



## Quality Payment Program (QPP) Policies in the Calendar Year (CY) 2022 Physician Fee Schedule (PFS) Final Rule: MIPS Value Pathways (MVPs) Policies

### General

POLICY AREA	FINALIZED POLICY
MVP Development Criteria	<p>In the CY 2021 PFS Final Rule, we established a set of criteria for use in the development and selection of MVPs. Specifically, we had finalized that we are not prescriptive on the number of quality measures that are included in an MVP. In the CY 2022 PFS Final Rule we addressed reporting requirements for MVPs and discussed the allowance of clinician choice in selecting which quality measures and improvement activities to report. We believe that it is important to provide clarity in our expectations of the number of quality measures and improvement activities that are available for an MVP Participant to choose.</p> <p>The following additions to the MVP development criteria will begin with the 2022 performance year/2024 payment year:</p> <ul style="list-style-type: none"><li>• MVPs must include at least one outcome measure that is relevant to the MVP topic, so MVP Participants are measured on outcomes that are meaningful to the care they provide.</li><li>• Each MVP that's applicable to more than one clinician specialty should include at least one outcome measure that's relevant to each clinician specialty included.</li></ul>

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.



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- In instances when outcome measures aren't available, each MVP must include at least one high priority measure that's relevant to the MVP topic, so MVP Participants are measured on high priority measures that are meaningful to the care they provide.
- Each MVP that is applicable to more than one clinician specialty must include at least one high priority measure that is relevant to each clinician specialty included, if an outcome measure is not available.
- Allow the inclusion of outcomes-based administrative claims measures within the quality component of an MVP.
- To be included in an MVP, a qualified clinical data registry (QCDR) measure must be fully tested at the clinician level.
- An MVP candidate must include a viable cost measure in order to be considered feasible.
- In order to determine whether a QCDR measure may be finalized within an MVP, we will need to receive QCDR measure testing data for review by the end of the self-nomination period, that is no later than September 1 of the year prior to the applicable performance period.

To the extent feasible, we encourage QCDRs to share testing data for their fully tested QCDR measures at the time of MVP candidate submission which may be prior to the September 1<sup>st</sup> deadline.

### Timeline

MVPs will be available gradually, beginning with the 2023 performance year. Our intent is to provide practices, health care organization, and third party intermediaries with the time they need to review requirements, update workflows, and prepare their systems as needed to report MVPs.

POLICY AREA	FINALIZED POLICY
	<ul style="list-style-type: none"> <li>• For the <b>2023, 2024, and 2025 performance years</b>, we will allow individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM Entities to report MVPs.</li> <li>• For the <b>2026 performance year</b> and for future years, we will allow individual clinicians, single specialty groups, subgroups, and APM Entities to report MVPs.</li> </ul>
Participation Options	<p>For the 2023, 2024, and 2025 MIPS performance years, we will define an MVP Participant as:</p> <ul style="list-style-type: none"> <li>• Individual clinicians</li> <li>• Single specialty groups</li> <li>• Multispecialty groups*</li> <li>• Subgroups</li> <li>• APM Entities</li> </ul> <p>* Beginning in the 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs.</p>
MVP Registration (Participant and Subgroup)	<p>To report an MVP, an MVP Participant and subgroup will register for the MVP between April 1 and November 30 of the performance year, or a later date as specified by CMS. To report the CAHPS for MIPS Survey associated with an MVP, a group, subgroup, or APM Entity must complete their MVP registration by June 30 of the performance year to align with the CAHPS for MIPS registration deadline.</p> <p>At the time of MVP registration, an MVP Participant will select:</p>

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- The MVP they intend to report.
- One population health measure included in the MVP.
- Any outcomes-based administrative claims measure on which the MVP Participant intends to be scored, if available within the MVP.

An MVP Participant won't be able to submit or make changes to the MVP they select after the close of the registration period (November 30 of the performance year) and won't be allowed to report on an MVP they didn't register for.

To participate as a subgroup, each subgroup will be required to:

- Identify the MVP the subgroup will report (along with one population health measure included in the MVP and any outcomes-based administrative claims measure on which the subgroup intends to be scored, if available, as described above).
- Identify the clinicians in the subgroup by TIN/NPI.
- Provide a plain language name for the subgroup for purposes of public reporting.

Upon a successful subgroup registration submission, we will assign a unique subgroup identifier that will be separate from the individual NPI identifier, the group TIN identifier, and the MVP identifier.

[Appendix A](#) provides an overview of MVP reporting requirements, [Appendix B](#) provides an overview of the registration timeline, and [Appendix C](#) presents a crosswalk of the various clinician types, the information expected at the time of registration, and a reminder of the MVP reporting requirements.

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Third Party Intermediaries

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For **third party intermediaries**, we will:

- Require that QCDRs, Qualified Registries, and Health IT vendors support:
  - MVPs relevant to the specialties they support beginning with the 2023 performance year.
  - Subgroup reporting beginning with the 2023 performance year.
- Require that CAHPS for MIPS Survey vendors support subgroup reporting for the CAHPS for MIPS measure associated with an MVP beginning with the 2023 performance year.

## Finalized MVPs and Reporting Requirements

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MVPs

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We finalized that 7 MVPs will be available beginning with the 2023 performance year. The MVPs were developed ensuring that each MVP includes complementary measures and activities.

The MVPs support patient-centered care, a continued emphasis on the importance of patient outcomes, population health, health equity, interoperability, and reduced reporting burden for clinicians. We recognize that there are many types of MVPs we need to develop, and that the traditional MIPS framework is needed until we have a sufficient number of MVPs available. Through the MVP development work, we'll gradually implement MVPs for more specialties and subspecialties that participate in the program.

The 7 MVPs for the 2023 performance year are the following:

POLICY AREA	FINALIZED POLICIES
	<ol style="list-style-type: none"> <li>1. Advancing Rheumatology Patient Care</li> <li>2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes</li> <li>3. Advancing Care for Heart Disease</li> <li>4. Optimizing Chronic Disease Management</li> <li>5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine (finalized with modification)</li> <li>6. Improving Care for Lower Extremity Joint Repair (finalized with modification)</li> <li>7. Support of Positive Experiences with Anesthesia (finalized with modification)</li> </ol>
Reporting Requirements	<p>MVP reporting requirements (additional details about subgroup reporting requirements are provided in the Subgroups section below) include:</p> <ul style="list-style-type: none"> <li>• Quality Performance Category <ul style="list-style-type: none"> <li>○ MVP Participants will select 4 quality measures. One must be an outcome measure (or a high-priority measure if an outcome isn't available or applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.</li> </ul> </li> <li>• Improvement Activities Performance Category <ul style="list-style-type: none"> <li>○ MVP Participants will select 2 medium-weighted improvement activities <b>OR</b> one high-weighted improvement activity <b>OR</b> IA_PCMH (participation in a patient-centered medical home), if the activity is available in the MVP.</li> </ul> </li> <li>• Cost Performance Category <ul style="list-style-type: none"> <li>○ MVP Participants will be calculated on the cost measures included in the MVP.</li> </ul> </li> <li>• Foundational Layer (MVP-agnostic) <ul style="list-style-type: none"> <li>○ Population Health Measures</li> </ul> </li> </ul>

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- MVP Participants will select, at the time of MVP Participant registration, one population health measure to be calculated on. The results will be added to the quality score.
- For the 2023 performance period, we anticipate there will be 2 population health measures available for selection.
  - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System Program (MIPS) Eligible Clinician Groups (finalized in CY 2021 PFS Final Rule)
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (finalized in CY 2022 PFS Final Rule)
- Promoting Interoperability Performance Category
  - MVP Participants will report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category due to clinician type, special status, or an approved Promoting Interoperability Hardship Exception Application.

## Subgroups

POLICY AREA	FINALIZED POLICIES
Subgroup Definition	<p>We're finalizing the following definition for subgroups:</p> <p>"A subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group Taxpayer Identification Number (TIN), the subgroup identifier, and each eligible clinician's National Provider Identifier (NPI)."</p>
Subgroup Participation	<p>We will limit subgroup reporting only to clinicians reporting through MVPs or APM Performance Pathway (APP).</p> <p>Voluntary reporters, opt-in eligible clinicians, and virtual groups won't be able to report through an MVP for the 2023 performance year, due to implementation challenges.</p>
Requirement to Participate as a Subgroup	<p>To support clinicians in their transition to subgroup reporting, subgroup reporting will be voluntary for the 2023, 2024, and 2025 performance years. Multispecialty groups that report through an MVP will have to report as a subgroups beginning with CY 2026 MIPS performance period.</p>
Subgroup Eligibility and Special Statuses	<p>Subgroups inherit the eligibility and special status determinations of the affiliated group (identified by TIN):</p> <ul style="list-style-type: none"><li>• To participate as a subgroup, the TIN will need to exceed the low-volume threshold at the group level.<ul style="list-style-type: none"><li>○ Subgroups won't be evaluated for the low-volume threshold at the subgroup level.</li></ul></li></ul>



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### Subgroup Reporting Requirements

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- The subgroup will inherit any special statuses held by the group, even if the subgroup composition doesn't meet the criteria.
  - Subgroups won't be evaluated for special statuses at the subgroup level.

MVP reporting requirements for subgroup participation include:

- Quality Performance Category
  - Subgroups will select 4 quality measures available for the MVP.
  - One 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
  - Subgroups will select 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA\_PCMH (participation in a PCMH), if the activity is available for the MVP.
- Cost Performance Category
  - MVP Participants will be calculated on the cost measures included in the MVP.
- Foundational Layer (MVP agnostic)
  - Population Health Measures
    - Subgroups will select one population health measure to be calculated on. The results are added to the quality score.
  - Promoting Interoperability Performance Category
    - Subgroups will submit Promoting Interoperability data at the **group level, not the subgroup level.**

## Scoring

POLICY AREA	FINALIZED POLICIES
Quality Performance Category Scoring	<p>MVP quality performance category scoring policies will align with those used in traditional MIPS. The following policy changes for traditional MIPS were finalized, which also apply to MVPs:</p> <ul style="list-style-type: none"><li>• Beginning with the 2023 performance period, remove the 3-point floor for quality measure scoring from traditional MIPS. Except as noted below, no 3-point floor will be available under MVPs.<ul style="list-style-type: none"><li>▪ Measures without a benchmark or that don't meet case minimum will earn zero points. (This includes outcome-based administrative claims measures if available and selected by the MVP Participant.)<ul style="list-style-type: none"><li>• <b>Exception:</b> Small practices will continue to earn 3 points for these measures under traditional MIPS and MVPs.</li></ul></li><li>▪ Measures that can be scored against a benchmark will earn 1-10 points.</li></ul></li><li>• Beginning with the 2022 performance period, introduce a new policy for scoring new measures without a benchmark in their first year in MIPS to receive a 7-point scoring floor (receive 7 to 10 points) and in their second year receive a 5-point scoring floor (receive 5 to 10 points).</li><li>• Beginning with the 2022 performance period, there are no bonus points for reporting additional outcome and high priority measures, beyond the one required.</li></ul>

POLICY AREA	FINALIZED POLICIES
	<ul style="list-style-type: none"> <li>Beginning with the 2022 performance period, there are no bonus points for measures that meet end-to-end electronic reporting criteria.</li> </ul> <p>Similar to our quality scoring policies for traditional MIPS, if an MVP Participant reports more than the required number of quality measures, we will use the 4 highest scoring measures. Also, an MVP Participant will receive zero achievement points for the quality performance category for any required measures that aren't reported.</p> <p>If an outcome-based administrative claims measure is available and selected by the MVP Participant to fulfill the outcome measure requirement, the measure will receive zero achievement points when the measure doesn't have a benchmark or meet case minimum.</p> <ul style="list-style-type: none"> <li><b>Note:</b> If an MVP Participant is unsure whether a selected outcomes-based administrative claims measure score is attainable, we encourage the selection and reporting of an additional outcome measure to decrease the likelihood that they receive a score of zero for an unreported outcome measure.</li> </ul>
Improvement Activities Performance Category Scoring	Each medium-weighted improvement activity will be assigned 20 points and each high-weighted improvement activity will be assigned 40 points for all MVP participants. (This scoring differs from traditional MIPS.)
Cost Performance Category Scoring	MVP cost performance category scoring policies will align with those used in traditional MIPS. We will score only the cost measures included in the MVP.
Foundational Layer (MVP agnostic) Scoring	The following are the scoring policies for the foundational layer measures (population health and Promoting Interoperability):

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- The population health measure selected by MVP Participants will be included in the quality performance category score.
  - Similar to our policies for administrative claims measures in traditional MIPS, these measures will be excluded from scoring if the measure doesn't have a benchmark or meet case minimum.
  - **Exception:** Subgroups will receive the score of the population health measure of their affiliated group, if applicable, in the event that the measure selected by the subgroup doesn't have a benchmark or meet case minimum.

Measures in the Promoting Interoperability performance category will be scored in alignment with traditional MIPS scoring policies. Subgroups will submit the Promoting Interoperability performance category data of their affiliated group.

## Final Score

MVP scoring policies for determining the final score will generally align with those used in traditional MIPS across all performance categories, with few exceptions. Performance category weights will be consistent with traditional MIPS performance category weights. Reweighting policies for the redistribution of category weights will also align with traditional MIPS, with the exception that we won't reweight the quality performance category if we can't calculate a score for the MIPS eligible clinician because there isn't at least one quality measure applicable and available to the clinician.

We finalized to update the scoring hierarchy to include subgroups. A MIPS eligible clinician will receive the highest final score that can be attributed to their TIN/NPI combination from any reporting option (traditional MIPS, APP reporting, or MVP reporting) and participation option (as an individual, group, subgroup, or APM Entity) with the exception of virtual groups; clinicians that participate as a virtual group will always receive the virtual group's final score.

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We believe that including subgroups in the scoring hierarchy will allow for meaningful data collection and assessment under MVPs, while applying our existing policy of allowing clinicians to receive the highest final score and payment adjustment that can be attributed to them.

# Performance Feedback and Public Reporting

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Enhanced Performance Feedback

We will provide comparative performance feedback within the annual performance feedback to show the performance of like clinicians who report on the same MVP.

Public Reporting of Performance on MVPs

We will delay public reporting of new improvement activities and Promoting Interoperability measures and attestations reported via MVPs by one year. We will begin publicly reporting subgroup-level performance information beginning with PY 2024 on the [compare tool](#) hosted by CMS.

Lastly, subgroup performance information will be publicly reported separately from individual clinician and group performance information.



## Contact Us

We will continue to provide support to clinicians who need assistance. While our support offerings will reflect our efforts to streamline and simplify the Quality Payment Program, we understand that clinicians will still need assistance to help them successfully participate.

We also encourage clinicians to contact the QPP Service Center at 1-866-288-8292, Monday through Friday, 8 a.m. – 8 p.m. ET or by email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant. You can also visit the [Quality Payment Program website](#) for educational resources, information, and upcoming webinars.

## Version History Table

DATE	CHANGE DESCRIPTION
11/2/2021	Original Posting

## Appendix A: MVP Reporting Requirements

The table below provides an overview of the MVP reporting requirements.

QUALITY PERFORMANCE CATEGORY*	IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY*	COST PERFORMANCE CATEGORY
<p>An MVP Participant selects 4 quality measures, one must be an outcome measure (or a high priority measure if an outcome is not available or applicable).</p> <p>Note: As applicable, an administrative claims measure, that is outcome-based, may be selected at the time of MVP registration to meet the outcome measure requirement.</p>	<p>MVP Participant selects:</p> <ul style="list-style-type: none"> <li>Two medium weighted improvement activities <b>OR</b> one high weighted improvement activity <b>OR</b> IA_PCMH (participation in a PCMH), if the activity is available in the MVP</li> </ul>	<p>An MVP Participant is scored on the cost measures included in the MVP that they select and report.</p>
<b>FOUNDATIONAL LAYER (MVP AGNOSTIC)</b>		
<p><b><u>Population Health Measures*</u></b> An MVP Participant selects one population health measure, at the time of MVP registration, to be scored on. The results are added to the quality performance category score.</p> <p><b><u>Promoting Interoperability Performance Category</u></b> An MVP Participant is required to meet the Promoting Interoperability performance category requirements at § 414.1375(b).</p>		

\*Indicates MVP Participant may select measures and/or improvement activities.

## Appendix B: MVP Participant Registration

The table below provides an overview of the registration process and timeline for MVP and subgroup registration beginning with the 2023 MIPS performance year.

April 1 <sup>st</sup> of the applicable performance year	MVP Participants may begin to register for MVP reporting.
June 30 <sup>th</sup> of the applicable performance year (or a later date as specified by CMS)	<p>Groups, subgroups, and APM entities, who intend to report the CAHPS for MIPS Survey Measure through an MVP, must submit:</p> <ul style="list-style-type: none"><li>• MVP selection and population health measure selection</li><li>• As applicable, select an outcomes-based administrative claims measure that is associated with an MVP.</li><li>• As applicable, each subgroup must submit a list of each TIN/NPI associated with the subgroup.</li><li>• As applicable, each subgroup must submit a plain language name for the subgroup.</li><li>• Separately register through the MIPS registration system by June 30th to participate in the CAHPS for MIPS Survey</li></ul>
November 30 <sup>th</sup> of the applicable performance year	<p>The registration period closes. New registrations or changes to registration won't be accepted <u>after November 30th</u>.</p> <p>MVP Participants <u>can't</u> make any changes to registration of:</p> <ul style="list-style-type: none"><li>• MVP selection</li><li>• Population health measure selection</li><li>• As applicable, the selection of an outcomes-based administrative claims measure associated with the MVP</li></ul>





- As applicable, the list of each TIN/NPI associated with the subgroup.
- As applicable, subgroup participation (including the subgroup's plan language name).



## Appendix C: Information Required at the Time of MVP Participant Registration and Reporting Expectations for MVP Participants

The table below provides a crosswalk of the various clinician types, the information expected at the time of MVP registration, and a reminder of the MVP reporting requirements.

WHO REPORTS	INFORMATION REQUIRED AT THE TIME OF MVP REGISTRATION	MVP REPORTING REQUIREMENTS
<b>YEARS 1-3 (2023 AND 2025)</b>		
Individual Clinicians	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as finalized at § 414.1365(b)(2).	Requirements in Appendix A.
Groups	MVP selection, Population Health Measure selection, and (as applicable) administrative claims-based measure selection, as finalized at § 414.1365(b)(2).	Requirements in Appendix A. Members of the group will be required to report on the same measures and activities within an MVP.
Subgroups	<p>MVP selection, Population Health Measure selection, (as applicable) the outcomes-based administrative claims measure selection, and the subgroup participant information described at § 414.1365(b)(2).</p> <p>Subgroups will also receive a subgroup identifier from CMS at the time of registration.</p>	Requirements in Appendix A. Members of the subgroup will be required to report on the same measures and activities within an MVP.

APM Entities	MVP selection, Population Health Measure selection, and as applicable outcomes-based administrative claims measure selection, as finalized at § 414.1365(b)(2).	Requirements in Appendix A.
<b>YEAR 4 AND FUTURE YEARS (2026 AND BEYOND)</b>		
Individual Clinicians	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as finalized at § 414.1365(b)(2).	Requirements in Appendix A.
Single Specialty Groups <sup>+</sup>	MVP selection, Population Health Measure selection, and (as applicable) outcomes-based administrative claims measure selection, as finalized at § 414.1365(b)(2).	Requirements in Appendix A. Members of the group will be required to report on the same measures and activities within an MVP.
Subgroups	<p>MVP selection, Population Health Measure selection, (as applicable) outcomes-based administrative claims measure selection, and the subgroup participant information described at § 414.1365(b)(2).</p> <p>Subgroups will also receive a subgroup identifier from CMS at the time of registration.</p>	Requirements in Appendix A. Members of the subgroup will be required to report on the same measures and activities within an MVP.
APM Entities	MVP selection, Population Health Measure selection, and as applicable outcomes-based administrative claims measure selection, as finalized at § 414.1365(b)(2).	Requirements in Appendix A.

<sup>+</sup>Multispecialty Groups will be required to form subgroups to report an MVP. We refer readers to § 414.1305 for the definitions of MVP Participant, single specialty group, multispecialty group, and subgroup.