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MIPS 2025 Final Rule guide

We are here to help provide you and your providers with high-level information to understand the changes for the 2025 Medicare Physician Payment Schedule and Quality Payment Program (QPP) Final Rule – specifically the updates to the traditional Merit-based Incentive Payment System (MIPS) program.

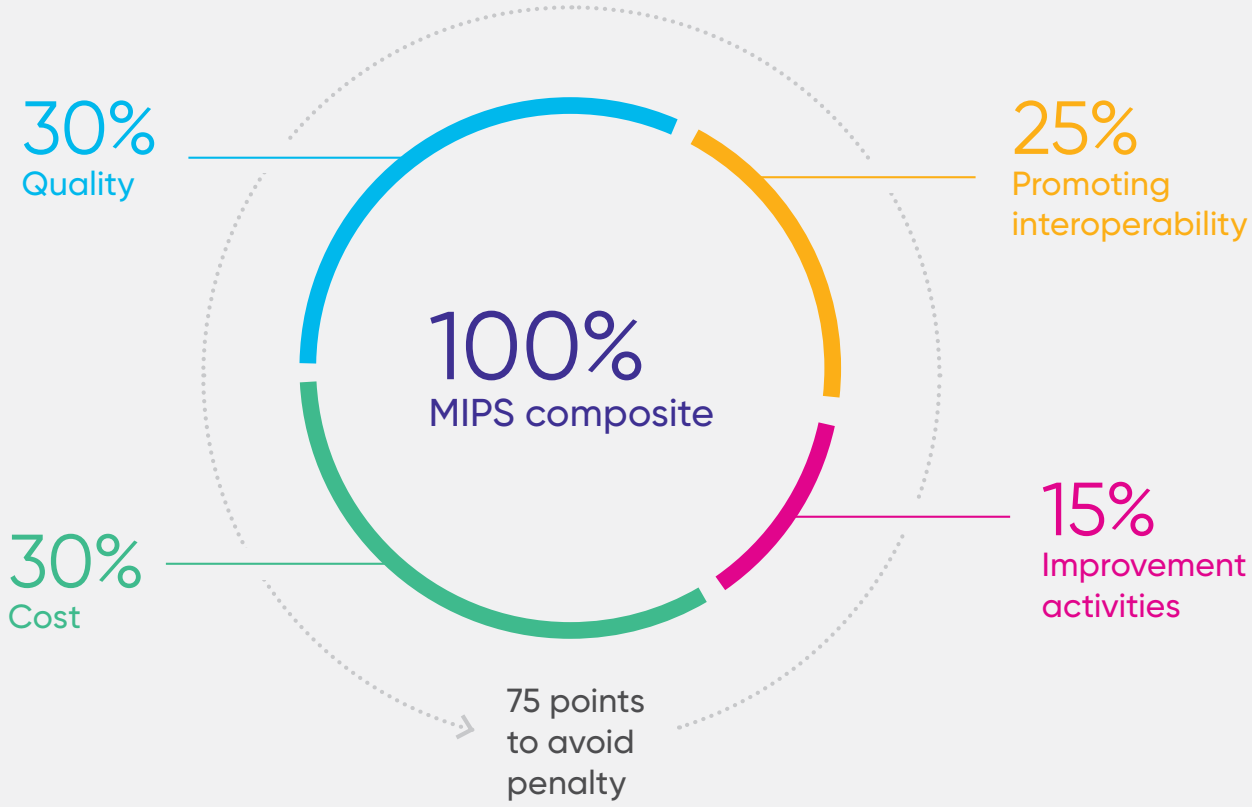
Questions about any of these changes can be directed towards our MIPS Consulting team at info@intrinsiq.com

General

Performance threshold
To avoid a negative adjustment on reimbursements, a performance threshold of 75 points must be met.

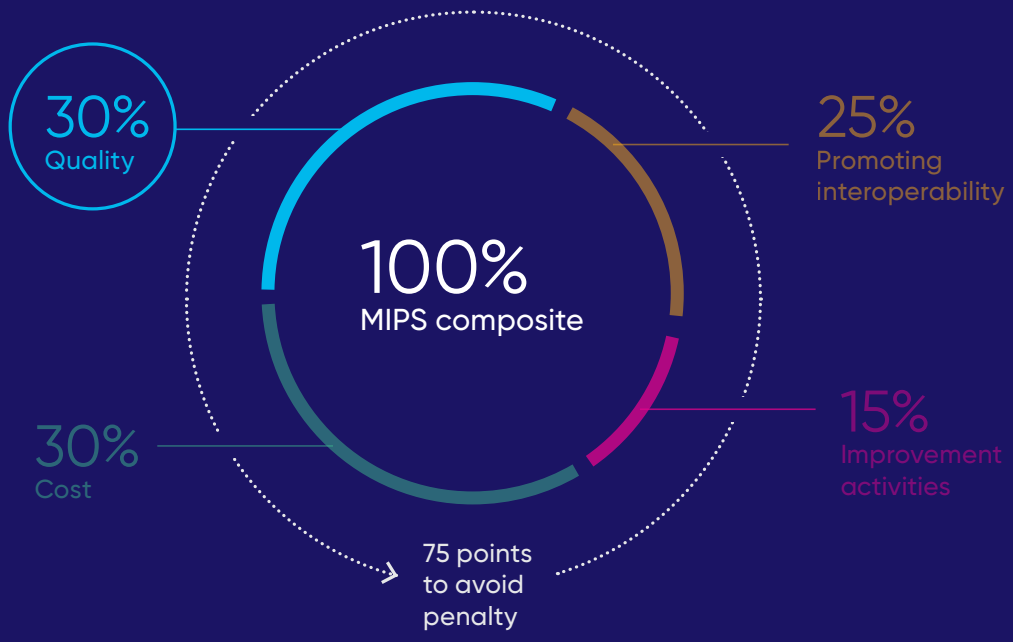
Targeted review timeline
As was previously finalized in the 2024 Final Rule, Centers for Medicare and Medicaid Services (CMS) changed the targeted review timeline from the 60 days following the release of final scores to 30 days before (during the score preview period) and 30 days after the final scores are released.

2025 MIPS performance category weights



2025 Final Rule changes (under their performance category)

Quality



New measures

There are **eight new measures** including measures for germline testing for ovarian cancer patients, COVID-19 vaccination status, and melanoma.

Measures removed

There were **12 measures removed,** including:

- **254** - Ultrasound determination of pregnancy
- **452** - Patients with metastatic colorectal cancer and RAS gene mutation spared EGFR
- **472** - Appropriate use of DXA scans in women under 65

Measures with substantive changes

There are **66 measures with changes.** There are years when measures with these changes have no benchmarks for the performance year. This does not always happen, but it can occur.

Measure benchmarking

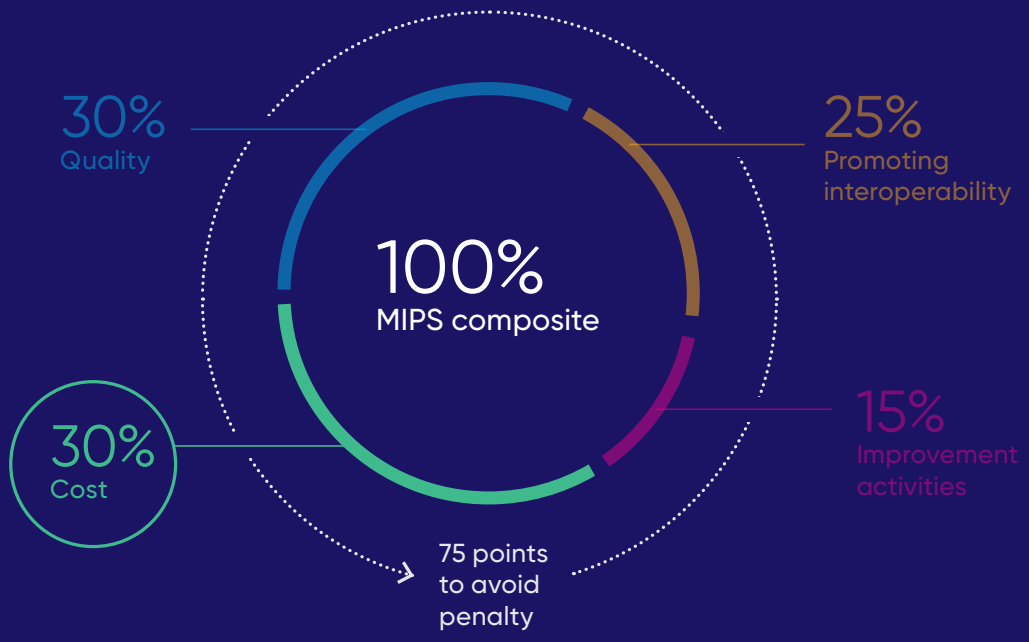
CMS has identified several measures that will be scored under a new benchmarking policy. These measures are highly topped out and typically available to specialists with limited measure selection. These measures will now be scored on a 10-point scale rather than seven points as a topped-out measure. These measures include:

- **143** - Oncology: pain intensity quantified
- **440** - Skin cancer biopsy reporting

Data completeness

In a previous rule, the data completeness threshold was finalized to increase to 75 percent for 2024 and 2025. The most recent rule has established to maintain this data completeness threshold of 75 percent for the performance period in 2026.

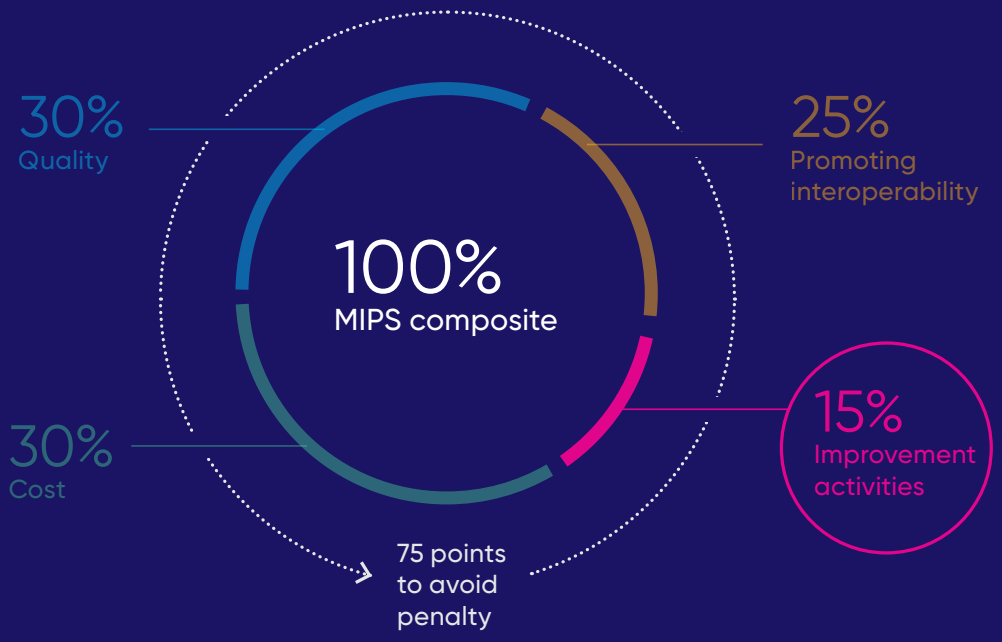
Cost



New measures
There are **six new measures** related to chronic kidney disease and kidney transplant, end-stage renal disease, prostate cancer, rheumatoid arthritis, and respiratory infection hospitalization (each with a 20-episode case minimum).

Measure benchmarking
CMS is using a new benchmarking methodology that will distribute scoring based on standard deviations from the median. The median will be derived from the performance threshold for that year. **This will start with the scoring for the 2024 performance period.**

Improvement activities



Two new improvement activities

- Implementation of protocols and provision of resources to increase lung cancer screening update
- Save a Million Hearts: standardization of approach to screening and treatment for cardiovascular disease risk

Modified one existing improvement activity

- Vaccine achievement for practice staff: COVID-19, influenza, and hepatitis B

Removed four existing improvement Activities

- Provide 24/7 access to MIPS eligible clinicians or groups who have real-time access to patient's medical record
- Implementation of a Personal Protective Equipment (PPE) Plan
- Implementation of a Laboratory Preparedness Plan
- Invasive procedure or surgery anticoagulation medication management

Finalized the removal of four Improvement Activities beginning with the 2026 performance period

- Population empanelment
- Implementation of use of specialist reports back to referring clinician or group to close referral loop
- Implementation of improvements that contribute to more timely communication of test results
- Electronic health record enhancements for BH data capture

Improvement activities con't

Finalized three proposals

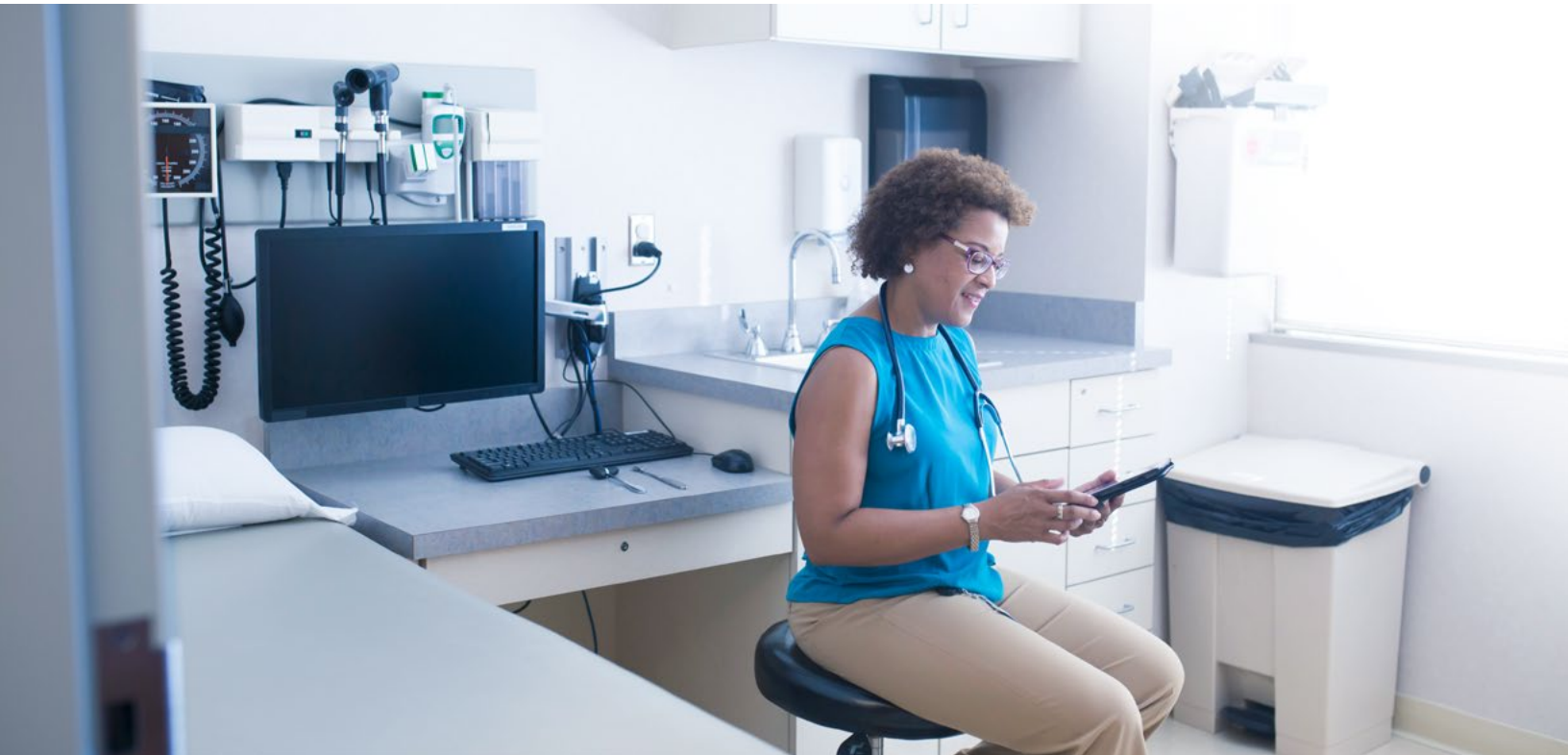
- Codify seven removal factors to identify activities for potential removal or modification from the inventory
- Remove activity weightings to simplify scoring and complement ongoing efforts to refine and improve the inventory
- Simplify requirements by reducing the number of activities clinicians are required to attest to completing
  - MVP reporting - Clinicians, groups, and subgroups (regardless of special status) must attest to one activity.
  - Traditional MIPS reporting - Clinicians, groups, and virtual groups with the small practice, rural, non-patient facing, or health professional shortage area special status must attest to one activity.
  - All other clinicians, groups, and virtual groups must attest to two activities.

Improvement Activities data submission

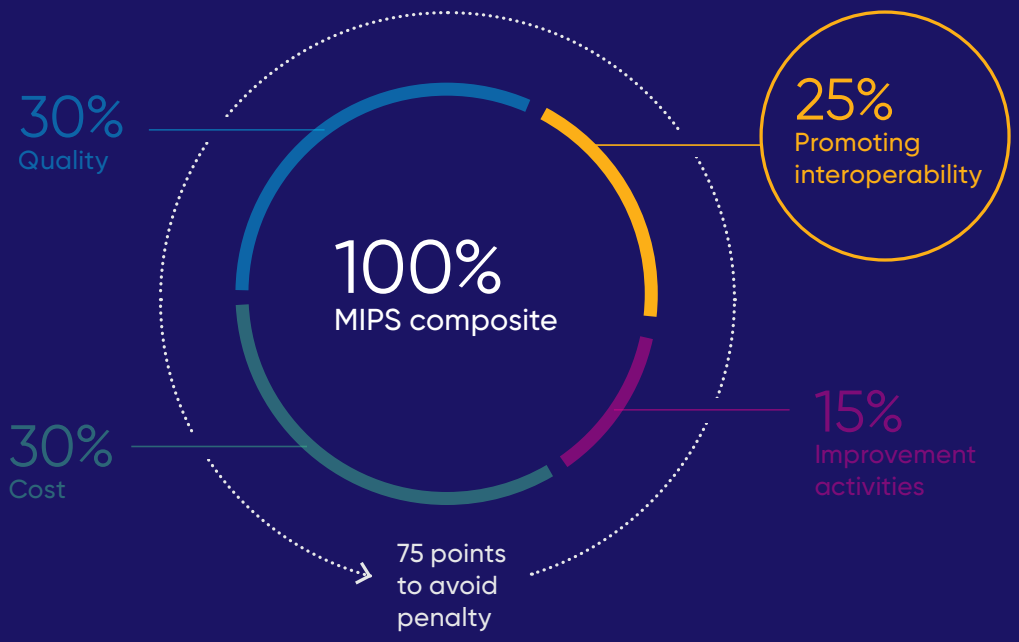
- Beginning with the CY 2024 performance period/2026 MIPS payment year (data submission period in CY 2025), a submission for the Improvement Activities performance category must include a "yes" response for at least one improvement activity to be considered a data submission and scored.
- A submission with only a date and practice ID won't be considered a data submission and will be assigned a null score.

Multiple submissions - Added new language on how to handle multiple submissions

- If multiple Improvement Activity submissions are received **from different organizations,** each submission will be calculated, and the highest score will be earned.
- If multiple Improvement Activity submissions are received **from the same organization,** the most recent submission will be calculated, and the new submission will override the previous submission.
- This policy will not apply to different submission types by the same organization, meaning a file upload will not override a manual attestation.



Promoting interoperability



Reweighting for Promoting Interoperability
Beginning with the 2025 performance period, automatic reweighting will only apply to MIPS eligible clinicians, groups, and virtual groups with the following special statuses: ambulatory surgical center (ASC)-based, hospital-based, non-patient facing, and small practice.

Promoting Interoperability data submission
For multiple data submissions received, CMS will calculate a score for each data submission received and assign the highest of the scores.

Sub-group reporting
Finalized the proposal to continue the policy that a subgroup is required to submit its affiliated group's data for the Promoting Interoperability performance category for MVPs.

CMS removed the CEHRT threshold requirements for Shared Savings Program ACOs; and that, unless otherwise excluded, all MIPS eligible clinicians, qualified professionals (QPs), and partial QPs participating in an ACO, regardless of track, satisfy all of the following **starting in 2025:**

- Report the MIPS Promoting Interoperability performance category measures and requirements at the individual, group, virtual group, or APM entity level.
- Earn a MIPS performance category score for the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM entity level.

Promoting Interoperability con't

Advanced APMs:

Required use of CEHRT
The numerical requirement of 75 percent for the use of CEHRT has been eliminated. Now, to qualify as an Advanced Alternative Payment Model (APM), it is specifically mandated that CEHRT must be used.

Eligibility
QP eligibility determinations were maintained at the APM entity level.

QP thresholds are increasing
- Medicare payments:
  - QP threshold increased from 50% to 75%.
  - Partial QP threshold increased from 40% to 50%.
- Medicare patients seen:
  - QP threshold increases from 35% to 50%.
  - Partial QP threshold increases from 25% to 35%.

APM incentives
QP bonus is an increased physician fee schedule update based on the .75 conversion factor (as opposed to the .25 non-QP conversion factor).

Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs)

Six new MVPs:

- Complete ophthalmologic care
- Dermatological care
- Gastroenterology care
- Optimal care for patients with
- urologic conditions
- Pulmonology care
- Surgical care

There were also modifications to 16 previously finalized MVPs.

This guide overviews many of the changes which could impact your practice. The Final Rule for the 2025 Physician Fee Schedule, which includes MIPS was released on November 1, 2024 and can be found at the following website: **www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other.**

For additional questions, contact our MIPS Consulting team at **info@intrinsiq.com**

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We are united in our responsibility to create healthier futures.