

# MIPS

## Value Pathways

### MIPS Value Pathways (MVPs)

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 2026, MIPS participants may choose from 27 MVPs, which are listed in the table below. This includes 6 new MVPs added starting with performance year 2026. Additionally, CMS finalized changes to the 21 previously finalized MVPs. CMS continues to work with specialties to develop additional MVPs for future implementation.

MVPs AVAILABLE FOR REPORTING IN 2025		
Advancing Cancer Care	Optimal Care for Kidney Health	Quality Care for Patients with Neurological Conditions <sup>^</sup>
Rehabilitative Support for Musculoskeletal Care	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
Complete Ophthalmologic Care	Dermatological Care	Gastroenterology Care
Optimal Care for Patients with Urologic Conditions	Pulmonology Care	Surgical Care*
Diagnostic Radiology*	Interventional Radiology*	Neuropsychology*
Pathology*	Podiatry*	Vascular Surgery*

#### 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.

<sup>^</sup> Beginning with the 2025 MIPS performance period, CMS consolidated the previously finalized Optimal Care for Patients with Episodic Neurological Conditions and the Supportive Care for Neurodegenerative Conditions MVPs into a single consolidated neurological MVP.

\* New MVPs beginning with the 2026 MIPS performance period.

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Also note that all MVPs include a set of population health-focused administrative claims-based quality measures. As noted below, CMS will automatically calculate all available population-health measures that meet the required case minimum and apply the highest scoring measure to the participant's quality score.

QUALITY REQUIREMENTS	IMPROVEMENT ACTIVITIES REQUIREMENTS	COST REQUIREMENTS
<p>MVP participants must select 4 quality measures from their selected MVP. One of the measures they select must be an outcome or a high priority measure (if an outcome is not available or applicable).</p>	<p>MVP participants must attest to 1 activity.</p>	<p>Unlike traditional MIPS, CMS calculates an MVP participant's performance on only the cost measures that are included in the MVP based on administrative claims data (no reporting requirement). Similar to traditional MIPS, participants are only scored on a cost measure if they meet the measure's case minimum.</p> <p>Since most MVPs only include 1 or 2 cost measures, this policy protects MVP participants from potentially being held accountable for other cost measures in the MIPS inventory, as is the case under traditional MIPS.</p>
FOUNDATIONAL LAYER		
Population Health Measures	Promoting Interoperability Requirements	
<p>Starting in 2025, CMS will calculate all available population health measures for an MVP participant and then apply the highest scoring population health measure to their quality performance score.</p> <p>For the 2026 performance period there are two population health measures included in every MVP:</p> <ul style="list-style-type: none"> <li>• Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the MIPS Groups (only applicable to groups and APM Entities; CMS will score this measure if the reporting entity has at least 16 clinicians and at least 200 attributed cases).</li> <li>• Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (only applicable to groups and APM Entities; CMS will only score this measure if the reporting entity has at least 16 clinicians and at least 18 attributed cases).</li> </ul>	<p>The PI requirements for MVPs are the same as traditional MIPS, unless the MVP participant qualifies for automatic reweighting or has an approved hardship exception from the category under traditional MIPS policies.</p>	

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 and the weight of that category would be shifted to another category.

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### WHAT IS SUBGROUP REPORTING?

Starting in 2026, groups that meet CMS' definition of "multi-specialty" and opt to participate in MIPS through an MVP are required to create subgroups to report performance information that is relevant to specific specialists or care teams within the larger group.

- CMS defines a multispecialty group as a group that consists of clinicians in 2 or more specialty types or clinicians involved in multiple foci of care. In contrast, a single specialty group means a group that consists of clinicians in one specialty type or clinicians involved in a single focus of care.
- 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](#)).

Currently, CMS provides groups with the flexibility to attest to their specialty composition (i.e., whether it meets the definition of single specialty group or multispecialty group) during the MVP registration process, which means the group has some control over determining whether it must break into subgroups in order to participate via MVPs. Note that multispecialty groups that opt to participate in MIPS through an MVP and meet the definition of small practice are NOT required to create subgroups for purposes of reporting. This is the only multispecialty practice type that may continue to report MVPs at the group level.

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). Additional examples of subgroup participation can be found in this [CMS guide](#).

Those who choose to continue to participate in traditional MIPS are not required nor allowed 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 November 30, 2026**. Groups or subgroups reporting the CAHPS for MIPS Survey as part of an MVP must complete MVP registration by June 30, 2026, to align with the CAHPS for MIPS registration deadline. Participants will not be able to make changes to their registration after the applicable deadline. A [CMS registration guide](#) outlines the steps needed to complete your registration.

At the time of registration, participants will need to select the MVP they would like to report and indicate if they plan to count any administrative claims measures and/or the CAHPS for MIPS Survey measure towards the four required quality measures. Note that there are additional registration requirements for subgroups, as discussed earlier.

MIPS participants may not report on an MVP that they 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).

CMS has made clear on numerous occasions that it plans to eventually sunset traditional MIPS, at which point MVPs would be mandatory for all MIPS participants. Also, while CMS has not yet set a date for this transition, it encourages participants to begin testing the use of MVPs to prepare for the future. Since MVP measures are a subset of traditional MIPS measures, participants might want to try submitting data via both pathways in 2026 and evaluate which pathway leads to the most favorable score.

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### WHERE CAN I FIND ADDITIONAL INFORMATION?

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