MIPS MVP goes mandatory in 2029; QPP otherwise quiet

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In the 10th year of the Quality Payment Program (QPP), CMS proposes a substantial change for providers in the Merit-based Incentive Payment System (MIPS): Making the specialty-specific MIPS Values Pathways (MVP) version of reporting that has been optional for four years mandatory for all MIPS participants in 2029.

"The MVP reporting option offers aligned measures and activities across quality, cost, improvement activities, and Promoting Interoperability performance categories, focusing on specific specialties, conditions, or patient populations to make reporting more meaningful," CMS says in the proposed 2027 Medicare physician fee schedule.

MVP was proposed in 2019 and launched as an optional reporting method in 2023 after a COVID delay (PBN 8/19/19, 11/14/22). It was described in the 2020 PFS rule as "a cohesive and meaningful participation experience for clinicians by moving away from siloed activities and measures and towards an aligned set of measures that are more relevant to a clinician's scope of practice, while further reducing reporting burden and easing the transition to APMs."

While MIPS has multiple reportable measures that apply to just about any kind of provider, MVPs are very specialty- and care-type specific, and each has its own set of measures to report. Among the current year's MVPs, for example, are Advancing Cancer Care, Focusing on Women's Health and Vascular Care.

In 2027, while it is still optional, MVP will add three new categories to the program — Hospitalist, Diabetic Disease and Hypertension — the latter two described as aligning "policies in MIPS and APMs [advanced alternative payment models] within the Quality Payment Program with the foundational pillars of MAHA," HHS Secretary Kennedy's Make America Healthy Again initiative.

According to CMS' 2024 QPP Participation and Performance Results At-a-Glance, while 541,421 clinicians received a MIPS payment adjustment for the 2023 performance year, 41,765 registered for an MVP; 20,484 reported at least one MVP; and 6,790 got their final score from MVP reporting. If the proposal goes through, this suggests that, unless current MIPS participants quit or go to the Advanced alternative payment model (APM) track, MVP adoption will increase by a factor of eight.

Will MVP fly?

Dave Halpert, chief of the client team of Roji Health Intelligence in Chicago, believes CMS will stick to their schedule.

"Much to CMS's dismay, quality reporting for specialty providers has been obfuscated for too long by group practice reporting," Halpert says. "The MVP transition will finally enable CMS to meaningfully compare their performance. They have left the door open on ways to address additional burden for large groups, but CMS has had an eye toward removing traditional MIPS for several years."

"Whether CMS will ultimately hold that line will depend heavily on what it hears in comments and on the pace of MVP adoption over the next two performance years," speculates Jeff Wurzburg, partner with Norton Rose Fulbright US LLP in San Antonio. "Nothing in this rule suggests CMS is retreating from it, but nothing in the rule doubles down on it either."

Whether this will drive more participants out of MIPS/MVP into the Advanced APM program will depend on "dispensations offered to combat reporting burden," Halpert says. "MIPS participation will be more challenging, especially for those in large, multispecialty practices. Their reporting portfolio will increase from six to, potentially, 100 measures, depending on the number of subgroups they need to form. That will almost certainly drive participation in advanced APMs, as the administrative burden for MIPS participation will heavily outweigh historical MIPS incentive payments."

Claire Ernst, director, government relations and public policy for Hooper Lundy & Bookman in Washington, D.C., is not so sure. "I don't think that there's an advanced APM alternative for everyone who's in MIPS," she says. "And there are APM models such as the ambulatory surgical model that aren't qualifying advanced APMs [under MACRA]."

Leigh Poland, vice president, coding services, clinical quality and education, AGS Health in West Monroe, La., expects a second QPP track boom.

"Advanced APM participation is already growing fast without a mandate forcing the issue," Poland says. "Qualifying Participants rose about 20% from 2022 to 2023 and another 14% from 2023 to 2024. A hard 2029 deadline removes the

option some groups have used of just sticking with familiar traditional MIPS, and MIPS APM participants get to keep reporting through the APM Performance Pathway rather than switching to an MVP, so that carve out gives practices a real incentive to affiliate with an ACO or other Advanced APM rather than build out MVP reporting infrastructure from scratch."

"CMS will have to address some of the existing challenges and criticisms of MVPs," says Neal D. Shah, shareholder in the Polsinelli law firm in Chicago, "[such as] a lack of reporting options for some specialties, complexity around multispecialty practices, and concerns about the appropriateness of certain cost measures. CMS will likely consider these issues in the final 2027 rule and the proposed 2028 and 2029 rules, so impacted practices should consider submitting comments."

Traditional MIPS stays status quo

In the meantime, there are few significant changes to traditional MIPS.

CMS proposes to remove the currently required Office of the National Coordinator for Health Information Technology (ONC) attestations for the 2026 performance period and the Security Risk Analysis measure for the 2027 performance period in the Promoting Interoperability performance category. The Promoting Interoperability measure Electronic Prior Authorization will change from a required measure to an optional one (until 2028, when it will become mandatory again). There are also dozens of "low-bar" and topped-out measures proposed for removal.

CMS is also proposing to add new Improvement Activities under the "Advancing Health and Wellness" subcategory that "address nutrition, implement lifestyle approaches to disease management, and support patient wellness to ensure a healthier future."

CMS proposes only minor changes to the Advanced APM track of QPP, including adjustment to full and partial qualifying APM participant (QP) applications to "ensure that only TINs [taxpayer identification numbers] participating in Advanced APMs receive additional incentive payments." These will be received at the TIN instead of the NPI level, CMS explains, "ensuring that financial incentives are directed only to TINs actively participating in Advanced APMs."

Core strength

Whether you're ready to embark on MVPs or plan to stick with traditional MIPS in 2027, you're required to report a core measure in 2027, which in most cases would replace outcome and high priority measures. Ultimately, 78 of the 180 MIPS quality measures in the 2027 list would be designated core measures.

Traditional MIPS clinicians would be required to report a MIPS core measure as one of their six quality measures in 2027; MVP clinicians would have to report a MIPS core measure as one of their four quality measures.

CMS proposes that if a MIPS-eligible clinician, group, virtual group, subgroup or APM entity reporting an MVP or traditional MIPS doesn't report a MIPS core measure and isn't a small practice, they would receive zero out of 10 points for one of their required measures unless they "submitted an attestation that they didn't have an applicable MIPS core measure and submitted another measure in its place."

There would be an exemption for clinicians in small practices "if a MIPS core measure is not available and applicable to them."

"If finalized, the quick change to the rule could take practices by surprise," Shah says.

Resources

- CMS, "2024 QPP Participation and Performance Results At-a-Glance": https://d2g5m5leph8kam.cloudfront.net/s3fs/s3fs-public/2026-05/2024-qpp-participation-results-at-a-glance.pdf?VersionId=yQGh5j15BoP.LpM8TxKuiS_lTlrpS9lQ
- CMS, "Calendar Year (CY) 2027 Medicare Physician Fee Schedule (PFS) Proposed Rule: Quality Payment Program (QPP) Fact Sheet and Policy Comparison Table," July 14, 2026: https://d2g5m5leph8kam.cloudfront.net/s3fs/s3fs-public/2026-06/2027-qpp-proposed-rule-factsheet.pdf?VersionId=R3HfF.xfEIgdOmJuJYIOgToEwLFDPYjW

BACK TO TOP