

# Merit-based Incentive Payment System (MIPS) 2025: Overview and Quality Measures

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The MIPS Value Pathway (MVP) was discussed in detail in January 2025. This article will delve into the information on how to report using traditional MIPS or MVP. Participation requirements are based on your National Provider Identification number (NPI) and the associated Tax Identification number (TIN). Providers are required to participate in MIPS/MVP unless you fall into the [low-volume threshold](#) category if you bill less than \$90,000 of Medicare Part B covered professional services AND see fewer than 200 Medicare Part B patients AND provide fewer than 200 covered professional services to Medicare Part B patients over the course of the year. Providers who do not meet these threshold requirements may [Opt-In](#) to report MIPS or [voluntarily report](#) MIPS but may not report via MVP. All providers should check their [MIPS participation status](#). Providers should review the [MIPS Quick Start Guide](#). Traditional MIPS is broken down into four categories of Quality Measures (QM), Improvement Activities (IA), Promoting Interoperability (PI) and Cost, each with a different weight, for a total of 100 points. Providers should review this [fact sheet](#) for a good overview of the changes and requirements for 2025.

MIPS/MPV has several [participation options](#) via individual, group, virtual and others. MIPS/MVP has several methods in which to [submit measures](#). These methods can vary based on practice size with those practices meeting the small-group designation have [some reporting exemptions](#) beyond low-volume threshold standards. [Small practice status](#) applies to those with 15 or fewer providers under a TIN and using MIPS or MVP. This exemption applies to those filing as individual providers or as a group. Qualifying for the small practice status means only having to perform and attest to one Improvement Activity (IA), earning 6 bonus points if you only report one quality measure, receiving 3 bonus points for reporting any measure not meeting data completeness or case minimum requirements, and the Promoting Interoperability requirements are waived. There are also exemptions for practices in designated [Health Professional Shortage Areas](#) or in [Rural Areas](#). Providers may apply for exemptions of [extreme and uncontrollable circumstances](#) and for [PI hardship cases](#).

[Quality Measures for 2025](#) will count 30% of the MIPS score and are reported in multiple ways: via Medicare Part B claims reporting (small groups only), via certified electronic health record technology (CEHRT) using eQMs, or via registry reporting using CQM. For 2025, there are 125 quality measures – seven new measures, ten measures removed and sixty-six measures with substantive changes. Providers must report for at least six quality measures- including at least one outcome measure or high priority measure - correctly at least 75% of the time. This data can be collected via multiple reporting methods. Providers can also report a complete specialty set. Review of the [Quality Measure Quick Start Guide](#) and the [Quality Performance Fact Sheet](#) are advised. A review of the quality measures appropriate for Optometry and the Ophthalmology complete specialty set is included with this document.

**Small practices only:** [2025 Medicare Part B Claims Measure Specifications and Supporting Documents \(ZIP,29MB\)](#)  
[2025 Electronic Clinical Quality Measure \(eCQM\) Specifications](#)  
[2025 MIPS Clinical Quality Measure Specifications and Supporting Documents \(ZIP, 27MB\)](#)  
[2025 Qualified Clinical Data Registry \(QCDR\) Measure Specifications \(XLSX, 680KB\)](#)

[Improvement Activities \(IA\) for 2025](#) will count 15% of the total MIPS score. Providers must choose one improvement activity to perform and attest to the completion if in a small practice, otherwise two IA are required for traditional MIPS reporting. For 2025, there are 104 IA (2 new activities, 4 deleted activities and one revised). Each IA, unless otherwise indicated, must be performed for a continuous 90-day period. No data submission is required but, in the event of an audit, providers must retain the documentation for the chosen IA. IA activities will no longer be weighted as medium or high and will all count the same. Providers can earn a maximum of 40 points for IA (of the 100 points for MIPS). A list of possible IA choices is included in this document.

[2025 Improvement Activities Quick Start Guide](#)  
[2025 Improvement Activities Inventory \(ZIP, 831KB\)](#)

[Promoting Interoperability \(PI\) for 2025](#) will count 25% of the total MIPS score unless an exemption applies. The data for the required measures must be collected for a continuous 180 days in a certified electronic health record technology

(CEHRT). In addition to the required measures, providers must submit the CMS identification code assigned to the EHR from the [Certified Health IT Product List \(CHPL\)](#) and a ‘yes’ to the following attestation statements:

- The Actions to Limit or Restrict Compatibility or Interoperability of CEHRT (previously named the Prevention of Information Blocking) Attestation.
- The ONC Direct Review Attestation.
- The Security Risk Analysis Measure.
- The Safety Assurance Factors for EHR Resilience (SAFER) Guides Measure.
- ONC-Authorized Certification Bodies (ACB) Surveillance Attestation (optional)

Providers should review each of the following for more information: [PI Performance Category Fact Sheet](#), [2025 PI Quick Start Guide](#), and [2025 MIPS PI Measure Specifications](#). More detail will be included in this document.

[2025 MIPS Promoting Interoperability Measure Specifications \(ZIP, 4MB\)](#)

[Cost for 2025](#) will be counted as 30% of the total score. However, if a provider does not meet exemption criteria or meet the minimum number of cases required, this percentage will be redistributed to another category. There are thirty-five costs measures for 2025 including six new episode-based measures and a significant change to the Cataract Removal with Intraocular Lens (IOL) Implantation (currently named Routine Cataract with Intraocular Lens [IOL] Implantation) measure. Reviewing the [QPP Cost Measure Information Webpage](#) will be helpful. For the “Cataract Removal with Intraocular Lens (IOL) Implantation” measure, the trigger is 66984-Removal of cataract with insertion of IOL. However, episodes with post-operative modifiers are exempt thus Optometry is exempted from Cost Measures.

[2025 MIPS Summary of Cost Measures \(PDF, 340KB\)](#)

[2025 Cost Measures List](#)

[2025 Cataract Cost Measure Specifications](#)

Overall, providers must earn a minimum of seventy-five points for the MIPS 2025 reporting year to avoid a negative payment adjustment in 2027. The reporting period runs January 1, 2025 – December 31, 2025.

Your 2025 Final Score	Payment Impact for MIPS Eligible Clinicians for the 2027 MIPS Payment Year
0.00 – 18.75 points	-9% payment adjustment
18.76 – 74.99 points	Negative payment adjustment (between -9% and 0%)
75.00 points (Performance threshold=75.00 points)	Neutral payment adjustment (0%)
75.01 – 100.00 points	Positive payment adjustment (scaling factor applied to meet statutory budget neutrality requirements)

Reviewing the [2025 QPP Policies Final Rule Fact Sheet](#) provides a good overview of the changes for 2025. Providers can and should explore all the available [MIPS measures for 2025](#) and Links for all the [2025 MIPS specifications](#) supporting documents.

All the details needed for reporting via MVP rather than traditional MIPS can be found [here](#) and in the January 2025 MIPS Value Pathway (MVP) document. Please remember that [registration](#) is required to participate in MVP. Registration is open from April 1, 2025, until December 1, 2025. Any MVP registration can be changed once a provider has registered for MVP reporting, until December 1, 2025.

Providers can access the entire library of resources for 2025 MIP/MVP reporting [here](#), including guides, webinars, newsletters and other documents.

Happy Coding....