

Quality Payment
PROGRAM

MIPS Value Pathways (MVP) Development and Maintenance Webinar



MVPs Overview

Why MVPs?

Since the Quality Payment Program (QPP) launched in 2017, CMS has taken incremental steps to update both the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) participation tracks to:

- Acknowledge the unique variation in clinician practices
- Further refine program requirements
- Respond to industry feedback
- Reduce reporting burden
- Encourage meaningful participation
- Improve patient outcomes

MIPS Value Pathways (MVPs) are a MIPS reporting option that can be used to meet MIPS reporting requirements. Each MVP includes a subset of measures and activities, established through rulemaking, that are related to a given specialty or medical condition.

Implementing MVPs honors CMS' commitment to keeping the patient at the center of our work. Visit the QPP website to learn more about the [MVP reporting option](#).



Transition from Traditional MIPS to MVPs

Traditional MIPS

MIPS Value Pathways (MVPs)

Alternative Payment Model (APM) Performance Pathway (APP)

Future of MIPS



Benefits of Transitioning to MVPs Now:

- Receive specialized assessment of quality of care
- Report on clinically relevant topics that represent clinical specialties or conditions
- Provide a streamlined smaller set of measures
- Help ensure successful implementation before Traditional MIPS is no longer available as a reporting option

Note: Traditional MIPS would be unavailable pending future rulemaking

- Traditional MIPS
- MIPS Value Pathways
- Subgroup Reporting
- APM Performance Pathway

Resources:

- [2024 MVPs Implementation Guide](#)
- [Explore MVPs](#)



MVP Participation Requirements

- MVPs became available with the 2023 performance year.
- For the 2023, 2024, and 2025 performance years, MVP participants are defined as:
 - Individual clinicians
 - Single specialty groups
 - Multispecialty groups*
 - Subgroups
 - APM Entities
- Medicare Part B claims is utilized as the data source for determining specialty type.

* Beginning in the 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs. See the Transition from Traditional MIPS to MVPs graphic on the prior slide for more information.

Reminder:

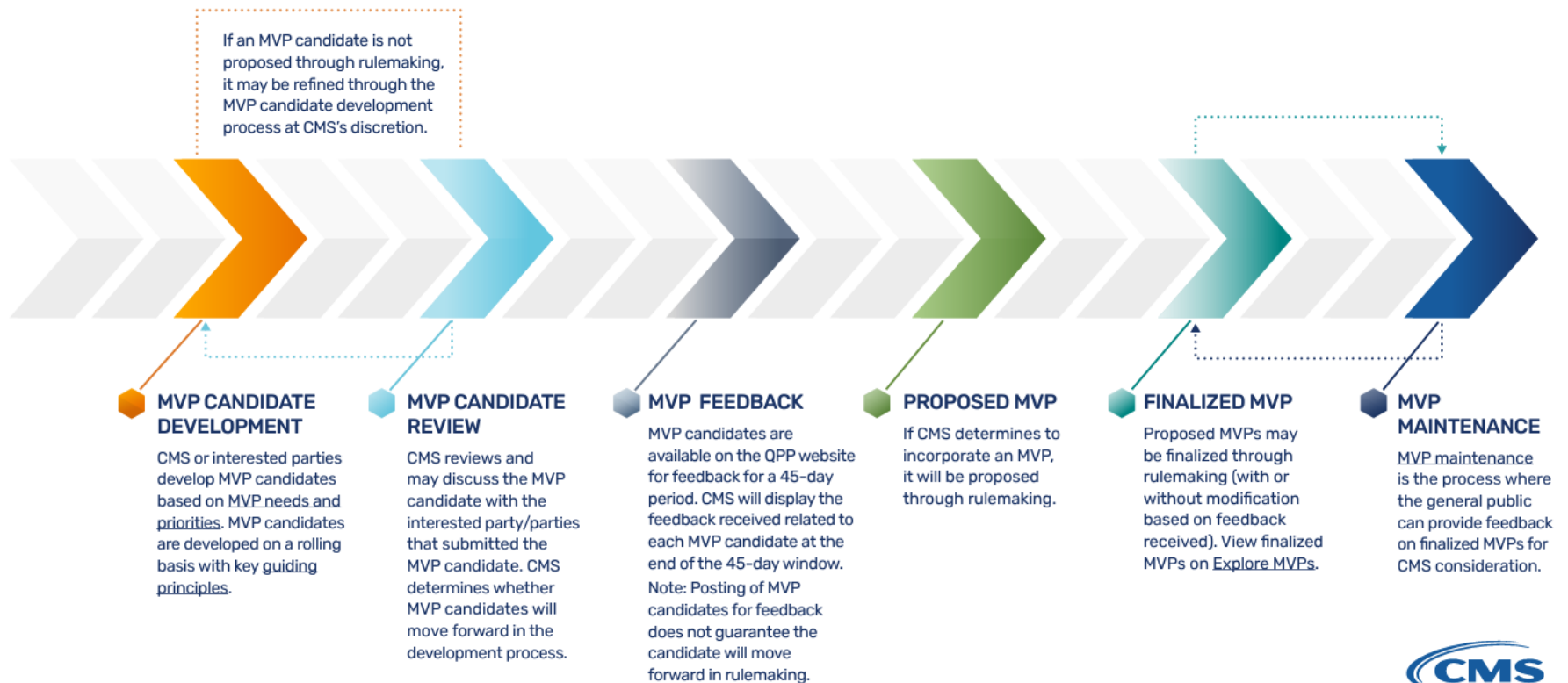
Opt-in participants, voluntary participants and virtual groups cannot register for MVP reporting.

MVP Development

As described in the CY 2023 Physician Fee Schedule (PFS) Final Rule, CMS broadened the opportunities for the public to provide feedback on viable MVP candidates.

- Once CMS determines that an MVP candidate is feasible, CMS will post the MVP candidate(s) on the QPP website to solicit feedback for a 45-day candidate feedback period. CMS will then post the public feedback it receives on the QPP website.
- Posting of MVP candidates for feedback doesn't guarantee the candidate will move forward in rulemaking. CMS will not respond to feedback.
 - To note, CMS will review the feedback and determine whether to incorporate any recommended changes into a candidate MVP. If CMS determines to incorporate changes, CMS isn't required to notify the group or organization that originally submitted the MVP candidate in advance of rulemaking.

MVP Development Process



MVP Maintenance

The MVP maintenance process allows the general public to recommend changes to previously finalized MVPs, on a rolling basis.

- To give the general public an opportunity to provide feedback on the potential revisions to previously finalized MVPs, CMS may share recommendations received utilizing various platforms, including but not limited to a live webinar, alternative webinar formats, and other public communication channels as deemed appropriate.

MVP Registration

MVP Participants must register in advance to report an MVP. For the 2025 performance year, you must register between **April 1 – December 1**.



To register, MVP Participants must select:

- The MVP they intend to report.



MVP Participants won't be able to:

- Submit/make changes to the MVP they select after the close of the registration period.
- Report on an MVP they didn't register for.

MVP Registration (Subgroups)

- To support clinicians in their transition to subgroup reporting, subgroup reporting will be **voluntary** for the 2023, 2024, and 2025 performance years.
 - Multispecialty groups that report through an MVP will have to report as subgroups beginning with the **2026 MIPS performance year**.
- In addition to the required MVP registration information, the subgroup registration must include:
 - A list of Taxpayer Identification Number (**TIN**)/National Provider Identifiers (**NPIs**) in the subgroup.
 - A **plain language name** for the subgroup (which will be used for public reporting).
 - A **description of the composition of the subgroup**, which may be selected from a list or described in a narrative.



A clinician will
therefore only be
allowed to register
for one subgroup
per TIN

MVP Registration (Subgroups) (Continued)

- CMS uses the initial **12-month segment** of the 24-month MIPS determination period to determine the eligibility of clinicians intending to participate and register as a subgroup. Subgroups inherit the eligibility and special status determinations of the affiliated group (**identified by TIN**):
 - To participate as a subgroup, the TIN will need to **exceed the low-volume threshold at the group level**.
 - Subgroups will **not** be evaluated for the low-volume threshold at the subgroup level.
- The subgroup will inherit any **special statuses** held by the group, even if the subgroup composition **does not** meet the criteria.
 - Subgroups will not be evaluated for special statuses at the subgroup level.



A subgroup must include at least one clinician that is MIPS eligible as an individual.

Third Party Intermediaries

Given that many third party intermediaries may not support measures for clinicians in all specialty areas that might report a MVP, a qualified clinical data registry (QCDR) or a qualified registry must support all measures and improvement activities available in the MVP with 2 exceptions:

- If an MVP includes several specialties, then the QCDR or qualified registry is only expected to support the measures that are pertinent to the specialty of their clinicians.
- QCDR measures are only required to be reported by the QCDR measure owner. In instances where a QCDR doesn't own the QCDR measures in the MVP, the QCDR can only support the QCDR measures if they have the appropriate permissions.

2025 MVP Policy Updates

Overview

In the [calendar year \(CY\) 2025 PFS Final Rule](#), we finalized:

- 6 new MVPs that will be available beginning with the 2025 performance period related to ophthalmology, dermatology, gastroenterology, pulmonology, urology, and surgical care.
- Modifications to the previously finalized MVPs, including the consolidation of 2 neurology-focused MVPs into a single neurological MVP.
- Proposal to calculate all available population health measures for an MVP participant and apply the highest scoring population health measure to their quality performance category score.
 - To note, MVP participants will no longer be required to select a population health measure as part of their MVP registration.
- Clinicians, groups, and subgroups (regardless of special status) must attest to 1 improvement activity.

For more information on the MVPs finalized in this rule, review the [2025 Finalized MIPS Value Pathways Guide \(PDF, 3MB\)](#) and the [2025 QPP Policies Final Rule Fact Sheet \(PDF, 2 MB\)](#).

Newly Finalized 2025 MVPs

Ophthalmology	Comprehensive Ocular Care
Dermatology	Dermatological Care
Gastroenterology	Gastroenterology Care
Pulmonology	Pulmonology Care
Surgical	Surgical Care
Urology	Optimal Care for Patients with Urologic Conditions

Previously Finalized MVPs

Emergency Medicine	Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
Cancer Care	Advancing Cancer Care
Heart Disease	Advancing Care for Heart Disease
Rheumatology	Advancing Rheumatology Patient Care
Stroke Care and Prevention	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
Surgical Joint Repair	Improving Care for Lower Extremity Joint Repair
Nephrology	Optimal Care for Kidney Health

*All previously finalized MVPs have been finalized with modifications

Previously Finalized MVPs

Anesthesia	Patient Safety and Support of Positive Experiences with Anesthesia
Primary Care	Value in Primary Care
Women's Health	Focusing on Women's Health
Otolaryngology	Quality Care for the Treatment of Ear, Nose, and Throat Disorders
Infectious Disorders	Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
Mental Health and Substance Use	Quality Care in Mental Health and Substance Use Disorders
Musculoskeletal Care	Rehabilitative Support for Musculoskeletal Care

*All previously finalized MVPs have been finalized with modifications

Previously Finalized MVPs: Consolidated Neurological MVPs

We've also consolidated the two neurology-focused MVPs into a single neurological MVP:

PREVIOUSLY FINALIZED MVPS

Optimal Care for Patients with Episodic Neurological Conditions

Supportive Care for Neurodegenerative Conditions

FINALIZED CONSOLIDATED MVP

Quality Care for Patients with Neurological Conditions

Overview of Reporting Requirements and Policy Updates

Clinicians: MVP Reporting Requirement for Participants (including Subgroups)

Quality	MVP participants will select 4 quality measures. 1 must be an outcome measure (or high-priority, if an outcome measure isn't available). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
Improvement Activities	MVP participants must attest to 1 activity.
Cost	MVP participants will be scored on the cost measures included in the MVP. These are calculated automatically using administrative claims data, so clinicians do not need to choose which cost measure to report. Note, if a cost performance category score cannot be calculated for a clinician or group (e.g., the clinician doesn't meet the established case minimum for the included measure(s)), the cost performance category is reweighted following traditional MIPS scoring policies (86 FR 65426).

Foundation Layer (MVP-agnostic)

Population Health Measures (part of the quality performance category/score)	CMS calculates and uses the highest score of the population health measures using administrative claims data, and scores participants as part of the quality performance category.
Promoting Interoperability	MVP participants will report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category due to clinician type, special status, or an approved Promoting Interoperability Hardship Exception Application. Subgroups will submit Promoting Interoperability data at the group level, not the subgroup level.

MVP Candidate Submission

Overview

CMS invites the general public to submit MVP candidates for CMS consideration and potential implementation through future rulemaking.

- Candidate MVP submissions can be submitted on a rolling basis throughout the performance year for 2027 and future rulemaking.
- Complete the MVP Development Standardized Template.
- This process is **separate** from the annual Call for Quality Measures, Call for Improvement Activities, Call for Cost Measures, QCDR Self-Nomination, and Solicitation for Specialty Set recommendations.



Submit completed MVP
Development Standardization
Templates to
PIMMSMVPSupport@gdit.com
for CMS evaluation.

2025 Needs and Priorities

- We encourage the general public to review the 2025 MVP Needs and Priorities and consider:
 - Submitting candidates that cover one of the specialties/clinical topics below, and
 - Assist in addressing identified gaps in the availability of improvement activities, quality measures, and cost measures for priority MVP candidate topics.
- The following specialties are identified as priorities for MVP development based on the lack of MVPs currently available for the specialty:
 - Allergy/Immunology
 - Endocrinology
 - Hospitalists
 - Musculoskeletal (Pain Management)
 - Diagnostic Radiology
 - Interventional Radiology
 - Optometry
 - Pathology
 - Plastic Surgery
 - Podiatry
 - Speech Language Pathology
 - Vascular Surgery

General Guidance

MVP candidates must follow the MVP guiding principles:

- Consist of limited, connected, complementary sets of measures and activities that are meaningful to clinicians;
- Include measures and activities resulting in comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care;
- Promote subgroup reporting that comprehensively reflects the services provided by multispecialty groups;
- Include measures selected using the Meaningful Measures 2.0 approach and, wherever possible, include the patient voice;
- Reduce barriers to Alternative Payment Model (APM) participation by including measures that are part of APMs and by linking cost and quality measurement; and
- Support the transition to digital quality measures.

For additional guidance, view the [MVP Candidate Development & Submission](#) website or download the [MIPS Value Pathways Development Resources \(ZIP, 1MB\)](#).



Quality Measure Guidance

- Consider whether the quality measures are applicable to the MVP topic and the clinicians and/or groups providing care.
 - Note the available collection types of a given quality measure.
 - If possible, include QCDR measures that meet all requirements for inclusion.
 - The current inventory of MIPS quality measures and QCDR measures include both cross-cutting and specialty/clinical topic specific quality measures.
- The current MIPS quality measures list and their associated specialty set and measure properties are available in the 2025 MIPS Quality Measures List and 2025 Cross-Cutting Quality Measures on the [QPP Resource Library](#) for more information.
- The current QCDR measures list and measure properties are available in the 2025 QCDR Measure Specifications on the [QPP Resource Library](#) for more information.



Improvement Activities Guidance

- Prioritize activities that best drive the quality of performance addressed in the MVP topic.
- Improvement activities should complement and/or supplement the quality action of the measures in the MVPs candidate submissions, rather than duplicate it.
- The inclusion of health equity focused improvement activities is encouraged; review the 2025 Improvement Activities Inventory on the [QPP Resource Library](#).



Cost Measure Guidance

- MVPs must include a cost measure to be considered as a viable MVP candidate.
- The current inventory of cost measures includes population-based cost measures and episode-based cost measures (EBCMs).
 - Procedural episode-based cost measures apply to clinicians (such as orthopedic surgeons) that perform procedures of a defined purpose or type.
 - Acute episode-based cost measures cover clinicians (such as hospitalists) who provide care for specific acute conditions requiring a hospital stay.
 - Setting episode-based cost measures apply to clinicians who provide care to patients in specific settings (e.g., emergency department).
 - Chronic condition episode-based cost measures account for the ongoing management of a disease or condition.
- Population-based cost measures assess episodes of care built around a patient's admission to an inpatient hospital (Medicare Spending Per Beneficiary [MSPB] Clinician measure) and overall costs of care reflecting an ongoing primary care-type relationship (Total Per Capita Cost [TPCC] measure).

MVP Candidate Submission and Review Process

2025 MVP Development Standardization Template

- Those who wish to have their MVP candidate considered by CMS for potential implementation beginning with the 2027 performance year and future years should leverage the **MVP Development Standardized Template** available on the [QPP Resource Library](#).
- The MVP candidate must include measures and activities across the quality, cost, and improvement activities performance categories.
- Each MVP includes what is referred to as the foundational layer, which includes the entire set of Promoting Interoperability measures and 2 population health measures:
 - Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups, and
 - Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

2025 MVP Development Standardization Template (Continued)

Those who wish to submit an MVP candidate must complete Table 1 and Table 2A of the template for CMS to consider the submission.

- Table 1 includes high-level descriptive information such as the MVP Name, Point(s) of Contact, Intent of Measurement, Measure and Activity Linkages within the MVP, Appropriateness, Comprehensibility, and Incorporation of the Patient Voice.
- Table 2A includes the specific quality measures, improvement activities, and cost measures for the MVP candidate submission.

QUALITY MEASURES	IMPROVEMENT ACTIVITIES	COST MEASURES
<p>For each measure, provide:</p> <ul style="list-style-type: none">• Measure ID• CBE#, if applicable• Measure Title• Collection Type(s)• Rationale for Inclusion	<p>For each activity, provide:</p> <ul style="list-style-type: none">• Improvement Activity ID• Improvement Activity Title• Rationale for Inclusion	<p>For each measure, provide:</p> <ul style="list-style-type: none">• Measure ID, if applicable• Measure Title• Rationale for Inclusion

- Tables 2B and 2C are pre-filled with the foundational layer measures for each MVP candidate submission.

CMS Evaluation

- CMS will conduct an internal review of the MVP candidate and reach out to the MVP submitter with questions, if necessary.
- If CMS determines a meeting is needed, they will engage in an iterative dialogue with the MVP submitter.
- CMS may require the submitter to collaborate with similar groups to help ensure MVP candidates meet clinician and patient needs.

MVP Candidate Feedback – General Public

General Public:

- 2026 MVP candidates will be available for review on the QPP website for 45 days, beginning **December 11**.
- The general public can review MVP candidates and submit feedback and recommendations to PIMMSMVPsupport@gdit.com for CMS' consideration.
- This process doesn't apply to previously finalized MVPs.

MVP Candidate Feedback – CMS



Will display the feedback received on the MVP candidates on the QPP website following the 45-day candidate feedback period.



Will review feedback and determine whether to incorporate recommendations into an MVP candidate before potentially proposing in rulemaking. Please note, it is possible not all MVP candidates will be proposed in rulemaking.



Won't post feedback that is considered unrelated to the MVP candidates.



Won't respond directly to any feedback received.



Won't consult with the group or organization that submitted the MVP candidate (or with the interested party that submitted feedback on an MVP candidate) in advance of proposing new MVPs through rulemaking.

2026 Potential MVP Candidates

Interventional Radiology	Interventional Radiology
Diagnostic Radiology	Diagnostic Radiology
Neuropsychology	Neuropsychology
Podiatry	Podiatry
Pathology	Pathology
Vascular Surgery	Vascular Surgery

Rulemaking Process

- CMS will identify proposed MVP candidates through the Physician Fee Schedule (PFS) Notice of Proposed Rulemaking.
- CMS will indicate finalized MVPs exclusively through the Medicare PFS Final Rule. The submission of an MVP candidate doesn't mean it will be selected or implemented in future years.
- While the goal is for this to be a collaborative process CMS, as the governing agency, will make final determinations about MVPs.

MVP Maintenance

Overview and Process

How to recommend changes to a previously finalized MVP

- The general public can submit recommendations on a rolling basis for proposed revisions to established MVPs.
- Recommended changes should be submitted by email (PIMMSMVPsupport@gdit.com) and be broken down by performance category.

What to submit

- Include the title of the MVP along with a description of the recommended change(s) by performance category.
- Refer to the table format in the [MVP Maintenance Process \(PDF\)](#) for submitting your recommendation(s).

[MVP Title]	
Performance Category	Requested Change and Rationale
Quality	
Improvement Activities	
Cost	
Foundational Layer – Population Health	
Foundational Layer – Promoting Interoperability	

Maintenance Public Feedback Webinar

What happens after you submit feedback?

- CMS will evaluate recommendations submitted to the PIMMSMVPSupport@gdit.com mailbox and determine if they're appropriate and align with the broader vision for the MVP. We may share recommendations that meet these criteria utilizing various platforms, including but not limited to a live webinar, alternative webinar formats, and other public communication channels as deemed appropriate. Any potential changes to MVPs will be addressed through future rulemaking.
- CMS won't communicate with the general public about whether recommendations were accepted outside of rulemaking and will ultimately decide whether updates to established MVPs should be made.

Recommending Changes to Existing MIPS Measures and Improvement Activities within an MVP

Modifications to existing MIPS measures and improvement activities in traditional MIPS, including removal from the inventory, will be reflected in any MVPs that include those measures and activities. For requests to change existing individual MIPS measures and activities:

- Changes to MIPS quality measures may be submitted for consideration during the proposed rulemaking comment cycle, or by contacting the measure steward directly.
- Changes to existing improvement activities and cost measures may be submitted for consideration through the annual Call for Measures and Activities.

Help and Support

MVP Resources

For more information on MVPs, please visit the following webpages or download new/helpful QPP resources:

- [MVP Learning Experience webpage](#)
- [2025 Finalized MIPS Value Pathways Guide \(PDF, 3MB\)](#)
- [MVPs Overview Video](#)

CMS encourages you to review MVPs resources and past webinars:

- Review the [2025 QPP Policies Final Rule Fact Sheet \(PDF, 2 MB\)](#)
- Review previous MVPs webinar slide deck and recording on the [QPP Webinar Library](#)

Quality Payment Program Service Center

Contact the QPP Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET)

People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant



Q&A

How to Ask a Question

- Raise your hand and we'll unmute your line, or you can submit your question via the Q&A box
- You must have a working microphone to ask your question live
- Speakers will address as many questions as time allows

Reminder: The slide deck, recording, and transcript from today's presentation will be posted to the [QPP Webinar Library](#) in the coming weeks

