MIPS Value Pathways (MVP) For Cardiology

There are three things a cardiologist 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 cardiologists.

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 Cardiology

There is one MVP for cardiologists. 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 cardiologists 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 these two MVPs.

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
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.

There are many more details to MVPs, most of which are administrative, and add almost no extra work. If you are ready to explore how MVPs can benefit your practice, our MIPS consultants are available to discuss this with you. Contact us at info@guidanceanalytics.com

Table 1:

Clinical Grouping	Quality Measure	Cost	Improvement Activity
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)	**COST_HF_1**: Heart Failure **TPCC_1**: Total Per Capita Cost	• **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
	Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)		
	Q377: Functional Status Assessments for Heart Failure		
	Q492: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System		
General Cardiology	**Q006**: Coronary Artery Disease (CAD): Antiplatelet Therapy	**COST_HF_1**: Heart Failure **COST_EOPCI_1**: Elective Outpatient Percutaneous Coronary Intervention (PCI) **COST_STEMI_1**: Inpatient (IP) Percutaneous Coronary Intervention (PCI) **TPCC_1**: Total Per Capita Cost	
	Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)		
	Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)		
	Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting		
	Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	**COST_HF_1**: Heart Failure **TPCC_1**: Total Per Capita Cost	
	Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	**TPCC_1**: Total Per Capita Cost	
Electrophysiology	**Q392:** Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	**MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician	
	Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision	**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	

Clinical Grouping	Quality Measure	Cost	Improvement Activity
Advancing Health and Wellness	**Q128**: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	**COST_HF_1**: Heart Failure **COST_EOPCI**_1: Elective Outpatient Percutaneous Coronary Intervention (PCI) **COST_STEMI_1:** Inpatient (IP) Percutaneous Coronary Intervention (PCI) **TPCC_1**: Total Per Capita Cost	
	Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan		
	Q238: Use of High-Risk Medications in Older Adults		
Experience of Care	**Q047:** Advance Care Plan	**COST_HF_1**: Heart Failure **COST_EOPCI**_1: Elective Outpatient Percutaneous Coronary Intervention (PCI) **COST_STEMI_1**: Inpatient (IP) Percutaneous Coronary Intervention (PCI) **TPCC_1**: Total Per Capita **Cost MSPB_1:** Medicare Spending Per Beneficiary (MSPB) Clinician	
	Q495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood		
	Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months		