

Merit-based Incentive Payment System (MIPS)

Transitioning to MIPS Value Pathway
(MVP) Reporting: A Guide for Small
Practices



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Purpose: This resource provides guidance for small practices that participate in the Merit-based Incentive Payment System to transition to MIPS Value Pathways (MVP) reporting.



Overview

Purpose

This resource provides guidance for small practices that participate in the Merit-based Incentive Payment System to transition to MIPS Value Pathways (MVP) reporting.

A **small practice** is defined as a group that has 15 or fewer clinicians identified by National Provider Identifier (NPI), billing under the group's Taxpayer Identification Number (TIN). To see if you have the small practice designation, visit the [Quality Payment Program \(QPP\) Participation Status Lookup Tool](#).

Quality Payment PROGRAM

To Learn More About MIPS Reporting Options, including MVP reporting:

- Visit the [Compare Reporting Requirements](#) webpage on the [Quality Payment Program](#) website.
 - Review the MIPS At-A-Glance Reporting Options for Small Practices (PDF) for the current performance year.
- Visit the [MIPS Value Pathways \(MVPs\)](#) webpage on the [Quality Payment Program](#) website.
 - Refer to the MVPs Implementation Guide (PDF) for the current performance year.



Introduction to MVPs

What are MVPs?

MVPs are collections of measures and activities related to a specialty or scope of care that you can report to meet your MIPS reporting requirements. They're an alternative to reporting traditional MIPS (which allows clinicians to choose from the complete inventory of MIPS measures and activities) or the Alternative Payment Model (APM) Performance Pathway (which allows clinicians in a MIPS APM to report specific primary care focused measures included in the [Universal Foundation Measures for adults](#)).

Each MVP:

- Is developed with a given specialty or medical condition in mind.
- Offers a more connected assessment of quality of care through meaningful groupings of measures and activities.
- Includes a reduced list of measures and activities to choose from, to decrease administrative burden and complexity.

Why is CMS moving to MVPs?

MVPs focus on measures and improvement activities that are relevant to specific specialties or medical conditions, allowing for more meaningful reporting and measurement. MVPs also allow for clinically relevant comparisons between clinicians reporting the same MVP.



Introduction to MVPs (Continued)

Do I have to report an MVP now?

No, MVPs are currently 1 of 3 available MIPS reporting options.

Why should I start the transition to MVPs now?

CMS has proposed to sunset traditional MIPS after the 2028 performance period. If this proposal is finalized, you'd have to report an MVP for the 2029 performance period unless you participate in a MIPS APM and plan to report the APM Performance Pathway (APP)/APP Plus.

Adopting MVPs early gives you valuable time to understand this reporting option and prepare for potential changes in your practice's workflows to report new quality measures and perform new improvement activities. When you submit measures, you'll receive a feedback report which could provide meaningful insight into your performance, allowing you time to improve on future submissions.

You can choose to report an MVP in addition to another reporting option such as traditional MIPS (while it's available) or the APP/APP Plus, and we will take the highest score you receive.



Introduction to MVPs (Continued)

How are MVP requirements different from traditional MIPS?

The main differences between MVP and traditional MIPS reporting are the quality measures, cost measures, and improvement activities available for reporting. You will also need to register in advance to report an MVP.

Table 1. Overview of Reporting Differences between MVP and Traditional MIPS

MIPS Reporting Option	MVPs	Traditional MIPS
Advanced Registration	Required	N/A
Quality Reporting Requirements	4 measures (selected from the MVP you registered for) or every Medicare Part B claims measure in the MVP (even if less than 4)*	6 measures (selected from the complete quality measure inventory)*
Improvement Activities Reporting Requirements	1 activity (selected from the MVP you registered for)	1 activity (selected from the complete activity inventory)
Promoting Interoperability Reporting Requirements	Small practices are automatically exempt from submitting data for the Promoting Interoperability performance category for both MVPs and traditional MIPS reporting (If you choose to report, it's the same set of required measures)	
Cost Reporting Requirement	No active reporting: Only scored on the cost measures included in the MVP you registered for (if attribution requirements are met)	No active reporting: Scored on all cost measures available in MIPS (if attribution requirements are met)

* We're proposing that small practices would be exempt from the proposed MIPS core measure reporting requirement.

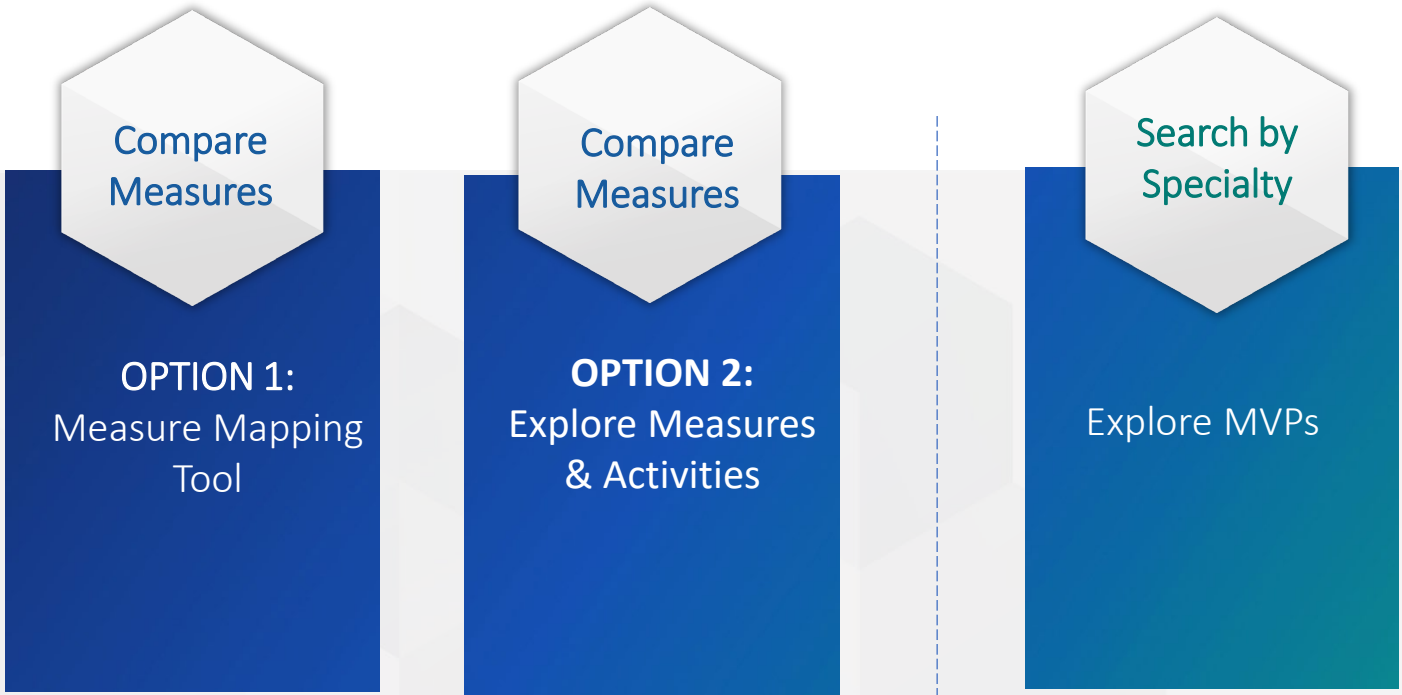


Get Started with MVP Reporting

How Do I Start?

You're probably closer than you think. You can check which MVPs (currently finalized or proposed for 2027) include the measures you're already reporting for traditional MIPS, or you can search for an MVP by specialty.

While finalized MVPs can be updated each year through rulemaking, taking these actions now can help you understand which MVP(s) might be a good fit for your practice.



Compare
Measures

OPTION 1:
Measure Mapping
Tool

Compare
Measures

OPTION 2:
Explore Measures
& Activities

Search by
Specialty

Explore MVPs



Compare Measures: Measure Mapping Tool

Option 1. New Measure Mapping Tool

Exhibit 1. Overview of Measure Mapping Tool

Use the **Measure Mapping Tool (XLSX)** in this toolkit to select the measures you're currently reporting for traditional MIPS.

If the measure is available within an MVP, the tool will display:

- “Yes” for finalized MVPs
- “Yes (Proposed)” for the proposed MVPs.

Supporting Small Practices: Transitioning to MVPs			1. Quality Measure ID/Name	2. Quality Measure ID/Name
Select your quality measure from the drop down list (click the cell and start typing the measure name or Quality ID, or scroll to find measures)			226/Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	385/Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
MVP Name	MVP ID	Number of Measures	Available MVPs	Available MVPs
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	G0057	0		
Advancing Cancer Care	M0001	1		
Advancing Care for Heart Disease	G0055	3		
Advancing Rheumatology Patient Care	G0053	0		
Complete Ophthalmologic Care	M1420	3	Yes	Yes
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	G0054	1		
Dermatological Care	M1421	2	Yes	
Diagnostic Radiology	M1498	0		
Focusing on Women's Health	M1366	1	Yes	
Gastroenterology Care	M1422	1	Yes	
Improving Care for Lower Extremity Joint Repair	G0058	1		
Interventional Radiology	M1499	0		
Neuropsychology	M1500	0		
Optimal Care for Kidney Health	M0002	1		
Optimal Care for Patients with Urologic	M1423	0		
Pathology	M1501	0		
Patient Safety and Support of Positive Experiences with Anesthesia	G0059	0		
Podiatry	M1502	1	Yes	
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV	M1368	0		
Pulmonology Care	M1424	3	Yes	
Quality Care for Patients with Neurological Conditions	M0004	1		
Quality Care for the Treatment of Ear, Nose, and Throat Disorders	M1367	2	Yes	
Quality Care in Mental Health and Substance Use Disorders	M1369	0		
Rehabilitative Support for Musculoskeletal Care	M1370	1		
Surgical Care	M1425	2	Yes	
Value in Primary Care	M0005	1		
Vascular Surgery	M1503	2	Yes	
Proposed for PY 2027: Diabetic	PROPDIAB	3	Yes (Proposed)	
Proposed for PY 2027: Hospitalists	PROPHOSP	2		
Proposed for PY 2027: Hypertension	PROPHYP	3	Yes (Proposed)	



Option 1. New Measure Mapping Tool (Continued)

Step 1.

Begin by opening the **Measure Mapping Tool (XLSX)** to the **MVP Measure Tool** tab and placing your cursor in the cell under the cell labeled “1. Quality Measure ID/Name” (column D).

Click the cell and start typing the measure name or Quality ID, or you can click the filter arrow to select a measure from the list.

Repeat this step to enter up to 6 measures you’re currently reporting for traditional MIPS into columns E, F, G, G and I.

Note: The tool doesn’t include Qualified Clinical Data Registry (QCDR) measures; if you’re already working with a QCDR and reporting QCDR measures, your QCDR should be able to support your transition to MVP reporting.

Exhibit 2. Entering/Selecting Measure

Supporting Small Practices: Transitioning to MVPs	
	1. Quality Measure ID/Name
Select your quality measure from the drop down list (click the cell and start typing the measure name or Quality ID, or scroll to find measures)	
	226

Option 1. New Measure Mapping Tool (Continued)

Step 2.

After selecting your quality measure, look for “Yes” or “Yes (Proposed)” in the “Available MVPs” column(s) to identify which finalized MVPs and proposed MVPs include that measure in their quality list.

For example, the following MVPs are available for “Quality ID 226 - Preventive Care and Screening: Tobacco Use: Screening and Cessation” (refer to screenshot):

- Complete Ophthalmologic Care (MVP ID: M1420)
- Dermatological Care (MVP ID: M1421)
- Focusing on Women’s Health (MVP ID: M1366)
- Gastroenterology Care (MVP ID: M1422)
- Podiatry (MVP ID: M1502)
- Pulmonary Care (MVP ID: M1502)
- Quality Care for the Treatment of Ear, Nose, and Throat Disorders (MVP ID: M1367)
- Surgical Care (MVP ID: M1425)
- Vascular Surgery (MVP ID: M1503)
- Proposed for PY 2027: Diabetic
- Proposed for PY 2027: Hypertension

Exhibit 3. Snapshot of Available MVPs

Supporting Small Practices: Transitioning to MVPs			1. Quality Measure ID/Name	2. Quality Measure ID/Name
Select your quality measure from the drop down list (click the cell and start typing the measure name or Quality ID, or scroll to find measures)			226/Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	385/Adult Primary Rheumatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
MVP Name	MVP ID	Number of Measures	Available MVPs	Available MVPs
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	G0057	0		
Advancing Cancer Care	M0001	1		
Advancing Care for Heart Disease	G0055	3		
Advancing Rheumatology Patient Care	G0053	0		
Complete Ophthalmologic Care	M1420	3	Yes	Yes
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	G0054	1		
Dermatological Care	M1421	2	Yes	
Diagnostic Radiology	M1498	0		
Focusing on Women’s Health	M1366	1	Yes	
Gastroenterology Care	M1422	1	Yes	
Improving Care for Lower Extremity Joint Repair	G0058	1		
Interventional Radiology	M1499	0		
Neuropsychology	M1500	0		
Optimal Care for Kidney Health	M0002	1		
Optimal Care for Patients with Urologic	M1423	0		
Pathology	M1501	0		
Patient Safety and Support of Positive Experiences with Anesthesia	G0059	0		
Podiatry	M1502	1	Yes	
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV	M1368	0		
Pulmonology Care	M1424	3	Yes	
Quality Care for Patients with Neurological Conditions	M0004	1		
Quality Care for the Treatment of Ear, Nose, and Throat Disorders	M1367	2	Yes	
Quality Care in Mental Health and Substance Use Disorders	M1369	0		
Rehabilitative Support for Musculoskeletal Care	M1370	1		
Surgical Care	M1425	2	Yes	
Value in Primary Care	M0005	1		
Vascular Surgery	M1503	2	Yes	
Proposed for PY 2027: Diabetic	PROPDIA	3	Yes (Proposed)	
Proposed for PY 2027: Hospitalists	PROPHOSP	2		
Proposed for PY 2027: Hypertension	PROPHYH	3	Yes (Proposed)	



Option 1. New Measure Mapping Tool (Continued)

Exhibit 3. Snapshot of Available MVPs

Step 3.

Review the “Number of Measures” column. This column will identify the number of measures available for each MVP.

Consider filtering by the “Number of Measures” column to select MVPs that map to at least 2 or 3 measures you’re already reporting. This will minimize the number of new measures you must report to meet MVP reporting requirements.

Supporting Small Practices: Transitioning to MVPs			1. Quality Measure ID/Name
Select your quality measure from the drop down list (click the cell and start typing the measure name or Quality ID, or scroll to find measures)			226/Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
MVP Name	MVP ID	Number of Measures	Available MVPs
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	G0057	0	
Advancing Cancer Care	M0001	1	
Advancing Care for Heart Disease	G0055	3	
Advancing Rheumatology Patient Care	G0053	0	
Complete Ophthalmologic Care	M1420	3	Yes
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	G0054	1	
Dermatological Care	M1421	2	Yes
Diagnostic Radiology	M1438	0	
Focusing on Women's Health	M1366	1	Yes
Gastroenterology Care	M1422	1	Yes
Improving Care for Lower Extremity Joint Repair	G0058	1	
Interventional Radiology	M1439	0	
Neuropsychology	M1500	0	
Optimal Care for Kidney Health	M0002	1	
Optimal Care for Patients with Urologic	M1423	0	
Pathology	M1501	0	
Patient Safety and Support of Positive Experiences with Anesthesia	G0059	0	
Podiatry	M1502	1	Yes
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV	M1368	0	
Pulmonology Care	M1424	3	Yes
Quality Care for Patients with Neurological Conditions	M0004	1	
Quality Care for the Treatment of Ear, Nose, and Throat Disorders	M1367	2	Yes
Quality Care in Mental Health and Substance Use Disorders	M1369	0	
Rehabilitative Support for Musculoskeletal Care	M1370	1	
Surgical Care	M1425	2	Yes
Value in Primary Care	M0005	1	
Vascular Surgery	M1503	2	Yes
Proposed for PY 2027: Diabetic	PROPDIAB	3	Yes (Proposed)
Proposed for PY 2027: Hospitalists	PROPHOSP	2	
Proposed for PY 2027: Hypertension	PROPHY/P	3	Yes (Proposed)



Option 1. New Measure Mapping Tool (Continued)

Step 3. (continued)

To filter your list to identify MVPs that include 2 or more measures you're already reporting:

- Click on the filter arrow on the “Number of Measures” column
- Uncheck the box next to “(Select All)”
- Select the number of measures you want to limit your search to, and click “OK”

Exhibit 4. Filter by Number of Matching Measures

The image shows two side-by-side screenshots of the Measure Mapping Tool interface. Both screenshots display a table with columns for MVP Name, MVP ID, and Number of Measures. The 'Number of Measures' column has a dropdown arrow. In the left screenshot, the dropdown menu is open, showing options to sort (Smallest to Largest, Largest to Smallest), sort by color, sheet view, clear filter, filter by color, and number filters. A red arrow points to the 'Number Filters' option. Below the menu, a search box and a list of checkboxes are visible. The checkboxes are: (Select All) (checked), 0 (checked), 1 (checked), 2 (checked), and 3 (checked). In the right screenshot, the dropdown menu is closed, and the 'Number of Measures' column is highlighted in yellow. The search box and checkboxes are still visible, but the 'Number of Measures' column is now the active filter.

MVP Name	MVP ID	Number of Measures
Adopting Best Practices for Safety within Emergency Department		
Advancing Cancer Care for Patients with Advanced Cancer		
Advancing Care for Patients with Advanced Cancer		
Advancing Rheumatology Care		
Complete Ophthalmology Care		
Coordinating Stroke and Cultivate Positive Patient Experience		
Dermatological Care		
Diagnostic Radiology Focusing on Women's Health		
Gastroenterology Care		
Improving Care for Patients with Heart Disease		
Interventional Radiology		
Neuropsychology		
Optimal Care for Kidney Disease		
Optimal Care for Patients with Pathology		
Patient Safety and Satisfaction		
Experiences with Arthritis		
Podiatry		
Prevention and Treatment of Diabetes		
Disorders Including Pulmonary Care		
Quality Care for Patients with Chronic Conditions		
Quality Care for the Throat Disorders		
Quality Care in Mental Health Use Disorders		
Rehabilitative Support		
Surgical Care		
Value in Primary Care		

Option 1. New Measure Mapping Tool (Continued)

Step 4.

Consider reporting an MVP that best aligns with the measures you're already reporting. You can register to report any MVP for which you can meet the reporting requirements.

Using the example in Exhibit 5, there are 3 MVPs and 2 proposed MVPs that align with 3 measures already being reported in traditional MIPS:

- Advancing Care for Heart Disease (MVP ID: G0055)
- Complete Ophthalmologic Care (MVP ID: M1420)
- Pulmonary Care (MVP ID: M1424)
- Proposed for PY 2027: Diabetic
- Proposed for PY 2027: Hypertension

Exhibit 5. Filter Results

Supporting Small Practices: Transitioning to MVPs			1. Quality Measure ID/Name	2. Quality Measure ID/Name	3. Quality Measure ID/Name	4. Quality Measure ID/Name	5. Quality Measure ID/Name	6. Quality Measure ID/Name
Select your quality measure from the drop down list (click the cell and start typing the measure name or Quality ID, or scroll to find measures)			226/Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	385/Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	47/Advance Care Plan	8/Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	117/Diabetes: Eye Exam	128/Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
MVP Name	MVP ID	Number of Measures	Available MVPs	Available MVPs	Available MVPs	Available MVPs	Available MVPs	Available MVPs
Advancing Care for Heart Disease	G0055	3	Yes	Yes	Yes	Yes	Yes	Yes
Complete Ophthalmologic Care	M1420	3	Yes	Yes	Yes		Yes	Yes
Pulmonary Care	M1424	3	Yes		Yes			Yes
Proposed for PY 2027: Diabetic	PROPDIA8	3	Yes (Proposed)				Yes (Proposed)	Yes (Proposed)
Proposed for PY 2027: Hypertension	PROPHYP	3	Yes (Proposed)		Yes (Proposed)			Yes (Proposed)





Compare Measures: Explore Measures & Activities

Option 2. Use Explore Measures & Activities

The [Explore Measures & Activities](#) tool has been updated to identify the MIPS reporting options available for each quality measure, improvement activities, and cost measures. (There's a single Promoting Interoperability measure set that must be reported for all 3 MIPS reporting options. Small practices are exempt from reporting Promoting Interoperability data; Promoting Interoperability performance category is automatically reweighted to 0% unless data is submitted.) Use the [Explore Measures & Activities](#) tool to look at the measures and activities that you're currently reporting for traditional MIPS.

Step 1.

Begin by selecting the current performance year in the performance year filter.

Step 2.

Next use the search bar or filters to look up the measures and activities you're currently reporting to determine whether they're available for MVP reporting.

Exhibit 6. Explore Measures & Activities Tool

Performance Year
Select your performance year to view across all tabs. **Step 1** Performance Year 2026

Quality Measures Promoting Interoperability Improvement Activities Cost Measures

2026 Quality Measures

UPDATED This tool has been updated to identify the MIPS reporting options available for each quality measure; if a measure is available for MIPS Value Pathway (MVP) reporting, the tool will specify the applicable MVP(s).

You must collect measure data for the 12-month performance period (January 1 - December 31, 2026). The amount of data that you must submit ('data completeness') depends on the collection type for the measure.

Search [Hide filters](#)

Step 2

Measure Type	Specialty Measure Set	Collection Type
All	All	All

[Clear all filters](#)

Note: This tool does not include these QCDR Measures (XLSX)

195 Quality Measures | [Download 195 measures](#)



Option 2. Use Explore Measures & Activities (Continued)

Exhibit 7. Detail View of Quality ID 001

The measure detail lists the available reporting options

Diabetes: Glycemic Status Assessment Greater Than 9%

Reporting Options: [Traditional MIPS](#) [APP](#) [App Plus](#) [MVP](#)

High Priority Measure: Intermediate Outcome

Percentage of patients 18–75 years of age with diabetes who had a glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) > 9.0% during the measurement period.

Collection Type and Documentation

Medicare Part B claims measures [Specifications \(PDF\)](#)
Electronic clinical quality measures (eCQMs) [Specifications](#)
MIPS clinical quality measures (MIPS CQMs) [Specifications \(PDF\)](#)

[— Hide Details](#)

Measure Numbers	Specialty Measure Set	Primary Measure Steward
CMS eCQM ID: CMS122v14	Endocrinology	National Committee for Quality Assurance
NQF eCQM ID: None	Family Medicine	
NQF: 0059	Internal Medicine	
Quality ID: 001	Nephrology	
	Nutrition/Dietician	
	Preventive Medicine	

Available MVPs

- [Optimal Care for Kidney Health](#)
- [Value in Primary Care](#)
- [Vascular Surgery](#)

If “MVP” is listed as a Reporting Option, there will be a list of the available MVPs

Click the hyperlink to access the details of the MVP



Option 2. Use Explore Measures & Activities (Continued)

Step 2. (Alternate)

Alternately, you can download and save the list of quality measures.

Check the MVP column in the downloaded list to determine if the measures you're currently reporting are included in any MVPs.

Click here to
download
quality
measure list

Exhibit 8. Download 2026 List of Quality Measures

2026 Quality Measures

UPDATED This tool has been updated to identify the MIPS reporting options available for each quality measure; if a measure is available for MIPS Value Pathway (MVP) reporting, the tool will specify the applicable MVP(s).

You must collect measure data for the 12-month performance period (January 1 - December 31, 2026). The amount of data that you must submit ('data completeness') depends on the collection type for the measure.

Search [Hide filters](#)

Measure Type: Specialty Measure Set: Collection Type:

[Clear all filters](#)

Note: This tool does not include these QCDR Measures (XLSX)

195 Quality Measures | [Download 195 measures](#)

Exhibit 9. Detail of Quality Measure Download

MEASURE NAME	MEASURE DESCRIPTION	TRADITIONAL	MVP	APP	eMEASURE ID
Diabetes: Glycemic Status Assessment	Percentage of patients 18-75 years	Yes	Yes (MVP ID: M0002, M0005, M1503)	Yes (APP, APP+)	CMS122v14
Diabetes: Glycemic Status Assessment	Percentage of patients 18-75 years	No	No	Yes (APP+)	None

Option 2. Use Explore Measures & Activities (Continued)

Step 3.

Go to [Explore MVPs](#) and enter the MVP name or MVP ID into the search bar.

Click “View MVP Details”.

Exhibit 10. Explore MVPs

Explore MIPS Value Pathways (MVPs)

MVPs are one reporting option for meeting your MIPS requirements. Learn more about the [finalized MVPs](#) available for the 2026 performance year, including the measures and activities in each MVP.

If you're interested in learning about Qualified Clinical Data Registries (QCDRs) or Qualified Registries that support one or more MVPs, download the [2026 Qualified Clinical Data Registries \(QCDRs\) Qualified Posting](#) and the [2026 Qualified Registries Qualified Posting](#).

Explore MVPs Available in 2026

— Hide filters

Performance Year

2026

Medical Specialty

All

Clear all filters

Optimal Care for Kidney Health

MVP ID: M0002

Most applicable medical specialty(s):

Nephrology

The Optimal Care for Kidney Health MVP focuses on the clinical theme of providing fundamental treatment and management of costly clinical conditions that contribute to, or may result from, kidney disease.

[View MVP details \(MVP ID: M0002\)](#)



Option 2. Use Explore Measures & Activities (Continued)

Exhibit 11. MVP Details for Option Care for Kidney Health MVP

Optimal Care for Kidney Health

MVP ID: M0002

Most applicable medical specialty(s):
Nephrology

The Optimal Care for Kidney Health MVP focuses on the clinical theme of providing fundamental treatment and management of costly clinical conditions that contribute to, or may result from, kidney disease.

Measures/Activities and Requirements (MVP ID: M0002):

Quality

▼

Improvement Activities

▼

Cost

▼

Foundational Layer - Promoting Interoperability

▼

Foundational Layer - Population Health

▼

Looking for a different MVP? Head back to [Explore MIPS Value Pathways \(MVPs\)](#)

[< Learn about the MVP Reporting Option](#)

[Prepare for MVP Registration >](#)

Step 4.

Click the downward arrow on the “Quality” box to access a list of the other quality measures included in the MVP.

You should also review the Improvement Activities included in the MVP.

You’ll need to report 4 quality measures and attest to completing 1 improvement activity to meet reporting requirements. Reminder: Small practices are exempt from reporting Promoting Interoperability.

Step 5.

Repeat Steps 3 and 4 as needed to review other MVPs that include measures you’re already reporting.



Find an MVP by
Specialty

Use Explore MVPs

Exhibit 12. Explore MVPs – Selecting Medical Specialty

Explore MIPS Value Pathways (MVPs)

MVPs are one reporting option for meeting your MIPS requirements. Learn more about the [finalized MVPs](#) available for the 2026 performance year, including the measures and activities in each MVP.

If you're interested in learning about Qualified Clinical Data Registries (QCDRs) or Qualified Registries that support one or more MVPs, download the [2026 Qualified Clinical Data Registries \(QCDRs\) Qualified Posting](#) and the [2026 Qualified Registries Qualified Posting](#).

Explore MVPs Available in 2026

Search MVPs [Hide filters](#)

Performance Year: 2026

Medical Specialty: Nephrology

[Clear all filters](#)

Optimal Care for Kidney Health
MVP ID: M0002

Most applicable medical specialty(s):
Nephrology

The Optimal Care for Kidney Health MVP focuses on the clinical management of costly clinical conditions that contribute to, c

[View MVP details \(MVP ID: M0002\)](#)

To find which MVPs may apply to your specialty, use [Explore MVPs](#).

Step 1.

Select the performance year (e.g., 2026) from the “Performance Year” drop down.

Step 2.

Select your specialty from the “Medical Specialty” drop down.

- A list of MVPs that best align with the specialty will populate.
- While the [Explore MVPs](#) lists the “most applicable” MVPs, you can report any MVP relevant to your scope of care and for which you can meet the reporting requirements.

Step 3.

Click “View MVP details” on the MVPs most relevant to your practice to review the quality measures, improvement activities, and cost measures available in each MVP.

Use Explore MVPs

Step 4.

Ask yourself: Are you already reporting any of these quality measures or improvement activities?

From the MVP detail, click the downward arrow next to “Quality” and “Improvement Activities” to view the list of quality measures and improvement activities included in the MVP.

(Repeat this step as needed for as many MVPs that matched your specialty.

Exhibit 13. MVP Detail

Optimal Care for Kidney Health

MVP ID: M0002

Most applicable medical specialty(s):
Nephrology

The Optimal Care for Kidney Health MVP focuses on the clinical theme of providing fundamental treatment and management of costly clinical conditions that contribute to, or may result from, kidney disease.

Measures/Activities and Requirements (MVP ID: M0002):

Quality



Improvement Activities



Cost



Foundational Layer - Promoting Interoperability



Foundational Layer - Population Health



Frequently Asked Questions: Participation Options and Registration

Participation Options and Registration Timeline

What are our participation options when reporting an MVP?

You'll need to select your participation option – individual or group – when completing your MVP registration.

- Small practices may also choose to form subgroups, but all small practices, regardless of specialty composition, can report an MVP as a group.
- Small practices that participate in a MIPS Alternative Payment Model (APM) may also report through their APM Entity, but your APM Entity would complete that registration.

When do we register for an MVP?

The MVP registration period generally opens April 1st and closes November 30th for the current performance year. For example, to report an MVP for the 2026 performance year, you must register between April 1st and November 30th, 2026.

If you're administering the CAHPS for MIPS Survey measure associated with an MVP, you must complete both your MVP registration and a separate CAHPS for MIPS registration by June 30th of the performance year.

Example. If you want to report the Value in Primary Care MVP in performance year 2027 and intend to administer the CAHPS for MIPS Survey as 1 of your 4 required measures for that MVP, you'll need to:

1. Register for the Value in Primary Care MVP between April 1st and June 30th, 2027
AND
2. Register for the CAHPS for MIPS Survey between April 1st and June 30th, 2027



Registration

How do we register for an MVP?

You'll register on the [QPP website](#). To complete an MVP registration, you must have the QPP Security Official Role.

More information about the MVP registration process is available on the [MVP Registration section of the QPP website](#) and in the MVP Registration Guide for the current performance year.

If you're going to administer CAHPS as one of your required measures, you can learn more about [CAHPS for MIPS Survey registration on the QPP website](#).

You can make changes to your MVP registration throughout the registration period, but it must be done before it closes. Note: You can't change your CAHPS for MIPS Survey registration after June 30th of the performance year.

The screenshot shows the Quality Payment Program website. The sidebar on the left has a link for "CAHPS for MIPS Survey Registration" circled in red, with a red arrow pointing to the "MVP Registration" section in the main content area. The main content area features a "2026 MVP Registration Window" box with a red border, stating the registration period from April 1 to November 30, 2026, and the deadline for CAHPS for MIPS Survey registrations as June 30, 2026. Below this, the "Registration Requirements" section specifies that only individuals with the QPP Security Official role can complete MVP registration. The right sidebar contains "Related Resources" with links to the QPP Access User Guide, 2026 MVPs Implementation Guide (circled in red), and 2026 MVP Registration Guide. The "Related Pages" section includes links to MIPS Value Pathways, Participation Options Overview, and CAHPS for MIPS Survey Registration (circled in red), as well as a link to Explore MVPs.



Registration

After You've Registered

- You can still report traditional MIPS (or the APP) even if you have registered for an MVP.
- You can't report an MVP that you didn't register for during the MVP registration period.
- You don't have to report the MVP.
- If you complete an MVP registration but don't ultimately report the MVP, you'll need to report traditional MIPS (or the APP if applicable).

For more information about traditional MIPS and the APP, review the [Compare Reporting Requirements page on the QPP website](#).



Frequently Asked Questions: Reporting and Data Submission

Reporting and Data Submission

What if we registered but don't report an MVP?

MIPS eligible clinicians need to submit data for one of the available MIPS reporting options or they'll receive a final score of zero points and -9% MIPS payment adjustment.

- If you don't report the MVP you registered for, you'll need to report traditional MIPS (or the APP if applicable).

How do we report an MVP?

Once you've selected and registered for an MVP:

- Select the quality measures and improvement activity you'll be reporting.
- Review the specifications for each measure you'll be reporting and examine your practice workflow to ensure you capture all the data needed for every measure.
- Review the activity description and data validation requirements for the activity you'll be performing to ensure you know about the documentation you need to retain.

MVP identifiers

When reporting an MVP, your data submission must include the related MVP Identifiers (IDs); these tell us you're reporting the measure and activity data for your selected MVP. Data submitted without the necessary MVP ID will be attributed to traditional MIPS instead of the MVP. The MVP IDs are included in the description of each MVP on the [Explore MVPs webpage](#).



Reporting and Data Submission

Are you reporting any Medicare Part B claims measures?

If so, you need to take an action during the performance year to ensure your claims measures are counted toward your MVP reporting.

You must append the appropriate MVP ID to at least one Medicare Part B claim that includes an applicable quality data code (QDC) for one of the quality measures in your selected MVP.

The MVP ID only needs to be reported once during the performance period to attribute your quality measures to the MVP.

If you don't append the MVP ID to at least one claim, your Medicare Part B claims measures will be attributed to a quality score in traditional MIPS (and not the MVP).

Review the current Part B Claims Quality Measure Reporting Quick Start Guide (PDF, 2MB) for more information; search the Resource Library for the most recent version of the guide

Are you manually attesting to an improvement activity?

You'll be asked to select the MVP reporting option when you sign in to manually report your data during the submission period.



Reporting and Data Submission

Are you uploading a file with measures and/or activities?

You must include the appropriate MVP ID in every file you upload that includes MVP measure and/or activity data during the submission period.

- If you upload a file without the MVP ID, that data will be attributed to and scored in traditional MIPS (not the MVP).

Review the **CMS Quality Reporting Document Architecture (QRDA) III Implementation Guide for Eligible Clinicians** on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) for more information about including an MVP ID in your QRDA III file submission. (Scroll down to the applicable performance period from the QRDA Resources page of the [eCQI Resource Center](#) and click the link for that year's CMS QRDA III Implementation Guide for Eligible Clinicians.)

Review the [QPP JSON Developer documentation](#) for more information about including an MVP ID in your QPP JavaScript Object Notation (JSON) file submission.



Reporting and Data Submission

Third Party Intermediaries submitting data via the QPP Application Programming Interface (API):

You must include the appropriate MVP ID in every submission that includes MVP measure and/or activity data.

If you submit data without the MVP ID, that data will be attributed to and scored in traditional MIPS (not the MVP).

Review the [QPP JSON Developer documentation](#) for more information about including an MVP ID in your QPP JSON file submission.

For more information about MVP implementation refer to the [2026 MVPs Implementation Guide](#). This resource includes a list of the MVP IDs.



Reporting and Data Submission

Not ready to fully transition to an MVP?

After comparing the measures and activities you report now, choose an MVP that overlaps with the measures you're reporting now and aligns with the scope of care you provide.

Choose 1 new measure (or 1 new activity) from that MVP to include with your traditional MIPS reporting.

Don't add an MVP identifier to these submissions, the point is to become comfortable with the measure workflows and understand your performance.

Can I report both an MVP and traditional MIPS?

Until traditional MIPS sunsets, you may report both traditional MIPS and MVP. For each reporting option, you may report both as an individual clinician or as a group. You'll receive the highest final score that can be attributed to you from any reporting option and participation option.

Please contact the Service Center if you plan to report both traditional MIPS and an MVP in this, or an upcoming, performance year. We want to be sure you understand the mechanics of reporting measures and activities for both reporting options so that you receive credit for both.

Contact the Quality Payment Program (QPP) Service Center by emailing QPP@cms.hhs.gov, submitting a QPP Service Center ticket, or calling 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET).



Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by emailing QPP@cms.hhs.gov, creating a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) to learn more about MIPS, and to check out the resources available in the [Quality Payment Program Resource Library](#).

Visit the [Small Practices page](#) of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.



Version History

If we need to update this document, changes will be identified here.

DATE	DESCRIPTION
08/11/2026	Original Version.

