

2025 MIPS Mid-year Assessment Checklist

PRACTICE INFORMATION		
Practice Name		
Date of assessment		
Name		

- Create a folder on your shared drive labeled "MIPS 2025", place documents into this as you go. Ensure it is backed up.
- Documentation may include PHI/ePHI, follow HIPAA guidelines in protecting this information.
 - Keep documentation for a minimum of 6 years in case of an audit

	 Keep documentation for a minimum of 6 j 	years in case of an audit.		
Р	PROMOTING INTEROPERABILITY—180-DAY REPORTING PERIOD FOR 2025			
	Review dashboard for all required measures & ensure each has at least 1 in numerator or exclusion has been met. Review measure requirements and address gaps.	2025 MIPS Promoting Interoperability Measure Specifications		
	Verify Public Health Registry interfaces still active or if an interface needs to be established.	Immunization and Electronic Case Reporting are required unless exclusion(s) are met.		
	Have completed or are in process of completing of Security Risk Assessment and Corrective Action Plan	Must be completed by 12/31/2025		
	Have completed or are in process of completing of SAFER High-priority Guide assessment, completed by 12/31/25	2025 High Priority Practices SAFER Guide Fact Sheet, must attest YES to conducting		
	Review the Promoting Interoperability Hardship , if needed. Deadline is 12/31/2025 .	2025 MIPS Promoting Interoperability Hardship Exception Application Guide		
QUALITY				
	Review Quality dashboard . Review measure requirements and address any gaps.	 2025 Quality Quick Start Guide 2025 MIPS Quality Measures List 		
	Traditional MIPS: Select 10-12 quality measures for focus, review specs & benchmarks (including at least 1 outcome or high priority)	2025 Quality Benchmarks		
	MIPS MVP: Select 5-7 quality measures in selected MVP for focus, review specs & benchmarks (including at least 1 outcome or high priority measure in the MVP)	 2025 MVP Information 2025 MVPs Implementation Guide 		
	If reporting with multiple CEHRTs , review data aggregation requirements and Quality data completeness requirements			
	If reporting as APM Entity, consider reporting eCQM measures for the Complex Organization Adjustment points (up to 6 pts for traditional, up to 4 pts for MVP)			

IMI	IMPROVEMENT ACTIVITIES				
	Review available activities , select activities for focus. MVP reporting, ensure selected activities included in chosen MVP NOTE: CMS recently suspended some activities during 2025. Pick new activities to complete if completed one of these.	 2025 Improvement Activities Quick Start Guide 2025 Improvement Activities Inventory Improvement Activities Suspension Announcement 			
	Review data validation requirements and educate staff on workflow and requirements. NOTE: as of 6/6, CMS has not yet released the data validation document for 2025	Reminder: group/subgroup reporting requires <a>50% of all TIN-linked providers to participate, regardless of each individual clinician's MIPS eligibility			
СО	COST				
	Review Cost Episode Measures for any that may be applicable	 2025 MIPS Summary of Cost Measures MIPS Cost Performance Category Fact Sheet 			
GE	GENERAL				
	Review group and each provider's eligibility on the QPP site	2025 MIPS Eligibility and Participation User Guide			
	Review available MVPs, if reporting MVP register on the QPP site by 12/1/25	2025 MVP Registration Guide			
	MVP: If reporting MVP Subgroup, register subgroup and included providers on QPP site by 12/1/25	2025 MVP Registration Guide			
	If in an AAPM, check if Qualified Participant status achieved in July, October, & December once released by CMS	First snapshot coming July 2025			
	Review available Extreme and Uncontrollable Circumstance Exclusion, if needed. Apply on the QPP site if applicable, by 12/31/2025.	2025 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide			
	Review data validation requirements for documentation for all categories	NOTE: as of 6/6, CMS has not yet released the data validation document for 2025			
	Review reporting options and consider multiple reporting methods/options to maximize potential score	2025 MIPS Reporting Options Comparison Resource			
	If reporting with multiple CEHRTs , review data aggregation requirements				

To reset your Practice Insights password, call 1-888-338-8445, press 3 for Practice Insights, ask to reset your TPS password.

This information is not intended as legal advice or a substitute for the original source documents. Users should consult the original source documents and other guidance published by CMS. Users are solely responsible for understanding and satisfying all requisite conditions of the applicable incentive program, and McKesson Specialty Health makes no warranty or representation as to the accuracy of the information contained herein or that users will qualify for any incentive.