



MIPS Value Pathways (MVP) For Pathology

There are three things a pathologist needs to know about MVPs in 2026. First, they are less work than traditional MIPS. Second, you may earn more money over traditional MIPS. Third, they are optional.

The following document will provide an overview of MIPS Value Pathways (MVP) program and an explanation as to how it applies to pathologists.

Overview:

MIPS Value Pathways are the newest reporting option to fulfill MIPS reporting requirements under the Medicare Merit-based Incentive Payment System (MIPS).

Key Features:

Purpose & Design: The MVP framework is intended to ease the reporting burden on clinicians and groups by aligning measures and activities across the Quality, Cost, and Improvement Activities performance categories. CMS defined MVPs as "a subset of measures and activities, established through rule making, that can be used to meet MIPS reporting requirements."

Scope: MVPs are composed of quality measures (including one outcome measure, or high-priority measure, if the outcome measure isn't applicable), improvement activities, and cost measures that are connected and relevant to specific specialties, conditions, or patient populations.

Current Availability: There are 21 MVPs available for the 2025 performance year, and 6 new MVPs proposed for 2026.

Performance Requirements: Like traditional MIPS, the MIPS performance threshold will remain at 75 points for the 2026 performance period to avoid negative payment adjustments.

Timeline: The 2026 performance year is the fourth year MVPs are available as a voluntary MIPS participation pathway. They were first introduced in 2023 as an alternative to traditional MIPS reporting.

MVPs represent CMS's effort to create more cohesive, specialty-specific reporting pathways that connect quality measures, improvement activities, and cost measures around common clinical themes, making MIPS reporting more meaningful and less burdensome for healthcare providers.

MIPS for Pathology

There will be one MVP for pathologists. While MVPs have components for quality, cost and improvement activities, the most impactful and manageable component is quality.

Each MVP contains a specific (limited) set of quality measures. But that limitation is less constraining than its first impression. There are no new measures, and the MVP measure sets are what most pathologists will report and manage via traditional MIPS. What makes less effort and potentially more money is that MVP only evaluates your top 4 measures rather than your top 6 as in traditional MIPS.

Refer to Table 1 for a list of measures, by category, for this MVP.

So, here are the mechanics:

1. It is prudent to read through the list of quality measures in the MVP and make sure you have a good set of 4.
2. You can submit both MVP and Traditional MIPS, and CMS will give you the higher of the two. It is not necessary that all your providers contribute to each measure under group submission.
3. To calculate the implication of MVP on your MIPS overall score follow this simple exercise:
 - a. Add up the MIPS scores of your top six quality measures. Divide by 60. This gives your traditional MIPS Quality score.
 - b. If your top six (or top 4) measures are in the MVP you select, add up the MIPS scores of the top 4. Divide by 40. This gives you your MVP quality score.
 - c. Your IA score will be the same under both scenarios, as long as the IA measure you select is from the MVP set.
4. MVPs limit your selection of Improvement Activities, but you only need one. If your selected IA is in the MVP set, there is no difference to you.
5. MVP can save you on the cost category as well. If you have been attributed a cost score under traditional MIPS there will be one or more cost measures included.

MVPs limit the cost measures allowable, so you will only be scored on the cost measure(s) included in the MVP.

6. You must pre-register to submit a 2026 MVP, by December 1, 2025.
7. If you submit both traditional MIPS and MVP, there is no downside to the MVP submission.

TABLE 1: Pathology MVP

Quality	Improvement Activities	Cost
Q249: Barrett’s Esophagus (Collection Type: Medicare Part B Claims, MIPS CQM)	IA_AHE_3: Promote Use of Patient-Reported Outcome Tools	MSPB_1: Medicare Spending Per Beneficiary (MSPB) Clinician
Q250: Radical Prostatectomy Pathology Reporting (Collection Type: Medicare Part B Claims, MIPS CQM)	IA_AHE_10: Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data	
Q395: Lung Cancer Reporting (Biopsy/Cytology Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority	IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health	
Q396: Lung Cancer Reporting (Resection Specimens) (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority	IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings	
Q397: Melanoma Reporting (Collection Type: Medicare Part B Claims, MIPS CQM) High Priority	IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care	
Q440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician (Collection Type: MIPS CQM) High Priority	IA_BMH_12: Promoting Clinician Well-Being	
Q491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status (Collection Type: MIPS CQM) High Priority	IA_CC_9: Implementation of practices/processes for developing regular individual care plans	
Q491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status (Collection Type: MIPS CQM) High Priority	IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings	
CAP30: Urinary Bladder Cancer: Complete Analysis and Timely Reporting (Collection Type: QCDR) High Priority	IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways	
CAP34: Molecular Assessment: Biomarkers in Non-Small Cell Lung Cancer (Collection Type: QCDR) High Priority	IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation	
CAP40: Squamous Cell Skin Cancer: Complete Reporting (Collection Type: QCDR) High Priority	IA_PM_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B	
CAP41: Basal Cell Skin Cancer: Complete Reporting (Collection Type: QCDR) High Priority	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	