Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate

2027 Performance Year

Hypertension MVP

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the MVP Candidate Feedback Process on the Quality Payment Program (QPP) website.

The 2027 MVP Candidate Feedback Period ended on February 6, 2026.

This document contains feedback we received during the 30-day MVP Candidate Feedback Period for the Hypertension MVP.

Note: This document is for 2027 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2026 performance year. Centers for Medicare & Medicaid Services (CMS) will indicate finalized MVPs exclusively through the Calendar Year (CY) 2027 Medicare Physician Fee Schedule (PFS) Final Rule.

Review the MVP candidate details, and feedback received from the general public below.

TABLE 1: Hypertension MVP

Hypertension MVP – Quality and Cost Clinical Grouping				
Clinical Grouping	**Quality**			**Cost**
	Measure	**Outcome**	**High Priority**	
Prevention	**Q128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	**TPCC_1:** Total Per Capita Cost
	Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	No	No	
Treatment and Control	**Q236:** Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	**TPCC_1:** Total Per Capita Cost
	Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	Yes	Yes	
Advancing Health and Wellness	**Q130:** Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	**TPCC_1:** Total Per Capita Cost
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	No	No	
Experience of Care	**Q047:** Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	**TPCC_1:** Total Per Capita Cost
	Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	Yes	
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	

Hypertension Improvement Activities

- **IA_AHW_1:** Chronic care and preventative care management for empaneled patients
- **IA_BE_16:** Promote Self-management in Usual Care
- **IA_BMH_2:** Tobacco use
- **IA_CC_10:** Care transition documentation practice improvements
- **IA_PM_5:** Engagement of community for health status improvement

- **IA_PM_19:** Glycemic Screening Services
- **IA_PM_20:** Glycemic Referring Services
- **IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk
- **IA_PSPA_16:** Use of decision support —ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs
- **IA_PSPA_28:** Completion of an Accredited Safety or Quality Improvement Program

TABLE 2: Foundational Layer

The foundational layer is the same for every MVP.

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician 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 Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • **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 the Trusted Exchange Framework and Common Agreement (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 Under TEFCA (Optional) • **PI_ONCACB_1:** 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

Hypertension MVP Feedback Received

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Hypertension MVP. We didn't include feedback considered out of scope to the draft 2027 MVP candidate.

Feedback: A few commenters expressed support for the quality measures included in this MVP candidate.
Feedback: A few commenters expressed support for the improvement activities included in this MVP candidate.

Feedback: One commenter appreciated the number of eCQM options available in this MVP candidate. A couple commenters recommend the addition of Q488: Kidney Health Evaluation, with one commenter suggesting adding Q488 to the Prevention clinical grouping.
Feedback: One commenter recommended the addition of Q239: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents to help ensure younger patients who may have hypertension or are at risk of developing hypertension are not inadvertently excluded.
Feedback: One commenter raised concerns about the MVP structure, citing challenges related to clinical accountability, measure selection, risk adjustment, feasibility, and performance variability. They pointed out the over-reliance on single-period outcome assessment measures (e.g., Q236: Controlling High Blood Pressure), which may unfairly classify appropriate care as poor performance during patient stabilization. Additionally, the commenter expressed concern that the MVP includes multiple documentation, screening, and process measures that could increase reporting burden without directly improving clinical outcomes.
Feedback: One commenter expressed support for the inclusion of Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months but emphasized the importance of addressing feasibility, cost, and equity concerns. The commenter suggested evaluating whether infrastructure support or phased implementation is necessary to prevent disadvantages for smaller or under-resourced practices.
Feedback: One commenter acknowledged Q047: Advance Care Planning is crucial in patient-centered care for serious illnesses and advanced diseases. However, the commenter believes the inclusion of Q047 may reduce the clinical focus on hypertension and risk creating misaligned incentives for clinicians managing otherwise stable patients since the measure isn't specifically related to hypertension and doesn't indicate the quality of hypertension diagnosis, treatment, or control.
Feedback: One commenter expressed concern regarding conceptual or operational overlap in the MVP measures, citing Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) as an example. This measure includes blood pressure control and tobacco use, which the commenter believes are already addressed by separate hypertension and prevention measures. The commenter argued that this redundancy could impose unnecessary burdens without providing meaningful clinical value.
Feedback: One commenter questioned how TPCC_1: Total Per Capita Cost would be attributed and risk-adjusted for clinicians participating in this MVP candidate.
Feedback: One commenter recommended the addition of Q493: Adult Immunization Status measure in this MVP candidate. The commenter believes inclusion of Q493 would support preventive care for Medicare beneficiaries with chronic disease and align with quality measurement expectations across programs.
Feedback: A couple commenters supported the inclusion of Q317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.
Feedback: One commenter raised concerns about whether Q236: Controlling High Blood Pressure is an appropriate primary accountability measure for this MVP candidate. The commenter expressed skepticism, noting the measure may not align with clinical guidelines and seems more sensitive to documentation and measurement workflows than actual care quality, which might not effectively drive meaningful reductions in cardiovascular risk.
Feedback: A couple commenters recommended adding MUC2025-034: Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management if approved for use in MIPS through the Measures Under Consideration (MUC) process.
Feedback: One commenter believes specialties that would likely be aligned with this MVP candidate are already represented by other MVPs included in the MIPS program.
Feedback: One commenter recommended incorporating additional nutrition-related quality measures to ensure meaningful participation by registered dietitian nutritionists (RDNs) in reporting this MVP candidate. The commenter emphasized that RDNs play a critical role in preventing, managing, and treating hypertension as part of team-based, high-value care.

Feedback: One commenter didn't agree with the inclusion of Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) in this MVP candidate. The commenter doesn't believe that the all or nothing aspect of the composite measure is achievable.
Feedback: One commenter expressed support for MVP topics specifically devoted to the prevention and management of chronic conditions including this MVP candidate.
Feedback: One commenter suggested revising this MVP candidate to focus specifically on the treatment of hypertension. The commenter believes that such a focus would align the MVP candidate with the structure of a condition-specific MVP, a framework the commenter supports.
Feedback: One commenter suggested the addition of Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease and Q488: Kidney Health Evaluation to this MVP candidate. According to the commenter, incorporating these measures could help clinicians identify comorbid conditions and associated consequences earlier, thereby reducing risks and improving patient outcomes.