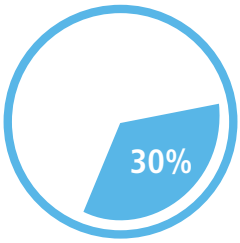
American Urological Association

AQUA
AUA Quality Registry

Using the AQUA Registry for 2026 MIPS Reporting

Merit-Based Incentive Payment System (MIPS) Categories:

Quality Reporting

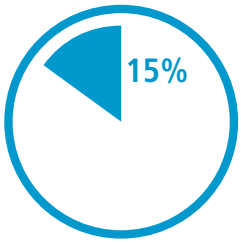


Maximum Points:
60 – 100
(Based on participation level & administrative claims measures submitted)

Promoting Interoperability (PI)

Maximum Points:
100

Improvement Activities (IA)



Maximum Points:
40

Cost (Resource Use)

Maximum Points:
1%

AQUA Registry Provides:

TRADITIONAL MIPS:

- The ability to report on 6 out of 50+ measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.

MVPs:

- Select from the Advancing Cancer Care, Focusing on Women's Health **OR** Optimal Care for Patients with Urologic Conditions MVPs.
- Report on a minimum of 4 measures—including one outcome measure or, if an outcome measure is not available, one high priority measure.

TRADITIONAL MIPS:

- A score calculator where eligible clinicians can input numerator/denominator data.
- An attestation module where clinicians are able to attest to the required objectives and their measures.
- The ability to earn 5 bonus points, under the Public Health and Clinical Data Exchange Objective, by attesting to the Clinical Data Registry reporting measure **AND** supplying your active engagement stage.

MVPs:

- Same requirements as traditional MIPS.

(Note: Participation in the AQUA Registry alone is not sufficient to meet this category; eligible clinicians must use an ONC Health IT Certified EHR. Also, clinicians must collect data for the required measures in your certified electronic health record technology (CEHRT) for a minimum of 180 continuous days during the calendar year.)

TRADITIONAL MIPS:

- An attestation module which allows clinicians the ability to attest to a series of activities, geared towards improving clinical practice and care delivery.
- The ability to select from any one of CMS' 90+ improvement activity measures.
- Select 2 improvement activities. Clinicians with certain special statuses have reduced reporting requirements.

MVPs:

- Clinicians (regardless of specialty status) must attest to 1 improvement activity.

(Note: Contact the AQUA Registry Team to learn more about specific IA measures that AQUA can support.)

TRADITIONAL MIPS:

- CMS will calculate Cost performance using administrative claims data.
- Clinicians are not required to submit any information for the Cost performance category.

MVPs:

- Same requirements as traditional MIPS.

For more information contact the AQUA Registry Team: **AQUA@AUAnet.org** or visit **AUAnet.org/AQUA**

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Using the AQUA Registry for 2026 MIPS Reporting

How can you use the AQUA Registry for MIPS (Merit-based Incentive Payment System) report?

MIPS is a path to participate in the Quality Payment Program (QPP) created by CMS under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. **The AQUA Registry is a "one-stop shop" to streamline the MIPS reporting process to CMS.** See the table on the reverse side, to learn how the AQUA Registry can help streamline your practice's MIPS reporting needs. Additionally, some participants reporting MIPS through the AQUA Registry saw an average increase in score of 6.5 points.

MIPS performance periods

For the 2026 performance year, eligible clinicians must report a 1-year minimum for both the Quality and Cost performance categories. The Promoting Interoperability performance category carries a 180-day minimum. While the Improvement Activities category has a 90-day minimum.

Penalty for not reporting

Eligible clinicians who do not report their data will receive a financial penalty under MIPS. Per the statue, the maximum negative adjustment under MIPS will remain -9% for the 2026 performance year. The table below shows the maximum negative adjustments based on the practice size:

Practice Size	Maximum Negative Adjustment under MIPS^ (9%, 2026 performance year)
Solo	$14,070
10	$140,696
20	$281,391
50	$703,479

^Figures are based on 2023 CMS payments to urologists.

Who is eligible?

Eligible clinicians must bill Medicare Part B more than $90,000 annually, provide care to more than 200 individual Part B beneficiaries **AND** provide more than 200 covered professional services under the Physician Fee Schedule. If all three requirements are met, then the clinician must report for the 2026 performance year. Clinicians can check their eligibility status using the CMS Lookup Tool. Additionally, for MIPS you must also be a:

- Physician
- Osteopathic practitioner
- Chiropractor
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Physical therapist
- Occupational therapist
- Clinical psychologist
- Qualified speech-language pathologist
- Qualified audiologist
- Registered dietitian or nutrition professional
- Clinical social workers
- Certified nurse midwives

MIPS Value Pathways (MVPs)

MVPs are a subset of measures and activities, that can be used to meet MIPS reporting requirements. The MVP framework aims to align and connect measures across all four MIPS categories for different specialties or conditions. Participants interested in reporting through a MVP will need to register between April 1 and November 30, 2026. For the 2026 performance year, the AQUA Registry will be supporting the followings MVPs: Advancing Cancer Care; Focusing on Women's Health; Optimal Care for Patients with Urologic Conditions.