

MIPS Value Pathways (MVPs) in 2026

MIPS Value Pathways (MVPs) are the next generation of Quality Payment Program (QPP) quality reporting for MIPS participants. MVPs are in development by the Centers for Medicare and Medicaid Services (CMS) as a way to make quality reporting more meaningful and relevant to different types of practices and providers.

Why should you consider an MVP submission?

MVPs limit your exposure to Cost measures

In traditional MIPS, you will be scored on any Cost measure for which you have 20 or more patients in the denominator. When you choose an MVP, you limit yourself to just the Cost measures that are included in that specific MVP.

MVPs simplify the reporting process compared to Traditional MIPS

MVPs require fewer Quality measures (four instead of six) and Improvement Activities (one instead of two).

MVPs are the future of MIPS participation

CMS continues to move toward the sunset of Traditional MIPS, although a specific date has not yet been set. Taking advantage of an MVP submission now gives you time to adjust your processes and prepare for this transition.

Changes to MVPs in the 2026 Final Rule

Six New MVPs have been added for 2026

There will be 27 MVPs available in the 2026 Performance Year, with the following options added:

New MVP	Associated Cost Measures
Diagnostic Radiology	MSPB Clinician
Interventional Radiology	MSPB Clinician, Hemodialysis Access Creation, Intracranial Hemorrhage or Cerebral Infarction
Neuropsychology	MSPB Clinician, Total Per Capita Cost
Pathology	MSPB Clinician
Podiatry	MSPB Clinician
Vascular Surgery	Hemodialysis Access Creation, MSPB Clinician, Revascularization for Lower Extremity Chronic Critical Limb Ischemia

Additional changes to MVPs in the 2026 Final Rule

MVP Specifications have been reformatted

MVP specifications have been reformatted to organize options by clinical subjects or topics. This reformatting is meant to help guide participants to the measures most appropriate for their particular scope of practice. You are still required to choose four Quality measures from your chosen MVP, and you'll be scored on whatever Cost measures are in that MVP for which you have at least 20 eligible patients.

Mandatory subgroups for large multi-specialty groups

Large multi-specialty groups (15 or more clinicians) are now required to break into specialty-specific subgroups to participate in an MVP. Multi-specialty groups that meet the requirements of a small practice (15 or fewer clinicians) can still choose a single MVP to report as a group.

Self-attestation of specialty composition

At the time you register for an MVP, you will now attest to your multi- or single-specialty status and declare your specialty. CMS defines "single-specialty" as a practice where all clinicians are in one specialty, or, even if they are in different specialties, they are all involved in a single focus of care.

MVP registration requirements

You can register for your MVP submission between April 1st and December 1st of the Performance Year. When registering, you will declare whether you are a single or multi-specialty group, and you will define your subgroup or subgroups as you choose your MVP.

- Note: If you're going to use CAHPS for MIPS, there's a separate registration process for this survey measure. You must register for this by June 30th instead of December 1st.

Tips for Success with MIPS Value Pathways

- As with Traditional MIPS, it's important to engage early and often with your MVP reporting project and your Mingle Health Consultant. Your Consultant can work with you to select the right MVP, help you understand the requirements, and create a plan for gathering the necessary data.
- Carefully review the requirements for the MVP option you select. Be sure to understand the Quality measures, Improvement Activities, and Cost measures that will apply to your submission. If you have questions, get in touch with your Mingle Health Consultant as often as needed.
- Consider a side-by-side submission using Traditional MIPS and MIPS Value Pathways. Now is a great time to familiarize yourself with the MVP submission process before the end of Traditional MIPS. If you decide to make a Traditional MIPS and an MVP submission, you will receive the best score of the two for the performance year.
- Read future Proposed Rules and take advantage of the comment period after each proposal. As MVPs develop, your experience and ideas can be a vital part of ensuring that that MVPs become a viable, sustainable, and impactful quality reporting method for all stakeholders.

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Traditional MIPS vs. MIPS Value Pathways Requirements		
Traditional MIPS	Quality	- You must submit data for at least six Quality measures, including one outcome measure or high priority measure. - Measures can be selected from the full list of MIPS Quality measures.
	Cost	- No submission is required, CMS calculates your performance using claims data. - You can be subject to the full list of Cost measures if you meet case minimums.
	Promoting Interoperability	- You are required to use an Electronic Health Record (EHR) that meets ONC certification requirements. - You must submit for required measures in each PI objective, for a 180-day reporting period. - Required to submit "Yes" attestations to a list of statements in the category.
	Improvement Activities	- You must submit two Improvement Activities. - If you have a special status, you are only required to submit one Improvement Activity.
MIPS Value Pathways	Quality	- You are required to submit four Quality measures from the shortened list of available measures for your chosen MVP. - One measure must be an outcome measure, or a high priority measure if no outcome measures are available.
	Cost	- No submission is required, your performance is calculated using claims data. - You are only subject to the shortened list of Cost measures applicable to your chosen MVP, instead of the full list of Cost measures in Traditional MIPS.
	Promoting Interoperability	The PI requirements for MVPs are the same as Traditional MIPS.
	Improvement Activities	You must submit one Improvement Activity in your MVP submission.

Optimize Your MIPS Performance

Success in MIPS is a 5-Quarter Cycle

MIPS Performance Year	Quarter One: Planning and Review	- Start early! Schedule your kickoff call with your Mingle Health Consultant to discuss goals, previous performance, and potential challenges. - Review new and retired Quality measures and Improvement Activities to identify the best options. - Review Quality measure benchmarks to ensure that updated benchmarks for previously selected measures won't have a negative impact on your score. - Consider any technical challenges that may impact reporting in the coming year, such as switching EHRs or billing companies, and any new requirements from your selected measures and activities. - Make a plan for the 180-day PI reporting period.
	Quarter Two: Implementation and Validation	- Regularly upload your data to Mingle Health. - Work with your Consultant to analyze your data to identify trends, vulnerabilities, and concerns. - Confirm whether your selected measures are a good fit, or make adjustments as needed.
	Quarter Three: Feedback Reports and Proposed Rule Review	- Review CMS feedback reports with your Consultant to understand the prior year's performance. - CMS publishes the Proposed Rule outlining intended changes for the coming year. - Take advantage of the comment period to provide feedback on the Proposed Rule and advocate for changes that would benefit your practice and patients. - Monitor your current performance and make adjustments as needed.
	Quarter Four: End-of-Year Decisions	- Submit any Extreme and Uncontrollable Circumstances (EUC) hardship applications if necessary. - Narrow down your selection of quality measures to your best six, if needed. - Decide whether to pursue a traditional MIPS submission, a MIPS Value Pathway (MVP) submission, or both, choosing the option that will provide the best score.
	Quarter Five: Submission	- Make your final MIPS submission to CMS. Meet with your consultant to ensure all decisions are made and you're ready to submit. - Begin the cycle again for the next performance year.

Additional Information and Resources

Mingle Health customers gain access to unmatched MIPS expertise from their Mingle Health Consultant, regularly updated educational content, and easy-to-use technology.

- If you'd like to get in touch with your Consultant (or become a Mingle Health customer), [use our Contact Us form here >>](#)
- Bookmark our [MIPS Success webpages](#) to ensure you're up-to-date on MIPS changes, project timelines, and requirements.

On the Mingle Health YouTube channel, you'll find answers to your MIPS & value-based care questions, along with instructional videos like:

- [Merit-based Incentive Payment System \(MIPS\) Basics](#)
- [2026 Final Rule: Orientation and Summary | Ask Dr. Mingle](#)
- [MVP Changes in the 2026 Final Rule | Ask Dr. Mingle](#)
- [How to Improve Your MIPS Scores | Ask Dr. Mingle](#)
- [Quality Reporting Data Sources Explained](#)
- ["What can we expect from MIPS Value Pathways in the future?"](#)
- [Mingle Health | Instructional Videos](#)
- ["If my specialty has a hard time finding suitable measures, should I use an MVP?"](#)
- [MIPS Value Pathways \(MVPs\) vs. Traditional MIPS: A Deep Dive](#)
- [MVPS in the 2026 Proposed Rule](#)

MVP Resources from CMS

The links below will redirect you to helpful MVP resources and information from the Quality Payment Program website. We suggest saving these resources and reviewing them often to ensure you're on track with QPP Guidelines:

- [2026 Finalized MVPs Guide](#)
- [MIPS Value Pathways Development Resources](#)
- [MIPS Value Pathways \(MVPs\): The Future of MIPS](#)



Your Partner in MVPS & Value-Based Care

Your Mingle Health Consultant will help you plan for success and address issues that may arise throughout the year. We encourage you to engage your team and stakeholders early to understand your specific needs and improve your performance.

Please bookmark our [MIPS Success Guide](#) and remember you can always email us at hello@minglehealth.com with your questions.