

MIPS

Value Pathways

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Starting with performance year 2023, MIPS eligible clinicians, group practices (i.e., Taxpayer Identification Number or TIN), subgroups of TINs and APM Entities have the option to participate in the Merit-Based Incentive Payment System (MIPS) under a new framework known as MIPS Value Pathways or MVPs. MVPs are intended to streamline the MIPS participation experience by connecting activities and measures across the four MIPS performance categories that are relevant to a specific specialty, condition or population.

WHAT MVPS ARE AVAILABLE THIS YEAR?

For 2024, MIPS participants may choose from 16 MVPs, which are listed in the table below. CMS continues to work with specialties to develop additional MVPs for future implementation.

MVPS AVAILABLE FOR REPORTING IN 2024		
Advancing Cancer Care	Optimal Care for Kidney Health	Optimal Care for Patients with Episodic Neurological Conditions
Supportive Care for Neurodegenerative Conditions	Value in Primary Care	Patient Safety and Support of Positive Experiences with Anesthesia
Adopting Best Practices and Promoting Patient Safety with Emergency Medicine	Improving Care for Lower Extremity Joint Repair	Advancing Care for Heart Disease
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	Advancing Rheumatology Patient Care	Focusing on Women’s Health
Prevention and Treatment of Infectious Disorders Including Hep C and HIV	Quality Care for the Treatment of Ear, Nose and Throat Disorders	Quality Care in Mental Health and Substance Use Disorders
Rehabilitative Support for Musculoskeletal Care		

WHAT ARE THE REPORTING REQUIREMENTS ASSOCIATED WITH MVPS?

MVP reporting requirements are outlined in the table below. Note that the Quality and Improvement Activities categories require the reporting of fewer measures/activities than traditional MIPS. However, the Cost and Promoting Interoperability categories largely mirror traditional MIPS. Also note that all MVPs include a set of population health-focused administrative claims-based quality measures. As noted below, MVP participants will select one of those measures, and CMS will calculate performance on the measure automatically, similar to Cost measures, if the participant meets a measure’s case minimum.

QUALITY REQUIREMENTS	IMPROVEMENT ACTIVITIES REQUIREMENTS	COST REQUIREMENTS
MVP participants must select 4 quality measures from the MVP measure inventory. One of the measures they select must be an outcome or a high priority measure.	MVP participants must select: Two medium-weighted improvement activities OR One high-weighted improvement activity OR Participate in a certified or recognized patient centered medical home (PCMH) or comparable specialty practice.	CMS calculates an MVP participant’s performance only on the cost measures that are included in the MVP based on administrative claims data, if the participant meets the measure’s case minimum.

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QUALITY REQUIREMENTS	IMPROVEMENT ACTIVITIES REQUIREMENTS	COST REQUIREMENTS
FOUNDATIONAL LAYER		
Population Health Measures	Promoting Interoperability Requirements	
MVP participants must select 1 population health measure. The results of the population health measure are added to their quality performance score. CMS will calculate performance on this measure automatically if the participant meets the measure’s case minimum.	The PI requirements for MVPs are the same as traditional MIPS, unless the MVP participant qualified for automatic reweighting or has an approved hardship exception.	

MVP scoring policies also largely mirror those of traditional MIPS. An MVP participant will receive a final score based on the same performance category weights used in traditional MIPS, and the same performance category weight redistribution policies apply. For example, if an MVP participant meets the criteria for “hospital-based,” they will be exempt from having to satisfy the Promoting Interoperability category.

WHAT IS SUBGROUP REPORTING?

Multispecialty groups participating in MIPS through an MVP will have the option to create subgroups to report performance information that is relevant to specific specialists or care teams within the larger group. CMS defines a subgroup as a subset of clinicians within a group (identified by a single TIN), which contains at least 2 clinicians, 1 of whom is an individually eligible MIPS eligible clinician. Note that a subgroup may not include clinicians from a different TIN (which would instead be accommodated through the [Virtual Group option](#)).

At this time, CMS has not yet proposed any restrictions on the composition of a subgroup other than limiting an individual clinician to only one subgroup within a group. However, CMS is exploring options for allowing clinicians to participate in multiple subgroups in the future. Additionally, practices may participate as multiple subgroups and therefore report to more than one MVP based on clinical relevance. A subgroup, for example, could include all the physiatrists in a multi-specialty practice who wish to report on a more focused set of measures/activities. Alternatively, a subgroup could include only the clinicians who work at a specific clinic within a larger practice and collaborate on patient care—(e.g., orthopedic surgeons, physiatrists, physical therapists and nurse practitioners).

Although subgroup reporting is currently voluntary for MVP participants, beginning in performance year 2026, multispecialty groups will be required to form subgroups in order to report MVPs. Those who choose to continue to participate in traditional MIPS are not required to form subgroups.

DO I NEED TO REGISTER FOR AN MVP?

Yes. Those who would like to report via an MVP must register with CMS between **April 1 and December 2, 2024**. Participants will not be able to make changes to their registration after that deadline. CMS will make a registration guide available through the [QPP Resource Library](#) in 2024, outlining the steps needed to complete your registration.

At the time of registration, participants will need to select the MVP they would like to report, as well as one population health measure included in the MVP. Note that there are additional registration requirements for subgroups.

MVP participants may still report through traditional MIPS even if they already registered for MVP reporting. However, you may not report on an MVP that you did not register for during the MVP registration window.

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CAN I PARTICIPATE THROUGH BOTH AN MVP AND TRADITIONAL MIPS?

Yes. If a MIPS eligible clinician participates via multiple pathways, they will receive the highest final score that can be attributed to their TIN/NPI combination from any reporting option (traditional MIPS, MVPs or the [APM Performance Pathway](#)) and participation option (as an individual, group, subgroup or APM Entity).

WHERE CAN I FIND ADDITIONAL INFORMATION?

Additional information about MVPs can be found [here](#), as well as through the [QPP Resource Library](#).