

Comparison of 2025 and 2026 MIPS Requirements

Policy	2025	2026
Performance Threshold (PT)	Performance Threshold is set at 75 points .	No change Performance Threshold is set at 75 points .
Payment Adjustments	+/- 9% Positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality- maximum positive adjustment will be below 9%	No change +/- 9% Positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality- maximum positive adjustment will be below 9%
Category Weights for Non-Patient Facing Pathologists	For large practices of 16+ clinicians <ul style="list-style-type: none"> Quality: 85% Improvement Activities: 15% Promoting Interoperability: 0% Cost: 0% unless the CMS can calculate it for your practice. For small practices of ≤15 clinicians: <ul style="list-style-type: none"> Quality: 50% Improvement Activities: 50% Promoting Interoperability: 0% Cost: 0% unless the CMS can calculate it for your practice. 	No change For large practices of 16+ clinicians <ul style="list-style-type: none"> Quality: 85% Improvement Activities: 15% Promoting Interoperability: 0% Cost: 0% unless the CMS can calculate it for your practice. For small practices of ≤15 clinicians: <ul style="list-style-type: none"> Quality: 50% Improvement Activities: 50% Promoting Interoperability: 0% Cost: 0% unless the CMS can calculate it for your practice.
Data Completeness Minimum	Report at least 75% of all denominator-eligible cases	No change Report at least 75% of all denominator-eligible cases

<p>Quality Measure Scoring</p>	<ul style="list-style-type: none"> • Report on a minimum of 6 measures with one being a high priority measure • 20 case minimum for each measure • Measures with a benchmark will receive 1-10 points <ul style="list-style-type: none"> • Topped out measures will receive 1-7 points • Pathology QPP measures are no longer topped out • Measures without a benchmark will receive 0 points for large practices and 3 points for small practices • Measures that don't meet the case minimum will receive 0 points for large practices and 3 points for small practices • Measures that don't meet data completeness will receive 0 points for large practices and 3 points for small practices 	<p>No change</p> <ul style="list-style-type: none"> • Report on a minimum of 6 measures with one being a high priority measure • 20 case minimum for each measure • Measures with a benchmark will receive 1-10 points <ul style="list-style-type: none"> • Topped out measures will receive 1-7 points • Pathology QPP measures are no longer topped out • Measures without a benchmark will receive 0 points for large practices and 3 points for small practices • Measures that don't meet the case minimum will receive 0 points for large practices and 3 points for small practices • Measures that don't meet data completeness will receive 0 points for large practices and 3 points for small practices
<p>Improvement Activities</p>	<ul style="list-style-type: none"> • IAs no longer have weight associated with them • Non-patient-facing clinicians/groups must report any 1 Improvement Activity <p>At least 50% of the clinicians in a group must attest to the same Improvement activity for a minimum of 90 consecutive days</p> <p>Retain documentation of each activity for 10 years</p>	<ul style="list-style-type: none"> • IAs no longer have weight associated with them • Non-patient-facing clinicians/groups must report any 1 Improvement Activity <p>Improvement Activities Removed</p> <ul style="list-style-type: none"> • IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop • IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results <p>At least 50% of the clinicians in a group must attest to the same Improvement activity for a minimum of 90 consecutive days</p> <p>Retain documentation of each activity for 10 years</p>



MVP (MIPS Value Pathway)	<ul style="list-style-type: none">• Two pathology measures are in the Dermatological Care MVP<ul style="list-style-type: none">○ Insufficient number for pathologists to report this MVP (minimum of 4)	<ul style="list-style-type: none">• Independent MVP for pathology containing QPP and QCDR measures
---------------------------------	---	--

Policy	2025	2026
Facility-Based Scoring	<p>Individual: MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23).</p> <p>Group: A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals.</p> <p>Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score.</p> <p>There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement.</p> <p>An individual or group must submit data in the Improvement Activities performance category to maximize MIPS score under facility-based measurement.</p>	<p>No change</p> <p>Individual: MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23).</p> <p>Group: A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals.</p> <p>Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score.</p> <p>There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement. An individual or group must submit data in the Improvement Activities performance category to maximize MIPS score under facility-based measurement</p>