

Quality Payment PROGRAM



Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate 2027 Performance Year Hypertension MVP

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the [MVP Candidate Feedback Process](#) on the Quality Payment Program (QPP) website.

Note: This document is for 2027 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2026 performance year.

MVP Candidate Feedback Instructions

Review the measures and activities included in [TABLE 1: Hypertension MVP](#) below.

MVP candidate feedback should be submitted to MVPsupport@cms.hhs.gov for Centers for Medicare & Medicaid Services (CMS) consideration between January 5, 2026, and 11:59 p.m. ET on February 6, 2026.

Please include the following information in the email:

- **Subject Line:** Draft 2027 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS will publish feedback received and considered relevant to a draft 2027 MVP candidate on the QPP website.

TABLE 1: Hypertension MVP

Hypertension MVP – Quality and Cost Clinical Grouping				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Prevention	Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	TPCC_1: Total Per Capita Cost
	Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	No	No	
Treatment and Control	Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	TPCC_1: Total Per Capita Cost
	Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	Yes	Yes	
Advancing Health and Wellness	Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	TPCC_1: Total Per Capita Cost
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	No	No	
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	TPCC_1: Total Per Capita Cost
	Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	Yes	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	

Hypertension Improvement Activities

- **IA_AHW_1:** Chronic care and preventative care management for empaneled patients
- **IA_BE_16:** Promote Self-management in Usual Care
- **IA_BMH_2:** Tobacco use
- **IA_CC_10:** Care transition documentation practice improvements
- **IA_PM_5:** Engagement of community for health status improvement

- **IA_PM_19:** Glycemic Screening Services
- **IA_PM_20:** Glycemic Referring Services
- **IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk
- **IA_PSPA_16:** Use of decision support —ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs
- **IA_PSPA_28:** Completion of an Accredited Safety or Quality Improvement Program

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • PI_PPHI_1: Security Risk Analysis • PI_PPHI_2: High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • PI_EP_1: e-Prescribing • PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP) • PI_PEA_1: Provide Patients Electronic Access to Their Health Information • PI_HIE_1: Support Electronic Referral Loops By Sending Health Information <p>AND</p> <ul style="list-style-type: none"> • PI_HIE_4: Support Electronic Referral Loops By Receiving and Reconciling Health Information <p>OR</p> <ul style="list-style-type: none"> • PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange <p>OR</p> <ul style="list-style-type: none"> • PI_HIE_6: Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • PI_PHCDRR_1: Immunization Registry Reporting • PI_PHCDRR_2: Syndromic Surveillance Reporting (Optional) • PI_PHCDRR_3: Electronic Case Reporting • PI_PHCDRR_4: Public Health Registry Reporting (Optional) • PI_PHCDRR_5: Clinical Data Registry Reporting (Optional) • PI_PHCDRR_6: Public Health Reporting Under TEFCA (Optional) • PI_ONCACB_1: ONC-ACB Surveillance Attestation (Optional) • PI_INFLO_1: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation • PI_ONCDIR_1: ONC Direct Review Attestation