

Quality Payment PROGRAM



2026 Merit-based Incentive Payment System (MIPS) Reporting Options At-A-Glance for Small Practices

To participate in MIPS, eligible clinicians must select one of the available reporting options to fulfill the [MIPS reporting requirements](#). This document provides a high-level comparison of the 3 MIPS reporting options for MIPS eligible clinicians in small practices. [Small practices](#) are practices with 15 or fewer clinicians. For a comprehensive review of the 3 MIPS reporting options, please refer to the 2026 MIPS Reporting Options Comparison Resource on the [QPP Resource Library](#).

Highlights	Traditional MIPS	MIPS Value Pathways (MVPs) Advance registration is required	Alternative Payment Model (APM) Performance Pathway (APP)/APP Plus
Why choose this option?	<ul style="list-style-type: none"> Traditional MIPS offers more choice in quality measure and improvement activity selection. <p>NOTE: Traditional MIPS will sunset in future rulemaking; MVPs will become mandatory unless the clinician is eligible to report the APP.</p>	<ul style="list-style-type: none"> Streamlined, cohesive sets of measures and activities. Each MVP includes a subset of measures and activities that are related to a given specialty or medical condition. Visit the Explore MVPs webpage to learn about the MVPs available for reporting. MVPs are the future of MIPS and will be required in future years. 	<ul style="list-style-type: none"> The APP reporting option is a good choice for those participating in a MIPS APM who want streamlined reporting requirements.
What are my participation options?	<ul style="list-style-type: none"> Participation options: Individual, Group, Virtual Group, and APM Entity. 	<ul style="list-style-type: none"> Participation options: Individual, Group, Subgroup, and APM Entity. <p>NOTE: Small practices aren't required to form subgroups for MVP reporting, regardless of their specialty composition</p>	<ul style="list-style-type: none"> Participation options: Individual, Group, and APM Entity.
Do I need to register?	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Yes, advanced registration is required (April 1 – December 1, 2026) 	<ul style="list-style-type: none"> No
How do I report?	<ul style="list-style-type: none"> Collect and submit data by uploading files and manually attesting to reporting requirements. Work with a third party intermediary (e.g., Qualified Clinical Data Registry (QCDR), qualified registry) to submit data on your behalf. You don't need to submit any data for administrative claims-based measures and cost measures. 		

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Where do I submit data?	<ul style="list-style-type: none"> Sign in to the QPP website, and select “Start Reporting” on the main page. Choose your participation option. Select “Start Reporting”. (You won’t see other reporting options unless you’ve registered for an MVP or participate in a MIPS APM and can report the APP.) 	<ul style="list-style-type: none"> Sign in to the QPP website, and select “Start Reporting” on the main page. Choose your participation option. Select “Start Reporting” next to “MIPS Value Pathways”. (You’ll only have the option to submit data for the MVP you registered for during the performance year.) 	<ul style="list-style-type: none"> Sign in to the QPP website, and select “Start Reporting” on the main page. Choose your participation option. Select “Start Reporting” next to “APM Performance Pathway”. (You’ll only have the option to submit data for the APP if you participate in a MIPS APM.)
Performance Category Weighting for Small Practices	<ul style="list-style-type: none"> Quality = 40% Cost = 30% 0% APM Entities Improvement Activities = 30% Promoting Interoperability = 0% (Automatically reweighted for small practices.) 		<ul style="list-style-type: none"> Quality = 75% Cost = Not Applicable Improvement Activities = 25% Promoting Interoperability = 0% (Automatically reweighted for small practices.)
Quality Category Highlights for Small Practices	<ul style="list-style-type: none"> Small Practice Bonus. Quality performance category will be reweighted if there are no measures available to the clinician. Select 6 measures or an available specialty measure set; this includes one outcome measure or high priority measure in the absence of an applicable outcome measure. Automatically evaluated on 4 administrative claims-based measures. 	<ul style="list-style-type: none"> Small Practice Bonus. Quality performance category won’t be reweighted for lack of relevant measures for a clinician. Select 4 measures from a limited set of MVP specific measures; this includes one outcome measure or high priority measure in the absence of an available outcome measure; this can include an outcomes-based administrative claims measure (automatically calculated if selected during MVP registration). If reporting Medicare Part B claims measures and fewer than 4 measures are included in the MVP, reporting all the Medicare Part B claims measures in the MVP will fulfill your quality reporting requirements. Automatically evaluated on a population health measure. 	<ul style="list-style-type: none"> Small Practice Bonus. Report 3 measures required under the APP quality measure set OR report 5 measures under the APP Plus quality measure set. (Medicare SSP ACOs must report the APP Plus quality measure set). Administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey (required for APP reporting). Automatically evaluated on the available administrative claims-based measures.
Improvement Activities Highlights for Small Practices	<ul style="list-style-type: none"> Select and perform 1 improvement activity (from almost 100 activities) OR participate in a recognized or certified patient-centered medical home or comparable specialty practice. Group, virtual group or APM Entity reporting: 50% of the clinicians must perform the same activity for a continuous 90-day period (but don’t have to perform the activity concurrently). 	<ul style="list-style-type: none"> Select 1 improvement activity (from the activities available within the MVP) OR participate in a recognized or certified patient-centered medical home or comparable specialty practice. Group, subgroup or APM Entity reporting: 50% of the clinicians must perform the same activity for a continuous 90-day period (but don’t have to perform the activity concurrently). 	<ul style="list-style-type: none"> No reporting is required. Automatically receive full credit.

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Cost Highlights for Small Practices	<ul style="list-style-type: none"> No reporting is required. You'll be scored on each of the 35 MIPS cost measures for which you meet case minimum, based on Medicare claims data. Reweightings is applied when the clinician or group can't be scored on any of the 35 MIPS cost measures. 	<ul style="list-style-type: none"> No reporting is required. You'll be scored on each cost measure(s) in your selected MVP for which you meet case minimum, based on Medicare claims data. Reweightings is applied when the clinician or group can't be scored on any of the cost measures included in the selected MVP. 	<ul style="list-style-type: none"> Not applicable.
Promoting Interoperability Highlights for Small Practices	<ul style="list-style-type: none"> Small practices aren't required to report data for this performance category but can choose to report the complete set of required measures and attestations to be scored on this performance category. 		