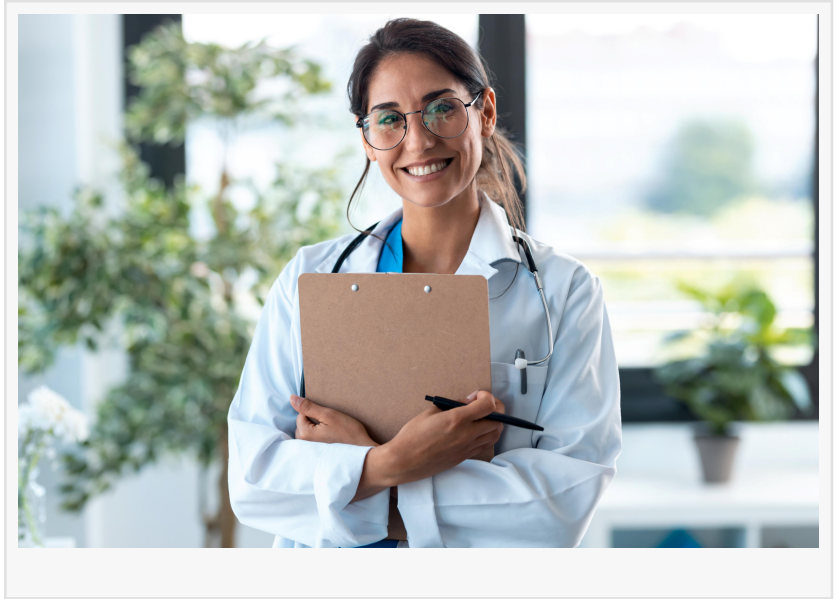


TriumphHealth Provides Comprehensive MIPS 2025 Guidance to Help Clinicians Maximize Reimbursement Opportunities

TriumphHealth's MIPS 2025 guidance helps clinicians optimize performance and compliance, maximizing Medicare reimbursements through tailored consulting services.

SOUTHLAKE, TX, UNITED STATES, October 8, 2024 /EINPresswire.com/ -- [TriumphHealth](#), a leading healthcare consulting and revenue cycle management firm, offers critical guidance on the [Merit-based Incentive Payment System \(MIPS\)](#) for 2025. MIPS, part of the Quality Payment Program (QPP), is designed to enhance the



quality of care while managing costs. As the healthcare industry continues its shift toward value-based care, understanding and complying with MIPS is essential for healthcare providers aiming to maximize reimbursement under Medicare Part B.

MIPS 2025 introduces key updates aimed at refining healthcare quality and cost control measures. This comprehensive guide highlights important changes, eligibility criteria, and performance categories to help clinicians navigate this complex program. [Overview of MIPS 2025](#)

MIPS is a value-based care reimbursement model that adjusts Medicare payments based on clinicians' performance in four main categories: Quality, Cost, Improvement Activities, and Promoting Interoperability. The model rewards healthcare providers for high-quality, cost-effective care, reflecting Centers for Medicare & Medicaid Services (CMS) priorities.

TriumphHealth's MIPS Consulting Services are designed to simplify MIPS compliance, helping clinicians optimize their scores and secure positive payment adjustments.

[Eligibility Requirements](#)

For 2025, MIPS eligibility hinges on a clinician's participation in Medicare Part B and their meeting specific low-volume thresholds. Eligible clinicians include:

- Physicians (MD, DO)
- Nurse Practitioners
- Physician Assistants
- Certified Registered Nurse Anesthetists
- Clinical Nurse Specialists
- Groups or Virtual Groups

To qualify, clinicians must meet at least one low-volume threshold, such as:

- Billing above a defined amount in Medicare Part B
- Serving a specified number of Medicare patients
- Delivering a certain number of professional services covered by Medicare Part B

Performance Categories for MIPS 2025

CMS evaluates clinicians based on four performance categories, each contributing a percentage toward the overall score:

1. Quality (30%): Clinicians report data on relevant quality measures tailored to their specialty.
2. Cost (30%): CMS automatically calculates this category using Medicare claims data.
3. Improvement Activities (15%): Clinicians select activities from a CMS list that focus on care coordination, patient engagement, and safety.
4. Promoting Interoperability (25%): This category assesses the use of certified electronic health record technology (CEHRT), including e-prescribing and health information exchange.

Scoring and Payment Adjustments

Clinicians are scored on a 0–100 point scale across all categories. CMS sets a performance threshold each year, and clinicians who score above the threshold receive positive payment adjustments. High performers may also be eligible for exceptional performance bonuses, while those who score below the threshold risk penalties.

2025 MIPS Updates and Proposed Changes

CMS regularly updates MIPS to enhance its effectiveness. Key proposed changes for 2025 include:

- The performance threshold remains at 75 points, with data completeness criteria also set at 75% through 2028.
- Quality Measures: Nine new quality measures will be added, and 11 measures will be removed. Submissions must include numerator and denominator data for at least one quality measure to be scored.
- Cost Measures: Six new episode-based cost measures will be introduced, including one for respiratory infection hospitalizations. Updates will also be made to existing cost measures.
- Improvement Activities: Clinicians can expect modifications to activities, with a simplified

scoring system eliminating activity weightings.

- Promoting Interoperability: No major changes, but automatic reweighting will no longer apply to clinical social workers starting in 2025.

MIPS Value Pathways (MVPs) and Performance Category Reweighting

CMS encourages clinicians to adopt MIPS Value Pathways (MVPs), which remain voluntary for 2025. Six new MVPs will be introduced, and clinicians are urged to prepare for future transitions from traditional MIPS.

For clinicians facing data accessibility issues due to third-party vendors, CMS offers performance category reweighting. Requests must be submitted via the QPP Service Center by November 1 of the relevant payment year.

Key Deadlines for MIPS 2025

Key performance year deadlines include:

- Performance Year: January 1 – December 31, 2025
- Data Submission Deadline: Typically, by March of the following year (e.g., March 2026)
- Payment Adjustments: Based on 2025 performance, adjustments will be applied in 2027.

To prepare for MIPS 2025, clinicians should regularly review their eligibility, select quality measures aligned with their practice, and ensure the use of certified EHRs to meet CMS standards.

TriumphHealth's MIPS Consulting Services

With the complexity of MIPS increasing, TriumphHealth offers comprehensive MIPS Consulting Services tailored to meet each clinician's unique needs. From optimizing performance in key categories to helping with data submission, TriumphHealth provides expert guidance to ensure compliance and maximize positive payment adjustments.

A representative from TriumphHealth stated, "Our mission is to empower healthcare providers with the knowledge and tools to thrive in the value-based care model. We are committed to helping our clients navigate the complexities of MIPS with confidence and success."

For more information on how TriumphHealth can assist your [medical practice or healthcare organization](#) in preparing for MIPS 2025, visit the MIPS Consulting Services page or contact their team at sales@triumphhealth.com or (888) 747-3836 x0.

About TriumphHealth:

TriumphHealth is a full-service healthcare consulting company specializing in revenue cycle management, provider credentialing, and MIPS compliance services. Serving a broad range of specialties, TriumphHealth helps healthcare organizations optimize operations, improve patient outcomes, and achieve financial success in a rapidly changing healthcare landscape.

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