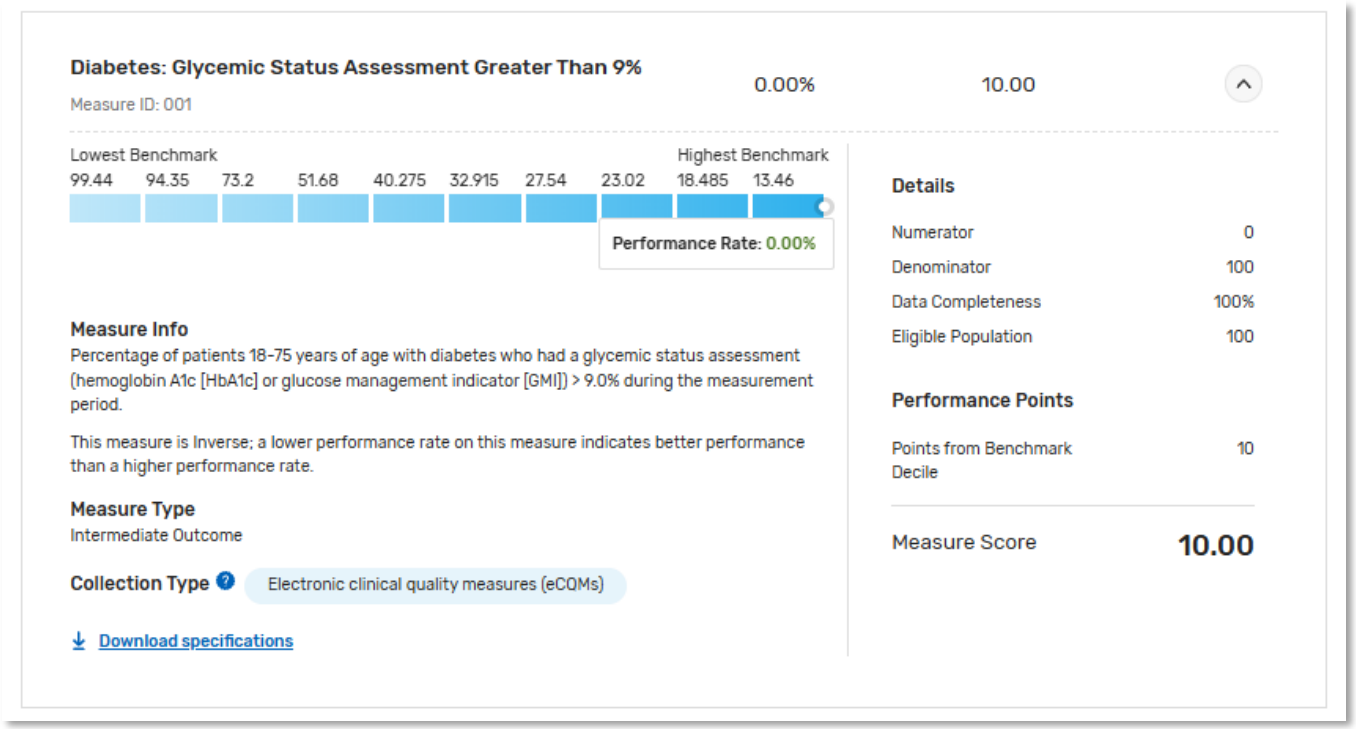
2. Measures that don't count towards your quality performance category score. You'll see "N/A" in the measure score. Click the down arrow to open the measure details.



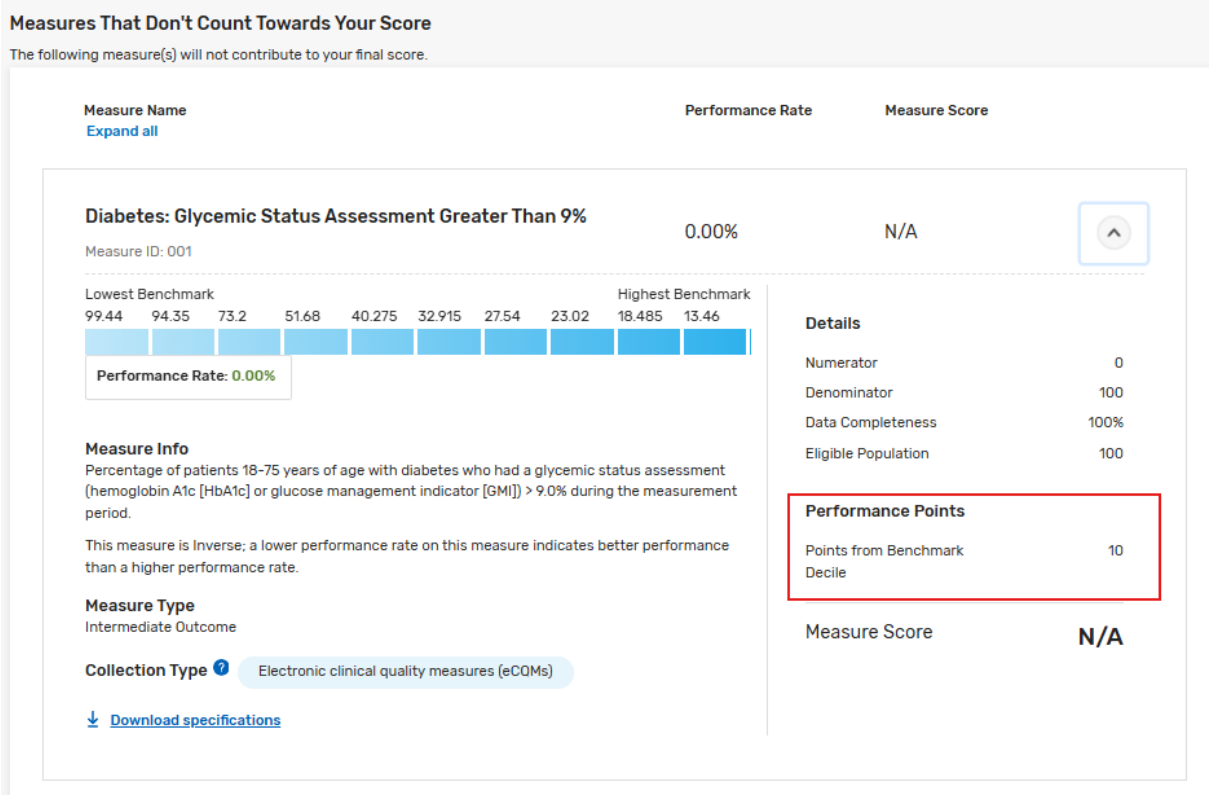
How Can I Access Details About the Measures I Submitted?

Click the arrow to the right of the measure score to expand and view the measure details, such as benchmark information, measure type, numerator, denominator, and data completeness.





For measures that <u>don't</u> count towards your quality score, the measure details will allow you to see how many points you would have earned. These are found in the "Points from Benchmark Decile" in the Performance Points section of the measure card.



We Submitted More Than the Required Number of Measures. How Did You Determine Which Ones Counted Towards Our Quality Performance Category Score?

If you submitted more than the required number of measures, only the required number will contribute measure achievement points to your quality performance category score.

There are 6 measures required for traditional MIPS and 4 measures required for MVP reporting. (You can't submit measures outside of the prescribed measure set when reporting the APP or APP Plus).

When determining which measures are included:

- We'll select the highest scoring outcome measure.
  - If you didn't have an outcome measure available, then we'll select the highest scoring high priority measure.
- We'll then select the next 5 (traditional MIPS)/3 (MVP) highest scoring measures.
- If you didn't submit an outcome or high priority measure, we select your next highest scoring measure, and you'll receive a score of 0/10 for the missing outcome or high priority measure.

When there are multiple measures with the same score, we select measures for the top based on the measure identification number (ID) (in ascending order).

Example: You submit 7 measures, and your 2 lowest scoring measures (after the outcome measure) were Measure 102 (Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients) and Measure 250 (Radical Prostatectomy Pathology Reporting), both earning 1 point. The Avoidance of Overuse of Bone Scan measure will be included in the top 6 because its measure ID (102) has a lower value than the Radical Prostatectomy Pathology Reporting measure (250).

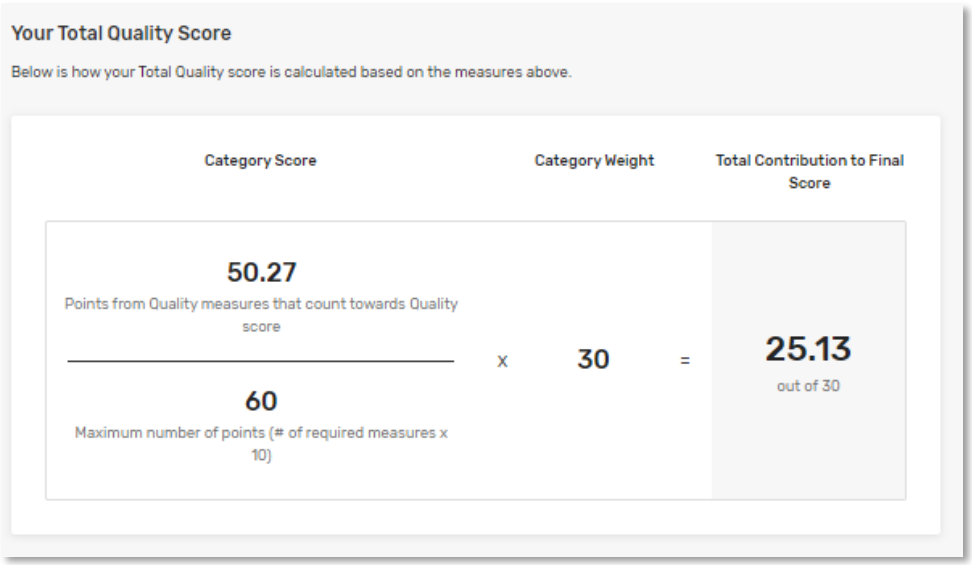
If you submit the same measure through multiple collection types — for example, as a MIPS clinical quality measure (CQM) and as an electronic clinical quality measure (eCQM), we'll select the higher scoring version of the measure based on achievement points. Under no circumstances will 2 versions of the same measure count towards your quality performance category score.

Why Are Measures with Higher Performance Rates Not Counted Towards My Quality Performance Category Score?

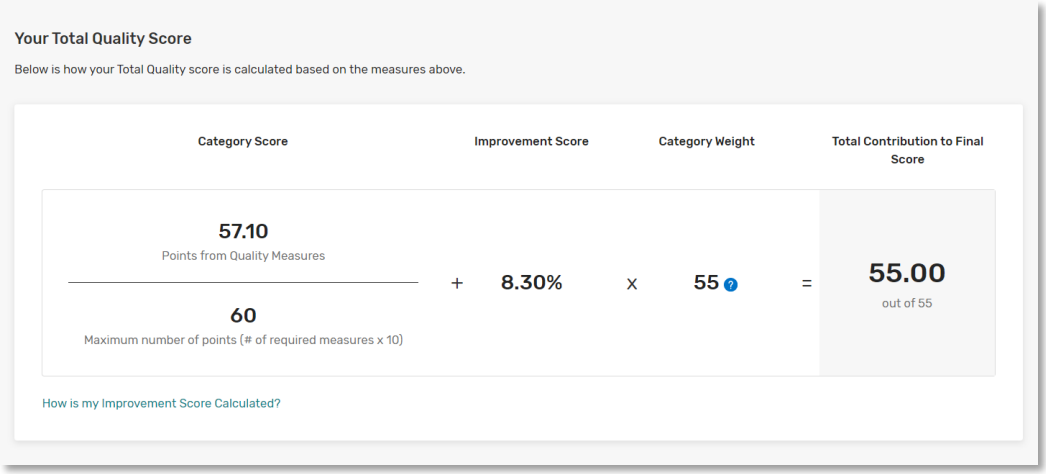
We included your **highest scoring** quality measures, not necessarily those with the highest performance rate. Scoring is determined by comparing the performance rate to the measure's benchmark. If you submit 2 measures, each with an 85% performance rate, 1 measure may earn 7 points while the other measure earns 10 points, based on the benchmarks for each measure.

How Do You Determine How Many Points Quality Contributes to Our Final Score?

At the bottom of the quality page, you can see how we arrived at the points contributing to your final score. In general, your score is calculated by dividing the total points you earned—including small practice bonus points—by the total available points (# of required measures + # of administrative claims measures that are automatically calculated) multiplied by 10. That percentage is then multiplied by the category weight.



If you qualify for quality improvement scoring, we'll add that to your category score before multiplying by the category weight.



What Is Quality Improvement Scoring?

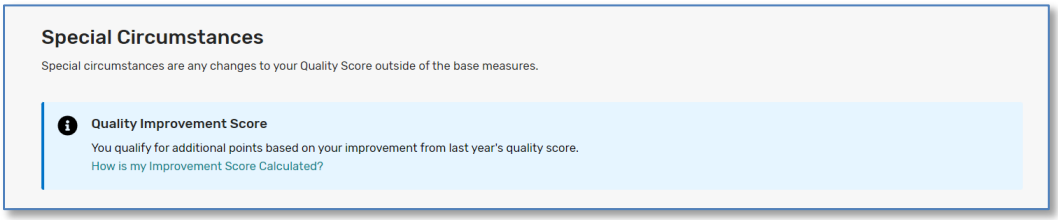
MIPS eligible clinicians can earn up to 10 additional percentage points in the quality performance category based on the rate of their improvement from the previous year.

- The improvement score is calculated at the category level and represents improvement in achievement from one year to the next; it's capped at 10 percentage points.

If CMS can't compare data between 2 performance periods, or there's no improvement, the improvement score will be 0%.

- The improvement score can't be negative.

You'll see an indicator at the top of the quality page if you're receiving quality improvement scoring.



How Is Quality Improvement Scoring Calculated?

Improvement scoring is calculated by comparing the quality performance category achievement score from the previous (2024) performance year to the quality performance category achievement score for the current (2025) performance year.

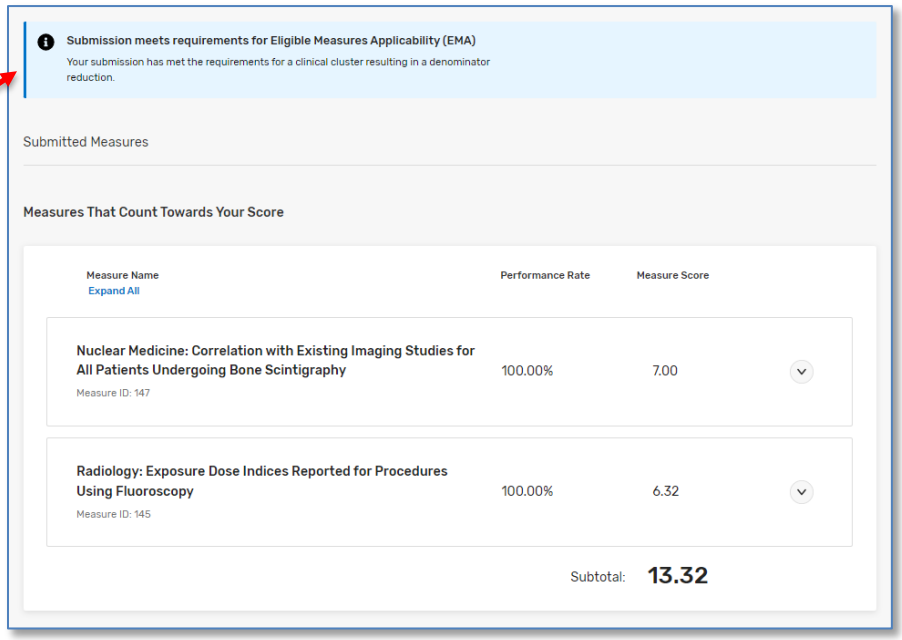


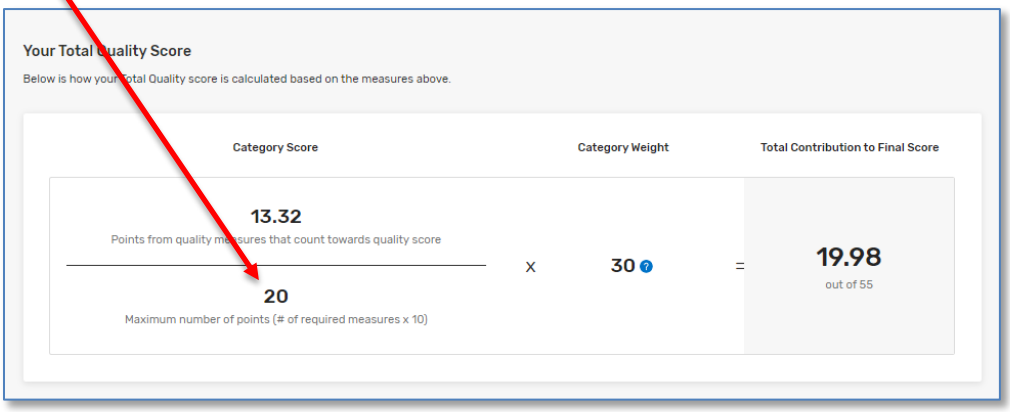
I Submitted All of the Medicare Part B Claims Measures (or MIPS Clinical Quality Measures [CQMs]) Available to Me. How Do I Know If the Eligible Measure Applicability (EMA) Process Was Applied to My Submission?

Clinicians reporting traditional MIPS who don't have 6 available quality measures and who report Medicare Part B claims measures or MIPS CQMs may qualify for the EMA process. This process checks for unreported, clinically related measures and can result in a denominator reduction in the quality performance category. EMA doesn't apply to any submissions containing eCQM or QCDR measures. Learn more about this process in the 2025 EMA and Denominator Reduction Guide (PDF).

If you submitted fewer than 6 Medicare Part B claims measures or MIPS CQMs, the Quality Details page will display a message indicating whether the submission qualified for EMA. Denominator reductions are reflected in the **Total Quality Score** calculation section. If you submitted all of the measures available to you and you don't see a denominator reduction, you can submit a targeted review. Refer to the 2025 Targeted Review User Guide (PDF) for more information.

When you see this message, you should also see a reduced denominator (fewer measures required).

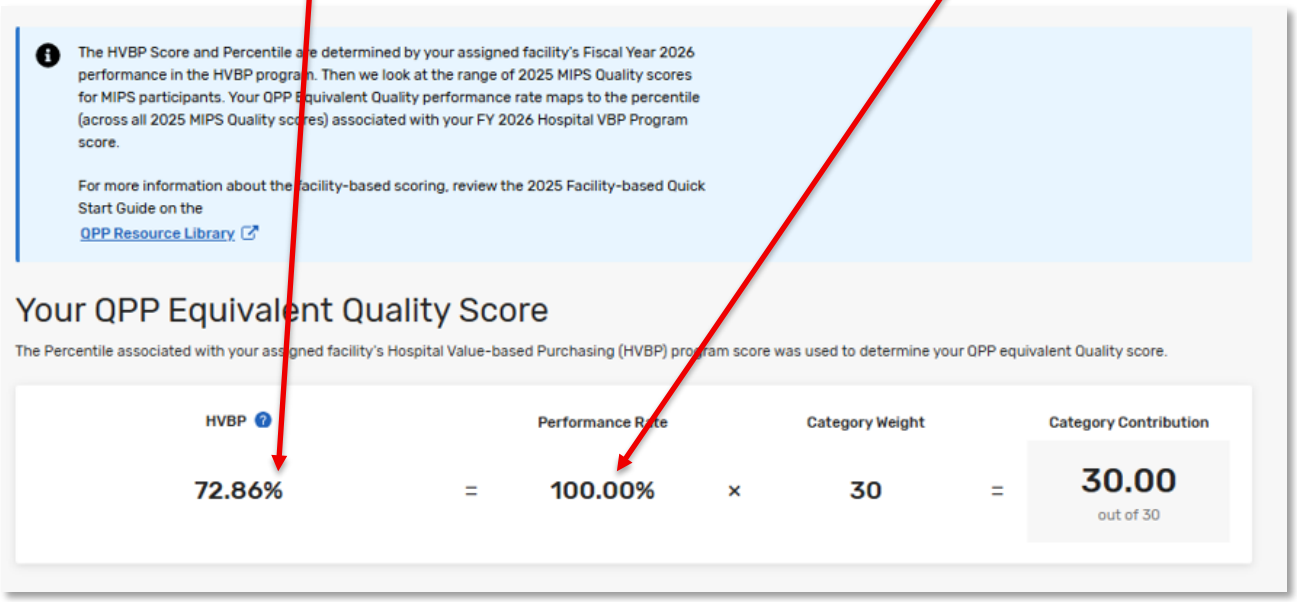




Facility-based Quality Score

If your quality and cost scores are derived from facility-based scoring, you won't see measure details. Instead, you'll see your facility's **Hospital VBP Program score and associated percentile** and the **MIPS equivalent (unweighted) quality score** based on the Hospital VBP Program score's percentile.

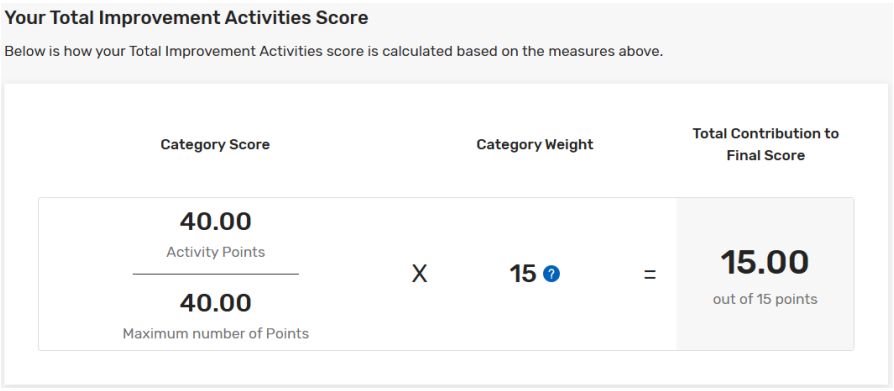
The MIPS equivalent score is multiplied by the **category weight** to arrive at the quality **points contributing to your final score.**



Improvement Activities

The Improvement Activities page will display the name and points received for each activity you attested to completing. At the bottom of the Improvement Activities page, you can see how we arrived at the points contributing to your final score.

We divide the sum of the points earned for your activities by 40 (the maximum number of points available). Then we multiply that number by the category weight.



We're a Certified Patient-Centered Medical Home. Why Didn't We Receive Full Credit in the Improvement Activities Performance Category?

If you're a MIPS eligible clinician practicing in a certified patient-centered medical home, including the medical home model, or a comparable specialty practice, **you earn full credit for the improvement activities performance category as long you attested to this participation (IA_PCMH) during the submission period.** If you didn't attest to participating in a certified, patient-centered medical home, then you didn't receive the credit.

Promoting Interoperability

The Promoting Interoperability performance category consists of a single set of measures required for all MIPS eligible clinicians, unless an available exclusion could be claimed. **All 3 MIPS reporting options have the same requirements for this performance category.**

APM Entities – such as Shared Savings Program ACOs – had the option to report Promoting Interoperability data at the APM Entity level or at the individual and group level.

- When the APM Entity submits Promoting Interoperability data, the Entity will be scored on the Entity-level data, even if data is also submitted by individuals and groups within the Entity.

How Are Measures Scored?

Each measure is worth a specified number of points, though the maximum points per measure could change based on reporting exclusions for other measures. (Note: Some measures and attestations are required but don't receive points. They must be submitted to meet reporting requirements.)

For measures submitted with a numerator and denominator, we calculated a score for each measure by dividing the numerator you submitted by the denominator you submitted for the measure. Then we multiplied the performance rate by the maximum points available for the measure, after which we rounded the value to the nearest whole number.

REMINDER: Electronic Case Reporting Measure Suppression

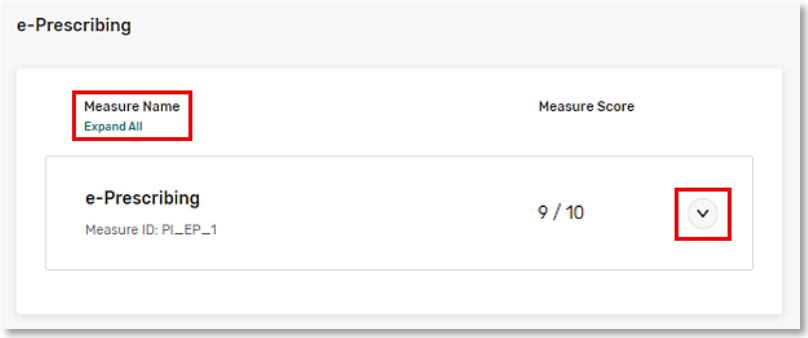
The Centers for Disease Control and Prevention (CDC) temporarily paused electronic case reporting registration (learn more in this fact sheet) and onboarding of new health care organizations (HCOs) to establish a more efficient and automated onboarding process. As a result, some MIPS eligible clinicians may have been unable to meet the electronic case reporting registration and onboarding requirements by the end of the 2025 performance period.

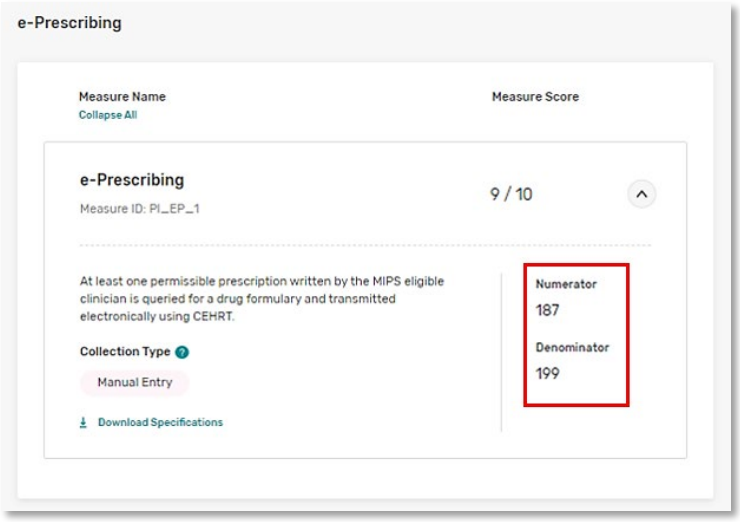
To avoid adverse consequences beyond the MIPS eligible clinicians' control, we suppressed the Electronic Case Reporting measure in the MIPS Promoting Interoperability performance category for the CY 2025 performance period/2027 MIPS payment year. The measure must still be reported.

MIPS eligible clinicians met the measure requirements by attesting either "Yes" or "No" to being in active engagement with a public health agency or claiming an applicable exclusion. MIPS eligible clinicians who reported the suppressed Electronic Case Reporting measure will receive full credit for the measure.

How Do I Find Measure Details?

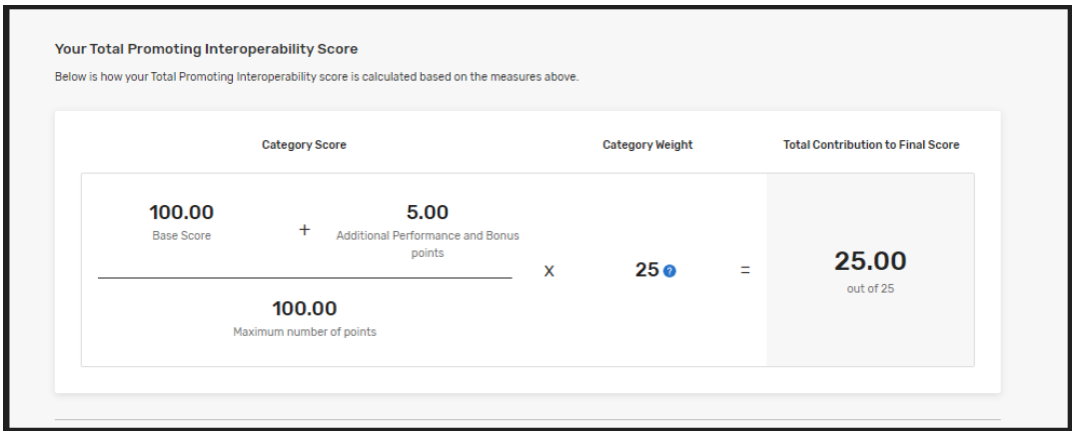
Click the arrow on the right-hand side of the measure information to see numerator/denominator details or click "**Expand All**" below **Measure Name** to see the details of all the measures in that objective.





How Was Our Promoting Interoperability Score Calculated?

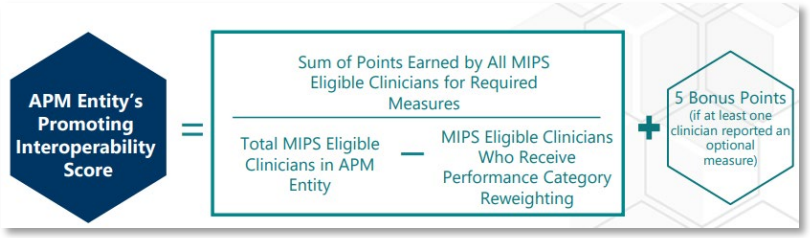
At the bottom of the Promoting Interoperability page, you can see how we arrived at the points contributing to your final score. We divided the points earned by 100 (the maximum number of points available); then we multiplied that number by the category weight.



We're an APM Entity (e.g., a Shared Savings Program ACO) and Our MIPS Eligible Clinicians Reported Promoting Interoperability Data as Individuals and Groups. How Was Our Score Calculated for the ACO as a Whole?

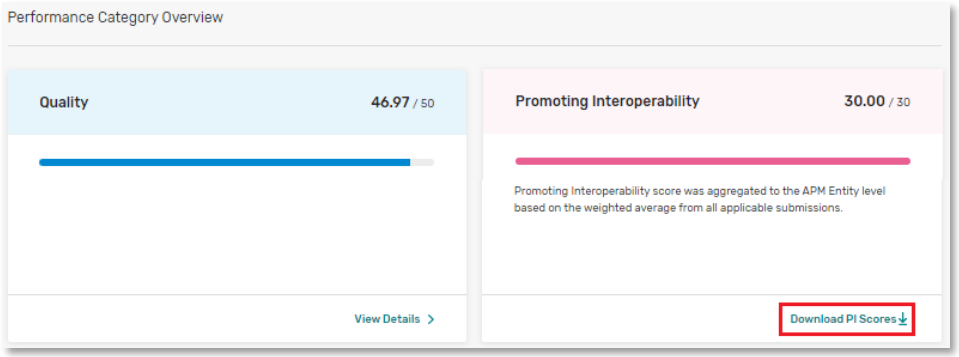
We scored the required measures just as we do for all other individuals and groups, and then we use those scores to calculate a score for the Entity. (This is sometimes referred to as the "PI rollup.")

- When reporting this category at the individual and group level, we identify the highest score attributed to each MIPS eligible clinician in the APM Entity based on the required measures from their individual or group reporting.
- We'll calculate a score for the APM Entity as a weighted average of the scores that MIPS eligible clinicians in the Entity receive from individual and group submissions.
- The APM Entity received 5 bonus points if at least one individual or group in the APM Entity reported any of the optional measures within the Public Health and Clinical Data Exchange objective), but the Promoting Interoperability performance category score can't exceed 100%.



How Can We View the Individual Promoting Interoperability Scores for the Clinicians in Our ACO/APM Entity?

You can download a report of these scores from the Overview page. Click **Download PI Scores** on the Promoting Interoperability card.



Why Did I Receive a Performance Category Score When I Qualified for Reweighting?

If you had a qualifying submission for the Promoting Interoperability performance category, CMS scored the data submitted, and the category **WASN'T** reweighted to 0%.

- **A qualifying submission includes all required data elements (performance period, CEHRT ID, all required attestations, all required measures, etc.), even if the data submitted didn't meet reporting requirements.**

Note: If you didn't meet the criteria for a qualifying data submission and received a performance category score but should've qualified for reweighting based on your clinician type, special status, and/or exception status, please contact the QPP Service Center for assistance.

What Is a CEHRT ID?

The CEHRT identification number (ID) is the CMS Certification ID for your electronic health record (EHR) product(s) proving that they're certified to align with the Office of the National Coordinator for Health IT (ONC)'s regulations. All certification criteria will be maintained and updated at 45 CFR 170.315. CEHRT is required for reporting your MIPS Promoting Interoperability measures and can be found using the Certified Health IT Product List (CHPL) website.

Submissions without a CEHRT ID will be rejected.

Cost

If your Final Score displays "Facility-based," skip ahead.

The traditional MIPS and MVP reporting options have different cost measure options. Cost isn't measured under the APM Performance Pathway.

Traditional MIPS

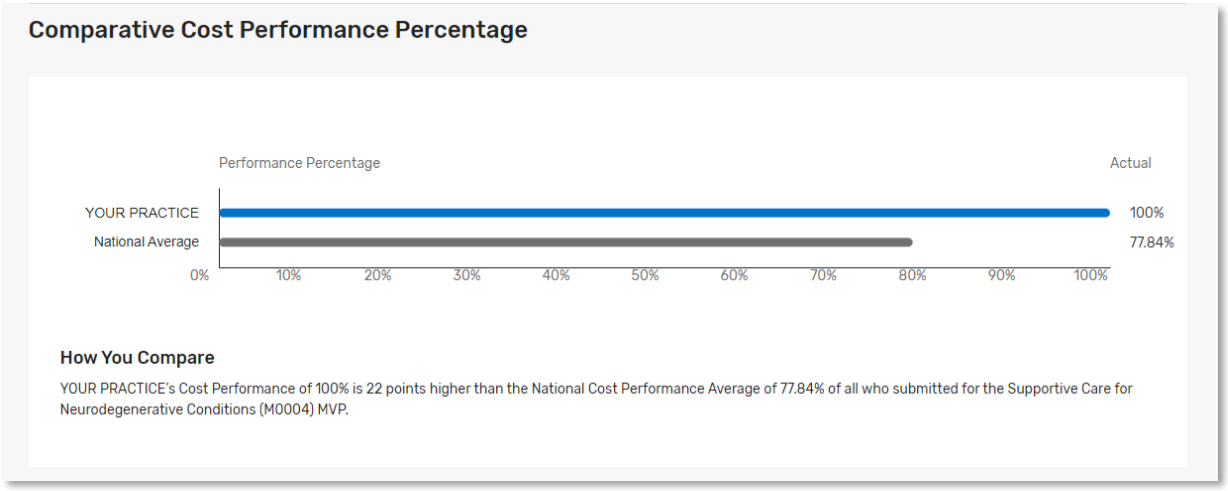
- We automatically calculate all cost measures in the MIPS inventory; you'll be scored on the measures for which you meet the case minimum.
  - If you can't be scored on (don't meet the case minimum) for any cost measures, the performance category will automatically be reweighted to 0% and no cost information will be displayed.
  - We'll attempt to calculate cost measures for individually eligible clinicians even if they didn't submit data for any other performance category.

MVPs

- We automatically calculate the cost measures in the MVP you registered for; you'll be scored on the measures for which you meet the case minimum.
  - If you can't be scored on (don't meet the case minimum) for any cost measures within the MVP, the performance category will automatically be reweighted to 0% and no cost information will be displayed.
  - You can see which cost measures are included in each MVP by viewing the Explore MVPs webpage.

Comparative Cost Feedback (MVP Reporting Only)

Individual clinicians, groups, and subgroups who received a final score from the MVP reporting option can see how their cost score compared to all other MVP participants who reported the same MVP.



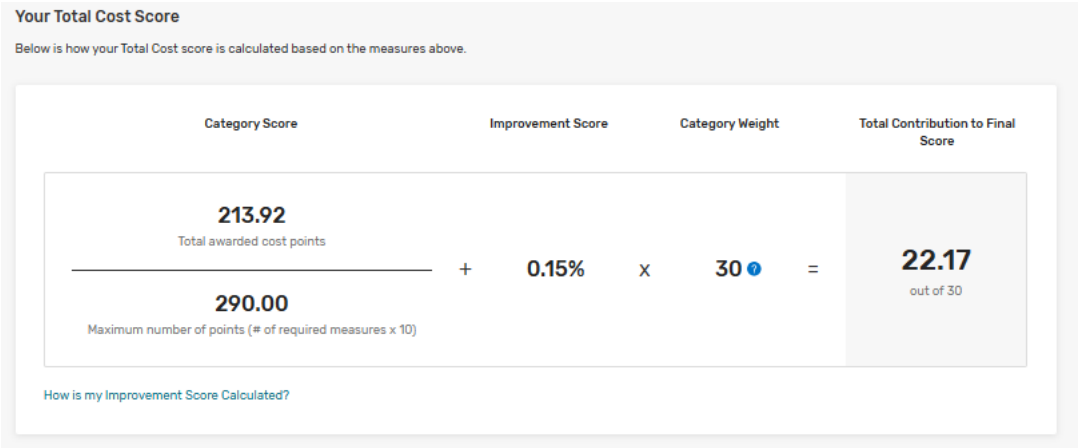
How is the Cost Performance Category Score Determined?

There's a graphic at the bottom of the cost page showing how we arrived at the points contributing to your final score.

- We sum up the points earned for each of the cost measures you could be scored on and divide that by the maximum number of points available (the number of measures you could be scored on x 10).
- We will add cost improvement scoring (if applicable).
- We then multiply that by the performance category weight.

We finalized a change to our cost scoring methodology in the CY 2025 Medicare Physician Fee Schedule Final Rule. This change is effective beginning with the 2024 performance period and is reflected in your 2025 performance feedback. For more information on this change, please see pages 48 through 51 of the 2025 Traditional MIPS Scoring Guide (PDF) and pages 47 and 48 of the 2025 MVPs Implementation Guide (PDF).

In the example below, the organization reported traditional MIPS and could be scored on 29 cost measures available for scoring in the 2025 performance period.



- As a reminder, the Acute Kidney Injury Requiring New Inpatient Dialysis measure and Emergency Medicine measure won't be calculated or scored for the CY 2025 performance period/2027 MIPS payment year. For more information, please see the this fact sheet (PDF).

What Is Cost Improvement Scoring?

You can earn up to 1 additional percentage point in the cost performance category based on your rate of improvement from the previous year.

The improvement score — calculated at the category level and representing improvement in achievement from one year to the next — may not total more than 1 percentage point. If CMS can't compare data between 2 performance periods, or there's no improvement, the improvement score will be 0%. The improvement score can't be negative.

- You'll see an indicator at the top of the cost page if you're receiving cost improvement scoring.

How Is Cost Improvement Scoring Calculated?

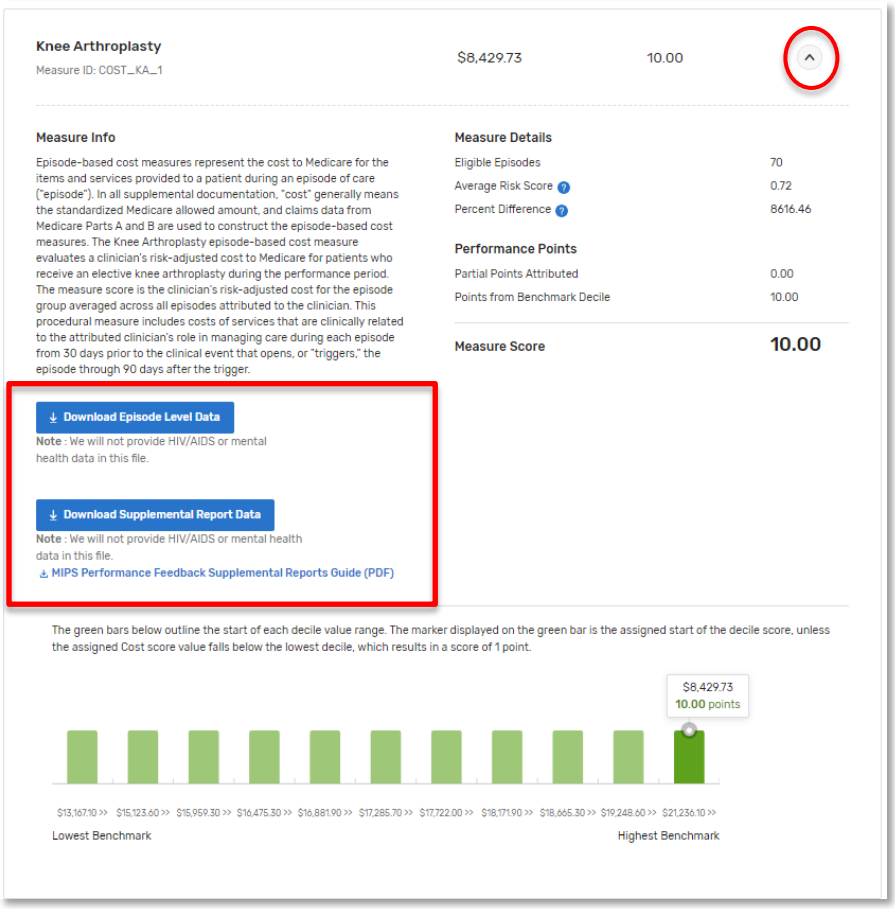
Cost improvement scoring is calculated by comparing the cost performance category score from the previous (2024) performance period to the cost performance category score for the current (2025) performance period.

- **Cost improvement scoring is capped at one percentage point.**



Where Can I Find More Detailed Information about the Cost Measures I Was Scored on?

We've released supplemental cost measure reports. These reports are available for every cost measure on which you could be scored. Click the arrow to open the cost measure details and access these reports. Review the 2025 MIPS Performance Feedback Supplemental Reports Guide (PDF) for more information about the data included in these reports and how to interpret this data.



Why Don't I See Any Cost Measure Information?

Only clinicians, groups, subgroups, and virtual groups who were scored on at least one measure will see cost measure information in performance feedback. (APM Entities are never scored on the cost performance category.)

If you don't see any cost measure details and see a score of "--" then you didn't meet the case minimum for any cost measures and the weight for this performance category was reallocated to another category.

Clinicians, groups, subgroups, and virtual groups who were approved for reweighting in this performance category can still access measure-level and patient-level feedback if they met the case minimum for at least one cost measure.

At a High Level, How Can I Interpret My Score (Expressed as a Dollar Value) on a MIPS Cost Measure?

A cost measure score represents how a clinician performs relative to their peers. A clinician or group receives more MIPS points on a cost measure if their average observed (i.e., actual) spending is lower than the expected spending (predicted through risk adjustment), compared to their peers.

- For episode-based cost measures and the MSPB Clinician measure, clinicians are scored based on their average cost per episode after applying adjustments.
- For the TPCC measure, clinicians are scored based on their average cost per beneficiary after applying adjustments.

All cost measures used standardized payment data, so factors such as geographic variation in reimbursement do not influence cost performance. All cost measures also use risk adjustment to help account for factors outside attributed clinicians' control that can influence the cost of care, such as the patient's age or preexisting comorbidities.

Risk adjustment factors include comorbidities derived from the CMS Hierarchical Condition Category (HCC) model, plus measure-specific factors tailored to the condition or procedure being assessed by that cost measure. For some measures, a specialty adjustment is also applied. The risk adjustment model predicts the cost for a given episode of care or beneficiary ("expected cost"), which is then compared to the actual ("observed") costs for an episode or beneficiary to get a ratio of observed to expected costs. This ratio is averaged across all episodes or beneficiaries attributed to a clinician during a performance period and is multiplied by the national observed mean cost to generate a dollar figure referred to as an average cost per episode or per beneficiary. This score is then translated into points in the cost performance category based on the measure's performance benchmarks.

Please see the 2025 MIPS Cost User Guide (PDF), or the cost section of the 2025 Traditional MIPS Scoring Guide (PDF) and the cost section of the 2025 MVPs Implementation Guide (PDF) for a summary of how the cost measures are scored.

How Can I Use My Performance Year Supplemental or Patient-level Cost Measure Reports to Address or Improve My Cost Category Performance in Future Performance Years?

Cost measures assess costs directly related to treatment choices, as well as the costs of other services such as costs associated with clinically related adverse outcomes or complications. Clinicians can consider the appropriate use of treatment services, such as office visits, testing and imaging, and medications. Additionally,

clinicians can influence the costs of care by providing high-quality care, such as having an appropriate care plan, following clinical guidelines, conducting proactive monitoring, reconciling medications, engaging in care coordination, and providing patient education. These treatment choices can affect the likelihood and severity of costly adverse outcomes, like emergency department visits, hospitalizations and readmissions, post-acute care, and other treatment for complications, which can contribute to a clinician's cost performance score.

Clinicians could engage in the following activities/strategies after reviewing their supplemental or patient-level cost measure reports:

- Use the Hierarchical Conditions Categories (HCC) Percentile Ranking figure in the TPCC and Medicare Spending per Beneficiary (MSPB) Clinician patient-level reports and the HCC risk score figure in the episode-based cost measure patient-level reports to identify higher and lower risk patients attributed to you. Higher HCC percentile rankings and HCC risk score figures tend to be associated with more serious health conditions, including multiple chronic conditions. These patients may benefit from more intensive care coordination efforts. You may also look for opportunities to help patients at lower risk avoid the need for high-cost services (for example, outpatient emergency services). The HCC risk score figure included in the episode-based cost measure reports is provided for informational purposes only and is not used in cost measure calculations.
- To the extent possible, review attributed patients' clinical history and care decisions to inform future case and condition management.
- Identify patients that could benefit from targeted interventions that could result in avoiding unnecessary and costly services and procedures.
- Identify differences between the characteristics of the national average episode for the measure and their attributed episodes. Differences could signify billing and care patterns that warrant additional investigation.

What Can I Do During the Current Performance Year to Ensure My MIPS Cost Measure Performance Is Accurately Assessed?

MIPS cost measures are calculated automatically using Medicare Parts A, B, and D administrative claims data, so it's important to submit Medicare claims accurately. For example, please ensure you fully document patient conditions in claims submitted to Medicare so that risk adjustment methodologies adequately capture patients' relative acuity.

You may also review the measure specifications to see which services and costs are included in the measure; this information is available in the 2025 MIPS Cost Measure Codes Lists (ZIP) and the 2025 MIPS Cost Measure Information Forms (ZIP), which are both available in the QPP Resource Library.

While providers don't directly influence the costs of services paid for by Medicare, they can meaningfully influence the volume and types of services provided to their patients. Please continue to provide your patients with the right care in the most appropriate settings.

Can a Clinician Be Scored on an Episode-based Cost Measure if That Clinician Isn't Individually Attributed Episodes for the Measure?

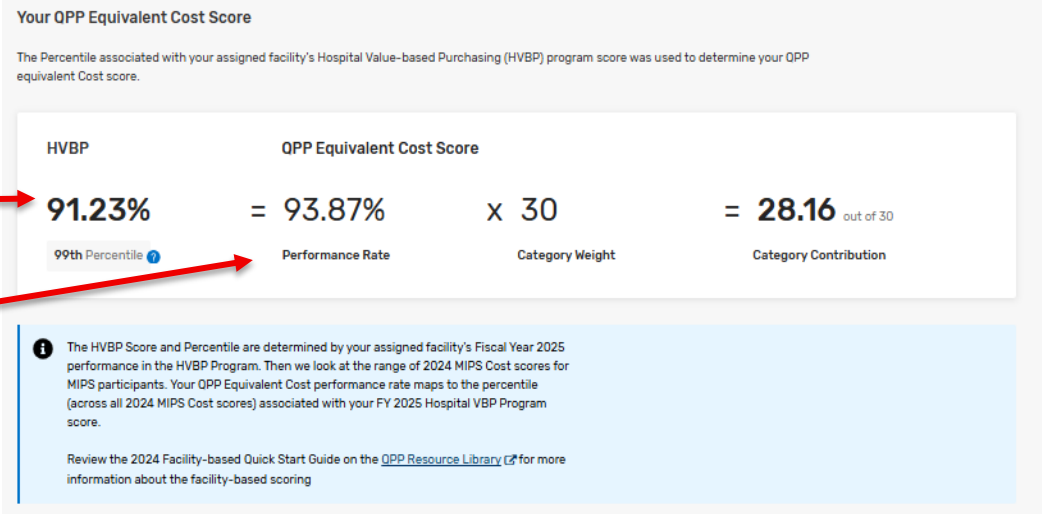
Yes, when the clinician reports as part of a group. Due to the nature of MIPS group reporting, it's expected that some specialists may be scored on cost measures even if the clinician isn't individually attributed to episodes or beneficiaries for those measures. Clinicians may be participating in MIPS as part of a group that's attributed sufficient episodes under those measures to meet the established case minimum. If a clinician participates in MIPS as part of a large group that provides a variety of care, it's reasonable that they may be attributed a

measure assessing types of care that they didn't provide but that someone else from their group did. This is like group reporting for quality measures, where a clinician may be scored for a quality measure that's outside the specific care they provide.

Facility-based Cost Score

If your quality and cost scores are derived from facility-based scoring, you won't see measure details. Instead, you'll see your facility's **Hospital VBP Program score and associated percentile,** and the **MIPS equivalent (unweighted) cost score** based on the Hospital VBP Program score's percentile.

The MIPS equivalent score is multiplied by the **category weight** to arrive at the quality points contributing to your final score.



Where Can I Go for Help?

Contact the Quality Payment Program Service Center by emailing QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by calling 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during nonpeak 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 additional information, to learn more about MIPS, and to check out the resources available on the Quality Payment Program Resource Library.

Version History

Date	Change Description
10/29/2026	Added the Targeted Review period closing date and updated the workflow/screenshots for practice representatives to navigate into feedback.
09/21/2026	Original Posting

Appendix A: Automatic Extreme and Uncontrollable Circumstances (EUC) Policy

Table 1. Performance Category Weights and Payment Adjustment Based on Individual Data Submission (Not in a Small Practice)

The table below illustrates the 2025 performance category reweighting policies under the MIPS automatic EUC policy that apply to clinicians participating as individuals (excluding clinicians in a small practice). Learn more in this fact sheet (PDF).

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only	100%	0%	0%	0%	Neutral
Promoting Interoperability Only	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality | Promoting Interoperability	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality | Improvement Activities	85%	0%	15%	0%	Positive, Negative, or Neutral
Improvement Activities | Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

Table 2. Performance Category Weights and Payment Adjustment Based on Individual Data Submission (Clinicians in a Small Practice)

The table below illustrates the 2025 performance category reweighting policies under the MIPS automatic EUC policy that apply to clinicians in a small practice participating as individuals. Learn more in this fact sheet (PDF).

Data Submitted	Quality Category Weight	Promoting Interoperability Category Weight	Improvement Activities Category Weight	Cost Category Weight	Payment Adjustment
No data	0%	0%	0%	0%	Neutral
Submit Data for 1 Performance Category					
Quality Only	100%	0%	0%	0%	Neutral
Promoting Interoperability Only	0%	100%	0%	0%	Neutral
Improvement Activities Only	0%	0%	100%	0%	Neutral
Submit Data for 2 Performance Categories					
Quality | Promoting Interoperability	70%	30%	0%	0%	Positive, Negative, or Neutral
Quality | Improvement Activities	50%	0%	50%	0%	Positive, Negative, or Neutral
Improvement Activities | Promoting Interoperability	0%	85%	15%	0%	Positive, Negative, or Neutral
Submit Data for 3 Performance Categories					
Quality and Improvement Activities and Promoting Interoperability	55%	30%	15%	0%	Positive, Negative, or Neutral

Appendix B: Performance Category Reweighting

Table 1. Performance Category Weight Redistribution (Excluding Small Practices)

Table 1 outlines the performance category weights when 0, 1, or 2 performance categories are reweighted to 0% based on any circumstances. If you have multiple performance categories reweighted to 0% so that a single performance category is weighted as 100% of your final score, you'll receive a score equal to the performance threshold regardless of any data submitted or not submitted.

Performance Category Redistribution for the 2025 Performance Year/2027 MIPS Payment Year				
Reweighting Scenario	**Quality**	**Cost**	**Improvement Activities (IA)**	**Promoting Interoperability (PI)**
No Reweighting Needed				
General weighting for all 4 performance categories	30%	30%	15%	25%
Reweighting 1 Performance Category				
No Cost: Cost → Quality and PI	55%	0%	15%	30%
No Promoting Interoperability: PI → Quality	55%	30%	15%	0%
No Quality: Quality → PI	0%	30%	15%	55%
No Improvement Activities: IA → Quality	45%	30%	0%	25%
Reweighting 2 Performance Categories				
No Cost and No Promoting Interoperability Cost and PI → Quality	85%	0%	15%	0%
No Cost and No Quality Cost and Quality → PI	0%	0%	15%	85%
No Cost and No Improvement Activities Cost and IA → Quality and PI	70%	0%	0%	30%
No Promoting Interoperability and No Quality PI and Quality → Cost and IA	0%	50%	50%	0%
No Promoting Interoperability and No Improvement Activities PI and IA → Cost and Quality	70%	30%	0%	0%
No Quality and No Improvement Activities Quality and IA → PI	0%	30%	0%	70%

Table 2. Performance Category Weight Redistribution (Small Practices)

Table 2 reviews the performance category redistribution policies that apply to small practices in the 2025 performance year. If you have multiple performance categories reweighted to 0% so that a single performance category is weighted as 100% of your final score, you'll receive a score equal to the performance threshold regardless of any data submitted or not submitted.

Performance Category Redistribution for the 2025 Performance Year/2027 MIPS Payment Year for Small Practices				
Reweighting Scenario	**Quality**	**Cost**	**Improvement Activities (IA)**	**Promoting Interoperability (PI)**
No Reweighting Needed				
General weighting for all 4 performance categories	30%	30%	15%	25%
Reweighting 1 Performance Category				
No Cost: Cost → Quality and PI	55%	0%	15%	30%
No Promoting Interoperability: PI → Quality and IA	40%	30%	30%	0%
No Quality: Quality → PI	0%	30%	15%	55%
No Improvement Activities: IA → Quality	45%	30%	0%	25%
Reweighting 2 Performance Categories				
No Cost and No Promoting Interoperability Cost and PI → Quality and IA	50%	0%	50%	0%
No Cost and No Quality Cost and Quality → PI	0%	0%	15%	85%
No Cost and No Improvement Activities Cost and IA → Quality and PI	70%	0%	0%	30%
No Promoting Interoperability and No Quality PI and Quality → Cost and IA	0%	50%	50%	0%
No Promoting Interoperability and No Improvement Activities PI and IA → Cost and Quality	70%	30%	0%	0%
No Quality and No Improvement Activities Quality and IA → PI	0%	30%	0%	70%

Appendix C: Performance Feedback Based on Access

This table provides a snapshot of what you can and can't view within performance feedback based on your access and organization type.

With This Access	You CAN	You CAN'T
Staff User or Security Official for a **Practice** (Includes solo practitioners)	✓ View and download group-level ("practice") performance feedback and the group's final score. ✓ View and download subgroup performance feedback and the group's final score. ✓ View and download clinician-level performance feedback and their final score (excluding APM participants). ✓ View and download payment adjustment data for all clinicians in the practice. ✓ Access patient-level reports for administrative claims cost and quality measures.	**X** View APM Entity level performance feedback. **Example:** If you're a participant TIN in a Shared Savings Program ACO, you won't be able to view performance feedback or payment adjustment information for the ACO. You'll only be able to view feedback on the data submitted at the individual or group level. **X** View performance feedback for your virtual group.
Staff User or Security Official for an **APM Entity**	✓ View and download MIPS performance feedback and final score for the entire APM Entity. ✓ View and download Promoting Interoperability scores for each MIPS eligible clinician in the APM Entity (if the APM Entity didn't report). ✓ View and download payment adjustment data for all clinicians in the APM Entity. ✓ Access patient-level reports for administrative claims quality measures.	**X** View group level performance feedback. **Example:** If you're a Shared Savings Program ACO, you won't be able to view individual or group-level performance feedback or payment adjustment information for the clinicians in Participant TINs. You'll only be able to view feedback at the ACO level.
Staff User or Security Official for a **Registry** (QCDR or Qualified Registry)	✓ View preliminary measure- and activity-level scoring for your clients based on the data you submitted for them (same information that was available during the submission period).	**X** View performance feedback or payment adjustment information for your clients, which may include: ○ Data submitted by your clients directly. ○ Data submitted by another third party on behalf of your clients. ○ Data collected and calculated by CMS on behalf of your clients.

With This Access	You CAN	You CAN'T
Clinician Role	✓ View and download your performance feedback and view final scores applicable to each of your TIN/NPI combinations. ✓ View and download payment adjustment data.	**X** View performance feedback for other clinicians.
Staff User or Security Official for a **Virtual Group**	✓ View and download virtual group-level performance feedback. ✓ View and download payment adjustment data. ✓ Access patient-level reports for administrative claims cost and quality measures.	**X** View performance feedback about data submitted by individuals or practices in your virtual group.

Appendix D: Administrative Claims Measures

- **Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System.**
  - This measure is automatically calculated for groups, virtual groups, and APM Entities that include at least 1 cardiologist and meet the case minimum (21 cases).
  - Review the measure specification (ZIP).
    - Included in traditional MIPS.
    - Available as 1 of the 4 required measures in MVP reporting.
    - Not included in APP reporting.

- **Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System (MIPS) Groups.**
  - This measure is automatically calculated for groups, virtual groups, and APM Entities with at least 16 eligible clinicians that meet the case minimum (200 cases).
  - Review the measure specification (ZIP).
    - Included in traditional MIPS.
    - Available as a population health measure in MVP reporting.
    - Included in APP and APP Plus reporting.

- **Risk-standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS).**
  - This measure is automatically calculated for individuals, groups, virtual groups, and APM Entities that meet the case minimum (25 cases).
  - This measure has a 3-year performance period (October 1, 2022 – September 30, 2025) with a 3-month numerator assessment period.
  - Review the measure specification (ZIP).
    - Included in traditional MIPS.
    - Available as 1 of the 4 required measures in MVP reporting.
    - Not included in APP reporting.

- **Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**
  - This measure is automatically calculated for groups, virtual groups, and APM Entities with at least 16 eligible clinicians that meet the case minimum (18 cases).
  - Review the measure specification (ZIP).
    - Included in traditional MIPS.
    - Available as a population health measure in MVP reporting.
    - Included in APP reporting.

Appendix E: Measures with Scoring Changes

The following measures reflect MIPS scoring updates resulting from substantive changes during the 2025 performance period.

Measure ID/Name	Impact on Scoring, Submission, and Feedback Expectations
Measure 389/Cataract Surgery: Difference Between Planned and Final Refraction	This measure will be excluded from scoring and won't contribute to the MIPS quality performance category score. This measure won't be included in performance feedback.
Measure 494/ Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults	This measure will be excluded from scoring and won't contribute to the MIPS quality performance category score. This measure won't be included in performance feedback.
COST_AKID_1/Acute Kidney Injury Requiring New Inpatient Dialysis	This measure will be excluded from scoring and won't contribute to the MIPS cost performance category score. This measure won't be included in performance feedback.
COST_EDV_1/Emergency Medicine	This measure will be excluded from scoring and won't contribute to the MIPS cost performance category score. This measure won't be included in performance feedback.