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MIPS 2026 Final Rule guide

We are here to help provide you and your providers with high-level information to understand the changes for the 2026 Medicare Physician Payment Schedule and Quality Payment Program (QPP) Final Rule – specifically the updates to the traditional Merit-based Incentive Payment System (MIPS) program.

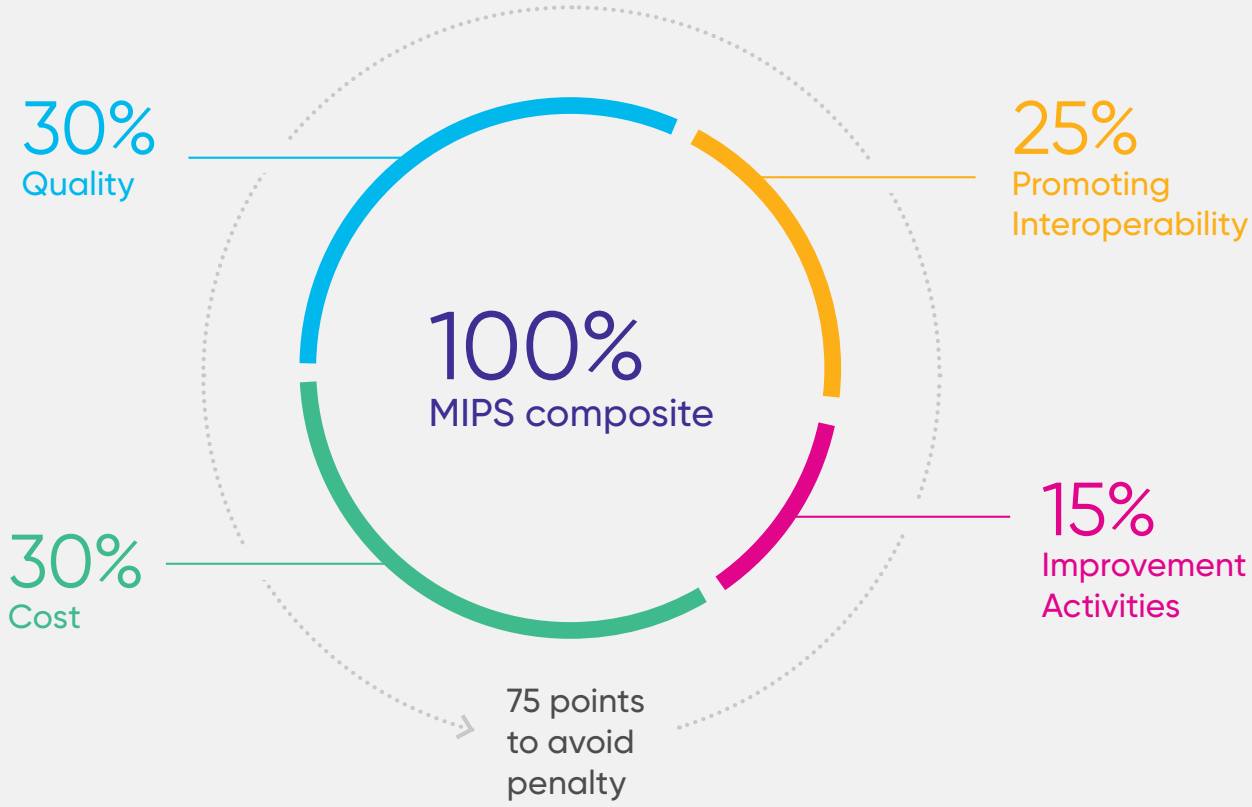
Questions about any of these changes can be directed towards our MIPS Consulting team at info@intrinsiq.com

General

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

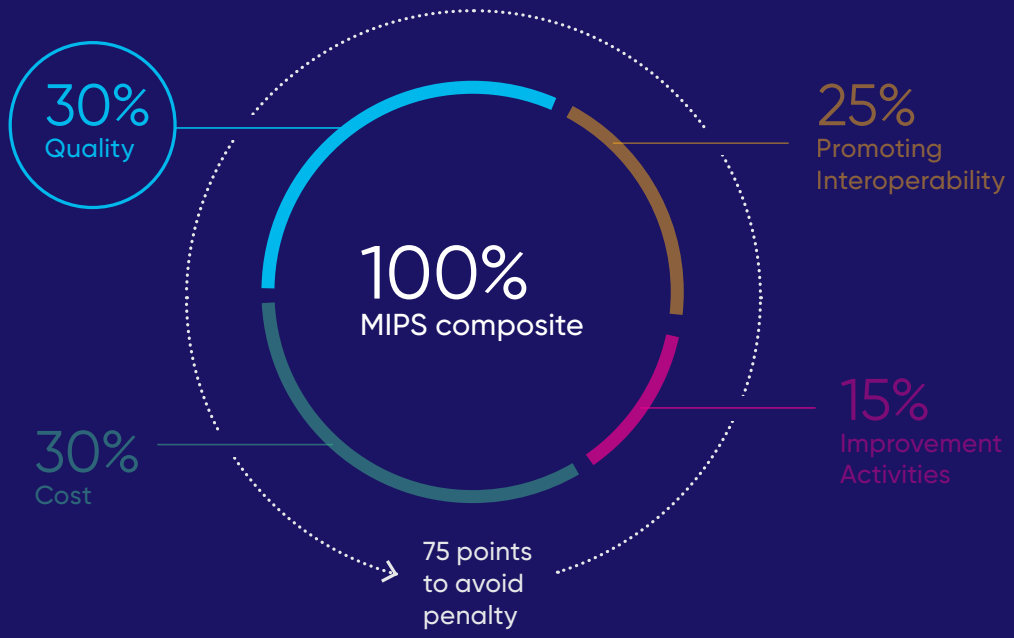
Targeted review timeline
As was previously finalized in the 2024 Final Rule, Centers for Medicare and Medicaid Services (CMS) changed the targeted review timeline from the 60 days following the release of final scores to 30 days before (during the score preview period) and 30 days after the final scores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

2026 MIPS performance category weights



2026 Final Rule changes (under their performance category)

Quality



New measures

There are **five new measures,** including:

- **513** Patient reported falls and Plan of Care American Academy of Neurology, MIPS CQM
- **512** Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR), MIPS CQM
- **514** Diagnostic delay of venous thromboembolism in primary care, eCQM
- **515** Screening for abnormal glucose metabolism in patients at risk of developing diabetes, eCQM
- **516** Hepatitis C Virus (HCV): sustained virological response (SVR), MIPS CQM

Measures removed

There were **10 measures removed,** including:

- **185** Colonoscopy interval for patients with a history of adenomatous polyps – Avoidance of inappropriate sse, MIPS CQM
- **264** Sentinel lymph node biopsy for invasive breast cancer, MIPS CQM
- **290** Assessment of mood disorders and psychosis for patients with Parkinson's Disease, MIPS CQM
- **322** Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low-risk surgery patients, MIPS CQM
- **419** Overuse of imaging for the evaluation of primary headache, MIPS CQM
- **424** Perioperative temperature management, MIPS CQM
- **443** Non-recommended cervical cancer screening in adolescent females, MIPS CQM
- **487** Screening for social drivers of health, MIPS CQM
- **498** Connection to community service provider, MIPS CQM
- **508** Adult COVID-19 vaccination status, MIPS CQM

Measures with substantive changes

There are **30 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.

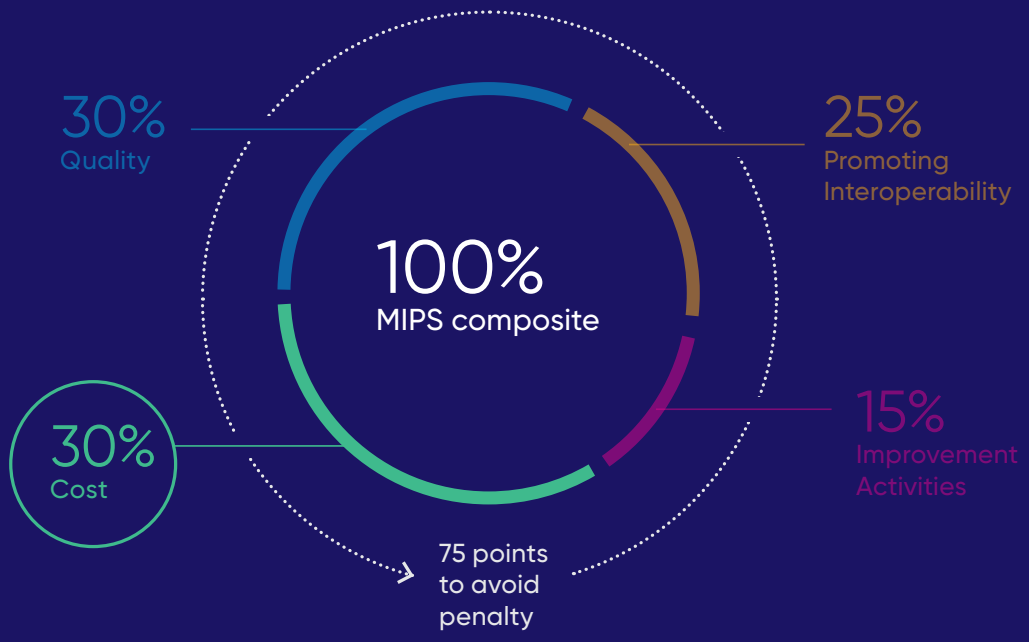
Measure benchmarking

CMS has identified additional measures that will be scored under the topped-out measures benchmarking policy to continue to allow for meaningful points. These measures are highly topped out and typically available to specialists with limited measure selection. CMS will continue to apply alternative benchmarks for 19 topped-out measures. These measures will be scored on a 10-point scale rather than a 7-point topped out measure scale.

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

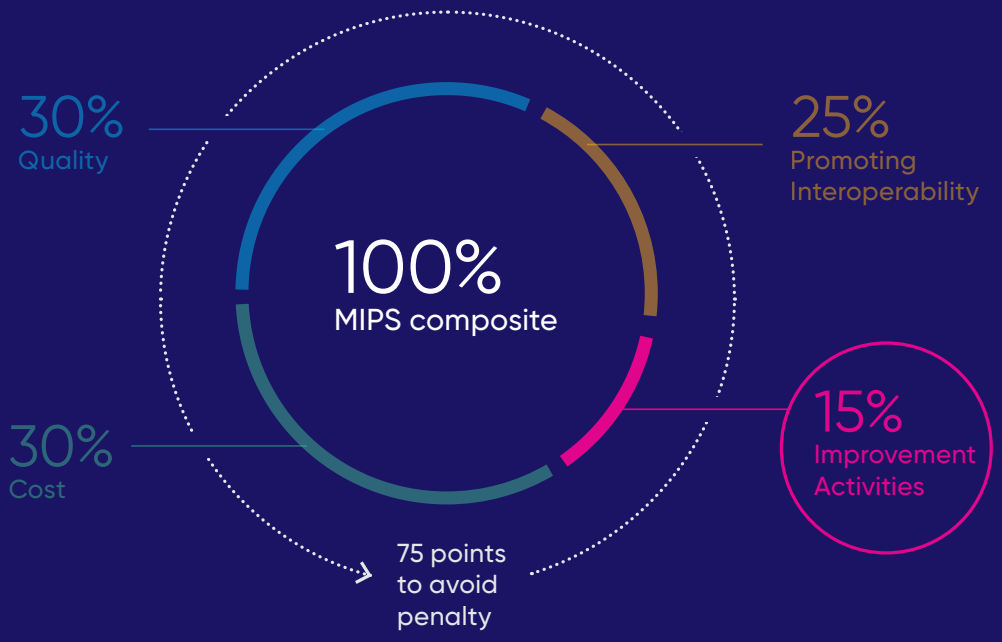


Measure inventory
The measure inventory for the Cost category has remained unchanged for 2026.

Total per capita cost
CMS has opted to limit instances where TPCC is attributed to highly specialized groups based solely on billing of advanced care practitioners such as nurse practitioners and physician assistants.

Two year informational only period for new measures
CMS has also finalized a two year informational only period for new Cost measures, allowing clinicians to see feedback on these measures but not receive a scoring for two years after the initial release of a measure.

Improvement Activities



Three new Improvement Activities

- Improving detection of cognitive impairment in primary care
- Integrating oral health care in primary care
- Patient safety in use of artificial intelligence (AI)

Modified seven existing Improvement Activities

Removed eight existing Improvement Activities

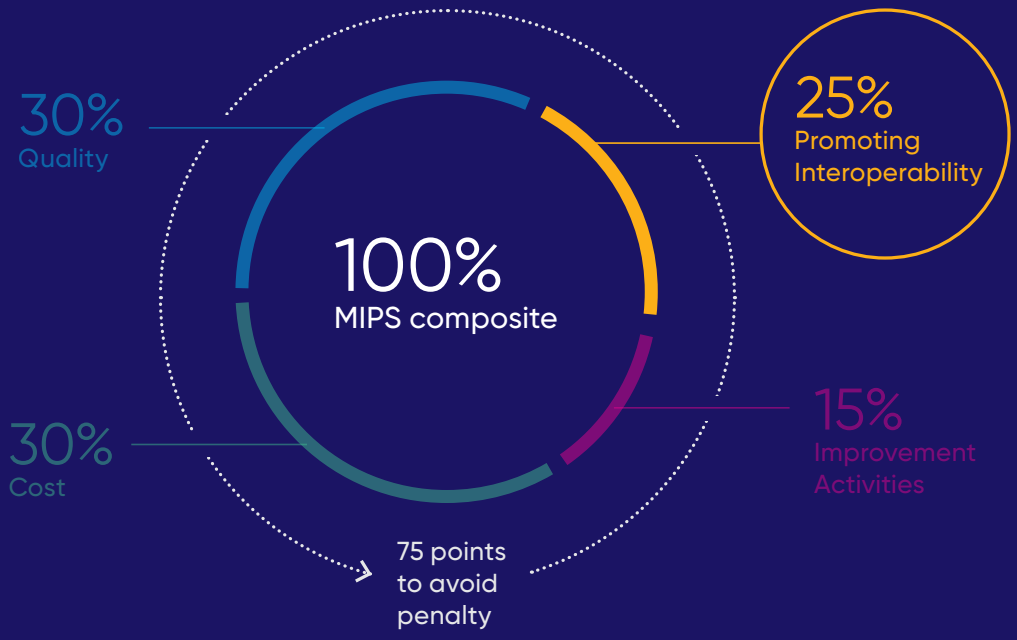
- MIPS Eligible Clinician leadership in clinical trials or CBPR
- Create and implement an anti-racism plan
- Implement food insecurity and nutrition risk identification and treatment protocols
- Create and implement a plan to improve care for lesbian, gay, bisexual, transgender, and queer patients
- Practice improvements that engage community resources to address drivers of health
- Vaccine achievement for practice staff: COVID-19, influenza, and hepatitis B
- Use of toolsets or other resources to close health and health care inequities across communities
- COVID-19 clinical data reporting with or without clinical trial

Previously 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

The "Achieving Health Equity" subcategory was removed and replaced with the "Advancing Health and Wellness" subcategory.

Promoting Interoperability



The PI category maintains its structure and weight for 2026, but CMS turned its eye to making some technical updates to strengthen data security.

- Adding an attestation component to the Security Risk Assessment (SRA) requirements to indicate SRA management activities were conducted in accordance with the HIPAA Security Rule
- Requiring the use of the updated 2025 version of the High Priority Practices SAFER guide
- Establishing an additional bonus measure under the Public Health and Clinical Data Exchange – Public Health Reporting using TEFCA

PI Measure Suppression

In response to the Centers for Disease Control and Prevention's (CDC) temporary pause of onboarding new healthcare organizations for production of electronic case reporting data to public health agencies, QPP has finalized a policy to suppress the electronic case reporting measure in CY 2025. The measure is still required to be reported with a yes, no, or excluded response.

MIPS eligible clinicians (EC) reporting the suppressed electronic case reporting measure will be able to receive full credit for the measure under the Public Health and Clinical Data Exchange objective.

To help address similar issues in the future, CMS adopted a new measure suppression policy for the PI category, allowing them to suppress PI measures when unexpected challenges arise.

Advanced APMs

Eligibility
QP eligibility determinations were finalized to be made at the (Advanced Alternative Payment Model) APM entity as well as the individual level for all clinicians participating in the advanced APM. QP eligibility determination will also now include all covered professional services, using 2 sets of services to make the determination – E&M Codes as well as all covered professional services. They will use the most favorable calculation to make eligibility determinations.

APP Plus measure set
- Within the APP Plus measure set, CMS has removed the Screening for social drivers of health (Quality ID 487).

- Shared Savings Program Accountable Care Organizations (ACOs) are required to administer Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey. Starting in PY 2027, Survey vendors are required to offer a web-based option for completing the survey, in addition to the current mail and phone methods to help improve response rates.

Medicare Clinical Quality Measures (CQMs)
For performance year 2025 and beyond, CMS has updated the definition of eligible beneficiaries for ACOs reporting these CQMs. Beneficiaries will be considered eligible if they receive at least one primary care service during the applicable performance year from an ACO professional. This includes primary care physicians, specialists covered under the ACO assignment methodology, physician assistants, nurse practitioners, or clinical nurse specialists.

Health equity adjustment
The ACO health equity adjustment applied to ACO Quality scores will be discontinued.

Extreme and uncontrollable circumstances
CMS has expanded the Shared Savings Program's quality and financial EUC to include ACOs impacted by cyberattacks starting in PY 2025 and beyond.

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

Six new MVPs:
- Diagnostic radiology
- Interventional radiology
- Neuropsychology
- Pathology
- Podiatry
- Vascular surgery

All 21 existing MVPs were modified to align with updates to the Quality and Improvement Activity inventories.

MVP reporting
Starting in 2026, it was previously finalized that multispecialty groups must report as subgroups (or individuals) if reporting MVPs.

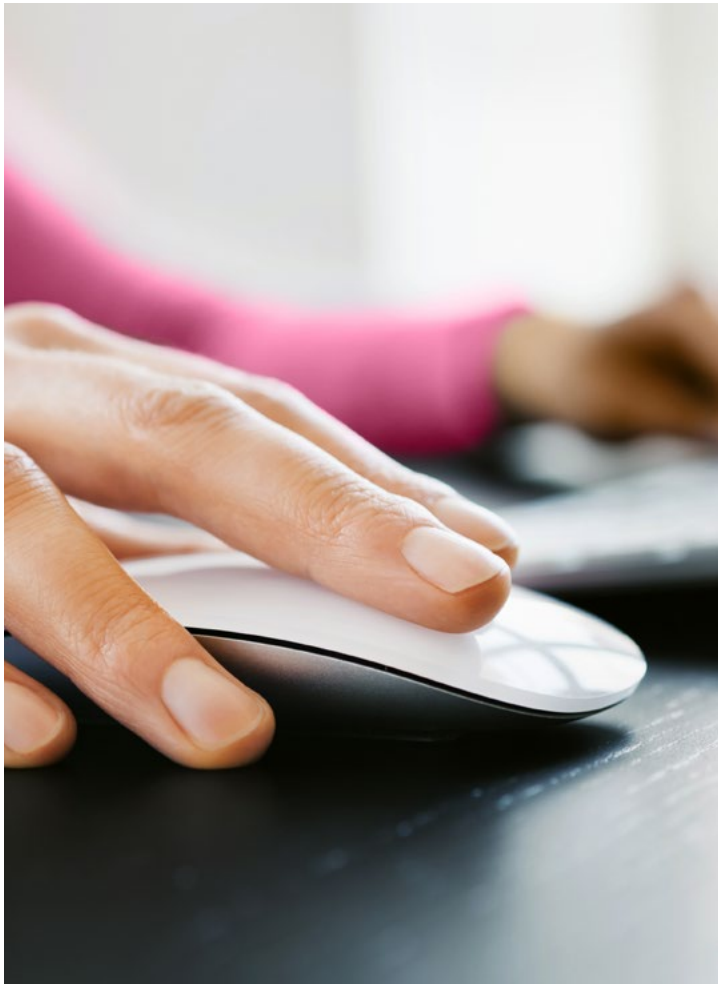
CMS finalized an exception to this policy.

In addition to allowing groups to attest to their specialty designation, any multispecialty groups that are small practice (15 or fewer clinicians) are still able to register as a group for MVPs rather than subgroup.

Specialty designation
Groups will attest to their specialty composition during the MVP registration process.

- CMS will not be making these determinations
- Single specialty group is defined as one specialty type or clinicians involved in a single focus of care.
- Multispecialty group is considered two or more specialty types or clinicians involved in multi-foci of care.

Qualified Clinical Data Registries (QCDRs)
QCDRs will be given one year after an MVP is finalized before they are required to support it fully.



Final thoughts

This guide overviews many of the changes which could impact your practice. While Traditional MIPS is still very much in place, it is clear the direction of the program is towards MVPs. Please read through these changes thoroughly with the below link, as it could impact your current reporting strategy.

The Final Rule for the 2026 Physician Fee Schedule, which includes MIPS was released on November 5, 2025 and can be found at the following website: https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-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.