



## **Proposed Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) Guide for the CY 2023 MIPS Performance Period/2025 MIPS Payment Year**



# Table of Contents

INTRODUCTION..... 3

PROPOSED TRANSITION TO MVPS ..... 4

PROPOSED MVP REPORTING REQUIREMENTS.....5

TABLE A: PROPOSED ADVANCING RHEUMATOLOGY PATIENT CARE MVP..... 6

TABLE B: PROPOSED COORDINATING STROKE CARE TO PROMOTE PREVENTION AND CULTIVATE POSITIVE OUTCOMES MVP..... 8

TABLE C: PROPOSED ADVANCING CARE FOR HEART DISEASE MVP ..... 10

TABLE D: PROPOSED OPTIMIZING CHRONIC DISEASE MANAGEMENT MVP ..... 12

TABLE E: PROPOSED ADOPTING BEST PRACTICES AND PROMOTING PATIENT SAFETY WITHIN EMERGENCY MEDICINE MVP ..... 14

TABLE F: PROPOSED IMPROVING CARE FOR LOWER EXTREMITY JOINT REPAIR MVP ..... 16

TABLE G: PROPOSED PATIENT SAFETY AND SUPPORT OF POSITIVE EXPERIENCES WITH ANESTHESIA MVP ..... 18



## Introduction

This guide includes 7 proposed MVPs for implementation beginning in the calendar year (CY) 2023 MIPS Performance Period/2025 MIPS Payment Year.

Each proposed MVP includes measures and activities from the quality performance category, improvement activities performance category, and the cost performance category that are relevant to the clinical theme of the MVP.

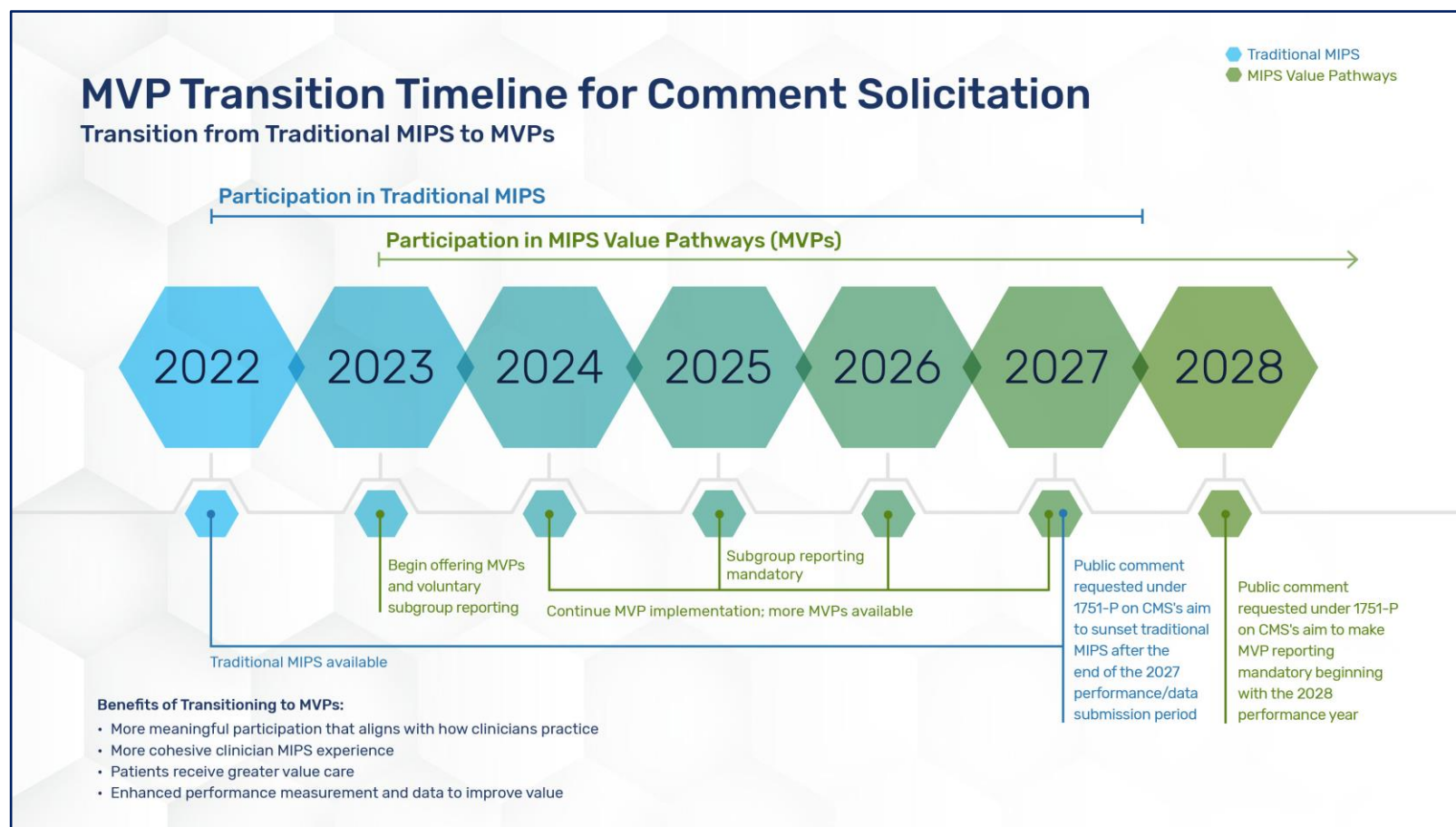
In addition, as described in the CY 2021 PFS Final Rule (CMS-1734-F) and section [IV.A.3.b.\(4\)\(b\)\(i\)\(c\)](#) of the CY 2022 PFS Proposed Rule (86 FR 39369), all proposed MVPs include a foundational layer, which is comprised of population health measures and Promoting Interoperability performance category measures.

We refer to section [IV.A.3.b.\(2\)\(b\)\(iii\)](#) of the CY 2022 PFS Proposed Rule (86 FR 39354) for key considerations and overall development approach for proposing the MVPs included in this guide. For additional details regarding the proposed annual maintenance process for MVPs, we refer readers to section [IV.A.3.b.\(4\)\(b\)\(ii\)](#) of the CY 2022 PFS Proposed Rule (86 FR 39370).

After each of the 7 MVP tables, we note potential clinician types who may want to consider participating in each proposed MVP if finalized. Please visit the Quality Payment Program [\(QPP\) website](#) for more information about MVPs. CMS will accept comments on the proposed rule until September 13, 2021 and will respond to comments in a final rule. The proposed rule can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection>.

## Proposed Transition To MVPS

As discussed in the CY 2022 PFS Proposed Rule (CMS-1751-P), below please find a potential timeline that we are considering outlining the transition from traditional MIPS to MVPs.





## Proposed MVP Reporting Requirements

For each MVP, the following reporting requirements are proposed. Additional details around subgroup participation and reporting can be found in [section IV.A.3.b.\(3\)](#) of the CY 2022 PFS Proposed Rule (86 FR 39359).

### Quality Performance Category

- MVP Participants would select 4 quality measures.
- 1 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

- MVP Participants would select 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA\_PCMH, if available in the MVP.

### Cost Performance Category

- CMS would calculate performance exclusively on the cost measures that are included in the MVP using administrative claims data

## Foundational Layer (MVP-agnostic)

### Population Health Measures

- MVP Participants would select, at the time of MVP Participant registration, 1 population health measure to be calculated on. The results would be added to the quality score.
- For the 2023 performance period, there would 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 (MIPS) Groups (finalized in CY 2021 PFS final rule)
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (proposed)

### Promoting Interoperability Performance Category

- MVP Participants would report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting the Promoting Interoperability performance category.

## TABLE A: Proposed Advancing Rheumatology Patient Care MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Advancing Rheumatology Patient Care MVP. We request comment on the measures and activities included in this MVP.

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

- Rheumatology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- # QCDR measures pending testing data

### Proposed Advancing Rheumatology Patient Care MVP

| Quality  | Improvement Activities  | Cost                                       |
|--|---|--|
| <p><b>(*) Q111: Pneumococcal Vaccination Status for Older Adults</b><br/>(Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q130: Documentation of Current Medications in the Medical Record</b><br/>(Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q176: Tuberculosis Screening Prior to First Course Biologic Therapy</b><br/>(MIPS CQMs Specifications)</p> <p><b>Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity</b><br/>(MIPS CQMs Specifications)</p> <p><b>Q178: Rheumatoid Arthritis (RA): Functional Status Assessment</b><br/>(MIPS CQMs Specifications)</p> <p><b>Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management</b><br/>(MIPS CQMs Specifications)</p> <p><b>(#) ACR12: Disease Activity Measurements for Patients with PsA</b><br/>(QCDR)</p> <p><b>(!!)(#) ACR14: Gout Serum Urate Target</b></p> | <p><b>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b><br/>(High)</p> <p><b>(*)(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes</b><br/>(Medium)</p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b><br/>(Medium)</p> <p><b>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care</b><br/>(Medium)</p> <p><b>IA_BMH_2: Tobacco use</b><br/>(Medium)</p> <p><b>IA_BMH_4: Depression screening</b><br/>(Medium)</p> <p><b>(*)(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b><br/>(High)</p> <p><b>(*) IA_EPA_2: Use of telehealth services that expand practice access</b></p> | <p><b>Total Per Capita Cost (TPCC)</b></p> |

## Proposed Advancing Rheumatology Patient Care MVP

| Quality   | Improvement Activities   | Cost |
|---|--|------|
| (QCDR)<br><b>(!)(#) ACR15: Safe Hydroxychloroquine Dosing</b><br>(QCDR) | (Medium)<br><b>IA_PM_16: Implementation of medication management practice improvements</b><br>(Medium)<br><b>(*) IA_PSPA_6: Consultation of the Prescription Drug Monitoring Program</b><br>(High)<br><b>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program</b><br>(Medium) |      |

## Foundational Layer

| Population Health Measures   | Promoting Interoperability   |
|--|--|
| <b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b><br>(Administrative Claims)<br><b>(^)(!!) TBD: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b><br>(Administrative Claims) | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving And Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |

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

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP. We request comment on the measures and activities included in this MVP.

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

- Neurology
- Vascular surgery

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation of IA\_PCMH provides full credit for the improvement activities performance category within the specific MVP

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

| Quality   | Improvement Activities  | Cost   |
|---|---|--|
| <p><b>(!) Q047: Advance Care Plan</b><br/>(Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy</b><br/>(MIPS CQMs Specifications)</p> <p><b>(*)(!!) Q236: Controlling High Blood Pressure</b><br/>(Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</b><br/>(Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(!!) Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)</b><br/>(MIPS CQMs Specifications)</p> | <p><b>(*)(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes</b><br/>(Medium)</p> <p><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b><br/>(Medium)</p> <p><b>IA_BE_24: Financial Navigation Program</b><br/>(Medium)</p> <p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b><br/>(Medium)</p> <p><b>IA_CC_13: Practice improvements for bilateral exchange of patient information</b><br/>(Medium)</p> <p><b>IA_CC_17: Patient Navigator Program</b><br/>(High)</p> <p><b>(%) IA_PCMH: Implementation of Patient-Centered Medical Home model</b></p> <p><b>IA_PM_13: Chronic care and preventative care management for empaneled patients</b><br/>(Medium)</p> | <p><b>Intracranial Hemorrhage or Cerebral Infarction</b></p> |



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

| Quality   | Improvement Activities   | Cost |
|---|--|------|
| <p>(*)(!!) <b>Q409: Clinical Outcome Post Endovascular Stroke Treatment</b><br/>(MIPS CQMs Specifications)</p> <p>(*)(!!) <b>Q413: Door to Puncture Time for Endovascular Stroke Treatment</b><br/>(MIPS CQMs Specifications)</p> <p>(*) <b>Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b><br/>(eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!!) <b>Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</b><br/>(MIPS CQMs Specifications)</p> | <p>IA_PM_15: Implementation of episodic care management practice improvements<br/>(Medium)</p> |      |

## Foundational Layer

| Population Health Measures  | Promoting Interoperability   |
|---|--|
| <p>(!!) <b>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b><br/>(Administrative Claims)</p> <p>(^)(!!) <b>TBD: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b><br/>(Administrative Claims)</p> | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |

## TABLE C: Proposed Advancing Care for Heart Disease MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Advancing Care for Heart Disease MVP. We request comment on the measures and activities included in this MVP.

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

- Cardiology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component

### Proposed Advancing Care for Heart Disease MVP

| Quality   | Improvement Activities  | Cost   |
|---|---|--|
| <p>(*) 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)<br/>(eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*) Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%)<br/>(eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*) Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)<br/>(eCQM Specifications, MIPS CQMs Specifications)</p> <p>(!) Q047: Advance Care Plan<br/>(Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>(*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan<br/>(Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q238: Use of High-Risk Medications in Older Adults</p> | <p>IA_BE_12: Use evidence-based decision aids to support shared decision-making<br/>(Medium)</p> <p>IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care<br/>(Medium)</p> <p>IA_BE_24: Financial Navigation Program<br/>(Medium)</p> <p>IA_BE_25: Drug Cost Transparency<br/>(High)</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans<br/>(Medium)</p> <p>(*)(~) IA_CC_14: Practice improvements that engage community resources to support patient health goals<br/>(High)</p> <p>IA_EPA_4: Additional improvements in access as a result of QIN/QIO TA<br/>(Medium)</p> <p>IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high risk patients</p> | <p>Elective Outpatient Percutaneous Coronary Intervention (PCI)</p> <p>ST Elevation Myocardial Infarction (STEMI) with PCI</p> <p>Total Per Capita Cost (TPCC)</p> |

## Proposed Advancing Care for Heart Disease MVP

| Quality  | Improvement Activities   | Cost |
|--|--|------|
| <p>(eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting</b><br/>(MIPS CQMs Specifications)</p> <p><b>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</b><br/>(MIPS CQMs Specifications)</p> | <p>(Medium)</p> <p><b>IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture</b><br/>(Medium)</p> <p><b>(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b><br/>(Medium)</p> <p><b>IA_PSPA_30: PCI Bleeding Campaign</b><br/>(High)</p> |      |

## Foundational Layer

| Population Health Measures  | Promoting Interoperability   |
|---|--|
| <p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b><br/>(Administrative Claims)</p> <p><b>(^)(!!) TBD: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b><br/>(Administrative Claims)</p> | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |

## TABLE D: Proposed Optimizing Chronic Disease Management MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Optimizing Chronic Disease Management MVP. We request comment on the measures and activities included in this MVP.

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

- Family Practice
- Internal Medicine
- Geriatric Care

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation of IA\_PCMH provides full credit for the improvement activities performance category within the specific MVP

### Proposed Optimizing Chronic Disease Management MVP

| Quality  | Improvement Activities  | Cost                                |
|--|---|-------------------------------------|
| <b>Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy</b><br>(MIPS CQMs Specifications)<br><br><b>(!) Q047: Advance Care Plan</b><br>(Medicare Part B Claims, MIPS CQMs Specifications)<br><br><b>Q107: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</b><br>(eCQM Specifications)<br><br><b>Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%)</b><br>(MIPS CQMs Specifications)<br><br><b>(*) Q119: Diabetes: Medical Attention for Nephropathy</b><br>(eCQM Specifications, MIPS CQMs Specifications)<br><br><b>(*)(!!) Q236: Controlling High Blood Pressure</b><br>(Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)<br><br><b>(!!) Q398: Optimal Asthma Control</b> | <b>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools</b><br>(High)<br><br><b>IA_BE_4: Engagement of patients through implementation of improvements in patient portal</b><br>(Medium)<br><br><b>(*) IA_BE_20: Implementation of condition-specific chronic disease self-management support programs</b><br>(Medium)<br><br><b>(*) IA_BE_21: Improved Practices that Disseminate Appropriate Self-Management Materials</b><br>(Medium)<br><br><b>IA_BE_22: Improved practices that engage patients pre-visit</b><br>(Medium)<br><br><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b><br>(Medium)<br><br><b>IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings</b><br>(Medium)<br><br><b>IA_CC_13: Practice improvements for bilateral exchange of patient information</b> | <b>Total Per Capita Cost (TPCC)</b> |

## Proposed Optimizing Chronic Disease Management MVP

| Quality  | Improvement Activities   | Cost |
|--|--|------|
| <p>(MIPS CQMs Specifications)</p> <p><b>(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b><br/>(eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(^)(!!) TBD: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)</b><br/>(MIPS CQMs Specifications)</p> | <p>(Medium)</p> <p><b>(*)(~) IA_CC_14: Practice improvements that engage community resources to support patient health goals</b><br/>(Medium)</p> <p><b>(*)(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b><br/>(High)</p> <p><b>(%) IA_PCMH: Implementation of Patient-Centered Medical Home model</b></p> <p><b>IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes</b><br/>(Medium)</p> |      |

## Foundational Layer

| Population Health Measures  | Promoting Interoperability   |
|---|--|
| <p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b><br/>(Administrative Claims)</p> <p><b>(^)(!!) TBD: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b><br/>(Administrative Claims)</p> | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |

## TABLE E: Proposed Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP. We request comment on the measures and activities included in this MVP.

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

- Emergency Medicine

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- # QCDR measures pending testing data

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

| Quality  | Improvement Activities  | Cost  |
|--|---|---|
| <p>(*) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (MIPS CQMs Specifications)</p> <p>(*) Q254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain (Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p>(!) Q321: CAHPS for MIPS Clinician/Group Survey (CAHPS Survey Vendor)</p> <p>(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (MIPS CQMs Specifications)</p> <p>(*) Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older (MIPS CQMs Specifications)</p> <p>(!)(#) ACEP21: Coagulation studies in patients presenting with chest pain with no coagulopathy or bleeding (QCDR)</p> <p>(!!)(#) ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients</p> | <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium)</p> <p>(*) IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement (High)</p> <p>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results (Medium)</p> <p>(*)(~) IA_CC_14: Practice improvements that engage community resources to support patient health goals (Medium)</p> <p>IA_PSPA_1: Participation in an AHRQ-listed patient safety organization (Medium)</p> <p>(*) IA_PSPA_6: Consultation of the Prescription Drug Monitoring Program (High)</p> <p>(~) IA_PSPA_7: Use of QCDR Data for ongoing practice assessment and improvements (Medium)</p> <p>IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)</p> | <p>Medicare Spending Per Beneficiary (MSPB) Clinician</p> |

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

| Quality  | Improvement Activities   | Cost |
|--|--|------|
| <p>(QCDR)</p> <p><b>(!)(#) ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain</b><br/>(QCDR)</p> <p><b>(!)(#) ECPR46: Avoidance of Opiates for Low Back Pain or Migraines</b><br/>(QCDR)</p> <p><b>(!)(#) ECPR55: Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions and Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain</b><br/>(QCDR)</p> | <p>(Medium)</p> <p><b>IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes</b><br/>(Medium)</p> <p><b>IA_PSPA_20: Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes</b><br/>(Medium)</p> |      |

## Foundational Layer

| Population Health Measures  | Promoting Interoperability   |
|---|--|
| <p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b><br/>(Administrative Claims)</p> <p><b>(^)(!!) TBD: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b><br/>(Administrative Claims)</p> | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving And Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |



## TABLE F: Proposed Improving Care for Lower Extremity Joint Repair MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Improving Care for Lower Extremity Joint Repair MVP. We request comment on the measures and activities included in this MVP.

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

- Orthopedic Surgery

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component

### Proposed Improving Care for Lower Extremity Joint Repair MVP

| Quality   | Improvement Activities   | Cost  |
|---|--|---|
| <p>(*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p>(*)(!) Q350: Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy (MIPS CQMs Specifications)</p> <p>(*)(!) Q351: Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (MIPS CQMs Specifications)</p> <p>(*)(!) Q376: Functional Status Assessment for Total Hip Replacement (eCQM Specifications)</p> <p>(*)(!) Q470: Functional Status After Primary Total Knee Replacement (MIPS CQMs Specifications)</p> <p>(!!) 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 (Administrative Claims)</p> | <p>(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools (High)</p> <p>(*) IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement (High)</p> <p>IA_BE_12: Use evidence-based decision aids to support shared decision-making (Medium)</p> <p>IA_CC_7: Regular training in care coordination (Medium)</p> <p>(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)</p> <p>IA_CC_13: Practice improvements for bilateral exchange of patient information (Medium)</p> <p>(*) IA_CC_15: PSH Care Coordination (Medium)</p> <p>(*) IA_PSPA_6: Consultation of the Prescription Drug Monitoring Program</p> | <p>Elective Primary Hip Arthroplasty</p> <p>Knee Arthroplasty</p> |



## Proposed Improving Care for Lower Extremity Joint Repair MVP

| Quality | Improvement Activities   | Cost |
|---------|--|------|
|         | <p>(High)</p> <p><b>IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p> <p>(Medium)</p> <p><b>(*) IA_PSPA_18: Measurement and improvement at the practice and panel level</b></p> <p>(Medium)</p> <p><b>IA_PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management</b></p> <p>(Medium)</p> |      |

## Foundational Layer

| Population Health Measures  | Promoting Interoperability   |
|---|--|
| <p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b></p> <p>(Administrative Claims)</p> <p><b>(^)(!!) TBD: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b></p> <p>(Administrative Claims)</p> | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |

## TABLE G: Proposed Patient Safety and Support of Positive Experiences with Anesthesia MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this guide, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Patient Safety and Support of Positive Experiences with Anesthesia MVP. We request comment on the measures and activities included in this MVP.

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

- Anesthesiology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2022 MIPS performance period/2024 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- # QCDR measures pending testing data

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

| Quality   | Improvement Activities  | Cost   |
|---|---|--|
| <p><b>(!!) Q404: Anesthesiology Smoking Abstinence</b><br/>(MIPS CQMs Specifications)</p> <p><b>(!!) Q424: Perioperative Temperature Management</b><br/>(MIPS CQMs Specifications)</p> <p><b>(*)(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</b><br/>(MIPS CQMs Specifications)</p> <p><b>(*)(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)</b><br/>(MIPS CQMs Specifications)</p> <p><b>(!) Q477: Multimodal Pain Management</b> (MIPS CQMs Specifications)</p> <p><b>(!!)(#) AQI48: Patient-Reported Experience with Anesthesia</b><br/>(QCDR)</p> <p><b>(!)(#) AQI69: Intraoperative Antibiotic Redosing</b><br/>(QCDR)</p> <p><b>(!)(#) AQI70: Prevention of Arterial Line-related Bloodstream Infections</b><br/>(QCDR)</p> | <p><b>(*) IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement</b><br/>(High)</p> <p><b>IA_BE_22: Improved practices that engage patients pre-visit</b><br/>(Medium)</p> <p><b>IA_BMH_2: Tobacco use</b><br/>(Medium)</p> <p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b><br/>(Medium)</p> <p><b>(*) IA_CC_15: PSH Care Coordination</b><br/>(Medium)</p> <p><b>IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes</b><br/>(High)</p> <p><b>(*)(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Records</b><br/>(High)</p> <p><b>IA_PSPA_1: Participation in an AHRQ-listed patient safety organization</b></p> | <p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p> |

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

| Quality | Improvement Activities  | Cost |
|---------|---|------|
|         | <p>(Medium)</p> <p>(~) <b>IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements</b></p> <p>(Medium)</p> <p><b>IA_PSPA_16: Use of decision support and standardized treatment protocols</b></p> <p>(Medium)</p> <p><b>IA_PSPA_20: Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes</b></p> <p>(Medium)</p> |      |

## Foundational Layer

| Population Health Measures  | Promoting Interoperability   |
|---|--|
| <p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups</b></p> <p>(Administrative Claims)</p> <p><b>(^)(!!) TBD: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b></p> <p>(Administrative Claims)</p> | <ul style="list-style-type: none"> <li>• Prevention of Information Blocking</li> <li>• e-Prescribing</li> <li>• Query of the Prescription Drug Monitoring Program (PDMP) (Optional)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> <li>• Security Risk Analysis</li> <li>• (^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> </ul> |