

# Quality Payment PROGRAM



## Merit-based Incentive Payment System (MIPS)

2026 MIPS Quick Start Guide  
for Small Practices



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**Purpose:** This resource provides a high-level overview of the Merit-based Incentive Payment System (MIPS) requirements for small practices (15 or fewer clinicians) to get you started with participating in the 2026 performance year.



Indicates a page with key information that may be worth printing.

**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.

# Overview

# What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the QPP, which rewards value in 1 of 2 ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

Beginning in 2024, if you participate in an Advanced APM and achieve Qualifying APM Participant (QP) status, you may be eligible for an increased QP conversion factor and will be excluded from MIPS.



# The Merit-based Incentive Payment System

The Merit-based Incentive Payment System (MIPS) is one way to participate in QPP. The program rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.



## PROMOTING INTEROPERABILITY

Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).



## IMPROVEMENT ACTIVITIES

Assesses your participation in activities that improve clinical practice and support patient engagement.



## QUALITY

Assesses the quality of care you deliver by measuring health care processes, outcomes, and patient experiences of care.

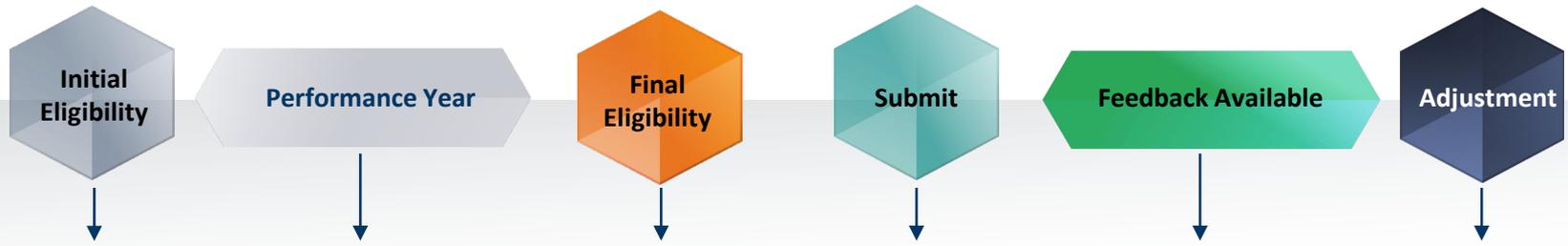


## COST

Assesses the cost of the care you provide based on your Medicare Part B claims.

# MIPS Program Timeline

The MIPS program has distinct phases that span several calendar years as shown below.



**2025**

**2026**

**2026**

**2027**

**2027**

**2028**

**Initial Eligibility**

**Performance Year**

**Final Eligibility**

**Data Submission**

**Performance  
Feedback**

**Payment Adjustment**

**December 2025**  
Check initial eligibility based on first segment of MIPS Determination Period (October 1, 2024, to September 30, 2025).

**Jan. 1 – Dec. 31, 2026**  
Care for patients and record data.

**December 2026**  
Check final eligibility based on second segment of MIPS Determination Period (October 1, 2025, to September 30, 2026).

**Jan. 4 – March 31, 2027**  
Submit data collected in the performance year.

**Summer 2027**  
Review 2026 final score and payment adjustment. (Targeted Review is available for ~60 days after final scores are released.)

**Jan. 1 – Dec. 31, 2028**  
Check that adjustments are applied to payment.



## How Do Small Practices Participate in MIPS?

If you're a clinician in a small practice and eligible for MIPS in 2026:

- You generally have to submit data for the quality and improvement activities, performance categories.
  - Small practices aren't required to submit Promoting Interoperability data but can choose to do so.
  - We collect and calculate cost measure data for you.
- 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 whether you receive a negative, neutral, or positive MIPS payment adjustment.
  - Positive payment adjustment for clinicians with a 2026 final score above 75.
  - Neutral payment adjustment for clinicians with a 2026 final score of 75.
  - Negative payment adjustment for clinicians with a 2026 final score below 75.
- Your MIPS payment adjustment is based on your performance during the 2026 performance year and applied on a claim-by-claim basis to payments for your Medicare Part B-covered professional services, beginning on January 1, 2028.

### What is the Definition of a Small Practice?

A small practice is defined as a group that has 15 or fewer clinicians identified by National Provider Identifier (NPI), billing under the groups Taxpayer Identification Number (TIN). CMS makes this determination by reviewing claims data. Learn more about [special status designations on the QPP website](#).

To see if you have the small practice designation, visit the [Quality Payment Program Participation \(QPP\) Status Lookup Tool](#).

### 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](#).



# MIPS Policy Flexibilities for Small Practices

# Performance Category Flexibilities

For the 2026 performance year, we remain committed to identifying flexibilities and options to help clinicians in small practices meaningfully participate and succeed in MIPS. These flexibilities apply to all 3 MIPS reporting options ([traditional MIPS](#), [MIPS Value Pathways \(MVPs\)](#), [Alternative Payment Model \(APM\) Performance Pathway](#)) unless otherwise specified.



## Quality Performance Category

Small practices will receive:

- 3 points for submitting quality measures without an available benchmark (historical or performance period) – all other clinicians receive zero points
- 3 points for submitting measures that don't meet the case minimum or data completeness requirements – all other clinicians receive zero points
- 6 bonus points added to the quality performance category score when at least 1 quality measure is submitted (applies to individual, group, subgroup, virtual group and APM Entity participation, but not to clinicians or groups who are scored under facility-based scoring.)



## Promoting Interoperability Performance Category

Small practices will receive automatic reweighting of the Promoting Interoperability performance category to 0%, regardless of whether they choose to participate as an individual, group, or virtual group.

- You don't need to submit a MIPS Promoting Interoperability Performance Category Hardship Exception application to request reweighting in this performance category.

You can still choose to submit Promoting Interoperability data, which would void reweighting of the performance category. We'll score any qualifying Promoting Interoperability performance category data that's submitted. A qualifying submission includes all required performance data, required attestation statements, CEHRT ID, and the start and end date for the performance period.

## Performance Category Flexibilities (Continued)



### Improvement Activities Performance Category

Small practices, and those in rural locations and in health professional shortage areas will receive full credit in this performance category when you perform and attest to 1 activity. Only 1 activity is required for all MVP submission for the Calendar Year 2026 performance period, regardless of practice size or special status.



### Performance Category Reweighting

We'll continue to use our performance category reweighting and redistribution policies when calculating MIPS Final Scores for small practices. Under this methodology, we'll increase the weight of the improvement activities performance category when other performance categories are reweighted to 0%.

- See [Appendix A](#) for more information.



# What's New in the 2026 Performance Year?

## Key Updates

### 1) Maintained Stability for Traditional MIPS

- We're keeping the **performance threshold at 75 points through the CY 2028 performance period/2030 MIPS payment year**, to provide continuity and stability to program participants.

### 2) Focused on MIPS Value Pathways (MVP) Development & Strategy

- Finalized **6 new MVPs** that will be available beginning with the 2026 performance period related to diagnostic radiology, interventional radiology, neuropsychology, pathology, podiatry, vascular surgery.
- **Modified all 21 existing MVPs**, in alignment with finalized updates to the quality measure and improvement activity inventories.
- **Groups will attest to their specialty composition (whether they're a single specialty group or multispecialty group that meets the requirements of a small practice ) during the MVP registration process** (i.e., CMS won't make this determination for them.) We believe this policy will support groups in their transition to MVP reporting and will help them assess their need to participate as subgroups.
- **Multispecialty small practices will still be able to report an MVP as a group**, and they won't be required to form subgroups beginning in the CY 2026 performance period (i.e., Subgroup reporting will remain optional for multispecialty small practices.)
- **Qualified Clinical Data Registries (QCDRs) and Qualified Registries will have one year after a new MVP is finalized before they're required to fully support that MVP**, to provide more time to implement necessary system updates to capture the measures and activities finalized for inclusion.

For more information about the 2026 QPP Policies Final Rule, please refer to the [2026 QPP Policies Final Rule Fact Sheet \(PDF, 998KB\)](#) and [2026 Finalized MIPS Value Pathways Guide \(PDF, 1MB\)](#).



## Key Updates (Continued)

### 3) Updated Measure/Activity Inventories and Scoring Methodologies



#### Quality Performance Category

- Added **5 new quality measures**, removed ~~of~~ **10 quality measures**, and made **substantive changes to 30 quality measures** (3 of which won't have a historical benchmark because the changes were so significant.)
- The data completeness threshold will remain at 75% through the 2028 performance year to provide continuity and stability to program participants.
- Finalized **changes to the APM Performance Pathway (APP) Plus quality measure set** to maintain alignment with the MIPS quality measure inventory.



#### Improvement Activities Performance Category

- Added **3 new improvement activities**, modified **7 improvement activities**, and removed **8 improvement activities**.
- Added a new subcategory titled "Advancing Health and Wellness" and removed the "Achieving Health Equity" subcategory.

To learn more about quality measure benchmarks, please refer to the [Benchmarks page of the QPP website](#). The 2026 historical benchmarks and Quality Benchmarks User Guide will be available on this page by the end of January 2026.

## Key Updates (Continued)

### 4) Updated Measure/Activity Inventories and Scoring Methodologies (Continued)

#### Cost Performance Category

- Updated candidate event and attribution rules for the Total Per Capita Cost (TPCC) measure.
- Established a **2-year informational-only feedback period for new cost measures**, allowing clinicians to receive feedback on their score(s) and find opportunities to improve performance before a new cost measure affects their MIPS final score.



#### Promoting Interoperability Performance Category

- Updated the High Priority Practices Safety Assurance Factors for Electronic Health Record (EHR) Resilience (**SAFER**) **Guide measure** and the **Security Risk Analysis measure**.
- **Added new optional/bonus measure for the Public Health and Clinical Data Exchange objective**, specifically the Public Health Reporting Using Trusted Exchange Framework and Common Agreement™ (TEFCA) measure.
- Established a **measure suppression policy for the MIPS Promoting Interoperability performance category**.



For more information about the 2026 QPP Policies Final Rule, please refer to the [2026 QPP Policies Final Rule Fact Sheet \(PDF, 998KB\)](#) and [2026 Finalized MIPS Value Pathways Guide \(PDF, 1MB\)](#).



# Get Started with MIPS in 6 Steps: Small Practices

## 6 Steps for MIPS Participation in the 2026 Performance Year



See [Appendix B](#) for a countdown of activities during the performance year through data submission.

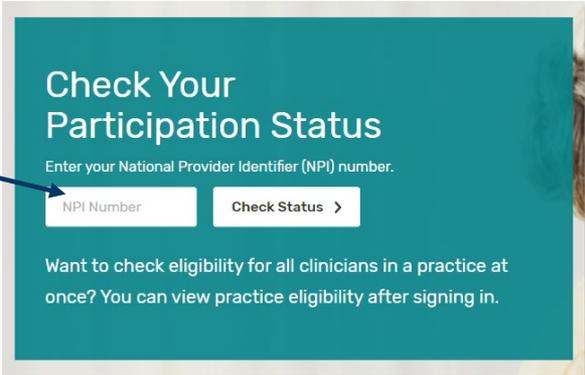


STEP 1

# Check Your Initial Eligibility for the 2026 Performance Year

Enter your 10-digit National Provider Identifier (NPI) in the [QPP Participation Status Tool](#) on the QPP website.

- Your preliminary eligibility is available now.
- Your final eligibility will be available in December 2026.



The next few pages will review the possible preliminary eligibility results displayed in the QPP Participation Status Tool and what these results mean for you.

- Please note that we evaluate clinicians for eligibility to participate at both the individual and group level.

For more information about eligibility:  
Review the [MIPS Eligibility & Participation User Guide](#) on the [QPP Resource Library](#)





# Check Your Initial Eligibility for the 2026 Performance Year (Continued)

## QPP Participation Status Tool Results

1. If you see this on the QPP Participation Status Tool, you're **currently required** to participate in MIPS, either as an individual or group.

MIPS Eligibility:  INDIVIDUAL  GROUP

 This could change when eligibility data is updated in December 2026 if you fall below the low-volume threshold, but you should be prepared to submit data.

2. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **can choose** to do so at the group level.

MIPS Eligibility:  INDIVIDUAL  GROUP

 The option to participate as a group could change when eligibility data is updated in December 2026 if the group falls below the low-volume threshold.



**STEP 1**

# Check Your Initial Eligibility for the 2026 Performance Year (Continued)

## QPP Participation Status Tool Results (Continued)

3. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as an individual** and receive a payment adjustment. The practice can also choose to report as a group but isn't required to do so.

MIPS Eligibility:  INDIVIDUAL  GROUP

Opt-in Option: [Opt-in eligible as individual](#)

 This could change when eligibility data is updated in December 2026 if the individual or group falls below the low-volume threshold.

4. If you see this on the QPP Participation Status Tool, you're **not required** to participate in MIPS but **currently have the option to opt-in to report MIPS as a group** and receive a payment adjustment.

MIPS Eligibility:  INDIVIDUAL  GROUP

Opt-in Option: [Opt-in eligible as group](#)

 This could change when eligibility data is updated in December 2026 if the group falls below the low-volume threshold.





## Select a Reporting Option

### Newest Reporting Option

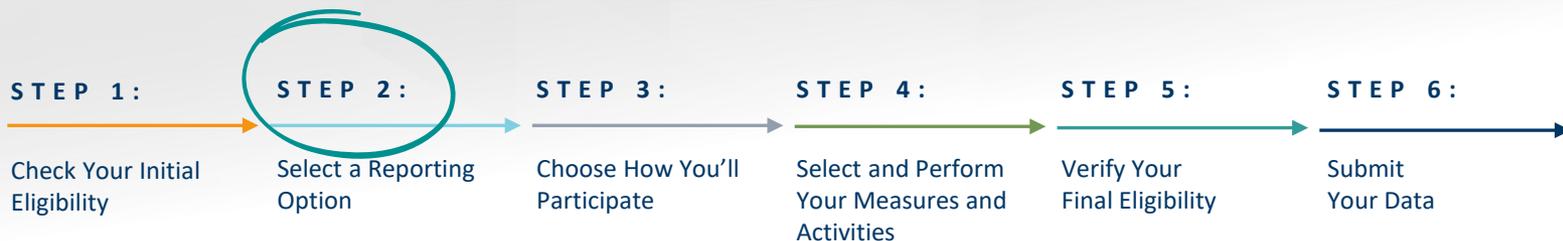
[MIPS Value Pathways \(MVPs\)](#) are a more clinically-relevant, less burdensome, specialty-aligned value framework incorporating both cost and quality. MVPs include a subset of measures and activities that are related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). **There are 27 MVPs available to report for the 2026 performance year.** [Check to see if there's an MVP relevant to your practice!](#)

Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

### Original Reporting Option

[Traditional MIPS](#), established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from the complete MIPS inventory. Note, you're able to report traditional MIPS in addition to an MVP or if you're in a MIPS APM, the APP.

Small practices must attest to 1 improvement activity. Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set. We collect and calculate data for the cost performance category for you.



STEP 2

# Select a Reporting Option (Continued)

## MIPS APM Participants Only

The [Alternative Payment Model \(APM\) Performance Pathway](#), or APP, is a streamlined reporting framework, with specified quality measure sets, available to clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

Small practices aren't required to report Promoting Interoperability data but can choose to report the complete measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

**Are You in a Medicare Shared Savings Program Accountable Care Organization (ACO)?**  
 If you're in a Shared Savings Program ACO, your ACO will report quality data on your behalf. Shared Savings Program ACOs are required to report the new APM Performance Pathway (APP) Plus quality measure set.



STEP 3

# Choose How You'll Participate

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS.

- **Individual:** Collect and submit data for an individual MIPS eligible clinician.
- **Group:** Collect and submit data for all clinicians in the group.
- **Virtual Group:** Collect and submit data for all clinicians in a CMS approved virtual group (traditional MIPS only). Virtual group elections are submitted to CMS prior to the performance year.
- **APM Entity:** Collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.
- **Subgroup:** This is a new participation option only available to clinicians reporting an MVP. Advance registration is required. Multispecialty small practices will still be able to report an MVP as a group, and they won't be required to form subgroups.

 For more information about participation options visit the [Participation Options Overview](#) webpage on the [Quality Payment Program](#) website.



## Quality Payment PROGRAM

Your eligibility informs your participation options.



This clinician is eligible at the individual and group levels and can choose whether to participate as an individual, group, or subgroup:

MIPS Eligibility:  INDIVIDUAL  GROUP

This clinician is only eligible at the group (or subgroup) level, any data submitted by the individual would be considered voluntary. There's no requirement to participate as a group or subgroup, but if a practice chooses to participate as a group (or clinicians in the practice choose to form a subgroup), the clinicians will receive a payment adjustment:

MIPS Eligibility:  INDIVIDUAL  GROUP



STEP 4

# Select and Perform Your Measures and Activities

## TRADITIONAL MIPS



### QUALITY:

- Select 6 measures.
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2026).
- We'll evaluate you on any applicable administrative claims-based measures based on data we collect.



### IMPROVEMENT ACTIVITIES:

- Select 1 activity.
- Perform each activity for a continuous 90-day period in the 2026 calendar year (or as indicated in the activity's description).



### COST:

- No measure selection or data submission required.
- We collect and evaluate this data for you for measures meeting the minimum requirement.
- Review cost measures.



### PROMOTING INTEROPERABILITY:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.



STEP 4

# Select and Perform Your Measures and Activities (Continued)

## MVPs

Start by selecting your MVP. There are 27 available for the 2026 performance year. To report an MVP in the 2026 performance year, you'll need to register between April 1st and November 30, 2026.



### QUALITY:

- Select 4 measures within the MVP.
- Collect data for each measure for the 12-month performance period (January 1-December 31, 2026).
- We'll evaluate you on an administrative claims-based population health measure available within your selected MVP (if you meet case minimum).



### IMPROVEMENT ACTIVITIES:

- Select 1 activity or IA PCMH (participation in a patient-centered medical home) within the MVP.
- Perform the activity for a continuous 90-day period in the 2026 calendar year (or as indicated in the activity's description).



### COST:

- No measure selection or data submission required.
- We collect and evaluate this data for you based on the cost measures included in your MVP.



### PROMOTING INTEROPERABILITY:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.



STEP 4

# Select and Perform Your Measures and Activities (Continued)

## APP

Only available to MIPS eligible clinicians that also participate in a MIPS APM.

### QUALITY:



- Collect data for the original **APP quality measure set** or the new **APP Plus quality measure set** for the 12-month performance period (January 1-December 31, 2026).
  - Shared Savings Program ACOs must report the new APP Plus quality measure set.
- Register for and administer the CAHPS for MIPS Survey measure. (Register April 1 – June 30, then collect data through December.)
- We collect and evaluate data for 2 administrative claims-based measures if you meet the case minimum.
- Learn more about the [APP Quality Requirements](#).



### COST:

- Not evaluated under the APP.



### IMPROVEMENT ACTIVITIES:

- No reporting required.
- Automatic full credit for the 2026 performance year.



### PROMOTING INTEROPERABILITY:

- No reporting required for small practices.
- Automatically reweighted to 0% unless data is submitted.

STEP 1:

STEP 2:

STEP 3:

STEP 4:

STEP 5:

STEP 6:

Check Your Initial Eligibility

Select a Reporting Option

Choose How You'll Participate

Select and Perform Your Measures and Activities

Verify Your Final Eligibility

Submit Your Data



STEP 5

# Verify Your Final Eligibility

Check the [QPP Participation Status Tool](#) in **December 2026** to confirm that you remain eligible for MIPS and a payment adjustment.

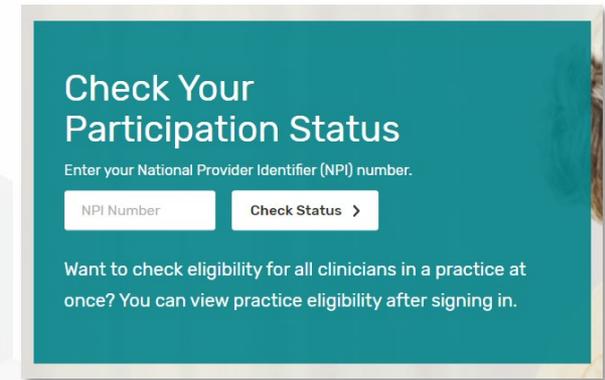
### How Do I Check My MIPS Eligibility?

You can check your final eligibility status using the [QPP Participation Status Tool](#) on the QPP website.



**This step is critical** to understanding whether you're required to report for the 2026 performance year and eligible to receive a MIPS payment adjustment in 2028.

**Note:** Your preliminary eligibility is available now and your final eligibility will be available in December 2026.



STEP 1:

Check Your Initial Eligibility

STEP 2:

Select a Reporting Option

STEP 3:

Choose How You'll Participate

STEP 4:

Select and Perform Your Measures and Activities

STEP 5:

Verify Your Final Eligibility

STEP 6:

Submit Your Data



**STEP 6**

# Submit Your Data

Submit data yourself or with the help of a QCDR or Qualified Registry, between January 2 and March 31, 2027. To find a QCDR or Qualified Registry, search for “qualified posting” in the [QPP Resource Library](#).

(Note: Medicare Part B claims quality measures are submitted throughout the performance year.)



**Quality:**

- [Sign in to the QPP website](#) and upload a file of your quality measure data.
- OR
- Work with a QCDR or Qualified Registry to submit data on your behalf.
- OR
- Report quality measures via Medicare Part B claims throughout the performance year.



**Improvement Activities\*:**

- [Sign in to the QPP website](#) and attest to (check “yes”) activity you’ve performed.
- OR
- [Sign in to the QPP website](#) and upload a file of your improvement activity data.
- OR
- Work with a QCDR or Qualified Registry to submit data on your behalf.

\*No reporting required for APP framework.

**Now (throughout 2026):**  
Medicare Part B Claims Quality Measures (Small Practices Only)

**January 4 – March 31, 2027:**  
Everything Else

**Did you know?**

When reporting an MVP, you need to include the relevant MVP identifier (and subgroup identifier if applicable) in your submission or at least 1 Medicare Part B claim.



STEP 6

# Submit Your Data (Continued)

Submit data yourself or with the help of a QCDR or Qualified Registry, between January 4 and March 31, 2027. To find a QCDR or Qualified Registry, search for “qualified posting” in the [QPP Resource Library](#).



**Promoting Interoperability:**

**Reporting not required.** If you choose to report:

- [Sign in to the QPP website](#) and attest to the data required for these measures (select yes or no/provide numerator and denominator values).

OR

- [Sign in to the QPP website](#) and upload a file of your Promoting Interoperability data.

OR

- Work with a **QCDR or Qualified Registry** to submit data on your behalf.



**Cost:**

**No data submission required.**

- We retrieve your cost data from administrative claims (those you submit to CMS for payment)

**Now (throughout 2026):**  
Medicare Part B Claims Quality Measures (Small Practices Only)

**January 2 – March 31, 2027:**  
Everything Else

**Did you know?**

When reporting an MVP, you need to include the relevant MVP identifier (and subgroup identifier if applicable) in your submission or at least 1 Medicare Part B claim.



# What Happens After I Submit My Data?

## Next Steps

### Retain Your Documentation (6 years)

- Save records validating the quality measures you reported and improvement activities you performed.

### Review Your Performance Feedback (Late Summer 2027)

- [Sign in to the QPP website](#) to review your performance feedback.
  - Preliminary feedback is available once data is submitted.
  - We anticipate final scores will be released in mid-June 2027 and that payment adjustment information will be in available in mid-July 2027.
  - Submit a targeted review request if you find any scoring errors. Targeted Review closes 30 days after the release of your payment adjustment information.

### Preview Public Reporting Data (Late 2027)

- [Sign in to the QPP website](#) to preview your 2026 MIPS performance data for public reporting.

#### A Closer Look:

- Your data will be published on Doctors & Clinicians on the [Medicare Care Compare](#) website, formerly known as Physician Compare.
- Looking to explore and download provider data? Visit the [data catalog](#) on the CMS website.

### Review Payment Adjustments (January 1 – December 31, 2028)

- Review your claims to see payment adjustments for your 2026 performance applied on a claim-by-claim basis to covered professional services billed in 2028.



## Help and Version History

## Where Can You Go for Help?

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Contact the Quality Payment Program (QPP) Service Center by emailing [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), submitting a [QPP Service Center ticket](#), or calling 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.

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Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Visit the [Small Practices page](#) of the Quality Payment Program 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   |
|------------|---|
| 12/29/2025 | Original Posting.   |
| 2/27/2026  | Updated participation descriptions (page 22)<br>Corrected typo (page 24)<br>Updated language on where to get help (page 32)<br>Updated in Appendix A to clarify the existing tables showed performance category weights for traditional MIPS and MVP reporting (pages 35, 36)<br><b>Updated in Appendix A to add a new table showing performance category weights for small practices reporting the APP (page 37)</b> |



# Appendices

# Appendix A: Final Score Calculation

2026 Performance Year Redistribution Policies for Small Practices reporting traditional MIPS or MVPs

We're continuing the performance category redistribution policies for small practices only to **more heavily weight the improvement activities performance category** when other performance categories are reweighted.

Standard weighting for small practices (Promoting Interoperability automatically reweighted):



When both the cost and the Promoting Interoperability performance categories are reweighted:



# Appendix A: Final Score Calculation (Continued)

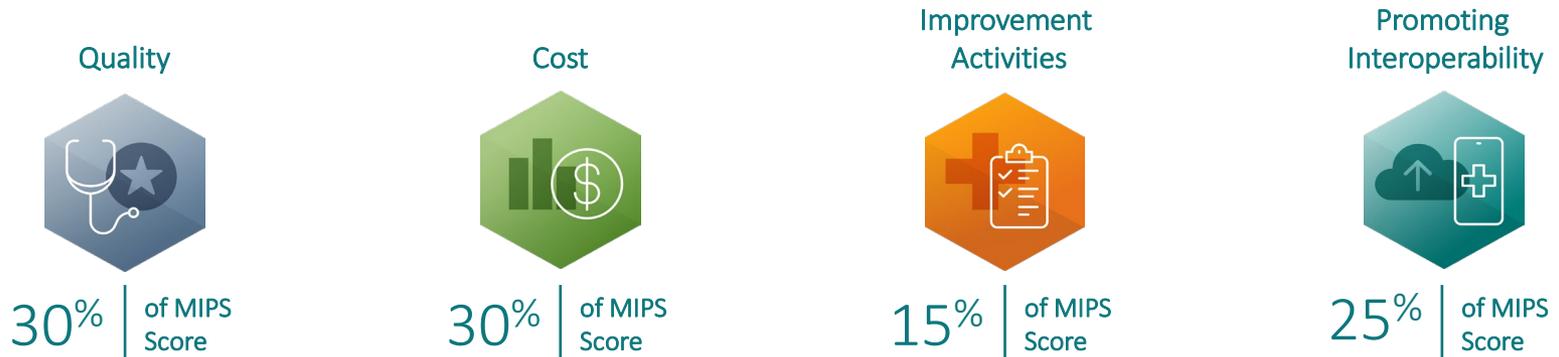
2026 Performance Year Redistribution Policies for Small Practices reporting traditional MIPS or MVPs

**Note:** The following scenarios apply to everyone, not just small practices.

When both the quality and the Promoting Interoperability performance categories are reweighted:



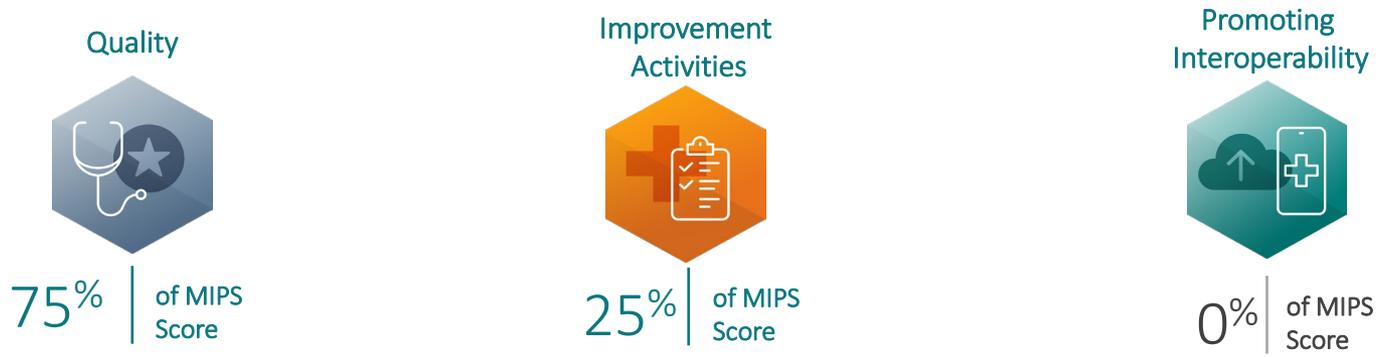
When no performance categories are reweighted (this means you submitted Promoting Interoperability data):



# Appendix A: Final Score Calculation

2026 Performance Year Redistribution Policies for Small Practices reporting the APP

Standard weighting for small practices (Promoting Interoperability automatically reweighted):



# Appendix B: Countdown to Data Submission



| JAN - MAR 2026   | APR - JUN 2026   | JUL - SEP 2026  |
|--|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>CHECK CURRENT ELIGIBILITY STATUS</b><br/>Enter 10-digit National Provider Identifier (NPI) in the <a href="#">QPP Participation Status Tool</a></li> <li><input type="checkbox"/> <b>SELECT REPORTING OPTION</b><br/>Review the 2026 MIPS Reporting Options At-A-Glance for Small Practices (PDF, 436KB)</li> <li><input type="checkbox"/> <b>CHOOSE PARTICIPATION OPTION</b><br/>Visit the <a href="#">Participations Options Overview webpage</a> to learn more (individual, group, virtual group*, subgroup**, or APM Entity)</li> <li><input type="checkbox"/> <b>SELECT &amp; PERFORM 2026 PERFORMANCE YEAR (PY) MEASURES &amp; ACTIVITIES (JAN 1 - DEC 31, 2026)</b> <ul style="list-style-type: none"> <li>• <a href="#">Quality: Select measures &amp; collect data</a>; begin submitting 2026 Part B Claims Reporting Quick Start Guide (PDF, 2MB) now (if applicable)</li> <li>• <a href="#">Improvement Activities: Select &amp; perform activities</a> for a continuous 90-day period***</li> <li>• <a href="#">Promoting Interoperability</a>: Automatically reweighted to 0% unless data is reported. If, reporting, collect data using an Electronic Health Record (EHR) that meets the certification criteria at <a href="#">45 CFR 170.315</a> for 180 continuous days (or more)</li> <li>• <a href="#">Cost</a>: CMS collects &amp; evaluates your data***</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>CONTINUE TO PERFORM YOUR QUALITY MEASURES &amp; IMPROVEMENT ACTIVITIES</b><br/>If you use an EHR, review your practice’s first quarter quality measure performance rates &amp; adjust, as needed</li> <li><input type="checkbox"/> <b>REGISTER FOR CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) FOR MIPS SURVEY</b><br/><a href="#">Register information</a> for groups, subgroups, virtual groups, and APM Entities that would like to administer the CAHPS for MIPS Survey (April 1 – June 30, 2026)</li> <li><input type="checkbox"/> <b>REGISTER FOR MVPs</b><br/>You must <a href="#">register</a> in advance to report an MVP for individuals, groups, subgroups, and APM Entities is open April 1 – November 30, 2026.</li> <li><input type="checkbox"/> <b>2025 MIPS PY EXTREME &amp; UNCONTROLLABLE CIRCUMSTANCES (EUC) EXCEPTION APPLICATION</b><br/>The <a href="#">application</a> is now open and closes December 31</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>CONTINUE TO PERFORM YOUR QUALITY MEASURES &amp; IMPROVEMENT ACTIVITIES</b><br/>If you use an EHR, review your practice’s first and second quarter quality measure performance rates and adjust, as needed</li> <li><input type="checkbox"/> <b>REPORT PROMOTING INTEROPERABILITY DATA (OPTIONAL)</b><br/>If you choose to report Promoting Interoperability data, July 5 is last day to start a 180-day performance period.</li> </ul> |

Key: \*Only available for traditional MIPS \*\*Only available for MVP reporting \*\*\*Traditional MIPS and MVP reporting.



# Appendix B: Countdown to Data Submission (Continued)



| OCT-DEC 2026  | JAN-FEB 2027  | MAR 2027  |
|---|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>COMPLETE QUALITY MEASURES AND IMPROVEMENT ACTIVITIES</b><br/>The last 90-day period to complete improvement activities</li> <li><input type="checkbox"/> <b>DEADLINE TO REGISTER FOR AN MVP</b><br/>November 30, 2026 (For those NOT reporting the CAHPS for MIPS Survey)</li> <li><input type="checkbox"/> <b>VERIFY YOUR FINAL ELIGIBILITY STATUS</b><br/>Check the <a href="#">QPP Participation Status Tool</a> in December 2026 to confirm that you remain eligible for MIPS and a payment adjustment</li> <li><input type="checkbox"/> <b>DEADLINE TO SUBMIT 2026 MIPS PERFORMANCE YEAR EUC EXCEPTION APPLICATION</b><br/>The <a href="#">application</a> closes December 31, 2026, at 8:00 P.M. ET</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>TIME TO SUBMIT 2026 PERFORMANCE YEAR DATA!</b><br/><a href="#">Sign in to the QPP website</a> with your HCQIS Access Roles and Profile (HARP) credentials<br/><br/>Begin submission process early to ensure ample time to address any issues</li> <li><input type="checkbox"/> <b>SAVE RECORDS VALIDATING THE QUALITY MEASURES YOU REPORTED AND IMPROVEMENT ACTIVITIES YOU PERFORMED.</b><br/>Review the 2026 MIPS Data Validation Criteria for more information about the recommended documentation for each improvement activity.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>LAST DAY TO SUBMIT 2026 PERFORMANCE YEAR DATA</b><br/>March 31, 2027, @8:00 P.M. ET</li> </ul> |

Key: \*Only available for traditional MIPS \*\*Only available for MVP reporting \*\*\*Traditional MIPS and MVP reporting.

