Quality Payment
PROGRAM

MIPS Value Pathways

MVP DEVELOPMENT AND MAINTENANCE ANNUAL WEBINAR

December 14, 2022

MIPS Value Pathways (MVPs)

Topics

- MVPs Overview

- 2023 MVP Policy Updates

- MVP Candidate Submission Criteria

- MVP Candidate Content & Review Process

- Submitting an MVP Candidate

- MVP Maintenance

- Help & Support

- Q&A

MVPs Overview

Why MVPs?

- Since the Quality Payment Program launched in 2017, CMS has taken incremental steps to update both the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) participation tracks to:
  - acknowledge the unique variation in clinician practices
  - further refine program requirements
  - respond to industry feedback
  - reduce reporting burden
  - encourage meaningful participation
  - improve patient outcomes

- MVPs are a subset of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements

- Implementing MVPs honors our commitment to keeping the patient at the center of our work

MIPS Value Pathways (MVPs)

Structure of Traditional MIPS	Current State of MVPs	Future State of MIPS

Structure of Traditional MIPS
- Many choices
- Not meaningfully aligned
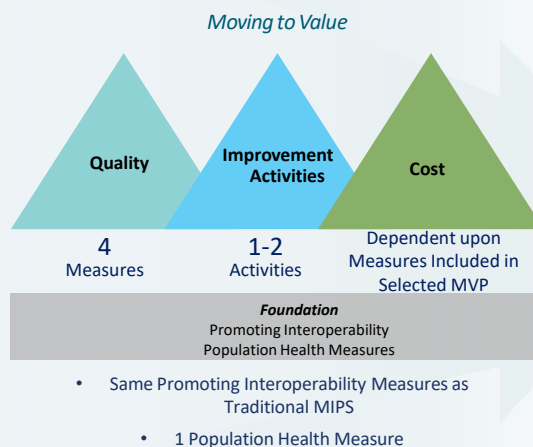- Higher reporting burden

Current State of MVPs
- Cohesive
- Focused participation around pathways that represent the care clinicians provide who are within a specific specialty of patient care or public health priority
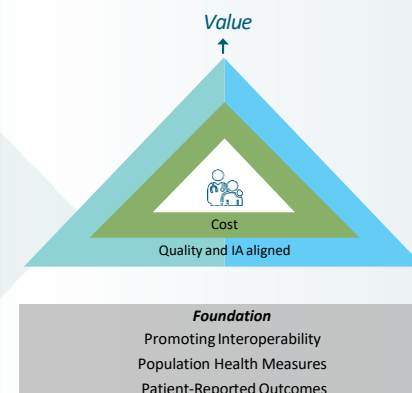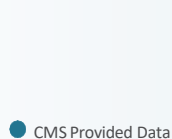
Future State of MIPS
- Simplified
- Assist patients with making informed decisions regarding clinicians involved in their care
- Increased CMS provided data
- May facilitate movement to alternative payment models (APMs)

Building Pathways Framework

Clinicians report on fewer measures and activities on specialty and/or outcome within an MVP

Moving to Value

Fully Implemented Pathways

Continue to increase CMS provided data and feedback to reduce reporting burden on clinicians

Value

Structure of Traditional MIPS

Quality
6+ Measures

Promoting Interoperability
6+ Measures

Improvement Activities
2-4 Activities

Cost
1 or More Measures

Building Pathways Framework

Quality
4 Measures

Improvement Activities
1-2 Activities

Cost
Dependent upon Measures Included in Selected MVP

Foundation
Promoting Interoperability
Population Health Measures

- Same Promoting Interoperability Measures as Traditional MIPS
- 1 Population Health Measure

Fully Implemented Pathways

Cost
Quality and IA aligned

Foundation
Promoting Interoperability
Population Health Measures
Patient-Reported Outcomes

Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.

○ Clinician/Group Reported Data   ● CMS Provided Data

Goal is for clinicians to report less burdensome data as MIPS evolves and for CMS to provide more data through administrative claims and enhanced performance feedback that is meaningful to clinicians and patients.

For more information on 2023 MVP reporting requirements, download the 2023 Quality Payment Program Final Rule Resources Zip File
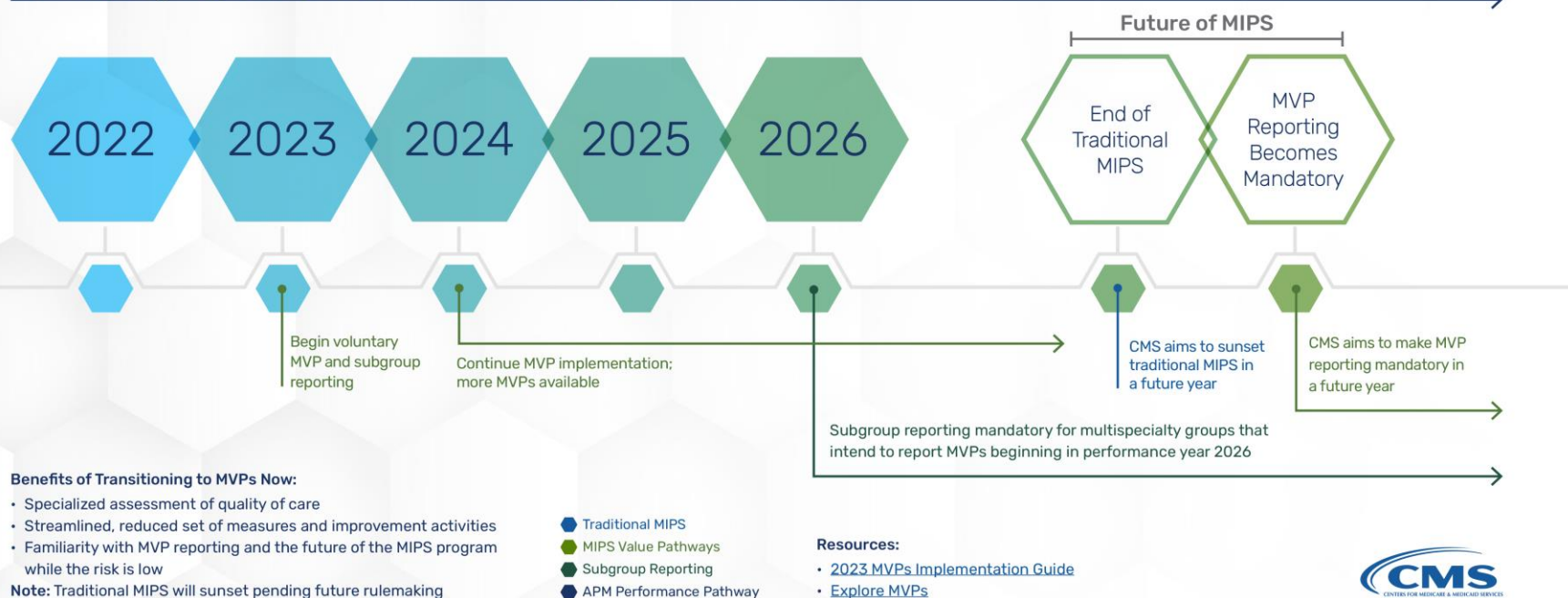
MVP Timeline

Transition from Traditional MIPS to MVPs graphic (PDF) is available for download on the QPP website.

2023 MVPs Policy Updates

MVP Policy Updates

Additions to MVP Development Criteria

- As described in the CY 2023 Physician Fee Schedule (PFS) Final Rule, CMS broadened the opportunities for the public to provide feedback on viable MVP candidates.

- Once CMS determines that an MVP candidate is feasible, CMS will post the MVP candidate(s) on the QPP website to solicit feedback for a 30-day candidate period. Feedback submitted will be displayed following the 30-day candidate period.

- Posting of MVP candidates for feedback does not guarantee the candidate will move forward in rulemaking. CMS will not respond to feedback individually.

  - To note, CMS will review the feedback and determine if any recommended changes should be incorporated into a candidate MVP. 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.

> To review the entire set of finalized MVP changes, please refer to the 2023 QPP Program Final Rule zip file on the Quality Payment Program (QPP) Resource Library.

MVP Policy Updates

Additions to MVP Maintenance Criteria

- The MVP maintenance process allows the general public to recommend changes to previously finalized MVPs, on a rolling basis.

    - If recommendations are deemed feasible or appropriate, CMS will host a public webinar to give the general public an opportunity to provide feedback on the potential revisions to previously finalized MVPs.

> To review the entire set of proposed MVP changes, please refer to the 2023 QPP Program Final Rule zip file on the Quality Payment Program (QPP) Resource Library.

MVP Policy Updates

MVP Timeline/Participation Requirements

- MVPs will be available beginning with the 2023 performance year.

- For the 2023, 2024, and 2025 performance years, MVP participants will be defined as:

    o Individual clinicians

    o Single specialty groups

    o Multispecialty groups*

    o Subgroups

    o APM Entities

- Medicare Part B claims is the data source for determining specialty type.

* Beginning in the 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs. See the Transition from Traditional MIPS to MVPs graphic for more information.

MVP Policy Updates

MVP Registration Reminders

- MVP Participants must register **between April 1 – November 30** within the applicable performance year, or a later date specified by CMS, to report an MVP.

- To register, MVP Participants **must** select:
  - The MVP they intend to report.
  - 1 population health measure included in the MVP.
  - Any outcomes-based administrative claims measures on which the MVP Participant intends to be scored (if available).

- MVP Participants **won't** be able to:
  - Submit/make changes to the MVP they select after the close of the registration period (November 30 of the performance year).
  - Report on an MVP they didn't register for during the performance year.

MVP Policy Updates

MVP Registration (Subgroups)

- 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 2026 MIPS performance year.

- In addition to the 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).

  - A description of the composition of the subgroup, which may be selected from a list or described in a narrative (**new**).

- A clinician will therefore only be allowed to register for one subgroup per TIN.

MVP Policy Updates

MVP Registration (Subgroups continued)

- CMS is 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. 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.

  - Subgroups will not 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 does not meet the criteria.

  - Subgroups will not be evaluated for special statuses at the subgroup level.

MVP Policy Updates

Third Party Intermediaries

- Beginning with the 2023 performance year, CMS will require that Qualified Clinical Data Registries (QCDRs), Qualified Registries, and health IT vendors must support relevant MVPs and subgroup reporting.

- CMS will require that Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS Survey vendors support subgroup reporting for the CAHPS for MIPS measure associated with an MVP beginning with the 2023 performance year.

MVP Policy Updates

Previously Finalized MVPs*

Rheumatology
Advancing Rheumatology Patient Care

Stroke Care and Prevention
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

Heart Disease
Advancing Care for Heart Disease

Chronic Disease Management
Optimizing Chronic Disease Management

Emergency Medicine
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine

Surgical Joint Repair
Improving Care for Lower Extremity Joint Repair

Anesthesia
Patient Safety and Support of Positive Experiences with Anesthesia

*All 7 MVPs have been finalized with modifications

MVP Policy Updates

Newly Finalized MVPs

Cancer

Advancing Cancer Care

Kidney Health

Optimal Care for Kidney Health

Episodic Neurological Conditions

Optimal Care for Patients with Episodic Neurological Conditions

Neurodegenerative Conditions

Supportive Care for Neurodegenerative Conditions

Preventive Care and Wellness

Promoting Wellness

MVP Policy Updates

Reporting Requirements

Clinicians: MVP Reporting Requirement for Participants (including Subgroups)	
Quality	MVP participants will select 4 quality measures. 1 must be an outcome measure (or high-priority, if an outcome measure isn't available).
Improvement Activities	MVP Participants will select 2 medium-weighted improvement activities **or** 1 high-weighted improvement activity **or** IA_PCMH, if available in the MVP.
Cost	MVP Participants will be scored on the cost measures included in the MVP. These are calculated automatically using administrative claims data, so clinicians do not need to choose which cost measure to report. Note, if a cost performance category score cannot be calculated for a clinician or group (e.g., the clinician does not meet the established case minimum for the included measure(s)), the cost performance category is reweighted following traditional MIPS scoring policies (86 FR 65426).
Foundational Layer (MVP-agnostic)	
Population Health Measures (part of the quality performance category/score)	MVP participants will select 1 population health measure. We calculate the population health measures for you using administrative claims data. The results will be added to the quality score.
Promoting Interoperability	MVP participants will report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category due to clinician type, special status, or an approved Promoting Interoperability Hardship Exception Application. Subgroups will submit Promoting Interoperability data at the group level, not the subgroup level.

MVP Policy Updates

Measure and Activity Scoring

MVP Scoring	
Quality	Measures scored in alignment with traditional MIPS, including: • Measures will receive between 1 and 10 measure achievement points. • Minimum case requirements and data completeness standards will apply. • Scoring flexibilities will be applied for measures with changes during the performance year. • No 3-point floor, with the exception of small practices (**new**) CMS will use the 4 highest scoring measures if an MVP Participant reports more than the required number of quality measures. • An MVP Participant will receive 0 achievement points for any required measures not 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 0 achievement points if the measure doesn't have a benchmark or meet case minimum.
Cost	• Measures scored in alignment with traditional MIPS; only cost measures included in the MVP selected by the MVP Participant will be scored. • Subgroups will be assigned the affiliated group's score, if available.** (**new**)
Improvement Activities	Medium-weighted improvement activities will be assigned 20 points. High-weighted improvement activities will be assigned 40 points. This differs from traditional MIPS where medium-weighted improvement activities are assigned 10 points and high-weighted improvement activities are assigned 20 points.

Note: Scores for administrative claims-based quality and cost measures will be at the TIN level for subgroups. (**new**)

*We encourage MVP Participants to select an outcomes-based administrative claims measure that can be reliably scored, using the same principles from traditional MIPS, that the measure has a benchmark, and the clinician has enough cases to meet the case minimum.

**If the measure cannot be scored, because there is no benchmark or the clinician does not have enough cases to meet the case minimum, clinicians will not be scored, and we will assign 0 achievement points. If the clinician is not able to be scored on any cost measure within the MVP, then the cost performance category will be reweighted.

MVP Policy Updates

Foundational Layer Scoring Reminders

Foundational Layer (MVP-agnostic)	

Population Health Measures	Population health measures selected by MVP Participants will be included in the quality performance category score.
	• Similar to administrative claims measure policies in traditional MIPS, these measures will be excluded from scoring if the measure doesn't have a benchmark or meet case minimum.
	    ○ Population health measures are not considered a separate or new performance category.
	    ○ **Exception:** Subgroups will receive the score of the population health measure of their affiliated group, if applicable, if the measure selected by the subgroup doesn't have a benchmark or meet case minimum.

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

If the measure cannot be scored, because there is no benchmark or the clinician does not have enough cases to meet the case minimum, clinicians will not be scored, and we will assign 0 achievement points. If the clinician is not able to be scored on any cost measure within the MVP, then the cost performance category will be reweighted.

MVP Policy Updates

Final MVP Scoring

- MVP scoring policies for determining the final score will be generally aligned with traditional MIPS performance category weights.

- Reweighting policies will also align with traditional MIPS.

  - **Exception:** The quality performance category won't be reweighted if CMS can't calculate a score for the MIPS eligible clinician because there isn't at least 1 quality measure applicable and available to the clinician.

- 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). (**new**)

- CMS will not assign a final score to a subgroup that registers but does not submit data as a subgroup. (**new**)

Overview of MVP Development

MVP Development Process

Quality Payment
PROGRAM

If an MVP candidate is not proposed through rulemaking, it may possibly be refined through the MVP candidate development process at CMS's discretion.

MVP CANDIDATE DEVELOPMENT
CMS or interested parties develop **MVP candidates** based on MVP needs and priorities. **MVP candidates** are developed on a rolling basis with key guiding principles.

MVP CANDIDATE
CMS reviews and may discuss **MVP candidate** with interested party/parties that submitted the **MVP candidate**.

MVP FEEDBACK
CMS determines whether **MVP candidates** will be proposed and move forward. **MVP candidates** posted to QPP website for feedback and comments displayed at end of the 30-day window.
Note: Posting of **MVP candidates** for feedback does not guarantee the candidate will move forward in rulemaking.

PROPOSED MVP
MVP is proposed through rulemaking.

FINALIZED MVP
Proposed MVPs may be finalized (with or without modification based on comments received). View **finalized MVPs** on Explore MVPs.

MVP MAINTENANCE
MVP maintenance is the process where the general public and interested parties can provide feedback on **finalized MVPs** for CMS consideration.

MVP Candidate Submission Criteria

MVP Candidate Submission Criteria

Candidate Submission and Review Process

- CMS will host annual public-facing MVP development webinars to inform the general public of MVP development and maintenance criteria, timeline, and process.

- CMS invites the general public to submit MVP candidates for CMS consideration and potential implementation through future rulemaking.
  - To submit, the general public should complete the MVP Development Standardized Template.
  - This process is **separate** from the annual Call for Quality Measures, Call for Improvement Activities, Call for Cost Measures, and Solicitation for Specialty Set recommendations.

- Candidate MVP submissions can be submitted on a rolling basis throughout the year.

> Completed MVP Development Standardization Templates should be submitted to PIMMSMVPSupport@gdit.com for CMS evaluation.

MVP Candidate Submission Criteria

Candidate Submission and Review Process

- CMS will vet the quality and cost measures to validate that the coding includes the clinician type, procedure, and/or clinical topic being measured and whether all potential MVP topic-specific quality or cost measures were considered, with the most appropriate included.
  - An MVP candidate must include a viable cost measure in order to be considered feasible.

- CMS may reach out to the general public if questions arise during the review process.

- Submitting an MVP candidate does not guarantee it will be proposed in future rulemaking cycles.

- CMS will not directly communicate decisions regarding MVP proposals prior to rulemaking.

- MVPs should be focused on a given specialty, condition, and/or episode of care.

- To view all measures and activities, please visit the QPP Resource Library.

MVP Candidate Content & Review Process

MVP Candidate Content & Review Process

Guidance

- MVP candidates must follow the MVP guiding principles:

  - Consist of limited, connected, complementary sets of measures and activities that are meaningful to clinicians;

  - Include measures and activities resulting in comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care;

  - Promote subgroup reporting that comprehensively reflects the services provided by multispecialty groups;

  - Include measures selected using the Meaningful Measures approach and, wherever possible, include the patient voice;

  - Reduce barriers to Alternative Payment Model (APM) participation by including measures that are part of APMs and by linking cost and quality measurement; and

  - Support the transition to digital quality measures.

For additional guidance, view the MVPs Development Resources (ZIP).

MVP Candidate Content & Review Process

Guidance

High-level considerations when developing an MVP candidate include:

- MVP submissions should include quality and cost measures and improvement activities that are currently available in MIPS.

  - To view all MIPS measures and improvement activities, please visit the QPP 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.

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

MVP Candidate Content & Review Process

Continued Guidance

Additional high-level considerations when developing an MVP candidate include:

- Have a clearly defined intent of measurement and have measure and activity linkages.

- Be clinically appropriate, be comprehensive and understandable to clinicians, groups, and patients, and incorporate the patient voice.

- Be developed collaboratively across specialties if the MVP is relevant to multiple specialties.

MVP Candidate Content & Review Process

Quality Measures

- <u>Quality</u> measures should consider whether the quality measures are applicable to the MVP topic and applicable to clinicians and/or groups. Additionally, it is important to note the available collection types of a given quality measure. MVPs should also include, if possible, QCDR measures that have been fully tested at the clinician level.

- The current inventory of MIPS quality measures and QCDR measures include both cross-cutting and specialty/clinical topic specific quality measures.

- The current MIPS quality measures list and their associated specialty set and measure properties are available in the 2023 MIPS Quality Measures List and 2023 Cross-Cutting Quality Measures on the QPP Resource Library for more information.

- The current QCDR measures list and measure properties are available in the 2023 QCDR Measure Specifications on the QPP Resource Library for more information.

MVP Candidate Content & Review Process

Improvement Activities

- Improvement activities are broader in application and cover a wide range of clinician types and health conditions.

- Those that best drive the quality of performance addressed in the MVP topic should be prioritized.

- Improvement activities should complement and/or supplement the quality action of the measures in the MVPs candidate submissions, rather than duplicate it.

- In addition, the selection of health equity focused improvement activities is encouraged: 2023 Improvement Activities Inventory.

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

MVP Candidate Content & Review Process

Cost Measures

- The current inventory of **cost measures** includes population-based cost measures and episode-based cost measures (EBCMs).

- Episode-based cost measures represent various types of care episode and patient condition groups:

  - Procedural episode-based cost measures apply to clinicians (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 conditions.

  - Chronic condition episode-based cost measures account for the ongoing management of a disease or condition.

- Two broader types of measures (population-based cost measures) assess episodes of care built around a patient's admission to an inpatient hospital (Medicare Spending Per Beneficiary [MSPB] Clinician measure) and overall costs of care reflecting an ongoing primary care-type relationship (Total Per Capita Cost [TPCC] measure).

MVP Candidate Content & Review Process

Cost Measures

- CMS's measure development contractor continues to develop new episode-based cost measures through a systematic development process involving extensive engagement opportunities with the general public. Information about these measures is available on the MACRA Feedback Page.

- Those who wish to develop their own cost measures can submit them to CMS through the Call for Cost Measure process for consideration for use in MIPS, similar to the Call for Quality Measures process.

- Measures submitted would be available for earliest adoption into the MIPS program for the 2025 performance period.

- The MIPS cost measures are calculated for clinicians and clinician groups based on administrative claims data. Information about cost measures in MIPS can be found in the QPP Resource Library.

MVP Candidate Content & Review Process

Additional Considerations

Consideration should be given to the following criteria when developing rationales for including measures and activities in your MVP candidate submission:

Measure Type	Additional Considerations
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 the applicability across the measures and activities within the MVP?
Improvement Activities	• What role does the improvement activity play in driving quality care and improving value within the MVP? Provide a rationale as to why each improvement activity was included. • Does the improvement activity complement and/or supplement the quality action of the measures in the MVP, rather than duplicate it?
Cost Measures	• What role does the cost measure(s) play in driving quality care and improving value within the MVP? Provide a rationale as to why each cost measure was selected. • How does the selected cost measure(s) relate to other measures and activities in other performance categories?

The full list of additional considerations can be found in the MVP Development Standardization Template.

Submitting an MVP Candidate

2023 MVP Development Standardization Template

Template

- Those who wish to have their MVP candidate considered by CMS for potential implementation beginning with the 2024 performance period and future years should leverage the **MVP Development Standardization Template** available on the [QPP Resource Library](#).

- The MVP candidate 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 measures as well as two population health measures: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups and Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

MVP Development Standardization Template

Table 1

Table 1 includes general information about the MVP Name, Point(s) 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 the table below:

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?

MVP Development Standardization Template

Table 1 continued

TABLE 1: MVP DESCRIPTIVE INFORMATION	
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?

MVP Development Standardization Template

Table 2A

Table 2A is used to identify the quality measures, improvement activities, and cost measures for your MVP candidate.

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

Note: Rows continue in posted template

MVP Development Standardization Template

Table 2B & 2C

The foundational layer of measures are included in Table 2B and 2C and are pre-filled for each MVP candidate submission.

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

Note: *Tables continue in posted template*

MVP Development Standardization Template

Table 2B & 2C continued

The foundational layer of measures are included in Table 2B and 2C and are pre-filled for each MVP candidate submission.

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.

Note: Tables continue in posted template

MVP Candidate Content & Review Process

Candidate Evaluation

- CMS will conduct an internal review of the MVP candidate and reach out to the MVP submitter with questions.

- CMS will determine whether a meeting is needed upon receiving the MVP candidate. We will engage in an iterative dialogue with the MVP submitter when an MVP candidate is identified as feasible for upcoming performance years.

  - We may require the submitter to collaborate with similar groups to help ensure MVP candidates meet clinician and patient needs.

MVP Candidate Content & Review Process

MVP Candidate Feedback

- General Public:
  - MVP candidates will be available for review on the QPP website for 30-days, beginning on January 9.

  - The general public can review MVP candidates and submit feedback and recommendations to PIMMSMVPSupport@gdit.com for CMS's consideration.

  - This process doesn't apply to previously finalized MVPs.

- CMS:
  - Will display the feedback received on the MVP candidates on the QPP website following the 30-day candidate feedback period.

  - We won't post feedback that is considered unrelated to the MVP candidates.

  - Will review feedback and determine if we'll incorporate any recommendations into an MVP candidate before it's potentially proposed in rulemaking. Please note, not all MVP candidates will be proposed in rulemaking.

  - We won't respond directly to any feedback received.

  - We won't consult with the group or organization that submitted the MVP candidate (or with the interested party that submitted feedback on an MVP candidate) in advance of proposing new MVPs through rulemaking.

MVP Candidate Content & Review Process

Rulemaking Process

- CMS will identify proposed MVP candidates through the Physician Fee Schedule (PFS) Notice of Proposed Rulemaking.

- We will indicate finalized MVPs exclusively through the PFS Final Rule. The submission of an MVP candidate doesn't mean it will be selected or implemented in future years.

- We ask that submitters keep in mind that we want this to be a collaborative process, but CMS, as the governing agency, will make final determinations about MVPs.

MVP Maintenance

MVP Maintenance

Overview and Process

- How to recommend changes to a finalized MVP
  - Under this process, the general public will be able to submit their recommendations on a rolling basis for proposed revisions to established MVPs.
  - Recommended changes should be submitted by email (PIMMSMVPSupport@gdit.com) and be broken down by performance category.

- What to submit
  - In your recommendation, you'll need to include the title of the MVP along with a description of the recommended change(s) by performance category.
  - Refer to the table format here, which is also included in the MVP Maintenance Process (PDF), for more details on what to include in your recommendation.

[MVP Title]	
Performance Category	Requested Change and Rationale
Quality	
Improvement Activities	
Cost	
Foundational Layer - Population Health	
Foundational Layer - Promoting Interoperability	

MVP Maintenance

Overview and Process

What happens after you submit feedback?

- Recommendations that are deemed feasible and submitted to the PIMMSMVPSupport@gdit.com mailbox prior to the February Maintenance webinar will be included in the webinar for the public to have an opportunity to provide feedback.

- Any changes to MVPs will be addressed through future rulemaking.

- CMS will not be able to communicate with the general public about whether their recommendations were accepted outside of rulemaking, and CMS will ultimately decide whether updates to established MVPs should be made.

The first MVP Maintenance Public Feedback Webinar will be held in February 2023. More details coming soon.

MVP Maintenance

Overview and Process

Recommending changes to existing MIPS measures and Improvement Activities within an MVP:

Modifications to existing MIPS measures and improvement activities in traditional MIPS will be reflected in any MVPs that include those measures and activities. For requests to change existing individual MIPS measures and activities:

- Changes to QCDR measures may be submitted for consideration by the QCDRs that steward the measure during the annual Self-Nomination period.

- Changes to MIPS quality measures may be submitted for consideration during the proposed rulemaking comment cycle, or by contacting the measure steward directly.

- You can submit modifications to existing improvement activities and cost measures through the annual Call for Measures and Activities.

Help and Support

New MVP Resources

- For more information on MVPs, please visit the following webpages or download new/helpful QPP resources:

  o [MVP Learning Experience webpage](#)

  o [2023 MVP Implementation Guide](#)

  o [Transition from Traditional MIPS to MVPs Graphic](#)

  o [MVPs Overview Video](#)

Additional MVP Resources

We encourage you to review MVPs resources and past webinars for more information:

- Review the [2023 QPP Final Rule Resources](#)

- Review our previous MVPs webinar slide deck and recording on the [QPP Webinar Library](#)

- You can find more information available on the QPP website at: https://qpp.cms.gov/mips/mips-value-pathways/submit-candidate

Q&A