# Calendar Year (CY) 2024 Proposed and Modified Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)

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## Introduction

In the CY 2021 Physician Fee Schedule (PFS) Final Rule (85 FR 84849 through 84854), the CY 2022 PFS Final Rule (86 FR 65998 through 66031), and the CY 2023 PFS Final Rule (87 FR 70210 through 70211), we finalized criteria to use in the development of MVPs, MVP reporting requirements, MVP maintenance, and the selection of measures and activities within each MVP.

In section IV.A.4 of the CY 2024 PFS Proposed Rule, CMS proposed 5 MVPs, as well as modifications to 12 previously finalized MVPs. **This resource includes the proposed MVPs and the proposed modified changes to previously finalized MVPs for implementation beginning in the 2024 MIPS performance period.**

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures. For each MVP, we note potential clinician types who may want to consider reporting the MVP, if finalized and/or modified.

Please refer to Appendix 3 in the CY 2024 PFS Proposed Rule for the proposed MVPs included in this resource, as well as the proposed modifications to the previously finalized MVPs. For additional details regarding the MVP candidate development and submission process, the MVP candidate feedback process, and the annual maintenance process for MVPs, please visit the Quality Payment Program website.

CMS will accept comments on the proposed rule until September 11, 2023, and will respond to comments in the PFS Final Rule. Comments can be submitted electronically or by mail. When commenting, refer to file code: CMS-1784-P.

- o **Electronically:** www.regulations.gov
- o **Regular mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1784-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- o **Express or overnight mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1784-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

# MVP Reporting Requirements

For each MVP, the following reporting requirements were finalized in the CY 2022 PFS Final Rule (86 FR 65998 through 66031). Additional details around subgroup participation and MVP reporting can be found in the CY 2023 PFS Final Rule and the 2023 MVPs Implementation Guide.

## Quality Performance Category
- Select and submit 4 quality measures.
- At least one measure must be an outcome measure (or a high priority measure if an outcome is not available or applicable).
    - This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.

## Improvement Activities Performance Category
- Select and submit 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA_PCMH activity.

## Cost Performance Category
- CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.

## Foundational Layer

## Population Health Measures
- Must select one population health measure at the time of MVP registration. CMS will calculate these measures through administrative claims and will be scored as part of the quality performance category.
- For the 2024 performance period, there are 2 population health measures proposed to be available for selection:
    - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
    - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

## Promoting Interoperability Performance Category
- Must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category.

# Proposed MVPs

## TABLE A.1: Focusing on Women's Health MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Focusing on Women's Health MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Gynecology
- Obstetrics
- Urogynecology
- Certified nurse-midwives
- Nurse practitioners
- Physician assistants

**Measure Key**
- **^** New proposed quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **\*\*** Quality measures that are proposed for submission only when included in an MVP
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category
- **#** QCDR measures pending testing data

### Proposed Focusing on Women's Health MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (\*) Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (Collection Type: MIPS CQMs Specifications) | (~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High) | Medicare Spending Per Beneficiary (MSPB) Clinician |
| (\*)(\*\*) Q112: Breast Cancer Screening (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | (~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High) | Total Per Capita Cost (TPCC) |
| (\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | (~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium) | |
| (\*) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | (~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High) | |
| | IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium) | |
| | IA_BE_16: Promote Self-Management in Usual Care (Medium) | |

# Proposed Focusing on Women's Health MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!) Q309: Cervical Cancer Screening** (Collection Type: eCQM Specifications) | **IA_BMH_11: Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice** (Medium) | |
| **(\*) Q310: Chlamydia Screening for Women** (Collection Type: eCQM Specifications) | **(^) IA_BMH_XX: Behavioral/Mental Health and Substance Use Screening and Referral for Pregnant and Postpartum Women** (High) | |
| **(!!) Q335: Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)** (Collection Type: MIPS CQMs Specifications) | **(~) IA_CC_9: Implementation of Practices/Processes for Developing Regular Individual Care Plans** (Medium) | |
| **(!) Q336: Maternity Care: Postpartum Follow-up and Care Coordination** (Collection Type: MIPS CQMs Specifications) | **(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium) | |
| **(\*) Q400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients** (Collection Type: MIPS CQMs Specifications) | **(^)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High) | |
| **Q422: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury** (Collection Type: MIPS CQMs Specifications, Medicare Part B Claims Measure Specifications) | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| **(\*)(!) Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** (Collection Type: MIPS CQMs Specifications) | **(~) IA_PM_6: Use of Toolsets or Other Resources to Close Healthcare Disparities Across Communities** (Medium) | |
| **(!!) Q432: Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair** (Collection Type: MIPS CQMs Specifications) | **(^) IA_PM_XX: Use of Decision Support to Improve Adherence to Cervical Cancer Screening and Management Guidelines** (Medium) | |
| **(\*)(!) Q448: Appropriate Workup Prior to Endometrial Ablation** (Collection Type: MIPS CQMs Specifications) | | |
| **(!) Q472: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture** (Collection Type: eCQM Specifications) | | |
| **(\*) Q475: HIV Screening** (Collection Type: eCQM Specifications) | | |
| **(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | | |
| **(\*)Q493: Adult Immunization Status** | | |

## Proposed Focusing on Women's Health MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (Collection Type: MIPS CQMs Specifications)<br><br>**(^) TBD: CVD Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument**<br>(Collection Type: MIPS CQMs Specifications)<br><br>**(#)(!!) UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level Achieved**<br>(Collection Type: QCDR) | | |

### Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**<br>(Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**<br>(Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information**<br>  **AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information**<br>  **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange**<br>  **OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Proposed MVPs

## TABLE A.2: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Otolaryngology
- Audiologists
- Nurse practitioners
- Physician assistants

**Measure Key**
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **\*\*** Quality measures that are proposed for submission only when included in an MVP
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **#** QCDR measures pending testing data
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(\*\*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**(\*) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis** (Collection Type: MIPS CQMs Specifications)<br><br>**(\*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)** (Collection Type: MIPS CQMs Specifications)<br><br>**(!) Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate** | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High)<br><br>**(~) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR** (Medium)<br><br>**IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium)<br><br>**IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care** (Medium)<br><br>**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium)<br><br>**IA_CC_13: Practice Improvements to Align with OpenNotes Principles** | **Medicare Spending Per Beneficiary (MSPB) Clinician** |

# Proposed Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)** (Collection Type: MIPS CQMs Specifications)<br><br>**(!!) Q355: Unplanned Reoperation within the 30 Day Postoperative Period** (Collection Type: MIPS CQMs Specifications)<br><br>**(!!) Q357: Surgical Site Infection (SSI)** (Collection Type: MIPS CQMs Specifications)<br><br>**(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications)<br><br>**(#)(!) AAO16: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation** (Collection Type: QCDR)<br><br>**(#) AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation** (Collection Type: QCDR)<br><br>**(#) AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME > or = 3 months** (Collection Type: QCDR)<br><br>**(#) AAO23: Allergic Rhinitis: Intranasal Corticosteroids or Oral Antihistamines** (Collection Type: QCDR) | (Medium)<br><br>**(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High)<br><br>**(^)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High)<br><br>**(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation**<br><br>**IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium)<br><br>**(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements** (Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange** |

| Foundational Layer | |
|---|---|
| **Population Health Measures** | **Promoting Interoperability** |
| | **OR** <br> • **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** <br> • **Immunization Registry Reporting** <br> • **Syndromic Surveillance Reporting (Optional)** <br> • **Electronic Case Reporting** <br> • **Public Health Registry Reporting (Optional)** <br> • **Clinical Data Registry Reporting (Optional)** <br> • **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** <br> • **ONC Direct Review Attestation** |

# Proposed MVPs

## TABLE A.3: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Infectious disease
- Immunology
- Nurse practitioners
- Physician assistants

**Measure Key**
^   New proposed MIPS quality measures, improvement activities, and cost measures
\*   Existing quality measures and improvement activities with proposed revisions
!   High priority quality measures
!!   Outcome measures
~   Improvement activities that include a health equity component
%   Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(\*) Q065: Appropriate Treatment for Upper Respiratory Infection (URI)** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) <br><br> **(!) Q130: Documentation of Current Medications in the Medical Record** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) <br><br> **(\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) <br><br> **(\*) Q205: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis** (Collection Type: MIPS CQMs Specifications) | **(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations** (High) <br><br> **(~) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR** (Medium) <br><br> **(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health** (High) <br><br> **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) <br><br> **IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care** (Medium) | **Total Per Capita Cost (TPCC)** |

# Proposed Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (*) Q240: Childhood Immunization Status (Collection Type: eCQM Specifications) | (~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High) | |
| (*) Q310: Chlamydia Screening for Women (Collection Type: eCQM Specifications) | (^)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High) | |
| (*)(!!) Q338: HIV Viral Load Suppression (Collection Type: MIPS CQMs Specifications) | (%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation | |
| (!) Q340: HIV Medical Visit Frequency (Collection Type: MIPS CQMs Specifications) | (~) IA_PM_6: Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (Medium) | |
| Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users (Collection Type: MIPS CQMs Specifications) | (~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium) | |
| (*) Q400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients (Collection Type: MIPS CQMs Specifications) | (~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients (Medium) | |
| Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (Collection Type: MIPS CQMs Specifications) | (^) IA_PM_XX: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services (Medium) | |
| (*) Q475: HIV Screening (Collection Type: eCQM Specifications) | IA_PSPA_23: Completion of CDC Training on Antibiotic Stewardship (High) | |
| (*)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications) | IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support (High) | |
| (*)Q493: Adult Immunization Status (Collection Type: MIPS CQMs Specifications) | | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| (!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups | • Security Risk Analysis<br>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)<br>• e-Prescribing |

| Foundational Layer | |
| --- | --- |
| **Population Health Measures** | **Promoting Interoperability** |
| (Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**<br>(Collection Type: Administrative Claims) | • **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information**<br>**AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information**<br>**OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange**<br>**OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Proposed MVPs

## TABLE A.4: Quality Care in Mental Health and Substance Use Disorders MVP

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Quality Care in Mental Health and Substance Use Disorders MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:**

- Mental/behavioral health
- Psychiatry
- Clinical social workers
- Nurse practitioners
- Physician assistants

**Measure Key**
^ New proposed MIPS quality measures, improvement activities, and cost measures
* Existing quality measures and improvement activities with proposed revisions
** Quality measures that are proposed for submission only when included in an MVP
! High priority quality measures
!! Outcome measures
~ Improvement activities that include a health equity component
% Attestation to IA_PCMH provides full credit for the improvement activities performance category
# QCDR measures pending testing data

## Proposed Quality Care in Mental Health and Substance Use Disorders MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **Q009: Anti-Depressant Medication Management** (Collection Type: eCQM Specifications)<br><br>**(\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**(!) Q305: Initiation and Engagement of Substance Use Disorder Treatment** (Collection Type: eCQM Specifications)<br><br>**(\*) Q366: Follow-Up Care for Children Prescribed ADHD Medication (ADD)** (Collection Type: eCQM Specifications)<br><br>**(\*)(!!) Q370: Depression Remission at Twelve Months** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | **(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations** (High)<br><br>**(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High)<br><br>**(~) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR** (Medium)<br><br>**(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols** (Medium)<br><br>**(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health** (High)<br><br>**IA_BE_12: Use Evidence-based Decision Aids to Support Shared Decision-Making.** | **Medicare Spending Per Beneficiary (MSPB) Clinician**<br><br>**(^) Depression**<br><br>**(^) Psychoses and Related Conditions** |

## Proposed Quality Care in Mental Health and Substance Use Disorders MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (*)(!) Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (Collection Type: eCQM Specifications) | (Medium)<br><br>IA_BE_16: Promote Self-Management in Usual Care (Medium) | |
| (*)(!!) Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (Collection Type: MIPS CQMs Specifications) | IA_BE_23: Integration of Patient Coaching Practices Between Visits (Medium) | |
| (!) Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD) (Collection Type: MIPS CQMs Specifications) | IA_BMH_2: Tobacco Use (Medium) | |
| (*)(!) Q487: Screening for Social Drivers of Health (Collection Type: MIPS CQMs Specifications) | IA_BMH_5: MDD Prevention and Treatment Interventions (Medium) | |
| (^)(!!) TBD: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder (Collection Type: MIPS CQMs Specifications) | (~) IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model (High) | |
| (^) TBD: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk (Collection Type: MIPS CQMs Specifications) | (^) IA_BMH_XX: Behavioral/Mental Health and Substance Use Screening & Referral for Pregnant and Postpartum Women (High) | |
| (^)(!!) TBD: Reduction in Suicidal Ideation or Behavior Symptoms (Collection Type: MIPS CQMs Specifications) | (^) IA_BMH_XX: Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults (High) | |
| (#)(!!) MBHR2: Anxiety Response at 6-months (Collection Type: QCDR) | (~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access (Medium) | |
| (#)(!!) MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children (Collection Type: QCDR) | (^)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High) | |
| (#)(!) MBHR15: Consideration of Cultural-Linguistic and Demographic Factors in Cognitive Assessment (Collection Type: QCDR) | (%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation | |
| | (~) IA_PM_6: Use of Toolsets or Other Resources to Close Healthcare Disparities Across Communities (Medium) | |
| | IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support (High) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information** **AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information** **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange** **OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Proposed MVPs

## TABLE A.5: Rehabilitative Support for Musculoskeletal Care MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Rehabilitative Support for Musculoskeletal Care MVP. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This Proposed MVP, if Finalized:

- Chiropractic
- Physiatry
- Physical therapy
- Occupational therapy
- Nurse practitioners
- Physician assistants

**Measure Key**
^ New proposed MIPS quality measures, improvement activities, and cost measures
* Existing quality measures and improvement activities with proposed revisions
** Quality measures that are proposed for submission only when included in an MVP
! High priority quality measures
!! Outcome measures
~ Improvement activities that include a health equity component
% Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Musculoskeletal Care and Rehabilitative Support MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | (~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High) | (^) Low Back Pain |
| (!) Q155: Falls: Plan of Care (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) | (~) IA_AHE_6: Provide Education Opportunities for New Clinicians (High) | |
| (!!) Q217: Functional Status Change for Patients with Knee Impairments (Collection Type: MIPS CQMs Specifications) | (~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium) | |
| (!!) Q218: Functional Status Change for Patients with Hip Impairments (Collection Type: MIPS CQMs Specifications) | (~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High) | |
| (!!) Q219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments (Collection Type: MIPS CQMs Specifications) | IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High) | |
| | IA_BMH_12: Promoting Clinician Well-Being (High) | |

## Proposed Musculoskeletal Care and Rehabilitative Support MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!!) Q220: Functional Status Change for Patients with Low Back Impairments** (Collection Type: MIPS CQMs Specifications) | **(^) IA_BMH_XX: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults** (High) | |
| **(!!) Q221: Functional Status Change for Patients with Shoulder Impairments** (Collection Type: MIPS CQMs Specifications) | **IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium) | |
| **(!!) Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments** (Collection Type: MIPS CQMs Specifications) | **IA_CC_8: Implementation of Documentation Improvements for Practice/Process Improvements** (Medium) | |
| **(!!) Q478: Functional Status Change for Patients with Neck Impairments** (Collection Type: MIPS CQMs Specifications) | **IA_CC_12: Care Coordination Agreements that Promote Improvements in Patient Tracking Across Settings** (Medium) | |
| **(*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) | |
| | **(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium) | |
| | **(~) IA_EPA_3: Collection and Use of Patient Experience and Satisfaction Data on Access** (Medium) | |
| | **(^)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High) | |
| | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| | **IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols** (Medium) | |
| | **IA_PSPA_21: Implementation of Fall Screening and Assessment Programs** (Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims) <br><br> **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis** <br> • **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** <br> • **e-Prescribing** <br> • **Query of Prescription Drug Monitoring Program (PDMP)** <br> • **Provide Patients Electronic Access to Their Health Information** <br> • **Support Electronic Referral Loops By Sending Health Information** <br> **AND** <br> • **Support Electronic Referral Loops By Receiving and Reconciling Health Information** <br> **OR** <br> • **Health Information Exchange (HIE) Bi-Directional Exchange** <br> **OR** <br> • **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** <br> • **Immunization Registry Reporting** <br> • **Syndromic Surveillance Reporting (Optional)** <br> • **Electronic Case Reporting** <br> • **Public Health Registry Reporting (Optional)** <br> • **Clinical Data Registry Reporting (Optional)** <br> • **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** <br> • **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.1: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify previously finalized Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Add 4 quality measures
- Remove 1 quality measure
- Add 2 improvement activities
- Remove 1 improvement activity
- Add 1 cost measure
- Remove 1 cost measure

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:
- Emergency medicine
- Nurse practitioners
- Physician assistants

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category
- **#** QCDR measures pending testing data

## Proposed Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (+)(*) Q065: Appropriate Treatment for Upper Respiratory Infection (URI) (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | (~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High) | (^)(+) Emergency Medicine |
| (*)(!) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Collection Type: MIPS CQMs Specifications) | IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal (Medium) | |
| (*)Q254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain | IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High) | |
| | (+) IA_BMH_12: Promoting Clinician Well-Being | |

## Proposed Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (Collection Type: MIPS CQMs Specifications) | (High) | |
| **(!) Q321: CAHPS for MIPS Clinician/Group Survey** (Collection Type: CAHPS Survey Vendor) | **IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results** (Medium) | |
| **(\*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)** (Collection Type: MIPS CQMs Specifications) | **(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High) | |
| **(!) Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older** (Collection Type: MIPS CQMs Specifications) | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| **(+)(!) Q416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years** (Collection Type: MIPS CQMs Specifications) | **IA_PSPA_1: Participation in an AHRQ-Listed Patient Safety Organization** (Medium) | |
| **(+)(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | **(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements** (Medium) | |
| **(!!) ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients** (Collection Type: QCDR) | **IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)** (Medium) | |
| **(!) ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain** (Collection Type: QCDR) | | |
| **(!) ECPR46: Avoidance of Opiates for Low Back Pain or Migraines** (Collection Type: QCDR) | | |
| **(+)(#)(!) HCPR24: Appropriate Utilization of Vancomycin for Cellulitis** (Collection Type: QCDR) | | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**<br>(Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**<br>(Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information**<br>   **AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information**<br>   **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange**<br>   **OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.2: Advancing Cancer Care MVP

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we are proposing to modify the previously finalized Advancing Cancer Care MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Add 7 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

**Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:**

- Oncology
- Hematology
- Nurse practitioners
- Physician assistants

**Measure Key**

- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category
- **#** QCDR measures pending testing data

## Proposed Modifications to the Advancing Cancer Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!) Q047: Advance Care Plan** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) | **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) | **Total Per Capita Cost (TPCC)** |
| **(\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | |
| **(!) Q143: Oncology: Medical and Radiation – Pain Intensity Quantified** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care** (Medium) | |
| **(!) Q144: Oncology: Medical and Radiation – Plan of Care for Pain** (Collection Type: MIPS CQMs Specifications) | **IA_BE_24: Financial Navigation Program** (Medium) | |
| **(!) Q321: CAHPS for MIPS Clinician/Group Survey** | **(+) IA_BMH_12: Promoting Clinician Well-Being** (High) | |
| | **IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** | |

# Proposed Modifications to the Advancing Cancer Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (Collection Type: CAHPS Survey Vendor) | (Medium) | |
| **(!) Q450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer** (Collection Type: MIPS CQMs Specifications) | **(+) IA_CC_13: Practice Improvements to Align with OpenNotes Principles** (Medium) | |
| **Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy** (Collection Type: MIPS CQMs Specifications) | **IA_CC_17: Patient Navigator Program** (High) | |
| **(!) Q452: Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies** (Collection Type: MIPS CQMs Specifications) | **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) | |
| **(!) Q453: Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)** (Collection Type: MIPS CQMs Specifications) | **(+)(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium) | |
| **(!!) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice** for Less than 3 days **(lower score – better)** (Collection Type: MIPS CQMs Specifications) | **(+) IA_ERP_4: Implementation of a Personal Protective Equipment (PPE) Plan** (Medium) | |
| **Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy** (Collection Type: eCQM Specifications) | **(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High) | |
| **(+)(*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| **(+) Q490: Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors** (Collection Type: MIPS CQMs Specifications) | **(~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients** (Medium) | |
| **(^)(+)(!!) TBD: Gains in Patient Activation Measure (PAM) Scores at 12 Months** (Collection Type: MIPS CQMs Specifications) | **IA_PM_15: Implementation of Episodic Care Management Practice Improvements** (Medium) | |
| **(!) PIMSH2: Oncology: Utilization of GCSF in Metastatic Colorectal Cancer** (Collection Type: QCDR) | **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) | |
| | **IA_PM_21: Advance Care Planning** (Medium) | |
| | **(+) IA_PSPA_13: Participation in Joint Commission Evaluation Initiative** (Medium) | |
| | **IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols** | |

## Proposed Modifications to the Advancing Cancer Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(+)(#)(!) PIMSH13: Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to Start of Targeted Therapy**<br>(Collection Type: QCDR) | (Medium)<br><br>**(+) IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program**<br>(Medium) | |

### Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**<br>(Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**<br>(Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information**<br>   **AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information**<br>   **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange**<br>   **OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.3: Advancing Care for Heart Disease MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Advancing Care for Heart Disease MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Add 3 improvement activities
- Add 2 cost measures

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Cardiology
- Electrophysiology
- Internal medicine
- Family medicine
- Nurse practitioners
- Physician assistants

**Measure Key**

- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **\*\*** Quality measures that are proposed for submission only when included in an MVP
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Modifications to the Advancing Care for Heart Disease MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(\*) 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)** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | **(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols** (Medium) | **Elective Outpatient Percutaneous Coronary Intervention (PCI)** |
| **(+)(\*) Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy** (Collection Type: MIPS CQMs Specifications) | **(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health** (High) | **ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)** |
| **(\*) Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)** | **(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | **(^)(+) Heart Failure** |
| | **IA_BE_12: Use of Evidence-based Tools to Support Shared Decision Making** (Medium) | **(+) Medicare Spending Per** |

## Proposed Modifications to the Advancing Care for Heart Disease MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (Collection Type: eCQM Specifications, MIPS CQMs Specifications)<br><br>**(\*) Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)**<br>(Collection Type: eCQM Specifications, MIPS CQMs Specifications)<br><br>**(!) Q047: Advance Care Plan**<br>(Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)<br><br>**(+)(\*) Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker–(ARB)–Therapy - Diabetes or Left Ventricular Systolic Dysfunction**<br>(LVEF < 40%)<br>(Collection Type: MIPS CQMs Specifications)<br><br>**(\*\*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan**<br>(Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**(\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan**<br>(Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**(\*)(!) Q238: Use of High-Risk Medications in Older Adults**<br>(Collection Type: eCQM Specifications, MIPS CQMs Specifications)<br><br>**(\*)(!) Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting**<br>(Collection Type: MIPS CQMs Specifications)<br><br>**(\*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy**<br>(Collection Type: MIPS CQMs Specifications)<br><br>**(!) Q377: Functional Status Assessments for Heart Failure**<br>(Collection Type: eCQM Specifications) | **IA_BE_15: Engagement of Patients, Families, and Caregivers in Developing a Plan of Care**<br>(Medium)<br><br>**IA_BE_24: Financial Navigation Program**<br>(Medium)<br><br>**IA_BE_25: Drug Cost Transparency**<br>(High)<br><br>**(~) IA_CC_9: Implementation of Practices/Processes for Developing Regular Individual Care Plans**<br>(Medium)<br><br>**(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways**<br>(High)<br><br>**(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation**<br><br>**IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients**<br>(Medium)<br><br>**(~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High-Risk Patients**<br>(Medium)<br><br>**IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture**<br>(Medium)<br><br>**(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements**<br>(Medium) | **Beneficiary (MSPB) Clinician**<br><br>**Total Per Capita Cost (TPCC)** |

## Proposed Modifications to the Advancing Care for Heart Disease MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!!) Q392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation** (Collection Type: MIPS CQMs Specifications) | | |
| **(!!) Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision** (Collection Type: MIPS CQMs Specifications) | | |
| **(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)** (Collection Type: MIPS CQMs Specifications) | | |
| **(+)(*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | | |
| **(!!) Q492: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System** (Collection Type: Administrative Claims) | | |
| **(^)(+)(!!) TBD: Gains in Patient Activation Measure (PAM) Scores at 12 Months** (Collection Type: MIPS CQMs Specifications) | | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information** AND<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information** OR<br>• **Health Information Exchange (HIE) Bi-Directional Exchange** OR |

| Foundational Layer | |
| --- | --- |
| Population Health Measures | Promoting Interoperability |
| | • **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.4: Advancing Rheumatology Patient Care MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Advancing Rheumatology Patient Care MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Remove 1 quality measure
- Add 4 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Rheumatology
- Nurse practitioners
- Physician assistants

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category
- **#** QCDR measures pending testing data

## Proposed Modifications to the Advancing Rheumatology Patient Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!) Q130: Documentation of Current Medications in the Medical Record** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) | **Total Per Capita Cost (TPCC)** |
| **(\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **(~) IA_BE_1: Use of Certified EHR to Capture Patient Reported Outcomes** (Medium) | |
| **Q176: Tuberculosis Screening Prior to First Course Biologic Therapy** (Collection Type: MIPS CQMs Specifications) | **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) | |
| **Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity** (Collection Type: MIPS CQMs Specifications) | **(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | |
| | **IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care** (Medium) | |

# Proposed Modifications to the Advancing Rheumatology Patient Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **Q178: Rheumatoid Arthritis (RA): Functional Status Assessment** (Collection Type: MIPS CQMs Specifications) | **(+) IA_BE_24: Financial Navigation Program** (Medium) | |
| **Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management** (Collection Type: MIPS CQMs Specifications) | **(+) IA_BE_25: Drug Cost Transparency** (High) | |
| **(+)(*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | **IA_BMH_2: Tobacco Use** (Medium) | |
| **(*)(+) Q493: Adult Immunization Status** (Collection Type: MIPS CQMs Specifications) | **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) | |
| **(^)(+)(!!) TBD: Gains in Patient Activation Measure (PAM) Scores at 12 Months** (Collection Type: MIPS CQMs Specifications) | **(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium) | |
| **ACR12: Disease Activity Measurements for Patients with PsA** (Collection Type: QCDR) | **(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High) | |
| **(!!) ACR14: Gout Serum Urate Target** (Collection Type: QCDR) | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| **(!) ACR15: Safe Hydroxychloroquine Dosing** (Collection Type: QCDR) | **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) | |
| **(+)(#)(!!) UREQA10: Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function** (Collection Type: QCDR) | **IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program** (Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims) <br><br> **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis** <br> • **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** <br> • **e-Prescribing** <br> • **Query of Prescription Drug Monitoring Program (PDMP)** <br> • **Provide Patients Electronic Access to Their Health Information** <br> • **Support Electronic Referral Loops By Sending Health Information AND** <br> • **Support Electronic Referral Loops By Receiving and Reconciling Health Information** |

| Foundational Layer | |
| --- | --- |
| Population Health Measures | Promoting Interoperability |
| | **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange**<br>**OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.5: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Add 4 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:

- Neurology
- Neurosurgical
- Vascular surgery
- Nurse practitioners
- Physician assistants

**Measure Key**

- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category
- **#** QCDR measures pending testing data

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## Proposed Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!) Q047: Advance Care Plan** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) <br><br> **(\*) Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy** (Collection Type: MIPS CQMs Specifications) <br><br> **(\*)(!!) Q236: Controlling High Blood Pressure** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) <br><br> **(\*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy** | **(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols** (Medium) <br><br> **(~) IA_BE_1: Use of Certified EHR to Capture Patient Reported Outcomes** (Medium) <br><br> **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) <br><br> **(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** | **Intracranial Hemorrhage or Cerebral Infarction** |

# Proposed Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (Collection Type: MIPS CQMs Specifications) | (High) | |
| **(!!) Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)** | **IA_BE_24: Financial Navigation Program** | |
| (Collection Type: MIPS CQMs Specifications) | (Medium) | |
| **(!!) Q409: Clinical Outcome Post Endovascular Stroke Treatment** | **(^)(+) IA_BMH_XX: Behavioral/Mental Health and Substance Use Screening and Referral for Older Adults** | |
| (Collection Type: MIPS CQMs Specifications) | (High) | |
| **(!!) Q413: Door to Puncture Time for Endovascular Stroke Treatment** | **IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results** | |
| (Collection Type: MIPS CQMs Specifications) | (Medium) | |
| **(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** | **IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information** | |
| (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | (Medium) | |
| **(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)** | **IA_CC_17: Patient Navigator Program** | |
| (Collection Type: MIPS CQMs Specifications) | (High) | |
| **(+)(*)(!) Q487: Screening for Social Drivers of Health** | **(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** | |
| (Collection Type: MIPS CQMs Specifications) | (High) | |
| | **(%) IA_PCMH: Implementation of Patient-Centered Medical Home model** | |
| | **IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients** | |
| | (Medium) | |
| | **IA_PM_15: Implementation of Episodic Care Management Practice Improvements** | |
| | (Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** <br> (Collection Type: Administrative Claims) | • **Security Risk Analysis** <br> • **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** <br> • **e-Prescribing** <br> • **Query of Prescription Drug Monitoring Program (PDMP)** <br> • **Provide Patients Electronic Access to Their Health Information** <br> • **Support Electronic Referral Loops By Sending Health Information** |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | **AND** <ul><li>**Support Electronic Referral Loops By Receiving and Reconciling Health Information**</li></ul> **OR** <ul><li>**Health Information Exchange (HIE) Bi-Directional Exchange**</li></ul> **OR** <ul><li>**Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**</li><li>**Immunization Registry Reporting**</li><li>**Syndromic Surveillance Reporting (Optional)**</li><li>**Electronic Case Reporting**</li><li>**Public Health Registry Reporting (Optional)**</li><li>**Clinical Data Registry Reporting (Optional)**</li><li>**Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**</li><li>**ONC Direct Review Attestation**</li></ul> |

# Modifications to Previously Finalized MVPs

## TABLE B.6: Improving Care for Lower Extremity Joint Repair MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Improving Care for Lower Extremity Joint Repair MVP to:

- Add 1 quality measure
- Add 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Orthopedic surgery

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **\*\*** Quality measures that are proposed for submission only when included in an MVP
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Modifications to the Improving Care for Lower Extremity Joint Repair MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(\*)(!) Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) | **Elective Primary Hip Arthroplasty** **Knee Arthroplasty** |
| **(\*\*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | |
| **(!) Q350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy** (Collection Type: MIPS CQMs Specifications) | **IA_BE_12: Use Evidence-based Decision Aids to Support Shared Decision-Making** (Medium) | |
| **(!) Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation** (Collection Type: MIPS CQMs Specifications) | **IA_CC_7: Regular Training in Care Coordination** (Medium) | |
| | **(~) IA_CC_9: Implementation of Practices/Processes for Developing Regular Individual Care Plans** (Medium) | |
| | **IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information** (Medium) | |
| | **IA_CC_15: PSH Care Coordination** | |

# Proposed Modifications to the Improving Care for Lower Extremity Joint Repair MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(\*)(!) Q376: Functional Status Assessment for Total Hip Replacement** (Collection Type: eCQM Specifications)<br><br>**(\*)(!!) Q470: Functional Status After Primary Total Knee Replacement** (Collection Type: MIPS CQMs Specifications)<br><br>**(!!) Q480: Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)** (Collection Type: Administrative Claims)<br><br>**(+)(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | (High)<br><br>**(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High)<br><br>**(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation**<br><br>**(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements** (Medium)<br><br>**IA_PSPA_18: Measurement and improvement at the practice and panel level** (Medium)<br><br>**IA_PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management** (Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.7: Optimal Care for Kidney Health MVP

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we are proposing to modify the previously finalized Optimal Care for Kidney Health MVP within the quality performance category of this MVP to:

- Add 6 quality measures
- Remove 2 quality measures
- Add 3 improvement activities
- Remove 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

**Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:**
- Nephrology
- Nurse practitioners
- Physician assistants

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Modifications to the Optimal Care for Kidney Health MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(\*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) | **Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)** |
| **(!) Q047: Advance Care Plan** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) | **(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols** (Medium) | **Total Per Capita Cost (TPCC)** |
| **(!) Q130: Documentation of Current Medications in the Medical Record** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) | |
| **(\*)(!!) Q236: Controlling High Blood Pressure** | **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | |
| | **IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care** (High) | |

## Proposed Modifications to the Optimal Care for Kidney Health MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care**<br>(Medium) | |
| **(!!) Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate**<br>(Collection Type: MIPS CQMs Specifications) | **IA_BE_16: Promote Self-Management in Usual Care**<br>(Medium) | |
| **(+)(*)(!) Q487: Screening for Social Drivers of Health**<br>(Collection Type: MIPS CQMs Specifications) | **IA_CC_2: Implementation of improvements that contribute to more timely communication of test results**<br>(Medium) | |
| **(+)(*) Q488: Kidney Health Evaluation**<br>(Collection Type: MIPS CQMs Specifications) | **IA_CC_13: Practice Improvements to Align with OpenNotes Principles**<br>(Medium) | |
| **Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy**<br>(Collection Type: MIPS CQMs Specifications) | **(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways**<br>(High) | |
| **(*)(+) Q493: Adult Immunization Status**<br>(Collection Type: MIPS CQMs Specifications) | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| **(^)(+) TBD: First Year Standardized Waitlist Ratio (FYSWR)**<br>(Collection Type: MIPS CQMs Specifications) | **(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs**<br>(Medium) | |
| **(^)(+) TBD: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)**<br>(Collection Type: MIPS CQMs Specifications) | **(+) IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients**<br>(Medium) | |
| **(^)(+)(!!) TBD: Gains in Patient Activation Measure (PAM) Scores at 12 Months**<br>(Collection Type: MIPS CQMs Specifications) | **IA_PM_16: Implementation of Medication Management Practice Improvements**<br>(Medium) | |
| | **IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols**<br>(Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**<br>(Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information** |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Support Electronic Referral Loops By Sending Health Information** AND <br> • **Support Electronic Referral Loops By Receiving and Reconciling Health Information** OR <br> • **Health Information Exchange (HIE) Bi-Directional Exchange** OR <br> • **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** <br> • **Immunization Registry Reporting** <br> • **Syndromic Surveillance Reporting (Optional)** <br> • **Electronic Case Reporting** <br> • **Public Health Registry Reporting (Optional)** <br> • **Clinical Data Registry Reporting (Optional)** <br> • **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** <br> • **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.8: Optimal Care for Patients with Episodic Neurological Conditions MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Optimal Care for Patients with Episodic Neurological Conditions MVP within the quality performance category of this MVP to:

- Add 2 quality measures
- Remove 1 quality measure
- Add 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:
- Neurology
- Nurse practitioners
- Physician assistants

**Measure Key**
- **+**  Proposed additions of quality measurers, improvement activities, and cost measures
- **^**  New proposed MIPS quality measures, improvement activities, and cost measures
- **\***  Existing quality measures and improvement activities with proposed revisions
- **!**  High priority quality measures
- **!!**  Outcome measures
- **~**  Improvement activities that include a health equity component
- **%**  Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Modifications to the Optimal Care for Patients with Episodic Neurological Conditions MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!) Q047: Advance Care Plan**<br>(Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)<br><br>**(!) Q130: Documentation of Current Medications in the Medical Record**<br>(Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy**<br>(Collection Type: MIPS CQMs Specifications)<br><br>**(!) Q419: Overuse of Imaging for the Evaluation of Primary Headache**<br>(Collection Type: MIPS CQMs Specifications) | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools**<br>(High)<br><br>**IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal**<br>(Medium)<br><br>**(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings**<br>(High)<br><br>**IA_BE_16: Promote Self-Management in Usual Care**<br>(Medium)<br><br>**IA_BE_24: Financial Navigation Program**<br>(Medium)<br><br>**IA_BMH_4: Depression Screening** | **Medicare Spending Per Beneficiary (MSPB) Clinician** |

## Proposed Modifications to the Optimal Care for Patients with Episodic Neurological Conditions MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| (+)(*)(!) Q487: Screening for Social Drivers of Health<br>(Collection Type: MIPS CQMs Specifications)<br><br>(^)(+)(!!) TBD: Gains in Patient Activation Measure (PAM) Scores at 12 Months<br>(Collection Type: MIPS CQMs Specifications)<br><br>AAN5: Medication Prescribed for Acute Migraine Attack<br>(Collection Type: QCDR)<br><br>(!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions<br>(Collection Type: QCDR)<br><br>AAN29: Comprehensive Epilepsy Care Center Referral or Discussion for Patients with Epilepsy<br>(Collection Type: QCDR)<br><br>AAN31: Acute Treatment Prescribed for Cluster Headache<br>(Collection Type: QCDR)<br><br>AAN32: Preventive Treatment Prescribed for Cluster Headache<br>(Collection Type: QCDR) | (Medium)<br><br>IA_BMH_8: Electronic Health Record Enhancements for BH data capture<br>(Medium)<br><br>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop<br>(Medium)<br><br>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record<br>(High)<br><br>(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access<br>(Medium)<br><br>(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways<br>(High)<br><br>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation<br><br>(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs<br>(Medium)<br><br>IA_PM_16: Implementation of Medication Management Practice Improvements<br>(Medium)<br><br>IA_PM_21: Advance Care Planning<br>(Medium)<br><br>IA_PSPA_21: Implementation of Fall Screening and Assessment Programs<br>(Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims) <br><br> **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Security Risk Analysis** <br> • **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** <br> • **e-Prescribing** <br> • **Query of Prescription Drug Monitoring Program (PDMP)** <br> • **Provide Patients Electronic Access to Their Health Information** <br> • **Support Electronic Referral Loops By Sending Health Information** <br> **AND** <br> • **Support Electronic Referral Loops By Receiving and Reconciling Health Information** <br> **OR** <br> • **Health Information Exchange (HIE) Bi-Directional Exchange** <br> **OR** <br> • **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** <br> • **Immunization Registry Reporting** <br> • **Syndromic Surveillance Reporting (Optional)** <br> • **Electronic Case Reporting** <br> • **Public Health Registry Reporting (Optional)** <br> • **Clinical Data Registry Reporting (Optional)** <br> • **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** <br> • **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.9: Patient Safety and Support of Positive Experiences with Anesthesia MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Patient Safety and Support of Positive Experiences with Anesthesia MVP to:

- Add 3 quality measures
- Remove 1 quality measure
- Add 1 improvement activity

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:
- Anesthesiology
- Nurse anesthetist
- Anesthesiology physician assistant

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category
- **#** QCDR measures pending testing data

## Proposed Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!!) Q404: Anesthesiology Smoking Abstinence** (Collection Type: MIPS CQMs Specifications) | **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | Medicare Spending Per Beneficiary (MSPB) Clinician |
| **(!!) Q424: Perioperative Temperature Management** (Collection Type: MIPS CQMs Specifications) | **IA_BE_22: Improved Practices that Engage Patients Pre-Visit** (Medium) | |
| **(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy** (Collection Type: MIPS CQMs Specifications) | **IA_BMH_2: Tobacco Use** (Medium) | |
| **(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)** (Collection Type: MIPS CQMs Specifications) | **IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results** (Medium) | |
| **(!) Q477: Multimodal Pain Management** (Collection Type: MIPS CQMs Specifications) | **IA_CC_15: PSH Care Coordination** (High) | |
| **(+)(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | **IA_CC_19: Tracking of Clinician's Relationship to and Responsibility for a Patient by Reporting MACRA Patient Relationship Codes** (High) | |

# Proposed Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(+)(#)(!) ABG44: Low Flow Inhalational General Anesthesia**<br>(Collection Type: QCDR)<br><br>**(!!) AQI48: Patient-Reported Experience with Anesthesia**<br>(Collection Type: QCDR)<br><br>**(+)(#)(!!) EPREOP31: Intraoperative Hypotension Among Non-Emergent Noncardiac Surgical Cases**<br>(Collection Type: QCDR) | **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Records**<br>(High)<br><br>**(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways**<br>(High)<br><br>**(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation**<br><br>**IA_PSPA_1: Participation in an AHRQ-Listed Patient Safety Organization**<br>(Medium)<br><br>**(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements**<br>(Medium)<br><br>**IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols**<br>(Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**<br>(Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**<br>(Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information**<br>   **AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information**<br>   **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange**<br>   **OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)** |

| Foundational Layer | |
| --- | --- |
| **Population Health Measures** | **Promoting Interoperability** |
| | • **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.10: Supportive Care for Neurodegenerative Conditions MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we are proposing to modify the previously finalized Supportive Care for Neurodegenerative Conditions MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Add 2 improvement activities

We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

### Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Neurology
- Nurse practitioners
- Physician assistants

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category

## Proposed Modifications to the Supportive Care for Neurodegenerative Conditions MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(!) Q047: Advance Care Plan** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) | **Medicare Spending Per Beneficiary (MSPB) Clinician** |
| **(\*)(!) Q238: Use of High-Risk Medications in Older Adults** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) | |
| **Q281: Dementia: Cognitive Assessment** (Collection Type: eCQM Specifications) | **(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | |
| **Q282: Dementia: Functional Status Assessment** (Collection Type: MIPS CQMs Specifications) | **IA_BE_16: Promote Self-Management in Usual Care** (Medium) | |
| **(!) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia** (Collection Type: MIPS CQMs Specifications) | **IA_BE_24: Financial Navigation Program** (Medium) | |
| **(!) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia** (Collection Type: MIPS CQMs Specifications) | **IA_BMH_4: Depression Screening** (Medium) | |
| | **IA_BMH_8: Electronic Health Record Enhancements for BH data capture** | |

# Proposed Modifications to the Supportive Care for Neurodegenerative Conditions MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **Q290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease** (Collection Type: MIPS CQMs Specifications)<br><br>**(\*) Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease** (Collection Type: MIPS CQMs Specifications)<br><br>**(!) Q293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease** (Collection Type: MIPS CQMs Specifications)<br><br>**(\*)(!) Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences** (Collection Type: MIPS CQMs Specifications)<br><br>**(+)(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications)<br><br>**AAN9: Querying and Follow-Up About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease** (Collection Type: QCDR)<br><br>**(!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions** (Collection Type: QCDR)<br><br>**(!!) AAN34: Patient Reported Falls and Plan of Care** (Collection Type: QCDR) | (Medium)<br><br>**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium)<br><br>**(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High)<br><br>**(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium)<br><br>**(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High)<br><br>**(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation**<br><br>**(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium)<br><br>**IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium)<br><br>**IA_PM_21: Advance Care Planning** (Medium)<br><br>**IA_PSPA_21: Implementation of Fall Screening and Assessment Programs** (Medium) | |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups** (Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information** |

## Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims) | • **Support Electronic Referral Loops By Sending Health Information** <br> **AND** <br> • **Support Electronic Referral Loops By Receiving and Reconciling Health Information** <br> **OR** <br> • **Health Information Exchange (HIE) Bi-Directional Exchange** <br> **OR** <br> • **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** <br> • **Immunization Registry Reporting** <br> • **Syndromic Surveillance Reporting (Optional)** <br> • **Electronic Case Reporting** <br> • **Public Health Registry Reporting (Optional)** <br> • **Clinical Data Registry Reporting (Optional)** <br> • **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** <br> • **ONC Direct Review Attestation** |

# Modifications to Previously Finalized MVPs

## TABLE B.11: Value in Primary Care MVP

### Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

We are proposing to modify the previously finalized Promoting Wellness and Optimizing Chronic Disease Management MVPs into a single consolidated primary care MVP titled Value in Primary Care MVP. The table below represents the measures and activities that were finalized within the Promoting Wellness MVP (87 FR 70673 through 70678) and the Optimizing Chronic Disease Management MVP (87 FR 70684 through 70686) with modifications proposed for the CY 2024 performance period/2026 MIPS payment year and future years. This MVP also aligns with the Adult Universal Core Set/Patient Care First CMMI Model primary care measures. We encourage you to provide your feedback on the proposed measures and activities in this MVP formally through the public comment period.

**Measure Key**
- **+** Proposed additions of quality measurers, improvement activities, and cost measures
- **^** New proposed MIPS quality measures, improvement activities, and cost measures
- **\*** Existing quality measures and improvement activities with proposed revisions
- **!** High priority quality measures
- **!!** Outcome measures
- **~** Improvement activities that include a health equity component
- **%** Attestation to IA_PCMH provides full credit for the improvement activities performance category

### Clinicians Who Practice in the Following Specialties May Want to Consider Reporting This MVP:
- Preventive medicine
- Internal medicine
- Family medicine
- Geriatrics
- Cardiology
- Nurse practitioners
- Physician assistants

## Proposed Modifications to the Value in Primary Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| **(+)(\*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br>**(+) Q047: Advance Care Plan** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)<br><br>**(\*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure | **(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High)<br><br>**(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols** (Medium)<br><br>**(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health** (High) | **(+) Asthma/COPD**<br><br>**(+) Diabetes**<br><br>**(^)(+) Depression**<br><br>**(^)(+) Heart Failure**<br><br>**Total Per Capita Cost (TPCC)** |

## Proposed Modifications to the Value in Primary Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| Specifications, eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) | |
| **(+)(\*)(!!) Q236: Controlling High Blood Pressure** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) | **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) | |
| **(+)(!) Q305: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment** (Collection Type: eCQM Specifications) | **IA_BE_12: Use Evidence-based Decision Aids to Support Shared Decision-Making** (Medium) | |
| **(!) Q321: CAHPS for MIPS Clinician/Group Survey** (Collection Type: CAHPS Survey Vendor) | **IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results** (Medium) | |
| **(+)(\*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** (Collection Type: eCQM Specifications, MIPS CQMs Specifications) | **IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information** (Medium) | |
| **(\*) Q475: HIV Screening** (Collection Type: eCQM Specifications) | **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) | |
| **(!!) Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)** (Collection Type: MIPS CQMs Specifications) | **(^)(+)(%) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways** (High) | |
| **(+)(\*)(!) Q487: Screening for Social Drivers of Health** (Collection Type: MIPS CQMs Specifications) | **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** | |
| **(\*)Q493: Adult Immunization Status** (Collection Type: MIPS CQMs Specifications) | **(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium) | |
| **(^)(+) TBD: Preventive Care and Wellness (composite)** (Collection Type: MIPS CQMs Specifications) | **IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients** (Medium) | |
| **(+)(!) TBD: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk** (Collection Type: MIPS CQMs Specifications) | **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) | |
| | **(^)(+) IA_PM_XX: Use of Decision Support to Improve Adherence to Cervical Cancer Screening and Management Guidelines** (Medium) | |
| | **(^)(+) IA_PM_XX: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services** | |

## Proposed Modifications to the Value in Primary Care MVP

| Quality | Improvement Activities | Cost |
|---|---|---|
| | (Medium) | |

### Foundational Layer

| Population Health Measures | Promoting Interoperability |
|---|---|
| **(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**<br>(Collection Type: Administrative Claims)<br><br>**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**<br>(Collection Type: Administrative Claims) | • **Security Risk Analysis**<br>• **High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)**<br>• **e-Prescribing**<br>• **Query of Prescription Drug Monitoring Program (PDMP)**<br>• **Provide Patients Electronic Access to Their Health Information**<br>• **Support Electronic Referral Loops By Sending Health Information** **AND**<br>• **Support Electronic Referral Loops By Receiving and Reconciling Health Information** **OR**<br>• **Health Information Exchange (HIE) Bi-Directional Exchange** **OR**<br>• **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**<br>• **Immunization Registry Reporting**<br>• **Syndromic Surveillance Reporting (Optional)**<br>• **Electronic Case Reporting**<br>• **Public Health Registry Reporting (Optional)**<br>• **Clinical Data Registry Reporting (Optional)**<br>• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**<br>• **ONC Direct Review Attestation** |

## Version History Table

| Date | Change Description |
| --- | --- |
| 09/18/2023 | Updated the EPREOP31 quality measure for the Proposed Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP to reflect it being an outcome measure, not a high priority quality measure. |
| 07/17/2023 | Updated to include comment period deadline and links to the CY 2024 PFS Proposed Rule. |
| 07/13/2023 | Original posting. |