2025 MIPS Data Submission Guide

A step-by-step guide to submitting MIPS 2025 performance data through the Quality Payment Program (QPP) portal.

Introduction

The Merit-based Incentive Payment System (MIPS) requires clinicians to report performance data each year. For 2025, reporting applies to three categories:

- Promoting Interoperability (PI)
- Quality
- Improvement Activities (IA)

Note: The Cost category does not require data submission.

Clinicians may report Individually or as a Group (for practices with more than one clinician). This choice must remain consistent across all categories.

RevolutionEHR's MIPS-PI (Stage 3) and MIPS-Quality scorecards allow clinicians to analyze data across different time ranges and compare Individual versus Group reporting to determine the best submission strategy.

Before submitting data, ensure your practice is registered with the Quality Payment Program (QPP) portal via CMS's HARP system.

MIPS Data Reporting Key Points

📅 Submission Deadline: March 31, 2026

🌐 Submit through the Quality Payment Program (QPP) portal at qpp.cms.gov.

🔐 QPP portal credentials are required (obtain via CMS HARP registration).

💰 Clinicians who are required or opt-in for 2025 will receive payment adjustments in 2027.

📬 For help, contact qualityreporting@revolutionehr.com or use 'Ask about MIPS' in RevolutionEHR.

Quality Performance Category

The Quality category measures performance using electronic Clinical Quality Measures (eCQMs). Access via Reports > Administration > Providers > MIPS > Quality.

Steps to run the scorecard:

1. Select Provider(s): All Providers for Group or single provider for Individual.
2. Select Location Tax ID if appropriate

3. Enter performance period: Jan 1–Dec 31, 2025.
4. Click Search and wait for results to complete.

To generate your CMS submission file, click Create QRDA III. Ensure NPI and Location Tax IDs are complete and at least one measure denominator is non-zero.

Once generated, your QRDA III file will be sent to your Messages module. Download and store it for upload in QPP. ***The file can be opened and viewed in text editor or a browser if you need to review or identify by NPI the associated provider.**

OPTIONAL Promoting Interoperability (PI)

*Small practices (≤15 clinicians per TIN) have PI automatically reweighted and **do not need to submit data**. Others must report at least 180 consecutive days.*

Access the scorecard: Reports > Administration > Providers > MIPS – PI (Stage 3)

Key Steps:

1. Select Provider(s) – All Providers for Group or single provider for Individual.
2. Select Location Tax ID if appropriate
3. Enter Start/End dates (≥180 days).
4. Click Search and wait for results to complete.

Once results appear, update Yes/No fields (e.g., Security Risk Analysis, Registry Measures) as needed and save for attestation. Use the Print button to save for audit support.

Working in the Quality Payment Program (QPP) Portal

Go to qpp.cms.gov and sign in with your HARP credentials.

From the Account Home page:

- Select 'Start Reporting' on the main page
  or
- Select 'Eligibility & Reporting' from left-side navigation bar.
- For each practice, select 'Report as Group' or 'Report as Individuals'.

Your choice must remain consistent across all performance categories.

Then follow the appropriate workflow below:

Individual Reporting – Opt-In vs Voluntary:

- Click 'Report as Individual' next to each clinician.
- If eligible: go to Reporting Overview. If not: choose Opt-In or Voluntary Reporting.

- Type 'Confirm' to finalize (cannot be changed later).

Group Reporting – Opt-In vs Voluntary:

- Click 'Report as Group'.
- Choose Opt-In or Voluntary, then Confirm.
- Proceed to Reporting Overview to enter data.

Performance Category Reporting

You'll enter data for each category from the Reporting Overview page in QPP.

Promoting Interoperability:
- Click 'Create Manual Entry' and enter your 180-day performance period.
- Enter EHR Technology ID and attestation statements.
- Transcribe your results from RevolutionEHR's PI Scorecard.
- Data saves automatically; edits allowed until March 31, 2026.

Quality:
- Upload your QRDA III file via 'Upload File(s)'.
- Review 'View Submission' to confirm performance scoring.
- Data saves automatically.

Improvement Activities:
- Click 'Create Manual Entry' under Improvement Activities.
- Enter a 90+ day performance period.
- Check 'Completed' next to activities performed.
- System calculates your score automatically.

Conclusion

You've completed all steps for MIPS 2025 data submission.

Final Checklist:

☑ QPP access verified

☑ Reporting method (Group/Individual) confirmed

☑ Opt-In or Voluntary election made

☑ PI, Quality, and IA data entered

☑ QRDA III file uploaded

☑ All data reviewed before March 31, 2026

☑ Reports saved for audit support

Support: Contact the RevolutionEHR Quality Reporting Team at qualityreporting@revolutionehr.com