2025 MIPS Mid-year Assessment

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June 2025

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Agenda

Quality	Promoting Interoperability	Improvement Activities	Cost
Exclusions	Eligibilty	MVPs	Key Takeaways
	Resources		

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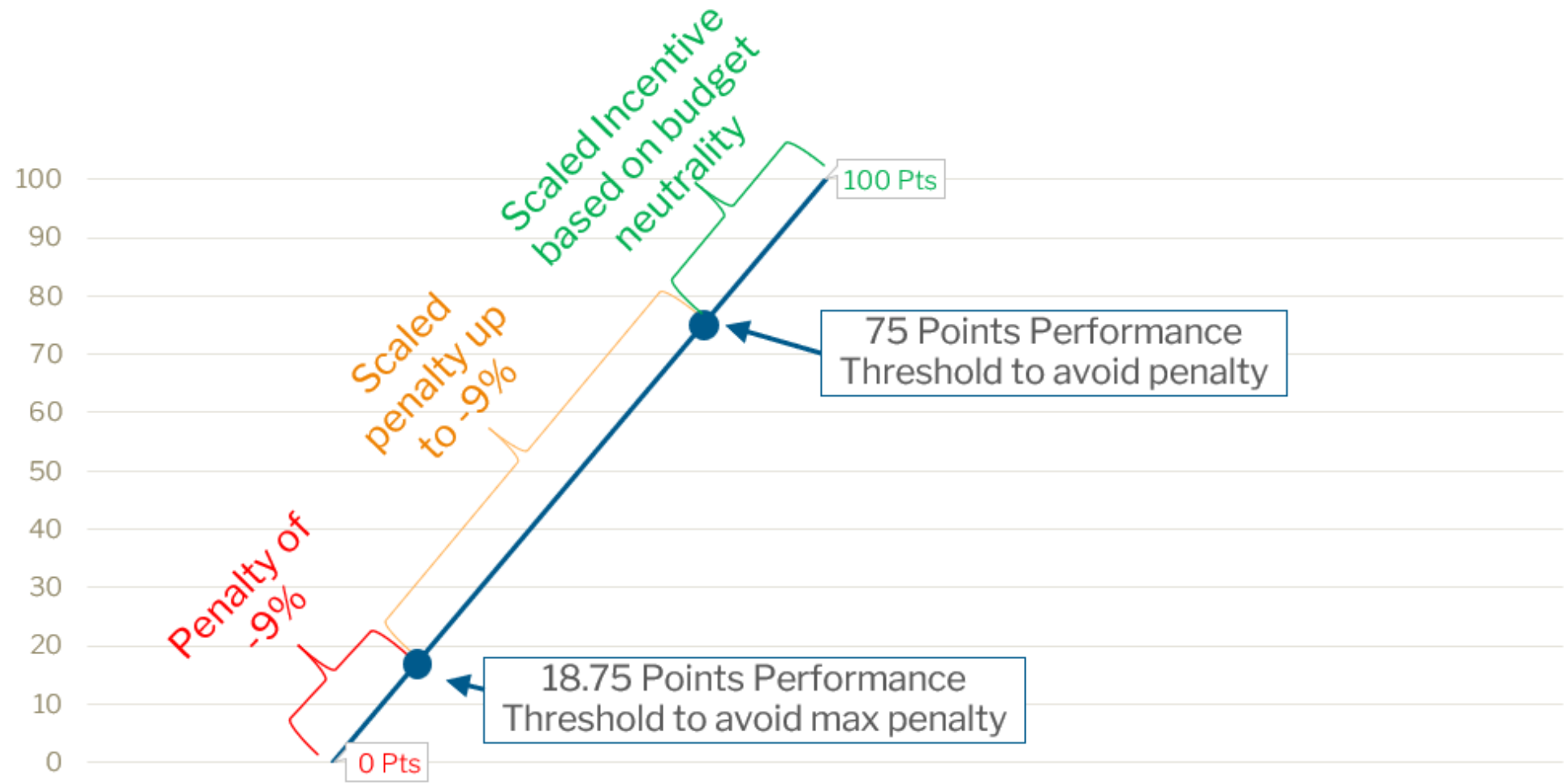# 2025 MIPS Category Weights

Category	Traditional MIPS/MVP	If PI is Reweighted for Small Practices	APM Entity Reporting/APM Performance Pathway
Quality	30%	40%	50%
Cost	30%	30%	0%
Improvement Activities	15%	30%	20%
Promoting Interoperability	25%	0%	30%

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2025 Performance Threshold

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Quality Measures

Quality Measures Category: Traditional

Requirements: Traditional

- ✓ Report minimum of 6 measures, including 1 Outcome or High-priority
- ✓ Full year reporting
- ✓ **75%** data completeness

Requirements: MVP

- ✓ Report minimum of 4 measures in selected MVP, including 1 Outcome or High-priority
- ✓ Full Year
- ✓ 1 of 2 population health measures

Bonus Opportunities

- Improve category score over previous year—up to 10 pts

MIPS Composite Performance Score

Pie chart: Cost 30%, Improvement Activities 15%, Promoting Interoperability 25%, Quality 30%

Small practices, with less than 16 providers receive 6 bonus points if they report at least 1 quality measure

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NEW: 2025 "Complex Organization Adjustment" for APM Entities

- Complex Organization Adjustment for APM entities & virtual groups for unique challenges of managing/ reporting quality data across varied providers & settings
- 1 point per eCQM reported
  - Case min and data completeness must be met
  - Up to 10% of total available achievement points
    - 6 pts max for traditional
    - 4 pts max for MVP
  - No need for end-to-end reporting

Review Measure & Benchmarks

- Is the measure available to report?
  - Example: MIPS 112 Breast CA Screening, MIPS 113 Colorectal CA Screening can only be reported under MVPs, not traditional
- Extremely important to review published benchmarks for reporting year
- What to look for:
  - Do they have a benchmark?
    - If no, 0 if reported as top 6 (4 for MVP)* if same-year benchmarks are not established
    - Is the measure topped out? Does it have a 7-point cap?
    - Is it a new measure in 1st or 2nd year reporting with a benchmark floor?
    - Are the benchmarks favorable, favorable for your practice?
      - Example: Achieved a measure score of 25% in 2023, but need a 99% for 9 points in 2025
      - Or maybe your past scoring results look favorable for 2025, maybe fine tune workflow
  - Does your practice have the resources available?
    - Screening for SDOH, is there staff to screen? Staff to follow up and address SDOH needs if identified

*if data 75% completeness is met, small practices achieve 3 points

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Deciphering Measure Benchmark Spreadsheet

Measure Identification

Collection Type

High Priority?

Has a benchmark?

Measure Title	ID	CMS eCQM ID	Collection Type	Measure Type	High Pr	Average Perf	Measure has a Benchmark
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	N/A	MIPS CQM	Process	No	62.35	Yes
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	N/A	Medicare Part B Claims	Process	No	84.84	Yes
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	CMS22v12	eCQM	Process	No	24.9	Yes

Outcome?

Ave Performance

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Collection method matters!
Your EHR Vendor, QCDR, or Registry determines which collection method is used

Deciles = Points

Measure Title	ID	Collection Type	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out	Seven Point Cap
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	MIPS CQM	0.11 - 7.06	7.07 - 18.20	18.21 - 27.75	27.76 - 48.04	48.05 - 81.63	81.64 - 93.85	93.86 - 98.92	98.93 - 99.92	99.93 - 99.99	100	No	No
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	Medicare Part B Claims	0.17 - 23.20	23.21 - 79.04	79.05 - 95.66	95.67 - 99.08	99.09 - 99.77	99.78 - 99.99	--	--	--	100	Yes	Yes
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	317	eCQM	0.06 - 4.41	4.42 - 12.46	12.47 - 17.05	17.06 - 19.94	19.95 - 22.79	22.80 - 25.69	25.70 - 28.78	28.79 - 33.10	33.11 - 40.79	>= 40.80	No	No

- Main Collection Types: MIPS CQMs, eCQMs, Part B claims
- Reporting method—example results with a 60% score
  - Part B Claims (small practices) 2 decile points
  - MIPS CQM earns 5 decile points
  - eCQM earns 10 decile points
- 7-points Cap– highest score may be 7 or less!
- Topped out? Next year may have 7-point cap

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New Measures

In first-year reporting, have 7-point floor

In second-year reporting, have 5-point floor

If enough data is submitted (~20 clinicians/groups), CMS may issue same-year benchmarks

- First year 7-10
- Second year 5-10
- If benchmarks issued and performance is strong, may exceed other measure results and be added to top 6 for scoring

Data completeness must be met (75% for 2025)

Case min (20) does NOT need to be met

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Topped Out 7-point Cap Measure Benchmarks

- Removed 7-point cap
- Must be topped out for 2 consecutive years before reviewed for new benchmark method
- Upon 3rd year as Topped out, may still be removed

Performance Rate	Achievement Points
84 -84.9%	1.0 – 1.9
86 – 87.9%	2.0 – 2.9
88 – 89.9%	3.0 – 3.9
90 - 91.9%	4.0 – 4.9
92 – 93.9%	5.0 – 5.9
94 – 95.9%	6.0 – 6.9
96 – 97.9%	7.0 – 7.9
98 – 98.9%	8.0 – 8.9
99 - 99.9%	9 - 9.9
100%	10

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Flat Benchmark Measures for 2025

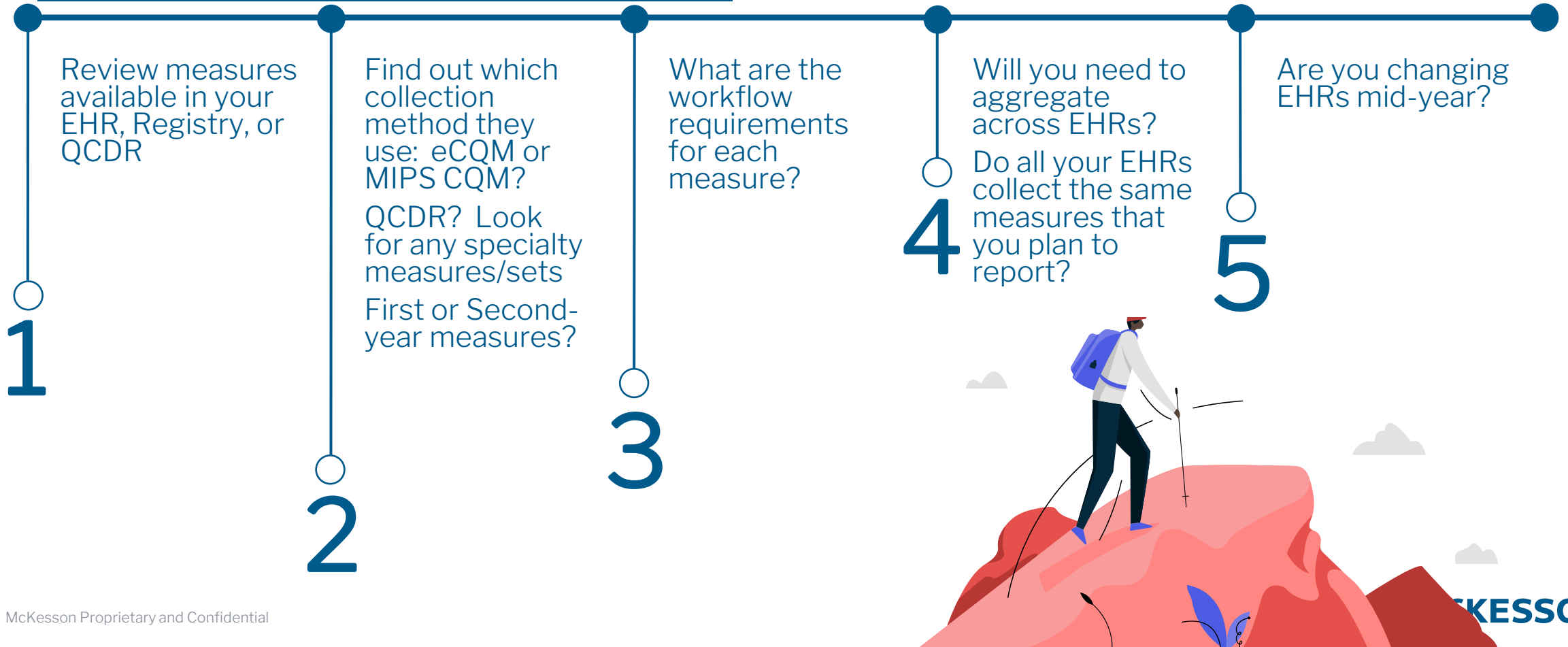| ID	Measure	Collection Type
143	Oncology: Medical and Radiation - Pain Intensity Quantified	eCQM, CQM
249	Barret's Esophagus	Medicare Part B Claims, CQM
250	Radical Prostatectomy Pathology Reporting	Medicare Part B Claims, CQM
360	Optimizing Pt Exposure to Ionizing Radiation: Potential High Dose Radiation Imaging Studies: CT & Cardiac Nuclear Medical Studies	CQM
364	Optimized Pt Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Incidentally Detected Pulmonary Nodules	CQM
395	Lung Cancer Reporting (Biopsy/Cytology Specimens)	Medicare Part B Claims, CQM
396	Lung Cancer Reporting (Resection Specimens)	CQM
397	Melanoma Reporting	Medicare Part B Claims,
405	Appropriate Follow-up Imaging for Incidental Abdom Lesion	CQM
406	Appropriate Follow-up Imaging Incidental Thyroid Nodules in pts	CQM
424	Perioperative Temperature Management	CQM
430	Prevention of Post-Operative Nausea and Vomiting Comb Therapy	CQM
436	Radiation Consideration for Adult CT: Utilization of Dose Lowering	CQM
440	Skin Cancer: Biopsy Reporting Time Pathologist to Clinician	CQM
463	Prevention of Post-Operative Vomiting Comb Therapy (peds)	CQM
477	Multimodal Pain Management	CQM

Vendor Capabilities/Considerations

CEHRT?
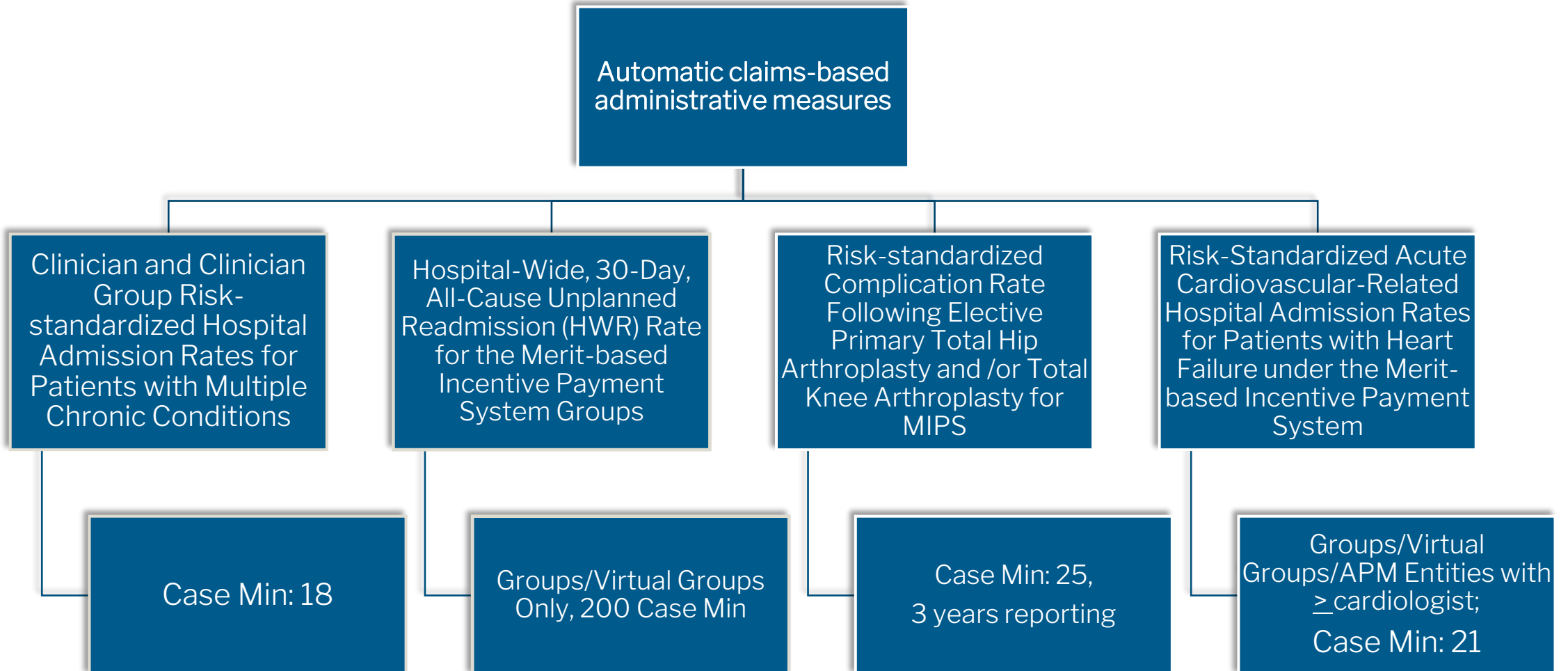Ensure your EHR is certified for 2025 reporting

Reporting Options
Direct, create JSON or QRDA file? Work with a third-party vendor for submission? Have a QCDR?

1 Review measures available in your EHR, Registry, or QCDR

2 Find out which collection method they use: eCQM or MIPS CQM?

QCDR? Look for any specialty measures/sets

First or Second-year measures?

3 What are the workflow requirements for each measure?

4 Will you need to aggregate across EHRs?

Do all your EHRs collect the same measures that you plan to report?

5 Are you changing EHRs mid-year?

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Administrative Claims Quality Measures

```
Automatic claims-based
administrative measures
```

Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System Groups

Risk-standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and /or Total Knee Arthroplasty for MIPS

Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System

Case Min: 18

Groups/Virtual Groups Only, 200 Case Min

Case Min: 25, 3 years reporting

Groups/Virtual Groups/APM Entities with $\geq$ cardiologist; Case Min: 21

Quality Checklist

Quality Checklist

❑ Review list of measures supported by your EHR
❑ Traditional MIPS: Identify 8-10 measures for focus
   • Relevant to specialty or practice strategy to improve patient care
❑ MIPS MVP
   • Pick 5-7 MVP-specific measures for focus
❑ Review measure specifications and **benchmarks**
❑ Monitor performance and adapt workflow as needed
❑ Research submission methods available

Promoting Interoperability

Promoting Interoperability Category

New Requirements

- ✓ Report required measures for <u>180-day period</u>
- ✓ SAFER High-Priority Guide
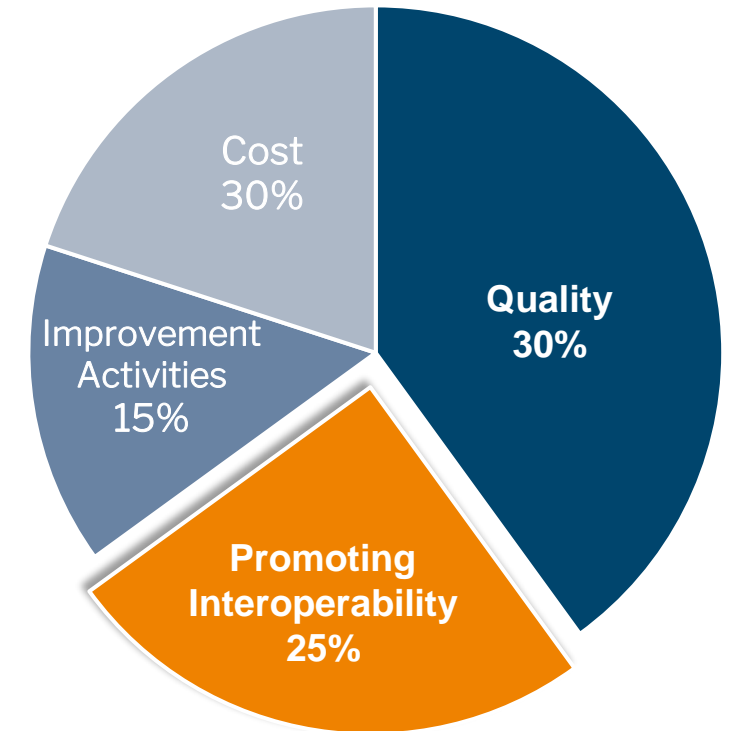 - ✓ Must attest YES

Bonus Opportunities

- Active engagement with **one** of the following registries, 5 points:
  - Syndromic Registry
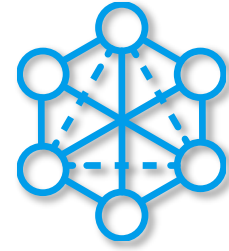 - Public Health Registry or
  - Clinical Data Registry

ℹ️ Last day to start PI 180 period is 7/5!

MIPS Composite Performance Score

Cost 30%
Quality 30%
Improvement Activities 15%
Promoting Interoperability 25%

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Promoting Interoperability Changes

- If multiple category submissions received, CMS uses the highest

- No other changes

- **Reminder for eCR**

  - **If attested to Option 1 in 2024**

  - **Must attest to Option 2 in 2025***

  *may be updates in preliminary rule due to CDC hold for eCR onboarding

Promoting Interoperability Measures

Objective	Measure		Exclusion	Available Points
Protect Patient Health Info	Security Risk Assessment		None	No points, required
	High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guide		None	No points
e-Prescribing	e-Prescribing		< 100 in 180 days	Up to 10 points
	Query of PDMP		Does not eRX any controlled substances	10 points
Health Information Exchange	Option 1:	Support Electronic Referrals Sending	<100 in 180 days	Up to 15 points
		Support Electronic Referrals Receiving & Reconciling	<100 in 180 days	Up to 15 points
	Option 2:	HIE Bi-Directional Exchange	n/a	30 points
	Option 3:	TEFCA	n/a	30 Points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information		None	Up to 25 points

Promoting Interoperability Measures

Objective	Measure	Exclusion	Available Points
Public Health and Clinical Data Exchange	Active Engagement with:		25 points for active engagement with both, or active with one and exclude for other. If able to meet exclusions for both registries, weight will go to portal measure.
	1. Immunization Registry Reporting	Does not administer immunizations, etc.	
	2. Electronic Case Reporting	Eligible clinician's jurisdiction has not declared readiness for engagement	
	Bonus: Active engagement with <u>one</u>: · Public Health Registry Reporting, OR · Clinical Data Registry Reporting, OR · Syndromic Surveillance Reporting	None	5 points

Promoting Interoperability Checklist

Promoting Interoperability Check List	
Measures based on percentage achieved	❑ Review points earned vs. possible points ❑ Identify measures for improvement ❑ Make sure **180-day** reporting period ❑ Ensure at least 1 in numerator for each measure

Security Risk Assessment	❑ Review all privacy and security policies and procedures
	❑ Review safeguards
	❑ Update contingency plans
	❑ Conduct site walk throughs
	❑ Create corrective action plan
	    ❑ Assign owners
	    ❑ Set completion dates

SAFER High-Priority Guide	❑ Review, assess, and document
Public Health Reporting	❑ Active Engagement with: Immunization Registry **and** Electronic Case Reporting Registry OR Meet exclusion(s) for one or both

Improvement Activities
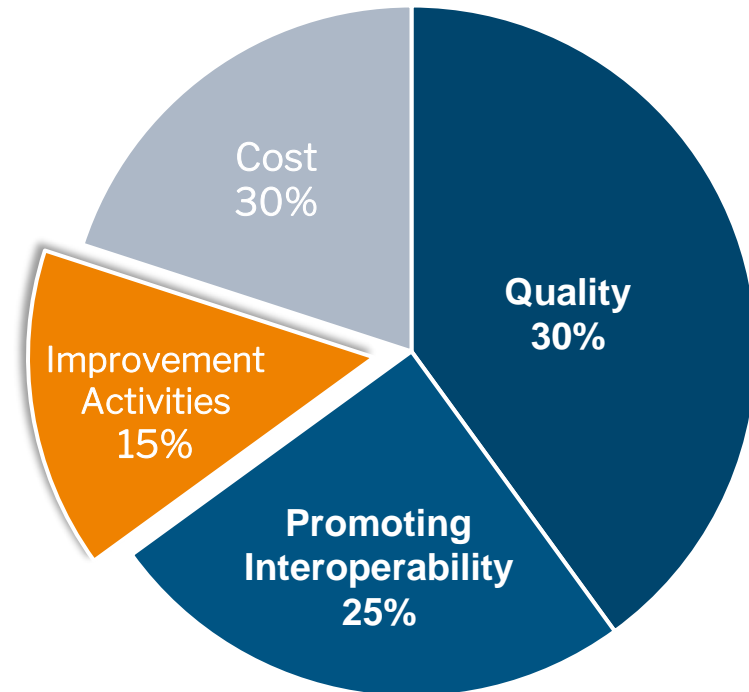
Improvement Activities Category: Traditional

Requirements

✓ Report Improvement Activity or Activities for 90-day reporting period

✓ Group/subgroup reporting requires ≥ 50% of clinicians linked to TIN complete the activity

Scoring

- **No more weighting**
  - Large practices: complete 2
  - Small practices: complete 1
  - MVP reporting complete 1 in MVP
  - Special Status (Rural, HPSA, Non-pt facing) report 1
  - APM Entities still receive half credit, must report 1

MIPS Composite Performance Score

Cost 30%

Quality 30%

Improvement Activities 15%

Promoting Interoperability 25%

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Data Validation

ID	Subcategory	Activity Name	Activity Description	Objective & Validation Documentation
IA_BE_24	Beneficiary Engagement	Financial Navigation Program	In order to receive credit for this activity, MIPS eligible clinicians must attest that their practice provides financial counseling to patients or their caregiver about costs of care and an exploration of different payment options. The MIPS eligible clinician may accomplish this by working with other members of their practice (for example, financial counselor or patient navigator) as part of a team-based care approach in which members of the patient care team collaborate to support patient- centered goals. For example, a financial counselor could provide patients with resources with further information or support options, or facilitate a conversation with a patient or caregiver that could address concerns. This activity may occur during diagnosis stage, before treatment, during treatment, and/or during survivorship planning, as appropriate.	Objective: Help patients navigate the stress and risks associated with paying for healthcare, and, when relevant, help them explore alternative options that address their holistic needs. Validation Documentation: Demonstration that the practice provides patients with estimates of the costs of the types of healthcare services it will furnish in advance (for services that can be scheduled in advance) and financial counseling to patients or their caregivers about payment options. Financial counseling may occur during diagnosis stage, before treatment, during treatment, and/or during survivorship planning, as appropriate. Include both of the following elements: 1) **Estimated cost of care provided** – Documentation that an estimate of the cost to the patient of the types of healthcare services to be furnished by the eligible clinician(s) was provided to patient in advance (for services that can be scheduled in advance); AND 2) **Financial counseling provided** – Documentation of financial counseling provided to patients and/or their caregivers about costs of care with evidence that different payment options were provided.

Review the 2025 MIPS Improvement Activities Data Validation Criteria Document, once released by CMS

- Ensure you fully understand the objective
- Able to gather needed documentation throughout the 90-day performance period
- Relative to your practice and or specialty
- If reporting an MVP, ensure selected measures are in the MVP
- Ensure you are reporting the correct amount of activities

2025 MIPS Data Validation Criteria

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Practice improvements to align with OpenNotes principles ; IA_CC_13

- **Objective:** Utilize a program or process that provides an open exchange of necessary patient information between care teams and patients to guide patient care.

- **Validation Documentation:** Evidence of full access to patient information (between care team and patient) to guide patient care. Required clinical documentation from a medical record available in a patient portal using United States Core Data for Interoperability (USCDI) standards, including consultation, as relevant to each patient. Medical records that are not required to be available include psychotherapy notes that are separated from the rest of the individual's medical record and information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding.

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Improvement Activities Suspended for 2025

Activity ID	Activity Name	Notes
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	
IA_AHE_8	Create and Implement an Anti-Racism Plan	Not on the original list of 2025 IAs
IA_AHE_9	Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols	
IA_AHE_11	Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients	Not on the original list of 2025 IAs
IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health	
IA_PM_6	Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (Use of toolset or other resources to close healthcare disparities across communities)	Not on the original list of 2025 IAs
IA_ERP_3	COVID-19 Clinical Data Reporting with or without Clinical Trial	Not on the original list of 2025 IAs
IA_PM_26	Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B	

- If already completed or started, may submit for 2025
  - HIGHLY recommended you select other activity
- May not start a suspended activity after CMS release

Improvement Activities Checklist

Improvement Activities Checklist
❑ Review the new non-weighting requirements for activities and find the requirements for your practice to ensure earn full credit
❑ Review Improvement Activities list and select
❑ If reporting as a group or MVP subgroup, implement the activity with **≥ 50% of clinicians in the TIN or Subgroup** (Regardless of individual clinician MIPS eligibility)
❑ Set implementation date, ensure at least **90 continuous days**
❑ Review Data Validation Criteria and archive information that will be required if audited

# Cost Category : Traditional

Cost Category: Traditional

Requirements

✓ Full year
✓ Claims based, Parts A & B (some D)
✓ Cases minimums
  - If case minimum not met for any of the performance measures category will receive zero weight

Scoring

- Total points per category = 30
- Starting 2024 forward
  - New benchmarking decile creation

MIPS Composite Performance Score

Cost 30%

Improvement Activities 15%

Quality 30%

Promoting Interoperability 25%

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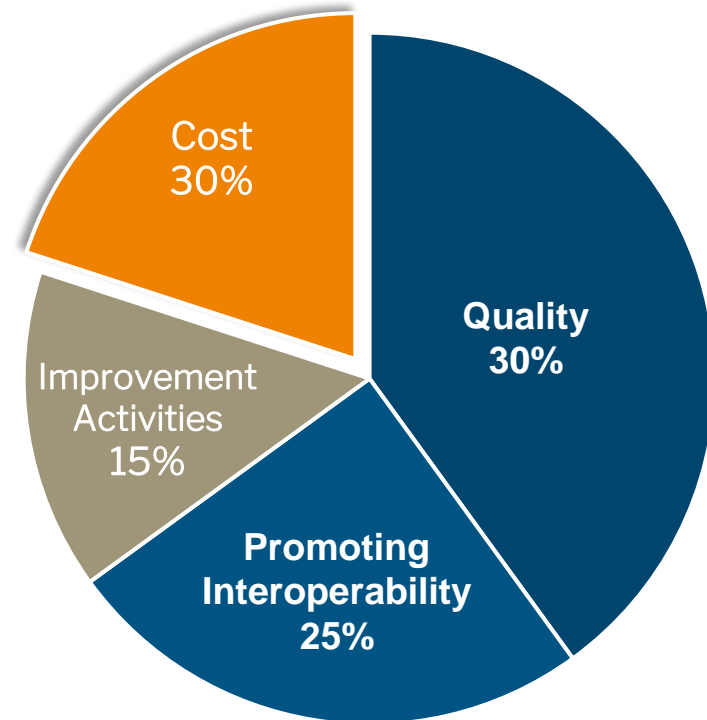
2025 Cost Category - Attribution

Total per Capita Cost measure:
Assesses overall cost of care delivered to a Medicare patient with a focus on primary care received.
- Medicare Parts A & B
- Case minimum: 20 Medicare Patients

Medicare Spending Per Beneficiary measure:
Assesses cost of care for services related to qualifying inpatient hospital stay for a Medicare patient. Episode begins 3 days prior to hospital admission, includes hospital charges, plus charges through 30 days after discharge.
- Medicare Parts A & B
- Case minimum: 20 episodes

Procedural episodes:
Attributes episodes to each MIPS eligible clinician who renders a trigger service as identified by HCPCS/CPT procedure codes.
- Parts A & B
- Case minimum: 10 episodes, except Colon & Rectal Resection measure with case minimum of 20 episodes

Chronic Condition episodes:
Assesses cost of care clinically related to the care and management of patients' specific chronic conditions provided during a total attribution window.
- Medicare Parts A, B & D
- Case minimum: 20 episodes.

Acute inpatient medical condition episodes:
Assesses cost of care clinically related to specific acute inpatient medical conditions provided during an episode's timeframe.
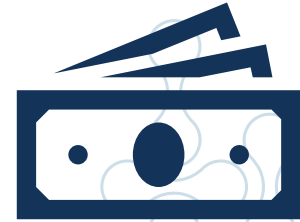- Medicare Parts A & B
- Case minimum: 20 episodes

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Cost strategies

HCC Coding for comorbidities

Vendors available who monitor via claims

Refer smartly—Total Cost of Care episode

 6/19/2025

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Cost Changes

New Measures:

- Chronic Kidney Disease
- End-stage Renal Disease
- Kidney Transplant Management
- **Prostate Cancer** (included in the ACC MVP)
- Rheumatoid Arthritis
- Respiratory Infection Hospitalization

Changed Measures:

- Cataract Removal with Intraocular Lens (IOL) Implantation (currently named Routine Cataract with Intraocular Lens [IOL] Implantation)
- Inpatient Percutaneous Coronary Intervention (PCI) (currently named ST-Elevation Myocardial Infarction [STEMI] Percutaneous Coronary Intervention [PCI]).

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Cost Checklist

Cost Checklist
❑ Review Procedural, Inpatient, and Chronic Episodes for possible impact
❑ Check previous years' MIPS results for past Cost score or exclusion
Oncologists:
❑ Focus on HCC coding for comorbidities in Prostate Cancer Patients ❑ Check if received Prostate Cancer report from 2022 on QPP

Hardships/Exceptions

Extreme and Uncontrollable Circumstance Application

Eligibility for Exceptions

Eligible clinicians, groups, APM entities, and virtual groups can apply for exceptions due to extreme circumstances.

– APM Entities must apply **for all 4 categories**

Types of Circumstances

Extreme and uncontrollable circumstances include events entirely outside of control of clinician/ group (i.e., natural disasters or ransomware attacks). *COVID is not longer a valid reason*

Application Process

Apply on QPP using HARP credentials, deadline is **12/31/25, 8PM ET**.

Scoring and Reweighting

IF approved and only one category is reported, a neutral score is received.

– Small practices automatically have PI reweighted to 0% unless they submit full data

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2025 MIPS Extreme and Uncontrollable Circumstances

1 Category Reweighted

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
No Reweighting				
Standard Weighting under traditional MIPS	30%	30%	15%	25%
Reweight 1 Performance Category				
No Cost (Cost → Quality and Promoting Interoperability)	55%	0%	15%	30%
No Improvement Activities (Improvement Activities → Quality)	45%	30%	0%	25%
No Promoting Interoperability (Promoting Interoperability → Quality)	55%	30%	15%	0%
No Quality (Quality → Promoting Interoperability)	0%	30%	15%	55%

2 Categories Reweighted

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
Reweight 2 Performance Categories				
No Cost + No Promoting Interoperability (Cost + Promoting Interoperability → Quality)	85%	0%	15%	0%
No Cost + No Quality (Cost + Quality → Promoting Interoperability)	0%	0%	15%	85%
No Cost + No Improvement Activities (Cost + Improvement Activities → Promoting Interoperability + Quality)	70%	0%	0%	30%
No Promoting Interoperability + No Quality (Promoting Interoperability + Quality → Cost + Improvement Activities)	0%	50%	50%	0%
No Promoting Interoperability + No Improvement Activities (Promoting Interoperability + Improvement Activities → Quality)	70%	30%	0%	0%
No Quality + No Improvement Activities (Quality + Improvement Activities → Promoting Interoperability)	0%	30%	0%	70%

2025 MIPS Promoting Interoperability Performance Category Hardship Exception Application

Available now on QPP using HARP credentials

- MIPS eligible clinicians, groups, & virtual groups may apply to reweight Promoting Interoperability category to 0% if:
  - ✓ insufficient internet connectivity
  - ✓ decertified electronic health record (EHR) technology
  - ✓ lack control over the availability of certified EHR technology (CEHRT)
    - *Simply lacking CEHRT functionality doesn't qualify*
  - ✓ extreme and uncontrollable circumstances: disaster, practice closure, severe financial distress or vendor issues
- APM Entities not eligible for PI hardship application, only EUC for all categories
- PI Hardship Exception deadline is 8 p.m. ET on **December 31, 2025**

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Promoting Interoperability Hardship Exception

ONC Certified HIT
2015 EDITION

Eligibility Criteria

Hardship exceptions can be applied for by MIPS eligible clinicians, groups, and virtual groups due to specific reasons.

- APM Entities may not apply, use EUC

Reweighting PI Category

The Promoting Interoperability category can be reweighted to 0% for approved applicants facing hardships.

Eligible Hardships

Reasons include insufficient internet connectivity, decertified EHR technology, lack of control over CEHRT, and extreme and uncontrollable circumstances.

- Choosing not to have a CEHRT or simply lacking CEHRT functionality doesn't qualify

Deadline

The PI Hardship Exception deadline is **8 p.m. ET on December 31, 2025. Apply on QPP using HARP Credentials**

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MVP

MIPS Value Pathways (MVP)

MVP Participation levels
- Individual clinician, Single specialty group, Multispecialty Group, Subgroup, Alternative Payment Models (APM) Entity

MVP reporting
- Select MVP & register on QPP site between 4/1 & 12/2 of performance year
- Select **4 quality measures** in MVP, including 1 outcome
- **Report 1 Improvement Activity in MVP**
- Will be scored on cost measures included in selected MVP (claims based)
- Foundational Layer (MVP Agnostic)
  - Population health measure (claims based)
  - Report **all measures of Promoting Interoperability**

COST

IMPROVEMENT ACTIVITIES

QUALITY

PROMOTING INTEROPERABILITY & POPULATION HEALTH

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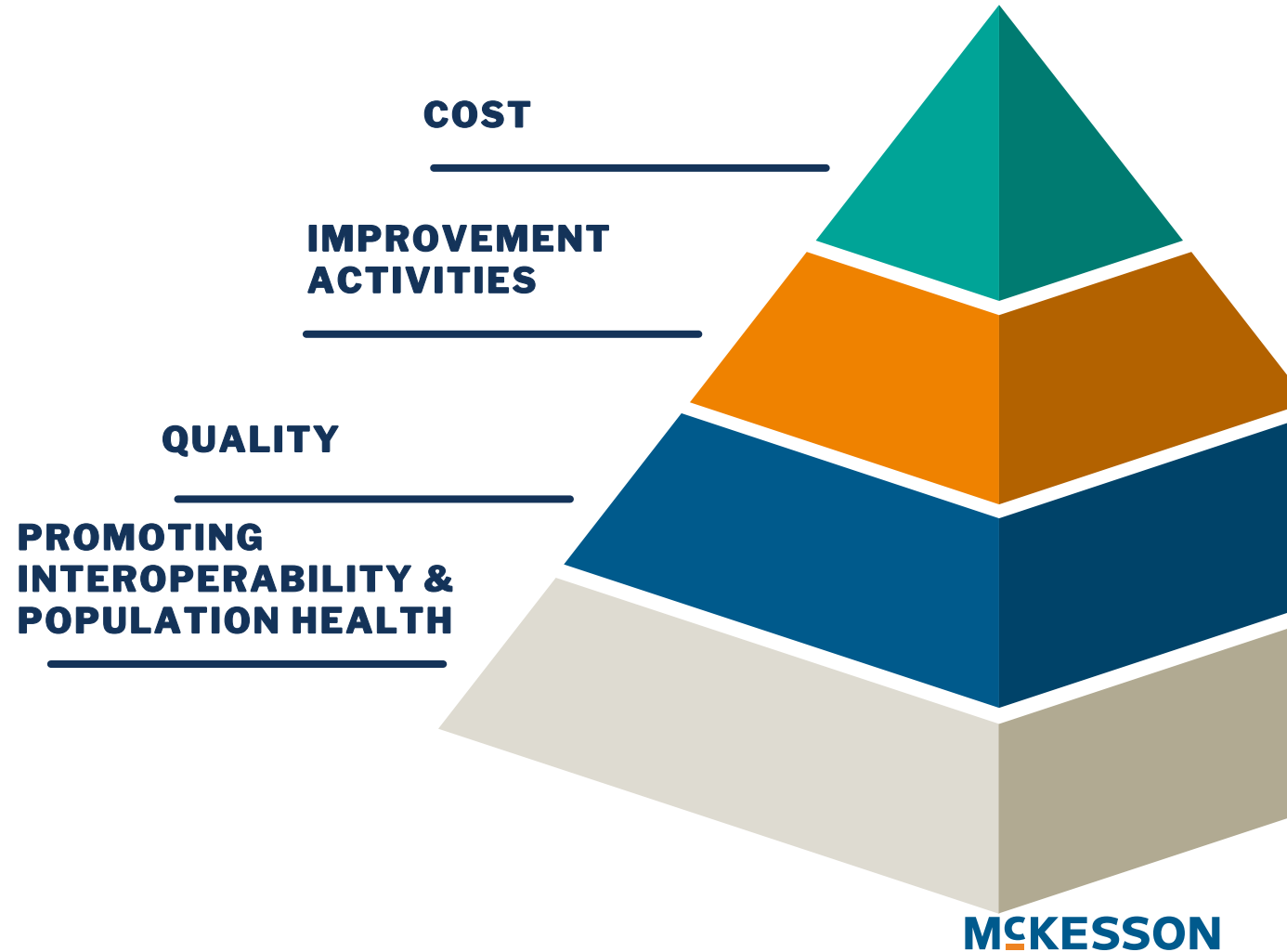
MVP: Population Health Quality

- NEW! No longer select population health measure when registering for MVP
- If case minimum met, will be scored
- CMS will use the higher if two are scored

Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups

- (Collection Type: Administrative Claims) (outcome)
- 200 Case Min. *Groups/APM Entities*. Focuses on: Surgery, Gynecology, Medicine, Cardiovascular, Neurology. Could have patients attributed to oncology group/APM Entity, but case minimum is high in order to be scored.

Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

- (Collection Type: Administrative Claims) (outcome)
- 18 Case Min. Clinicians or APM Entities or groups of 16+ providers. Patients attributed to hematologists and oncologists excluded. **Less likely that oncologist will be scored.**

2025 MIPS Value Pathways (MVPs)

Finalized MVPs for 2025:

- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Advancing Cancer Care
- Advancing Care for Heart Disease
- Advancing Rheumatology Patient Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Focusing on Women's Health
- Improving Care for Lower Extremity Joint Repair
- Optimal Care for Kidney Health
- Patient Safety and Support of Positive Experiences with Anesthesia
- Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
- Quality Care for the Treatment of Ear, Nose, and Throat Disorders
- Quality Care in Mental Health and Substance Use Disorders
- Rehabilitative Support for Musculoskeletal Care
- Value in Primary Care

6 New MVPs for 2025:

- Complete Ophthalmologic Care (**NEW**)
- Dermatological Care (**NEW**)
- Gastroenterology Care (**NEW**)
- Optimal Care for Patients with Urologic Conditions (**NEW**)
- Pulmonology Care (**NEW**)
- Surgical Care (**NEW**)
- **Quality Care for Patients with Neurological Conditions***

*Optimal Care for Patients with Episodic Neurological Conditions & Supportive Care for Neurodegenerative Conditions MVPs combined into a single consolidated MVP titled *Quality Care for Patients with Neurological Conditions.*

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Eligibility

MIPS Eligibility

- Check group and all individual providers on **QPP**
- Check again after **December snapshot**
- Consider submission: **Group, Individual or Both**
- Consider **Opt-in** or Volunteer if eligible, be mindful of possible impact of **Cost category**!

Required
- Or be subject to an up to 9% penalty

Opt-in Eligible
- Subject to incentive or penalty, may NOT report MVP

Volunteer
- No incentive or penalty

Initial Eligibility
(Segment 1)
Dec. 2024

PY 2025 Begins
Jan. 1, 2025

Final Eligibility
(Segment 1 and 2 Reconciled)
Dec. 2025

PY 2025 Ends
Dec. 31, 2025

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2025 Qualifying AAPM Participant (QP) Status

- Calculation remains at APM Entity level
- QP Thresholds:
  - 75% of all Medicare payments in AAPM *or*
  - 50% of all Medicare patients in AAPM
  - Incentive will be a 0.75% "based on the QP conversion factor "
  - Exempt from reporting MIPS
- Partial QP Thresholds:
  - 50% of all Medicare payments in AAPM *or*
  - 35% of all Medicare patients in AAPM
  - Exempt from reporting MIPS
  - Can submit MIPS to try for an incentive

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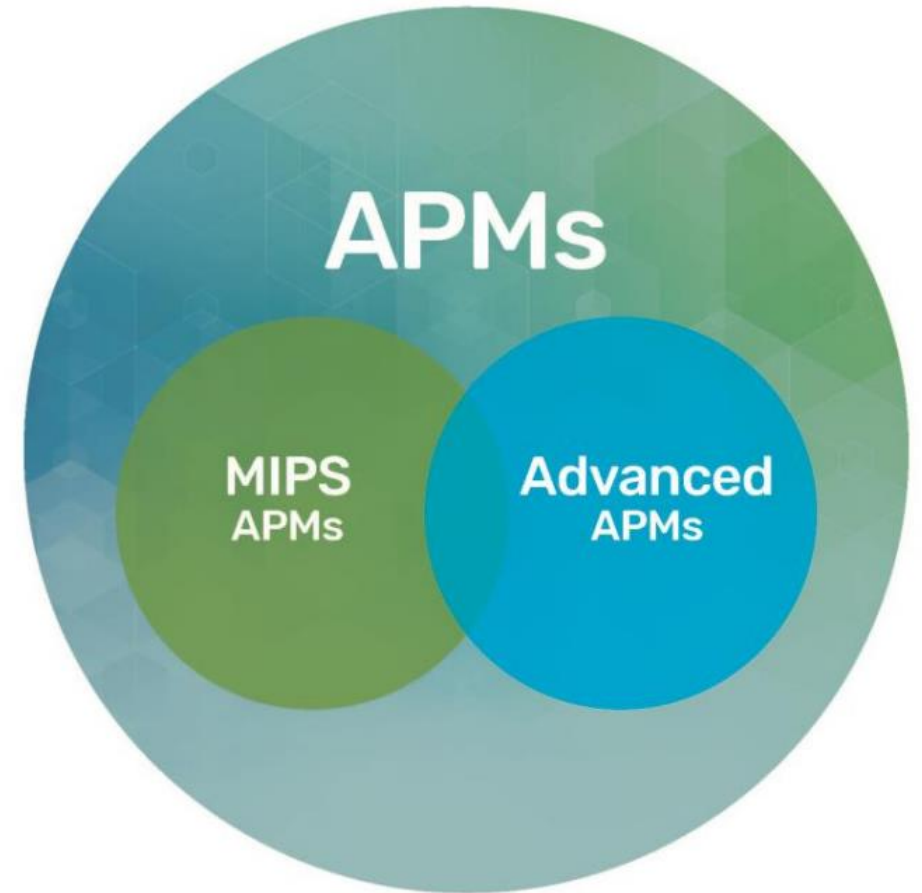
Strategy: Multiple Reporting Methods

Advantage of multiple reporting methods

Except for Virtual Group reporting, CMS will take the highest score from multiple submissions

Use multiple reporting methods to cover provider outliers

Maximize potential incentive by reporting top performers additionally

Cost is difficult to predict, APM-Entities and APP reporting Cost is 0%

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APM Entity VS Traditional VS MVP

APM Entity/APP
- Cost is 0%
- 50% credit for IA category

Considerations:
- Providers not linked to APM not covered
- Can your vendor report these methods?
- Have all APM data? EOM or hospital/large group APM
- Did the group do well in Cost in the past?

Traditional
- Simpler reporting
- More QM and IA choices

Considerations:
- All NPIs linked to TIN covered
- Can report group and high performing ECs
- Cost is 30%

MVP
- Report only 1 IA
- Only 4 QMs

Considerations:
- Limited MVPs
- Limited QM and IA options
- Still has a cost component
- Does your vendor report your selected MVP?

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Traditional MIPS Reporting Options 2025

Categories	Traditional MIPS	Traditional MIPS--APM Entity**

Quality	• **6 measures**, including 1 outcome and
	• **Claims-based Measures:**
	  • Hospital-Wide, 30-Day, All-Cause Unplanned Readmission
	  • Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
		• **6 measures**, including 1 outcome measure. and
		• **Claims-based Measures:**
		  • Hospital-Wide, 30-Day, All-Cause Unplanned Readmission
		  • Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Promoting Interoperability	Report all measures	Report all measures
Improvement Activities	**1 (small practice) or 2** activities, $\geq$ 50% of *all* providers must participate	**1** activity measures, $\geq$ 50% of *all* providers must participate (APM entities receive 50% credit in Traditional MIPS reporting)
Cost	• Subject to any claims-based Cost episodes where case minimum(s) met and • Medicare Spending Per Beneficiary (MSPB) and Total Per-Capita Cost for All Attributed beneficiaries (TPCC)	Not scored—0% weight
Participation Levels	• Group • Individual	• APM entity

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APM Entities can only use the EUC for **all 4 categories

MIPS **MVP** Reporting Options 2025

Categories	MVP*	MVP*--APM Entity**	MVP Subgroup*
Quality	• Select 4 measures in the MVP, including 1 outcome and • Auto scored on 1 of 2 Population Health measures for MVP reporting (claims-based measure)	• Select 4 measures in the MVP, including 1 outcome measure. and • Auto scored on 1 of 2 Population Health measures for MVP reporting (claims-based measure)	• Select 4 measures in the MVP, including 1 outcome and • Auto scored on 1 of 2 Population Health measures for MVP reporting (claims-based measure AT TIN LEVEL)
Promoting Interoperability	Report all measures	Report all measures. Promoting Interoperability hardship not available for APM entities in MVP	Report all measures at TIN LEVEL
Improvement Activities	1 activity in the MVP, > 50% of all providers must participate	1 activity in the MVP, > 50% of all providers in APM entity must participate	1 activity in the MVP, > 50% of all subgroup providers participate
Cost	Subject to **cost measure(s) in the MVP** (claims-based reporting)	Not scored—0% weight	Subject to **cost measure(s) in the MVP** (claims-based reporting)
Participation Levels	• Group • Individual • Subgroup	• APM entity	• MVP Subgroup only

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Reporting Multiple Methods: **Example, Alpha Oncology**

Alpha Oncology reports as group

78%

Clinician A also reports as an individual, higher Quality and PI measure scores

92%

Results:

All providers linked to Alpha's TIN receive payment adjustments based on 78%

Clinician A receives payment adjustment based on 92%

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Reporting VIA Multiple Methods: **Examples**

Beta Oncology
EOM RA1
(MIPS APM)

Has 4 providers who joined *after* the EOM participant list closed

Reports as APM Entity to reduce Cost risk, all APM Linked providers receive final score of 93

93%

80%

Also reports **Traditional Group** to cover 4 non-APM providers, 4 non-APM receive final score of 80%

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MIPS Submission Impact: Strategy

Penalty avoidance

- If group is facing penalty, did some **individuals do well**?
- Make sure individuals have **at least 1 in numerator** for all PI measures
  - Allows an option to report individually and reduce penalty impact

Aggregation

- If you have multiple EHRs, think about HIE measure
  - If **all EHRs do not have a bi-directional HIE, must report Send/Receive**
  - Make sure **at least 1 in numerator for Send and Receive**

What did you learn about reporting 2024?

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Key Takeaways for Successful 2025 MIPS Performance

Understand Your Options

- Review MIPS eligibility through CMS QPP Portal – new clinicians and status can change *(caution when considering "opt-in")*
- Research your reporting options with your EHR/Vendor (i.e., APM Entity to remove cost category, MVP, and Traditional MIPS)
- Have a plan – but stay flexible!

Engage EHR / Registry Vendors

- Request MVP submission support – including subgroup option
- Ensure vendor has capability to support multiple submission types to help maximize MIPS performance
- Confirm costs and additional modules that you might need to access

Multiple Reporting Methods

- Submit via multiple reporting options and levels
- CMS attributes highest score
- Maximize incentives, report high-performing individuals in addition to group

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Questions

Reach out to us at QPP.Info@McKesson.com

Resources

Resources
2025 MIPS Suggested Timeline document (included in final email)

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2025 Merit-based Incentive Payment System (MIPS) Suggested Timeline

Category	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Quality (Traditional MIPS)	• 2015 21st Century CEHRT required. • Review EHR-supported measures; assess any needed changes in documentation, specifications, or workflow to improve performance. • Select 8-10 measures for focus, ensuring at least 2 outcome or high-priority measures are included. • Note any measures removed, had their benchmarks removed, or measures no longer supported by your EHR.	• Monitor quality measure performance bi-weekly or at least monthly. • Share results with clinicians and care team, adjust workflow, and re-train based on performance. • Periodically review CMS Quality Benchmarks for updates or changes		• Review quality measure reports and determine which 6 measures earn the most points, ensuring at least 1 outcome or 1 high-priority measure included. • Review measures and select 2026 measures • Note any measures that had their benchmarks removed, or are no longer supported by your EHR for 2026 • **Consider eCQM reporting if APM**

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Resources

2025 MIPS Suggested Mid-year Assessment Checklist (included in final email)

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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.

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

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Score estimator

2025 Traditional MIPS

Promoting Interoperability

		Pt Electronic Access	2 Public Health Registry	e-Rx	Chose option 1 or 2		HIE Option 2: Bi-Directional	Security Risk Assessment completed	High Priority SAFER Guide completed	e-rx PDMP Met OR meet exclusion	Extra Registry BONUS	Estimated PI Category Score	Estimated Category Pts Toward Composite Score
					HIE Option 1: Ref loops Send AND	HIE Option 1: Ref loops Receive & Reconcile							
Instructions: In blue cells, enter numerator and denominator from PI dashboard. Select Yes/No.	Numerator	0		0	0	0						STOP	#VALUE!
	Denominator	1		1	1	1							
	Percentage or Yes/No	0.00	No	0	0	0	No	No	No	No	No		
	Multiplier	25%	25%	10%	15%	15%	30%	0%	0%	10%	5 pts		
	Measure Total	0	0	0	0	0	0	STOP	STOP	STOP	0		

Traditional MIPS Quality

Traditional MIPS Quality Measures

Additional Quality Measures (optional, will not be included in calculations)

Instructions:			Number/Name	Est Points	Outcome or HP?		Number/Name	Est Points	**Tip:**
In blue cells, enter the name and est points for **6 top measures**, including an **Outcome or High Priority (HP) measure**. Use drop-down to label...	Optional, list **additional measures** to report beyond the required top 6 in right hand box's	Measure1		0.0	Outcome	Measure 7			New measures in their **1st** (7 pt floor) or **2nd** (5 pt floor) year, are great additional measures or measures without benchmarks as same year benchmarks may be created.
		Measure 2		0.0	High Priority	Measure 8			
		Measure 3		0.0		Measure 9			
		Measure 4		0.0		Measure 10			
		Measure 5		0.0		Measure 11			
		Measure 6		0.0		Measure 12			
		Small Practice Bonus (add 6)		0					

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Resources

Quality
- 2025 Quality Quick Start Guide
- 2025 Quality Benchmarks
- 2025 Quality Benchmarks User Guide with Scoring Examples
- 2025 MIPS Quality Measures List

PI
- 2025 MIPS Promoting Interoperability Measure Specifications
- 2025 Promoting Interoperability Quick Start Guide
- MIPS Promoting Interoperability Performance Category Fact Sheet
- 2025 MIPS Promoting Interoperability Hardship Exception Application Guide

Cost
- MIPS Cost Performance Category Fact Sheet
- 2025 MIPS Summary of Cost Measures

IA
- 2025 Improvement Activities Quick Start Guide
- 2025 Improvement Activities Inventory
- Improvement Activities Suspension Announcement
- MIPS Improvement Activities Performance Category Fact Sheet

General
- 2025 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide
- 2025 MIPS Eligibility and Participation User Guide
- 2025 MIPS Eligibility Decision Tree
- Do I Need to Participate in MIPS? How to Check Eligibility Status

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