

MIPS Monthly Webinar

2026 MIPS Mid-Year Checkpoint: MIPS 2026 Mid-Year Checkpoint: Are You on Track?



Evaluating progress and strategies for success

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Why a Mid-Year Checkpoint Matters



- Mid-year is your best chance to identify risk early
- Most unexpected MIPS penalties we see are avoidable
- Small gaps now can become big problems at submission
- Use vendor tools to help you spot issues before Q4

What “On Track” Looks Like at Mid-Year



- 1 Quality measures selected and actively monitored
.....
- 2 PI required measures showing numerator activity
.....
- 3 Improvement Activities completed or clearly underway
.....
- 4 Use vendor dashboards to monitor progress

**You don't
need
perfection
— you need
visibility**

Quality: Are Your Measures Performing as Expected?

- Are your selected quality measures still the right ones?
- Have you reviewed the benchmarks?
- Early signs a measure may underperform:
 - Performance trending negatively
 - Workflow challenges that won't realistically improve
- When it may make sense to pivot — and when it won't



Quality: Year-long focus

- **Traditional: Select 8-10 measures** for focus, including at least 1 Outcome Measure or High Priority if Outcome is not applicable
- **MVP: Select 6-7 measures** for focus including at least 1 outcome or high priority in the MVP
- Establish regular **Quality Team meetings**
- **Review data** at least monthly, better bi-weekly
 - Start early, easier to fix workflows issues in early year
- **Share current progress!**
 - Blinded scorecards, by provider, pod, divisions, locations
 - Or get provider/leadership buy-in for unblinded scorecards
 - Create a competition (one division vs another for top scores)



Same measure, different collection type=different results

Measure Title	Measure ID	Collection Type	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Preventive Care and Screening: Screening for Depression and Follow-Up	134	MIPS CQM	0.07 - 40.33	40.34 - 76.29	76.30 - 94.00	94.01 - 98.96	98.97 - 99.81	99.82 - 99.99	--	--	--	100
Preventive Care and Screening: Screening for Depression and Follow-Up	134	Medicare Part B Claims	24.03 - 87.85	87.86 - 99.54	99.55 - 99.99	--	--	--	--	--	--	100
Preventive Care and Screening: Screening for Depression and Follow-Up	134	eCQM	0.07 - 2.69	2.70 - 11.41	11.42 - 21.64	21.65 - 31.78	31.79 - 42.68	42.69 - 53.93	53.94 - 67.47	67.48 - 80.71	80.72 - 93.43	>= 93.44

Performance rate of 75%:

- MIPS CQM: Decile 2
- Medicare Part B Claims: Decile 1
- eCQM: Decile 8



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 2026)

Case min (20) does not need to be met

Quality Checklist

- Review list of measures supported by EHR/Registry and collection types available
- Traditional MIPS: Identify 8-10 measures for focus
 - Relevant to specialty or practice strategy to improve patient care
- MVP
 - Pick 6-7 MVP-specific measures for focus
- Review measure specifications and **benchmarks**
- Monitor performance and adapt workflow as needed
- Research submission methods available

Promoting Interoperability: Avoiding Common Pitfalls

- All required PI measures must be met or meet exclusions
- Confirm numerator activity for every required measure
- Common mid-year issues we see:
 - Misunderstood exclusions
 - Reweighting assumptions that don't apply (i.e., small practice designation change)
 - Documentation workflows misunderstood

2026 Promoting Interoperability Measures

Objective	Measure	Required? 1 in numerator or meet exclusion	Available Points	Exclusion	Redistribution for exclusion	
Protect Patient Health Info	Security Risk Assessment	YES	No points, required	None	N/A	
	High Priority SAFER Guide	YES	No points, required	None	N/A	
e-Prescribing	e-Prescribing	YES	Up to 10 points	< 100 in 180-day Period	10 Points to HIE	
	Query of PDMP	YES	10 points	Unable by law or does not prescribe <u>any</u> controlled RX	10 Point to eRX	
Health Information Exchange (HIE)	Option 1:	YES—must report option that ALL EHRs have	Support Electronic Referrals Sending	Up to 15 points	< 100 in 180-day Period	15 Points to Provide Patient Access
			Support Electronic Referrals Receiving & Reconciling	Up to 15 points	< 100 in 180-day Period	15 Points to Support Electronic Referrals Sending
	Option 2:		HIE Bi-Directional Exchange	30 points	n/a	N/A
	Option 3:		Enabling Exchange under TEFCA	30 points	n/a	N/A
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	YES	Up to 25 points	None	N/A	

2026 Promoting Interoperability Measures

Objective	Measure	Exclusion	Required? 1 in numerator or meet exclusion	Available Points	Redistribution for exclusion
Public Health and Clinical Data Exchange	Active Engagement with:			25 points active engagement with both, or active with 1 and exclude other. Levels of engagement: 1. Pre-production & validation (1 year only starting 2024) 2. Validated Data Production	If exclusions are met for <i>both</i> registries, 25 points will go to portal measure.
	1. Immunization Registry Reporting	Does not administer immunizations, etc.	YES		
	2. Electronic Case Reporting	Does not treat conditions available in jurisdiction's ECR, etc.	YES		
	<u>Bonus:</u> Active engagement with <u>one</u> : <ul style="list-style-type: none"> Public Health Registry Reporting, <i>OR</i> Clinical Data Registry Reporting, <i>OR</i> Syndromic Surveillance Reporting <i>OR</i> Public Health reporting using TEFCA 	None	No	5 points	None

Promoting Interoperability Check List

Measures based on percentage achieved

- Review points earned vs. possible points
- Identify measures for improvement, workflow re-education
- Make sure **180-day** reporting period
- Ensure at least 1 in numerator for each measure

Security Risk Assessment

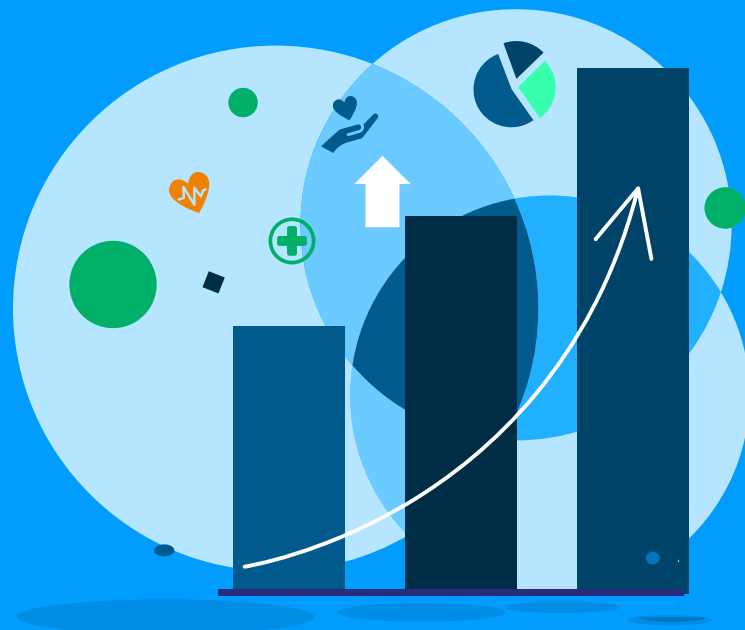
- Review all privacy and security policies and procedures
- Review safeguards
- Update contingency plans
- Conduct site walk throughs
- Create corrective action plan
 - Assign owners
 - Set completion dates

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



Traditional Improvement Activities

CATEGORY WEIGHT

- Traditional & MVP: 15%
 - APM Entity: 15%

AIM

- Goal: Improve clinical practice and care delivery to improve patient outcomes

SCORING

- CMS has removed the weighting for Improvement Activities starting 2025
- Category max is 40 points

REQUIREMENTS

- Large practices: Report **2 activities**
- Small practice (TIN has \leq 15 clinicians) report **1 activity**
- APM Entities receive half credit, report **1 activity**
- MVP: report **1 activity** in the MVP
- 90-day reporting period

Data Validation

ID	Subcategory Name	Activity Name	Activity Description	Objective & Validation Documentation	First PY
IA_EPA_2	Expanded Practice Access	Use of telehealth services that expand practice access	Create and implement a standardized process for providing telehealth services to expand access to care.	<p>Objective: Improve health outcomes by expanding patient access to telehealth services that are delivered through standardized processes.</p> <p>Validation Documentation: Evidence of the creation and implementation of standardized processes for providing telehealth services. Telehealth services may include care provided over the phone, online, etc., and are not limited to the Medicare-reimbursed telehealth service criteria. Include both of the following elements: 1) Standardized processes – Creation of standardized processes for the provision of telehealth services. Examples of documentation include a) description of standardized telehealth processes in an eligible clinician or practice procedures manual; b) workflow diagrams depicting standardized telehealth processes used regularly by an eligible clinician or practice; AND 2) Implementation documentation – Implementation of standardized processes for providing telehealth services. Examples of documentation include a) claims adjudication (may use G-codes to validate); b) electronic health record (EHR); or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient in accordance with standardized processes.</p> <p>Information: How to get or provide remote health care website provides best practices for clinicians looking to improve their telehealth services: https://telehealth.hhs.gov/</p>	2017

Review the [2026 MIPS Improvement Activities Data Validation Criteria Document](#)

- Ensure you fully understand the objective
- Able to gather needed documentation throughout the 90-day performance period

Improvement Activities: Easy Points to Lock In

- Improvement Activities are one of the easiest categories to secure
- Key mid-year questions:
 - Has the activity actually been **completed**?
 - Does **documentation** support the attestation?
 - Group—did **>50%** of ALL clinicians **participate**?
- Align activities with real workflows
 - Some Improvement Activities align with quality measures
 - IA_PM_16 Implementation of medication management practice improvements
 - Documented medication reconciliation –can use MIPS 130 Documentation of Current Medications

Improvement Activities Checklist

- Review requirements to ensure earn full credit
- Review Improvement Activities list and Data Validation criteria
- Select activity/activity and document
- 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**
- Archive information that will be required if audited

Cost Category: Keep Perspective

Cost is calculated from claims — not something you submit

What you can influence:

Care coordination

Avoidable utilization patterns

What you can't fix later:

Past utilization

Focus on awareness and trends, not day-to-day fluctuations

What to do now?

Documentation: Start Now, Stress Less Later

Documentation is just as important as performance

What to start saving now:

- PI screenshots and reports
- Security Risk Assessment & High Priority Practices SAFER Guide documentation
- Registry engagement confirmation

Use available dashboards help you validate and retain evidence throughout the year

- Screenprints, reports

What to focus on...

- What to review monthly:
 - Performance trends in Practice Insights
- What to review quarterly:
 - Measure trajectory and risk areas
- What to ignore:
 - Short-term noise that doesn't impact scoring

What You Can Still Fix vs. What's Locked In

Still Fixable

- Workflow improvements
- Quality measure performance
- Promoting Interoperability performance
- Documentation clean-up

Monitor Closely

- Quality performance
 - Focus measures identified
- PI performance
 - Required measures have at least 1 in numerator

Locked In

- Measure definitions
- Performance period rules
- Benchmarks, except those measures in 1st or 2nd year

2026 MIPS / MVP Mid-Year Assessment Checklist

Instructions: Complete each row. Use checkboxes, assign an owner, and update status throughout the year.

START HERE – Reporting Setup

Complete	Task	Owner	Status (Not Started / In Progress / Complete)	Notes
<input type="checkbox"/>	Consider reporting path (Traditional MIPS / MVP / APM Entity)			
<input type="checkbox"/>	Confirm access to dashboards needed (Quality, PI)			

Promoting Interoperability (180-day period)

Complete	Task	Owner	Status (Not Started / In Progress / Complete)	Notes
<input type="checkbox"/>	Review PI dashboard – all required measures passing			<ul style="list-style-type: none"> • 2026 MIPS Promoting Interoperability Quick Start Guide • 180-day continuous reporting period
<input type="checkbox"/>	Public Health Registry interfaces active or exclusions met			
<input type="checkbox"/>	Security Risk Assessment completed and Corrective Action Plan documented			Must be completed in 2026
<input type="checkbox"/>	SAFER High Priority Practices assessment completed			2025 SAFER Guides Must be completed in 2026

Your Mid-Year MIPS To-Do List

- Review quality performance
- Validate Promoting Interoperability numerators across all required measures
- Complete and document Improvement Activities
 - Ensure data validation is met and proven
- Identify risk areas early – not at submission

Key Takeaways

Mid-year is about clarity,
not perfection

Early visibility &
documentation prevents
last-minute surprises

Staying proactive now
protects you later

Resources & Support



Practice Insights dashboards



Vendor support



Transformation Leads and VBC Account Managers



Educational resources, help menu, and webinar replays



Questions? Support is always available

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