

# MVP Group and Subgroup Participation Options and Examples

MVPs are one reporting option that can be used to meet Merit-based Incentive Payment System (MIPS) reporting requirements. You can report an MVP as an individual, a group, or a subgroup. Clinicians in a MIPS Alternative Payment Model (APM) can also report an MVP as an APM Entity.

**When reporting an MVP, the group participation option is only available to small practices (any specialty composition) and to practices of any size with a single specialty or focus of care.** (This policy is effective with the 2026 performance year.)

- Practices with more than 15 clinicians in multiple specialties involved in multiple foci of care won't be able to report an MVP as a group; instead, they'll be required to report as subgroups or individual MIPS eligible clinicians.

## MVP Participation Options

### Group (Single Specialty)

All clinicians in a group (identified by a single TIN) of any size **and** the group:

- Consists of clinicians in one specialty type  
OR
- Consists of clinicians involved in a single focus of care.

### Group (Small Practice)

All clinicians in a group (identified by a single TIN) **and** the group:

- Is a small practice (15 or fewer clinicians)

### Subgroup

A subset of clinicians in a group (identified by a single TIN) with at least 2 clinicians, including at least one MIPS eligible clinician (based on initial – not final – MIPS eligibility results).

Each subgroup is assigned a subgroup identifier following registration, which is used to identify the subgroup's submission.

You may only participate in one subgroup per TIN/NPI (National Provider Identifier) combination.

### How do I determine if my group is a single specialty group?

Practices of any size with clinicians in 2 or more specialty types, who share a single focus of care and aren't involved in multiple foci of care, can attest as a single specialty group and collectively participate as a group in MVP reporting. Whether you can attest to being a single specialty group is ultimately at your practice's discretion. We can't make this determination for you.



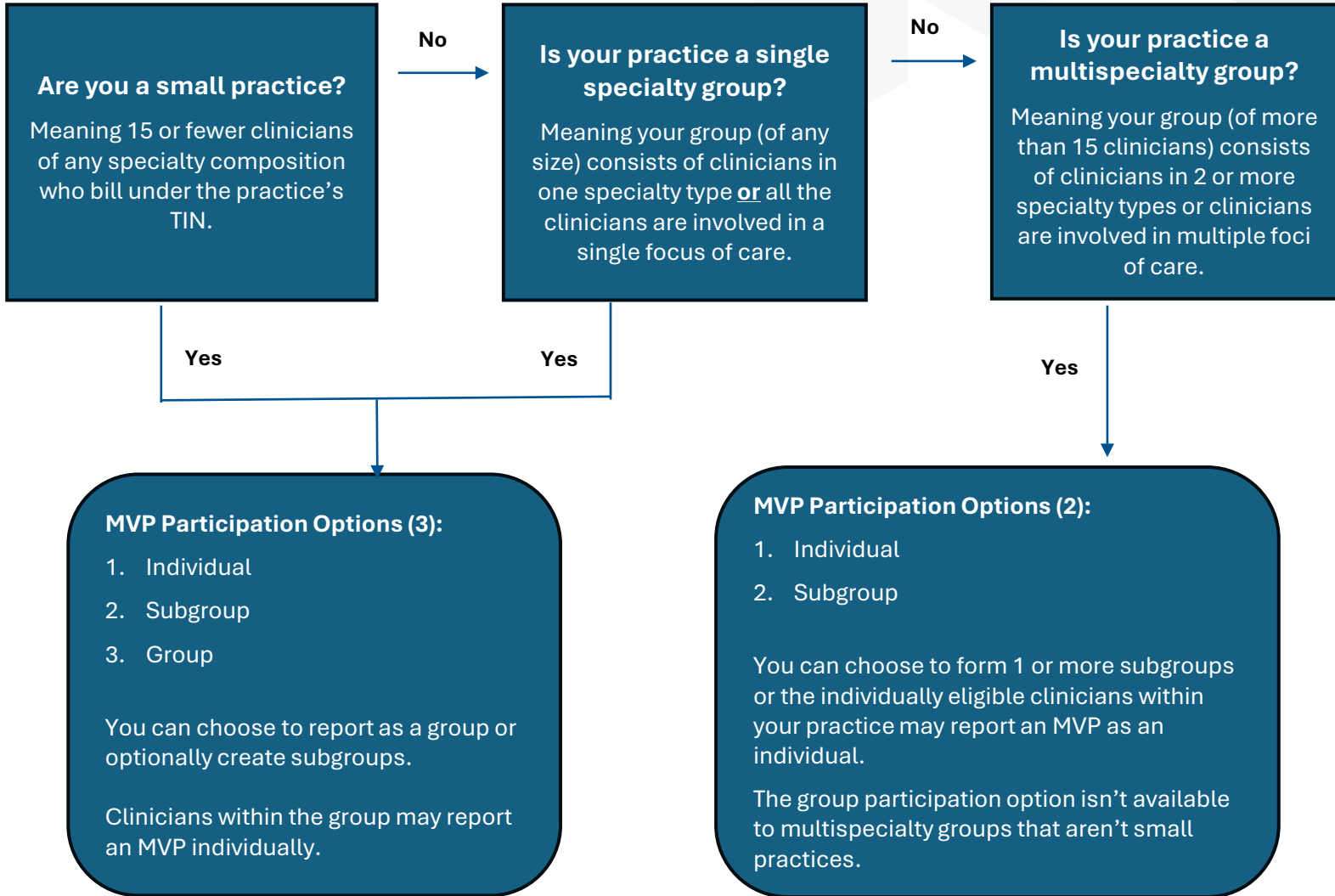
**Note:** The MVPs highlighted in these reporting examples are for illustrative purposes only. To learn more, review [Explore MVPs](#) on the QPP website.

Quality Payment  
PROGRAM

# Group and Subgroup MVP Participation Options

## MVP Participation Options Decision Tree

What are the MVP participation options for our practice?



Note: The MVPs highlighted in these reporting examples are for illustrative purposes only. To learn more, review [Explore MVPs](#) on the QPP website.

# Group and Subgroup MVP Participation Examples

In the following examples, the practices have a similar composition, but their MVP participation choices are determined by their clinical focus.

## Example 1.

**Practice size:** 20 clinicians

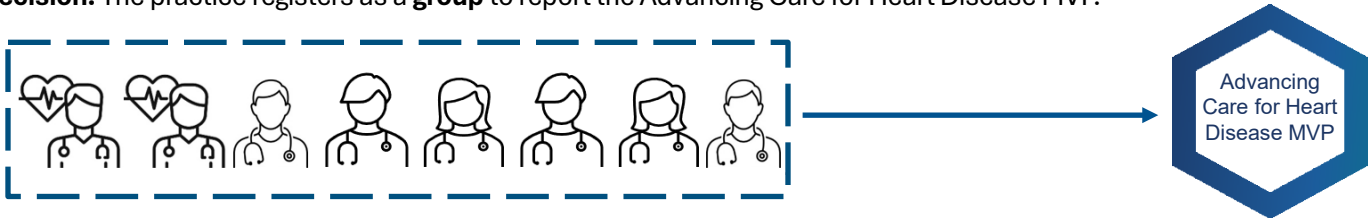
**Practice composition:** Internists, Cardiologists, Nurse Practitioners (NPs), and Physician Assistants (PAs)

**Clinical focus:** Cardiovascular Care (1)

**MVP Participation Options:** Individual, Group, Subgroup

- **Why?** Although they don't meet the definition of a small practice (there are more than 15 clinicians), this practice has a single focus of care so they can attest to being a single specialty practice and register to report an MVP as a group.

**Decision:** The practice registers as a **group** to report the Advancing Care for Heart Disease MVP.



## Example 2.

**Practice size:** 35 clinicians

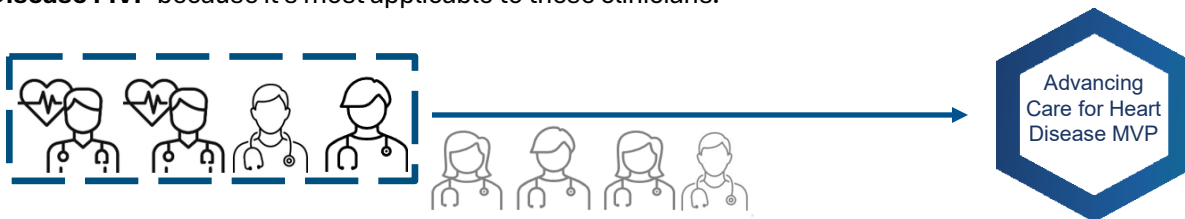
**Practice composition:** Internists, Cardiologists, Nurse Practitioners (NPs), and Physician Assistants (PAs)

**Clinical focus:** Primary Care, Cardiovascular Care (2)

**MVP Participation Options:** Individual, Subgroup

- **Why?** Because these clinicians have multiple foci of care – providing both primary care and cardiovascular-focused care – they can't attest to being a single specialty practice and therefore can't register to report an MVP as a group.

**Decision:** The practice registers its cardiologists, some NPs, and some PAs as a **subgroup** to report the **Advancing Care for Heart Disease MVP** because it's most applicable to these clinicians.



The practice registers its internists, the remaining NPs, and the remaining PAs as a **subgroup** to report the **Value in Primary Care MVP** because it's most applicable to these clinicians.



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# Group and Subgroup MVP Participation Examples

## Example 3.

**Practice size:** 200 clinicians

**Practice composition:** Internists, Cardiologists, Nurse Practitioners (NPs), and Physician Assistants (PAs)

**Clinical focus:** Primary Care, Cardiovascular Care (2)

**MVP Participation Options:** Individual, Subgroup

- **Why?** Because these clinicians provide both primary care and cardiovascular-focused care, they can't attest to being a single specialty practice and therefore can't register to report an MVP as a group.

**Decision:** The practice registers its cardiologists and applicable PAs as a **subgroup** to report the **Advancing Care for Heart Disease MVP**.



**Note:** The subgroup's quality measure and improvement activity reporting would only include data from the clinicians in the subgroup.

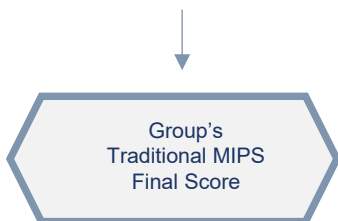
The practice also reports **traditional MIPS** as a **group**.



**Note:** The multispecialty group would include data from all of their clinicians in their traditional MIPS reporting, as appropriate to the measures and activities the group selected.

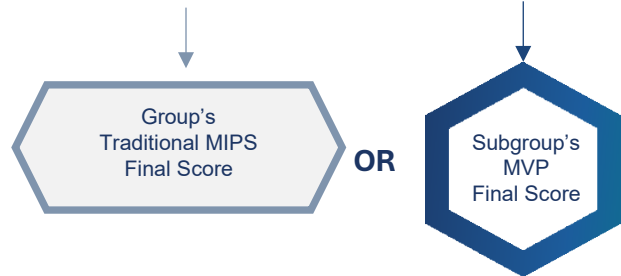
## SCORING

CLINICIANS NOT IN A SUBGROUP



CLINICIANS IN A SUBGROUP

Clinicians in the subgroup will get the higher of the 2 final scores.



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