

# Quality Payment PROGRAM



## SUBMITTING MIPS VALUE PATHWAYS (MVP) CANDIDATES: INSTRUCTIONS AND TEMPLATE

### Background

#### Purpose

The Centers for Medicare & Medicaid Services (CMS) invites interested parties to submit Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) candidates for CMS' consideration and potential implementation through future rulemaking.

This solicitation is separate from the annual Call for Quality Measures, Call for Improvement Activities, and Solicitation for Specialty Set Recommendations.

#### About MVPs

Through MVP implementation and reporting, CMS aims to improve patient outcomes, allow for more meaningful reporting by specialists and other MIPS eligible clinicians, and reduce burden and complexity associated with selecting from a large inventory of measures and activities found under traditional MIPS.

MVPs provide a pathway for clinicians to report on an applicable clinical topic based on their specialty, their focus on a medical condition, or the setting in which they provide patient care. CMS has identified priority specialties and clinical topics for MVP development. Interested parties are encouraged to submit MVPs that address these priority areas. The 2026 MVP Needs and Priorities document provides additional information and is available in the QPP webpage, link provided here [MVP Candidate Development & Submission](#).

The MVP framework strives to link measures and improvement activities that address a common clinical theme across the 4 MIPS performance categories. More details regarding the intent of the MVP framework can be found on the [QPP webpage](#).

While interested party feedback in MVP development is appreciated, ultimately CMS will determine if a given MVP candidate will move forward through rulemaking. CMS owns all MVPs that are established through notice and comment rulemaking. CMS will determine if the MVP is appropriate and responsive to the needs and priorities of the Agency, Department, and Administration. In addition to determining if an MVP candidate aligns with programmatic needs, CMS will also determine when an MVP candidate is ready for proposal through rulemaking for future implementation.

In the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule, we finalized the modification of the MVP development process to include a 30 day feedback period for interested parties to submit feedback on candidate MVPs before they are potentially included in a notice of proposed rulemaking. At the discretion of CMS and when possible, we will extend the 30 day feedback period up to 45 days to give interested parties additional time to provide feedback.

All MVPs, whether they are new or existing MVPs with updates, must undergo notice and comment rulemaking and are subject to the public comment period. If CMS determines that additional changes are needed for an MVP once it's implemented, CMS may take additional steps through notice and comment rulemaking to make updates.

## MVP Candidate Submission Instructions and Template

### Introduction

Use the standardized template below to submit an MVP candidate for consideration. MVP candidate submissions should include measures and activities across the quality, cost, and improvement activities performance categories. In addition to these core performance categories, each MVP candidate includes what is referred to as the foundational layer, which includes the Promoting Interoperability performance category measures and two population health measures:

- Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System (MIPS) Groups; and,
- Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

The foundational layer measures are prefilled in the template (Tables 2B and 2C) because they are required across all MVP candidates and can't be changed. The Promoting Interoperability performance category measure specifications are available on the [QPP webpage](#).

Complete and submit Table 1 and Table 2A of the template below for each intended MVP candidate. **Both tables must be completed for CMS to consider your submission.**

- Table 1 should include high-level descriptive information as outlined below.
- Table 2A should include the specific quality measures, improvement activities, and cost measures for the MVP candidate submission.
  - CMS isn't prescriptive regarding the number of measures and activities included in an MVP as long as there are a sufficient number of measures and activities to meet the reporting requirements; therefore, when completing Table 2A, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.
  - 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).
  - IA\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways is included in all MVPs as it was developed specifically for MVP reporting.

Additional guidance and considerations for completing Table 2A are in the [Appendix](#).

### MVP Candidate Content and Review Process

CMS encourages MVP submissions to include quality and cost measures, as well as improvement activities that are currently available in MIPS. To view all MIPS measures and improvement activities, please visit the [Quality Payment Program \(QPP\) Resource Library](#) or review the most recent [Measures Under Consideration \(MUC\)](#) list. Measures and/or improvement activities not currently in the MIPS inventory will be required to follow the existing pre-rulemaking processes to be considered for inclusion within an MVP.

### Quality Measures

The current inventory of MIPS quality measures and Quality Clinical Data Registry (QCDR) measures include both specialty specific and cross-cutting quality measures. The following 2026 resources will be available on the [QPP Resource Library](#):

- 2026 MIPS Quality Measures List (XLSX)
- 2026 Cross-Cutting Quality Measures (PDF)
- 2026 QCDR Measure Specifications (XLSX)

QCDR measures may also be considered for inclusion in an MVP if the measure has met all requirements, including **being fully tested at the clinician level, and approved through the self-nomination process**.

In addition, as described in the CY 2022 PFS final rule, when developing MVP candidates, the interested parties should consider that:

- MVPs must include at least one outcome measure that is relevant to the MVP topic and each clinician specialty:
  - An outcome measure may include the following measure types: outcome, intermediate outcome, and patient-reported outcome-based performance measure.
    - For example, the *Patient Safety and Support of Positive Experiences with Anesthesia MVP* is a single specialty MVP developed to include an outcome measure related to care provided by this specialty.
  - If an outcome measure isn't available for a given clinician specialty, a high priority measure must be included and available for each clinician specialty included.
    - For example, the *Advancing Cancer Care MVP* contains one outcome measure, but also includes quality measures that are categorized as high priority in the instance the outcome measure isn't applicable.
  - Outcome-based administrative claims measures may be included to support the quality performance category of an MVP candidate.
    - For example, the *Improving Care for Lower Extremity Joint Repair MVP* contains an outcome-based administrative claims measure for use in the quality performance category.

### **Improvement Activities**

Improvement activities are broader in application and cover a wide range of clinician types and health conditions. Improvement activities that best drive the quality of care addressed in the MVP topic should be prioritized. Improvement activities should complement and/or supplement the quality action of the measures in the MVP candidate submission, rather than duplicate it.

The 2026 Improvement Activity Inventory is available at [Explore Measures and Activities](#). New improvement activities may be submitted using the 2026 Call for Measures and Activities process, which will be outlined at [QPP Resource Library](#).

### **Cost Measures**

The current inventory of cost measures covers different types of care. Episode-based cost measures assess specific clinically-related costs during a defined period, or “episode of care.” These measures can apply to clinicians and clinician groups who perform procedures (e.g., knee arthroplasty), treat patients during acute inpatient hospitalizations (e.g., stays for lower gastrointestinal hemorrhage), provide ongoing chronic condition management (e.g., ongoing diabetes care), or practice in certain settings (e.g., an emergency department).

There are also two broader measures (population-based cost measures) that assess overall costs of care. The Medicare Spending Per Beneficiary (MSPB) Clinician measure assesses costs of care for a patient's inpatient hospital stay during the period 3 days prior to a hospital stay through 30 days after discharge. The Total Per Capita Cost (TPCC) measure assesses the overall cost of care delivered to a patient with a focus on the primary care they receive from their providers.

The following cost measure information will be available on the [QPP website](#):

- MIPS 2025 Summary of Cost Measures (PDF): Provides an overview of the cost measures, their development, and estimated cost and clinician coverage metrics for the measures currently in use.
- Measure Information Form (ZIP): Describes the methodology used to construct each measure.
- Measure Codes List (ZIP): Contains service codes and clinical logic used in the methodology, including episode triggers, exclusion categories, episode subgroups, assigned items and services, and risk adjustors.

New cost measures may be submitted for consideration for use in the MIPS program using the 2026 Call for Measures and Activities process, which will be outlined on the [QPP Resource Library](#).

**Submission and Review Process**

MVP candidates can be submitted through the Call for MVPs process on a rolling basis throughout the year and will be considered for potential inclusion in the upcoming notice of proposed rulemaking. If finalized, implementation would begin with the CY 2027 performance period/2029 MIPS payment year.

CMS will review MVP candidates as they're received. CMS will use the MVP development criteria (see [Appendix](#) below) to determine if the MVP candidate is feasible.

CMS will also evaluate the quality and cost measures from a technical perspective to validate applicability to the clinician being measured for performance. CMS will review all potential specialty-specific quality or cost measures available in the MIPS inventory to ensure only the most appropriate measures are included in the MVP candidate.

CMS may reach out to submitters of MVP candidates on an as-needed basis should questions arise during the review process. Submitting an MVP candidate doesn't guarantee it will be considered or accepted for the rulemaking process. CMS won't communicate the status of an MVP candidate (i.e., approved, rejected, or considered for a future year) with those who submitted the candidate prior to the publication of the proposed rule.

**Completed MVP candidate templates (inclusive of Table 1 and Table 2A) should be submitted to [MVPsupport@cms.hhs.gov](mailto:MVPsupport@cms.hhs.gov) for CMS evaluation.**

**Table 1: Instructions and Template**

Please provide high-level information addressing the following topics: MVP Name, Primary/Alternative Points of Contact, Intent of Measurement, Measure and Activity Linkages with the MVP, Appropriateness, Comprehensibility, and Incorporation of the Patient Voice. A checklist of items is provided in Table 1 to provide further guidance.

**Table 1: MVP Descriptive Information**

MVP Name	<ul style="list-style-type: none"> <li>• Provide title that succinctly describes the proposed MVP.</li> <li>• CMS encourages a title suggesting action (for example: Improving Disease Prevention Management).</li> </ul>
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<p>Primary/Alternative Contact Names</p>	<ul style="list-style-type: none"> <li>• Primary point of contact: Provide full name, organization name, email, and phone number.</li> <li>• One or more alternative points of contact: Provide full name, email, and phone number.</li> </ul>
<p>Intent of Measurement</p>	<ul style="list-style-type: none"> <li>• What is the intent of the MVP?</li> <li>• Is the intent of the MVP the same at the individual clinician and group level?</li> <li>• Are there opportunities to improve the quality of care and value in the area being measured?</li> <li>• Why is the topic of measurement meaningful to clinicians?</li> <li>• Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so?</li> <li>• Is the MVP reportable by small and rural practices? Does the MVP consider reporting burden to those small and rural practices?</li> <li>• Which <a href="#">Meaningful Measure health care priority</a> does the MVP address?</li> </ul>
<p>Measure and Activity Linkages with the MVP</p>	<ul style="list-style-type: none"> <li>• How do the measures and activities within the proposed MVP link to one another? (For example, do the measures and activities assess different dimensions of care provided by the clinician or are they assessing the same clinical actions?). Linkages between measures and activities should be considered as complementary relationships.</li> <li>• Are the measures and activities related or a part of the episode of care or continuum of care offered by the clinicians?</li> <li>• Why are the chosen measures and activities most meaningful to the specialty?</li> </ul>
<p>Appropriateness</p>	<ul style="list-style-type: none"> <li>• Is the MVP candidate developed for multiple specialties or is it focused to a specific specialty? If so, has the MVP been developed collaboratively across specialties?</li> <li>• Are the measures clinically appropriate for the clinicians being measured?</li> <li>• Do the measures capture a clinically definable population of clinicians and patients?</li> <li>• Do the care settings captured by the measures represent those most appropriate for the specialty intended by the MVP?</li> <li>• Prior to incorporating a measure in an MVP, is the denominator of the measure inclusive of the intended specialty or sub-specialty?</li> </ul>
<p>Comprehensibility</p>	<ul style="list-style-type: none"> <li>• Is the MVP comprehensive and understandable by the clinician or group?</li> <li>• Will the intent of the MVP be meaningful to patients?</li> </ul>

## Incorporation of the Patient Voice

- Does the MVP take into consideration patients in rural and underserved areas?
- Were patients involved in the MVP development process? If so, how was their voice included in development of the MVP candidate?
- To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?

## Table 2A: Instructions and Template

Please use the [Table 2A](#) template format below to identify the quality measures, improvement activities, and cost measures for your MVP candidate. At a minimum, [Table 2A](#) should include measure/activity IDs, measure/activity titles, measure collection types, and rationale for inclusion. The number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

Generally, an MVP should include enough quality measures and improvement activities to allow MVP participants to select measures and activities to meet MIPS requirements. The total number of quality measures and activities represented within the MVP candidate may depend on their availability within MIPS.

- For example, the 2025 *Advancing Care for Heart Disease MVP* includes 17 quality measures and 18 improvement activities. Cardiac disease can encompass several conditions related to heart care; therefore, CMS has selected measures and improvement activities that are closely aligned to the topic and offer clinicians some choice.

Additionally, each MVP must include at least 1 cost measure relevant and applicable to the MVP topic. The number of cost measures in an MVP may vary depending on the clinical topic of the MVP.

The foundational layer of measures is included below ([Table 2B](#) and [Table 2C](#)) and is pre-filled for each MVP candidate submission and can't be changed.

Please refer to the [Appendix](#) below for further guidance regarding measure and activity selection.

**Table 2A: Quality Measures, Improvement Activities, and Cost Measures**

QUALITY MEASURES	IMPROVEMENT ACTIVITIES	COST MEASURES
For each measure, provide: <Measure ID> <CBE#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	For each activity, provide: <Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	For each measure, provide: <Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <CBE#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>

**Table 2B: Foundational Layer – Population Health Measures**

QUALITY #	MEASURE TITLE	COLLECTION TYPE	MEASURE TYPE / HIGH PRIORITY	NQS DOMAIN	HEALTH CARE PRIORITY	MEASURE STEWARD
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	CMS
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	Outcome	Effective Clinical Care	Promote Effective Prevention and Treatment of Chronic Disease	CMS

**Table 2C: Foundational Layer – Promoting Interoperability Measures**

OBJECTIVE	MEASURE ID AND TITLE	REQUIRED	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Protect Patient Health Information	<b>PI_PPHI_1:</b> Security Risk Analysis	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Protect Patient Health Information	<b>PI_PPHI_2:</b> High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Attestation	<b>PI_ONCDIR_1:</b> ONC Direct Review Attestation	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Attestation	<b>PI_INFBLO_2:</b> Actions to Limit or Restrict Compatibility or Interoperability of CEHRT	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.

OBJECTIVE	MEASURE ID AND TITLE	REQUIRED	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Electronic Prescribing	<b>PI_EP_1:</b> e-Prescribing	Yes	Yes	
Electronic Prescribing	<b>PI_EP_2:</b> Query of Prescription Drug Monitoring Program (PDMP)	Yes	Yes	
Provider to Patient Exchange	<b>PI_PEA_1:</b> Provide Patients Electronic Access to Their Health Information	Yes	No	
Health Information Exchange	<b>PI_HIE_1:</b> Support Electronic Referral Loops by Sending Health Information	Yes	Yes	The PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	<b>PI_HIE_4:</b> Support Electronic Referral Loops by Receiving and Reconciling Health Information	Yes	Yes	The PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	<b>PI_HIE_5:</b> Health Information Exchange (HIE) Bi-Directional Exchange	Yes	No	This measure may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_6.
Health Information Exchange	<b>PI_HIE_6:</b> Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)	Yes	No	This measure may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_5.
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_1:</b> Immunization Registry Reporting	Yes	Yes	

OBJECTIVE	MEASURE ID AND TITLE	REQUIRED	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_2:</b> Syndromic Surveillance Reporting	No	No	Bonus Promoting Interoperability measure.
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_3:</b> Electronic Case Reporting	Yes	Yes	
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_4:</b> Public Health Registry Reporting	No	No	Bonus Promoting Interoperability measure.
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_5:</b> Clinical Data Registry Reporting	No	No	Bonus Promoting Interoperability measure.
Public Health and Clinical Data Exchange	<b>PI_PHCDRR_6:</b> Public Health Reporting Using TEFCA	No	No	Bonus Promoting Interoperability measure.

## Appendix

### Additional Guidance and Considerations When Submitting an MVP Candidate

Consideration should be given to the following criteria when developing rationales for including measures and activities in your MVP candidate submission:

#### **Quality Measures:**

- Do the quality measures included in the MVP meet the existing quality measure inclusion criteria? (For example, does the measure align with current clinical guidelines?)
- Have the quality measure denominators been evaluated to ensure they are relatable in clinical topic, setting, and specialty (including non-physician practitioners (NPPs) such as nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical social workers) to the cost measure(s) and activities within the MVP?
- Have the quality measure numerators been assessed to ensure congruency to the MVP topic?
- Does the MVP include outcome measures or high-priority measures in instances where outcome measures aren't available or applicable?
  - CMS prefers use of patient experience/survey measures when available. CMS encourages the interested parties to utilize our established pre-rulemaking processes, such as the Call for Quality Measures, described in the CY 2020 PFS final rule (84 FR 62953 through 62955) to develop outcome measures relevant to their specialty if outcome measures currently don't exist and for eventual inclusion into an MVP.
- To the extent feasible, does the MVP avoid including quality measures that are topped out?
- For which collection types are the measures available?
- What role does each quality measure play in driving quality clinical care and improving healthcare value within the MVP?
- To the extent feasible, specialty and sub-specialty specific quality measures are incorporated into the MVP. Broadly applicable and/or cross-cutting quality measures may be incorporated if relevant to the clinicians being measured.

#### **Improvement Activities:**

- What role does the improvement activity play in driving quality care and improving value within the MVP? Provide a rationale as to why each improvement activity was included.
- Describe how the improvement activity can be used to improve the quality of performance in clinical practices for those clinicians who would report this MVP.
- Does the improvement activity complement and/or supplement the quality action of the measures in the MVP, rather than duplicate it?
- To the extent feasible, does the MVP include improvement activities that can be conducted using CEHRT functions? The use of improvement activities that specify the use of technologies will help to further align with the CEHRT requirement under the Promoting Interoperability performance category.
- If there are no relevant specialty or sub-specialty specific improvement activities, does the MVP include broadly applicable improvement activities (that is applicable to the clinician type)?

#### **Cost Measures:**

- What role does the cost measure(s) play in improving value within the MVP? Provide a rationale as to why each cost measure was selected.
- How do the included cost measure(s) relate to quality measures and activities included in the MVP?
- Are the cost measures included relevant to the specific types of care (for example, conditions or procedures) and clinicians (for example, specialties or subspecialties) intended to be assessed by the MVP?

## Version History

Date	Change Description
10/03/2025	Original version

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 01/31/2025). The time required to complete this information collection is estimated to average 12 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov).