



2025 Traditional MIPS Category Training Guide

This guide is for practices that intend to submit one or more MIPS categories through DataDerm. Please note that the data within this guide is based on test data and is not representative of real-world patients, health conditions, or outcomes.

Please note you will not be able to access the MIPS submission module until:

- ✓ Your National Provider Identifier (NPI)/ Taxpayer Identification Number (TIN) has been validated per Individual Clinician and/or Group. Please see our [training guide](#) for the NPI/TIN Validation process.
- ✓ MIPS Modules have been purchased for each Clinician under their own AAD ID.
- ✓ Data Release Consent Form has been signed. For Individual Reporting, the clinician **must** sign the DRCF themselves. For group reporting, a practice representative is allowed to sign.

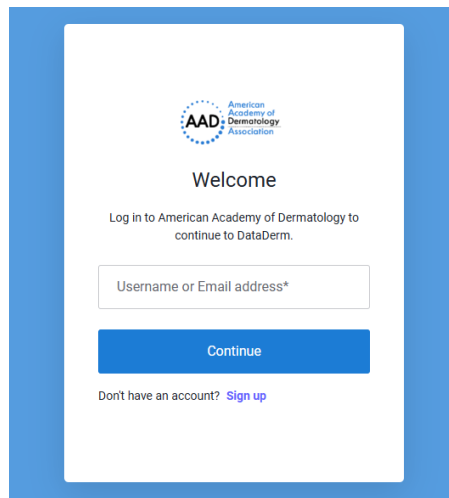
Please see our [Submission Training Guide](#) to complete the above steps and finalize your MIPS submission.

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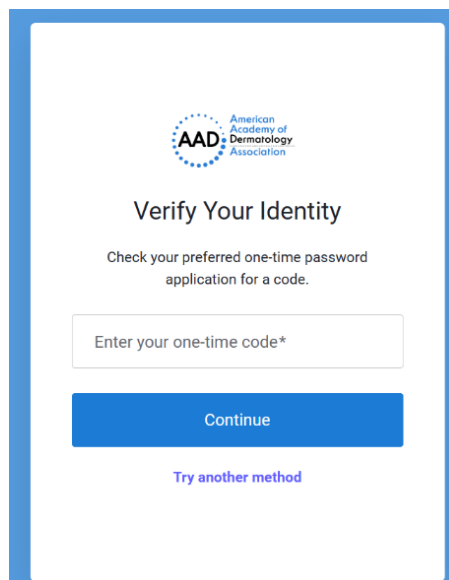
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Accessing your dashboard and MIPS categories

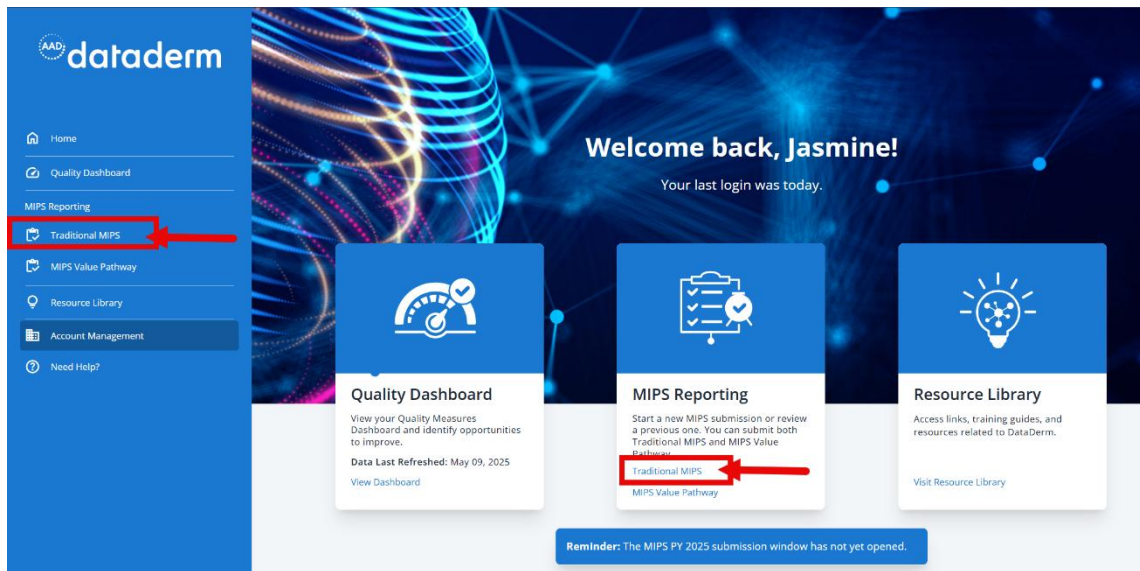
- Please click on the link dataderm.aad.org.



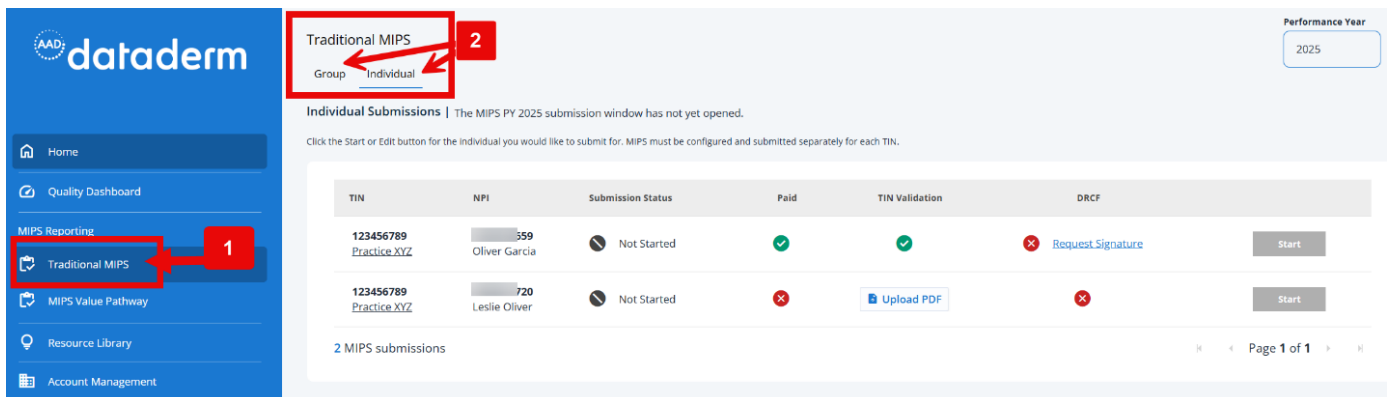
- Log in to the screen above using your AAD ID or email address and password. Click **“Continue”**.
- Retrieve your one-time password from your preferred application for a code.



- Upon logging in, you will view your main dashboard.
- You will see a blue navigation bar on the left side of your screen. Under the ‘MIPS Reporting’ tab, select Traditional MIPS.



- Clinicians can report multiple pathways and participation types. Clinicians who participate in multiple ways will receive the highest of their final scores.
- You will see the Group and Individual page. You will choose your participation type by clicking the Group (GPRO) and/or Individual (IND) tab shown in box 2 below.
 - NOTE: If you are a practice with less than 2 providers, you will only be able to report as an individual.
 - If you report as GPRO **and** IND, you will need to have the TIN/NPI validated, and the Data Release Consent form signed for **both** participation types. Reminder for IND reporting, the clinician must sign their DRCF.
- The following items must have a green check to access the MIPS module: Payment is complete, NPI/TIN is valid, and DRCF is signed. If required items have a red 'X', you will need to complete the item before you can access the submission module.



Signing the Data Release Consent Form (DRCF)

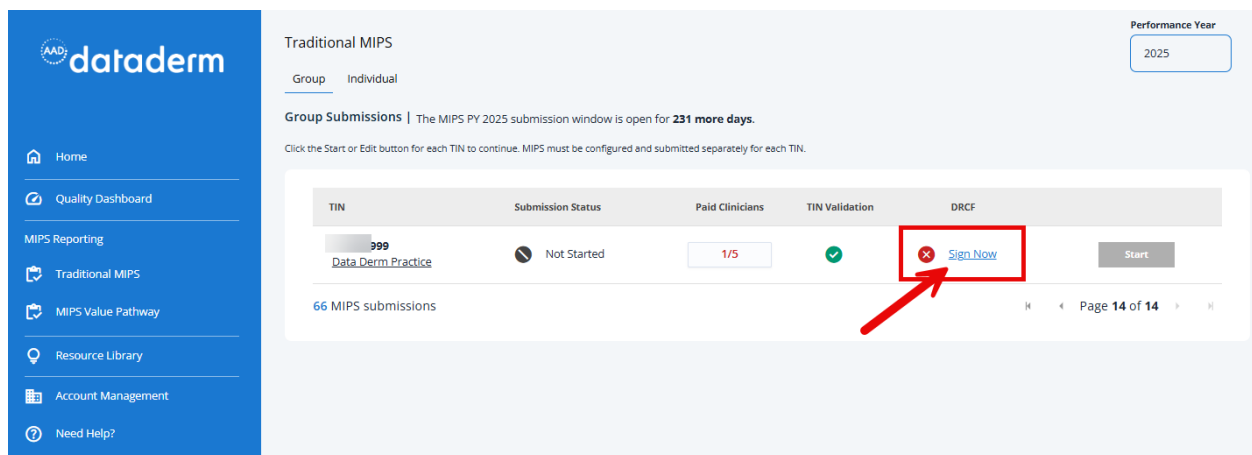
The following fields will auto-populate on the DRCF:

- ❖ DataDerm practice ID
- ❖ TIN
- ❖ NPI for individual reporting only
- ❖ Date

Populate the required field for the DRCF:

- ✓ Signature and Name
 - ❖ For **individual reporting** the name and signature **MUST** be completed by the clinician. If an admin signs an individual consent, it will be rejected.

Group (GPRO) Reporting DRCF



The screenshot shows the DataDerm Traditional MIPS dashboard. The left sidebar contains navigation links: Home, Quality Dashboard, MIPS Reporting (Traditional MIPS, MIPS Value Pathway), Resource Library, Account Management, and Need Help?. The main content area is titled 'Traditional MIPS' and includes a 'Performance Year' dropdown set to '2025'. Below this, there are tabs for 'Group' and 'Individual'. A notification states: 'Group Submissions | The MIPS PY 2025 submission window is open for 231 more days.' A sub-notification says: 'Click the Start or Edit button for each TIN to continue. MIPS must be configured and submitted separately for each TIN.' A table displays submission details for a TIN: '999 Data Derm Practice'. The table columns are: TIN, Submission Status (Not Started), Paid Clinicians (1/5), TIN Validation (green checkmark), and DRCF (Sign Now link). A red box highlights the 'Sign Now' link, and a red arrow points to it. A 'Start' button is also visible. At the bottom, it says '66 MIPS submissions' and 'Page 14 of 14'.

- A practice representative can only sign a group DRCF. To sign, please click Sign Now.
- This will redirect the web page to Adobe E-Sign. Click Continue.

Your turn to sign.

AAD DRCF For Practice Derm
2025 from American Academy of Dermatology

Message from American Academy of Dermatology:
Data Release Consent Form for Practice Derm 2025

By selecting "Continue", I agree to the Terms of Use, Consumer Disclosure and to use electronic signatures.

Options

Continue

2025 QPP Data Submission Agreement
DATA RELEASE CONSENT FORM – Group Reporting

AUTHORIZING AND DIRECTING THE AMERICAN ACADEMY OF DERMATOLOGY TO TRANSMIT DATA FINDINGS RELATING TO THE DataDerm™ REGISTRY TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR THE REPORTING YEAR 2025

This Data Release Consent Form ("DRCF") is entered into by and between the American Academy of Dermatology ("AAD") and the undersigned practice group ("Practice") (each, individually, a "Party," and collectively, the "Parties"), and is related to Practice's participation in the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services ("CMS") administered Quality Payment Program ("QPP") through the use of AAD's DataDerm™ Registry ("DataDerm™").

RECITALS

1. The Practice has entered into an agreement with AAD to participate in AAD's DataDerm™ (the "Participation Agreement"). The Participation Agreement specifies the collection of data from Practice and Practice's ability to receive certain comparative reports from AAD. Practice and AAD also have entered into a Business Associate Agreement and Data Use Agreement (the "BAA/DUA") setting forth requirements for the collection, storage, use and/or disclosure of data in compliance with applicable requirements of the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively, "HIPAA").

2. This DRCF enables AAD to facilitate Practice's participation in the QPP subject to the provisions in the Participation Agreement and the BAA/DUA.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. Practice Responsibilities

a) Practice shall submit or permit the extraction of a data record for eligible patients receiving medical care that meets the inclusion criteria of DataDerm™ as stated in the Participation Agreement and complies with the core data element documentation, as described more fully in the Participation Agreement. Practice agrees to use the applicable DataDerm™ specific data elements ("DataDerm™ Data Set"). Practice shall submit and/or permit the extraction of such data within the established "call for data period" as articulated by the Centers for Medicare and

- Fill in the two required fields on page six by clicking the "Click to Sign" field.

from insufficient measure count or type.

e) This DRCF, together with the Participation Agreement and the BAA/DUA, constitutes the entire agreement between the Parties and supersedes all prior understandings and writings, between the Parties with respect to the subject matter herein. No amendments or waivers to this DRCF shall be effective unless in writing and signed by an authorized representative of the Party against whom such amendment or waiver is to be enforced. This DRCF may not be assigned without the written consent of the non-assigning Party.

IN WITNESS WHEREOF, each of the Parties hereto has caused this agreement to be executed as of 24 day of Nov, 2025

AAD: DataDerm™	Group Submission
Signature: 	DataDerm™ Practice ID #: 2000028
Name: Elizabeth K. Usher	Practice TIN: 000000001 <input type="button" value="Click to Sign"/>
Date: 1/1/2025	Representative Signature: * <input type="button" value="Click to Sign"/>
	Representative Name: _____
	Date: Nov 24, 2025

1 required field remaining

- Type or draw your signature on the sign field.
- Type your name into the text box, then click the Apply button.

Powered by Adobe Acrobat Sign

Group DRCF 2025

IN WITNESS WHEREOF, each of the Parties hereto has caused this agreement to be executed as of 25 day of Nov, 20 25

Sign

Type Draw Image Mobile

Sign

1

Enter your name *

2


Close Apply

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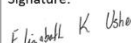

Click submit to sign.
Sender has requested to redirect you to file-dataderm-web-staging-p9f5bzgzzard4bzcq-z03.azurefd.net after signing.

Submit

- Click submit and allow the page to redirect you back to the DataDerm platform.

 Powered by **Adobe Acrobat Sign** Group DRCF 2025

IN WITNESS WHEREOF, each of the Parties hereto has caused this agreement to be executed as of
25 day of Nov, 20₂₅

AAD: DataDerm™	Group Submission
Signature: 	DataDerm™ Practice ID #: 2000003
Name: Elizabeth K. Usher	Practice TIN: 789 Click to change
Date: 1/1/2025	Representative Signature: 
	Representative Name: JA Test
	Date: Nov 25, 2025

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Click submit to sign.
Sender has requested to redirect you to fde-dataderm-web-staging-g9f5bsgzard4bzcg.z03.azurefd.net after signing.

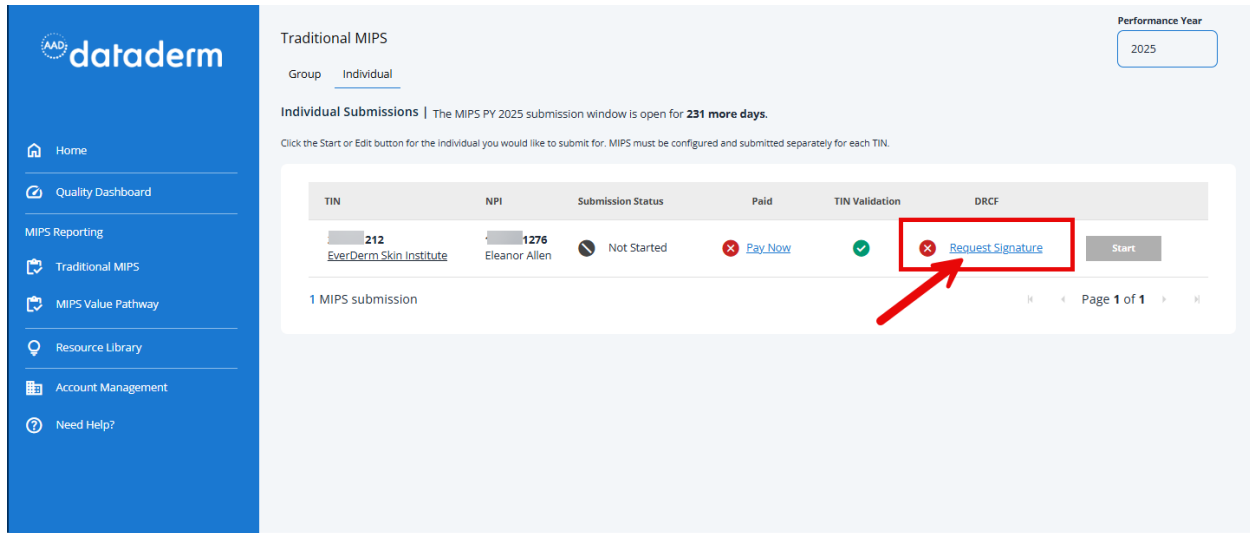
Submit

You're all set!

You finished signing "AAD DRCF For Practice Data Derm Practice 2025".
We will send the final agreement to all parties. You can also [download a copy](#) of what you just signed.

You'll be redirected to fde-dataderm-web-staging-g9f5bsgzard4bzcg.z03.azurefd.net in a few seconds.

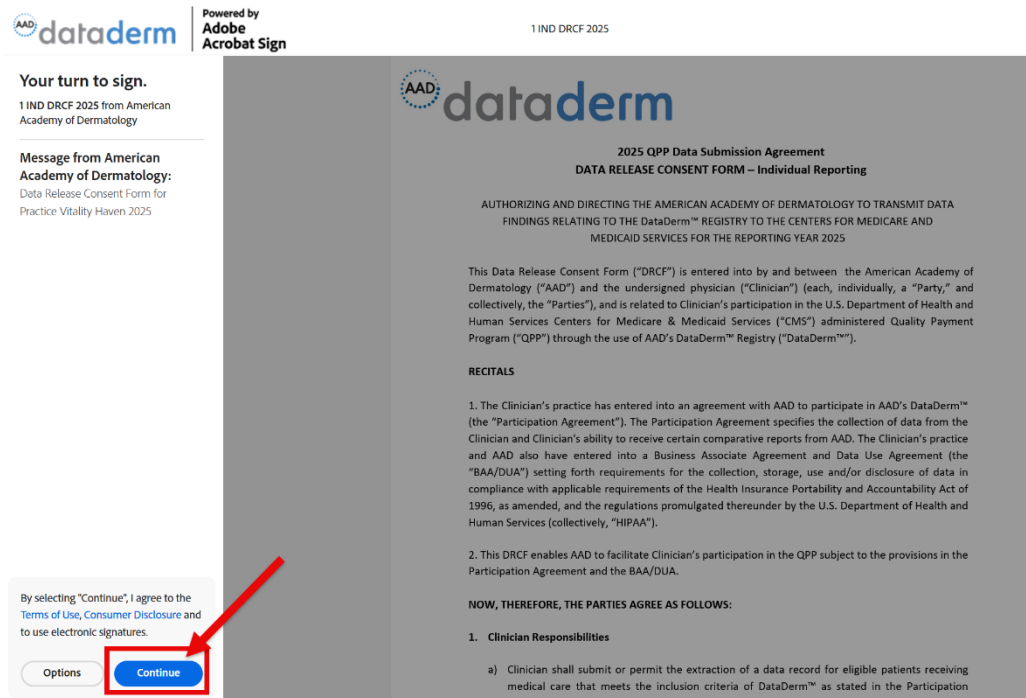
Individual Reporting DRCF



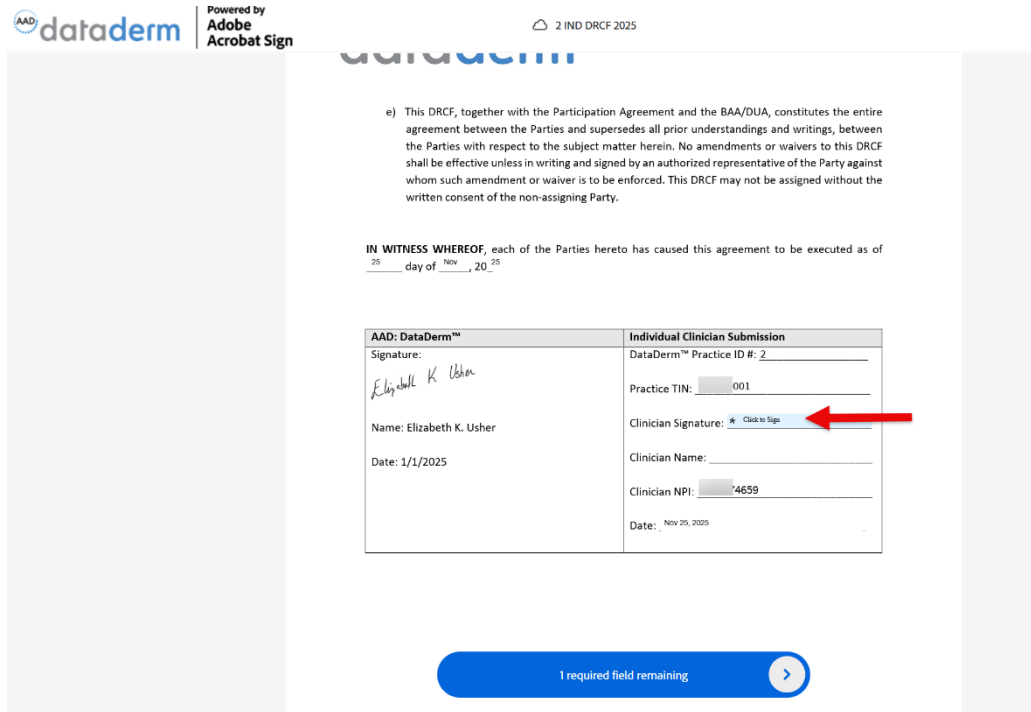
- Click Request Signature, and the clinician will receive an email to sign the agreements.

NOTE: Individual reporting clinicians must sign the consent form. If we receive a DRCF signed by anyone other than the clinician, it will be rejected and returned for correction, which can delay your MIPS submission.

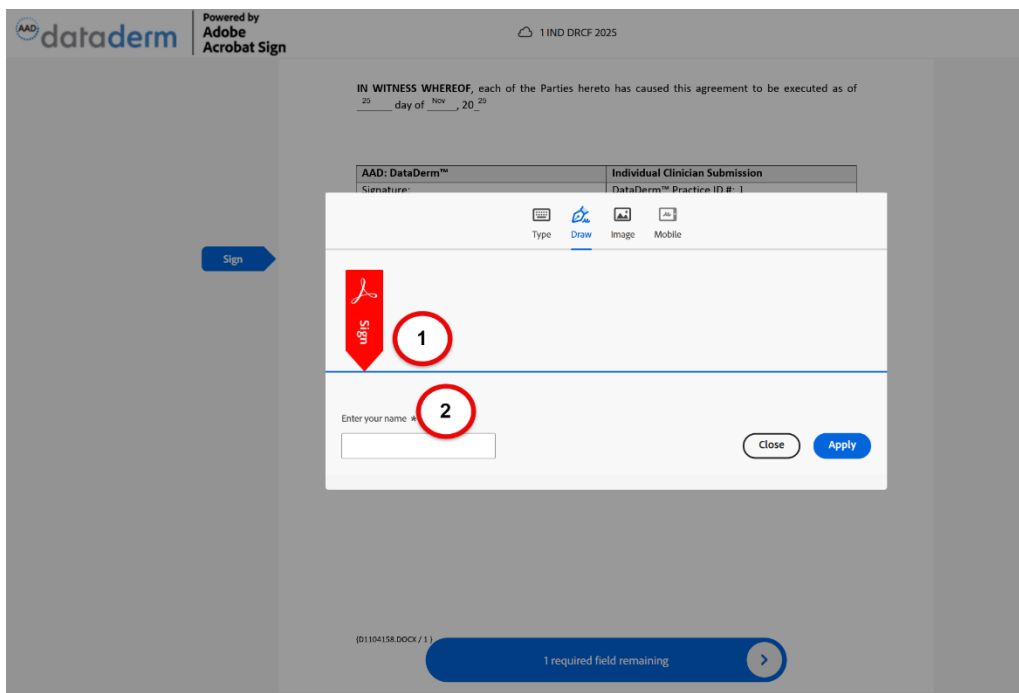
- The reporting clinician **MUST** sign their individual DRCF. To sign, please click Sign Now.
- This will redirect the web page to Adobe E-Sign. Click Continue.



- Fill in the two required fields on page six by clicking the “Click to Sign” field.



- Type or draw your signature on the sign field.
- Type your name into the text box, then click the Apply button.



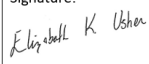

- Click submit and allow the page to redirect you back to the DataDerm platform.



dataderm

e) This DRCF, together with the Participation Agreement and the BAA/DUA, constitutes the entire agreement between the Parties and supersedes all prior understandings and writings, between the Parties with respect to the subject matter herein. No amendments or waivers to this DRCF shall be effective unless in writing and signed by an authorized representative of the Party against whom such amendment or waiver is to be enforced. This DRCF may not be assigned without the written consent of the non-assigning Party.

IN WITNESS WHEREOF, each of the Parties hereto has caused this agreement to be executed as of
25 day of Nov, 20₂₅

AAD: DataDerm™	Individual Clinician Submission
Signature: 	DataDerm™ Practice ID #: 1
Name: Elizabeth K. Usher	Practice TIN: 00011 Click to change
Date: 1/1/2025	Clinician Signature: 
	Clinician Name: JA Test
	Clinician NPI: 57875
	Date: Nov 25, 2025

Sign

Click submit to sign.

Sender has requested to redirect you to fde-dataderm-web-staging-g9f5bsgzard4bzcg.z03.azurefd.net after signing.

Submit

You're all set!

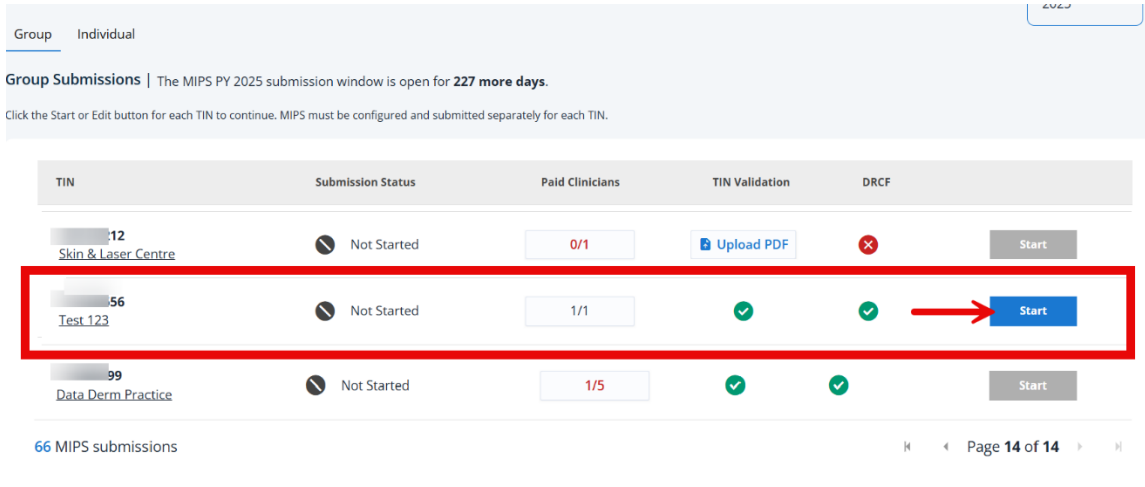
You finished signing "1 IND DRCF 2025".

We will send the final agreement to all parties. You can also [download a copy](#) of what you just signed.

You'll be redirected to fde-dataderm-web-staging-g9f5bsgzard4bzcg.z03.azurefd.net in a few seconds.

Accessing your MIPS submission Module

- The Start button will change from gray to blue once all the following items are complete: payment is complete, NPI/TIN is valid, and DRCF is signed.
- Click the start button to begin.



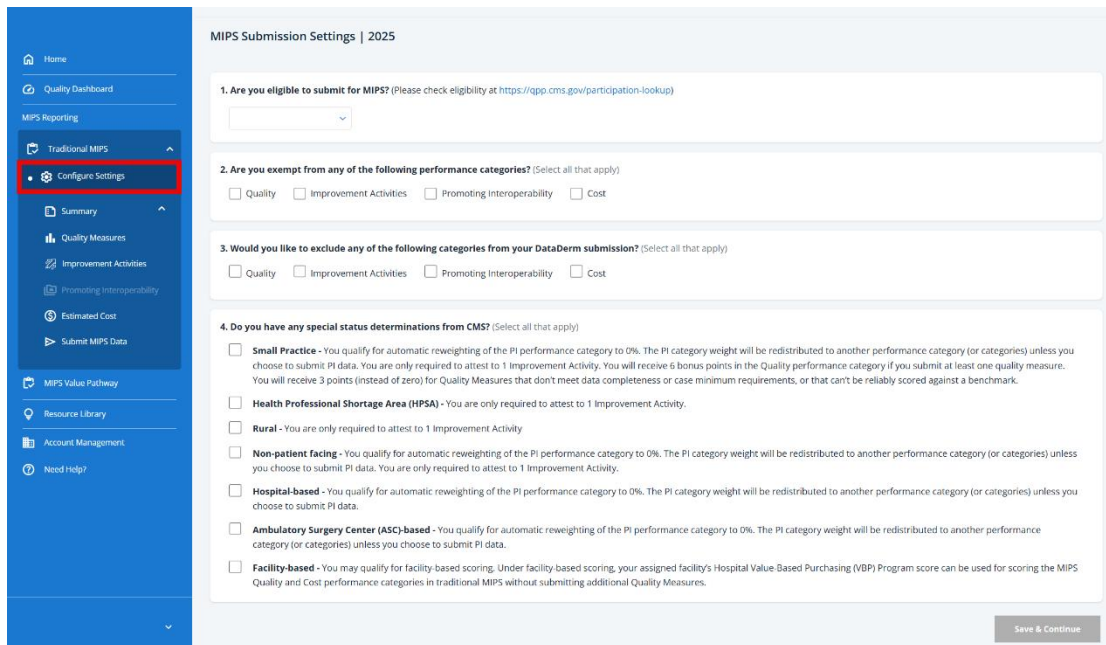
Group Submissions | The MIPS PY 2025 submission window is open for **227 more days**.
Click the Start or Edit button for each TIN to continue. MIPS must be configured and submitted separately for each TIN.

TIN	Submission Status	Paid Clinicians	TIN Validation	DRCF	
12 Skin & Laser Centre	Not Started	0/1	Upload PDF		Start
56 Test 123	Not Started	1/1			
99 Data Derm Practice	Not Started	1/5			Start

66 MIPS submissions Page 14 of 14

MIPS Submission Settings

- This section will guide you through a series of questions about your MIPS eligibility to configure the MIPS reporting module categories.



MIPS Submission Settings | 2025

- Are you eligible to submit for MIPS? (Please check eligibility at <https://app.cms.gov/participation-lookup>)
- Are you exempt from any of the following performance categories? (Select all that apply)
 - Quality
 - Improvement Activities
 - Promoting Interoperability
 - Cost
- Would you like to exclude any of the following categories from your DataDerm submission? (Select all that apply)
 - Quality
 - Improvement Activities
 - Promoting Interoperability
 - Cost
- Do you have any special status determinations from CMS? (Select all that apply)
 - Small Practice** - You qualify for automatic reweighting of the PI performance category to 0%. The PI category weight will be redistributed to another performance category (or categories) unless you choose to submit PI data. You are only required to attest to 1 Improvement Activity. You will receive 6 bonus points in the Quality performance category if you submit at least one quality measure. You will receive 3 points (instead of zero) for Quality Measures that don't meet data completeness or case minimum requirements, or that can't be reliably scored against a benchmark.
 - Health Professional Shortage Area (HPSA)** - You are only required to attest to 1 Improvement Activity.
 - Rural** - You are only required to attest to 1 Improvement Activity.
 - Non-patient facing** - You qualify for automatic reweighting of the PI performance category to 0%. The PI category weight will be redistributed to another performance category (or categories) unless you choose to submit PI data. You are only required to attest to 1 Improvement Activity.
 - Hospital-based** - You qualify for automatic reweighting of the PI performance category to 0%. The PI category weight will be redistributed to another performance category (or categories) unless you choose to submit PI data.
 - Ambulatory Surgery Center (ASC)-based** - You qualify for automatic reweighting of the PI performance category to 0%. The PI category weight will be redistributed to another performance category (or categories) unless you choose to submit PI data.
 - Facility-based** - You may qualify for facility-based scoring. Under facility-based scoring, your assigned facility's Hospital Value-Based Purchasing (VBP) Program score can be used for scoring the MIPS Quality and Cost performance categories in traditional MIPS without submitting additional Quality Measures.

Save & Continue



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- Please review your [MIPS eligibility](https://qpp.cms.gov/participation-lookup) at <https://qpp.cms.gov/participation-lookup> by entering your NPI. Review your [special status designations](#) by expanding the practice detail.

Associated Practices (1)

DERMATOLOGY OF INC. + Expand

MIPS Eligibility:

- INDIVIDUAL
- GROUP

Other Reporting Factors

Learn more about [how other reporting factors are determined](#) and [special statuses](#).

Clinician Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Rural	Yes
SPECIAL STATUS Small practice	Yes

Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Rural	Yes
SPECIAL STATUS Small practice	Yes

MIPS Participation Option

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.</p> <ul style="list-style-type: none"> If you submit any data as an individual, you'll be evaluated for all performance categories as an individual. If your practice submits any data as a group, you'll be evaluated for all performance categories as a group. If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score. <p>You'll receive a payment adjustment regardless of whether you report any data.</p>
MIPS Eligibility: <input checked="" 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. There is no requirement to participate as a group.</p> <ul style="list-style-type: none"> If your practice chooses not to participate as a group, the MIPS eligible clinicians in the practice who exceed the low-volume threshold as individuals will need to participate as individuals. If your practice chooses to participate as a group, you'll receive a payment adjustment.
MIPS Eligibility: <input checked="" type="radio"/> INDIVIDUAL <input checked="" type="radio"/> GROUP	<p>You, as an individual clinician, are not required to report and your practice doesn't exceed the low-volume threshold. You will not receive a payment adjustment, even if you or your practice chooses to submit data voluntarily.</p>
MIPS Eligibility: <input checked="" type="radio"/> INDIVIDUAL Opt-in Option: Opt-in eligible as individual	<p>You can:</p> <ul style="list-style-type: none"> Make an individual election to opt-in or voluntarily report to traditional MIPS so you can submit data as an individual. Individual clinicians who are also MIPS APM participants (you'll see "Check APM Requirements"): Make an individual election to opt-in to report the APP as an individual. You can't voluntarily report the APP. Do nothing (you're not required to participate in MIPS as an individual or more an election). <p>Opt-in eligible individuals can't report an MVP.</p>
MIPS Eligibility: <input checked="" type="radio"/> GROUP Opt-in Option: Opt-in eligible as group	<p>The group can:</p> <ul style="list-style-type: none"> Make a group election to opt-in or voluntarily report to traditional MIPS so you can submit data as a group. Groups with clinicians who are MIPS APM participants: Make an election to opt-in to report the APP as a group. The final score earned by the group through the APP would be applied only to those MIPS eligible clinicians who appear on a MIPS APM's Participation List or Affiliated Practitioner List on one or more snapshot dates. You can't voluntarily report the APP. Do nothing (You're not required to participate as a group or make an election). <p>Opt-in eligible groups can't report an MVP.</p>

Source: [2025 MIPS Eligibility and Participation Guide](#) pages 33-34, and 49.

1. Select your MIPS eligibility from the dropdown menu.

1. Are you eligible to submit for MIPS? (Please check eligibility at <https://qpp.cms.gov/participation-lookup>)

[Dropdown Menu]
▼

Eligible

Opt-in

Voluntary

2. Check the box for any performance categories you are **exempt** from reporting. The weight from the exempted category will be redistributed to the remaining categories reported.
 - a. Please note you can still choose to report these categories by unticking the relevant box. If you report data for a performance category, your exemption will be overridden.

2. Are you exempt from any of the following performance categories? (Select all that apply)

- Quality
 Improvement Activities
 Promoting Interoperability
 Cost

3. Check the box for any performance categories you want to **exclude** from reporting.
 - a. Please note that excluded categories will not be submitted with DataDerm and will not be scored. Only CMS exemptions affect category reweighting.
 - i. The Cost Category is not submitted to CMS in your MIPS submission.
 - b. You can exclude a category from your DataDerm submission if you're reporting that category through an alternative submission type.

3. Would you like to exclude any of the following categories from your DataDerm submission? (Select all that apply)

- Quality
 Improvement Activities
 Promoting Interoperability
 Cost

4. Check the box for any special status determinations from CMS you qualify for.

4. Do you have any special status determinations from CMS? (Select all that apply)

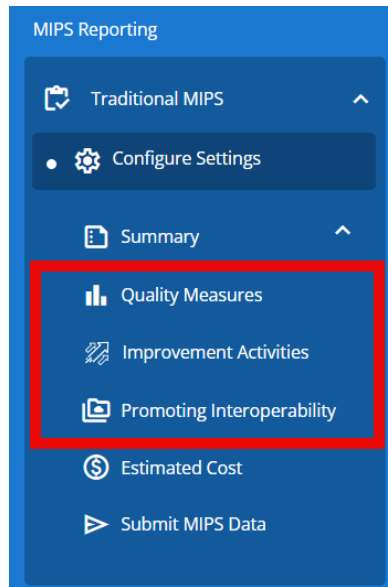
- Small Practice** - You qualify for automatic reweighting of the PI performance category to 0%. The PI category weight will be redistributed to another performance category (or categories) unless you choose to submit PI data. You are only required to attest to 1 Improvement Activity. You will receive 6 bonus points in the Quality performance category if you submit at least one quality measure. You will receive 3 points (instead of zero) for Quality Measures that don't meet data completeness or case minimum requirements, or that can't be reliably scored against a benchmark.
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Save & Continue

5. Click the blue Save & Continue button.

Save & Continue

- Select each category tab to complete the requirements.
 - If you're reporting MIPS Value Pathway, please refer to the [MVP Category Training Guide](#).



Quality Category

Quality Category Requirements

- A maximum of 60 points can be earned for reporting quality measures. The Quality Category is worth 30% of your score unless you have other categories that are reweighted.
- You'll need to submit collected data for at least 6 quality measures (including one outcome measure or high priority measure in the absence of an applicable outcome measure).
 - You can submit measures from different collection types to fulfill the requirement to report data for at least 6 quality measures.
- Data completeness remains at 75% for performance year 2025. You must report on at least 75% of eligible cases for each quality measure across all payers (Medicare, Medicaid, private insurance, etc.).
- 20-Case Minimum: You must report at least 20 eligible cases for each quality measure you select, regardless of payer.
 - Small practices (15 providers or fewer) receive 3 points for not meeting data completeness.
 - Large practices (16 providers or more) receive 0 points for not meeting data completeness.

Small Practice Special Status Designation in Quality

Bonus points are only available for small practices. Six bonus points will continue to be added to the quality performance category score for clinicians in small practices who submit at least one measure, either individually or as a group

You'll continue to receive 3 points (instead of 0) for quality measures that don't meet data completeness or case minimum requirements, or that can't be reliably scored against a benchmark.

2025 Traditional MIPS Measure Score Chart

The quality measure point chart is based on the [2025 MIPS quality benchmarks](#). You can download the document to review the measure's decile ranges that correspond to the MIPS points summarized below. [Find information on 2025 MIPS quality measures](#).

2025 DataDerm Measures (Traditional MIPS)				
Point Max or Range				
No Benchmarks 3 points: Small Practice 0 Points: Large Practice	5-point scoring floor (Year 2 measure)	7-point scoring floor (New measure)	7-point cap	1-10 points
AAD 8*	498*	509**	47*	226
AAD 12 **	503*	AAD 20**	130*	317
			176	374 *
			358*	CMS50v13 (374eCQM) *
			AAD 6*	397*
				410**
				431
				440*
				485**
				486**
				487
				493
				AAD 15
				AAD 16*^
				AAD 17*
				AAD 18*^

^Inverse
 *High Priority
 ** Outcome
 Notes:
 -Data Completeness (DC) must be met for all measures to be reported: 75% reporting on eligible cases per measure, with at least a 20-case minimum. If DC is not met, 3 points for small practice. 0 points for large practice.
 -Small Practice (15 or fewer clinicians)- 6 bonus points to be added to the quality performance category score for clinicians in small practices who submit at least one measure

Quality Measures Section

- The Quality Measures tab will display the applicable Quality measures.
 - You will have access to all DataDerm-supported measures. Measures are mapped based on the data available in your EHR, so you may see eligible measures appear that you do not plan to report.
 - If a measure isn't appearing on your dashboard, it's because the denominator data couldn't be found in the EHR. Please submit a [measure refinement ticket](#).

Traditional MIPS Group

Performance Year 2025

Quality Measures | 30% of Overall MIPS Score

Latest Patient Encounter: Feb 28, 2025

Total Qualifying Encounters: 263

Measures not meeting Data Completeness threshold: 1

Measures not meeting Case Minimum Criteria: 6

Total / Total Available: 0/60

Please select at least 6 measures including at least one **High Priority** or **Outcome**

Measure ID	Measure Name	Data Completeness Rate	Case Minimum Criteria	Performance Rate	MIPS Points (out of 10.00)
AAD 15	Psoriasis - Appropriate Assessment & Treatment of Severe Psoriasis	100.00%	77 / 20	75.32%	10.00
QPP 410	Psoriasis: Clinical Response to Systemic Medications	100.00%	20 / 20	100.00%	10.00
AAD 19	Psoriasis - Shared Decision Making in the Treatment of Psoriasis	100.00%	91 / -	0.00%	7.00
QPP 47	Advance Care Plan	100.00%	916 / 20	97.49%	5.67
QPP 487	Screening for Social Drivers of Health	100.00%	1460 / 20	0.00%	5.00

0 Measures Selected | 0 Measure Points | 0 Bonus Points | 0/60 Total Points / Total Available Points

- You can filter by the type of measure and sort by MIPS points, performance, or measure ID.

All Measures

- All Measures
- Inverse Measure
- High Priority
- Outcome
- Multi-Rate
- MIPS Value Pathway

Sort By

- Performance: High to Low
- MIPS Points: High to Low
- MIPS Points: Low to High
- Performance: Low to High
- Performance: High to Low
- Measure ID

- The following are displayed for each measure: measure ID, measure name, measure type pill (ex., high priority), data completeness rate, case minimum criteria, performance rate, and MIPS points.

- Pill Type examples and description



- An inverse measure is where a lower score indicates higher quality. Clinicians must score a perfect 0% to earn the maximum points available for this type of measure.
- A multi-rate measure is where multiple performance rates are associated with a single measure.
- MVP measures are included in the Dermatological Care MIPS Value Pathway (MVP). You can use the same measure if you are reporting on both pathways.
- Clinicians must report one outcome measure or high-priority measure in the absence of an applicable outcome measure.
- Click the “>” symbol on the right of the MIPS Points column to open the measure details page.

	AAD 18	Inverse Measure	High Priority	Multi-Rate	MVP	Data Completeness Rate	Case Minimum Criteria	Performance Rate Reportable	MIPS Points (out of 10.00)
	Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection					100.00%	72 / 20	0.00%	0.00

- The measure details page will display the measure ID, measure name, description, view measure specification, the measure averages, and estimated MIPS point.

AAD 15

Psoriasis – Appropriate Assessment & Treatment of Severe Psoriasis

Percentage of patients with a diagnosis of psoriasis with a documented Body Surface Area (BSA) greater than 10% for whom phototherapy or an oral systemic or biologic medication was prescribed.

[Download CMS Measure Specification](#)

Group Performance 81.22%

Registry Average 50.50%

CMS Average 32.03%

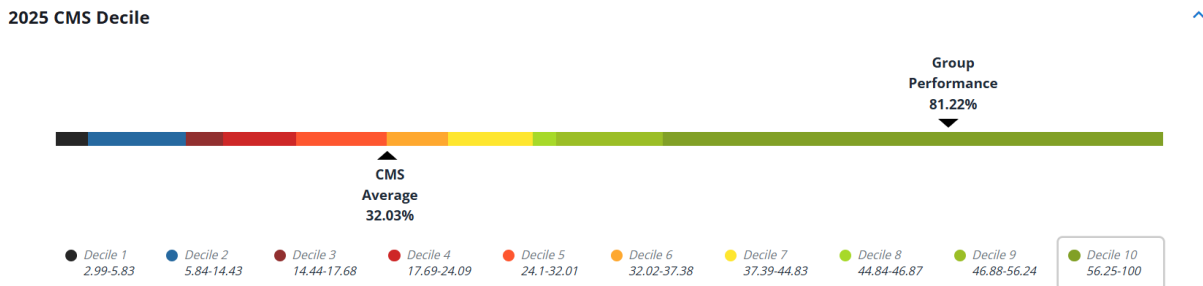
You are meeting the registry average for this measure.

You are meeting the CMS average for this measure.

MIPS Points (out of 10)

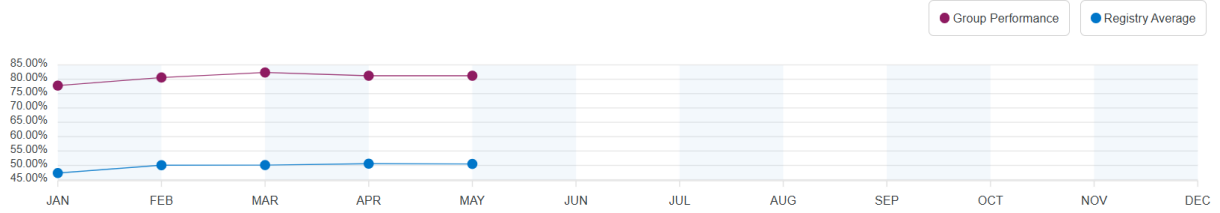
10.00

- This displays the decile range in relation to points received for a measure, the CMS average, and the performance rate.

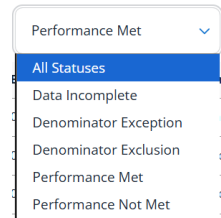


- The monthly performance table compares the registry average and the practice's performance rate.

2025 Cumulative Monthly Performance



- The patient encounters table displays the eligible patient population, exclusions, performance met, performance not met, exceptions, data completeness rate, and the list of encounters.
- Encounters can be filtered using the All-Statuses dropdown.
 - You can search for encounters by the full MRN number.



Patient Encounters

Eligible Patient Population: **77**
 Exclusions: **0**
 Performance Met: **72**
 Performance Not Met: **23**
 Exceptions: **0**
 DC Rate (%): **100.00**

All Statuses

Encounter Status	Outcome Reason	MRN	Patient Name	DOB	Encounter Date	Clinician Name
Performance Met					04/30/2025	
Performance Met					04/26/2025	

- Hover over the information icon to learn more about how the encounter status was determined.

Encounter Status	Outcome Reason	MRN	Patient Name	DOB	Encounter Date	Clinician Name
Performance Met					04/30/2025	
Performance Met					04/26/2025	
Performance Not Met					04/26/2025	
Performance Met	numerator exception - patient declined treatment no associated codes found				04/25/2025	

- To finalize your measure selection, navigate back to the Quality Measures tab.

Traditional MIPS

Group: Practice | 11 Performance Year: 2025

Measure Details

AAD 15
Psoriasis – Appropriate Assessment & Treatment of Severe Psoriasis
 Percentage of patients with a diagnosis of psoriasis with a documented Body Surface Area (BSA) greater than 10% for whom phototherapy or an oral systemic or biologic medication was prescribed.

Group Performance: 81.22%
 Registry Average: 50.50%
 CMS Average: 32.03%

MIPS Points (out of 10): **10.00**

You are meeting the registry average for this measure.

- Select the corresponding checkbox for the measures you want to submit for the Quality category.
 - CMS will accept all measures submitted but will only select the six highest-scoring quality measures inclusive of an outcome measure, for your category score. An outcome measure may replace another measure, even if it has a lower MIPS point value.

	Data Completeness Rate	Case Minimum Criteria	Performance Rate	MIPS Points (out of 10.00)
<input checked="" type="checkbox"/> AAD 15 Psoriasis – Appropriate Assessment & Treatment of Severe Psoriasis	100.00%	181 / 20	81.22%	10.00
<input checked="" type="checkbox"/> QPP 487 High Priority MVP Screening for Social Drivers of Health	100.00%	2265 / 20	0.00%	5.00
<input checked="" type="checkbox"/> QPP 130 High Priority MVP Documentation of Current Medications in the Medical Record	100.00%	2682 / 20	84.07%	2.57

- The bottom of the page will display:
 - Number of measures selected
 - Measure points earned
 - 6 bonus points added for Small Practice Designation
 - The total points earned in the Quality category
- Click save, and the page will advance to the next MIPS category.

8 Measures Selected 19 Measure Points 0 Bonus Points 19/60 Total Points / Total Available Points **Save**

Improvement Activities (IA)

Improvement Activity Requirements

- A maximum of 40 points can be earned. The IA Category is worth 15% of your total score unless you have other categories that are reweighted.
- To earn full credit in this performance category, you must generally submit the following:
 - Clinicians and groups with the small practice, rural, non-patient facing, or health professional shortage area [special status](#) must attest to 1 activity.
 - All other clinicians and groups must attest to 2 activities.
- Have a minimum of a continuous 90-day performance period (during calendar year (CY) 2025) unless otherwise stated in the activity description.
 - Each improvement activity must be performed in CY 2025, but multiple improvement activities don't have to be performed during the same 90-day or otherwise specified period.
- For **group reporting**, a group can attest to an improvement activity when at least 50% of the clinicians in the group perform the same improvement activity during any continuous 90-day period (or as specified in the activity description) in the same performance year.

Small Practice Special Status Designation in Improvement Activities

- You only need to perform and attest to one improvement activity, whether reporting [traditional MIPS](#) or a [MIPS Value Pathway](#).

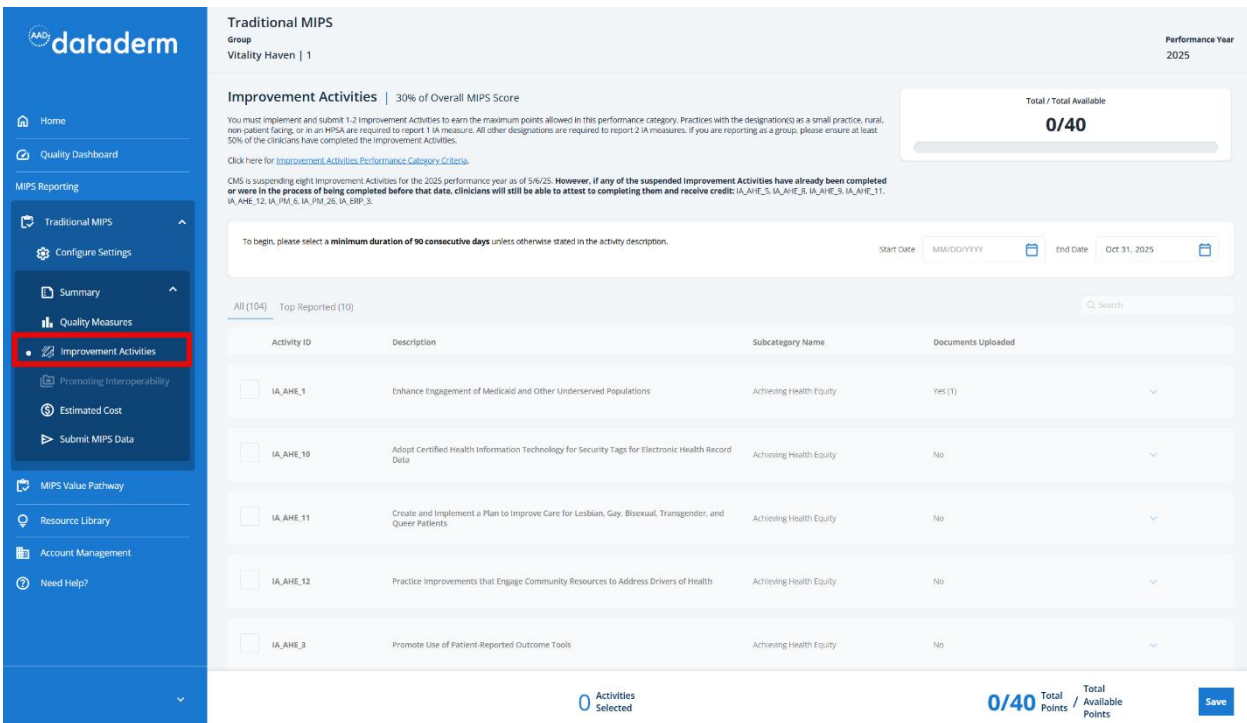
Improvement Activities Suspended during the 2025 performance year

- Please note CMS is suspending eight Improvement Activities for the performance year as of 5/6/25.
 - **However, if any of the suspended Improvement Activities have already been completed or were in the process of being completed before that date, clinicians will still be able to attest to completing them and receive credit:** IA_AHE_5, IA_AHE_8, IA_AHE_9, IA_AHE_11, IA_AHE_12, IA_PM_6, IA_PM_26, IA_ERP_3.

Please review the [2025 Improvement Activities Inventory](#) for available activities. Click here for [Improvement Activities Performance Category Criteria](#).

Improvement Activities Section

- The tab will display the Improvement Activities (IA) measure list.



Traditional MIPS
Group: Vitality Haven | 1
Performance Year: 2025

Improvement Activities | 30% of Overall MIPS Score

Total / Total Available: **0/40**

You must implement and submit 1-2 Improvement Activities to earn the maximum points allowed in this performance category. Practices with the designation(s) as a small practice, rural, non-patient facing, or in an HPSA are required to report 1 IA measure. All other designations are required to report 2 IA measures. If you are reporting as a group, please ensure at least 50% of the clinicians have completed the Improvement Activities.

Click here for [Improvement Activities Performance Category Criteria](#).

CMS is suspending eight Improvement Activities for the 2025 performance year as of 5/6/25. However, if any of the suspended Improvement Activities have already been completed or were in the process of being completed before that date, clinicians will still be able to attest to completing them and receive credit: IA_AHE_5, IA_AHE_8, IA_AHE_9, IA_AHE_11, IA_AHE_12, IA_PM_5, IA_PM_26, IA_ERP_3.

To begin, please select a **minimum duration of 90 consecutive days** unless otherwise stated in the activity description.

Start Date: MM/DD/YYYY | End Date: Oct 31, 2025

Activity ID	Description	Subcategory Name	Documents Uploaded
<input type="checkbox"/> IA_AHE_1	Enhance Engagement of Medicaid and Other Underserved Populations	Achieving Health Equity	Yes (1)
<input type="checkbox"/> IA_AHE_10	Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data	Achieving Health Equity	No
<input type="checkbox"/> IA_AHE_11	Create and implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients	Achieving Health Equity	No
<input type="checkbox"/> IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health	Achieving Health Equity	No
<input type="checkbox"/> IA_AHE_3	Promote Use of Patient-Reported Outcome Tools	Achieving Health Equity	No

0 Activities Selected | 0/40 Total Points / Total Available Points | Save

- Each measure will display the activity ID, activity name, description, subcategory, and optional IA documentation upload.

Activity ID	Description	Subcategory Name	Documents Uploaded
<input type="checkbox"/> IA_AHE_1	Enhance Engagement of Medicaid and Other Underserved Populations	Achieving Health Equity	No

IA_AHE_1 Description:
To improve responsiveness of care for Medicaid and other underserved patients: use time-to-treat data (i.e., data measuring the time between clinician identifying a need for an appointment and the patient having a scheduled appointment) to identify patterns by which care or engagement with Medicaid patients or other groups of underserved patients has not achieved standard practice guidelines; and with this information, create, implement, and monitor an approach for improvement. This approach may include screening for patient barriers to treatment, especially transportation barriers, and providing resources to improve engagement (e.g., state Medicaid non-emergency medical transportation benefit).


[Upload Documentation](#)



- To begin, please select a **minimum duration of 90 consecutive days** unless otherwise stated in the activity description.

To begin, please select a **minimum duration of 90 consecutive days** unless otherwise stated in the activity description.

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

- You must implement and submit 1-2 Improvement Activities to earn the maximum points allowed in this performance category.
 - Practices with the designation(s) small practice, rural, non-patient facing, or in a Health Professional Shortage Area (HPSA) are required to report 1 IA measure.
 - All other designations are required to report 2 IA measures.
 - If you are **reporting as a group**, please ensure that at least 50% of the clinicians have performed the selected IA.
- Select your Activities by clicking on the box next to the activity you'd like to select. You can expand/collapse the activity by clicking .
- You should upload documentation for your improvement activity. This step is **NOT** required in order to save your attestation and submit your data. However, we encourage you to upload documentation in advance in case you are selected for a registry audit. If uploaded in advance, Staff can review your documentation without delaying your submission. Additionally, practices must have documentation of their IA saved in case of a CMS audit in the future. Accepted file types are: PDF, JPG, JPEG, and PNG.

Activity ID	Description	Subcategory Name	Documents Uploaded
<input checked="" type="checkbox"/> IA_AHE_1	Enhance Engagement of Medicaid and Other Underserved Populations	Achieving Health Equity	No 
<p>IA_AHE_1 Description: To improve responsiveness of care for Medicaid and other underserved patients; use time-to-treat data (i.e., data measuring the time between clinician identifying a need for an appointment and the patient having a scheduled appointment) to identify patterns by which care or engagement with Medicaid patients or other groups of underserved patients has not achieved standard practice guidelines; and with this information, create, implement, and monitor an approach for improvement. This approach may include screening for patient barriers to treatment, especially transportation barriers, and providing resources to improve engagement (e.g., state Medicaid non-emergency medical transportation benefit).</p> <p>Upload Documentation</p>			
<input checked="" type="checkbox"/> IA_AHE_10	Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data	Achieving Health Equity	No <input checked="" type="checkbox"/>
<input type="checkbox"/> IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health	Achieving Health Equity	No 

- The bottom of the page will display:
 - Number of selected IAs
 - Total points earned in the IA Category.
- Click save found on the bottom right corner, and the page will advance to the next MIPS category.

Traditional MIPS

Group: [redacted] | 1 Performance Year: 2025

Improvement Activities | 15% of Overall MIPS Score

You must implement and submit 1-2 Improvement Activities to earn the maximum points allowed in this performance category. Practices with the designation(s) as a small practice, rural, non-patient facing, or in an HPSA are required to report 1 IA measure. All other designations are required to report 2 IA measures. If you are reporting as a group, please ensure at least 50% of the clinicians have completed the improvement activities.

Click here for [Improvement Activities Performance Category Criteria](#).

CMS is suspending eight Improvement Activities for the 2025 performance year as of 5/6/25. However, if any of the suspended Improvement Activities have already been completed or were in the process of being completed before that date, clinicians will still be able to attest to completing them and receive credit: IA_AHE_5, IA_AHE_8, IA_AHE_9, IA_AHE_11, IA_AHE_12, IA_PM_6, IA_PM_26, IA_ERP_3.

To begin, please select a **minimum duration of 90 consecutive days** unless otherwise stated in the activity description. Start Date: Jan 01, 2025 End Date: Mar 31, 2025

All (104) Top Reported (10) Search

Activity ID	Description	Subcategory Name	Documents Uploaded
<input checked="" type="checkbox"/> IA_AHE_1	Enhance Engagement of Medicaid and Other Underserved Populations	Achieving Health Equity	Yes (1) ^
<p>IA_AHE_1 Description:</p> <p>To improve responsiveness of care for Medicaid and other underserved patients: use time-to-treat data (i.e., data measuring the time between clinician identifying a need for an appointment and the patient having a scheduled appointment) to identify patterns by which care or engagement with Medicaid patients or other groups of underserved patients has not achieved standard practice guidelines; and with this information, create, implement, and monitor an approach for improvement. This approach may include screening for patient barriers to treatment, especially transportation barriers, and providing resources to improve engagement (e.g., state Medicaid non-emergency medical transportation benefit).</p> <p>Upload Documentation</p> <p>Uploaded:</p> <p>Sample TIN 1500 Form for Testing.pdf <input checked="" type="checkbox"/> Uploaded by Oliver Garcia October 28, 2025, 09:28AM</p>			
<input checked="" type="checkbox"/> IA_AHE_10	Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data	Achieving Health Equity	No ^
<p>IA_AHE_10 Description:</p>			

2 Activities Selected
40/40 Total Points / Total Available Points
➔
Save

Promoting Interoperability (PI)

Promoting Interoperability Requirements

- There are 105 total points possible, but points earned are capped at 100. PI is worth 25% of the overall MIPS score unless you have other categories that are reweighted.
- Performance period is a continuous 180 days between Jan. 1 – Dec. 31, 2025. To meet this requirement, the last day to begin participation is July 5, 2025.
- To participate and report PI, you must use a certified Electronic Health Record (EHR) listed on the [Certified Health IT Product List \(CHPL\)](#). You cannot satisfy the PI category requirements without having an EHR.
- Each measure is worth a different number of points based on how many eligible encounters you perform.
 - You are required to report measures from each of the four objectives, unless you claim exclusions.
 - To claim exclusions, select the “Measure Exclusion” from the dropdown menu during the PI submission process.

Updates to the PI Category in Performance Year 2025

The CDC has temporarily paused electronic case reporting registration and onboarding of new health care organizations, which may prevent some MIPS-eligible clinicians from meeting [Promoting Interoperability requirements](#) in 2025.

- Electronic case reporting points redistributed to Immunization Reporting
- If both electronic case and immunization reporting are excluded = 25 points to Provide Patients Electronic Access to their HIE measures.

An answer for electronic case reporting must be recorded. Null responses will assume it is unreported and result in a total score of zero points for the PI performance category

Please note that an answer for electronic case reporting must be recorded. Null responses will assume it is unreported and result in a total score of zero points for the PI performance category.

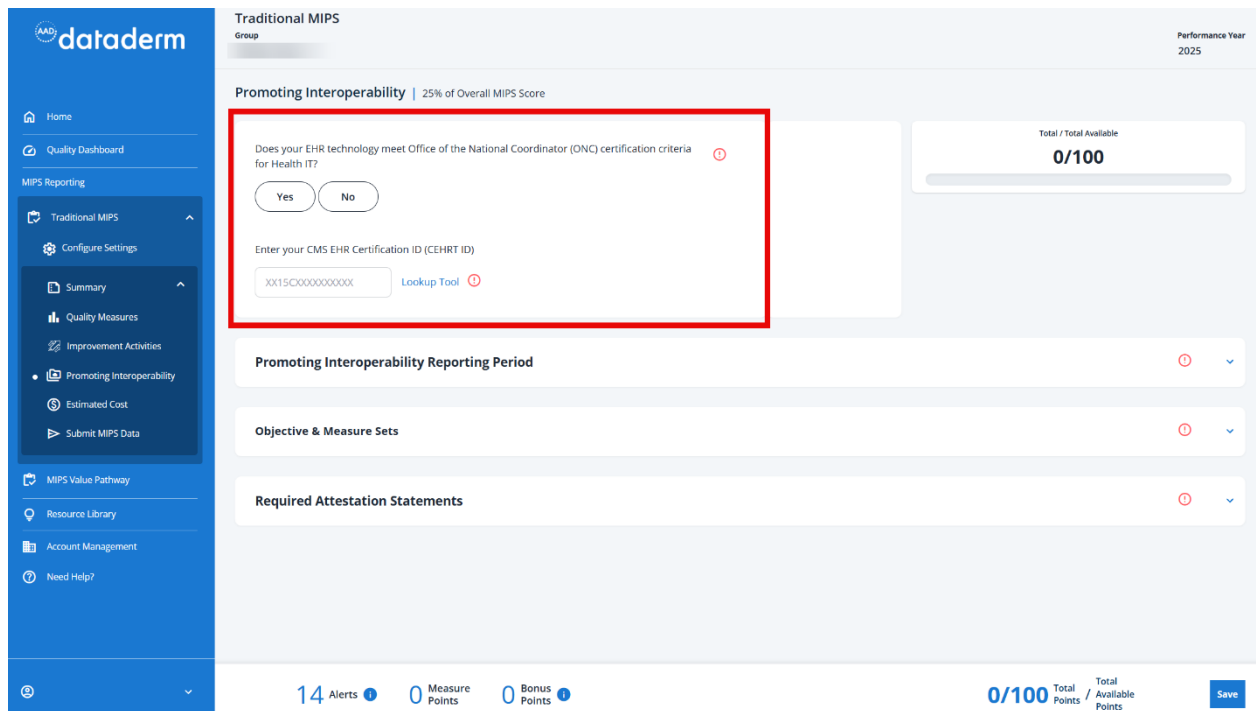
Small Practice Special Status Designation in Promoting Interoperability

- You qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. This automatic reweighting applies to all 3 [MIPS reporting options](#). The performance category weight will be redistributed to other performance categories unless you choose to submit Promoting Interoperability data.
- You also qualify for a different redistribution policy when the Promoting Interoperability performance category is reweighted.
- If a clinician has a reporting exemption but submits data, the data will be scored, and the exemption will be canceled.

- Small practices (15 providers or fewer) do not need to submit a PI Hardship Exception Application to request reweighting of this performance category, because CMS will apply an automatic exemption if no PI information is submitted.

Promoting Interoperability Section

- This tab will bring you to the following page. Before attesting the PI category, you must answer the questions shown below in the red box.



- In order to report the PI category, you need to attest **“Yes”** to the required question, Does your EHR technology meet Office of the National Coordinator (ONC) certification criteria for Health IT? [Please note if you do not collect your data in a correctly certified EHR you will score zero for the PI category](#)
- Next you will generate and enter your CMS EHR Certification ID (CEHRT ID).
 - CEHRT IDs are in the form of 15 alphanumeric characters with “2025C” appearing at the 1st to the 5th columns (ex., 2025CXXXXXXXXXX). Please see the instructions in the section below to generate the CEHRT ID.

How to find your CEHRT ID

1. Go to: <https://chpl.healthit.gov/#/search>

2. Type in your EHR, and a list will populate.

The screenshot shows the CHPL Listings page with a search for 'Nextech'. The search results table is as follows:

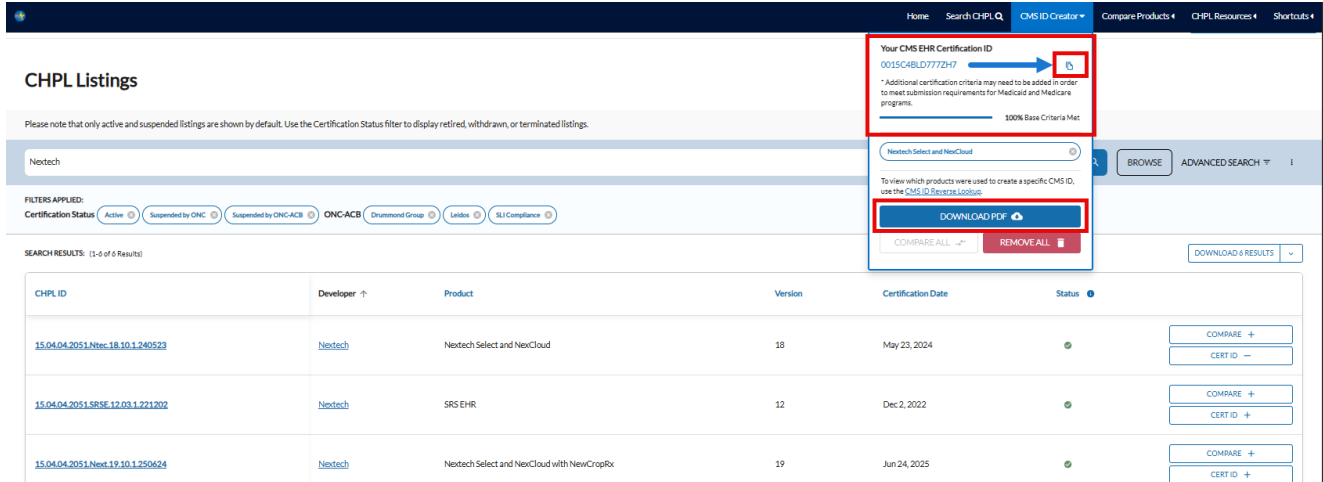
CHPL ID	Developer	Product	Version	Certification Date	Status	Actions
15.04.04.2051.Ntec.18.10.1.240523	Nextech	Nextech Select and NexCloud	18	May 23, 2024	Active	COMPARE + CERT ID +
15.04.04.2051.SRSE.12.03.1.221202	Nextech	SRS EHR	12	Dec 2, 2022	Active	COMPARE + CERT ID +
15.04.04.2051.Next.19.10.1.250624	Nextech	Nextech Select and NexCloud with NexCropRx	19	Jun 24, 2025	Active	COMPARE + CERT ID +
15.04.04.2051.Next.18.09.1.240523	Nextech	Nextech Select and NexCloud with NexCropRx	18	May 23, 2024	Active	COMPARE + CERT ID +
15.04.04.2051.Inte.08.01.0.221121	Nextech	Nextech EHR (ICF)	8	Nov 21, 2022	Active	COMPARE + CERT ID +
15.04.04.2051.Ntec.19.11.1.250624	Nextech	Nextech Select and NexCloud	19	Jun 24, 2025	Active	COMPARE + CERT ID +

3. Click on Step 1, “+ CERT ID”, and then Step 2, “Create Certification ID”.

The screenshot shows the same CHPL Listings page with annotations. A red circle with the number '2' points to the 'CREATE CERTIFICATION ID' button in the search bar. A red circle with the number '1' points to the 'CERT ID +' button in the first row of the search results table.

4. Your CMS EHR Certification ID will now be displayed under CMS ID Creator.
5. You will be able to copy and paste it into the MIPS Module by selecting the icon near the blue arrow.

- a. You may also select the “Download PDF” button, which will provide you with a copy of your Certification ID, as well as other products from your EHR.



CHPL Listings

Please note that only active and suspended listings are shown by default. Use the Certification Status filter to display retired, withdrawn, or terminated listings.

Nextech

FILTERS APPLIED: Certification Status: Active, Suspended by ONC, Suspended by ONC-ACB, ONC-ACB, Diamond Group, Lighthouse, IJ Compliance

SEARCH RESULTS: (1-3 of 6 Results)

CHPL ID	Developer	Product	Version	Certification Date	Status
15.04.04.2051.Ntec.18.10.1.240522	Nextech	Nextech Select and NexCloud	18	May 23, 2024	Active
15.04.04.2051.SRSE.12.03.1.221202	Nextech	SRS EHR	12	Dec 2, 2022	Active
15.04.04.2051.Next.19.10.1.250624	Nextech	Nextech Select and NexCloud with NewCropRx	19	Jun 24, 2025	Active

Your CMS EHR Certification ID: 0015C4BLD777Z-H7

Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs. 100% Base Criteria Met

Nextech Select and NexCloud

To view which products were used to create a specific CMS ID, use the CMS ID Reverse Lookup.

DOWNLOAD PDF

- Navigate back to the DataDerm Dashboard and paste (CTRL+V) the CEHRT ID in the textbox shown below.

Does your EHR technology meet Office of the National Coordinator (ONC) certification criteria for Health IT?

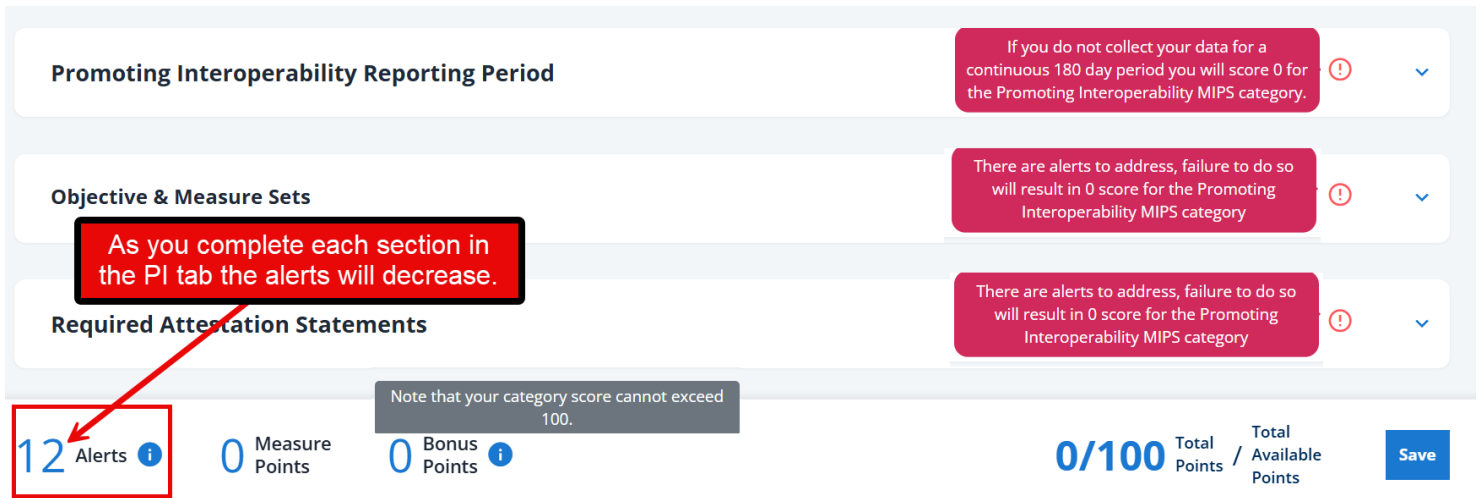
Yes No

Enter your CMS EHR Certification ID (CEHRT ID)

2025CQ2A6CZ2HYY [Lookup Tool](#)

- After validating your CEHRT ID, you must input the reporting period of the PI data you are going to input and report on.
- You will then have access to the PI objectives, measures and attestation statements.

- Each section will feature an exclamation alert icon, and hovering over it will display the text below. There is a total of 14 alerts in this section. As you complete each section and meet the requirements, the number of alerts will decrease.



Promoting Interoperability Reporting Period

If you do not collect your data for a continuous 180 day period you will score 0 for the Promoting Interoperability MIPS category.

Objective & Measure Sets


There are alerts to address, failure to do so will result in 0 score for the Promoting Interoperability MIPS category.

Required Attestation Statements

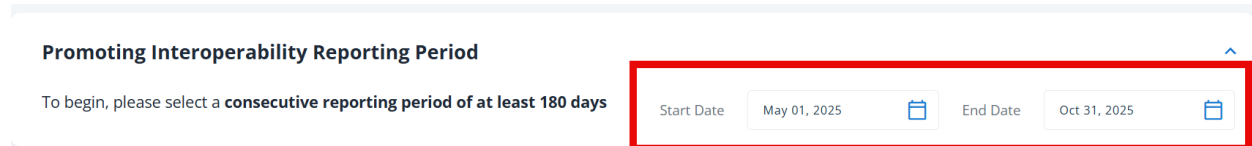
There are alerts to address, failure to do so will result in 0 score for the Promoting Interoperability MIPS category.

Note that your category score cannot exceed 100.

12 Alerts | **0 Measure Points** | **0 Bonus Points** | **0/100 Total Points / Total Available Points** | **Save**

- To expand the PI reporting period section, click the  icon.
- Click the calendar icons to select the duration you are attesting for. Please select a consecutive reporting period of at least 180 days.


Please note if you do not collect your data for a continuous 180-day period you will score 0 for the Promoting Interoperability MIPS category.



Promoting Interoperability Reporting Period

To begin, please select a **consecutive reporting period of at least 180 days**

Start Date: May 01, 2025 | End Date: Oct 31, 2025

- Next, expand the Objective and Measure Sets section by clicking the  icon.
- You need to report all required measures or claim the applicable exclusions to meet the four objectives.

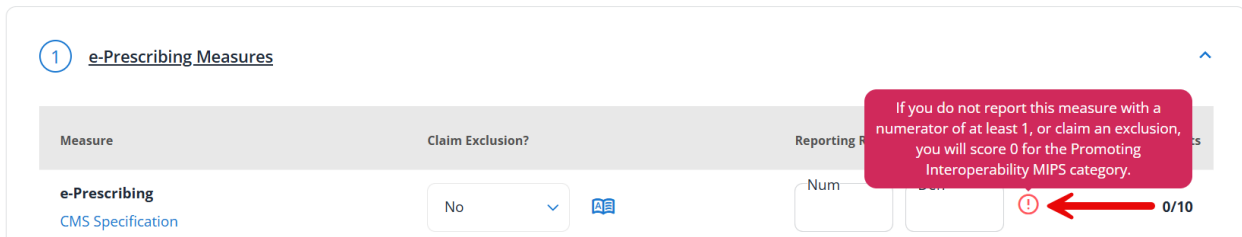
Objective & Measure Sets

There are alerts to address, failure to do so will result in 0 score for the Promoting Interoperability MIPS category

You must report 6 to 7 required measures, dependent upon which measures you choose to report for the HIE objective, or you may claim their exclusions (with required attestations). You may also submit optional measures.

- 1 [e-Prescribing Measures](#)
- 2 [Provider to Patient Exchange](#)
- 3 [Health Information Exchange \(HIE\)](#)
- 4 [Public Health & Clinical Data Exchange](#)

- Review the alert icon next to each PI measure to ensure requirements are met.




The screenshot shows a table with the following columns: Measure, Claim Exclusion?, Reporting Period, and Score. The first row is for 'e-Prescribing' with a 'No' claim exclusion and a score of 0/10. A red alert icon is next to the score. A callout box points to the icon with the text: 'If you do not report this measure with a numerator of at least 1, or claim an exclusion, you will score 0 for the Promoting Interoperability MIPS category.'

- Below each measure title is a link to the specifications. It will open in a new tab.

e-Prescribing CMS Specification

- Click the blue book icon to review each measure exclusion.

 Prescription Drug Monitoring Program (PDMP) Exclusions ×

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the PDMP measure if the MIPS eligible clinician;

1. *Is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period.*
2. *Does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.*

Attesting to PI Measures or claiming an exclusion

- You will need to select the exclusion from the dropdown menu or select 'No' for claiming an exclusion before inputting the numerator/denominator or select 'Yes' or 'No' under the Reporting Requirement and attesting to each measure.
 - If a measure does not have an exclusion, you will see N/A.

1 [e-Prescribing Measures](#)

Measure	Claim Exclusion?	Reporting Requirements	Points
e-Prescribing CMS Specification	No	Num: 150, Den: 150	20/20
Prescription Drug Monitoring Program (PDMP) CMS Specification	Exclusion - 2	Yes No	

2 [Provider to Patient Exchange](#)

Measure	Claim Exclusion?	Reporting Requirements	Points
Provide Patients Electronic Access to Their Health Information CMS Specification	N/A	Num: 200, Den: 200	25/25

- For the Health Information Exchange (HIE) objective, there are three options for clinicians to meet the requirement. You cannot report all three.
- Select the radio button under the option for the measure(s) you will be reporting:

Option 1: Report both measures: Support Electronic Referral Loops by Sending Health Information & Support Electronic Referral Loops by Receiving Health Information

Or

Option 2: HIE Bi-Directional Exchange

Or

Option 3: Enabling Exchange under TEFCA

3 [Health Information Exchange \(HIE\)](#)

*There are three options for clinicians to meet the requirements of the Health Information Exchange (HIE) objective. You need to choose and report 1 of these 3 options to satisfy the HIE objective.

Option	Measure	Claim Exclusion?	Reporting Requirements	Points
<input checked="" type="radio"/> 1	Support Electronic Referral Loops by Sending Health Information* CMS Specification	No	Num: [], Den: []	0/15
<input type="radio"/> 2	Support Electronic Referral Loops by Receiving Health Information* CMS Specification	No	Num: [], Den: []	0/15
<input type="radio"/> 3	HIE Bi-Directional Exchange* CMS Specification	N/A	Yes No	0/30
<input type="radio"/> 4	Enabling Exchange under TEFCA* CMS Specification	N/A	Yes No	0/30

- For the Public Health and Clinical Data Exchange objective, you'll be awarded full points if a "yes" is submitted for the two required measures (Immunization Registry Reporting and Electronic Case Reporting) **or** one "yes" and one exclusion. An answer for Electronic Case Reporting must be recorded. Null responses will be treated as unreported and result in a total score of zero points for the PI performance category.
 - If you claim an exclusion for Electronic Case Reporting, the points are redistributed to Immunization Registry Reporting.
 - If both Electronic Case Reporting and Immunization Registry Reporting are excluded, the 25 points will be redistributed to the Provide Patients Electronic Access to their Health Information measure.
- You're also required to submit your level of active engagement for these two measures.

4 [Public Health & Clinical Data Exchange](#)

† One of these three measures need to be submitted in order to receive 5 bonus points.

Measure	Claim Exclusion?	Reporting Requirements	Level of Active Engagement	Points
Immunization Registry Reporting CMS Specification	Exclusion - 1	Yes No	Please Select	0/25
Electronic Case Reporting CMS Specification	No	Yes No	Please Select	

Pre-Production and Validation
Validated Data Production

- You can earn a total of 5 bonus points for submitting a "yes" response and level of active engagement for one of the optional Public Health and Clinical Data Exchange measures. Reporting more than one bonus measure will not result in more than 5 bonus points. These measures have no exclusions.

4 [Public Health & Clinical Data Exchange](#)


† One of these three measures need to be submitted in order to receive 5 bonus points.

Measure	Claim Exclusion?	Reporting Requirements	Level of Active Engagement	Points
Immunization Registry Reporting CMS Specification	Exclusion - 1	Yes No	Please Select	25/25
Electronic Case Reporting CMS Specification	No	Yes No	Pre-Production	
Clinical Data Registry Reporting CMS Specification	N/A	Yes No	Pre-Production	Bonus †
Public Health Registry Reporting CMS Specification	N/A	Yes No	Please Select	Bonus †
Syndromic Surveillance Reporting CMS Specification	N/A	Yes No	Please Select	Bonus †


- For the required attestation statements section, you must attest 'Yes' to each statement; otherwise, you will score zero for the PI category.

Required Attestation Statements


I attest that I...

Completed the Security Risk Analysis during the calendar year in which the MIPS performance period occurs? 


Yes No

Conducted an annual assessment using the High Priority Practices Guide of the SAFER Guides? 

Yes No

Did not take actions to limit or restrict the compatibility or interoperability of CEHRT? 

Yes No


Agree to an ONC Direct Review Attestation? 


Yes No

- The bottom of the page will display:
 - Zero alerts if all the PI requirements were met.
 - Measure points earned
 - 5 points if you report a bonus measure
 - The total points earned in the PI category
- Click the save button to proceed to the next category.

0 Alerts

100 Measure Points

5 Bonus Points 

100/100 Total Points / Total Available Points 

Cost Category

Cost Category Requirement

- 30% of MIPS score, no action required by the eligible clinician.
- Entering an estimated cost score is optional. CMS automatically calculates the clinician’s Cost Category performance score using information from claims data; however, you may enter an estimated cost score to calculate your total estimated MIPS score.

This category will not be included in your MIPS submission.

Cost Category Section

- If you are not eligible for the Cost Category, you can re-weight this category via your settings questions.
- If you may be eligible, but do not want to participate in this estimation, please input “0”. Please remember this is an estimate and CMS determines all final scoring.
- Click Save, and the page will take you to the MIPS summary page.

Traditional MIPS
Group
Peaceful Pathways Practice | 11 Performance Year
2025

Estimated Cost (Optional) | 30 % of Overall MIPS Score

CMS automatically calculates the clinician's Cost Category performance score using information from claims data; however you may enter an estimated cost score to calculate your total estimated MIPS score. CMS will add your score after you submit your MIPS data.

If dermatologists perform 10 or more melanoma resections that meet the eligibility criteria for this measure, CMS will automatically apply these to the Cost Category and assign a score up to 30% of the overall MIPS score. If an eligible clinician does not perform 10 or more melanoma resections in the performance year, they will automatically be exempt from the cost measure, and the weight of this category will be redistributed to other categories.

Input your Estimated Cost Score below. If you are not eligible for the Cost Category, you can re-weight this category via your settings questions. If you may be eligible, but do not want to participate in this estimation, please input "0". Please remember this is an estimate and CMS determines all final scoring.

0

Need Help?
Your practice administrator can log into the [QPP site](#) and see your cost score for prior years for an estimate.

Total / Total Available

0/100

0/100
Total Points / Total Available Points
Save

This is not the submission training guide. Please refer to the [MIPS 2025 Submission Training guide](#) in order to finalize the submission to CMS.