Calendar Year (CY) 2026 Finalized Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)

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Introduction

In the CY 2021 Physician Fee Schedule (PFS) Final Rule (85 FR 84849 through 84854), the CY 2022 PFS Final Rule (86 FR 65998 through 66031), and the CY 2023 PFS Final Rule (87 FR 70210 through 70211), we finalized criteria to use in the development of MVPs, MVP reporting requirements, MVP maintenance, and the selection of measures and activities within each MVP.

In the CY 2026 PFS Proposed Rule, Appendix 3, Centers for Medicare & Medicaid Services (CMS) proposed 6 new MVPs, as well as modifications to 21 previously finalized MVPs.

This resource includes the newly finalized MVPs and the modifications to previously finalized MVPs for implementation beginning in the 2026 MIPS performance period.

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures. For each MVP, we note potential clinician types who may want to consider reporting the MVP.

We have reformatted the MVP tables to stratify quality measures by clinical conditions and/or episodes of care for each MVP identified as "Clinical Groupings." When applicable, an "Advancing Health and Wellness" and/or "Experience of Care" clinical grouping is included for cross-cutting quality measures. This new stratified format offers a streamlined set of quality measures to aid clinicians in selecting the most clinically relevant measures applicable to their clinical area and identifies when quality and cost measures are linked.

Please refer to Appendix 3 in the CY 2026 PFS Final Rule for the newly finalized MVPs and modifications to the previously finalized MVPs included in this resource. For additional details regarding the MVP candidate development and submission process, the MVP candidate feedback process, and the annual maintenance process for MVPs, please visit the Quality Payment Program (QPP) website.

MVP Reporting Requirements

For each MVP, the following reporting requirements were finalized in the CY 2022 PFS Final Rule (86 FR 65998 through 66031). Additional details around subgroup participation and MVP reporting can be found in the CY 2025 PFS Final Rule and the 2025 MVPs Implementation Guide.

Quality Performance Category

- Select and submit 4 quality measures.
- At least one measure must be an outcome measure (or a high priority measure if an outcome isn't available or applicable).
  - This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.

Improvement Activities Performance Category

- Clinicians, groups, and subgroups (regardless of special status) must attest to one activity. Clinicians may still choose to report IA_PCMH.

Cost Performance Category

- CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.
- In the CY 2026 Final Rule, CMS finalized a 2-year informational-only feedback period for new cost measures, allowing clinicians to receive feedback on their score(s) and find opportunities to improve performance before a new cost measure affects their MIPS final score. In addition, CMS finalized updates to the Total Per Capita Cost (TPCC) measure.

Foundational Layer

Population Health Measures

- There are 2 population health measures. CMS calculates both population health measures for you using administrative claims data (if you meet the case minimum) and assigns the higher of these measures to your quality score:
  - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Promoting Interoperability Performance Category

- You must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category.
  - Information on the Promoting Interoperability performance category reweighting policy is located on the QPP website.
- In the CY 2026 Final Rule, CMS finalized:
  - Suppression of PI_PHCDRR_3: Electronic Case Reporting for the CY 2025 performance period (Note: Attestation is still required. Refer to CY 2026 PFS Final Rule for more information).
  - Modifications to PI_PPHI_1: Security Risk Analysis and PI_PPHI_2: High Priority Practices Guide of the Safety Assurance Factors for electronic health record (EHR) Resilience (SAFER) Guides measures.
  - A new optional bonus measure under the Public Health and Clinical Data Exchange Objective, PI_PHCDRR_6: Public Health Reporting Using Trusted Exchange Framework and Common Agreement (TEFCA).

Symbol Key:
Single asterisk (*): existing measures with revisions.
Caret symbol (^): new MIPS Promoting Interoperability measure.
Plus sign (+): Promoting Interoperability measure for addition to the foundational layer.
Double exclamation (!!): quality measures considered outcome measures.

Population Health Measures	Promoting Interoperability

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups (Collection Type: Administrative Claims)
 	
(*)(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)
	(*) PI_PPHI_1: Security Risk Analysis
	
	(*) PI_PPHI_2: High Priority Practices SAFER Guides
	
	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
	   AND
	PI_HIE_4: Support Electronic Referral Loops By Receiving and Reconciling Health Information
	   OR
	PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange
	   OR
	PI_HIE_6: Enabling Exchange Under 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 Using TEFCA (Optional)
	
	PI_ONCACB_1: Office of the National Coordinator for Health Information Technology-Authorized Certification Bodies (ONC-ACB) Surveillance Attestation (Optional)
	
	PI_INFBLO_1: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation
	
	PI_ONCDIR_1: ONC Direct Review Attestation

Table B.14: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Beginning with the CY 2026 MIPS Performance Period / 2028 MIPS Payment Year

As noted in the beginning of this resource, we're modifying previously finalized Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Remove 4 improvement activities
- Add 3 cost measures

Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Infectious Disease
- Immunology
- NPPs such as nurse practitioners and physician assistants

Measure Key

*   Existing measures and improvement activities with revisions

**   Measures and improvement activities only available when included in an MVP

!   Improvement activities with an advancing health and wellness component

^   New MIPS measures

+   Measures and improvement activities finalized for addition to a previously finalized MVP

Clinical Grouping	Quality			Cost
	Measure	**Outcome**	**High Priority**	
Chronic: Hep C, HIV/AIDS	**Q205:** Sexually Transmitted Infection (STI) Testing for People with HIV (Collection Type: eCQM, MIPS CQM)	No	No	**(*) TPCC_1:** Total Per Capita Cost
	Q338: HIV Viral Suppression (Collection Type: eCQM, MIPS CQM)	Yes	Yes	
	Q340: HIV Medical Visit Frequency (Collection Type: MIPS CQM)	No	Yes	
	Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (Collection Type: MIPS CQM)	No	No	
	Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQM)	No	No	
	(^)(+) Q516: Hepatitis C Virus (HCV): Sustained Virological Response (SVR) (Collection Type: MIPS CQM	Yes	Yes	
Acute Infection	**Q065:** Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM, MIPS CQM)	No	Yes	**(*) TPCC_1:** Total Per Capita Cost
	N/A			**(+) COST_RIH_1:** Respiratory Infection Hospitalization **(+) COST_S_1:** Sepsis

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP				
Clinical Grouping	**Quality**			**Cost**
	Measure	**Outcome**	**High Priority**	
				(+) MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	**(*) Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	**(+) COST_RIH_1:** Respiratory Infection Hospitalization **(+) COST_S_1:** Sepsis **(+) MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q240: Childhood Immunization Status (Collection Type: eCQM)	No	No	
	Q310: Chlamydia Screening in Women (Collection Type: eCQM)	No	No	
	Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	No	No	
	Q475: HIV Screening (Collection Type: eCQM)	No	No	
	(*) Q493: Adult Immunization Status (Collection Type: MIPS CQM)	No	No	

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_15:** Engagement of patients, family and caregivers in developing a plan of care
- **(*) IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular review practices in place on targeted patient population needs
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **(!) IA_PM_22:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services
- **IA_PSPA_23:** Completion of CDC Training on Antibiotic Stewardship
- **(!) IA_PSPA_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support