Quality Payment Program (QPP) Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule: MIPS Value Pathways (MVPs) Policies

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POLICY AREA	FINAL POLICIES
General	
MVP Development	We're broadening the opportunities for the public to provide feedback on viable MVP candidates by posting draft versions of MVP candidates on the QPP website to solicit feedback for a 30-day period. (More information to come.) We'll review the feedback and determine if any recommended changes should be incorporated into a candidate MVP in the event it's proposed in rulemaking. If we determine changes should be made, we won't notify the group or organization that originally submitted the MVP candidate in advance of rulemaking.
MVP Maintenance	The MVP maintenance process allows the general public to recommend changes to previously finalized MVPs, on a rolling basis. The process (as finalized in the CY 2022 PFS Final Rule) is to submit recommended changes to previously finalized MVPs by email detailing the recommended changes by performance category. We're finalizing in the CY 2023 PFS Final Rule that if we deem any recommendations are potentially feasible or appropriate, we'll host a public webinar providing an opportunity for the general public to provide feedback on the potential revisions to previously finalized MVPs.
MVP Participation Options	As finalized in the CY 2022 PFS Final Rule, for the 2023, 2024, and 2025 MIPS performance years, we define an MVP Participant as a: • Individual clinician • Single specialty group • Multispecialty group* • Subgroup • Alternative Payment Models (APM) Entity * Beginning in the 2026 performance year, multispecialty groups will be required to form subgroups to report MVPs.

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	In the CY 2023 PFS Final Rule, we're finalizing the definitions of single specialty and multispecialty groups to identify Medicare Part B claims as the data source for determining specialty type. Specifically, we're defining a single specialty group as a group that consists of one specialty type as determined by CMS using Medicare Part B claims, and a multispecialty group as a group that consists of 2 or more specialty types as determined by CMS using Medicare Part B claims.
New & Modified MVPs	
MVPs	We're finalizing the following 5 new MVPs and revising the 7 previously established MVPs for a total of 12 MVPs that will be available to report beginning with the 2023 performance year: Newly finalized MVPs: 1. Advancing Cancer Care 2. Optimal Care for Kidney Health 3. Optimal Care for Patients with Episodic Neurological Conditions 4. Supportive Care for Neurodegenerative Conditions 5. Promoting Wellness Revisions to previously finalized MVPs: 1. **Advancing Care for Heart Disease MVP** – we're expanding the coverage of the MVP by including measures for subspecialists such as electrophysiology, heart failure, and interventionalists. This will include the addition of 6 quality measures and 2 improvement activities, and the removal of 2 improvement activities. We're also adding the Office of the National Coordinator for Health Information Technology (ONC) Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule. 2. **Optimizing Chronic Disease Management MVP** – we're removing one quality measure based on updates to the MIPS Quality Measure Inventory and adding another patient survey measure, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey, to offer additional patient survey measure choices. We're also adding the ONC Direct Review attestation

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	requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule. 3. **Advancing Rheumatology Patient Care** – we're removing 2 improvement activities (based on updates to the MIPS Improvement Activities Inventory and redundancy with quality measures in the MVP) and adding one quality measure and one improvement activity. We're also adding the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule. 4. **Improving Care for Lower Extremity Joint Repair** – we're removing one improvement activity based on updates to the MIPS Improvement Activities Inventory and adding one improvement activity. We're also adding the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule. 5. **Adopting Best Practices and Promoting Patient Safety within Emergency Medicine** – we're removing 2 improvement activities based on updates to the MIPS Improvement Activities Inventory and adding one improvement activity. We're also adding the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule. 6. **Patient Safety and Support of Positive Experiences with Anesthesia** – we're removing one improvement activity based on updates to the MIPS Improvement Activities Inventory and adding one improvement activity. We're also adding the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule. 7. **Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes** – we're adding the ONC Direct Review attestation requirement that was inadvertently omitted from the Promoting Interoperability performance category for this MVP in the CY 2022 PFS Final Rule.
Subgroups	
Subgroup Registration	We previously finalized that clinicians who choose to participate in a subgroup to report an MVP must register as a subgroup between April 1 and November 30 of the performance year. In addition to the

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	required MVP registration information*, the subgroup registration must include: • A list of Taxpayer Identification Number (TIN)/National Provider Identifiers (NPIs) in the subgroup. • A plain language name for the subgroup (which will be used for public reporting). Through the CY 2023 PFS Final Rule, we're: • Adding a 3rd required element to the subgroup registration: A description of the composition of the subgroup, which may be selected from a list or described in a narrative. • Finalizing that a clinician (identified by NPI) will only be allowed to register for one subgroup per TIN. We didn't specify any other criteria for limiting the composition of subgroups. We want to encourage flexibility for groups to explore different ways that clinicians may form subgroups and support team-based care delivery. Please note the subgroup participation option isn't available in traditional MIPS. *Please refer to Appendix A for more information about previously finalized policies, including MVP registration requirements.
Subgroup Eligibility	We're using the initial 12-month segment of the 24-month MIPS determination period to determine the eligibility of clinicians intending to participate and register as a subgroup. • As previously finalized, each subgroup must include at least one individually eligible MIPS eligible clinician[1].
Subgroup Scoring	For quality and cost measures calculated using administrative claims data, we're finalizing to calculate and score these measures for the subgroup at the TIN level (of the affiliate group), not at the subgroup level:

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[1] MIPS eligible clinician is a clinician who meets certain requirements and is eligible to receive a MIPS payment adjustment based on participation in MIPS as an individual, group, virtual group, or APM Entity.

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	Foundational Layer (the same for all MVPs): For each selected population health measure in an MVP, subgroups will be assigned the affiliated group's score, if available. In instances where a group score isn't available, each such measure will be excluded from the subgroup's quality performance category score.
	Quality Performance Category: For each selected outcomes-based administrative claims measure in an MVP, subgroups will be assigned the affiliated group's score, if available. In instances where a group score isn't available, each such measure will be assigned zero achievement points.
	Cost Performance Category: Subgroups will be assigned the affiliated group's score, if available, for the cost measure(s) included in the subgroup's selected MVP. In instances where a group score isn't available, each such measure will be excluded from the subgroup's cost performance category score.
Subgroup Final Score	We won't assign a final score to a subgroup that registers but doesn't submit data as a subgroup.

Contact Us

We'll continue to provide support to clinicians who need assistance. While our support offerings will reflect our efforts to streamline and simplify QPP, we understand clinicians will still need assistance to help them successfully participate.

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

Version History Table

Date	Change Description
11/01/2022	Original posting

APPENDIX A: CY 2022 PFS Final Rule: Previously Finalized MVP Policies Beginning in Performance Year (PY) 2023

CY 22 PFS Final Rule: Previously Finalized General Policies

POLICY AREA	FINALIZED POLICY
Timeline	MVPs will be available gradually, beginning with the 2023 performance year. Our intent is to provide practices, healthcare organizations, and third party intermediaries the time they need to review requirements, update workflows, and prepare their systems as needed to report MVPs. • For the **2023, 2024, and 2025 performance years**, we'll allow individual clinicians, single specialty groups, multispecialty groups, subgroups, and APM Entities to report MVPs. • For the **2026 performance year** and for future years, we'll allow individual clinicians, single specialty groups, subgroups, and APM Entities to report MVPs.
MVP Registration	To report an MVP, an MVP Participant will register for the MVP between April 1 and November 30 of the performance year, or a later date as specified by CMS. To report the CAHPS for MIPS Survey associated with an MVP, a group, subgroup, or APM Entity must complete their MVP registration by June 30 of the performance year to align with the CAHPS for MIPS Survey registration deadline. At the time of MVP registration, an MVP Participant will select: • The MVP they intend to report. • One population health measure included in the MVP.

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	• Any outcomes-based administrative claims measure on which the MVP Participant intends to be scored, if available within the MVP. An MVP Participant won't be able to submit or make changes to the MVP they select after the close of the registration period (November 30 of the performance year) and won't be allowed to report on an MVP they didn't register for. To participate as a subgroup, each subgroup will be required to: • Identify the MVP the subgroup will report (along with one population health measure included in the MVP and any outcomes-based administrative claims measure on which the subgroup intends to be scored, if available, as described above). • Identify the clinicians in the subgroup by TIN/NPI. • Provide a plain language name for the subgroup for public reporting purposes. Upon a successful subgroup registration submission, we'll assign a unique subgroup identifier that will be separate from the individual NPI identifier, the group TIN identifier, and the MVP identifier. **Note:** we're finalizing additional subgroup registration requirements in the CY 2023 PFS Final Rule.
Third Party Intermediaries	Qualified Clinical Data Registries (QCDRs), Qualified Registries, and Health IT vendors must support:

POLICY AREA	FINALIZED POLICY
	• MVPs relevant to the specialties they support, beginning with the 2023 performance year. • Subgroup reporting, beginning with the 2023 performance year. CMS approved survey vendors must support subgroup reporting for the CAHPS for MIPS survey measure associated with an MVP, beginning with the 2023 performance year.

CY 22 PFS Final Rule: Previously Finalized MVPs & Reporting Requirements

POLICY AREA	FINALIZED POLICIES
MVPs	There are 7 MVPs previously finalized for the 2023 performance year: 1. Advancing Rheumatology Patient Care 2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes 3. Advancing Care for Heart Disease 4. Optimizing Chronic Disease Management 5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine 6. Improving Care for Lower Extremity Joint Repair 7. Patient Safety and Support of Positive Experiences with Anesthesia **Note:** we're finalizing modifications to the 7 previously finalized MVPs and adding 5 new MVPs in the CY 2023 PFS Final Rule.

POLICY AREA	FINALIZED POLICIES

Reporting Requirements	MVP reporting requirements (additional details about subgroup reporting requirements are provided in the Subgroups section below) include:
	• Quality performance category
	    ○ MVP Participants will select 4 quality measures. One must be an outcome measure (or a high priority measure if an outcome isn't available or applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
	• Improvement Activities performance category
	    ○ MVP Participants will select 2 medium-weighted improvement activities **OR** 1 high-weighted improvement activity **OR** IA_PCMH (participation in a patient-centered medical home).
	• Cost performance category
	    ○ MVP Participants will be scored on the cost measures included in the selected MVP.
	• Foundational Layer (the same for all MVPs)
	    ○ Population Health Measures
	        ▪ MVP Participants will select, at the time of MVP Participant registration, one population health measure on which to be calculated. The results will be added to the quality score.
	        ▪ For the 2023 performance period there will be 2 population health measures available for selection.
	            • Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System

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	Program (MIPS) Eligible Clinician Groups (finalized in the CY 2021 PFS Final Rule). • Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (finalized in the CY 2022 PFS Final Rule). o Promoting Interoperability performance category ▪ MVP Participants will report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category due to clinician type, special status, or an approved Promoting Interoperability Hardship Exception Application.

CY 22 PFS Final Rule: Previously Finalized Subgroups Policies

POLICY AREA	FINALIZED POLICIES
Subgroup Definition	We finalized the following definition for subgroups: "A subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group Taxpayer Identification Number (TIN), the subgroup identifier, and each eligible clinician's National Provider Identifier (NPI)."

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Requirement to Participate as a Subgroup	To support clinicians in their transition to subgroup reporting, subgroup reporting will be voluntary for the 2023, 2024, and 2025 performance years. Multispecialty groups that report through an MVP will have to report as subgroups beginning with the CY 2026 MIPS performance year.

Subgroup Eligibility and Special Statuses	Subgroups inherit the eligibility and special status determinations of the affiliated group (identified by TIN):
	• To participate as a subgroup, the TIN will need to exceed the low-volume threshold at the group level.
	   o Subgroups won't be evaluated for the low-volume threshold at the subgroup level.
	• The subgroup will inherit any special statuses held by the group, even if the subgroup composition doesn't meet the criteria.
	   o Subgroups won't be evaluated for special statuses at the subgroup level.

Subgroup Reporting Requirements	MVP reporting requirements for subgroup participation include:
	• Quality performance category
	   o Subgroups will select 4 quality measures available for the MVP.
	   o One must be an outcome measure (or a high priority measure if an outcome isn't available or applicable). This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.
	• Improvement activities performance category
	   o Subgroups will select 2 medium-weighted improvement activities OR 1 high-weighted improvement activity OR IA_PCMH (participation in a PCMH).

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	- Cost performance category - Subgroups will be scored on the cost measures included in the selected MVP. - Foundational Layer (the same for all MVPs) - Population health measures - Subgroups will select one population health measure on which to be calculated. The results are added to the quality score. - Promoting Interoperability performance category - Subgroups will submit Promoting Interoperability data at the group level, not the subgroup level. **Note**: we're finalizing policies in the CY 2023 PFS Final Rule that will impact subgroup reporting requirements and scoring.

CY 22 PFS Final Rule: Previously Finalized MVP Scoring Policies

POLICY AREA	FINALIZED POLICIES
Quality Performance Category Scoring	MVP quality performance category scoring policies will align with those used in traditional MIPS. The following policy changes for traditional MIPS were finalized, which also apply to MVPs: - Beginning with the 2023 performance period, remove the 3-point floor for quality measure scoring from traditional MIPS. Except as noted below, no 3-point floor will be available under MVPs. - Measures without a benchmark or that don't meet the case minimum requirements will earn zero points. (This includes outcome-based

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	administrative claims measures if available and selected by the MVP Participant.)
	Exception: Small practices will continue to earn 3 points for these measures under traditional MIPS and MVPs. ○ Measures that can be scored against a benchmark will earn 1-10 points. Similar to our quality scoring policies for traditional MIPS, if an MVP Participant reports more than the required number of quality measures, we'll use the 4 highest scoring measures. Additionally, an MVP Participant will receive zero achievement points for the quality performance category for any required measures that aren't reported. If an outcome-based administrative claims measure is available and selected by the MVP Participant to fulfill the outcome measure requirement, the measure will receive zero achievement points when the measure doesn't have a benchmark or meet the case minimum requirements. **Note:** If an MVP Participant is unsure whether a selected outcomes-based administrative claims measure score is attainable, we encourage the selection and reporting of an additional outcome measure to decrease the likelihood that they receive a score of zero for an unreported outcome measure.
Improvement Activities Performance Category Scoring	Each medium-weighted improvement activity will be assigned 20 points and each high-weighted improvement activity will be assigned 40 points for all MVP participants. (This scoring differs from traditional MIPS where medium-weighted improvement activities are assigned 10 points and high-weighted improvement activities are assigned 20 points.)

POLICY AREA	FINALIZED POLICIES
Cost Performance Category Scoring	MVP cost performance category scoring policies will align with those used in traditional MIPS. We'll score an MVP Participant only on the cost measures included in the selected MVP.

Foundational Layer Scoring	The following are the scoring policies for the foundational layer measures (population health and Promoting Interoperability that are the same for all MVPs):
	
	• The population health measure selected by MVP Participants will be included in the quality performance category score.
	    ◦ Similar to our policies for administrative claims measures in traditional MIPS, these measures will be excluded from scoring if the measure doesn't have a benchmark or meet the case minimum requirements.
	    ◦ Exception: Subgroups will receive the score of the population health measure of their affiliated group, if applicable, in the event the measure selected by the subgroup doesn't have a benchmark or meet the case minimum requirements.
	
	Measures in the Promoting Interoperability performance category will be scored in alignment with traditional MIPS scoring policies. Subgroups will submit the Promoting Interoperability performance category data of their affiliated group.

Final Score	MVP scoring policies for determining the final score will generally align with those used in traditional MIPS across all performance categories, with few exceptions. Performance category weights will be consistent with traditional MIPS performance category weights. Reweighting policies for the redistribution of category weights will also align with traditional MIPS, with the exception that we won't reweight the quality performance category if we can't

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	calculate a score for the MIPS eligible clinician because there isn't at least one quality measure applicable and available to the clinician.

We finalized to update the scoring hierarchy to include subgroups. A MIPS eligible clinician will receive the highest final score that can be attributed to their TIN/NPI combination from any reporting option (traditional MIPS, APM Performance Pathway (APP), or MVP) and participation option (as an individual, group, subgroup, or APM Entity) with the exception of virtual groups; clinicians that participate as a virtual group will always receive the virtual group's final score. We believe that including subgroups in the scoring hierarchy will allow for meaningful data collection and assessment under MVPs, while applying our existing policy of allowing clinicians to receive the highest final score and payment adjustment that can be attributed to them. |