

CMS MIPS 2025 Part 1: Overview - MVP & MIPS Reporting Options

Quality Measures and Improvement Activities

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Reporting MIPS/MVP 2025 Data: The reporting period for the MIPS/MIPS Value Pathway (MVP) 2025 is January 4 to March 31, 2026. Small practice providers could use claims reporting for their quality measures. Any providers who used their Electronic Health Record data to report quality via the eCQM (electronic clinical quality measures) will have to follow the directions from their EHR vendor to ensure the quality data is properly reported. The majority of providers will have to sign in to the QPP.com website and attest to their Improvement Activities (IA) that were required to be completed. Providers in practices with 16 or more providers will also need to follow the directions for attesting to their PI measures, as well. [Resource Library - QPP](#)

Requirement to Report in 2026: You **must exceed** the low-volume threshold for each of the three areas for both of the segments that CMS uses (10/01/2024-09/30/2025 and 10/01/2025-09/30/2026) If you do not exceed all three measures for both segments, a provider is exempt from reporting MVP or MIPS. The three thresholds are:

1. Bill more than \$90,000 to Medicare Part B (Traditional Medicare/Railroad Medicare)
2. See more than 200 Medicare Part B patients (Traditional Medicare/Railroad Medicare)
3. Bill more than 200 professional services to Medicare Part B patients (Traditional Medicare/Railroad Medicare)

MVP/MIPS Participation Special Status- 2026: As in years past, providers who are in practices of 15 or fewer providers have special status for MVP/MIPS participation. This special status provides the following benefits:

1. Perform and attest to one improvement activity – MVP & MIPS
2. Automatic 6 bonus quality points - MVP & MIPS
3. 3 points (instead of zero) for quality measures – MIPS only
 - a. Don't meet data completeness or case minimum requirements
 - b. Can't be reliably scored against a benchmark
4. **Report quality measures through Medicare Part B claims – MVP & MIPS**
5. Report MVP group, even if in multispecialty practice - MVP
6. Not required to report data for Promoting Interoperability (PI) - MVP & MIPS

As well, providers who practice in Health Professional Shortage Areas (HPSA) or rural areas can perform and attest to only one IA.

2026 MVP Reporting: Reporting via MVP reduces and streamlines the reporting requirements necessary to avoid penalties and earn bonuses. For 2026, optometrists are able to report via MVP using the Ophthalmic Care MVP requirements. Providers must register to report via MVP. The registration period is 04/01/2026 -11/30/2026. You may register or change your registration at any time during this period. In order to register, providers must name a staff member as their QPP Security official, select the MVP for reporting and identify by what means they will participate (claims, eCQM, CQM). If providers choose to report via MVP, they must be sure to use their MVP Identification number on at least one claim and when attesting to the Improvement Activity and, when required, attesting to the Promoting Interoperability measures. For Quality, MVP can be reported using claims (if ≤ 15 providers), eCQMs or CQM. MVP requires reporting of 4 quality measures listed for eCQM or CQMs. If reporting quality via claims, only 2 quality measures are available and, thus, reportable. If providers use this method for reporting, they must be sure to use their MVP Identification number on at least one claim and when attesting to the Improvement Activity and, when required, attesting to the Promoting Interoperability measures. See listing of measures and links for more details.

2026 MIPS Reporting: For providers choosing to report via Traditional MIPS, no registration is required. Six quality measures must be chosen and reported. For IA, providers must attest to completing 2 measures for at least 90 days. If a practice meets the small practice, HPSA or Rural special status, then only 1 IA measure must be attested. See the list of IA and links for more details. Again, if the practice has 16 or more providers, they must report the PI measures as well. More on Promoting Interoperability in March. See all resources below. Happy Coding...

MIPS VALUE PATHWAY (MVP)

Registration Required

4 Quality Measures

1 Improvement Activity

No Cost

**Promoting Interoperability
(unless SMALL PRACTICE)**

TRADITIONAL MIPS

No Registration Required

6 Quality Measures

**1 Improvement Activity
(2 if NOT SMALL PRACTICE)**

No Cost

**Promoting Interoperability
(unless SMALL PRACTICE)**

References:

Participation Look-up Tool <https://qpp.cms.gov/participation-lookup>

How to Participate <https://qpp.cms.gov/get-started/what-is-mips/participation-options>

Special Status <https://qpp.cms.gov/eligibility-participation/eligibility/special-statuses>

Exceptions & Applications <https://qpp.cms.gov/eligibility-participation/eligibility/exceptions#promotingInteroperabilityHardshipException-2026>

MIPS Quick Start Guide 2026 <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3596/2026-Quality-Quick-Start-Guide.pdf>

2026 MIPS Claims: [2026 Medicare Part B Claims Measure Specifications and Supporting Documents](#)

2026 Small Practice Guide: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3547/Small-Practices-Guide-MIPS-CQM-Reporting.pdf>

2026 Quality Payment Program Policies Final Rule Resources (ZIP) <https://qpp.cms.gov/mips/explore-measures?tab=qualityMeasures&py=2025>

2026 Electronic Clinical Quality Measure (eCQM) https://ecqi.healthit.gov/ep-ec/ecqms?globalyearfilter=2026&global_measure_group=3716

2026 Improvement Activities: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3567/2026-Improvement-Activities-Inventory.zip>

QPP Overview: <https://qpp.cms.gov/mips/mvps/learn-about-mvp-reporting-option>

QPP MVP Overview: <https://qpp.cms.gov/mips/mvps/learn-about-mvp-reporting-option>

QPP Resources Library: <https://qpp.cms.gov/resources/resource-library>

MVP Registration Information: <https://qpp.cms.gov/reporting-requirements/measures-activities/mvp-registration>

MVP Data Collection and Reporting: <https://qpp.cms.gov/mips/mvps/learn-about-mvp-data-collection-and-submissions>

[MIPS Resources | AOA](#) – webinar and MIPS Claims Summary Sheet available

Traditional MIPS Quality Claims Measures: Report 6 measures per QPP instructions only on appropriate patients

Reportable with 92000 or 99000 Codes:

1. **Quality ID #141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care** - *High Priority Outcome*
2. **Quality ID #181: Elder Maltreatment Screen and Follow-Up Plan** – *High Priority Process*
3. **Quality ID #226 (CBE 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**
4. **Quality ID #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented**

Reportable only with 99000 Codes:

5. **Quality ID #001 (CBE 0059): Diabetes: Glycemic Status Assessment Greater Than 9%** - *High Priority Intermediate Outcome*
6. **Quality ID #236: Controlling High Blood Pressure** - *High Priority Intermediate Outcome*

Traditional MIPS Quality eCQM Measures: Report 6 measures per EHR instructions on all patients

1. **#001: Diabetes Ha1c Poor Control (>9%)** - *High Priority Intermediate Outcome*
2. **#012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation**
3. **#019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care** - *High Priority*
4. **#117: Diabetes: Eye Exam**
5. **#130: Documentation of current medications in medical record** - *High Priority*
6. **#226: Tobacco Use Screening and cessation intervention**
7. **#236: Controlling High Blood Pressure** - *High Priority*
8. **#238: Use of High-Risk Medications in Older Adults** - *High Priority*
9. **#281: Dementia: Cognitive Assessment**
10. **#317: Screening High Blood Pressure and follow up documented**
11. **#318: Screening for Future Falls** - *High Priority*
12. **#374: Closing the Referral Loop: Receipt of Specialist Report** - *High Priority*

Ophthalmic Care MVP Quality Measures

Claims (Report 2 measures)

Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure by 20% OR Documentation of Plan of Care

Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

eCQM (Report 4 measures)

Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Q117: Diabetes: Eye Exam

Q130: Documentation of Current Medications in the Medical Record

Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (Surgeon only)**

Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Q374: Closing the Referral Loop: Receipt of Specialist Report

Ophthalmic Care MVP Improvement Activities (Report 1 for MVP or Small Practice, HPSA, or Rural Special Status)

Other IA available to report under Traditional MIPS but only these are reportable for Ophthalmic Care MVP – see resources

- **(*)(!) IA_AHW_1: Chronic Care and Preventative Care Management for Empaneled Patients**
- **IA_BE_4: Engagement of Patients through Implementation of New Patient Portal**
- **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings**
- **IA_BE_25: Drug Cost Transparency**
- **(!) IA_CC_9: Implementation of practices/processes for developing regular individual care plans**
- **IA_CC_10: Care transition documentation practice improvements**
- **IA_CC_13: Practice improvements to align with OpenNotes principles**
- **(*) IA_EPA_7: Enhance Engagement of Medicaid and Other Underserved Populations**
- **(**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways**
- **IA_PM_16: Implementation of medication management practice improvements**
- **IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements**