

Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) Development and Maintenance Webinar



MVPs Overview

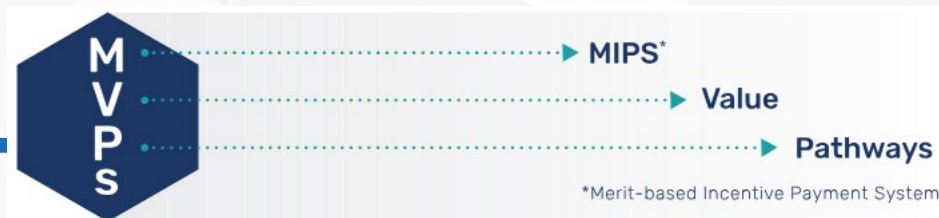
Why MVPs?

Since the Quality Payment Program (QPP) launched in 2017, CMS has taken incremental steps to update both the 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

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 Centers for Medicare & Medicaid Services' (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

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Traditional MIPS

MIPS Value Pathway (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

MVP Participation Requirements

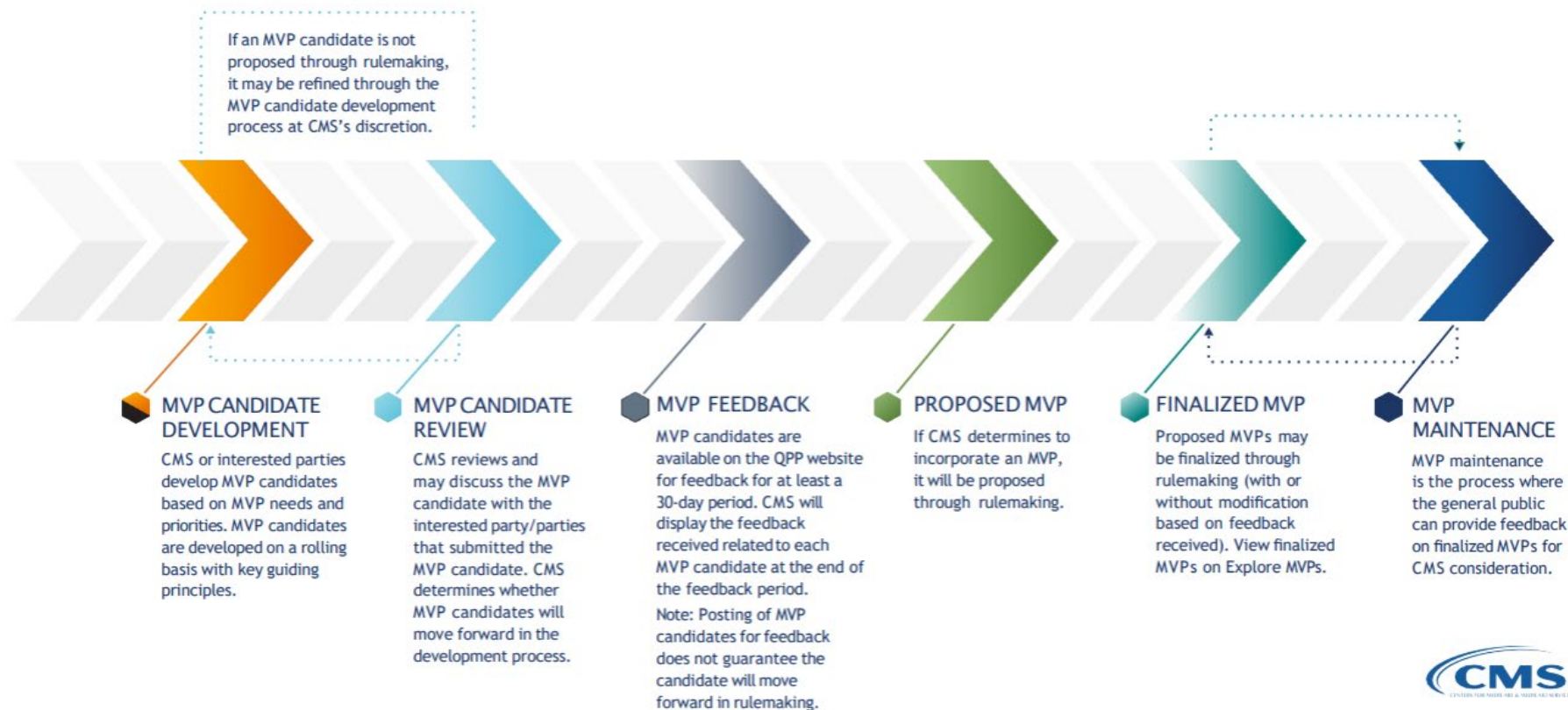
- MVPs became available with the 2023 performance year.
- For the 2026 and future performance years, MVP participants are defined as:
 - Individual MIPS eligible clinicians
 - Single specialty groups
 - Multispecialty groups* with a small practice designation
 - Subgroups*
 - APM Entities
- Medicare Part B claims is utilized as the data source for determining specialty type.

* Beginning in the 2026 performance year, multispecialty groups without a small practice designation (TIN consisting of 15 or fewer eligible clinicians) are required to form subgroups to report MVPs. See the [Transition from Traditional MIPS to MVPs graphic \(PDF, 570KB\)](#) on the prior slide for more information.

Reminder:

Opt-in participants, voluntary participants and virtual groups can't register for MVP reporting.

MVP Development Process



MVP Registration

MVP Participants must register in advance to report an MVP. For the any performance year, you must register between **April 1 – November 30**.



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 was **voluntary** for the 2023, 2024, and 2025 performance years.
 - Beginning with the **2026 performance year**, multispecialty groups that report through an MVP will have to report as subgroups unless they meet the small group designation.
- 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 **won't** 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 **doesn't** meet the criteria.
 - Subgroups won't 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.

*View regulatory language [42 CFR 414.1400\(b\)\(1\)\(ii\)](#).

2026 MVP Policy Updates

Overview

In the [calendar year \(CY\) 2026 Physician Fee Schedule \(PFS\) Final Rule](#), we finalized:

- 6 new MVPs for reporting beginning with the 2026 performance year.
- Modifications to all previously finalized MVPs.
- Additional flexibilities to allow third party intermediaries additional time to fully support finalized MVPs.

For more information on the MVPs finalized in this rule, review the [2026 Finalized MVPs Guide \(PDF, 1MB\)](#) and the [2026 QPP Policies Final Rule Fact Sheet and Policy Comparison Table \(PDF, 998KB\)](#).

Newly Finalized 2026 MVPs

| Most Applicable Specialty | MVP Title |
|---------------------------|--------------------------|
| Diagnostic Radiology | Diagnostic Radiology |
| Interventional Radiology | Interventional Radiology |
| Neuropsychology | Neuropsychology |
| Pathology | Pathology |
| Podiatry | Podiatry |
| Vascular Surgery | Vascular Surgery |

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 |
| Optometry/ Ophthalmology | Comprehensive Ocular Care |
| Stroke Care and Prevention | Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes |
| Dermatology | Dermatological Care |

Note: All previously finalized MVPs have been finalized with modifications

Previously Finalized MVPs

| | |
|------------------------------|--|
| Women's Health | Focusing on Women's Health |
| Gastroenterology | Gastroenterology Care |
| Surgical Joint Repair | Improving Care for Lower Extremity Joint Repair |
| Nephrology | Optimal Care for Kidney Health |
| Urology | Optimal Care for Patients with Urologic Conditions |
| Anesthesia | Patient Safety and Support of Positive Experiences with Anesthesia |
| Infectious Disorders | Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV |

Note: All previously finalized MVPs have been finalized with modifications

Previously Finalized MVPs

| | |
|---------------------------------|---|
| Pulmonology | Pulmonology Care |
| Neurological Conditions | Quality Care for Patients with Neurological Conditions |
| Otolaryngology | Quality Care for the Treatment of Ear, Nose, and Throat Disorders |
| Mental Health and Substance Use | Quality Care in Mental Health and Substance Use Disorders |
| Musculoskeletal Care | Rehabilitative Support for Musculoskeletal Care |
| Surgery | Surgical Care |
| Primary Care | Value in Primary Care |

Note: All previously finalized MVPs have been finalized with modifications

Third Party Intermediaries

In the [CY 2026 PFS Final Rule](#), CMS finalized the following policy:

- QCDRs and Qualified Registries must be ready to support any applicable MVPs **no later than 1 year** after the MVP is finalized (e.g., a QCDR/Qualified Registry will have until January 1, 2027, instead of January 1, 2026, to prepare and support an MVP finalized for the 2026 performance year).
- This will provide QCDRs and Qualified Registries time to prepare for data collection of newly finalized MVPs that are applicable to their clinicians and avoid withdrawal/termination.

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 | IA_PCMH: Electronic submission of Patient Centered Medical Home Accreditation isn't included in the MVP tables. However, in accordance with § 414.1380(b)(3)(ii), MIPS eligible clinicians in a practice that are certified or recognized as a patient-centered medical home or comparable specialty practice, as determined by the Secretary, may attest to IA_PCMH and receive an improvement activities performance category score of 100 percent (81 FR 77179 through 77180) when reporting an MVP. |
| Cost | CMS calculates your scores automatically using administrative claims data, so clinicians don't need to choose which cost measure to report in an MVP. Note, if a cost performance category score can't 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 2028 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
MVPsupport@cms.hhs.gov
for CMS evaluation.

2026 Needs and Priorities

- We encourage the general public to review the 2026 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 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
 - Plastic Surgery
 - Speech Language Pathology

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 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 2026 MIPS Quality Measures List and 2026 Cross-Cutting Quality Measures on the [QPP Resource Library](#) for more information.
- The current QCDR measures list and measure properties are available in the 2026 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.
- Review the 2026 Improvement Activities Inventory on the [QPP Resource Library](#).

New improvement activities may be submitted using the Call for Measures and Activities process outlined on [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

2026 MVP Development Standardization Template

- Those who wish to have their MVP candidate considered by CMS for potential implementation beginning with the 2028 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 MIPS Groups, and
 - Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

2026 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 |
|---|---|---|
| For each measure, provide: <ul style="list-style-type: none">• Measure ID• CBE#, if applicable• Measure Title• Collection Type(s)• Rationale for Inclusion | For each activity, provide: <ul style="list-style-type: none">• Improvement Activity ID• Improvement Activity Title• Rationale for Inclusion | For each measure, provide: <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 Period – General Public

- If the submitted MVP candidate is determined feasible, CMS will publish the MVP candidate(s) on the QPP website to solicit feedback for at least a 30-day* candidate feedback period.
- The general public can review MVP candidates and submit feedback and recommendations to MVPSupport@cms.hhs.gov for CMS' consideration.
- Posting of MVP candidates for feedback doesn't guarantee the candidate will move forward in rulemaking.
- This process doesn't apply to previously finalized MVPs.

2027 MVP candidates will be available for review on the QPP website for 30 days, beginning Monday, January 5, 2026.

*At CMS' discretion the MVP Candidate Feedback Period may extend up to 45 days.

MVP Candidate Feedback – CMS



Will display the feedback received on the MVP candidates on the QPP website following the 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.

2027 Potential MVP Candidates

| | |
|--|---------------------------|
| Endocrinology/ Ophthalmology/ Podiatry/Internal Medicine/Primary Care | Diabetic Disease |
| Hospitalist/Critical Care (Intensivists) | Hospitalist/Critical Care |
| Cardiology/Internal Medicine/Primary Care/Nephrology | Hypertension |

Rulemaking Process

- CMS will identify proposed MVP candidates through the PFS Notice of Proposed Rulemaking.
- CMS will indicate finalized MVPs exclusively through the 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

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.

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 (MVPsupport@cms.hhs.gov) 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 | |

Maintenance Public Feedback Webinar

What happens after you submit feedback?

- CMS will evaluate recommendations submitted to the MVPsupport@cms.hhs.gov 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 Quality and Cost 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](#)
- [2026 Finalized MIPS Value Pathways Guide \(PDF, 1MB\)](#)
- [Transition from Traditional MIPS to MVPs Graphic](#)
- [MVPs Overview Video](#)

CMS encourages you to review MVPs resources and past webinars:

- Review the [2026 QPP Policies Final Rule Fact Sheet \(PDF, 696KB\)](#)
- Review previous MVPs webinar slide deck and recording on the [QPP Webinar Library](#)

Quality Payment Program Service Center

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

People who are hearing impaired can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant

