

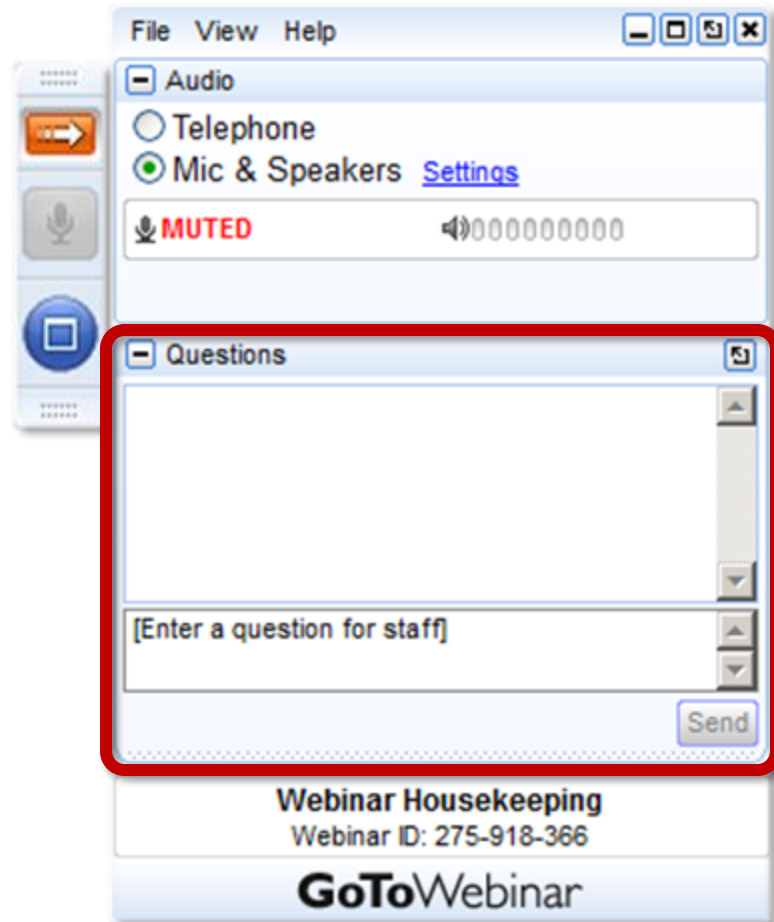
---

# UNDERSTANDING MIPS PAYMENT ADJUSTMENTS

## NAVIGATING YOUR REPORTING OPTIONS WITH **GIQuIC**



# QUESTIONS



## Your Participation

- Please submit your text questions and comments using the Questions Panel.
- Today's presentation is being recorded and will be posted by GIQuIC, ACG, and ASGE.



## WEBINAR OBJECTIVES

- Discuss recommendations for assembling your reporting team
- Understand how CMS determines payment adjustments for clinicians required to report to the Merit-based Incentive Payment System (MIPS)
- Understand how participating in the GIQuIC clinical benchmarking registry can be leveraged to report to MIPS via GIQuIC's status as a qualified clinical data registry (QCDR)
- Review how reporting requirements can be met via the GIQuIC 2026 QCDR and the firm deadlines associated with reporting via GIQuIC



# CMS QUALITY PAYMENT PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM



# CMS QUALITY PAYMENT PROGRAM





# GETTING ORGANIZED

REPORTING IS A TEAM EFFORT

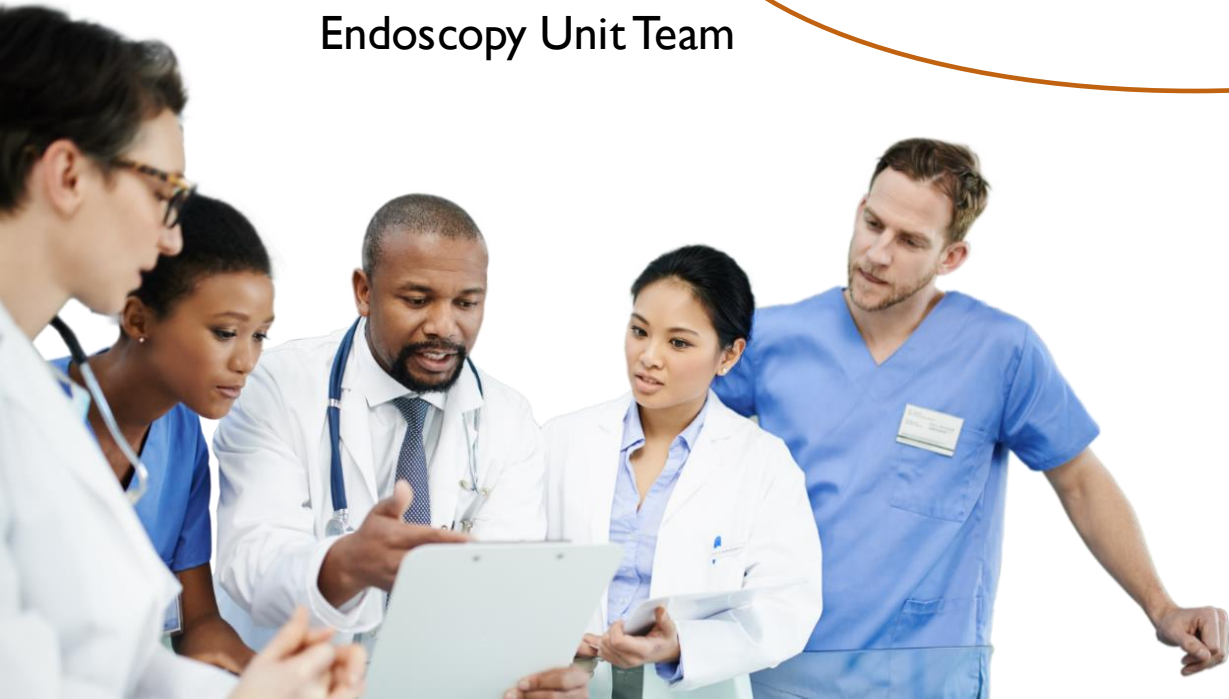


# ASSEMBLE A REPORTING TEAM

## KNOW YOUR ROLE IN THE TEAM

MIPS reporting is based on the NPI/**TIN** used to bill for professional services at all places of service.

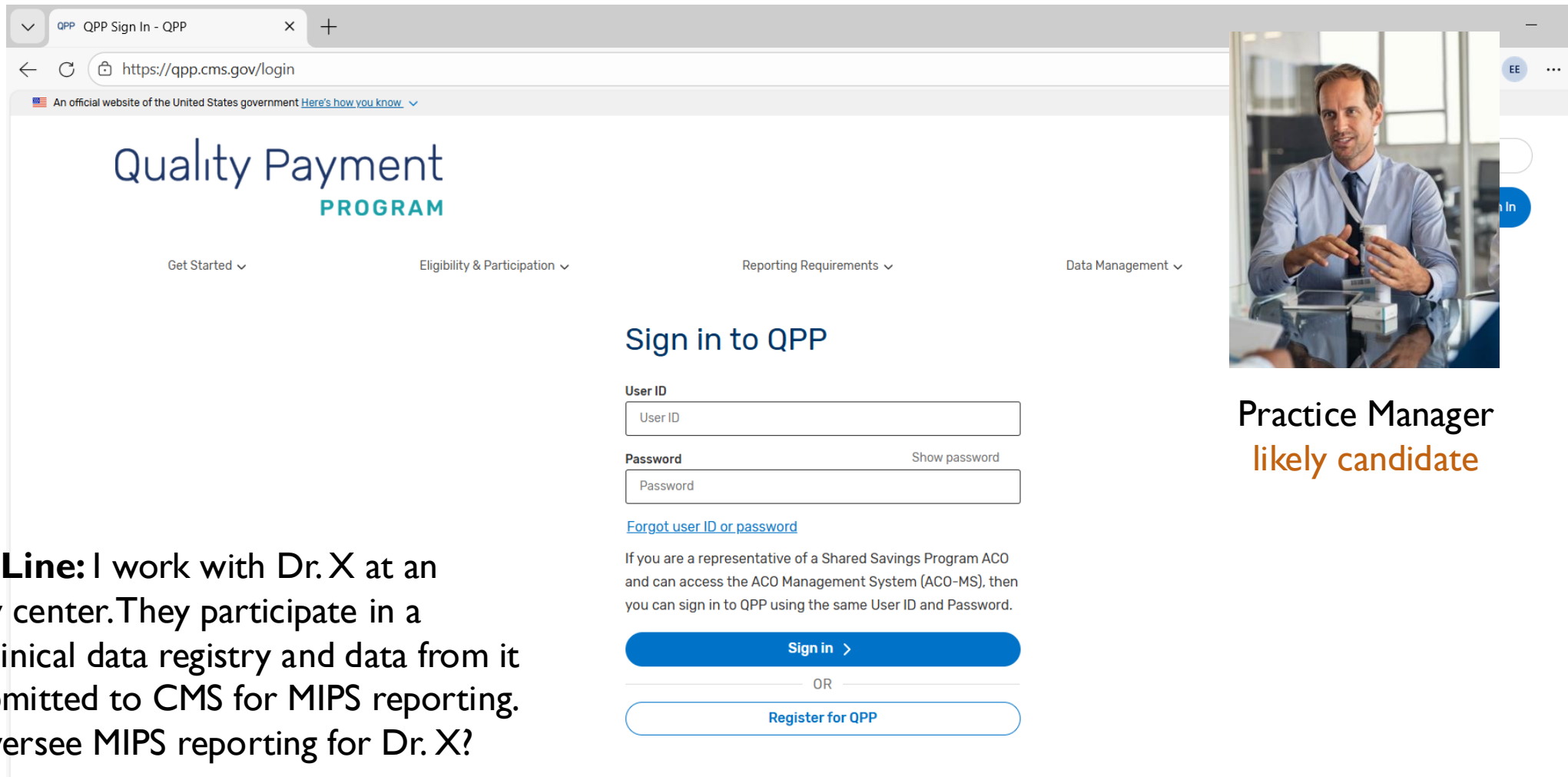
Endoscopy Unit Team



Practice Manager

MIPS reporting spans all places of services. The TIN involved is generally not the facility TIN.

# IDENTIFY WHO HAS ACCESS TO THE PRACTICE ACCOUNT HCQIS ACCESS ROLES AND PROFILE (HARP)



Quality Payment  
PROGRAM

Get Started ▾ Eligibility & Participation ▾ Reporting Requirements ▾ Data Management ▾

## Sign in to QPP

User ID

Password [Show password](#)

[Forgot user ID or password](#)

If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.

[Sign in >](#)

OR

[Register for QPP](#)

Practice Manager  
likely candidate

**Opening Line:** I work with Dr. X at an endoscopy center. They participate in a qualified clinical data registry and data from it can be submitted to CMS for MIPS reporting. Do you oversee MIPS reporting for Dr. X?

# CHECK MIPS ELIGIBILITY STATUS KNOWING STATUS DRIVES NEXT STEPS

The screenshot shows a web browser window with the URL <https://qpp.cms.gov>. The page title is "Quality Payment PROGRAM". The navigation bar includes a search bar, "Resources", "Help", and a "Sign In" button. The main navigation menu has five items: "Get Started", "Eligibility & Participation", "Reporting Requirements", "Data Management", and "Scoring & Payments". The "Eligibility & Participation" menu is open, displaying three columns of links:

ELIGIBILITY	WAYS TO PARTICIPATE	ALTERNATIVE PAYMENT MODELS (APMs)
<a href="#">Check Eligibility</a>	<a href="#">Participation Options Overview</a>	<a href="#">Overview</a>
<a href="#">How is Eligibility Determined?</a>	<a href="#">Individual, Group, and Subgroup Participation</a>	<a href="#">APM Determination Periods</a>
<a href="#">Eligibility Determination Periods</a>	<a href="#">Virtual Group Participation</a>	<a href="#">MIPS APMs</a>
<a href="#">Exception Applications</a>	<a href="#">APM Entity Participation</a>	<a href="#">Advanced APMs</a>
<a href="#">Special Statuses</a>		<a href="#">All-Payer Advanced APMs</a>
		<a href="#">QP Determination Periods</a>

Below the navigation menu, there is a large heading "Improving care between providers" and a sub-heading "New to QPP? Start here to learn about program requirements & timelines." with a "Get Started" button. A photograph of a doctor in a white coat is visible on the right side of the page.

# HOW MIPS ELIGIBILITY IS DETERMINED



Quality Payment  
PROGRAM

Merit-based Incentive  
Payment System (MIPS)

Eligibility and Participation in the 2026  
Performance Year



The image features a background photograph of two women in a clinical setting. One woman, wearing a white lab coat and a blue hijab, is holding a tablet and looking at it. The other woman, wearing a white lab coat and a patterned hijab, is pointing at the tablet. The background is a light blue and white geometric pattern of hexagons.

# HOW MIPS ELIGIBILITY IS DETERMINED

## REPORTING AND PARTICIPATION OPTIONS

Quality Payment  
PROGRAM

### MIPS Participation Options

You may be eligible to participate in MIPS at different levels: as an individual, group, virtual group, subgroup for MVP reporting, or APM Entity. Because these participation options are tied to your eligibility, they're specific to each practice with which you're associated.

The QPP website will be updated throughout the year to identify which clinicians are MIPS APM participants. The first update will be in July 2026. All MIPS reporting and participation options are open to MIPS eligible individuals who are also MIPS APM participants. **Only MIPS APM participants can participate at the APM Entity level.**

You See...	This Means...
MIPS Eligibility: <input checked="" type="radio"/> INDIVIDUAL <input checked="" type="radio"/> GROUP	<p>You, as an individual clinician, are required to report either individually or as part of a group or subgroup.</p> <ul style="list-style-type: none"> <li>If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.</li> <li>If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.</li> <li>If you're in a subgroup that submits any data as a subgroup, you'll be evaluated for all performance categories as a subgroup.</li> <li>If data is submitted at multiple levels, you'll be evaluated for all performance categories at each level, but your payment adjustment will be based on the highest score (individual, group, or subgroup).</li> </ul> <p>You'll receive a payment adjustment regardless of whether you report any data.</p>
MIPS Eligibility: <input type="radio"/> INDIVIDUAL <input checked="" type="radio"/> GROUP	<p>You, as an individual clinician, aren't required to report. Your practice exceeds the low-volume threshold and has the option to participate as a group or subgroups. There is no requirement to participate as a group or subgroup.</p> <ul style="list-style-type: none"> <li>If your practice doesn't participate as a group or subgroups, the MIPS eligible clinicians in the practice who exceed the low-volume threshold as individuals will need to participate as individuals.</li> <li>If your practice chooses to participate as a group, you'll receive a payment adjustment.</li> <li>If you're in a subgroup that reports an MVP, you'll receive a payment adjustment.</li> </ul>
MIPS Eligibility: <input type="radio"/> INDIVIDUAL <input type="radio"/> GROUP	<ul style="list-style-type: none"> <li>You, as an individual clinician, are not required to report and your practice doesn't exceed the low-volume threshold.</li> <li>You won't receive a payment adjustment, even if you or your practice chooses to submit data voluntarily.</li> </ul>

# HOW MIPS ELIGIBILITY IS DETERMINED

QPP Eligibility Determination - QPP

https://qpp.cms.gov/eligibility-participation/eligibility/determination?py=2026

Eligibility Determination Periods

Exception Applications

Special Statuses

**WAYS TO PARTICIPATE**

Participation Options Overview

Individual, Group, and Subgroup Participation

Virtual Group Participation

APM Entity Participation

**ALTERNATIVE PAYMENT MODELS (APMs)**

Overview

APM Determination Periods

MIPS APMs

Advanced APMs

All-Payer Advanced APMs

QP Determination Periods

The way we evaluate you on these factors can change each year through rulemaking. Use the drop down below to view eligibility details from a different performance year.

**Performance Year**  
Select your performance year.

Performance Year 2026

**2026 MIPS Eligibility Factors**

**On This Page**

- [Taxpayer Identification Number \(TIN\) / National Provider Identifier \(NPI\) Combination](#)
- [MIPS Determination Period](#)
- [MIPS Eligible Clinicians](#)
- [Medicare Enrollment Date](#)
- [Can My Eligibility Change?](#)
- [MIPS Eligible Clinician Types](#)
- [Opt-in Eligible Clinicians and Groups](#)
- [Low-Volume Threshold](#)
- [Voluntary Reporting \(Traditional MIPS Only\)](#)

**MIPS reporting is based on the NPI/TIN used to bill for professional services at all places of service.**

**Taxpayer Identification Number (TIN) / National Provider Identifier (NPI) Combination**

When you reassign your Medicare billing rights to a TIN, your NPI becomes associated with that TIN. This association is called a **TIN/NPI combination**.

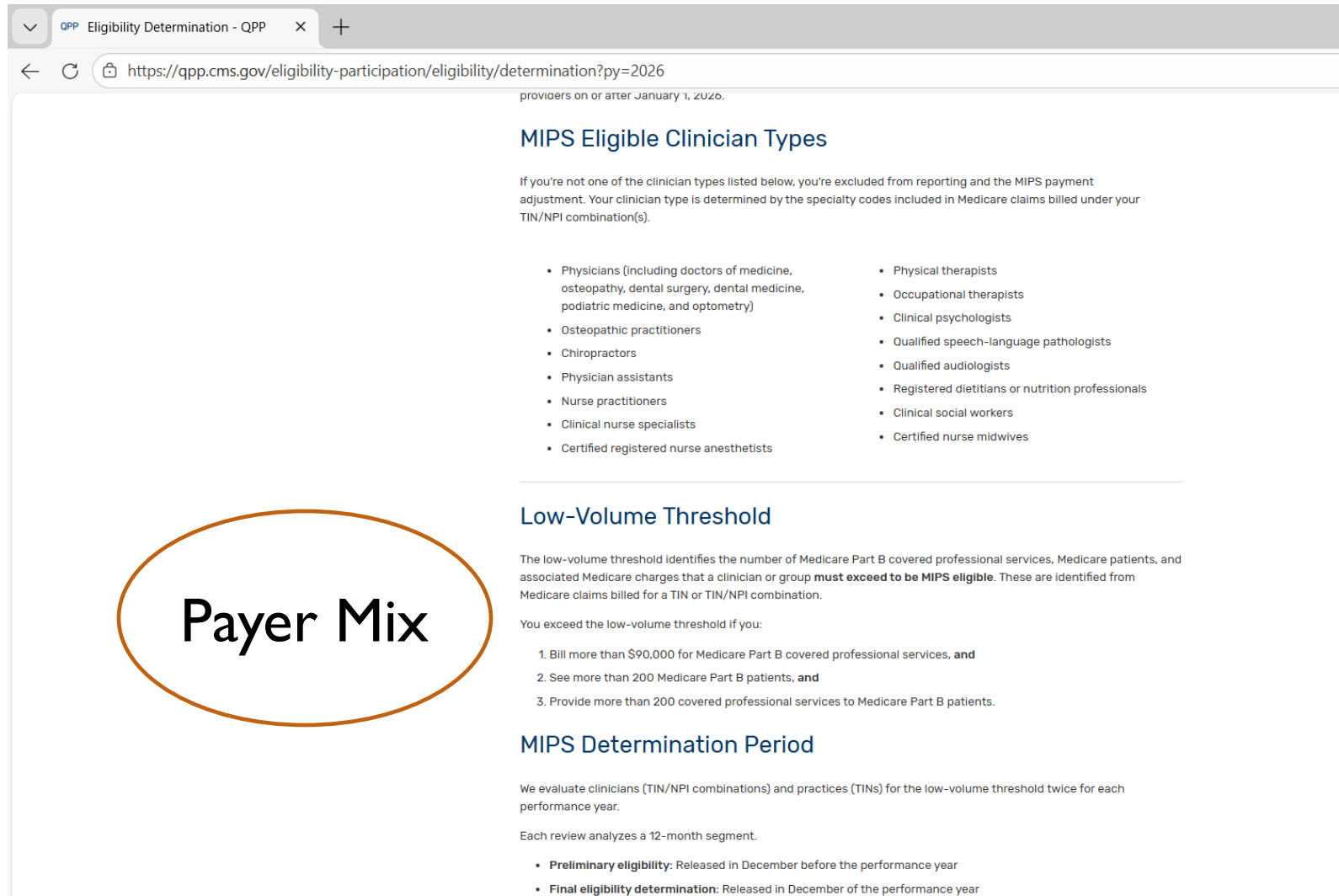
- If you reassign your billing rights to multiple TINs, you'll have multiple TIN/NPI combinations and multiple eligibility evaluations.

We evaluate each TIN/NPI combination for MIPS eligibility and use TINs to evaluate practices for eligibility.

A TIN can belong to:

- You, if you're self-employed.
- A practice.
- An organization like a hospital.

# HOW MIPS ELIGIBILITY IS DETERMINED



The image is a screenshot of a web browser displaying the CMS website page for MIPS Eligibility Determination for QPP. The browser's address bar shows the URL: <https://qpp.cms.gov/eligibility-participation/eligibility/determination?py=2026>. The page content includes a section titled "MIPS Eligible Clinician Types" with a list of eligible professions. A large orange oval is drawn over the text "Payer Mix" on the left side of the page. Below the clinician types section, there are sections for "Low-Volume Threshold" and "MIPS Determination Period".

providers on or after January 1, 2026.

## MIPS Eligible Clinician Types

If you're not one of the clinician types listed below, you're excluded from reporting and the MIPS payment adjustment. Your clinician type is determined by the specialty codes included in Medicare claims billed under your TIN/NPI combination(s).

- Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry)
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals
- Clinical social workers
- Certified nurse midwives

## Low-Volume Threshold

The low-volume threshold identifies the number of Medicare Part B covered professional services, Medicare patients, and associated Medicare charges that a clinician or group **must exceed to be MIPS eligible**. These are identified from Medicare claims billed for a TIN or TIN/NPI combination.

You exceed the low-volume threshold if you:

1. Bill more than \$90,000 for Medicare Part B covered professional services, **and**
2. See more than 200 Medicare Part B patients, **and**
3. Provide more than 200 covered professional services to Medicare Part B patients.

## MIPS Determination Period

We evaluate clinicians (TIN/NPI combinations) and practices (TINs) for the low-volume threshold twice for each performance year.

Each review analyzes a 12-month segment.

- **Preliminary eligibility:** Released in December before the performance year
- **Final eligibility determination:** Released in December of the performance year

**Payer Mix**

# HOW MIPS ELIGIBILITY IS DETERMINED

QPP Eligibility Determination Periods - X +

https://qpp.cms.gov/eligibility-participation/eligibility/determination-periods

**Eligibility Determination Periods**

- Exception Applications
- Special Statuses

**WAYS TO PARTICIPATE**

- Participation Options Overview
- Individual, Group, and Subgroup Participation
- Virtual Group Participation
- APM Entity Participation

**ALTERNATIVE PAYMENT MODELS (APMs)**

- Overview
- APM Determination Periods
- MIPS APMs
- Advanced APMs
- All-Payer Advanced APMs
- OP Determination Periods

**Performance Year**  
Select your performance year. Performance Year 2026

## 2026 MIPS Determination Period

Initial Eligibility (Segment 1) Dec. 2025 | PY 2026 Begins Jan. 1, 2026 | Final Eligibility (Segment 1 and 2 Reconciled) Dec. 2026 | PY 2026 Ends Dec. 31, 2026

MIPS Determination Period Segment Details	
Segment	Release on QPP Website
<b>Segment 1</b> Dates of Service October 1, 2024 – September 30, 2025	<b>Initial Eligibility</b> December 2025
<b>Segment 2</b> Dates of Service October 1, 2025 – September 30, 2026	<b>Final Eligibility*</b> December 2026

\*Final eligibility is reconciled between the 2 segments; this determination is final unless you're identified as a Qualifying APM participant (QP) in Snapshot 3 or there are changes to QP status as a result of APM Entity termination.

We'll use data from these segments to:

- Determine eligibility (including whether you exceed the [low-volume threshold](#));
- Assign [special statuses](#);
- Update clinician lists for each [practice](#).

We'll release final (reconciled) eligibility determinations from the 2 segments by December 2026.

We'll notify you via the QPP listserv when your new eligibility information is published on the [QPP Participation Status Tool](#).

[Subscribe to the QPP listserv](#)

# HOW MIPS ELIGIBILITY IS DETERMINED

QPP Eligibility Determination Periods - X +





https://qpp.cms.gov/eligibility-participation/eligibility/determination-periods

OP Determination Periods

We'll notify you via the QPP listserv when your new eligibility information is published on the [QPP Participation Status Tool](#).  
[Subscribe to the QPP listserv](#)

## Eligibility and Low Volume Threshold Analysis

The following table demonstrates your final eligibility status determination based on the low-volume threshold analysis from each of the 2 segments. **If you bill Medicare for Part B services in both segments under the same TIN/NPI combination** , you must exceed the low-volume threshold during both segments to be eligible for MIPS.

Segment 1		Segment 2		Final Determination
Below Low-volume Threshold	&	Below Low-volume Threshold	=	 MIPS Exempt
Below Low-volume Threshold	&	Above Low-volume Threshold	=	 MIPS Exempt
Above Low-volume Threshold	&	Below Low-volume Threshold	=	 MIPS Exempt
Above Low-volume Threshold	&	Above Low-volume Threshold	=	 MIPS Eligible

### Opt-in Eligible Clinicians

**Opt-In Eligible:** If you're identified as exempt from MIPS, you may still be able to [opt-in](#) to report to MIPS for the 2025 performance year if you exceed 1 or 2 (but not all 3) elements of the low-volume threshold. (You'll see an "Opt-In Option" indicator as part of your eligibility information on the QPP website.)



## EXEMPTED CLINICIANS

- Exempted physicians receive annual fee schedule update but no penalties or bonuses.
- If an individual clinician exceeds at least one, but not all, of the low-volume threshold criteria, the individual clinician can opt to participate in MIPS by reporting on applicable measures and activities and receive a positive, neutral, or negative payment adjustment.
- There is also voluntary reporting through which an exempted (opt-in eligible or not eligible) clinician can report and receive performance feedback but no payment adjustment.



## GETTING ORGANIZED TAKEAWAYS

- Know your role in the reporting team. Make sure the scope of your responsibilities is clearly defined.
- Know who is leading the reporting team (e.g., the person who has access to the practice's HARP account).
- Know the MIPS eligibility status of each clinician billing professional services under the practice TIN.



# CMS QUALITY PAYMENT PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM



# MIPS PERFORMANCE CATEGORIES

## OVERVIEW

Quality Payment  
PROGRAM

## The Merit-based Incentive Payment System

The Merit-based Incentive Payment System (MIPS) is one way to participate in QPP. Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.



### PROMOTING INTEROPERABILITY

Assesses your promotion of patient engagement and electronic exchange of health information using certified electronic health record technology (CEHRT).



### IMPROVEMENT ACTIVITIES

Assesses your participation in activities that improve clinical practice and support patient engagement.



### QUALITY

Assesses the quality of care you deliver by measuring health care processes, outcomes, and patient experiences of care.



### COST

Assesses the cost of the care you provide based on your Medicare Part B claims.

# MIPS PAYMENT ADJUSTMENTS

## OVERVIEW

### What Is The Merit-based Incentive Payment System? (Continued)

If you're eligible for MIPS (Continued):

- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
  - **Positive payment adjustment** for clinicians with a final score **above** the performance threshold (**75 points** in 2026 – 2028 performance years).
  - **Neutral payment adjustment** for clinicians with a final score **equal to** the performance threshold (**75 points** in 2026 – 2028 performance years).
  - **Negative payment adjustment** for clinicians with a final score **below** the performance threshold (**75 points** in 2026 – 2028 performance years).
- Your MIPS payment adjustment is based on your performance during the performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1 of the payment year.
  - E.g., 2028 is the payment year for the 2026 performance year.

Quality Payment  
PROGRAM

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options Overview](#) webpages on the [Quality Payment Program website](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



# GIQUIC CLINICAL BENCHMARKING REGISTRY

QUALIFIED CLINICAL DATA REGISTRY STATUS



---

# MEANINGFUL MEASUREMENT OF SPECIALTY PRACTICE

All registry participants

**Quality Improvement Registry**  
Quality assessment/improvement registries (QI registries) seek to use systematic data collection and other tools to improve quality of care.  
*AHRQ Registries for Evaluating Patient Outcomes: A User's Guide Third Edition*

Self-selected registry participants

**Qualified Clinical Data Registry**  
A QCDR is an entity that collects medical or clinical data for the purposes of patient and disease tracking to foster improvement in the quality of care provided and that has self-nominated, successfully completed a qualification process, and been approved by CMS as a reporting mechanism.  
*Centers for Medicare & Medicaid Services*



# GIQUIC 2026 QCDR

MEETING CMS REPORTING REQUIREMENTS



# TRADITIONAL MIPS REPORTING REQUIREMENTS

GET STARTED WITH MIPS IN 6 STEPS

Quality Payment  
PROGRAM

STEP 4

## Select and Perform Your Measures and Activities

### TRADITIONAL MIPS



#### QUALITY:

- Select 6 measures.\*
- Collect data for each measure for the 12-month performance period (January 1-December 31).
- We'll evaluate you on any applicable administrative claims-based measures based on data we collect.



#### COST:

- No measure selection or data submission required.
- We collect and evaluate this data for you.
- Review cost measures.\*



#### IMPROVEMENT ACTIVITIES:

- Select 2 improvement activities.\*
  - Clinicians with certain special statuses have reduced reporting requirements.
- Perform each activity for a continuous 90-day period in the calendar year (or as indicated in the activity's description).



#### PROMOTING INTEROPERABILITY:

- No measure selection.
- Report complete measure set\* for a continuous 180-day period.

\*The [Explore Measures & Activities](#) tool is updated each year at the end of January. Make sure you review the [quality measure benchmarks](#) when selecting measures to understand how benchmarks affect scoring. These will also be available in late January of the performance year.

STEP 1:

Check Your Initial Eligibility

STEP 2:

Select a Reporting Option

STEP 3:

Choose How You'll Participate

STEP 4:

Select and Perform Your Measures and Activities

STEP 5:

Verify Your Final Eligibility

STEP 6:

Submit Your Data

# GASTROENTEROLOGY CARE MVP REPORTING REQUIREMENTS

GET STARTED WITH MIPS IN 6 STEPS

Quality Payment  
PROGRAM

STEP 4

## Select and Perform Your Measures and Activities (Continued)

GI Care MVP  
First Available in 2025  
Requires registration  
with CMS

### MVPs

Start by selecting your MVP\*. [Registration is required](#) and closes November 30 (or the first business day after when November 30 falls on a weekend).



#### QUALITY:

- Select 4 measures within the MVP.
- Collect data for each measure for the 12-month performance period (January 1-December 31).
- We'll evaluate you on a population health measure using data we collect through administrative claims.



#### IMPROVEMENT ACTIVITIES:

- Select 1 improvement activity within the MVP.
- Perform each activity for a continuous 90-day period (or as indicated in the activity's description).



#### COST:

- No measure selection or data submission required.
- We collect and evaluate this data for you based on the cost measures included in your MVP.



#### PROMOTING INTEROPERABILITY:

- No measure selection.
- Report complete measure set for a continuous 180-day period.

\*The [Explore MIPS Value Pathways](#) tool is updated each year at the end of January.

STEP 1:

Check Your Initial Eligibility

STEP 2:

Select a Reporting Option

STEP 3:

Choose How You'll Participate

STEP 4:

Select and Perform Your Measures and Activities

STEP 5:

Verify Your Final Eligibility

STEP 6:

Submit Your Data

# SELECT A REPORTING OPTION

GET STARTED WITH MIPS IN 6 STEPS

Quality Payment  
PROGRAM

STEP 2

## Select a Reporting Option

1. [Traditional MIPS](#) is the original MIPS reporting option. You select the quality measures and improvement activities that you'll collect and report from the complete MIPS inventory. You report the complete set of Promoting Interoperability measures and attestations. We collect and calculate data for the cost performance category for you.
2. [MIPS Value Pathways \(MVPs\)](#) are the newest way to fulfill MIPS reporting requirements. MVPs include a subset of measures and activities related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS).  
→ [Check to see if there's an MVP relevant to your practice.](#)

### MIPS APM Participants Only

3. The [Alternative Payment Model \(APM\) Performance Pathway](#), or APP, is a streamlined reporting framework, with specified quality measures, available to clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

### Are You in a Medicare Shared Savings Program Accountable Care Organization (ACO)?

- If you're in a Shared Savings Program ACO, your ACO will report quality data on your behalf. Shared Savings Program ACOs are required to report the new APM Performance Pathway (APP) Plus quality measure set.

STEP 1:

Check Your Initial Eligibility

STEP 2:

Select a Reporting Option

STEP 3:

Choose How You'll Participate

STEP 4:

Select and Perform Your Measures and Activities

STEP 5:

Verify Your Final Eligibility

STEP 6:

Submit Your Data

# CHOOSE A PARTICIPATION OPTION

## GET STARTED WITH MIPS IN 6 STEPS

### STEP 3

## Choose How You'll Participate

"Participation options" refers to the levels at which data can be collected and submitted, or "reported", to CMS for MIPS.

- **Individual:** Collect and submit data for an individual MIPS eligible clinician.
- **Group:** Collect and submit data for all clinicians in the group.
- **Virtual Group:** Collect and submit data for all clinicians in a CMS-approved virtual group (traditional MIPS only). Virtual group elections are submitted to CMS prior to the performance year.
- **APM Entity:** Collect and submit data for MIPS eligible clinicians identified as participating in the MIPS APM.
- **Subgroup:** This is a new participation option only available to clinicians reporting an MVP. [Advance registration is required.](#)



For more information about participation options visit the [Participation Options Overview](#) webpage on the [Quality Payment Program](#) website.

## Quality Payment PROGRAM

Your eligibility informs your participation options.



This clinician is eligible at the individual and group levels and can choose whether to participate as an individual, group, or subgroup:

MIPS Eligibility:  INDIVIDUAL  GROUP

This clinician is only eligible at the group (or subgroup) level, any data submitted by the individual would be considered voluntary. There's no requirement to participate as a group or subgroup, but if a practice chooses to participate as a group (or clinicians in the practice choose to form a subgroup), the clinicians will receive a payment adjustment:

MIPS Eligibility:  INDIVIDUAL  GROUP

STEP 1:

Check Your Initial Eligibility

STEP 2:

Select a Reporting Option

STEP 3:

Choose How You'll Participate

STEP 4:

Select and Perform Your Measures and Activities

STEP 5:

Verify Your Final Eligibility

STEP 6:

Submit Your Data

# GIQUIC 2026 QCDR MIPS QUALITY MEASURES

## Measures

- Data for the following measures enters the GIQuIC registry via established upload functionality
- The following measures are available for reporting to Traditional MIPS or the GI Care MVP

## Points available as of April 1, 2026

Based on historical benchmarks

Assumes data completeness and case minimums met

**GIQIC26** Screening Colonoscopy Adenoma Detection Rate

1 to 10 points depending upon performance

**GIQIC23** Appropriate Follow-Up Intervals based on Pathology Findings in Screening Colonoscopy

1 to 10 points depending upon performance

**NHCR4** Repeat Screening or Surveillance Colonoscopy Recommended within One Year Due to Inadequate Bowel Preparation

1 to 10 points depending upon performance

**QPP275** Inflammatory Bowel Disease: Assessment of Hepatitis B Virus Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy

No historical benchmarks

**QPP320** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

1 to 7 points depending upon performance

# GIQUIC 2026 QCDR MIPS QUALITY MEASURES

## Measures

- Data for the following measures will require a separate data abstraction and will enter the GIQuIC registry via an alternate upload functionality
- The following measures are available for reporting to Traditional MIPS or the GI Care MVP

## Points available as of April 1, 2026

Based on historical benchmarks

Assumes data completeness and case minimums met

<b>QPPI13</b> Colorectal Cancer Screening (Available for GI Care MVP only)	1 to 10 points depending upon performance
<b>QPP400</b> One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation	No historical benchmarks
<b>QPP401</b> Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	No historical benchmarks
<b>QPPI30</b> Documentation of Current Medications in the Medical Record	1 to 7 points depending upon performance
<b>QPP226</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	1 to 7 points depending upon performance
<b>QPP374</b> Closing the Referral Loop: Receipt of Specialist Report	1 to 7 points depending upon performance
<b>QPP503</b> Gains in Patient Activation Measure (PAM®) Scores at 12 Months	No historical benchmarks

# CRITICAL TAKE-AWAYS

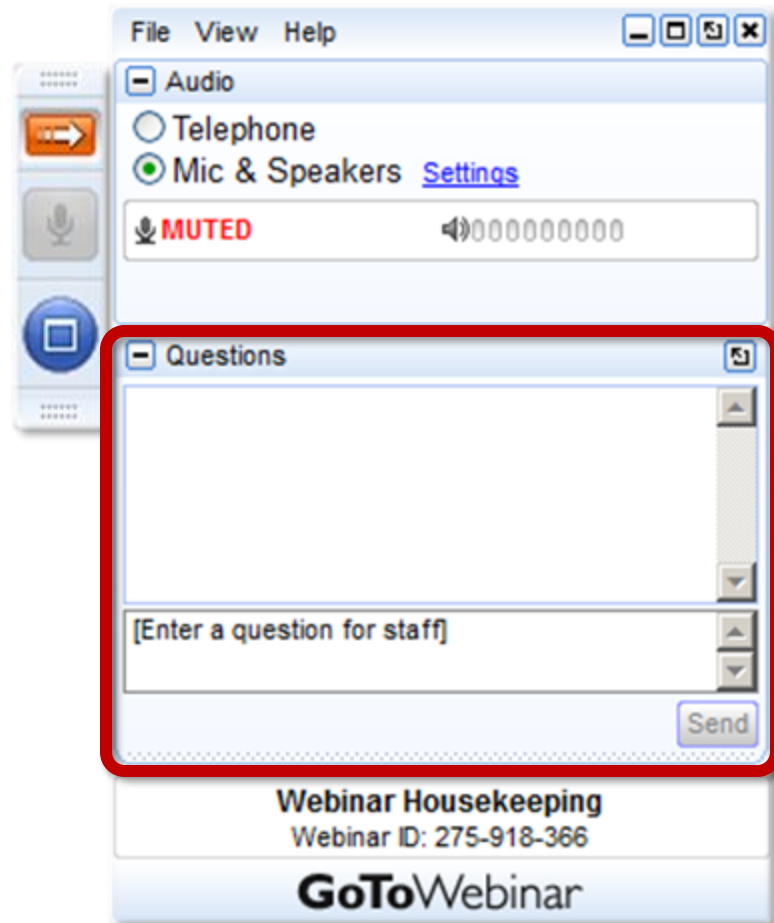
- Pull together your reporting team now, if you have not already
  - The performance year started January 1, 2026
- Know your preliminary MIPS eligibility status and if you are MIPS eligible in Segment I (i.e., now), plan to report via at least one reporting-participation option combination
  - Reporting for an NPI/TIN (individual clinician reporting) or TIN (group reporting) can be done via multiple reporting-participation option combinations and CMS will base payment adjustment on the highest scoring one
  - Subgroup reporting will be mandatory for those in large (>15 clinicians) multispecialty practices reporting an MVP beginning in 2026, unless the clinicians report the MVP as individuals
- An overall score of at least 75 points is needed to avoid a negative payment adjustment
  - Negative payment adjustments can be up to -9% so better to report as much as you can
  - Reporting to the following performance categories can be done via the GIQuIC 2026 QCDR: Quality, Improvement Activities, or Promoting Interoperability (1, 2, or all 3 performance categories)
  - Reporting to the Quality performance category can be done via multiple mechanisms
- **Reporting the GI Care MVP** as an individual, group, or subgroup **requires your registering to do so with CMS** in addition to signing a data release consent form with GIQuIC but MVP registration does not obligate you or your group to report the MVP (CMS opened registration April 1 and will close it November 30, 2026)

# 2026 PERFORMANCE PERIOD TIMELINE

## DEADLINES FOR REPORTING VIA THE GIQUIC 2026 QCDR

- January 1 – December 31, 2026, is the performance period for 2028 payment adjustments
- April 1 – November 30, 2026, is the window to register with CMS to report an MVP (no obligation to report it)
- **June 2026** is the GIQuIC 2026 QCDR registration window during which a GIQuIC **data release consent form(s)** [DRCF] by reporting-participation option must be signed (Registration = signing a DRCF)
  - A \$200 per physician fee will be assessed for reporting to MIPS via the GIQuIC 2026 QCDR
- **June 30, 2026**, is the deadline to be registered and actively submitting quality data to GIQuIC to be able to report via the GIQuIC 2026 QCDR (While MIPS is clinician-based reporting, GIQuIC participation is facility-based)
- Data for reporting to the Quality, Improvement Activities, and Promoting Interoperability MIPS performance categories must be submitted between January 4 – March 31, 2027, with all data and activities reflective of 2026
  - Keep in mind GIQuIC deadlines are typically earlier than CMS deadlines and to report via the GIQuIC 2026 QCDR individual clinicians and groups must adhere to GIQuIC's reporting deadlines (No exceptions made)
- Subsequent steps and associated deadlines to be published soon

# QUESTIONS



## Your Participation

- Please submit your text questions and comments using the Questions Panel.
- Today's presentation is being recorded and will be posted by GIQuIC, ACG, and ASGE.



## ADDITIONAL INFORMATION

- **Quality Payment Program**

<https://qpp.cms.gov/>

[qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov)

- **GIQuIC Registration**

Anna Chareon, [achareon@gi.org](mailto:achareon@gi.org)

[info@giquic.org](mailto:info@giquic.org)