

2025 MIPS Value Pathways (MVPs) Category Fact Sheet

MIPS Value Pathways (MVPs) serve as an alternative reporting option to Traditional MIPS and the APM Performance Pathway (APP), enabling practices to fulfill MIPS reporting requirements.

Each MVP includes a subset of measures and activities that are related to a given specialty or medical condition.

What's New in 2025?

- CMS finalized 6 new MVPs that will be available starting 2025 performance year
 - Please refer to the table at the end of this fact sheet for the list of MVPs
- CMS modified 16 previously finalized MVPs, including the consolidation of 2 neurology-focused MVPs into a single neurological MVP
- Under the Improvement Activities Category, CMS removed the activity weights and simplified requirements by reducing the number of activities clinicians are required to attest to completing. For MVP reporting, clinicians' groups, and subgroups must attest to at least 1 improvement activity
- Under the Foundational Layer, CMS removed the requirement to select a Population Health Measure during registration

MVP Reporting Requirements

- a. MVP reporting is still optional for 2025 performance year
- b. There are 21 MVPs available for selection
- **Quality Category**
 - a. Select and Submit **4 quality measures**
 - b. At least 1 measure must be an outcome or high priority measure
 - c. Includes administrative claims measures labeled as outcome measures, if available in the MVP
 - d. Reporting Period: January 1, 2025 – December 31, 2025
- **Improvement Activity (IA) Category**
 - a. **Attest to 1 activity** included in the MVP
 - b. Clinicians may still choose to report IA_PCMH
 - c. Reporting Period: Continuous 90-day period, unless otherwise specified in IA
- **Cost Category**
 - a. CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data
 - b. Reporting Period: January 1, 2025 – December 31, 2025
- **Foundational Layer**
 - a. **Population Health Measures**
 - CMS will calculate all available population health measures for an MVP participant through administrative claims
 - They will apply the highest scoring population health measure as part of the performance in the Quality category
 - There are 2 population health measures available:
 - 1. Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
 - 2. Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
 - b. **Promoting Interoperability (PI) Category**
 - Submit the same PI measures and attestations required under traditional MIPS, unless participant qualifies for reweighting of the PI performance category
 - Reporting Period: Continuous 180-day period
 - Must be on a Certified EHR Technology (CEHRT) during the entirety of the select 180-day reporting period



Additional Reporting Requirements

- Subgroups
 - a. Subgroup is a subset of clinicians within a group which is identified by a single Tax ID Number (TIN) and has at least 1 MIPS eligible clinicians
 - b. Large and multi-specialty practices are encouraged to adopt subgroup reporting
 - c. Subgroups are required to report the PI Performance category at the affiliate group level
 - d. Subgroup reporting is voluntary in 2025
 - e. To participate as a subgroup, their affiliated group must exceed the low-volume threshold at the group level
- Special Considerations
 - a. Individual clinicians, single specialty groups, multispecialty groups, subgroups and APM entities have the option of participating in an MVP
 - b. Opt-in eligible clinicians and virtual groups are not able to participate in MVPs in the 2025 performance year
 - c. Any finalized changes for the Quality, IA, Cost, and PI categories will apply to all MVPs

Action Items

- Check [CMS QPP Lookup Tool](#) to see if your practice or clinicians qualify for any special status
- Review the CMS' Explore MVPs webpage to find an applicable MVP
 - a. Review the reporting requirements and measure specifications to begin tracking data for the selected MVP
- Register for selected MVP during the Registration Window, which is from **April 1 to December 1, 2025**
 - a. Note: Registering for an MVP does not constitute a commitment to report on the selected MVP
- Track measures in selected MVP and regularly run HQM reports to review performance

How is the MVP Score Calculated?

- MVP Participants will earn a final score based on the same performance weights established for traditional MIPS. Category reweighting for MVPs will also follow the policies under traditional MIPS.

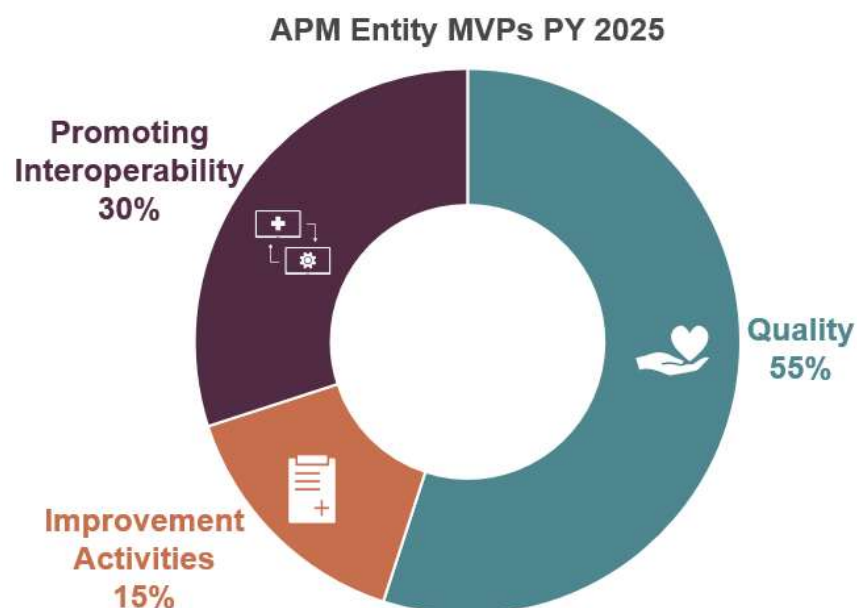
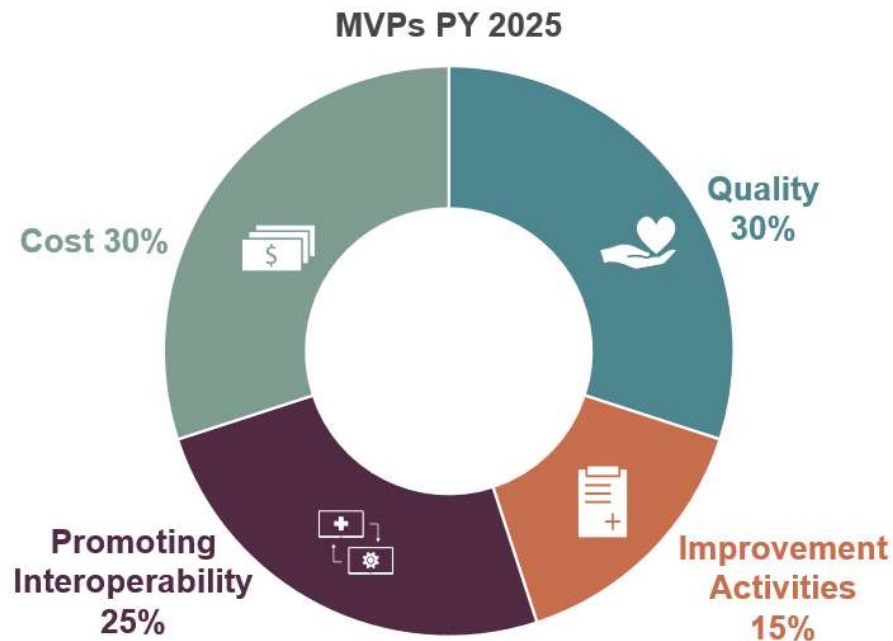


Table of MVPs

MVP	Applicable Specialty Types
Newly Finalized MVPs for PY 2025	
Complete Ophthalmologic Care	Ophthalmology, Optometry
Dermatological Care	Dermatology, Nurse practitioners, Physician assistants
Gastroenterology Care	Gastroenterology, Nurse practitioners, Physician assistants
Optimal Care for Patients with Urologic Conditions	General urologists, Urology oncologists, Nurse practitioners, Physician assistants
Pulmonology Care	Pulmonology, Sleep medicine, Nurse practitioners, Physician assistants
Surgical Care	General surgery, Neurosurgery, Cardiothoracic surgery, Anesthesiologists, Certified registered nurse anesthetists, Nurse practitioners, Physician assistants
Modified Previously Finalized MVPs for PY 2025	
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	Emergency medicine
Advancing Cancer Care	Oncology, Hematology
Advancing Care for Heart Disease	Cardiology, Internal medicine, Family medicine
Advancing Rheumatology Patient Care	Rheumatology
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	Neurology, Neurosurgical, Vascular surgery
Focusing on Women's Health	Gynecology, Obstetrics, Urogynecology, Certified nurse mid-wives, Nurse practitioners, Physician assistants
Improving Care for Lower Extremity Joint Repair	Orthopedic surgery
Optimal Care for Kidney Health	Nephrology
Patient Safety and Support of Positive Experiences with Anesthesia	Anesthesiology
Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV	Infectious disease, Immunology
Quality Care for Patients with Neurological Conditions*	Neurology
Quality Care for the Treatment of Ear, Nose, and Throat Disorders	Otolaryngology
Quality Care in Mental Health and Substance Use Disorders	Mental health, Behavioral health, Psychiatry
Rehabilitative Support for Musculoskeletal Care	Chiropractic medicine, Physiatry, Physical therapy, Occupational therapy
Value in Primary Care	Preventive medicine, Internal medicine, Family medicine, Geriatrics

*CMS consolidated 2 previously finalized MVPs: Optimal Care for Patients with Episodic Neurological Conditions and Supportive Care for Neurodegenerative Conditions MVPs into a single neurological MVP titled Quality Care for Patients with Neurological Conditions

Note: HQM may not support all MVPs at this time.