

Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2026 Reporting Options Comparison
Resource



How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.  You can also click on the icon on the bottom left to go back to the Table of Contents.

Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



Overview

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP). Under MIPS, we evaluate you across multiple [performance categories](#) that drive improved quality and value in our healthcare system.

If you're eligible for MIPS in 2026:

- You have to report measure and activity data for the quality, improvement activities, and Promoting Interoperability [performance categories](#).
 - Exceptions to these reporting requirements include your [MIPS reporting option](#), [special status](#), clinician type, [extreme and uncontrollable circumstances \(EUC\)](#) or [hardship exception](#).
- You don't need to report any data for the cost measures; we collect and calculate data for the cost [performance category](#) for you, if applicable.
 - Exceptions to being scored on the cost performance category include: your [MIPS reporting option](#), [participation option](#), [EUC](#) and whether you meet the case minimum for any cost measures.

Continued on next slide.

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options Overview](#) webpages on the [Quality Payment Program website](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



What is the Merit-based Incentive Payment System? (Continued)

If you're eligible for MIPS in 2026 (Continued):

- Your performance across the MIPS performance categories, each with a specific weight, will result in a **MIPS final score of 0 to 100 points**.
- Your **MIPS final score will determine your MIPS payment adjustment**.

Your 2026 Final Score	Your 2028 MIPS Payment Adjustment
0.00 – 18.75 points	Negative MIPS payment adjustment of -9%
18.76 – 74.99 points	Negative MIPS payment adjustment, between -9% and 0%, on a linear sliding scale
75.00 points	Neutral MIPS payment adjustment (0%)
75.01 – 100.00 points	Positive MIPS payment adjustment, greater than 0% (subject to a scaling factor to preserve budget neutrality)

- Your MIPS payment adjustment is based on your performance during the 2026 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2028.



MIPS Reporting Options

There are 3 MIPS reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements.

1. **MIPS Value Pathways (MVPs)**
2. **Traditional MIPS**
3. **Alternative Payment Model (APM) Performance Pathway (APP)/APP Plus**

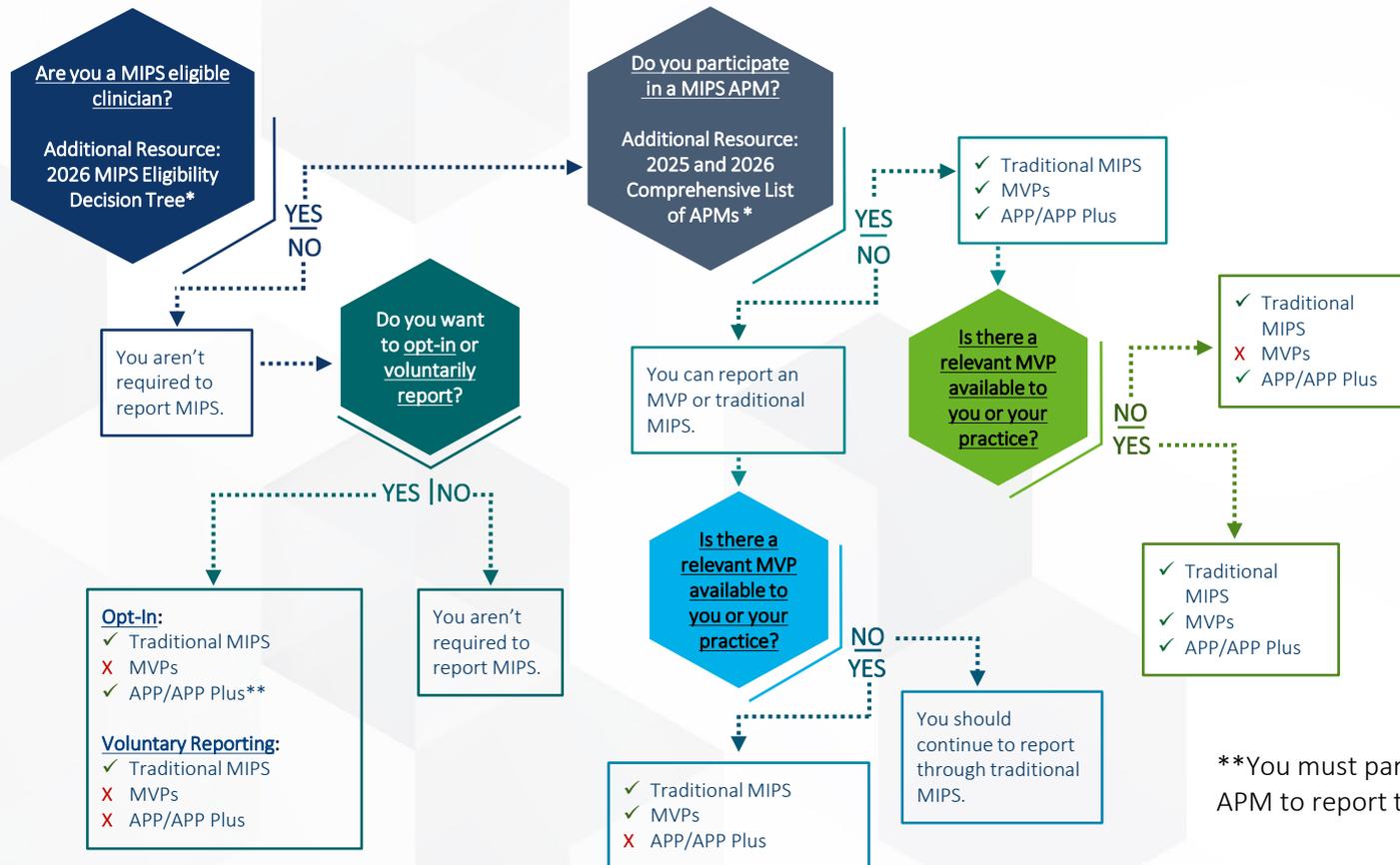
CMS plans to sunset traditional MIPS through future rulemaking, at which point MVPs will become the only MIPS reporting option unless the clinician is eligible to report the APP/APP Plus.

This resource provides an overview of the similarities and differences between the reporting options and provides information to help you understand which reporting option(s) may be the best for you or your practice.



Which Reporting Options Are Available to Me?

Review the questions below to determine which reporting option(s) you can select to meet your MIPS reporting requirements for the 2026 performance year. Once you've identified which reporting option(s) are available to you, review the tables that follow to understand the similarities and differences between each reporting option and determine which may be the best choice for you or your practice.



**You must participate in a MIPS APM to report the APP/APP Plus.

*Available Spring 2026.



MIPS Reporting Options At-A-Glance

Who can report?

Traditional MIPS	MVPs	APP/APP Plus
<ul style="list-style-type: none"> ✓ MIPS eligible clinicians in a MIPS APM ✓ MIPS eligible clinicians not in a MIPS APM ✓ Opt-in eligible clinicians and groups ✓ Voluntary reporters 	<ul style="list-style-type: none"> ✓ MIPS eligible clinicians in a MIPS APM ✓ MIPS eligible clinicians not in a MIPS APM ✗ Opt-in eligible clinicians and groups * ✗ Voluntary reporters* <p>Review the 27 MVPs available for the 2026 performance year on Explore MVPs. If there isn't an available MVP relevant to your specialty or scope of care, you should continue to report through traditional MIPS (or the APP if applicable).</p> <p>Learn more about CMS needs and priorities for the development of new MVPs in MVP Development Resources (ZIP, 1524KB).</p>	<ul style="list-style-type: none"> ✓ MIPS eligible clinicians in a MIPS APM ✗ MIPS eligible clinicians not in a MIPS APM ✓ Opt-in eligible clinicians and groups ✗ Voluntary reporters

*Clinicians who are individually opt-in eligible or aren't eligible for MIPS can't report an MVP as individuals. However, they can report an MVP as part of an eligible group or subgroup.

Check your MIPS eligibility on the [QPP Participation Status Look-up](#).



MIPS Reporting Options At-A-Glance (Continued)

What are the available participation options?

Traditional MIPS		MVPs		APP/APP Plus	
✓	Individual	✓	Individual	✓	Individual
✗	Subgroup	✓	Subgroup	✗	Subgroup
✓	Group	✓	Group	✓	Group
✓	Virtual group	✗	Virtual group	✗	Virtual group
✓	APM Entity	✓	APM Entity	✓	APM Entity

Who can form a subgroup?

Subgroup participation is only available for MVP reporting. A subgroup is a subset of clinicians from the same group (identified by Taxpayer Identification Number, or TIN) and must include at least 2 clinicians, with at least 1 individually eligible MIPS eligible clinician.

Starting in 2026, multispecialty groups (that aren't small practices) intending to report MVPs will be required to report as subgroups or individuals. Multispecialty small practices will still be able to report an MVP as a group, and they wouldn't be required to form subgroups (i.e., subgroup reporting will remain optional for multispecialty small practices.)

Multispecialty groups may choose to form subgroups based on specialty or focus of team-based care (i.e., clinical relevance). View [MVP Subgroup Participation Examples \(PDF, 365KB\)](#).



MIPS Reporting Options At-A-Glance (Continued)

Why should I choose this reporting option? What is the benefit(s) of this reporting option?

Traditional MIPS	MVPs	APP/APP Plus
<ul style="list-style-type: none"> • More choice in quality measure and improvement activity selection. <p>This reporting option is a good choice for those that want or need more flexibility with measure and activity selection based on their patient population and clinical make-up. Under traditional MIPS, you can select from all the quality measures and improvement activities in the MIPS inventory.</p> <p>Traditional MIPS will eventually be sunset as a reporting option. Learn more about the Transition from Traditional MIPS to MVPs.</p>	<ul style="list-style-type: none"> • Streamlined, cohesive sets of measures and activities. • Reduced reporting requirements for the quality performance category and improvement activities performance category. • Enhanced performance feedback. <p>This reporting option is a good choice for those with a relevant MVP available (review Explore MVPs to see the currently available MVPs).</p> <p>MVPs are the future of MIPS and will be required in future years.</p>	<ul style="list-style-type: none"> • Streamlined reporting requirements. <p>This reporting option is a good choice for those participating in a MIPS APM and who want to reduce reporting requirements.</p> <ul style="list-style-type: none"> • Beginning with the calendar year (CY) 2025 performance period, there are 2 quality measure sets available under the APP: the APP quality measure set and the APP Plus quality measure set. <p>The APP is optional for MIPS eligible clinicians who also participate in a MIPS APM. Medicare Shared Savings Program Accountable Care Organizations (ACOs) must report the APP Plus quality measure set.</p>

For traditional MIPS and MVPs - Review flexibilities for small practices in the Comparison of [Reporting Requirements](#) and [Scoring Tables](#).



MIPS Reporting Options At-A-Glance (Continued)

How do I report my data?

Traditional MIPS	MVPs	APP/APP Plus
<ul style="list-style-type: none"> • You can collect and submit data for yourself or your practice by manually uploading files and attesting to reporting requirements. <ul style="list-style-type: none"> ○ You can report quality measures through a variety of collection types by reviewing the Quality Performance Category: Learning About Collection Types (PDF, 799KB). • You can work with a third party intermediary (e.g., Qualified Clinical Data Registry (QCDR), Qualified Registry) to submit data on your behalf. • You don't need to submit any data for administrative claims quality or cost measures. We'll collect and calculate this data on your behalf. 	<ul style="list-style-type: none"> • You can collect and submit data for yourself or your practice by manually uploading files and attesting to reporting requirements. <ul style="list-style-type: none"> ○ You can report quality measures through a variety of collection types by reviewing the Quality Performance Category: Learning About Collection Types (PDF, 799KB). • You can work with a third party intermediary (e.g., QCDR, Qualified Registry) that supports an MVP relevant to you or your practice. • You don't need to submit any data for administrative claims quality or cost measures. We'll collect and calculate this data on your behalf. 	<ul style="list-style-type: none"> • You can collect and submit data for your practice by manually uploading files and attesting to reporting requirements. <ul style="list-style-type: none"> ○ You can report quality measures through a variety of collection types by reviewing the 2026 APP Scoring Guide, which will be available in the 2026 APP Toolkit. • You can work with a third party intermediary (e.g., QCDR, Qualified Registry) to submit data on your behalf. • You don't need to submit any data for administrative claims measures. We'll collect and calculate this data on your behalf.

Review the [2026 Qualified Clinical Data Registries \(QCDRs\) Qualified Posting \(XLSX, 216KB\)](#) and the [2026 Qualified Registries Qualified Posting \(XLSX, 218KB\)](#) for CMS-approved third party intermediaries.



MIPS Reporting Options At-A-Glance (Continued)

Where do I submit my data?

Traditional MIPS	MVPs	APP/APP Plus
<ul style="list-style-type: none"> To submit data via traditional MIPS, you must sign into the QPP website and select Start Reporting on the main page or Eligibility & Reporting from the left-side navigation bar. You may see multiple Reporting Options available, and you'll choose traditional MIPS and select Start Reporting. 	<ul style="list-style-type: none"> You must register in advance to report an MVP. The MVP Registration webpage provides an overview of the registration process. More details will be available in the latest MVP Registration Guide on the QPP Resource Library. To submit your data for an MVP that you registered for, you must sign into the QPP website and select Start Reporting on the main page or Eligibility & Reporting from the left-side navigation bar. You may see multiple Reporting Options available, and you'll choose MVP and select Start Reporting. 	<ul style="list-style-type: none"> To submit data via the APP/APP Plus, you must sign into the QPP website and select Start Reporting on the main page or Eligibility & Reporting from the left-side navigation bar. You may see multiple Reporting Options available, and you'll choose the APP and select Start Reporting. <p>For Shared Savings Program ACOs, the ACOs' QPP Security Official or QPP Staff User in the ACO Management System (ACO-MS) can access the QPP website using their ACO-MS Username and Password. For more information for Shared Savings Program ACOs, please refer to the Overview of ACO-MS User Access and ACO Contacts tip sheet.</p>
<p>If you're working with a third party intermediary, the Qualified Registry or QCDR can submit data on your behalf by signing in to the QPP website OR by using the QPP Submission Application Programming Interface (API).</p>		

Refer to the [QPP Access User Guide](#) to set up an account if you don't have access.



2026 Reporting Requirements Comparison

Performance Category Requirements

Traditional MIPS	MVPs	APP/APP Plus
<p>MIPS eligible clinicians are evaluated on 4 performance categories:</p> <ul style="list-style-type: none"> • Quality • Cost • Improvement activities • Promoting Interoperability 	<p>MIPS eligible clinicians are evaluated on 4 performance categories:</p> <ul style="list-style-type: none"> • Quality* • Cost • Improvement activities • Promoting Interoperability* <p>*Each MVP includes the same required Promoting Interoperability measures and attestations, and population health measures. The population health measures are scored as part of the quality performance category but don't count toward the 4 required quality measures.</p>	<p>MIPS eligible clinicians are evaluated on 3 performance categories:</p> <ul style="list-style-type: none"> • Quality • Improvement activities • Promoting Interoperability



Quality Performance Category Requirements

Reporting Elements	Traditional MIPS	MVPs	APP/APP Plus
Weight	30% 40% small practices 55% APM Entities The quality performance category will be reweighted to 0% if there are no applicable measures available to the clinician.	30% 40% small practices 55% APM Entities The quality performance category won't be reweighted to 0% if there are no applicable measures available to the clinician.	50% 75 % small practices
Measure Requirements	<ul style="list-style-type: none"> Select 6 measures from 190 MIPS inventory and 198 QCDR measures OR an available specialty measure set. <ul style="list-style-type: none"> You must choose one outcome measure or one high priority measure in the absence of an applicable outcome measure. Automatically evaluated on up to 4 administrative claims measures if applicable. <p>Review available measures on Explore Measures & Activities.</p>	<ul style="list-style-type: none"> Select 4 measures from a limited set of MVP-specific measures. <ul style="list-style-type: none"> You must choose one outcome measure or one high priority measure in the absence of an available outcome measure. This can include an outcomes-based administrative claims measures (automatically calculated if selected during MVP registration). This is different from the population health measure. Automatically evaluated on the population health measures (the higher scoring population measure will be assigned to your quality score). <p>Review the measures available in each MVP on Explore MVPs.</p>	<ul style="list-style-type: none"> Report 3 measures required under the APP OR report 5 measures required under the APP Plus (required for Shared Savings Program ACOs). <ul style="list-style-type: none"> Administer Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey (required for the APP and APP Plus). Automatically evaluated on the available administrative claims measures. <p>Review the quality measures on the Quality: APP Requirements webpage.</p>



Quality Performance Category Requirements

Reporting Elements	Traditional MIPS	MVPs	APP/APP Plus
Available Collection Types	<ul style="list-style-type: none"> Electronic Clinical Quality Measures (eCQMs), MIPS clinical quality measures (CQMs), Medicare Part B claims measures (small practices only), QCDR measures, CAHPS for MIPS Survey. You can submit measures from different collection types to meet quality performance category reporting requirements. 	<ul style="list-style-type: none"> eCQMs, MIPS CQMs, Medicare Part B claims measures (small practices only), QCDR measures, CAHPS for MIPS Survey. All available collection types are dependent on the measures available in your selected MVP. You can submit measures from different collection types to meet quality performance category reporting requirements. 	<ul style="list-style-type: none"> eCQMs, MIPS CQMs, Medicare Part B claims measures (small practices only), CAHPS for MIPS Survey. Medicare CQMs for ACOs Participating in the Medicare Shared Savings Program are only available to Shared Savings Program ACOs reporting the APP Plus. You can submit measures from different collection types to meet quality performance category reporting requirements.
Data Completeness	<p>Report 100% of denominator-eligible cases and performance data for at least 75% of the denominator-eligible cases for each quality measure.</p> <ul style="list-style-type: none"> eCQMs, MIPS CQMs, and QCDR measures include all-payer data. Only Medicare Part B claims measures are limited to Medicare patients/encounters. 		<p>Report 100% of denominator-eligible cases and performance data for at least 75% of the denominator-eligible cases for each quality measure.</p> <ul style="list-style-type: none"> eCQMs and MIPS CQMs include all-payer data. Medicare Part B claims measures and Medicare CQMs* are limited to Medicare patients/encounters.



*Shared Savings Program ACOs receive a Quarterly List of Beneficiaries Eligible for Medicare CQMs based on available claims data.

Cost Performance Category Requirements

Reporting Elements	Traditional MIPS	MVPs	APP/APP Plus
Weight	30% 0% APM Entities	30% 0% APM Entities	0% - Not applicable
Measure Requirements	<p>No reporting is required.</p> <ul style="list-style-type: none"> You'll be scored on each of the 35 MIPS cost measures for which you meet or exceed the established case minimum, based on Medicare claims data. Reweighting is applied when the clinician or group can't be scored on any of the 35 MIPS cost measures. <p>Review cost measures on Explore Measures & Activities.</p>	<p>No reporting is required.</p> <ul style="list-style-type: none"> You'll be scored on each of the cost measure(s) in your selected MVP for which you meet or exceed the established case minimum, based on Medicare claims data. <ul style="list-style-type: none"> Subgroups will receive the affiliated group's cost score. Reweighting is applied when the clinician or group can't be scored on any of the cost measures included in the selected MVP. <ul style="list-style-type: none"> If reweighting is applied at the group level, the subgroup's cost performance category will also be reweighted accordingly. <p>Review the cost measures available in each MVP on Explore MVPs.</p>	<p>Not applicable.</p>



Improvement Activities Performance Category Requirements

Reporting Elements	Traditional MIPS	MVPs	APP/APP Plus
Weight	15% 30% small practices	15% 30% small practices	20% 25% small practices
Activity Requirements	<p>Clinicians, groups, virtual groups, and APM Entities with certain special statuses (small practice, rural, health professional shortage area (HPSA), non-patient facing) select (from over 100 activities) and perform:</p> <ul style="list-style-type: none"> 1 improvement activity (40 points) OR Participate in a recognized or certified patient-centered medical home or comparable specialty practice (attest to IA_PCMH). <p>All other MIPS eligible clinicians select (from over 100 activities) and perform:</p> <ul style="list-style-type: none"> 2 improvement activities (20 points each) OR Participate in a recognized or certified patient-centered medical home or comparable specialty practice (attest to IA_PCMH). <p>Group, virtual group or APM Entity reporting:</p> <ul style="list-style-type: none"> 50% of clinicians in the group, virtual group, or APM Entity must perform the same activity for a continuous 90-day period (or as specified in the activity description), but don't have to perform the activity concurrently. <p>Review available activities on Explore Measures & Activities.</p>	<p>All MVP participants select from the activities available within the MVP (there are no reduced reporting requirements for special status designations):</p> <ul style="list-style-type: none"> 1 improvement activity (40 points) Participate in a recognized or certified patient-centered medical home or comparable specialty practice (attest to IA_PCMH). <p>Group, subgroup or APM Entity reporting:</p> <ul style="list-style-type: none"> 50% of clinicians in the group, subgroup, or APM Entity must perform the same activity for a continuous 90-day period (or as specified in the activity description), but don't have to perform the activity concurrently. <p>Review the activities available in each MVP on Explore MVPs.</p>	<p>No reporting is required.</p> <p>Receive full credit when data is reported for another performance category.</p>



Promoting Interoperability Performance Category Requirements

Reporting Elements	Traditional MIPS	MVPs	APP/APP Plus
Weight	25% 0% small practices 30% APM Entities Reweighting can apply if you meet certain requirements. <ul style="list-style-type: none"> Review details about reweighting (automatic or through an application) on the Promoting Interoperability Requirements webpage. 	25% 0% small practices 30% APM Entities Reweighting applies as it does in traditional MIPS.	30% 0% small practices Reweighting applies as it does in traditional MIPS.
Activities and Attestation Requirements	<ul style="list-style-type: none"> Report the complete Promoting Interoperability measure set for a minimum of any continuous 180-day period and complete required attestations. Review measures and reporting requirements on Explore Measures & Activities. 	<ul style="list-style-type: none"> Report the complete Promoting Interoperability measure set for a minimum of any continuous 180-day period and complete required attestations. <ul style="list-style-type: none"> Subgroups are required to submit the Promoting Interoperability data of their affiliated group in a separate submission. The Promoting Interoperability performance category is considered part of the foundational layer, which means it's the same across all MVPs. Review the measures available in each MVP on Explore MVPs. 	<ul style="list-style-type: none"> Report the complete Promoting Interoperability measure set for a minimum of any continuous 180-day period and complete required attestations. Review measures and reporting requirements for the APP and the APP Plus measure sets.



2026 Scoring Comparison

Quality Performance Category Scoring: Measure-level Scoring

Traditional MIPS For the 6 required measures or complete specialty set:	MVPs For the 4 required measures:	APP/APP Plus For required measures:
Measures that meet case minimum and data completeness criteria are scored against a benchmark.		
<ul style="list-style-type: none"> Measures that can be scored against a benchmark earn 1 – 10 points. 		
<ul style="list-style-type: none"> Certain topped out measures are capped at 7 points. A subset of topped out measures that are impacted by limited measure choice will have the 7-point cap removed by applying a defined topped-out measure. 		<ul style="list-style-type: none"> Topped out measures won't be capped at 7 points
<ul style="list-style-type: none"> Measures without a benchmark will earn 0 points (small practices earn 3 points). 		<ul style="list-style-type: none"> Required measures that don't meet case minimum criteria or have a benchmark will be excluded from scoring (and the denominator will be reduced).
<ul style="list-style-type: none"> Measures that don't meet case minimum or data completeness criteria earn 0 points (small practices earn 3 points). 	<ul style="list-style-type: none"> Measures that don't meet case minimum or data completeness criteria earn 0 points (small practices earn 3 points). <ul style="list-style-type: none"> This also applies to any outcomes-based administrative claims measures if available in the MVP and selected during MVP registration as 1 of their 4 required measures. (A subgroup will receive the affiliated group's score for administrative claims measures.) 	<ul style="list-style-type: none"> Measures that don't meet data completeness criteria earn 0 points (small practices earn 3 points).
<ul style="list-style-type: none"> Measures in the 1st or 2nd year in the program will earn 7 and 5 points, retrospectively if data completeness and case minimum criteria are met (this policy doesn't apply to administrative claims measures). 		Not applicable
<ul style="list-style-type: none"> Required but unsubmitted measures will receive 0 points. 		



Review the [2026 Quality Benchmarks User Guide with Scoring Examples \(PDF, 1MB\)](#) for more information, such as which measures are capped at 7 points and which are subject to the flat benchmarking methodology.

Quality Performance Category Scoring: Measure-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p>For the 6 required measures or complete specialty set</p> <ul style="list-style-type: none"> If the CAHPS for MIPS Survey measure is administered as 1 of the 6 required measures, it will earn 1 - 10 points based on comparison to its benchmark and may be used to meet the high priority measure quality requirement. <ul style="list-style-type: none"> If the group or APM Entity doesn't meet minimum sampling requirements AND submits fewer than 6 measures, CAHPS will be excluded from scoring under denominator reduction. 	<p>For the 4 required measures:</p> <ul style="list-style-type: none"> If the CAHPS for MIPS Survey measure is administered as 1 of the 4 required measures, it will earn 1 - 10 points based on comparison to its benchmark. <ul style="list-style-type: none"> If the group, subgroup, or APM Entity doesn't meet minimum sampling requirements AND submits fewer than 4 measures, CAHPS will be excluded from scoring (and the denominator will be reduced). 	<p>For required measures:</p> <ul style="list-style-type: none"> The CAHPS for MIPS Survey measure is required and will earn 1 - 10 points based on comparison to its benchmark. <ul style="list-style-type: none"> If the group or APM Entity doesn't meet minimum sampling requirements, CAHPS will be excluded from scoring (and the denominator will be reduced).
<p>Administrative Claims Measures (evaluated in addition to the required measures)</p> <ul style="list-style-type: none"> Measures that meet case minimum requirements will be scored against a benchmark and receive 1 – 10 points. Beginning with CY 2025, we updated the administrative claims measure benchmark methodology to align with the cost measures benchmark methodology. The 2026 Quality Quick Start Guide provides more information and an example of the new methodology. Measures that don't meet case minimum criteria or that don't have a benchmark will be excluded from scoring. 	<p>2 Population Health Measures (collected through administrative claims) evaluated in addition to the required measures)</p> <ul style="list-style-type: none"> Measures that meet case minimum requirements will be scored against a benchmark and receive 1 – 10 points. The higher scoring population health measure will be assigned to your quality score. Beginning with CY 2025, we updated the administrative claims measure benchmark methodology to align with the cost measures benchmark methodology. The 2026 Quality Quick Start Guide provides more information and an example of the new methodology. If you don't meet the criteria for either measure, it will be excluded from scoring. 	<p>Administrative Claims Measures (evaluated in addition to the required measures)</p> <ul style="list-style-type: none"> Measures that meet case minimum requirements will be scored against a benchmark and receive 1 – 10 points. Beginning with CY 2025, we updated the administrative claims measure benchmark methodology to align with the cost measures benchmark methodology. The 2026 Quality Quick Start Guide provides more information and an example of the new methodology. Measures that don't meet case minimum criteria or that don't have a benchmark will be excluded from scoring.



Review the [2026 Quality Benchmarks User Guide with Scoring Examples \(PDF, 1MB\)](#) for more information, such as which measures are capped at 7 points and which are subject to the flat benchmarking methodology.

Quality Performance Category Scoring: Measure-level Scoring

Bonus Points	Traditional MIPS	MVPs	APP/APP Plus
<p>Quality Bonus Points for Small Practices Clinicians in small practices who submit at least one quality measure receive 6 bonus points in the quality category.</p> <ul style="list-style-type: none"> • These bonus points are available whether you’re participating at the individual, group, virtual group, or APM Entity level. • This bonus isn’t added for clinicians, groups, or virtual groups who are scored under facility-based scoring. 	<p>Available for all reporting options</p>		
<p>Complex Organization Adjustment We’re applying a complex organization adjustment to account for the organizational complexities that APM Entities (including Shared Savings Program ACOs) and virtual groups face when reporting quality measures using the eCQM collection type.</p> <ul style="list-style-type: none"> • We’ll add one measure achievement point for each eCQM submitted for an APM Entity or virtual group that meets data completeness and case minimum requirements. • The adjustment may not exceed 10% of the total available measure achievement points in the quality performance category. 	<p>Available for all reporting options</p>		



Quality Performance Category Scoring: Category-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p>Available points:</p> <ul style="list-style-type: none"> Maximum of 100 points (6 required measures + 4 administrative claims measures). 	<p>Available points:</p> <ul style="list-style-type: none"> Maximum of 50 points (4 required measures + 1 population health measure). 	<p>Available points:</p> <ul style="list-style-type: none"> APP: Maximum of 60 points (3 required measures + CAHPS for MIPS Survey measure + 2 administrative claims measure). APP Plus: Maximum of 80 points (5 required measures + CAHPS for MIPS Survey measure + 2 administrative claims measures).
<p>The available points in your selected reporting option can decrease if you can't be scored on one or more administrative claims measure, the population health measure, or the CAHPS for MIPS Survey measure.</p>		
<p style="text-align: center;">Quality Score Calculation</p> $\frac{\text{Achievement Points + Small Practice Bonus (if applicable)}}{\text{Available Points (10 x \# of Total Measures)}} + \text{Improvement Scoring}^*$ <p>*Potentially earn up to 10 additional percentage points based on your improvement in the quality performance category from previous year.</p>		



Cost Performance Category Scoring: Measure-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<ul style="list-style-type: none"> You can earn between 1 and 10 points for each scored cost measure, based on comparison to a performance period benchmark. Measures that don't meet case minimum or don't have a benchmark will be excluded from scoring. Beginning in 2026 performance year, there will be a 2-year informational-only feedback period for new cost measures, where clinicians will receive feedback on their measure performance, but the measures won't count towards their cost category score or MIPS final scores. Clinicians won't receive any informational-only feedback for the 2026 performance period because no new cost measures were added. 		<p>Not applicable.</p>



Cost Performance Category Scoring: Category-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p>Cost Score Calculation</p> $\frac{\text{Achievement points}}{\text{Total available points (10 x \# of MIPS cost measures that could be scored)}} + \text{Improvement scoring}^*$	<p>Cost Score Calculation</p> $\frac{\text{Achievement points}}{\text{Total available points (10 x \# of MIPS cost measures included in the MVP that could be scored)}} + \text{Improvement scoring}^*$ <p>Subgroups will receive the cost score of their affiliated group.</p>	<p>Not applicable.</p>

*You can earn up to 1 percentage point (out of 100) for cost improvement. For more information about cost improvement scoring, please refer to the 2026 Traditional MIPS Scoring Guide and the 2026 MVP Implementation Guide.



Improvement Activities Performance Category Scoring: Activity-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p>Clinicians, groups, virtual groups, and APM Entities with certain special statuses (small practice, rural, HPSA, non-patient facing)</p> <ul style="list-style-type: none"> • 1 improvement activity = 40 points • Attest to participating in a certified or recognized patient-centered medical home or comparable specialty society = 40 points <p>All other MIPS eligible clinicians:</p> <ul style="list-style-type: none"> • 2 improvement activities = 20 points each • Attest to participating in a certified or recognized patient-centered medical home or comparable specialty society = 40 points <p>If you're a clinician in any APM reporting traditional MIPS, you'll earn half credit (50%) automatically for the improvement activities performance category when you submit data for another performance category. You must attest to an additional activity to achieve the maximum 40 points.</p> <p>Learn more about special statuses.</p>	<p>All MVP participants:</p> <ul style="list-style-type: none"> • 1 improvement activity = 40 points • Attest to participation in a certified or recognized patient-centered medical home or comparable specialty practice; or attest to the creation of a quality improvement initiative within your practice when also reporting an MVP = 40 points <p>All MVP participants receive 40 points for any improvement activity in the MVP, regardless of special status.</p> <p>If you're a clinician in any APM reporting an MVP, you'll earn half credit (50%) for the improvement activities performance category when you submit data for another performance category. You must attest to an additional activity to achieve the maximum 40 points.</p>	<p>Not applicable.</p> <p>Clinicians reporting the APP receive full credit (100%) in this performance category.</p>



Improvement Activities Performance Category Scoring: Category-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p style="text-align: center;">Improvement Activities Score Calculation</p> $\frac{\text{Points for Reported Activities}}{40 \text{ Points}}$		<p style="text-align: center;">Automatically receive full credit in this category.</p>



Promoting Interoperability Performance Category Scoring

Promoting Interoperability Performance Category Scoring: Measure-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p>Measures submitted with a "Yes"/"No" value: Zero points are allocated if any measure is submitted as a "No." Maximum points available when all measures submitted as "Yes."</p> <p>Measures submitted with a numerator and denominator: (numerator/denominator) x available points for the measure.</p>		

If you report an available and applicable exclusion for a measure, the measure's points will be redistributed to another measure or objective.



Promoting Interoperability Performance Category Scoring

Promoting Interoperability Performance Category Scoring: Category-level Scoring

Traditional MIPS	MVPs	APP/APP Plus
<p style="text-align: center;">Promoting Interoperability Score Calculation</p> <p style="text-align: center;">(Sum of Measure Points + Bonus Points)</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">100 Points</p>		

Note for MVP reporting: subgroups will receive a score of zero in this performance category if they don't submit their affiliated group's Promoting Interoperability data.

MIPS eligible clinicians, groups, virtual groups, and APM Entities with the following special statuses receive automatic reweighting for this performance category, which means they're exempt from reporting Promoting Interoperability data: ambulatory surgery center (ASC)-based, hospital-based, non-patient facing; small practice (this is the only special status that can be applied to APM Entities).



Final Score

Scoring Factors	Traditional MIPS	MVPs	APP/APP Plus
Performance Threshold	75 points	75 points	75 points
Final Score Calculation*	Quality score x category weight + Cost score x category weight + Improvement activities score x category weight + Promoting Interoperability score x category weight + Complex patient bonus	Quality score x category weight + Cost score x category weight + Improvement activities score x category weight + Promoting Interoperability score x category weight + Complex patient bonus**	Quality score x category weight + Improvement activities score x category weight + Promoting Interoperability score x category weight + Complex patient bonus



*See Performance Category weights for small practices and APM Entities in [Program Requirements Section](#).

**Subgroups will receive the affiliated group’s complex patient bonus score, if available.

Final Score

Scoring Factors	Traditional MIPS	MVPs	APP/APP Plus
<p>Facility-based Scoring*</p>	<p>Available</p> <p>For facility-based clinicians and groups, we'll:</p> <ul style="list-style-type: none"> ✓ Calculate one final score using facility-based measurement (including any improvement activities and Promoting Interoperability data that may have been reported), and ✓ Calculate one final score based on quality, improvement activities and Promoting Interoperability data that may have been reported and MIPS cost measures that can be calculated, and ✓ Assign the higher of these final scores. 	<p>Available</p> <p>A facility-based clinician or group can still report an MVP.</p> <p>In this instance we'll:</p> <ul style="list-style-type: none"> ✓ Calculate one final score in traditional MIPS using facility-based measurement, and ✓ Calculate one final score from MVP reporting, and ✓ Assign the higher of these final scores. 	<p>Available</p> <p>A facility-based clinician or group can still report the APP.</p> <p>In this instance we'll:</p> <ul style="list-style-type: none"> ✓ Calculate one final score in traditional MIPS using facility-based measurement, and ✓ Calculate one final score from APP reporting, and ✓ Assign the higher of these final scores.

*For more information refer to the Facility-based Quick Start Guide on the [QPP Library](#). This resource is updated annually in the spring.



Performance Feedback

Feedback Components	Traditional MIPS	MVPs	APP/APP Plus
Performance Feedback	<ul style="list-style-type: none"> ✓ Measure- and activity-level scores ✓ Category-level scores ✓ Final scores and payment adjustment information ✗ Comparative performance feedback with like clinicians 	<ul style="list-style-type: none"> ✓ Measure- and activity-level scores ✓ Category-level scores ✓ Final scores and payment adjustment information ✓ Comparative performance feedback with like clinicians who reported the same MVP 	<ul style="list-style-type: none"> ✓ Measure- and activity-level scores ✓ Category-level scores ✓ Final scores and payment adjustment information ✗ Comparative performance feedback with like clinicians
Targeted Review (TR)	<p>Available for MIPS eligible clinicians:</p> <ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ Virtual groups ✓ APM Entity <p>May request a TR for an approximate 60-day period, beginning with the release of final scores and closing 30 days after the release of MIPS payment adjustments.</p>	<p>Available for MIPS eligible clinicians:</p> <ul style="list-style-type: none"> ✓ Individuals ✓ Subgroups ✓ Groups ✓ APM Entity <p>May request a TR for an approximate 60-day period, beginning with the release of final scores and closing 30 days after the release of MIPS payment adjustments.</p>	<p>Available for MIPS eligible clinicians:</p> <ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ APM Entity <p>May request a TR for an approximate 60-day period, beginning with the release of final scores and closing 30 days after the release of MIPS payment adjustments.</p>
Public Reporting	<p>Public reporting available on CMS' Care Compare:</p> <ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ Virtual groups ✓ APM Entities 	<p>Public reporting available on CMS' Care Compare:</p> <ul style="list-style-type: none"> ✓ Individuals ✓ Subgroups ✓ Groups ✓ APM Entities 	<p>Public reporting available on CMS' Care Compare:</p> <ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ APM Entities



Performance Category Reweighting Policies

Policy % small	Traditional MIPS	MVPs	APP/APP Plus
Extreme and Uncontrollable Circumstances (EUC) Exception Application	<ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ Virtual groups ✓ APM Entities are required to request reweighting of all performance categories 	<ul style="list-style-type: none"> ✓ Individuals ✗ Subgroups (will receive reweighting applied to affiliated group) ✓ Groups ✓ APM Entities are required to request reweighting of all performance categories 	<ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ APM Entities are required to request reweighting of all performance categories
MIPS Automatic EUC Policy	<ul style="list-style-type: none"> ✓ Qualifying individuals ✗ Group ✗ Virtual group ✗ APM Entity 	<ul style="list-style-type: none"> ✓ Qualifying individuals ✗ Subgroups ✗ Group ✗ APM Entity 	<ul style="list-style-type: none"> ✓ Qualifying individuals ✗ Group ✗ APM Entity
MIPS Promoting Interoperability Hardship Exception Application	<ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✓ Virtual groups ✗ APM Entity 	<ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✗ Subgroups (will receive reweighting applied to affiliated group) ✗ APM Entity 	<ul style="list-style-type: none"> ✓ Individuals ✓ Groups ✗ APM Entity



Help and Version History

Where Can You Go for Help?

Contact the QPP Service Center by emailing QPP@cms.hhs.gov, submitting a [QPP Service Center ticket](#), or calling at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). Please consider calling during non-peak 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 [QPP website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [QPP Resource Library](#).

Visit the [Small Practices page](#) of the QPP website where you can [sign up](#) for the monthly **QPP Small Practices Newsletter** and find resources and information relevant for small practices.



Version History

If we need to update this document, changes will be identified here.

DATE	DESCRIPTION
03/13/2026	Original Version.

