
MIPS 2026 Quarterly Timeline

This timeline outlines the recommended activities for successful participation in the 2026 MIPS reporting year. It is designed to guide practices, clinicians, and administrative teams through required tasks, best-practice steps, and quarterly milestones across all MIPS categories:

- *Quality*
- *Promoting Interoperability (PI)*
- *Cost*
- *Improvement Activities (IA)*
- *MIPS Value Pathways (MVPs)*
- *Program-Level Operational Actions*

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Quality (Traditional)	<p>Confirm Edition 21st Century Cures CEHRT is in use.</p> <p>Review EHR-supported quality measures; determine changes needed in documentation, specifications, or workflow.</p> <p>Review available quality benchmarks and their impact. Establish performance goals.</p> <p>Review vendor reporting options.</p> <p>Select 8–10 candidate measures for monitoring, ensuring ≥2 outcome or high-priority measures.</p> <p>Identify measures removed, suppressed, or no longer supported by your EHR.</p> <p>Review new measures with 7-point minimum benchmarks for potential adoption.</p> <p>Validate ability to meet 75% data completeness.</p> <p>Consider eCQM reporting for APM Entities or Virtual Groups for additional scoring opportunities.</p>	<p>Monitor measure performance bi-weekly or monthly. Address workflow issues quickly. Share regular scorecards with providers, leadership, and staff.</p> <p>Share results with clinicians and adjust workflows as needed.</p> <p>Continually review CMS benchmark updates.</p>		<p>Identify the top 6 scoring measures, ensuring ≥1 outcome or high-priority measure.</p> <p>Note measures with benchmark changes or with suppression.</p> <p>Reassess feasibility of eCQM submission, if applicable.</p> <p>Audit activities for compliance and archive documentation in a specific, backed up folder.</p>

Promoting Interoperability	<p>Confirm compliance with 21st Century Cures CEHRT.</p> <p>Determine your practice’s 180-day PI reporting period.</p> <p>Review PI measure workflows with staff.</p> <p>Ensure active engagement or qualifying exclusions for:</p> <ul style="list-style-type: none"> • Immunization Registry • Electronic Case Reporting <p>If applicable, engage with an additional Public Health Registry for bonus points (syndromic, clinical data registry, TEFCA).</p>	<p>Begin the 180-day reporting period no later than this quarter.</p> <p>Provide staff training as needed.</p> <p>Share PI performance results bi-weekly or monthly.</p> <p>Begin the Security Risk Assessment (SRA) and site reviews.</p> <p>Start the SAFER High-Priority Guide assessment (2026 version required).</p> <p>Review reporting options.</p>	<p>Monitor measure performance, address workflow issues.</p> <p>Confirm each clinician has necessary data or meets exclusion criteria.</p> <p>Develop SRA Corrective Action Plans.</p> <p>Continue the SAFER Guide assessment.</p> <p>Confirm active public health registry engagement.</p>	<p>Complete all SRA corrective actions.</p> <p>Finalize PI data validation and clinician exclusions.</p> <p>Complete the SAFER High-Priority Guide assessment.</p> <p>Audit activities for compliance and archive documentation in a specific, backed up folder.</p>
Cost (Traditional)	<p>Review cost measure specifications to identify applicable episode-based measures.</p>	<p>Develop strategies to reduce cost-of-care outcomes.</p>	<p>Review 2025 cost performance and refine strategies based on results.</p>	
Improvement Activities (Traditional)	<p>Review the 2026 Improvement Activities list. Use the Data Validation document to help select.</p> <p>Decide whether to continue 2025 activities, if available, or select new ones.</p> <p>Identify activities that support/align with Quality, PI, or EOM requirements.</p> <p>Develop an implementation timeline.</p>	<p>Develop a detailed playbook with policies/procedures for IA documentation.</p> <p>Use CMS Data Validation resources for audit preparation.</p> <p>Set and monitor activity goals.</p>	<p>Continue monitoring IA workflows and compliance.</p>	<p>Select and confirm your 90-day IA reporting period(s).</p> <p>Audit activities for compliance and archive documentation in a specific, backed up folder.</p>

	<p>Large practices report 2 activities.</p> <p>Small/special-status practices, MVP, APM Entity report 1 activity</p>			
<p>MVP (MIPS Value Pathways)</p>	<p>Review available MVPs and select the most relevant.</p> <p>Choose 4–6 MVP quality measures and one IA within the MVP.</p> <p>Begin Promoting Interoperability requirements focus.</p> <p>Review applicable Cost measure specifications.</p> <p>Confirm available reporting options with your vendor.</p> <p>Subgroup Reporting (if applicable)</p> <ul style="list-style-type: none"> • For multispecialty groups reporting via MVP, subgroup reporting by specialty is required. • Identify included NPIs and assign subgroup name. 	<p>Register intent to report your MVP on QPP.cms.gov.</p> <p>Continue monitoring Quality, PI, and IA.</p> <p>Subgroup-Specific:</p> <ul style="list-style-type: none"> • Register subgroup and intended MVP. • Ensure all NPIs are included. 	<p>Continue monitoring all MVP components.</p>	<p>Confirm:</p> <p>IA 90-day period</p> <p>PI 180-day period</p> <p>Ensure all documentation meets data validation requirements.</p> <p>If applicable, register intent to submit via vendor, EHR, registry, or QCDR.</p> <p>Audit activities for compliance and archive documentation in a specific, backed up folder.</p>

<p>Program-Level Decisions & Administrative Actions</p>	<p>Submit 2025 Quality, PI, and IA data.</p> <p>Communicate estimated 2025 results to leadership.</p> <p>Set performance goals for 2026.</p> <p>Educate staff on 2026 changes.</p> <p>Review clinician eligibility on the QPP site.</p> <p>Identify potential Opt-In clinicians or APM/AAPM participants.</p> <p>Review 2026 QP and Partial-QP threshold amounts for viability.</p> <p>Confirm participation in AAPM/APM, as applicable.</p>	<p>Confirm reporting and submission methods for each MIPS category.</p> <p>Validate CEHRT capability for Electronic Case Reporting and Immunization Registry.</p>	<p>Complete a mid-year assessment and calculate estimated mid-year MIPS scores.</p> <p>Re-check clinician eligibility and QP status.</p> <p>Assess progress toward improvement goals.</p> <p>Review final 2025 MIPS results and communicate outcomes.</p>	<p>Calculate preliminary final scores for clinicians and groups.</p> <p>Confirm AAPM QP/Partial-QP statuses.</p> <p>Determine whether to submit as a group, individual, or both.</p> <p>Complete registry/QCQR requirements and CMS Portal access.</p> <p>Submit Hardship Exception Applications (deadline TBD).</p> <p>Begin planning for the 2027 reporting year.</p>
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