MVP Development Standardized Template
CY 2023 Final versus CY 2024 Final

Burden impact: The changes to the MVP Development Standardized Template reflect annual language updates, as there were no policy changes that impacted this document from the CY 2023 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program to the CY 2024 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. The result is an estimated change of zero hours.

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Change #1:
Location: Page 1
Reason for Change:
Language updates
CY 2023 Final Rule text:
Stakeholder Submissions of MIPS Value Pathways (MVP) Candidates: Instructions And Template

CY 2024 Final Rule text:
Submitting MIPS Value Pathways (MVP) Candidates: Instructions and Template

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Change #2:
Location: Pages 1-2
Reason for Change:
Language updates
CY 2023 Final Rule text:

About MVPs

Through MVP implementation and reporting, CMS aims to improve patient outcomes, allow for more meaningful reporting by specialists and other MIPS eligible clinicians, and reduce burden and complexity associated with selecting from a large inventory of measures and activities found under traditional MIPS.

MVPs should be focused on a given specialty, condition, and/or episode of care. CMS has identified a list of specialties/clinical topics that are considered priorities for MVP development and encourages the general public to submit MVPs that incorporate the identified specialties. Please review the MVP Needs and Priorities document found within the MVPs Development Resources ZIP file for additional information, available on the MVP Candidate Development & Submission webpage.

CMS is also interested in MVPs that measure the patient journey and care experience over time and would like to explore how MVPs could best measure the value of and be used within a multi-disciplinary, team-based care model.

As noted in the CY 2021 and CY 2022 Physician Fee Schedule final rules, the MVP framework strives to link measures and improvement activities that address a common clinical theme across the four MIPS performance categories. More details regarding the intent of the MVP framework and the latest 2023 Final Rule Fact Sheet can be accessed on the MVP website.

While MVP development is collaborative by nature, including having the general public work together with other groups and with patients, ultimately CMS will determine if the MVP is appropriate and responsive to CMS and Department of Health and Human Services (HHS) priorities, and if so, what the timing for implementation of the MVP should be.

In the CY 2023 PFS Final Rule, we finalized the modification of the MVP development process to include a 30-day comment period for the general public to submit feedback on candidate MVPs prior to potentially including an MVP in a notice of proposed rulemaking. All MVPs, whether they are new or existing MVPs with updates, must undergo notice and comment rulemaking and are subject to the public comment period. If CMS determines that additional changes are needed for an MVP once it is implemented, CMS may take additional steps through notice and comment rulemaking to make updates.

We ask that the general public keep in mind as they collaborate on and submit MVP candidates, that CMS is considered the lead (and ultimately the owner) of all MVPs established through the rulemaking process.

CY 2024 Final Rule text:

About MVPs

Through MVP implementation and reporting, CMS aims to improve patient outcomes, allow for more meaningful reporting by specialists and other MIPS eligible clinicians, and reduce burden and complexity associated with selecting from a large inventory of measures and activities found under traditional MIPS.

MVPs provide a pathway for clinicians to report on an applicable clinical topic based on their specialty, their medical condition focus, or the setting in which they provide patient care. CMS has identified a list of specialties/clinical topics that are considered priorities for MVP development and encourages the general public to submit MVPs that incorporate the identified specialties. Please review the MVP Needs and Priorities document found within the MVPs Development Resources ZIP file for additional information, available on the MVP Candidate Development & Submission webpage.

The MVP framework strives to link measures and improvement activities that address a common clinical theme across the four MIPS performance categories. More details regarding the intent of the MVP framework can be found on the MVP Candidate Development & Submission webpage.

While stakeholder feedback in MVP development is appreciated, ultimately CMS will determine if a given MVP candidate will move forward through rulemaking. CMS owns all MVPs that are established through notice and comment rulemaking. CMS will determine if the MVP is appropriate and responsive to the needs and priorities of the Agency, Department, and Administration. In addition to determining if an MVP candidate aligns with programmatic needs, CMS will also determine when an MVP candidate is ready for proposal through rulemaking for future implementation.

In the CY 2023 PFS Final Rule, we finalized the modification of the MVP development process to include a 30-day feedback period for the general public to submit feedback on candidate MVPs prior to potentially including an MVP in a notice of proposed rulemaking.

All MVPs, whether they are new or existing MVPs with updates, must undergo notice and comment rulemaking and are subject to the public comment period. If CMS determines that

additional changes are needed for an MVP once it is implemented, CMS may take additional steps through notice and comment rulemaking to make updates.

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Change #3:
Location: Page 2
Reason for Change:
Language updates
CY 2023 Final Rule text:

Introduction

These instructions identify the information that should be submitted, using the standardized template below, by the general public who wish to have an MVP candidate considered by CMS for potential implementation.

MVP candidates include measures and activities from across the four performance categories. MVP candidate submissions by the general public should include measures and activities across the quality, cost, and improvement activities performance categories.

In the foundational layer, each MVP candidate includes the entire set of Promoting Interoperability performance category measures. Furthermore, the foundational layer includes two population health measures:

- Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups; and,
- Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

Note: In this template, submitters don't need to submit the Promoting Interoperability performance category measures or the population health measures. The Promoting Interoperability performance category measure specifications are available on the Promoting Interoperability Performance Category Webpage. These foundational layer measures are prefilled because they are required across all MVP candidates and can't be changed.

Please complete and submit **both** Table 1 and Table 2a of the template below for each intended MVP candidate. **Both tables must be completed for CMS to consider your submission.**

- Table 1 should include high-level descriptive information as outlined below.
- Table 2a should include the specific quality measures, improvement activities, and cost measures for the MVP candidate submission.
    - Please note that CMS isn't prescriptive regarding the number of measures and activities that may be included in an MVP; therefore, when completing Table 2a, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

Additional guidance and considerations for completing Table 2a can be found in the appendix of this document.

CY 2024 Final Rule text:

Introduction

These instructions identify the information the general public should submit, using the standardized template below, if they wish to have an MVP candidate considered by CMS for potential implementation.

MVP candidates include measures and activities from across the four performance categories. MVP candidate submissions should include measures and activities across the quality, cost, and improvement activities performance categories.

Each MVP includes what is referred to as the foundational layer, which includes the Promoting Interoperability measure/objective set and two population health measures:

- Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups; and,
- Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

Promoting Interoperability performance category measures don't need to be included in MVP candidate submissions. The foundational layer measures are prefilled in the template because they are required across all MVP candidates and can't be changed. The Promoting Interoperability performance category measure specifications are available on the Promoting Interoperability Performance Category webpage.

Please complete and submit Table 1 and Table 2A of the template below for each intended MVP candidate. **Both tables must be completed for CMS to consider your submission.**

- Table 1 should include high-level descriptive information as outlined below.
- Table 2A should include the specific quality measures, improvement activities, and cost measures for the MVP candidate submission.
    - Please note that CMS isn't prescriptive regarding the number of measures and activities that may be included in an MVP; therefore, when completing Table 2A, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

Additional guidance and considerations for completing Table 2A can be found in the Appendix.

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Change #4:
Location: Page 3
Reason for Change:
Language updates
CY 2023 Final Rule text:

MVP Candidate Content and Review Process

CMS encourages MVP submissions to include quality/cost measures and improvement activities that are currently available in MIPS. To view all MIPS measures and improvement activities, please visit the Quality Payment Program Resource Library or review the most recent Measures under Consideration (MUC) list. Measures and/or improvement activities not currently in the MIPS inventory will be required to follow the existing pre-rulemaking processes in order to be considered for inclusion within an MVP.

CY 2024 Final Rule text:

MVP Candidate Content and Review Process

CMS encourages MVP submissions to include quality/cost measures and improvement activities that are currently available in MIPS. To view all MIPS measures and improvement activities, please visit the Quality Payment Program Resource Library or review the most recent Measures Under Consideration (MUC) list. Measures and/or improvement activities not currently in the MIPS inventory will be required to follow the existing pre-rulemaking processes to be considered for inclusion within an MVP.

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Change #5:
Location: Page 3
Reason for Change:
Language updates
CY 2023 Final Rule text:

Quality Measures

The current inventory of MIPS quality measures and Quality Clinical Data Registry (QCDR) measures include both cross-cutting and specialty/clinical topic specific quality measures. Please view the current MIPS quality measures, including associated specialty set(s) and measure properties in the 2022 MIPS Quality Measures List and 2022 Cross-Cutting Quality Measures on the Quality Payment Program Resource Library for more information. Please view the current QCDR measures list and measure properties in the 2022 QCDR Measure Specifications on the Quality Payment Program Resource Library for more information.

- Measures that are currently outside the MIPS program need to follow the pre-rulemaking process (i.e., Call for Measures and rulemaking) before they may be included in an MVP.
- QDCR measures may also be considered for inclusion in an MVP if the measure has met all requirements, including being fully tested at the clinician level, and approved through the self-nomination process.

In addition, as described in the CY 2022 Physician Fee Schedule (PFS) final rule, when developing MVP candidates, the general public should consider that:

- MVPs must include at least one outcome measure that is relevant to the MVP topic and each clinician specialty:
    - An outcome measure may include the following measure types: Outcome, Intermediate Outcome, and Patient-Reported Outcome-based Performance Measure.
        - For example, a single specialty MVP is the Advancing Rheumatology Patient Care MVP, as finalized in the 2023 PFS Final Rule. This MVP was developed to include outcome measures for this single specialty.
    - If an outcome measure is not available for a given clinician specialty, a High Priority measure must be included and available for each clinician specialty included.
        - For example, an MVP that contains High Priority measures is the *Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP* as finalized in the 2023 PFS Final Rule. This MVP contains one outcome measure, but also includes quality measures that

are categorized as High Priority in the instance the outcome measure is not applicable.

- Outcome-based administrative claims measures may be included to support the quality performance category of an MVP candidate.

CY 2024 Final Rule text:

Quality Measures

The current inventory of MIPS quality measures and Quality Clinical Data Registry (QCDR) measures include both cross-cutting and specialty/clinical topic specific quality measures. The following 2024 resources will be available on the QPP Resource Library:

- 2024 MIPS Quality Measures List (XLSX)
- 2024 Cross-Cutting Quality Measures (PDF)
- 2024 QCDR Measure Specifications (XLSX)

QDCR measures may also be considered for inclusion in an MVP if the measure has met all requirements, including **being fully tested at the clinician level, and approved through the self-nomination process.**

In addition, as described in the CY 2022 Physician Fee Schedule (PFS) final rule, when developing MVP candidates, the general public should consider that:

- MVPs must include at least one outcome measure that is relevant to the MVP topic and each clinician specialty:
    - An outcome measure may include the following measure types: Outcome, Intermediate Outcome, and Patient-Reported Outcome-based Performance Measure.
        - For example, a single specialty MVP is the *Advancing Rheumatology Patient Care MVP*. This MVP was developed to include an outcome measure related to care provided by this single specialty.
    - If an outcome measure isn't available for a given clinician specialty, a High Priority measure must be included and available for each clinician specialty included.
        - For example, an MVP that contains High Priority measures is the *Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP.* This MVP contains one outcome measure, but also includes quality measures that are categorized as High Priority in the instance the outcome measure is not applicable.
    - Outcome-based administrative claims measures may be included to support the quality performance category of an MVP candidate.

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Change #6:
Location: Pages 3-4
Reason for Change:
Language updates
CY 2023 Final Rule text:

Improvement Activities
Improvement activities are broader in application and cover a wide range of clinician types and health conditions. Improvement activities that best drive the quality of care addressed in the MVP topic should be prioritized. Improvement activities should complement and/or supplement the quality action of the measures in the MVP candidate submission, rather than duplicate it.

In addition, MVPs should seek to identify/incorporate opportunities to promote diversity, equity, and inclusion by selecting health equity focused improvement activities; there are 27 health equity focused improvement activities in the current inventory: 2022 Improvement Activities Inventory.

New improvement activities may be submitted using the 2022 Call for Measures and Activities process outlined on the Quality Payment Program Resource Library.

CY 2024 Final Rule text:
Improvement Activities
Improvement activities are broader in application and cover a wide range of clinician types and health conditions. Improvement activities that best drive the quality of care addressed in the MVP topic should be prioritized. Improvement activities should complement and/or supplement the quality action of the measures in the MVP candidate submission, rather than duplicate it.

In addition, MVPs should seek to identify/incorporate opportunities to promote diversity, equity, and inclusion by selecting health equity focused improvement activities; there are 36 health equity focused improvement activities in the current inventory. The 2024 Improvement Activity Inventory will be available on the QPP Resource Library.

New improvement activities may be submitted using the 2024 Call for Measures and Activities process, which will outlined on the QPP Resource Library.

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Change #7:
Location: Page 4
Reason for Change:
Language and punctuation updates
CY 2023 Final Rule text:
Cost Measures
The current inventory of cost measures covers different types of care. Procedural episode-based cost measures apply to specialties (such as orthopedic surgeons) that perform procedures of a defined purpose or type, acute episode-based cost measures cover clinicians (such as hospitalists) who provide care for specific acute inpatient conditions, and chronic condition episode-based cost measures account for the ongoing management of a disease or condition.

There are also two broader types of measures (population-based cost measures) that assess overall costs of care for a patient's admission to an inpatient hospital (Medicare Spending Per Beneficiary [MSPB] Clinician measure) and for primary care services that a patient receives (Total Per Capita Cost [TPCC] measure). In addition, the MIPS cost measures are calculated for clinicians and clinician groups based on administrative claims data. Cost measure information can be located on the MACRA Feedback Page.

New cost measures may be submitted for consideration for use in the MIPS program using the 2022 Call for Measures and Activities process outlined on the Quality Payment Program Resource Library.

CY 2024 Final Rule text:
Cost Measures
The current inventory of cost measures covers different types of care. Procedural episode-based cost measures apply to specialties (such as orthopedic surgeons) that perform procedures of a defined purpose or type, acute episode-based cost measures cover clinicians (such as hospitalists) who provide care for specific acute inpatient conditions, and chronic condition episode-based cost measures account for the ongoing management of a disease or condition.

There are also two broader measures (population-based cost measures) that assess overall costs of care for a patient's admission to an inpatient hospital (Medicare Spending Per Beneficiary (MSPB) Clinician measure) and for primary care services that a patient receives (Total Per Capita Cost (TPCC) measure). In addition, the MIPS cost measures are calculated for clinicians and clinician groups based on administrative claims data. The following cost measure information will be available on the QPP Website:

- MIPS 2024 Summary of Cost Measures (PDF): Provides an overview of the cost measures, their development, and estimated cost and clinician coverage metrics for the measures currently in use.

- Measure Information Form (ZIP): Describes the methodology used to construct each measure.
- Measure Codes List (ZIP): Contains service codes and clinical logic used in the methodology, including episode triggers, exclusion categories, episode subgroups, assigned items and services, and risk adjustors.

New cost measures may be submitted for consideration for use in the MIPS program using the 2024 Call for Measures and Activities process, which will be outlined on the QPP Resource Library.

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Change #8:
Location: Pages 4-5
Reason for Change:
Language updates
CY 2023 Final Rule text:
Submission and Review Process
On an annual basis, CMS intends to host a public-facing MVP development webinar to remind the general public of MVP development criteria as well as the timeline and process to submit a candidate MVP.

Candidate MVP submissions can be submitted on a rolling basis throughout the year through the Call for MVP process to be considered for potential inclusion in the upcoming notice of proposed rulemaking and, if finalized, subsequent implementation beginning with the CY 2024 performance period/2026 MIPS payment year.

As MVP candidates are received, they will be reviewed, vetted, and evaluated by CMS and its contractors. CMS will use the MVP development criteria (see Appendix below) to determine if the candidate MVP is feasible.

In addition to the MVP development criteria, CMS will also vet the quality and cost measures from a technical perspective to validate applicability to the clinician being measured for performance. In addition, CMS will review all potential specialty-specific quality or cost measures available in the MIPS inventory to ensure only the most appropriate measures are included in the MVP candidate.

CMS may reach out to submitters of MVP candidates on an as-needed basis should questions arise during the review process. Please note that submitting an MVP candidate does not guarantee it will be considered or accepted for the rulemaking process. To ensure a fair and transparent rulemaking process, CMS won't communicate (to those who submit MVP candidates) whether an MVP candidate has been approved, disapproved, or will be considered for a future year, prior to the publication of the proposed rule.

Completed MVP candidate templates (inclusive of Table 1 and Table 2a) should be submitted to PIMMSMVPSupport@gdit.com for CMS evaluation.

CY 2024 Final Rule text:
Submission and Review Process
On an annual basis, CMS intends to host a public MVP development webinar to review the MVP development criteria as well as the timeline and process to submit a candidate MVP.

Candidate MVPs can be submitted on a rolling basis throughout the year through the Call for MVP process to be considered for potential inclusion in the upcoming notice of proposed rulemaking and, if finalized, subsequent implementation beginning with the CY 2025 performance period/2027 MIPS payment year.

As MVP candidates are received, they will be reviewed and evaluated by CMS and its contractors. CMS will use the MVP development criteria (see Appendix below) to determine if the candidate MVP is feasible.

In addition to the MVP development criteria, CMS will also evaluate the quality and cost measures from a technical perspective to validate applicability to the clinician being measured for performance. CMS will review all potential specialty-specific quality or cost measures available in the MIPS inventory to ensure only the most appropriate measures are included in the MVP candidate.

CMS may reach out to submitters of MVP candidates on an as-needed basis should questions arise during the review process. Submitting an MVP candidate doesn't guarantee it will be considered or accepted for the rulemaking process. To ensure a fair and transparent rulemaking process, CMS won't communicate (to those who submit MVP candidates) whether an MVP candidate has been approved, disapproved, or will be considered for a future year, prior to the publication of the proposed rule.

Completed MVP candidate templates (inclusive of Table 1 and Table 2A) should be submitted to PIMMSMVPSupport@gdit.com for CMS evaluation.

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Change #9:
Location: Pages 5-7
Reason for Change:
Language updates
CY 2023 Final Rule text:
TABLE 1: MVP DESCRIPTIVE INFORMATION

MVP Name	• Provide title that succinctly describes the proposed MVP. • CMS encourages a title suggesting action (for example: Improving Disease Prevention Management).

Primary/Alternative Contact Names	• Primary point of contact: Provide full name, organization name, email, and phone number. • One or more alternative points of contact: Provide full name, email, and phone number.
Intent of Measurement	• What is the intent of the MVP? • Is the intent of the MVP the same at the individual clinician and group level? • Are there opportunities to improve the quality of care and value in the area being measured? • Why is the topic of measurement meaningful to clinicians? • Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so? • Is the MVP reportable by small and rural practices? Does the MVP consider reporting burden to those small and rural practices? • Which Meaningful Measure Domain(s) does the MVP address?
Measure and Activity Linkages with the MVP	• How do the measures and activities within the proposed MVP link to one another? (For example, do the measures and activities assess different dimensions of care provided by the clinician?). Linkages between measures and activities should be considered as complementary relationships. • Are the measures and activities related or a part of the care cycle or continuum of care offered by the clinicians? • Why are the chosen measures and activities most meaningful to the specialty?

Appropriateness	• Is the MVP candidate developed for multiple specialties to report? If so, has the MVP been developed collaboratively across specialties? • Are the measures clinically appropriate for the clinicians being measured? • Do the measures capture a clinically definable population of clinicians and patients? • Do the measures capture the care settings of the clinicians being measured? • Prior to incorporating a measure in an MVP, is the measure specification evaluated to ensure that the measure is inclusive of the specialty or sub-specialty?
Comprehensibility	• Is the MVP comprehensive and understandable by the clinician or group? • Is the MVP comprehensive and understandable by patients?
Incorporation of the Patient Voice	• Does the MVP take into consideration the patient voice? How? • Does the MVP take into consideration patients in rural and underserved areas? • Were patients involved in the MVP development process? If so, how was their voice included in development of the MVP candidate? • To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?

CY 2024 Final Rule text:

Table 1: Instructions and Template

Please provide high-level information addressing the following topics: MVP Name, Primary/Alternative Points of Contact, Intent of Measurement, Measure and Activity Linkages with the MVP, Appropriateness, Comprehensibility, and Incorporation of the Patient Voice. A checklist of items is provided in Table 1 to provide further guidance.

Table 1: MVP Descriptive Information

MVP Name	• Provide title that succinctly describes the proposed MVP. • CMS encourages a title suggesting action (for example: Improving Disease Prevention Management).
Primary/Alternative Contact Names	• Primary point of contact: Provide full name, organization name, email, and phone number. • One or more alternative points of contact: Provide full name, email, and phone number.
Intent of Measurement	• What is the intent of the MVP? • Is the intent of the MVP the same at the individual clinician and group level? • Are there opportunities to improve the quality of care and value in the area being measured? • Why is the topic of measurement meaningful to clinicians? • Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so? • Is the MVP reportable by small and rural practices? Does the MVP consider reporting burden to those small and rural practices? • Which Meaningful Measure 2.0 Framework Domain(s) does the MVP address?
Measure and Activity Linkages with the MVP	• How do the measures and activities within the proposed MVP link to one another? (For example, do the measures and activities assess different dimensions of care provided by the clinician or are they assessing the same clinical actions?). Linkages between measures and activities should be considered as complementary relationships. • Are the measures and activities related or a part of the episode of care or continuum of care offered by the clinicians? • Why are the chosen measures and activities most meaningful to the specialty?

Appropriateness	• Is the MVP candidate developed for multiple specialties or is it focused to a specific specialty? If so, has the MVP been developed collaboratively across specialties? • Are the measures clinically appropriate for the clinicians being measured? • Do the measures capture a clinically definable population of clinicians and patients? • Do the care settings captured by the measures represent those most appropriate for the specialty intended by the MVP? • Prior to incorporating a measure in an MVP, is the denominator of the measure inclusive of the intended specialty or sub-specialty?
Comprehensibility	• Is the MVP comprehensive and understandable by the clinician or group? • Will the intent of the MVP be meaningful to patients?
Incorporation of the Patient Voice	• Does the MVP take into consideration patients in rural and underserved areas? • Were patients involved in the MVP development process? If so, how was their voice included in development of the MVP candidate? • To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?

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Change #10:
Location: Page 8
Reason for Change:
Language updates
CY 2023 Final Rule text:

Table 2a: Instructions and Template

Please use the Table 2a template format below to identify the quality measures, improvement activities, and cost measures for your MVP candidate. Specifically, at a minimum, Table 2a should include measure/activity IDs, measure/activity titles, measure collection types, and rationale for inclusion.

Generally, an MVP should include a sufficient number of quality measures and improvement activities to allow MVP participants to select measures and activities to meet MIPS

requirements. To the extent feasible, MVPs should include a maximum of 10 quality measures and 10 improvement activities to offer MVP participants some choice without being overwhelming. However, CMS understands that the total number of quality measures and activities represented within the MVP candidate may depend on availability within MIPS.

- For example, the *Optimizing Chronic Disease Management MVP* includes 9 quality measures and 15 improvement activities. Chronic disease can broadly encompass several conditions; therefore, CMS has selected measures and improvement activities that are closely aligned to the topic and offer clinicians some choice.

Additionally, each MVP must include at least one cost measure relevant and applicable to the MVP topic. The number of cost measures in a given MVP may vary depending on the clinical topic of the MVP.

As CMS is not prescriptive regarding the number of measures and activities that may be included in an MVP when completing Table 2a, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

The foundational layer of measures is included below (Tables 2b and 2c) and is pre-filled for each MVP candidate submission and can't be changed.

Please refer to the Appendix below for further guidance regarding measure and activity selection.

CY 2024 Final Rule text:
Please use the Table 2A template format below to identify the quality measures, improvement activities, and cost measures for your MVP candidate. At a minimum, Table 2A should include measure/activity IDs, measure/activity titles, measure collection types, and rationale for inclusion.

Generally, an MVP should include a sufficient number of quality measures and improvement activities to allow MVP participants to select measures and activities to meet MIPS requirements. To the extent feasible, MVPs should include a maximum of 10 quality measures and 10 improvement activities to offer MVP participants some choice without being overwhelming. However, CMS understands that the total number of quality measures and activities represented within the MVP candidate may depend on their availability within MIPS.

- For example, the 2023 *Advancing Care for Heart Disease MVP* includes 14 quality measures and 11 improvement activities. Cardiac disease can encompass several conditions relative to heart care; therefore, CMS has selected measures and improvement activities that are closely aligned to the topic and offer clinicians some choice.

Additionally, each MVP must include at least one cost measure relevant and applicable to the MVP topic. The number of cost measures in a given MVP may vary depending on the clinical topic of the MVP.

CMS isn't prescriptive regarding the number of measures and activities that may be included in an MVP when completing Table 2A, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

The foundational layer of measures is included below (Table 2B and Table 2C) and is pre-filled for each MVP candidate submission and can't be changed.

Please refer to the Appendix below for further guidance regarding measure and activity selection.

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Change #11:
Location: Pages 8-9
Reason for Change:
Language and punctuation updates, updated quality measure references from NQF# to CBE#

CY 2023 Final Rule text

Table 2A: Quality Measures, Improvement Activities, and Cost Measures

QUALITY MEASURES	IMPROVEMENT ACTIVITIES	COST MEASURES
For each measure, provide: <Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	**For each activity, provide:** <Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	**For each measure, provide:** <Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <NQF#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>

CY 2024 Final Rule text

Table 2A: Quality Measures, Improvement Activities, and Cost Measures

QUALITY MEASURES	IMPROVEMENT ACTIVITIES	COST MEASURES
For each measure, provide: <Measure ID> <CBE#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	For each activity, provide: <Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	For each measure, provide: <Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <CBE#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <CBE#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>
<Measure ID> <CBE#, if applicable> <Measure Title> <Collection Type(s)> <Rationale for Inclusion>	<Improvement Activity ID> <Improvement Activity Title> <Rationale for Inclusion>	<Measure ID, if applicable> <Measure Title> <Rationale for Inclusion>

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Change #12:
Location: Pages 10
Reason for Change:
Language and punctuation updates

CY 2023 Final Rule text

Table 2B: Foundational Layer – Population Health Measures

QUALITY #	MEASURE TITLE AND DESCRIPTION	COLLECTION TYPE	MEASURE TYPE / HIGH PRIORITY	NQS DOMAIN	HEALTH CARE PRIORITY	MEASURE STEWARD
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS Groups)	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	CMS
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	Outcome	Effective Clinical Care	Promote Effective Prevention and Treatment of Chronic Disease	CMS

CY 2024 Final Rule text

Table 2B: Foundational Layer – Population Health Measures

QUALITY #	MEASURE TITLE AND DESCRIPTION	COLLECTION TYPE	MEASURE TYPE / HIGH PRIORITY	NQS DOMAIN	HEALTH CARE PRIORITY	MEASURE STEWARD
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	CMS
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	Outcome	Effective Clinical Care	Promote Effective Prevention and Treatment of Chronic Disease	CMS

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Change #13:
Location: Pages 11-17
Reason for Change:
Language and punctuation updates, updated measure titles and descriptions as applicable

Table 2C: Foundational Layer – Promoting Interoperability Measures

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Protect Patient Health Information	**PI_PPHI_1: Security Risk Analysis:** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
Protect Patient Health Information	**PI_PPHI_2: Safety Assurance Factors for EHR Resilience Guide (SAFER Guide):** Conduct an annual self-assessment using the High Priority Practices Guide at any point during the calendar year in which the performance period occurs.	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Attestation	**PI_ONCDIR_1: ONC-Direct Review Attestation:** I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
Attestation	**PI_INFBLO_2: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT:** I attest to CMS that I did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.	No	Yes	Annual requirement for Promoting Interoperability submission but not scored.
e-Prescribing	**PI_EP_1: e-Prescribing:** At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically	Yes	Yes	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
e-Prescribing	**PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):** For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.	Yes	Yes	
Provider to Patient Exchange	**PI_PEA_1: Provide Patients Electronic Access to Their Health Information:** For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	No	Yes	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Health Information Exchange	**PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:** For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Yes	Yes	The optional PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	**PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:** For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.	Yes	Yes	The optional PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	**PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange:** The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support transitions of care.	No	Yes	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_6.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Health Information Exchange	**PI_HIE_6: Enabling Exchange Under TEFCA:** Provide eligible clinicians with the opportunity to earn credit for the Health Information exchange objective if they: are a signatory to a “Framework Agreement” as that term is defined in the Common Agreement; enable secure, bi-directional exchange of information to occur for all unique patients of eligible clinicians, and all unique patient records stored or maintained in the EHR; and use the functions of CEHRT to support bidirectional exchange.	No	Yes	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_5.
Public Health and Clinical Data Exchange	**PI_PHCDRR_1: Immunization Registry Reporting**: The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry /immunization information system (IIS).	Yes	Yes	
Public Health and Clinical Data Exchange	**PI_PHCDRR_2: Syndromic Surveillance Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	No	No	Bonus Promoting Interoperability measure at this time.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	EXCLUSION AVAILABLE	REQUIRED FOR PROMOTING INTEROPERABILITY	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	**PI_PHCDRR_3: Electronic Case Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	Yes	Yes	
Public Health and Clinical Data Exchange	**PI_PHCDRR_4: Public Health Registry Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	**PI_PHCDRR_5: Clinical Data Registry Reporting:** The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	No	No	Bonus Promoting Interoperability measure at this time.

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Table 2C: Foundational Layer – Promoting Interoperability Measures

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Protect Patient Health Information	**PI_PPHI_1: Security Risk Analysis:** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Protect Patient Health Information	**PI_PPHI_2: High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide):** Conduct an annual self-assessment using the High Priority Practices Guide at any point during the calendar year in which the performance period occurs.	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Attestation	**PI_ONCDIR_1: ONC Direct Review Attestation:** I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Attestation	**PI_INFBLO_2: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT:** I attest to CMS that I did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
e-Prescribing	**PI_EP_1: e-Prescribing:** At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.	Yes	Yes	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
e-Prescribing	**PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP):** For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.	Yes	Yes	
Provider to Patient Exchange	**PI_PEA_1: Provide Patients Electronic Access to Their Health Information:** For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	Yes	No	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Health Information Exchange	**PI_HIE_1: Support Electronic Referral Loops by Sending Health Information:** For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Yes	Yes	The optional PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	**PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information:** For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.	Yes	Yes	The optional PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Health Information Exchange	**PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange:** The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support transitions of care.	Yes	No	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_6.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Health Information Exchange	**PI_HIE_6: Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA):** The MIPS eligible clinician or group must attest to the following: • Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy. • Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.	Yes	No	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_5.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	**PI_PHCDRR_1: Immunization Registry Reporting**: The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry /immunization information system (IIS).	Yes	Yes	
Public Health and Clinical Data Exchange	**PI_PHCDRR_2: Syndromic Surveillance Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	**PI_PHCDRR_3: Electronic Case Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	Yes	Yes	
Public Health and Clinical Data Exchange	**PI_PHCDRR_4: Public Health Registry Reporting:** The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	**PI_PHCDRR_5: Clinical Data Registry Reporting:** The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	No	No	Bonus Promoting Interoperability measure at this time.

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Change #14:
Location: Page 18
Reason for Change:
Language updates
CY 2023 Final Rule text:
Quality Measures:

- Do the quality measures included in the MVP meet the existing quality measure inclusion criteria? *(For example, does the measure demonstrate a performance gap?)*
- Have the quality measure denominators been evaluated to ensure they are applicable to the cost measure(s) and activities within the MVP?
- Have the quality measure numerators been assessed to ensure congruency to the MVP topic?
- Does the MVP include outcome measures or high-priority measures in instances where outcome measures are not available or applicable?
  - CMS prefers use of patient experience/survey measures when available. CMS encourages the general public to utilize our established pre-rulemaking processes, such as the Call for Quality Measures, described in the CY 2020 PFS final rule (84 FR 62953 through 62955) to develop outcome measures relevant to their specialty if outcome measures currently do not exist and for eventual inclusion into an MVP.
- To the extent feasible, does the MVP avoid including quality measures that are topped out?
- For which collection types are the measures available?
- What role does each quality measure play in driving quality clinical care, improving healthcare value, and addressing the health equity gap within the MVP?
- To the extent feasible, specialty and sub-specialty specific quality measures are incorporated into the MVP. Broadly applicable (cross-cutting) quality measures may be incorporated if relevant to the clinicians being measured.

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Quality Measures:

- Do the quality measures included in the MVP meet the existing quality measure inclusion criteria? *(For example, does the measure demonstrate a performance gap?)*
- Have the quality measure denominators been evaluated to ensure they are relatable in clinical topic, setting, and specialty (including nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical social workers) to the cost measure(s) and activities within the MVP?
  - These quality measures should include appropriate settings and applicability to non-physician practitioners (e.g., nurse practitioners, physician assistants, etc.).
- Have the quality measure numerators been assessed to ensure congruency to the MVP topic?
- Does the MVP include outcome measures or high-priority measures in instances where outcome measures are not available or applicable?
  - CMS prefers use of patient experience/survey measures when available. CMS encourages the general public to utilize our established pre-rulemaking processes, such as the Call for Quality Measures, described in the CY 2020 PFS final rule (84 FR 62953 through 62955) to develop outcome measures relevant to their specialty if outcome measures currently do not exist and for eventual inclusion into an MVP.

- To the extent feasible, does the MVP avoid including quality measures that are topped out?
- For which collection types are the measures available?
- What role does each quality measure play in driving quality clinical care, improving healthcare value, and addressing the health equity gap within the MVP?
- To the extent feasible, specialty and sub-specialty specific quality measures are incorporated into the MVP. Broadly applicable (cross-cutting) quality measures may be incorporated if relevant to the clinicians being measured.