



Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs): Needs and Priorities

MVP Overview

The MVP framework aims to provide a more streamlined way to participate in MIPS. MVPs consist of specific, complementary sets of measures and activities meaningful to clinicians. Each candidate MVP is developed around clinical topics that represent the care clinicians may provide within a specific specialty of patient care.

Detailed information on the MVP development criteria is located in the [Quality Payment Program \(QPP\) Resource Library](#). For the latest MVP policy updates, visit [Calendar Year \(CY\) 2026 Physician Fee Schedule \(PFS\) Final Rule](#).

MVP Needs and Priorities

This document supports our goal to continue MVP development by highlighting the current gaps in the MVP inventory. By addressing these gaps, we will be able to continue development and refinement of robust MVP options for all eligible clinicians. We encourage the general public to review this document and consider the following: 1) submitting MVP candidates that cover the specialties/clinical topics below, and 2) assist in addressing identified gaps in the availability of quality and cost measures for priority MVP candidate topics.

Priority Specialties for Future MVP Development

The specialties represented below are identified as priorities for MVP development based on the lack of MVPs currently available for the specialty.

We encourage the general public to submit MVPs that incorporate the following specialties:

- Allergy/Immunology
- Endocrinology¹
- Hospitalists¹
- Plastic Surgery
- Speech Language Pathology

There may be instances where a specialty (or subspecialty) wouldn't have a standalone MVP. MVPs may incorporate multiple specialties/subspecialties, encompass a scope of care or case-mix relevant to different clinician types, or reflect a 'team-based care' approach to support the delivery of quality patient care and meet

¹ This specialty may be captured by an MVP being considered for 2027 MIPS performance year.

the intent of the MVP topic. An MVP should be developed to capture the described topic where performance reflects the intent of the MVP and is a meaningful representation of the care provided.

MVP Development Needs by Performance Category:

MVP development is reliant on the availability of individual quality and cost measures and improvement activities to support the overall development of a candidate MVP. Specifically, only measures and activities finalized for use in MIPS may be considered for candidate MVPs. Therefore, we encourage the general public to consider all potential MIPS measures and activities for inclusion into an MVP. Below are high level considerations that may impact MVP development within each of the performance categories.

Quality Performance Category:

In addition to following the guidance outlined on the [Centers for Medicare & Medicaid Services \(CMS\) Measure Management System \(MMS\) Hub \(Pre-Rulemaking section\)](#) and the [MIPS Self-Nomination Resources Toolkit](#) for MIPS quality and Qualified Clinical Data Registry (QCDR)² measure development, new and current measures should align with CMS priorities for potential inclusion in MVPs. CMS priorities include integrating the following individual quality measure topics into MVP development, where appropriate:

- Outcome measures (i.e., quality measures that encompass a large patient population to give actionable data for efficiencies and utilization. These quality measures would need to be risk-adjusted.)
- Coordination/Communication/Team-based Care
- Patient experience
- Interoperability
- New measures for a topped-out specialty area
- Lifestyle measures focused on wellness, fitness, nutrition, and prevention
- Shared decision-making (patient voice)
- Digital measures (87 FR 46259): a quality measure, organized as self-contained measure specification and code package, that uses one or more sources of health information that is captured and can be transmitted electronically via interoperable systems. (e.g., use of Fast Healthcare Interoperability Resources [FHIR]).

For further information on quality measures needs and priorities, in support of MVP development, refer to the Quality Measures Needs and Priorities document available at [Pre-Rulemaking Resources](#) on the [MMS](#) website.

Cost Performance Category:

Development needs for cost measures should consider: 1) whether the submitted cost measure has complete specifications and required testing information, and 2) how the submitted measure would potentially fit within the MIPS cost performance category and further the goals of CMS's Meaningful Measures Initiative. An aspect of this is that a measure should not be duplicative or redundant with an existing cost measure. Individuals interested in submitting MVP candidates should consider whether the cost measures applicable to a specialty are aligned with the overall MVP concept and the included quality measures and improvement activities. For further guidance, refer to the Call for Cost Measures Fact Sheet available at [Pre-Rulemaking Resources](#) on the [MMS](#) website.

Improvement Activities Performance Category:

² QCDR measures may 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.

Development needs for improvement activities should follow guidance outlined in the Call for Improvement Activities and aim to align with CMS priorities, including integrating the following improvement activity concepts into MVP development, as appropriate:

- Improvement activities that encourage the use of methods to incorporate patient voices, encourage shared decision-making, and improve care coordination.
- Improvement activities that foster clinician well-being and encourage interventional strategies to address clinician burnout and/or fatigue.
- Improvement activities designed to foster leadership skills and best practices and encourage better communication within surgical and other healthcare teams.

Although we will seek to develop new or modify existing improvement activities when needed, improvement activities are intentionally broad so there are many that will fit well within any given MVP topic.

We encourage the general public to reference and submit improvement activities and quality measures through the Call for Improvement Activities, Call for Quality Measures, and Call for Cost Measures processes available on the [QPP Resource Library](#).

General MVP Development and Refinement Gaps in Measure Availability by Priority Specialties:

The table below presents gaps in the availability of quality measures and cost measures, which need to be addressed in order to develop or refine MVPs for the specialties listed.

The table also highlights instances where there are gaps in outcome or high priority quality measures (for MIPS, that is measures related to appropriate use, patient safety, efficiency, patient experience, care coordination, health equity, or opioids) for a given specialty or clinical concept. The gap analysis for the quality measures also takes the current inventory into consideration to identify specialties or clinical topics where the quality measures are topped out or at the 7-point cap. Cost measure gaps are identified where there are no available episode-based cost measures or there's limited coverage by the population-based cost measures (i.e., Total Cost per Capita (TPCC) or Medicare Spending per Beneficiary (MSPB) clinician) for a given specialty. Improvement activities are not included in the table below as the majority of improvement activities are not specialty specific.

Key

- ✓ Sufficient measures available
- ✗ Gaps in measure availability
- O Limited outcome measures
- H Limited high priority measures
- B Both limited outcome measures and limited high priority measures
- ~ Limited measure coverage
- ^ Episode-based cost measure currently under development

Specialties	Identified Measure/Activity Needs for MVP Development and Refinement			
	Quality Measures		Cost Measures*	
	General Quality Measures	Outcome/ High Priority Measures	Episode-based Cost Measure	Population-based Cost Measure
Audiology	×	×	×	×
Allergy/Immunology	×	×	✓	✓
Chiropractic Medicine	✓	✓	✓	×
Dermatology	✓	✓	✓	✓~
Diagnostic Radiology	×	×	×	✓~
Electrophysiology Cardiac Specialists	×	×	✓	✓
Endocrinology	×	×	✓	✓
Gastroenterology	✓	×	✓	✓
General Surgery	×	✓	✓	✓
Hospitalists	×	×	✓	✓
Infectious Disease	×	✓	✓	✓
Interventional Cardiology	×	×	✓	✓
Interventional Radiology	✓	×	✓~	✓~
Nephrology	✓	×	✓	✓
Neurosurgery	×	×	✓	✓
Nutrition/Dieticians	×	×	×	×
Ophthalmology	✓	✓	✓	×
Optometry	×	×	×	×
Pain Management	×	×	✓	✓~
Pathology	×	×	×	✓~
Pediatrics	✓	×	✓~	✓~
Plastic Surgery	×	×	✓	✓
Podiatry	×	×	×	✓~
Pulmonology	×	×	✓	✓
Radiation Oncology	×	×	×	×
Speech Language Pathology	×	×	×	×
Thoracic Surgery	×	×	✓	✓

Urology	x	✓	✓	✓
Vascular Surgery	✓	✓	✓	✓

* Cost measure availability was assessed by how frequently clinicians within a specialty were attributed to existing episode-based cost measures and population-based cost measures, and Medicare Spending Per Beneficiary (MSPB)/Total Per Capita Cost (TPCC), when examining administrative claims data.

Appendix:

Current MVP Inventory

In the [CY 2026 PFS Final Rule](#), we finalized 6 new MVPs and made modifications to 21 previously finalized MVPs for the 2026 MIPS performance year.

New 2026 MVPs:

1. Diagnostic Radiology
2. Interventional Radiology
3. Neuropsychology
4. Pathology
5. Podiatry
6. Vascular Surgery

Modifications to Previously Finalized MVPs

- | | |
|---|--|
| 1. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine | 11. Optimal Care for Kidney Health |
| 2. Advancing Cancer Care | 12. Optimal Care for Patients with Urologic Conditions |
| 3. Advancing Care for Heart Disease | 13. Patient Safety and Support of Positive Experiences with Anesthesia |
| 4. Advancing Rheumatology Patient Care | 14. Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV |
| 5. Complete Ophthalmologic Care | 15. Pulmonology Care |
| 6. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes | 16. Quality Care for Patients with Neurological Conditions |
| 7. Dermatological Care | 17. Quality Care for the Treatment of Ear, Nose, and Throat Disorders |
| 8. Focusing on Women's Health | 18. Quality Care in Mental Health and Substance Use Disorders |
| 9. Gastroenterology Care | |
| 10. Improving Care for Lower Extremity Joint Repair | |
| 19. Rehabilitative Support for Musculoskeletal Care | |
| 20. Surgical Care | |
| 21. Value in Primary Care | |