

Quality Payment PROGRAM



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
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Groups (Collection Type: Administrative Claims)</p> <p>(*)(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<p>(*) PI_PPHI_1: Security Risk Analysis</p> <p>(*) PI_PPHI_2: High Priority Practices SAFER Guides</p> <p>PI_EP_1: e-Prescribing</p> <p>PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP)</p> <p>PI_PEA_1: Provide Patients Electronic Access to Their Health Information</p> <p>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</p> <p>PI_PHCDRR_1: Immunization Registry Reporting</p> <p>PI_PHCDRR_2: Syndromic Surveillance Reporting (Optional)</p> <p>PI_PHCDRR_3: Electronic Case Reporting</p> <p>PI_PHCDRR_4: Public Health Registry Reporting (Optional)</p> <p>PI_PHCDRR_5: Clinical Data Registry Reporting (Optional)</p> <p>(^)(+) PI_PHCDRR_6: Public Health Reporting Using TEFCA (Optional)</p> <p>PI_ONCACB_1: Office of the National Coordinator for Health Information Technology-Authorized Certification Bodies (ONC-ACB) Surveillance Attestation (Optional)</p> <p>PI_INFBLO_1: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT Attestation</p> <p>PI_ONCDIR_1: ONC Direct Review Attestation</p>

Newly Finalized MVPs

Table A.1: Diagnostic Radiology MVP

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

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Diagnostic Radiology MVP.

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

- Diagnostic Radiology

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

Diagnostic Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Diagnostic Radiology	Q145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: MIPS CQM, Medicare Part B Claims)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies (Collection Type: MIPS CQM)	No	Yes	
	Q494: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) (Collection Type: eCQM)	Yes	Yes	
Body Imaging (Thoracic/Abdominal)	Q364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines (Collection Type: MIPS CQM)	No	Yes	N/A
	Q405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	
	Q406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	
	QMM17: Appropriate Follow-up Recommendations for Ovarian-Adnexal Lesions using the Ovarian-Adnexal Reporting and Data System (O-RADS) (Collection Type: QCDR)	No	Yes	

Diagnostic Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Advancing Health and Wellness	QMM18: Use of Breast Cancer Risk Score on Mammography (Collection Type: QCDR)	No	Yes	N/A
	(*) QMM26: Screening Abdominal Aortic Aneurysm Reporting with Recommendations (Collection Type: QCDR)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Diagnostic Radiology Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA_BMH_12:** Promoting Clinician Well-Being
- **IA_CC_7:** Regular training in care coordination
- **IA_CC_8:** Implementation of documentation improvements for practice/process improvements
- **IA_CC_12:** Care coordination agreements that promote improvements in patient tracking across settings
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_2:** Participation in MOC Part IV
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_12:** Participation in private payer CPIA

Table A.2: Interventional Radiology MVP

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

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Interventional Radiology MVP.

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

- Interventional Radiology

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

Interventional Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Vascular	(* Q420: Varicose Vein Treatment with Saphenous Ablation: Outcome Survey (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q421: Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal (Collection Type: MIPS CQM)	No	No	
	Q465: Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries (Collection Type: MIPS CQM)	No	Yes	
Dialysis-Related	RCOIR12: Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician COST_HAC_1: Hemodialysis Access Creation
	RCOIR13: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
	RPAQIR14: Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
	RPAQIR15: Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
Neurological Intervention	Q413: Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician COST_IHCL_1: Intracranial Hemorrhage or Cerebral Infarction
General Interventional Radiology	Q145: Radiology: Exposure Dose Indices Reported for Procedures Using Fluoroscopy (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Interventional Radiology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	No	COST_HAC_1: Hemodialysis Access Creation

Interventional Radiology Improvement Activities

- IA_BE_1: Use of certified EHR to capture patient reported outcomes
- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- IA_BE_12: Use evidence-based decision aids to support shared decision-making
- (*)(!) IA_BE_26: Promote Use of Patient-Reported Outcome Tools
- (!) IA_BMH_12: Promoting Clinician Well-Being
- IA_CC_7: Regular training in care coordination
- IA_CC_8: Implementation of documentation improvements for practice/process improvements
- (!) IA_CC_9: Implementation of practices/processes for developing regular individual care plans
- IA_CC_15: PSH Care Coordination
- IA_CC_17: Patient Navigator Program
- IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- IA_EPA_2: Use of telehealth services that expand practice access
- IA_EPA_3: Collection and use of patient experience and satisfaction data on access
- (*)(!) IA_EPA_8: Provide Education Opportunities for New Clinicians
- (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_17: Participation in Population Health Research
- IA_PSPA_1: Participation in an AHRQ-listed patient safety organization.
- IA_PSPA_18: Measurement and improvement at the practice and panel level
- IA_PSPA_25: Cost Display for Laboratory and Radiographic Orders

Table A.3: Neuropsychology MVP

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

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Neuropsychology MVP.

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

- Neuropsychology
- Nonphysician practitioners (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

Neuropsychology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Neurodegenerative Disorders	Q282: Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician (*) TPCC_1: Total Per Capita Cost
	Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
	Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
Advancing Health and Wellness	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician (*) TPCC_1: Total Per Capita Cost
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q181: Elder Maltreatment Screen and Follow-up Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	

Neuropsychology Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_14:** Engage Patients and Families to Guide Improvement in the System of Care
- **IA_BE_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **(!) IA_BE_16:** Promote Self-management in Usual Care
- **IA_BE_22:** Improved Practices that Engage Patients Pre-Visit
- **IA_BMH_7:** Implementation of Integrated Patient Centered Behavioral Health Model

- (!) **IA_CC_9**: Implementation of practices/processes for developing regular individual care plans
- (*) **IA_EPA_7**: Enhance Engagement of Medicaid and Other Underserved Populations
- (**) **IA_MVP**: Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_21**: Advance Care Planning

Table A.4: Pathology MVP

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

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Pathology MVP.

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

- Pathology

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

Pathology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Pathology	Q249: Barrett’s Esophagus (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	N/A
	Q250: Radical Prostatectomy Pathology Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q395: Lung Cancer Reporting (Biopsy/Cytology Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	N/A
	Q396: Lung Cancer Reporting (Resection Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q397: Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	N/A
	Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM)	No	Yes	
	Q491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status (Collection Type: MIPS CQM)	No	Yes	
	CAP30: Urinary Bladder Cancer: Complete Analysis and Timely Reporting (Collection Type: QCDR)	No	Yes	
	CAP34: Molecular Assessment: Biomarkers in Non-Small Cell Lung Cancer (Collection Type: QCDR)	No	Yes	
	CAP40: Squamous Cell Skin Cancer: Complete Reporting (Collection Type: QCDR)	No	Yes	
	QMM21: Incorporating results of concurrent studies into Final Reports for Bone Marrow Aspirate of patients with Leukemia, Myelodysplastic syndrome, or Chronic Anemia (Collection Type: QCDR)	No	Yes	

Pathology MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	QMM25: Use of Structured Reporting for Urine Cytology Specimens (Collection Type: QCDR)	No	Yes	
	QMM29: Use of Appropriate Classification System for Lymphoma Specimen (Collection Type: QCDR)	No	Yes	
	QMM30: Appropriate Use of Bethesda System for Reporting Thyroid Cytopathology on Fine Needle Aspirations (FNA) of Thyroid Nodule(s) (Collection Type: QCDR)	No	Yes	

Pathology Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA_BMH_12:** Promoting Clinician Well-Being
- **(!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_12:** Care coordination agreements that promote improvements in patient tracking across settings
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_2:** Participation in MOC Part IV
- **IA_PSPA_12:** Participation in private payer CPIA
- **IA_PSPA_13:** Participation in Joint Commission Evaluation Initiative
- **(*) IA_PSPA_35:** Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data

Table A.5: Podiatry MVP

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

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Podiatry MVP.

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

- Podiatry
- 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

Podiatry MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Chronic Conditions	Q126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (Collection Type: MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q127: Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear (Collection Type: MIPS CQM)	No	No	
Wound/Ulcer	REGCLR5: Offloading with Remote Monitoring (Collection Type: QCDR)	Yes	Yes	N/A
	REGCLR8: Monitor and Improve Treatment Outcomes in Chronic Wound Healing (Collection Type: QCDR)	Yes	Yes	
	USWR33: Diabetic Foot Ulcer (DFU) Healing or Closure (Collection Type: QCDR)	Yes	Yes	
	USWR34: Venous Leg Ulcer (VLU) Healing or Closure (Collection Type: QCDR)	Yes	Yes	
	USWR35: Adequate Off-loading of Diabetic Foot Ulcers performed at each visit, appropriate to location of ulcer (Collection Type: QCDR)	No	No	
General Podiatry	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: MIPS CQM, eCQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	Q155: Falls: Plan of Care (Collection Type: MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	

Podiatry MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	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	
	Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	
	MEX5: Hammer Toe Outcome (Collection Type: QCDR)	Yes	Yes	N/A
	REGCLR1: Heel Pain Treatment Outcomes for Adults (Collection Type: QCDR)	Yes	Yes	
	REGCLR3: Bunion Outcome - Adult and Adolescent (Collection Type: QCDR)	Yes	Yes	

Podiatry Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA_BMH_12:** Promoting Clinician Well-Being
- **IA_CC_19:** Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(*) IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_18:** Measurement and improvement at the practice and panel level
- **IA_PSPA_22:** CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
- **IA_PSPA_23:** Completion of CDC Training on Antibiotic Stewardship

Table A.6: Vascular Surgery MVP

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

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Vascular Surgery MVP.

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

- Vascular Surgery
- 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

Vascular Surgery MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Interventional	Q259: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post- Operative Day #2) (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post- Operative Day #2) (Collection Type: MIPS CQM)	Yes	Yes	
Surgical	Q355: Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQM)	Yes	Yes	COST_HAC_1: Hemodialysis Access Creation MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q356: Unplanned Hospital Readmission within 30 Days of Principal Procedure (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	Yes	Yes	COST_HAC_1: Hemodialysis Access Creation MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Dialysis-Related	RCOIR12: Tunneled Hemodialysis Catheter Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	RCOIR13: Percutaneous Arteriovenous Fistula for Dialysis - Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	

Vascular Surgery MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	RPAQIR14: Arteriovenous Graft Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	COST_HAC_1: Hemodialysis Access Creation
	RPAQIR15: Arteriovenous Fistulae Thrombectomy Clinical Success Rate (Collection Type: QCDR)	Yes	Yes	
General Vascular Surgery	(*) Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_CCLI_1: Revascularization For Lower Extremity Chronic Critical Limb Ischemia COST_HAC_1: Hemodialysis Access Creation MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_CCLI_1: Revascularization For Lower Extremity Chronic Critical Limb Ischemia
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_HAC_1: Hemodialysis Access Creation
	Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_CCLI_1: Revascularization For Lower Extremity Chronic Critical Limb Ischemia
	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CSV)	No	Yes	
	Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	COST_HAC_1: Hemodialysis Access Creation MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Vascular Surgery Improvement Activities

- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools

- **IA_CC_15:** PSH Care Coordination
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **IA_EPA_3:** Collection and use of patient experience and satisfaction data on access
- **(*)(!) IA_EPA_8:** Provide Education Opportunities for New Clinicians
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_2:** Anticoagulant Management Improvements
- **(!) IA_PM_5:** Engagement of community for health status improvement
- **IA_PM_11:** Regular Review Practices in Place on Targeted Patient Population Needs
- **IA_PM_15:** Implementation of episodic care management practice improvements
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_1:** Participation in an AHRQ—listed patient safety organization

Modifications to Previously Finalized MVPs

Table B.1: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine 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 Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

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

- Emergency medicine
- 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

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Infectious Disease/ Antibiotic Stewardship	Q065: Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_EDV_1: Emergency Medicine
	Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Collection Type: MIPS CQM)	No	Yes	
	Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM)	No	Yes	
	(*) HCPR24: Appropriate Utilization of Vancomycin for Cellulitis (Collection Type: QCDR)	No	Yes	
Trauma	Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older (Collection Type: MIPS CQM)	No	Yes	COST_EDV_1: Emergency Medicine
	Q416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years (Collection Type: MIPS CQM)	No	Yes	
Orthopedic Emergencies	ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Acute Atraumatic Low Back Pain (Collection Type: QCDR)	No	Yes	COST_EDV_1: Emergency Medicine
	ECPR46: Avoidance of Opiates for Low Back Pain or Migraines (Collection Type: QCDR)	No	Yes	
Experience of Care	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	COST_EDV_1: Emergency Medicine



Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients (Collection Type: QCDR)	Yes	Yes	

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine Improvement Activities

- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- (!) IA_BMH_12: Promoting Clinician Wellbeing
- (**) IA_MVP: Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- IA_PSPA_1: Participation in an AHRQ-listed patient safety organization
- IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements
- (!) IA_PSPA_15: Implementation of an ASP



Table B.2: Advancing Cancer Care 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 Advancing Cancer Care MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

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

- Oncology
- Hematology
- 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

Advancing Cancer Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Medical Oncology	(*) Q450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer (Collection Type: MIPS CQM)	No	Yes	(*) TPCC_1: Total Per Capita Cost
	(*) Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy (Collection Type: MIPS CQM)	No	No	
	Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM)	No	No	COST_PC_1: Prostate Cancer
	Q490: Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors (Collection Type: MIPS CQM)	No	No	(*) TPCC_1: Total Per Capita Cost
	Q506: Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy (Collection Type: MIPS CQM)	No	Yes	(*) TPCC_1: Total Per Capita Cost
	Q507: Appropriate Germline Testing for Ovarian Cancer Patients (Collection Type: MIPS CQM)	No	No	
	(*) PIMSH13: Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to the Start of Targeted Therapy (Collection Type: QCDR)	No	Yes	

Advancing Cancer Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	PIMSH17: Oncology: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure) (Collection Type: QCDR)	No	Yes	(*) TPCC_1: Total Per Capita Cost
Radiation Oncology	Q102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_PC_1: Prostate Cancer
	(*) Q143: Oncology: Medical and Radiation – Pain Intensity Quantified (Collection Type: eCQM, MIPS CQM)	No	Yes	(*) TPCC_1: Total Per Capita Cost
	Q144: Oncology: Medical and Radiation - Plan of Care for Pain (Collection Type: MIPS CQM)	No	Yes	(*) TPCC_1: Total Per Capita Cost
Advancing Health and Wellness	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_PC_1: Prostate Cancer (*) TPCC_1: Total Per Capita Cost
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_PC_1: Prostate Cancer (*) TPCC_1: Total Per Capita Cost
	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	
	(*) Q453: Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better) (Collection Type: MIPS CQM)	No	Yes	
	(*) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better) (Collection Type: MIPS CQM)	Yes	Yes	
	Q495: Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	
	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	

Advancing Cancer Care Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA_BE_24:** Financial Navigation Program
- **(!) IA_BMH_12:** Promoting Clinician Well-Being
- **IA_CC_13:** Practice Improvements to Align with OpenNotes Principles
- **IA_CC_17:** Patient Navigator Program

- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high-risk patients
- **IA_PM_15:** Implementation of episodic care management practice improvements
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_13:** Participation in Joint Commission Evaluation Initiative
- **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 B.3: Advancing Care for Heart Disease 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 Advancing Care for Heart Disease MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

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

- Cardiology
- Internal medicine
- Family medicine
- 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

Advancing Care for Heart Disease MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Congestive Heart Failure	Q005: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	No	No	COST_HF_1: Heart Failure (*) TPCC_1: Total Per Capita Cost
	Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Collection Type: eCQM, MIPS CQM)	No	No	
	Q377: Functional Status Assessments for Heart Failure (Collection Type: eCQM)	No	Yes	
	Q492: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System (Collection Type: Administrative Claims)	Yes	Yes	
General Cardiology	Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy (Collection Type: MIPS CQM)	No	No	COST_HF_1: Heart Failure COST_EOPCI_1: Elective Outpatient Percutaneous Coronary Intervention (PCI)
	Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) (Collection Type: eCQM, MIPS CQM)	No	No	

Advancing Care for Heart Disease MVP

Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (Collection Type: MIPS CQM)	No	No	COST_STEMI_1: Inpatient (IP) Percutaneous Coronary Intervention (PCI)
	Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting (Collection Type: MIPS CQM)	No	Yes	(* TPCC_1: Total Per Capita Cost
	Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (Collection Type: MIPS CQM)	No	No	COST_HF_1: Heart Failure (* TPCC_1: Total Per Capita Cost
	(* Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	Yes	Yes	(* TPCC_1: Total Per Capita Cost
Electrophysiology	Q392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision (Collection Type: MIPS CQM)	Yes	Yes	COST_EOPCI_1: Elective Outpatient Percutaneous Coronary Intervention (PCI) COST_STEMI_1: Inpatient (IP) Percutaneous Coronary Intervention (PCI) MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Advancing Health and Wellness	(**) 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	COST_HF_1: Heart Failure COST_EOPCI_1: Elective Outpatient Percutaneous Coronary Intervention (PCI)
	(* Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_EOPCI_1: Elective Outpatient Percutaneous Coronary Intervention (PCI)
	Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_STEMI_1: Inpatient (IP) Percutaneous Coronary Intervention (PCI) (* TPCC_1: Total Per Capita Cost

Advancing Care for Heart Disease MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_HF_1: Heart Failure
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	COST_EOPCI_1: Elective Outpatient Percutaneous Coronary Intervention (PCI)
	(*) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	COST_STEMI_1: Inpatient (IP) Percutaneous Coronary Intervention (PCI) (*) TPCC_1: Total Per Capita Cost MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Advancing Care for Heart Disease Improvement Activities

- (*)(!) **IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **IA_BE_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA_BE_24:** Financial Navigation Program
- **IA_BE_25:** Drug Cost Transparency
- (!) **IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- (**) **IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PM_14:** Implementation of methodologies for improvements in longitudinal care management for high risk patients
- **IA_PSPA_4:** Administration of the AHRQ Survey of Patient Safety Culture
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements

Table B.4: Advancing Rheumatology Patient Care 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 Advancing Rheumatology Patient Care MVP to:

- Add 1 quality measures
- Remove 2 quality measures
- Remove 1 improvement activity

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

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

Advancing Rheumatology Patient Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Rheumatoid Arthritis	Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (Collection Type: MIPS CQM)	No	No	COST_RA_1: Rheumatoid Arthritis (* TPCC_1: Total Per Capita Cost)
	Q178: Rheumatoid Arthritis (RA): Functional Status Assessment (Collection Type: MIPS CQM)	No	No	
	Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management (Collection Type: MIPS CQM)	No	No	
Autoimmune/ Inflammatory Diseases	(* ACR12: Disease Activity Measurement for Patients with PsA (Collection Type: QCDR)	No	No	(* TPCC_1: Total Per Capita Cost)
	ACR14: Gout: Serum Urate Target (Collection Type: QCDR)	Yes	Yes	
	ACR15: Safe Hydroxychloroquine Dosing (Collection Type: QCDR)	No	Yes	COST_RA_1: Rheumatoid Arthritis (* TPCC_1: Total Per Capita Cost)
	UREQA10: Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function (Collection Type: QCDR)	Yes	Yes	(* TPCC_1: Total Per Capita Cost)
Advancing Health and Wellness	Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	COST_RA_1: Rheumatoid Arthritis
	(* Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	

Advancing Rheumatology Patient Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	(*) TPCC_1: Total Per Capita Cost
	(*) Q176: Tuberculosis Screening Prior to First Course Biologic Therapy (Collection Type: MIPS CQM)	No	No	
	(+) ACR10: Hepatitis B Safety Screening (Collection Type: QCDR)	No	Yes	
	UREQA9: Screening for Osteoporosis for Men Aged 70 Years and Older (Collection Type: QCDR)	No	No	
	(*) Q493: Adult Immunization Status (Collection Type: MIPS CQM)	No	No	
Experience of Care	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	COST_RA_1: Rheumatoid Arthritis (*) TPCC_1: Total Per Capita Cost

Advancing Rheumatology Improvement Activities

- **IA_BE_1:** Use of certified EHR to capture patient reported outcomes
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_15:** Engagement of Patients, Family, and Caregivers in Developing a Plan of Care
- **IA_BE_24:** Financial Navigation Program
- **IA_BE_25:** Drug Cost Transparency
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA_BMH_2:** Tobacco use
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **IA_PM_16:** Implementation of medication management practice improvements
- **IA_PSPA_28:** Completion of an Accredited Safety or Quality Improvement Program

Table B.5: Complete Ophthalmologic Care 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 Complete Ophthalmologic Care MVP to:

- Remove 1 quality measure
- Remove 2 improvement activities

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

- Ophthalmology
- Optometry
- 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

Complete Ophthalmologic Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Cataract	(* Q191 : Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (Collection Type: eCQM, MIPS CQM)	Yes	Yes	COST_IOL_1 Cataract Removal with Intraocular Lens (IOL) Implantation
	Q303 : Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Collection Type: MIPS CQM)	Yes	Yes	
	Q304 : Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery (Collection Type: MIPS CQM)	No	Yes	
	(* Q389 : Cataract Surgery: Difference Between Planned and Final Refraction (Collection Type: MIPS CQM)	Yes	Yes	
	IRIS54 : Complications After Cataract Surgery (Collection Type: QCDR)	Yes	Yes	
	IRIS61 : Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery (Collection Type: QCDR)	Yes	Yes	
General Ophthalmology	(* Q117 : Diabetes: Eye Exam (Collection Type: eCQM, MIPS CQM)	No	No	COST_IOL_1 Cataract Removal with Intraocular Lens (IOL) Implantation
	(* Q374 : Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	Yes	

Complete Ophthalmologic Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Retinal Disease	Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Collection Type: eCQM)	No	Yes	N/A
	Q384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery (Collection Type: MIPS CQM)	Yes	Yes	
	Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery (Collection Type: MIPS CQM)	Yes	Yes	
	Q499: Appropriate screening and plan of care for elevated intraocular pressure following intravitreal or periocular steroid therapy (Collection Type: MIPS CQM)	No	No	
	(* Q500: Acute posterior vitreous detachment appropriate examination and follow-up (Collection Type: MIPS CQM)	No	No	
	(* Q501: Acute posterior vitreous detachment and acute vitreous hemorrhage appropriate examination and follow-up (Collection Type: MIPS CQM)	No	No	
	(* IRIS13: Diabetic Macular Edema - Loss of Visual Acuity (Collection Type: QCDR)	Yes	Yes	
	IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (Collection Type: QCDR)	Yes	Yes	
Glaucoma	(* Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (Collection Type: eCQM)	No	No	N/A
	(* Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care (Collection Type: Medicare Part B Claims, MIPS CQM)	Yes	Yes	
	(* IRIS2: Glaucoma – Intraocular Pressure Reduction (Collection Type: QCDR)	Yes	Yes	
	IRIS39: Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure (Collection Type: QCDR)	Yes	Yes	
Advancing Health and Wellness	(* Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_IOL_1 Cataract Removal with Intraocular Lens (IOL) Implantation
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	

Complete Ophthalmologic Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Experience of Care	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	COST_IOL_1 Cataract Removal with Intraocular Lens (IOL) Implantation

Complete Ophthalmologic Care Improvement Activities

- (*)(!) IA_AHW_1: Chronic Care and Preventative Care Management for Empaneled Patients
- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_BE_25: Drug Cost Transparency
- (!) IA_CC_9: Implementation of practices/processes for developing regular individual care plans
- IA_CC_10: Care transition documentation practice improvements
- IA_CC_13: Practice improvements to align with OpenNotes principles
- (*) IA_EPA_7: Enhance Engagement of Medicaid and Other Underserved Populations
- (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_16: Implementation of medication management practice improvements
- IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements

Table B.6: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes 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 Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

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

- Neurology
- Neurosurgical
- Vascular surgery
- 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

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Stroke Prevention	Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_IHCL_1: Intracranial Hemorrhage or Cerebral Infarction
	Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (Collection Type: MIPS CQM)	No	No	
	Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (Collection Type: MIPS CQM)	Yes	No	
	Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	
	(* Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) (Collection Type: MIPS CQM)	Yes	Yes	
Stroke Care	Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy (Collection Type: MIPS CQM)	No	No	COST_IHCL_1: Intracranial Hemorrhage or Cerebral Infarction
	Q413: Door to Puncture Time for Endovascular Stroke Treatment (Collection Type: MIPS CQM)	Yes	Yes	
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_IHCL_1: Intracranial Hemorrhage or Cerebral Infarction
	Q495: Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes Improvement Activities

- **(*)(!)** IA_AHW_1: Chronic Care and Preventative Care Management for Empaneled Patients
- IA_BE_1: Use of certified EHR to capture patient reported outcomes
- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_BE_24: Financial Navigation Program
- **(!)** IA_BMH_15: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- IA_CC_13: Practice improvements to align with OpenNotes principles
- IA_CC_17: Patient Navigator Program
- **(**)** IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_15: Implementation of episodic care management practice improvements

Table B.7: Dermatological Care 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 Dermatological Care MVP to:

- Add 2 quality measures
- Remove 4 quality measures
- Remove 1 improvement activity

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

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

Dermatological Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Skin Cancer	Q397: Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_MR_1: Melanoma Resection
	Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM)	No	Yes	
	Q509: Melanoma: Tracking and Evaluation of Recurrence (Collection Type: MIPS CQM)	No	No	
	AAD6: Skin Cancer: Biopsy Reporting Time – Clinician to Patient (Collection Type: QCDR)	No	Yes	
	AAD12: Melanoma: – Appropriate Surgical Margins (Collection Type: QCDR)	Yes	Yes	
	AAD16: Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Procedures (Collection Type: QCDR)	No	Yes	
Inflammatory Conditions	(*) Q176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (Collection Type: MIPS CQM)	No	Yes	N/A
	Q486: Dermatitis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQM)	Yes	Yes	
	Q410: Psoriasis: Clinical Response to Systemic Medications (Collection Type: MIPS CQM)	Yes	Yes	

Dermatological Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	Q485: Psoriasis – Improvement in Patient-Reported Itch Severity (Collection Type: MIPS CQM)	Yes	Yes	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_MR_1: Melanoma Resection
Experience of Care	(+) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_MR_1: Melanoma Resection
	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	
	AAD8: Chronic Skin Conditions: Patient Reported Quality-of-Life (Collection Type: QCDR)	No	Yes	N/A
Advancing Health and Wellness	(+) Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	No	Yes	N/A

Dermatological Care Improvement Activities

- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- IA_EPA_2: Use of telehealth services that expand practice access
- (*) IA_EPA_7: Enhance Engagement of Medicaid and Other Underserved Populations
- (*)(!) IA_EPA_8: Provide Education Opportunities for New Clinicians
- (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_16: Implementation of medication management practice improvements
- IA_PSPA_8: Use of Patient Safety Tools

Table B.8: Focusing on Women’s Health 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 Focusing on Women’s Health MVP to:

- Remove 1 quality measure
- Remove 4 improvement activities

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

- Gynecology
- Obstetrics
- Urogynecology
- NPPs such as certified nurse mid-wives, 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

Focusing on Women’s Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Obstetrics	Q335: Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse) (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q336: Maternity Care: Postpartum Follow-up and Care Coordination (Collection Type: MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician (*) TPCC_1: Total Per Capita Cost
	Q496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument (Collection Type: MIPS CQM)	No	No	(*) TPCC_1: Total Per Capita Cost
Gynecology	Q422: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q432: Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair (Collection Type: MIPS CQM)	Yes	Yes	
	Q448: Appropriate Workup Prior to Endometrial Ablation (Collection Type: MIPS CQM)	No	Yes	

Focusing on Women's Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Advancing Health and Wellness	Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims, MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician (*) TPCC_1: Total Per Capita Cost
	Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	No	No	
	(*)(**) Q112: Breast Cancer Screening (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q309: Cervical Cancer Screening (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	
	Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (Collection Type: MIPS CQM)	No	No	
	Q475: HIV Screening (Collection Type: eCQM)	No	No	
	(*) Q493: Adult Immunization Status (Collection Type: MIPS CQM)	No	No	
	UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level (Collection Type: QCDR)	Yes	Yes	

Focusing on Women's Health Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **(!) IA_BE_16:** Promote Self-management in Usual Care
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_BMH_11:** Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice
- **(!) IA_BMH_14:** Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women
- **(!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(*) IA_EPA_7:** Enhance Engagement of Medicaid and Other Underserved Populations

- **(**)** IA_MVP: Practice-Wide Quality Improvement in the MIPS Value Pathways Program
- **(!)** IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines

Table B.9: Gastroenterology Care 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 Gastroenterology Care MVP to:

- Add 1 quality measure
- Remove 2 quality measures
- Remove 2 improvement activities
- Add 1 cost measure

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

- Gastroenterology
- 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

Gastroenterology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Interventional/ Endoscopy	(* GIQIC26 : Screening Colonoscopy Adenoma Detection Rate (Collection Type: QCDR))	Yes	Yes	COST_SSC_1 : Screening/Surveillance Colonoscopy (* TPCC_1 : Total Per Capita Cost)
	N/A	N/A	N/A	(+ COST_LGH_1 : Lower Gastrointestinal Hemorrhage)
Hepatobiliary	Q400 : One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Collection Type: MIPS CQM)	No	No	(* TPCC_1 : Total Per Capita Cost)
	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	
Inflammatory	Q275 : Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (Collection Type: MIPS CQM)	No	No	(* TPCC_1 : Total Per Capita Cost)

Gastroenterology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Gastroenterology	(* Q374: Closing the Referral Loop: Receipt of Specialist Report (Collection Type: eCQM, MIPS CQM)	No	No	COST_SSC_1: Screening/Surveillance Colonoscopy (* TPCC_1: Total Per Capita Cost (+) COST_LGH_1: Lower Gastrointestinal Hemorrhage
Advancing Health and Wellness	(*)(** Q113: Colorectal Cancer Screening (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_SSC_1: Screening/Surveillance Colonoscopy (* TPCC_1: Total Per Capita Cost (+) COST_LGH_1: Lower Gastrointestinal Hemorrhage
	(* Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q320: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	
	GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy (Collection Type: QCDR)	No	Yes	
	(* NHCR4: Repeat screening or surveillance colonoscopy recommended within one year due to inadequate bowel preparation (Collection Type: QCDR)	No	Yes	
Experience of Care	(* Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	COST_SSC_1: Screening/Surveillance Colonoscopy (* TPCC_1: Total Per Capita Cost

Gastroenterology Care Improvement Activities

- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- (*)(!) IA_BE_26: Promote Use of Patient-Reported Outcome Tools
- IA_CC_7: Regular training in care coordination
- (!) IA_CC_9: Implementation of practices/processes for developing regular individual care plans
- IA_CC_10: Care transition documentation practice improvements
- IA_CC_13: Practice improvements to align with OpenNotes principles
- (*)(!) IA_EPA_8: Provide Education Opportunities for New Clinicians
- (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways

Table B.10: Improving Care for Lower Extremity Joint Repair 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 Improving Care for Lower Extremity Joint Repair MVP to:

- Remove 1 quality measure
- Remove 2 improvement activities

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

- Orthopedic surgery
- 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

Improving Care for Lower Extremity Joint Repair MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Non-Surgical	Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_PHA_1: Elective Primary Hip Arthroplasty COST_KA_1: Knee Arthroplasty
Surgical	Q350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy (Collection Type: MIPS CQM)	No	Yes	COST_PHA_1: Elective Primary Hip Arthroplasty
	Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (Collection Type: MIPS CQM)	No	Yes	COST_KA_1: Knee Arthroplasty
	(* Q376: Functional Status Assessment for Total Hip Replacement (Collection Type: eCQM)	No	Yes	COST_PHA_1: Elective Primary Hip Arthroplasty
	Q470: Functional Status After Primary Total Knee Replacement (Collection Type: MIPS CQM)	Yes	Yes	COST_KA_1: Knee Arthroplasty
	(* Q480: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) (Collection Type: Administrative Claims)	Yes	Yes	COST_PHA_1: Elective Primary Hip Arthroplasty COST_KA_1: Knee Arthroplasty
Advancing Health and Wellness	(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	No	No	COST_PHA_1: Elective Primary Hip Arthroplasty

Improving Care for Lower Extremity Joint Repair MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)			COST_KA_1: Knee Arthroplasty

Improving Care for Lower Extremity Joint Repair Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_7:** Regular training in care coordination
- **(!) IA_CC_9:** Implementation of practices/processes for developing regular individual care plans
- **IA_CC_13:** Practice Improvements to Align with OpenNotes Principles
- **IA_CC_15:** PSH Care Coordination
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_18:** Measurement and improvement at the practice and panel level



Table B.11: Optimal Care for Kidney Health 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 Optimal Care for Kidney Health MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Remove 3 improvement activities

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

- Nephrology

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

Optimal Care for Kidney Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Nephrology	Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_AKID_1: Acute Kidney Injury Requiring New Inpatient Dialysis
	Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_CKD_1: Chronic Kidney Disease (CKD) COST_ESRD_1: End-Stage Renal Disease COST_KTM_1: Kidney Transplant Management (*) TPCC_1: Total Per Capita Cost
	(*) Q488: Kidney Health Evaluation (Collection Type: eCQM, MIPS CQM)	No	No	(*) TPCC_1: Total Per Capita Cost
	Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy (Collection Type: MIPS CQM)	No	No	COST_CKD_1: Chronic Kidney Disease (CKD) COST_ESRD_1: End-Stage Renal Disease (*) TPCC_1: Total Per Capita Cost

Optimal Care for Kidney Health MVP

Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Dialysis/Transplant	Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (Collection Type: MIPS CQM)	Yes	Yes	COST_CKD_1: Chronic Kidney Disease (CKD) COST_ESRD_1: End-Stage Renal Disease (* TPCC_1: Total Per Capita Cost)
	Q510: First Year Standardized Waitlist Ratio (FYSWR) (Collection Type: MIPS CQM)	Yes	No	COST_ESRD_1: End-Stage Renal Disease (* TPCC_1: Total Per Capita Cost)
	Q511: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (Collection Type: MIPS CQM)	No	No	
	(^)(+) Q512: Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR) (Collection Type: MIPS CQM)	No	No	
Advancing Health and Wellness	(* Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	COST_AKID_1: Acute Kidney Injury Requiring New Inpatient Dialysis
	(* Q493: Adult Immunization Status (Collection Type: MIPS CQM)	No	No	COST_CKD_1: Chronic Kidney Disease (CKD) COST_ESRD_1: End-Stage Renal Disease COST_KTM_1: Kidney Transplant Management (* TPCC_1: Total Per Capita Cost)
Experience of care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_AKID_1: Acute Kidney Injury Requiring New Inpatient Dialysis
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	COST_CKD_1: Chronic Kidney Disease (CKD) COST_ESRD_1: End-Stage Renal Disease COST_KTM_1: Kidney Transplant Management
	(* Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (Collection Type: MIPS CQM)	Yes	Yes	

Optimal Care for Kidney Health MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				(*) TPCC_1: Total Per Capita Cost

Optimal Care for Kidney Health Improvement Activities

- (*)(!) IA_AHW_1: Chronic Care and Preventative Care Management for Empaneled Patients
- IA_BE_4: Engagement of Patients through Implementation of New Patient Portal
- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care
- IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- (!) IA_BE_16: Promote Self-management in Usual Care
- (*)(!) IA_BE_26: Promote Use of Patient-Reported Outcome Tools
- IA_CC_13: Practice Improvements to Align with OpenNotes Principles
- (**) 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_16: Implementation of medication management practice improvements
- 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

Table B.12 Optimal Care for Patients with Urologic Conditions 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 Optimal Care for Patients with Urologic Conditions MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

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

- General urologists
- Urology oncologists
- 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

Optimal Care for Patients with Urologic Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Urological Cancer	Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Collection Type: eCQM)	No	No	COST_PC_1: Prostate Cancer
	Q476: Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia (Collection Type: eCQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q481: Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer (Collection Type: eCQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	AQUA8: Hospital Admissions or Infectious Complications Within 30 days of Prostate Biopsy (Collection Type: QCDR)	Yes	Yes	COST_PC_1: Prostate Cancer MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	AQUA16: Non-Muscle Invasive Bladder Cancer: Repeat Transurethral Resection of Bladder Tumor (TURBT) for T1 disease (Collection Type: QCDR)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	MUSIC4: Prostate Cancer: Active Surveillance/Watchful Waiting for Newly Diagnosed Low Risk Prostate Cancer Patients (Collection Type: QCDR)	No	Yes	COST_PC_1: Prostate Cancer MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Optimal Care for Patients with Urologic Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
General Urology	Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	No	Yes	COST_RUSST_1: Renal or Ureteral Stone Surgical Treatment MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	AQUA14: Stones: Repeat Shock Wave Lithotripsy (SWL) Within 6 Months of Initial Treatment (Collection Type: QCDR)	Yes	Yes	
	AQUA15: Stones: Urinalysis or Urine Culture Performed Before Surgical Stone Procedures (Collection Type: QCDR)	No	Yes	
Advancing Health and Wellness	Q318: Falls: Screening for Future Fall Risk (Collection Type: eCQM)	No	Yes	COST_PC_1: Prostate Cancer COST_RUSST_1: Renal or Ureteral Stone Surgical Treatment MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	COST_PC_1: Prostate Cancer COST_RUSST_1: Renal or Ureteral Stone Surgical Treatment MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	
	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	

Optimal Care for Patients with Urologic Conditions Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_15:** Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_7:** Regular training in care coordination
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- **IA_CC_17:** Patient Navigator Program
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_17:** Participation in Population Health Research
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_12:** Participation in private payer CPIA

- **IA_PSPA_21:** Implementation of fall screening and assessment programs

Table B.13: Patient Safety and Support of Positive Experiences with Anesthesia 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 Patient Safety and Support of Positive Experiences with Anesthesia MVP to:

- Remove 2 quality measures
- Remove 2 improvement activities

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

- Anesthesiology
- NPPs such as certified registered nurse anesthetists (CRNAs) 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

Patient Safety and Support of Positive Experiences with Anesthesia MVP				
Condition	Quality			Cost
	Measure	Outcome	High Priority	
Sedation/General Anesthesia	Q404: Anesthesiology Smoking Abstinence (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy (Collection Type: MIPS CQM)	No	Yes	
	Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) (Collection Type: MIPS CQM)	No	Yes	
	ABG44: Low Flow Inhalational General Anesthesia (Collection Type: QCDR)	No	Yes	
	EPREOP31: Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases (Collection Type: QCDR)	Yes	Yes	
Pain Management	Q477: Multimodal Pain Management (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Experience of Care	AQI48: Patient-Reported Experience with Anesthesia (Collection Type: QCDR)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Patient Safety and Support of Positive Experiences with Anesthesia Improvement Activities

- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_22:** Improved practices that engage patients pre-visit
- **(!) IA_BMH_2:** Tobacco use

- **IA_CC_15:** PSH Care Coordination
- **IA_CC_19:** Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_1:** Participation in an AHRQ-listed patient safety organization
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_16:** Use 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

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

Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV 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: eCQM, 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

Table B.15: Pulmonology Care 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 Pulmonology Care MVP to:

- Remove 1 quality measure
- Remove 3 improvement activities

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

- Pulmonology
- Sleep medicine
- 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

Pulmonology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Asthma	Q398: Optimal Asthma Control (Collection Type: MIPS CQM)	Yes	Yes	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
COPD	Q052: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy (Collection Type: MIPS CQM)	No	No	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	ACEP25: Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD (Collection Type: QCDR)	No	No	COST_COPDE_1: Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
Sleep Medicine	Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	No	No	N/A
	Q279: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy (Collection Type: MIPS CQM)	No	No	
Advancing Health and Wellness	(**) 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	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_COPDE_1: Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)

Pulmonology Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(*) Q503 : Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	COST_COPDE_1 : Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation

Pulmonology Care Improvement Activities

- **(*)(!)** **IA_AHW_1**: Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_23**: Integration of patient coaching practices between visits
- **(*)(!)** **IA_BE_26**: Promote Use of Patient-Reported Outcome Tools
- **IA_CC_9**: Implementation of practices/processes for developing regular individual care plans
- **IA_EPA_2**: Use of telehealth services that expand practice access
- **(**)** **IA_MVP**: Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_16**: Implementation of medication management practice improvements

Table B.16: Quality Care for Patients with Neurological Conditions 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 Quality Care for Patients with Neurological Conditions MVP to:

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

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

- Neurology
- 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

Quality Care for Patients with Neurological Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Brain Conditions	Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy (Collection Type: MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Dementia	(*) Q281: Dementia: Cognitive Assessment (Collection Type: eCQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q282: Dementia: Functional Status Assessment (Collection Type: MIPS CQM)	No	No	
	Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
	Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQM)	No	Yes	
Neurodegenerative Disorders	Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson’s Disease (Collection Type: MIPS CQM)	No	No	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q293: Rehabilitative Therapy Referral for Patients with Parkinson’s Disease (Collection Type: MIPS CQM)	No	Yes	
	Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (Collection Type: MIPS CQM)	No	Yes	
	(*) Q130: Documentation of Current Medications in the Medical Record (Collection Type: eCQM, MIPS CQM)	No	Yes	

Quality Care for Patients with Neurological Conditions MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Advancing Health and Wellness	Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	(^)(+) Q513: Patient reported falls and plan of care (Collection Type: MIPS CQM)	No	Yes	
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood (Collection Type: MIPS CQM)	Yes	Yes	
	(*) Q503: Gains in Patient Activation Measure (PAM) Scores at 12 Months (PAM Performance Measure, PAM-PM) (Collection Type: MIPS CQM)	Yes	Yes	

Quality Care for Patients with Neurological Conditions Improvement Activities

- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **(!) IA_BE_16:** Promote Self-management in Usual Care
- **IA_BE_24:** Financial Navigation Program
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA_BMH_4:** Depression screening
- **IA_EPA_2:** Use of telehealth services that expand practice access
- **(**) 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_16:** Implementation of medication management practice improvements
- **IA_PM_21:** Advance Care Planning
- **IA_PSPA_21:** Implementation of fall screening and assessment programs

Table B.17: Quality Care for the Treatment of Ear, Nose, and Throat Disorders 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 Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP to:

- Add 1 quality measure
- Remove 1 quality measure
- Remove 3 improvement activities

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

- Otolaryngology
- NPPs such as audiologists, 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
- + Measures and improvement activities finalized for addition to a previously finalized MVP

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Otology	AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation (Collection Type: QCDR)	No	No	N/A
	AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME > or = 3 months (Collection Type: QCDR)	No	No	
Sleep Disorders	Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	No	No	N/A
General Otolaryngology	Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM)	No	Yes	N/A
	Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use) (Collection Type: MIPS CQM)	No	Yes	
	(+) AAO16: Age-Related Hearing Loss: Audiometric Evaluation (Collection Type: QCDR)	No	Yes	
Surgical	Q355: Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	(*) Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	Yes	Yes	

Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Advancing Health and Wellness	(**) 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	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	

Quality Care for the Treatment of Ear, Nose, and Throat Disorders 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_BE_26: Promote Use of Patient-Reported Outcome Tools
- IA_CC_13: Practice improvements to align with OpenNotes principles
- (**) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways
- IA_PM_16: Implementation of medication management practice improvements
- IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements



Table B.18: Quality Care in Mental Health and Substance Use Disorders 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 Quality Care in Mental Health and Substance Use Disorders MVP to:

- Remove 1 quality measure
- Remove 5 improvement activities

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

- Mental health
- Behavioral health
- Psychiatry
- NPPs such as clinical social workers, 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

Quality Care in Mental Health and Substance Use Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Mental Health— General	Q009: Anti-Depressant Medication Management (Collection Type: eCQM)	No	No	COST_DEP_1: Depression
	(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_DEP_1: Depression COST_PRC_1: Psychoses/Related Conditions MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q366: Follow-Up Care for Children Prescribed ADHD Medication (Collection Type: eCQM)	No	No	N/A
	Q370: Depression Remission at Twelve Months (Collection Type: eCQM, MIPS CQM)	Yes	Yes	COST_DEP_1: Depression COST_PRC_1: Psychoses/Related Conditions
	Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQM)	Yes	Yes	COST_PRC_1: Psychoses/Related Conditions
	MBHR2: Anxiety Response at 6-months (Collection Type: QCDR)	Yes	Yes	COST_DEP_1: Depression COST_PRC_1:

Quality Care in Mental Health and Substance Use Disorders MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				Psychoses/Related Conditions
	MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR)	Yes	Yes	N/A
Mental Health— Suicide	Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM)	No	Yes	COST_DEP_1: Depression
	Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQM)	No	Yes	COST_PRC_1: Psychoses/Related Conditions
	Q505: Reduction in Suicidal Ideation or Behavior Symptoms (Collection Type: MIPS CQM)	Yes	Yes	
Substance Use Disorder	Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM)	No	Yes	N/A
	Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (Collection Type: MIPS CQM)	No	Yes	
Experience of Care	Q502: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder (Collection Type: MIPS CQM)	Yes	Yes	COST_DEP_1: Depression COST_PRC_1: Psychoses/Related Conditions MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Quality Care in Mental Health and Substance Use Improvement Activities

- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(!) IA_BE_16:** Promote Self-management in Usual Care
- **IA_BE_23:** Integration of patient coaching practices between visits
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **(!) IA_BMH_2:** Tobacco use
- **(!) IA_BMH_5:** MDD prevention and treatment interventions
- **IA_BMH_7:** Implementation of Integrated Patient Centered Behavioral Health Model
- **(!) IA_BMH_14:** Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women
- **(!) IA_BMH_15:** Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **IA_EPA_2:** Use of telehealth services that expand practice access

- (*) **IA_EPA_7: Enhance** Engagement of Medicaid and Other Underserved Populations
- (**) **IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- (!) **IA_PSPA_32:** Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

Table B.19: Rehabilitative Support for Musculoskeletal Care 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 Rehabilitative Support for Musculoskeletal Care MVP to:

- Add 2 quality measures
- Remove 1 quality measure
- Add 3 improvement activities
- Remove 4 improvement activities

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

- Chiropractic
- Physiatry
- Physical therapy
- Occupational therapy
- 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
- + Measures and improvement activities finalized for addition to a previously finalized MVP

Rehabilitative Support for Musculoskeletal Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Orthopedic	(+) Q182: Functional Outcome Assessment (Collection Type: MIPS CQM)	No	Yes	COST_LBP_1: Low Back Pain
	Q217: Functional Status Change for Patients with Knee Impairments (Collection Type: MIPS CQM)	Yes	Yes	N/A
	Q218: Functional Status Change for Patients with Hip Impairments (Collection Type: MIPS CQM)	Yes	Yes	
	Q219: Functional Status Change with Lower Leg, Foot or Ankle Impairments (Collection Type: MIPS CQM)	Yes	Yes	
	Q220: Functional Status Change for Patients with Low Back Impairments (Collection Type: MIPS CQM)	Yes	Yes	COST_LBP_1: Low Back Pain
	Q221: Functional Status Change for Patients with Shoulder Impairments (Collection Type: MIPS CQM)	Yes	Yes	N/A
	Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments (Collection Type: MIPS CQM)	Yes	Yes	
	Q478: Functional Status Change for Patients with Neck Impairments (Collection Type: MIPS CQM)	Yes	Yes	

Rehabilitative Support for Musculoskeletal Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	(* MSK6 : Patients Suffering From a Neck Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	COST_LBP_1: Low Back Pain
	(* MSK7 : Patients Suffering From an Upper Extremity Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	
	(* MSK8 : Patients Suffering From a Back Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	
	(* MSK9 : Patients Suffering From a Lower Extremity Injury who Improve Pain (Collection Type: QCDR)	Yes	Yes	N/A
Geriatric	Q050 : Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQM)	No	Yes	N/A
Advancing Health and Wellness	(**) 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	COST_LBP_1: Low Back Pain
	(+)(*) Q134 : Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	
	Q155 : Falls: Plan of Care (Collection Type: MIPS CQM)	No	Yes	

Rehabilitative Support for Musculoskeletal Care Improvement Activities

- (+)(*)(!) **IA_AHW_1**: Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_6**: Regularly Assess Patient Experience of Care and Follow Up on Findings
- (+) **IA_BE_15**: Engagement of Patients, Family and Caregivers in Developing a Plan of Care
- (+)(!) **IA_BE_16**: Promote Self-management in Usual Care
- (*)(!) **IA_BE_26**: Promote Use of Patient-Reported Outcome Tools
- (!) **IA_BMH_12**: Promoting Clinician Well-Being
- (!) **IA_BMH_15**: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults
- **IA_CC_8**: Implementation of documentation improvements for practice/process improvements
- **IA_CC_12**: Care coordination agreements that promote improvements in patient tracking across settings
- **IA_EPA_2**: Use of telehealth services that expand practice access
- **IA_EPA_3**: Collection and use of patient experience and satisfaction data on access
- (*)(!) **IA_EPA_8**: **Provide** Education Opportunities for New Clinicians
- (**) **IA_MVP**: Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PSPA_16**: Use 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_21:** Implementation of fall screening and assessment programs

Table B.20: Surgical Care 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 Surgical Care MVP to:

- Remove 2 quality measures
- Remove 2 improvement activities

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

- General surgery
- Neurosurgery
- Cardiothoracic surgery
- 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

Surgical Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Cardiothoracic Surgery	Q164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Collection Type: MIPS CQM)	Yes	Yes	COST_NECABG_1: Non-Emergent Coronary Artery Bypass Graft (CABG) MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q167: Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure (Collection Type: MIPS CQM)	Yes	Yes	
	Q168: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration (Collection Type: MIPS CQM)	Yes	Yes	
	Q445: Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG) (Collection Type: MIPS CQM)	Yes	Yes	
General Surgery	Q354: Anastomotic Leak Intervention (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q355: Unplanned Reoperation within the 30-Day Postoperative Period (Collection Type: MIPS CQM)	Yes	Yes	COST_LPMSM_1: Lumpectomy, Partial Mastectomy, Simple Mastectomy COST_CRR_1: Colon and Rectal Resection COST_FIHR_1: Femoral or Inguinal Hernia Repair

Surgical Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
				MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	(* Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM)	Yes	Yes	COST_LSFDD_1: Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels COST_LPMSM_1: Lumpectomy, Partial Mastectomy, Simple Mastectomy COST_CRR_1: Colon and Rectal Resection COST_FIHR_1: Femoral or Inguinal Hernia Repair MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Neurosurgical	Q459: Back Pain After Lumbar Surgery (Collection Type: MIPS CQM)	Yes	Yes	COST_LSFDD_1: Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
	Q461: Leg Pain After Lumbar Surgery (Collection Type: MIPS CQM)	Yes	Yes	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q471: Functional Status After Lumbar Surgery (Collection Type: MIPS CQM)	Yes	Yes	
Advancing Health and Wellness	Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_NECABG_1: Non-Emergent Coronary Artery Bypass Graft (CABG) COST_LSFDD_1: Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels COST_LPMSM_1: Lumpectomy, Partial Mastectomy, Simple Mastectomy COST_CRR_1: Colon and Rectal Resection COST_FIHR_1: Femoral or Inguinal Hernia Repair MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
	Q047: Advance Care Plan	No	Yes	

Surgical Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Experience of Care	(Collection Type: Medicare Part B Claims, MIPS CQM)			COST_NECABG_1: Non-Emergent Coronary Artery Bypass Graft (CABG)
	Q358: Patient-Centered Surgical Risk Assessment and Communication (Collection Type: MIPS CQM)	No	Yes	COST_LSFDD_1: Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels COST_LPMSM_1: Lumpectomy, Partial Mastectomy, Simple Mastectomy COST_CRR_1: Colon and Rectal Resection COST_FIHR_1: Femoral or Inguinal Hernia Repair MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician

Surgical Care Improvement Activities

- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- **(*)(!) IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_15:** PSH Care Coordination
- **IA_CC_17:** Patient Navigator Program
- **IA_CC_18:** Relationship-Centered Communication
- **(**) IA_MVP:** Practice-Wide Quality Improvement in MIPS Value Pathways
- **IA_PM_11:** Regular review practices in place on targeted patient population needs
- **IA_PSPA_7:** Use of QCDR data for ongoing practice assessment and improvements
- **IA_PSPA_8:** Use of Patient Safety Tools

Table B.21: Value in Primary Care 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 Value in Primary Care MVP to:

- Remove 1 quality measure
- Remove 4 improvement activities

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

- Family medicine
- Geriatrics
- Internal Medicine
- Preventive medicine
- 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

Value in Primary Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
Chronic Conditions	Q001: Diabetes: Glycemic Status Assessment Greater Than 9% (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_D_1: Diabetes (* TPCC_1: Total Per Capita Cost
	Q236: Controlling High Blood Pressure (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	Yes	Yes	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD) COST_D_1: Diabetes COST_DEP_1: Depression COST_HF_1: Heart Failure (* TPCC_1: Total Per Capita Cost
	Q305: Initiation and Engagement of Substance Use Disorder Treatment (Collection Type: eCQM)	No	Yes	N/A
	Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Collection Type: eCQM, MIPS CQM)	No	No	TPCC_1: Total Per Capita Cost

Value in Primary Care MVP				
Clinical Grouping	Quality			Cost
	Measure	Outcome	High Priority	
	Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQM)	No	Yes	COST_DEP_1: Depression (* TPCC_1: Total Per Capita Cost
Advancing Health and Wellness	(* Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	No	No	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	Q475: HIV Screening (Collection Type: eCQM)	No	No	COST_D_1: Diabetes
	(* Q493: Adult Immunization Status (Collection Type: MIPS CQM)	No	No	COST_DEP_1: Depression
	Q497: Preventive Care and Wellness (composite) (Collection Type: MIPS CQM)	No	No	COST_HF_1: Heart Failure (* TPCC_1: Total Per Capita Cost
Experience of Care	Q047: Advance Care Plan (Collection Type: Medicare Part B Claims, MIPS CQM)	No	Yes	COST_ACOPD_1: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
	Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	No	Yes	COST_D_1: Diabetes
	Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) (Collection Type: MIPS CQM)	Yes	Yes	COST_DEP_1: Depression COST_HF_1: Heart Failure (* TPCC_1: Total Per Capita Cost

Value in Primary Care Improvement Activities

- (*)(!) **IA_AHW_1:** Chronic Care and Preventative Care Management for Empaneled Patients
- **IA_BE_4:** Engagement of Patients through Implementation of New Patient Portal
- **IA_BE_6:** Regularly Assess Patient Experience of Care and Follow Up on Findings
- **IA_BE_12:** Use evidence-based decision aids to support shared decision-making
- (*)(!) **IA_BE_26:** Promote Use of Patient-Reported Outcome Tools
- **IA_CC_13:** Practice improvements to align with OpenNotes principles
- (**) **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_16:** Implementation of medication management practice improvements
- (!) **IA_PM_22:** Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services

- **(!) IA_PM_23:** Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines
- **(!) IA_PM_25:** Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk

Version History

Date	Change Description
10/28/2025	Original version.