

## **2023 MVP Development and Maintenance Kickoff Webinar**

**December 14, 2022 – 2 p.m. ET**

**>>Ketchum:** Hello, everyone. Thank you for joining today's 2023 CMS MIPS Value Pathways Development and Maintenance webinar. This presentation will be followed by a Q&A session, and attendees will have an opportunity to ask questions. You can either submit written questions via the Q&A box, or you can raise your hand to ask a question via the webinar audio. CMS subject matter experts will address as many questions as time allows. A recording of this webinar and accompanying slides will be shared online on the Quality Payment Program Webinar Library in one to two weeks.

Now, I will turn it over to Sophia Sugumar at CMS to begin.

**>>Sophia Sugumar, CMS:** Thanks so much, Olivia, and thank you all for joining us today for this webinar. We are going to focus our presentation today on the MVP or MIPS Value Pathways development process, and also a process that coincides with that is our MVP Maintenance Webinar -- Annual MVP maintenance process. So, today's webinar will be specifically on these two processes. We have previously had a presentation in the past few weeks about our calendar year 2023 Final Rule policy finalizations for the MIPS program, and with that, our MIPS Value Pathway policy updates were also included in that presentation. So, if you haven't had a chance to review that and listen to the presentation, I highly encourage you to do so, as that covered the broad spectrum of policies that we have covered in the PFS Final Rule for MIPS. This presentation today will solely focus in on the MVP development and maintenance processes, and we're happy to answer any questions you may have at the end of this presentation. So, with that, let's go to the next slide.

Okay, and here we have a list of the topics we're going to cover today. We'll provide an overview of MIPS Value Pathways, our high-level policy updates for 2023, what the candidate submission criteria is, the next steps of the process of MVP candidate content review, our process of providing feedback, and the process of submitting an MVP candidate. After the MVPs are finalized through rulemaking and are actually available for utilization, we have an MVP maintenance process in which we would review MVPs on an annual basis to see if there needs to be changes made. And after that, we will go through some help and support resources, and we will open it for question and answers. Next slide, please.

All right, let's start with MVPs overview. Next slide. So with MIPS Value Pathways, we have had, you know, the MIPS program and the Quality Payment Program at large available since 2017, and the Quality Payment Program is encompassing of the MIPS program; which is the Merit-based Incentive Payment System program, and also the Advanced Alternative Payment Models. And it intends to track to -- the programs intend to acknowledge the unique variation in clinical practices. We want to further refine program requirements; respond to industry feedback on an ongoing basis; address reporting burden to the extent we can; and encourage meaningful participation so that the results and outcomes are not just meaningful to the clinicians who can take that data and make improvements in the care they provide, but also lead to better data for patients to make informed decisions.

And so, with that, we have launched in the past year or two our MIPS Value Pathways Framework. And this is really in response to the feedback we've heard about the MIPS program and how there is opportunity to improve. And so, with that, we've created MIPS Value Pathways to be subsets of measures and activities that we would establish through notice and comment rulemaking that could be used to meet MIPS reporting requirements. And as we continue to establish and progress on our MIPS Value Pathways Framework and develop MVPs over the next few years and further stabilize our policies, we do intend to keep the patient at the center of our work in ensuring that the data and the value of MVPs is really tied to patient outcomes and making improvements in the care patients receive; in addition to just having more meaningful data for patients to make informed decisions on. So with that, we'll move to the next slide.

And here we have a diagram. I apologize, it's a bit small, but there is a copy of this posted on our QPP Resource Library. And you'll notice that we have a pathway that shows you the structure of what traditional MIPS is with a siloed for performance categories, the current state of MVPs in which we are at our transition period, in which we intend to slowly develop MVPs over time; specifically focusing on participation around clinical pathways that are clinically relevant to various specialties that participate in our program and more meaningful. So, we're really taking the time to do that stakeholder outreach and engagement and collaboration to see, and really take into consideration the feedback received to ensure that MVPs continuously resonate with specialties that participate in our program.

So, with that, we're looking to kind of have a bit of overlap across performance categories or make stronger connections between the measures and activities in our performance categories, in which our

reporting requirements for MIPS Value Pathways are reduced in comparison to traditional MIPS. We are requiring the reporting of four measures versus the six that are required under traditional MIPS. One to two improvement activities, the cost measures that are included in the MVP will highly depend on the clinical topic of the MVP. We might use the population health measures -- sorry, the global cost measures if there are not episode-based cost measures that are more clinically relevant. But to the extent there are episode-based clinical cost measures, we will use those in our MIPS Value Pathways. With all MVPs, we have a foundational layer that is agnostic, that is the same across all MVPs, that includes our Promoting Interoperability requirements and our population health measures, which are technically quality measures, but are really those administrative-based quality measures that reflect hospital-wide readmission and multiple chronic conditions.

In a future state of MIPS, we are continuously working to make refinements to the program, and the future state is MVPs for us. And with that, we want to ensure the program is working its way to be reduced in terms of complexity, making it a bit more simplified, having more meaningful data for patients and providers. This may help facilitate movement for clinicians that are going to make possibly some movement to APMs, and this will be contingent on the availability of APMs, certainly, but we would like there to be a pathway to the extent feasible for that to happen. And so, with that, you'll see that there's better alignment and that our future goal is to ensure that MIPS Value Pathways provide more value when compared to what traditional MIPS is providing right now. So, this will certainly happen over time. There's no overnight guarantee this is going to happen, you know, within the next year, but we are cognizant in taking the right steps to make movement in that direction. Next slide, please.

So, this is what our MIPS Value Pathway transitional timeline looks like. I will flag, there is no -- if you're looking for a deadline to see when we're sunseting traditional MIPS, that's not included in here. We would have to propose and finalize some transitional period or timeline within rulemaking. So, what we are looking to lay out here is the timing in which traditional MIPS is available versus beginning in 2023, we have voluntary MVP and subgroup reporting that will be available. And we'll continue over the next few years to develop MVPs, as we implement them and maintain them to ensure that we have MVPs that are meaningful for the specialties in our program. In 2026, you will note that there is a requirement we've previously finalized for subgroup reporting to be mandatory for multispecialty groups. And that really speaks to the need to have more meaningful, clinically relevant reporting and

not just, you know, large multispecialty practices that only submit primary care measures, and it's not necessarily the most clinically relevant or meaningful to all the specialists within that group. We want data to help all providers within a given group make more meaningful improvements in the care they provide, and also for patients to have better data for them to select specialists that would be a part of their care process. So with that, we have finalized subgroup reporting to be mandatory beginning with 2026.

In a future state, we will be sunseting traditional MIPS. We do not see a purview where we will continuously have traditional MIPS available with MIPS Value Pathways permanently. There will be a transitional period and that will kind of coincide with the availability of MVPs amongst other operational items that we are figuring out internally. But there will be a timeframe for that and we will certainly make signal of that through rulemaking when the time comes. This is just to provide a visualization of what that could possibly look like in the future. Next slide, please.

All right. So we'll just slowly, in the next few slides, touch upon some policy updates that were made through the calendar year 2023 rule. Again, we have previously published our Final Rule webinar, and that is available for more details if you're interested in listening to that. Next slide, please.

All right. Within the calendar year 2023 Physician Fee Schedule Final Rule, we did finalize an opportunity with regards to MVP development criteria to broaden the opportunity to the public to provide feedback on viable MVP candidates. And when we call an MVP a candidate, it's not officially an MVP yet. It's still in the draft form. And to us, that's our perspective. It's not an MVP until it's finalized through notice and comment rulemaking. So when it's referred to as a candidate, we refer to any submissions we receive from external stakeholders or ones we've developed ourselves as candidates. And so, we have finalized a process in which we would have these candidates available for public comment ahead of any rulemaking. And we will publish the MVP candidates on our website for a 30-day comment period, which would allow external stakeholders to provide feedback, and we would allow for broader cohort of organizations to participate and provide feedback for our consideration.

We will not guarantee that just because an MVP candidate is published for this 30-day comment period that it's going to be proposed in the next immediate rulemaking cycle. There are several factors that will feed into that, so we will not be able to either guarantee that, and neither will we be able to

say that an MVP candidate is for certain going to be published in this 30-day comment period ahead of it being published for all to see. So that is not a signal we can provide ahead of it actually being published.

We will, through this 30-day comment period, be reviewing any feedback we receive. We won't be able to respond individually to the feedback received, just because certainly that will take a large level of effort and time, and we are on a bit of a time crunch, and there's some sensitivity to that. But we will be looking to review the feedback and see what's possible. We will be displaying this feedback that we receive on the QPP Resource Library once we've received it all and are able to reconcile it into a document, publish that, so the public can see what other feedback we've received from those that have taken the time to submit feedback to us. To review the entire set of finalized MVPs, please refer to the zip files that's published on the QPP Resource Library. That'll give you some information. There will be additional details that are coming out regarding the nuances, the mechanics of the timing of this 30-day comment period, and how to submit feedback. We are very well aware that we will publish that guidance so that you have that ahead of the start of this comment period and are able to prepare accordingly. Next slide.

In addition to this, we have established an MVP maintenance process for those MVPs that have been previously finalized through notice and comment rulemaking. So, the MVP maintenance process would allow the general public to recommend changes to previously finalized MVPs on a rolling basis. That was a policy we previously finalized in, I believe, the 2022 Final Rule, and that allows for stakeholders to submit comments to us, I believe through an email platform, and which we would receive on a rolling basis throughout the year. We will then determine whether or not the feedback is feasible, and we will then determine whether or not to apply the feedback through an upcoming rulemaking cycle to the MVP. If the recommendations we come to find are deemed feasible or appropriate, we will host a public webinar to give the general public an opportunity to provide feedback on the potential revisions to a previously finalized MVP. That is a new change to this MVP maintenance process that we just finalized through the calendar year 2023 rulemaking cycle, and that's really to just have, again, a broader cohort of external interested parties participate and listen in on how we choose to make changes.

We will not be able to, at this webinar, guarantee certain changes are going to be made or not going to be made. It's an opportunity to really, for us, to listen in on any concerns you may have or any support you may have for a given change because you might come up with certain reasons that we haven't thought of, and it's a good opportunity for us to then take that into consideration before any changes are made. So we really value the input and would encourage attendance and participation in that webinar. Next slide, please.

With regards to MVP timeline and participation, as I mentioned before, MVPs will be available for reporting beginning with calendar year 2023. We have coined the term MVP participants to generally reflect all of these participation types, so individual clinicians, single specialty groups, multi-specialty groups, subgroups, and APM Entities. This really is helpful for us to then, you know, use a single term when we have a policy that applies to all these participation types. If there's an instance where a certain policy only applies to a cohort of participation types and not all, we will use those individual terms. So for example, when we talk about subgroups, subgroups are typically affiliated with multi-specialty groups or single specialty groups. If there's a subgroup policy that does not apply to the others, then we will be sure to call them out individually rather than use the term MVP participant. For ease, we just coined the term MVP participant for that reason, to just broadly reflect all those that can participate in MVPs.

With regards to those that are -- with regards to the distinguishment of single specialty group and multi-specialty group, we've done that on purpose to say that, you know, beginning with 2026, multi-specialty groups will be required to form subgroups in order to report MVPs. And that's important to distinguish because single specialty groups are not going to be required to form subgroups. They can continue to participate as they are. The intentions of requiring multispecialty groups to form subgroups is really to get to more granular reporting and more meaningful data. And so, with that, we've decided through this calendar year 2023 Final Rule to determine that Medicare Part B claims would be the data source we would use to determine whether a group is a single specialty or a multispecialty. So, the Medicare Part B claims data would then trigger if it had only a single specialty identified through that data, that would indicate to us that's a single specialty group. If there's more than one specialty that's indicated through that data, through the Medicare Part B claims, that triggers to us that this is a multispecialty group. And that's helpful now as for informational purposes, but in the future state when subgroup reporting becomes mandatory, that is also helpful for monitoring

purposes. For the time being, we are not setting confines on what subgroup reporting looks like in terms of does a subgroup have to be all made up of a single specialty. We would like to see how subgroup participation plays out in the next few years, and then we will adjust the criteria as needed. Next slide, please.

For the MVP reporting process, there is a corresponding MVP registration that goes with that. MVP registration will be available from April 1st to November 30th within the applicable performance year, or at a later date as specified by CMS. So, if for whatever reason we need to extend registration, if there's a public health emergency or whatnot, that gives us a bit of flexibility, but our timing is to stick to this April 1st to November 3rd deadline to the extent we can. To register for an MVP, MVP participants must select, through the registration process, the MVP they intend to report, a population health measure within the foundational layer. Within the MVP they intend to report, there are two choices. They would have to select one. And if there are outcomes-based administrative claims-based measures in the quality component of the MVP that they intend to count as one of their four measures, that selection should be made at the time of registration.

Just a side note there related to those measures, if you select an outcome-based admin claims measure within the quality component and are not be able -- for whatever reason that measure cannot be calculated on your behalf, if you're reporting as an individual, for example, then we highly encourage you to report another measure, because if we cannot calculate that measure, the score would result in a zero out of ten. You would not get a denominator reduction for that outcome-based administrative claims measure within the quality component. So I just want to flag that as a reminder, and then we'll continue to do that as we get through the first year of MVP reporting, but I just want to make sure that's clear. MVP participants won't be able to submit or make changes to their MVP registration after the close of registration, which is after November 30th, and MVP participants won't be able to report on an MVP they didn't register for during the performance year. So, it's very important that if you register early and for some reason you need to make changes, that you go ahead and do that ahead of the November 30th deadline and are cognizant to go into the system and make changes as necessary. Next slide, please.

For subgroup reporting, subgroup reporting is voluntary from 2023 to 2025, and then multispecialty groups that are planning to report MVPs will have to report as a subgroup, and that would be

mandatory beginning with 2026. So if you intend to report as a subgroup, there's additional information that will be required at the time of registration, and that includes a list of your TIN NPIs in the subgroup. So, you have your TIN, and then there is going to be a cohort of your TIN that forms a subgroup. We need a list of those TIN NPIs that are going to be a part of the subgroup so we can track to them as a subgroup. We also need you to assign a plain language name for the subgroup, and this will also be used in a future state for public reporting. And we also, just for informational purposes, we've just recently finalized that you would add a description of the composition of the subgroup, which may be selected from a list or described in a narrative. And there's no right or wrong answer. It's more for us to track informationally. How are you forming your subgroup? What specialties are being involved in your subgroup? If you have other clinician types that are not physicians, medical doctors, that will also be good information for us to be aware of, but it's just for -- there's no wrong answer -- it's just for us to understand and track patterns and trends of how subgroups are forming. It would be very helpful to have that information. So that is a new requirement that we've just finalized in the 2023 rule. We also finalized in the 2023 rule that a clinician would only be allowed to register for one subgroup per TIN. So if they are a part of multiple TINs, that's not to say they can't be a part of multiple subgroups, but for each individual TIN they are a part of, they can only be a part of one subgroup. So, that's an important distinction to keep in mind. Next slide, please.

With regards to subgroup eligibility to register for MVPs reporting and subgroup reporting, we wanted to provide clarity in this rulemaking cycle that we would use the initial 12-month segment of the 24-month MIPS determination period to determine the eligibility of clinicians that intend on participating and registering as a subgroup. The subgroups inherit the eligibility and special status determinations of their affiliated TIN. But to participate as a subgroup, the TIN will need to exceed the low-volume threshold at the group level, and we will not be evaluating the subgroups at the subgroup level for a low-volume threshold criteria, it would always be done at the group level. That's important to keep in mind. And the subgroup will also inherit the 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. Next slide, please.

These two updates are specific to third-party intermediaries, so beginning with the 2023 performance year, we will require that QCDRs, Qualified Registries, and health IT vendors must support MVPs that are relevant, and subgroup reporting as it's relevant for their clients that they support. So if you are a



QCDR, and I'll use the QCDRs as an example, and you are a QCDR that is reflective of a single specialty, then you would just be expected to support MVPs, or if there are multiple MVPs in that area, that are clinically pertinent to your area. You would not be expected to support all MVPs that are within the library of MVPs that are available. If you are a third-party intermediary that supports multiple specialties, then the expectation is generally that you support MVPs that are clinically relevant to the clients you may have. You might not support all specialties, but it's important for you to prepare to support MVPs, especially as this is the future state of the program. Inevitably, there will be a point where we end traditional MIPS, and you will be expected to support MVPs and MVPs only. So, the preparation for that and experience with supporting MVPs early on the onset of MVP implementation is important.

Separate from the QCDRs, registries, and health IT vendors, we also have our CAHPS Survey vendors, and we are requiring that the CAHPS Survey vendors support subgroup reporting for CAHPS for MIPS associated with an MVP beginning with 2023. The CAHPS for MIPS measure is not available in all MIPS Value Pathways. It's available where we felt it was clinically relevant, and in that sense, if a subgroup chooses to report CAHPS for MIPS, they will still need to follow the CAHPS registration timelines. Those do not change regardless of how you're reporting. So, you need to make sure you register separately for CAHPS, you follow those timelines, and you also follow our MVP registration and subgroup registration timelines as well. Next slide, please.

This is actually the seven MVPs we've previously finalized in the calendar year 2022 Final Rule, and the details of these MVPs are posted in our QPP Resource Library for your reference. So we have MVPs related to Rheumatology, Stroke Care, Heart Disease, Chronic Disease Management, Emergency Medicine, Surgical Joint Repair, and Anesthesia. Next slide, please.

In this calendar year 2023 Rule, we've added five new MVPs related to Cancer Care, Kidney Health, Episodic Neurological Conditions, Neurodegenerative Conditions, and Promoting Wellness, which is Preventive Care and Wellness. Next slide, please.

With regards to the reporting requirements for all MVP participants, for quality, the expectation is the MVP participant will select and report on four quality measures, one of which must be an outcome measure or a high-priority measure if an outcome is not available. For improvement activities, the

participant must select two medium-weighted activities or one high-weighted activity, or IA\_PCMH, if it's available in the MVP. For cost, the participant is calculated on the cost measures that are included in the MVP itself, not the entire library of cost measures. It's just the cost measures that are included in the MVP, and these are calculated automatically using admin claims data, so there's no need for additional data submission by the clinician themselves. If the cost performance category score cannot be calculated for a clinician or a group, for example, if the clinician does not meet the case minimum for the measures, then the cost category would be reweighted to quality in this sense, and that's in alignment with our traditional MIPS scoring policies.

For the foundational layer, again, I mentioned this was the same across all MVPs, population health measures are technically a part of the quality performance category. So, the MVP participant at the time of registration will select one of the two population health measures that they would be calculated on. We would calculate the population health measures for the participant using admin claims data, and the results of that would be added to the quality score. If for some reason we cannot calculate the measures, we do have a denominator reduction policy that is consistent to what we do in traditional MIPS. For Promoting Interoperability, the requirements of PI are the same as they are in traditional MIPS. MVP participants will report on PI measures required under traditional MIPS unless they qualify for a reweighting of the performance category due to the clinician type, special status, or approved PI hardship exemption applications. Subgroups will be submitting -- just a signal here, subgroups will be submitting PI data at the group level, not at the subgroup level. Next slide, please.

For MVP scoring, for quality, the measures are going to be scored in alignment with traditional MIPS. Measures will receive a score between 1 to 10. There are minimum case requirements and data completeness standards, as they were in traditional MIPS, they're carrying over into the MIPS Value Pathways framework as well. Scoring flexibilities will be applied for measures that change during the performance year. So our current quality measure, quality scoring policies that exist related to clinical guideline changes midyear, truncation of measures, suppression of measures, those will still carry over in the MIPS Value Pathways as well. What's new is that there is no more three-point floor, with the exception of those that are in small practices. There is a floor that's still available for small practices. We will use the four highest scoring measures, so if a participant reports more than the required number of measures, we will calculate all four, or more than four, and take the higher of, and as long as we have four measures, that would be the -- you know, that will count towards your quality score.

Participants will receive zero achievement points for any required measures that are not reported, so as I mentioned before, if an outcome-based admin claims measure is selected in the quality component of an MVP, and for whatever reason cannot be calculated, and you did not submit a fifth measure, you will receive a zero out of ten for that outcome-based admin claims measure, and it will act as if we have not received that fourth measure. The system will not give you credit for that fourth measure. So I do encourage, if you're unsure of whether or not you can meet the requirements of the outcome-based admin claims measure, submit the fifth measure, it doesn't hurt, and the most that will happen is you'll get the higher of the five measures that you submit, right?

For cost, measures are scored in alignment with traditional MIPS. But the only exception here is that only cost measures that are included in the MVP selected by the participant will be scored. So, if you only have an episode-based cost measure, or perhaps one of the global cost measures, that is all that's being calculated for you. Subgroups will be assigned the affiliated group score if available, so that is a new update we made in this calendar year 2023 rulemaking. That's just a signal that we will apply the group-level score. We are not going to try to calculate cost at the subgroup level. And for improvement activities, medium-weighted improvement activities will be assigned 20 points, while high-weighted ones will be assigned 40; and this is different from traditional MIPS, where medium-weighted improvement activities are assigned 10 points and high-weighted are assigned 20.

Just some notes below for admin claims-based quality measures and cost measures that will be done at the TIN level for subgroups, and we encourage you all to select measures, as I mentioned before, especially the outcome-based admin claims measures, to the extent you feel comfortable that they will be calculated for you. If you're not comfortable or unsure, there is no issue, or we, you know, we encourage you to consider submitting a fifth measure, just for that safety of having a fifth measure scored as a backup. If the measure cannot be scored because there is no benchmark or the clinician does not have any cases to meet case minimum, clinicians will not be scored. We will assign zero achievement points. If the clinician is not able to be scored on any of the cost measures within the MVP, then the cost performance category, as I mentioned before, will be reweighted to quality. Next slide, please.

For the foundational layer, as I mentioned, this is the population health measures are a part of quality. We will score these in alignment to current traditional MIPS policies for admin claims scoring. So, these measures will be excluded from scoring if the measure doesn't have a benchmark or meet case minimum, or if the, you know, participant cannot meet case minimum. Population health measures are not considered a separate or new performance category. That's important for us to emphasize, and 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 the subgroup is not able to meet case minimum. For Promoting Interoperability, measures are scored in alignment with traditional MIPS, and subgroups, again, the caveat here is subgroups will be receiving their scores based off the data that they submit of their affiliated group. So the subgroup is still expected to submit data, but the subgroup is submitting the group-level data, and they would get their group-level scores applied to them. Next slide, please.

For final scoring, MVP scoring policies for determining the final score will be in alignment with traditional MIPS generally across the performance categories. The reweighting policies will also align with traditional MIPS. The only exception to this is the quality performance category won't be reweighted if we can't calculate a score, because there isn't at least one quality measure applicable and available to the clinician. A MIPS eligible clinician will receive the highest score that can be attributed to their TIN/NPI combination from any of the reporting options, so that takes into consideration and factors in whether a given participant or clinician submits traditional MIPS, the APP, or an MVP, and participation option, how they participate as an individual, a group, a subgroup, or APM Entity. So, the theme of here is taking the higher-of based off of what is submitted. We're not going to be combining your MVP submission with your traditional MIPS submission. They are going to all be calculated separately, and we'll observe and see which is the higher of all your submissions, and that will count as a part of your final score. And the other thing to mention here is we will not be assigning a final score to subgroups that register but do not submit data as a subgroup, and it's not just subgroups. Anyone that registers right now for MVP submission, if you register and don't end up submitting and end up submitting traditional MIPS instead, that's completely fine. You will not be penalized for not submitting, even though you registered. You know, there will be a future state when we get to sunseting traditional MIPS and only subgroups -- sorry, MVPs are available, and, of course, there are penalties for not submitting data or not participating when you're considered MIPS-eligible.

But for the time being, if you register and just choose to submit through an alternative means, whether it be traditional MIPS or the APP, you will not be penalized for that. Next slide, please.

So, this graphic here is just to walk you through what this MVP development process looks like. We have here -- and I believe this is going to be posted in our Resource Library as well for your reference, but there is a -- you know, at the start of this process, an opportunity for external entities and interested parties to develop and submit to us for consideration MVP candidates based off of clinical topics or areas that they feel are clinically relevant to the specialties they support or work with. We also internally, CMS, are taking a proactive stance and identifying clinical areas that we feel are important and which MVP development should occur, and taking some time to develop some contenders ourselves. And in that instance, we are trying to take a more aggressive manner in terms of MVP development and ensuring that we are not just stationary and waiting for MVPs to come to us to work through, but also doing some outreach of our own and producing some contenders that we feel are appropriate for the upcoming implementation. The MVP candidates are reviewed. If they are ones that were externally developed and submitted to us, we review them, we might reach out to the entities that have submitted them, and ask some follow-up questions. We will provide some feedback through this process, and it might be an iterative process where we talk to those that submitted the candidates to us.

In addition to that, once we get to a place where we feel comfortable with the MVP, we feel that there are minimal to no changes needed, we might publish the MVP for a 30-day comment period, as I mentioned before, and that would then give the broader public an opportunity to provide comment on the MVP. There's no guarantee, just because it's posted for this 30-day comment period, that an MVP will move forward through rulemaking. We also will not signal to any stakeholders that their MVP is going to be moving forward through this 30-day comment period. That is a decision that we will make, independent of any external stakeholders, and then have it published. If there's any concerns with the given MVP that's published, that it should not move forward, certainly we would hope to hear that feedback through this stakeholder feedback process, and we will take that into consideration. If an MVP, through the feedback and review process, is determined feasible and we feel comfortable moving forward with it, we will propose it through our typical notice-to-comment rulemaking process; in which there is another opportunity for our external entities to provide feedback through the public

comment period for the PFS Rule, which we will take into consideration and then determine what MVPs we choose to finalize.

After MVPs are finalized, there is an ongoing process of MVP maintenance. This is cognizant of all the changes that could occur in our quality measure and improvement activity inventories, and we want to make sure that we include, to the extent possible, the latest and greatest measures and activities within our MIPS Value Pathways to kind of reflect more innovative medicine and metrics that are being captured, and we don't want our MVPs to stay stagnant. So, that is something we are cognizant of doing through our maintenance process. And if we move to the next slide, I think I'm going to turn it over to my colleague Ijeoma. She's a part of our MVP development team, and she's going to walk you all through our actual submission criteria and process. Thank you.

>>**Ijeoma Okafor, GDIT:** Thank you, Sophia. Next slide, please. So, this kickoff webinar happens annually as a way to inform the general public of the MVP development and maintenance criteria, timeline, and process in preparation for the upcoming calendar year and rulemaking cycle. So, CMS encourages and invites the general public to submit MVP candidates for potential consideration in future rulemaking. Individuals can submit MVP candidates on a rolling basis using the MVP development standardized template, which we'll look at a snapshot in subsequent slides. So, all MVP candidates should be submitted to the PIMMS MVP support mailbox. It's also important to note that this process is separate from the annual call for measures and improvement activities, and separate from the solicitation for specialty set recommendations. Next slide.

So, once CMS receives an MVP candidate submission, they will vet the quality and cost measures to validate that the coding includes the clinician type, procedure, and other clinical topics being measured, and they'll also ensure that all potential MVP topic-specific quality or cost measures were considered, with the most appropriate measures and activities included. Any MVP candidate submitted must include a viable cost measure in order to be considered feasible and move forward in the MVP development process. So, each MVP should be focused on a given clinical -- on a given specialty, condition, or episode of care. If CMS has any questions, they may reach out to the submitter or interested party during the review process. Again, submitting an MVP candidate does not guarantee it will be proposed in future rulemaking cycles, and this could be for a variety of reasons. We really want to ensure that the MVP candidate that moves forward will provide a more meaningful way to

participate in MIPS. CMS will also not directly communicate decisions regarding MVP proposals prior to rulemaking. And if you're interested in submitting an MVP, you can also find all measures and activities in the QPP Resource Library. Next slide, please.

So, now we'll move on to the MVP candidate content and review process. Next slide. So, first we'll go over the MVP guiding principles that MVPs must follow. So, MVPs must consist of limited, connected, and complementary sets of measures and activities that are meaningful to clinicians. It should also 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. MVP candidates should also promote subgroup reporting that comprehensively reflects the services provided by multispecialty groups. It should also include measures selected using the Meaningful Measures approach, and wherever possible, include the patient voice. We also want to ensure that MVP candidates reduce barriers to the Alternative Payment Model participation by including measures that are part of APMs and by linking cost and quality measurements. And lastly, we want to make sure that each candidate supports the transition to digital quality measures. Next slide.

So, other considerations to keep in mind when developing an MVP candidate is that MVP submissions should include measures and activities that are currently available in MIPS. So, you can use the QPP Resource Library or the most recent measures under consideration list to find MIPS measures and activities to include in an MVP. If you want to include measures or activities that are not in the MIPS inventory, you'll need to follow the existing pre-rulemaking process to be considered for inclusion in an MVP. For QCDRs, QCDR measures may be considered for inclusion in an MVP as long as the measure has met all requirements, which includes being fully tested at the clinician level and approved through the self-nomination process. Next slide.

You'll also want to consider whether the MVP candidate being developed has a clearly defined intent of measurement with clear linkages between the measures and activities. The MVP candidate should also be clinically appropriate, be comprehensive and understandable to clinicians, group, and patients, and wherever possible, we want to incorporate the patient voice. If an MVP is relevant to multiple specialties, we also want to be sure that it's developed collaboratively across those specialties. Next slide.

So, moving into specific considerations for measures and activities, for quality measures, you should consider whether the quality measure is applicable to the MVP topic and applicable to clinicians and groups. It's also important to note that the available clinic -- excuse me, collection types for the given quality measures, and wherever possible, we also want to incorporate QCDRs that are fully tested at the clinician level. So, the current inventory of MIPS quality and QCDR measures includes cross-cutting and specialty or clinical topic-specific quality measures. You can review the 2022 MIPS Quality Measures List and the 2023 Cross-Cutting Quality Measures document for current lists of MIPS quality measures and their associated specialties and measure properties. For a list of current QCDR measures and measure properties, you can review the 2023 QCDR Measure Specifications. Next slide, please.

So, improvement activities are broader in application and cover a wide range of clinician types and health conditions, so it's best that we want you to prioritize improvement activities that best drive the quality of performance addressed in an MVP topic. You also want to make sure that the quality -- that the activities complement and or supplement the quality action of the measure in the MVPs rather than duplicating it. We also encourage including health equity-focused improvement activities. The 2022 Improvement Activities Inventory contains the list of improvement activities, and if you want to submit a new improvement activity to include in an MVP, you'll need to follow the Call for Measures and Activity process, which you can find in the QPP Resource Library. Next slide, please.

For cost measures, the current inventory includes population-based and episode-based cost measures. Episode-based cost measures represent various types of care episodes and patient conditioning groups, so there are currently three types of episode-based cost measures. The first is procedural episode-based cost measures, which applies to clinicians that perform procedures of a defined purpose or type, such as an orthopedic surgeon. The second type is acute episode-based cost measures, which cover clinicians who provide care for specific acute conditions, such as hospitalists. And the third type is chronic condition episode-based cost measures, which account for the ongoing management of a disease or condition, such as diabetes. So, in addition to the episode-based cost measures, there are two broader types of measures to choose from when determining what cost measures to include in an MVP. So, the first is the Medicare Spending Per Beneficiary Clinician measure, which assesses episodes of care built around a patient's admission to a hospital. The second is the Total Per Capita Cost measure, which focuses on the overall cost of care reflecting an ongoing primary care-type relationship. Next slide, please.



So, 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. You can find more information on the available cost measures or how to get involved in the engagement opportunities on the MACRA Feedback Page. So, anyone interested in developing a cost measure, you can submit it through the new cost for -- the new Call for cost Measure process, which CMS will consider for use in MIPS. The earliest adoption into the MIPS program for any measures submitted is the 2025 performance period. In regards to reporting, clinician or clinician groups do not need to report any data for cost measures. CMS will collect and calculate the data for you based on administrative claims data. You can also find additional information on this using the QPP Resource Library. Next slide, please.

Here are some final questions to consider when developing rationales for including measures and activities into an MVP candidate submission. For quality measures, you should consider whether the quality measure included in the MVP meets the existing quality measure inclusion criteria. For example, does the measure demonstrate a performance gap? You should also consider whether the quality measure denominators have been evaluated to ensure the applicability across the measures and activities within the MVP. For improvement activities, consider what roles the improvement activities play in driving quality care and improving value within the MVP. You should also provide rationales as to why each improvement activity is included. You should consider whether the improvement activity complements or supplements the quality action of the measures in the MVP rather than duplicate it. For cost measures, consider what role the measures play in driving quality care and improving value within the MVP. Another question is, how does the selected cost measures relate to other measures and activities in other performance categories? You can also find a full list of these considerations in the MVP Development Standardized Template. Next slide, please.

Now, we're moving on to submitting an MVP candidate. Next slide. So as previously noted, you want to refer to the MVP Development Standardization Template if you want to submit an MVP candidate for potential implementation in the 2024 performance period or future years. The MVP candidate should include measures and activities across the quality, cost, and improvement activities performance categories. For the foundational layer, each MVP candidate includes the entire set of Promoting Interoperability measures as well as two population health measures, which are the Hospital-Wide, 30-

Day, All-Cause Unplanned Readmission Rate for MIPS groups, and the second measure is Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions. Next slide, please.

In these next few slides, we'll provide a snapshot and a checklist of what to include in the MVP Development Standardization Template. So in the template, the first table is Table 1, which includes general information about the MVP; such as the MVP name, points of contact, intent of the measurement, measures and activity linkages within the MVP, appropriateness, comprehensibility, and incorporation of the patient voice. And in the table below, it shows the MVP description information and also on the next slide. You can move on to the next slide. And so, the next slide is a continuation of the descriptive information that you should include in the template, and all this information is in the MVP Standardized Template for further review and reference. Alright, next slide, please.

So in the template, it also includes Table 2, which is used to identify the quality measures, improvement activities, and cost measures for the MVP candidate that you want to submit. For quality measures, you want to make sure that each measure you provide includes the measure ID, the NQF number, if applicable, measure title, collection types, and rationale for inclusion. For improvement activities, for each activity, you want to provide the improvement activity ID, the improvement activity title, and rationale for inclusion. For cost measures, you'll need to provide the measure ID, if applicable, the measure title, and rationale for inclusion. Next slide.

So, the foundational layer for the measures are included in Table 2B and 2C. This information is pre-filled, so you do not have to edit or do anything with this section. So, Table 2B shows the population health measures, as indicated in the picture. Next slide, please. And the next table is Table 2C, which again, this is pre-filled, and you don't have to edit or do anything with this table. So, this table shows the Promoting Interoperability measures. All right, next slide, please.

CMS will conduct -- when an MVP candidate is submitted, CMS will conduct an internal review of the candidates and reach out to the submitter if they have any questions or follow-up or feedback. CMS will also determine whether a meeting is needed upon receiving an MVP candidate. If the MVP candidate is identified as feasible for the upcoming performance year, we will engage in an iterative

dialogue with the MVP submitter. CMS may also require the submitter to collaborate with similar groups to help ensure MVP candidates meet clinician and patient needs. Next slide, please.

MVP candidates that are identified as feasible for the upcoming performance year will go through the MVP candidate feedback process. So, what this means for the general public is that all MVP candidates will be posted on the QPP website and available for review for 30 days. For this upcoming year, it will start beginning January 9th, 2023. So, you can submit any feedback on the MVP candidates to the PIMMS MVP support mailbox for CMS's consideration. It's important to note that this is only for the new MVPs, and this does not apply to previously finalized MVPs. Previously finalized MVPs go through the MVP maintenance process, which we will discuss in later slides.

So on the CMS end, once the 30-day candidate feedback period is closed, CMS will post all applicable feedback on the QPP website. Any feedback that is unrelated to the MVP candidate will not be posted. We will also review the feedback and determine to incorporate any of the recommendations into an MVP candidate before it's potentially proposed for rulemaking. So again, not all MVP candidates may be proposed for rulemaking or future rulemaking. And due to the given timeframe, CMS won't be able to respond directly to any feedback received. We also won't consult with a group or organizations that submitted the MVP candidate, or with the interested parties that submitted the feedback on the MVP candidate in advance of proposed rulemaking. Next slide, please.

For the rulemaking process, CMS will identify proposed MVP candidates through the Physician Fee Schedule Notice for Proposed Rulemaking. And then once, they'll indicate any finalized MVPs through the Physician Fee Schedule Final Rule. The submission of an MVP candidate, again, doesn't mean that it will be selected or implemented in future years. And 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. Next slide, please.

Next, we'll move on to the MVP maintenance process. Next slide. So on this slide, we'll discuss how to recommend any 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. So, recommended changes should be submitted by email and be broken down by performance category. In regards to what to submit, when you submit your recommendation, you'll want to include the title

of the MVP along with the description of the recommended changes by performance category. And so, you can refer to the title in the MVP Maintenance Process PDF as a guide for submitting your recommendations, and there is a snapshot on this slide that will show how you can submit your recommendations by performance category. Next slide.

After you submit your recommendation, any recommendations that are deemed feasible and submitted prior to the February Maintenance webinar will be included in that webinar for the public to have an opportunity to provide feedback on the changes that were incorporated in any of the MVPs. So, any changes will be addressed through future rulemaking. Since there was a quick turnaround time between the February Maintenance webinar and rulemaking, CMS will not be able to communicate with the general public about whether the recommendations were accepted outside of rulemaking, and CMS will ultimately decide whether updates to established MVPs should be made. Please note that the first MVP Maintenance Public Feedback webinar will be held in February 2023. There will be more details on the dates and more information. It will be coming soon through a listserv. Next slide.

In regards to recommending changes to existing MIPS measures and improvement activities within an MVP, it's important to note that modifications to existing measures and improvement activities in traditional MIPS will be reflected in any MVPs that are included in those measures and activities. So for anyone that wants to request to change existing individual MIPS measures, the process for QCDR -- may be submitted by the QCDR that stewards the measure during the annual self-nomination process. For any changes to MIPS quality measures, they may be submitted for consideration during the proposed rulemaking comment cycle or by contacting the measure steward directly. And for any modifications to existing improvement activities and cost measures, they may be made through the annual Call for Measures and Activities. Next slide, please. And that is all for the MVP development process, and I will hand it over to Kati for help and support.

>>**Sophia Sugumar, CMS:** I think I'm going to take over. Thanks, Ijeoma. This is Sophia. Okay, move to the next slide, please. All right, as I mentioned before, we do have several resources in our QPP Resource Library that you would probably find of value, hopefully, to kind of further your knowledge of MIPS Value Pathways. And so, we have an MVP Learning Experience webpage, Implementation Guide, the Transition from Traditional MIPS to MVPs graphic that we went over earlier today, and there's an

MVP Overview Video that you might find helpful. So, we highly encourage that you visit our website and take a look at these resources. I believe a link has been added to the chat. Next slide, please.

In addition, we do have past webinars that you might find of value and encourage you to take a listen to. That is including our 2023 QPP Final Rule webinar, and there's resources related to that in our Resource Library as well. And you'll find more information related to our MVP candidate submission process and guidance on that through our QPP Resource Library as well, so there is a hyperlink to that webpage. Next slide, please.

We have been reviewing the questions within our Q&A inbox, and highly encourage those if you haven't been submitting questions or have any questions related to MVP development and MVP maintenance specifically, this would be a great time to submit those questions. I do see one related to asking what the deadline is for submitting an MVP. There isn't necessarily a deadline. MVP candidate submissions would be accepted at an ongoing basis, rolling basis throughout the year. We will take the time to determine if and when an MVP is deemed feasible, and it will follow the processes we just, you know, outlined earlier in this presentation. Just because you submit an MVP, let's say, hypothetically in March of 2023 does not mean we are guaranteeing that it will be implemented for 2024. There are various factors that will go into our decision-making that we will then ultimately use to decide whether an MVP can move forward and when that will be. But I'm sorry, I went off topic here, but I wanted to turn it back over to our Ketchum team to kind of facilitate any other questions we may have through the inbox. We are focusing today's question and answers on -- we do see a lot of policy-related questions related to reporting requirements and things like that, but today the focus is specifically on MVP development and maintenance. So, if there are questions there that you feel you need more information on, we're happy to address those in today's webinar, but that will be our focus for Q&A.

**>>Ketchum:** Great. Thank you, Sophia. And yes, just a reminder, if anyone has any questions, you can go ahead and submit them through the Q&A box, and we'll take a look. And, Sophia, we do have one question for you. It reads, what is the process for requesting the addition of an existing quality measure or improvement activity to an existing MVP?

**>>Sophia Sugumar, CMS:** That would probably follow within our MVP maintenance process. If you're looking to suggest the addition of a different quality measure improvement activity within an

established MVP, you would follow our MVP maintenance process, which includes submitting recommendations, and I believe there's more pertinent detailed guidelines on that in our QPP resources, but that feedback you could submit to us on a rolling basis throughout the year. It doesn't have to be, you know, for example, in the first three months of the year. MVP maintenance suggestions are accepted year-round, so certainly the sooner you submit any feedback to us, the better, but it gives us more time to consider it, and if it's feasible, you know, us to take an opportunity and pursuing that through notice and comment rulemaking could happen sooner, as soon as we can make that possible. But really, the MVP maintenance process is there to kind of facilitate those types of requests where, you know, we are provided that type of input to add measures or activities or even remove measures and activities, and that will help inform any future rulemaking that needs to occur around that MVP.

**>>Ketchum:** Great, and just a reminder, as Sophia mentioned, we are focusing on questions related to MVP development in the maintenance process, so please go ahead and submit those related questions, and we will ask those. And, Sophia, just a question from someone just reiterating the timeline about when new MVPs will be available, not sure if you wanted to touch on that quickly.

**>>Sophia Sugumar, CMS:** Sorry, the timeline as to when new MVPs? So MVPs will be finalized, they will always be finalized and available through notice and comment rulemaking, so in this calendar year 2023 Final Rule, which just published in November, we finalized five new MVPs, which we indicated through the Final Rule would be available beginning with calendar year 2023. So, rulemaking will always be the vehicle in which we will propose and potentially finalize MVPs if we feel, you know, MVPs are -- we're able to finalize those once we propose. Over the next few years, we intend on developing and expanding this inventory of MVPs -- can't project ahead of time what MVPs will move forward when. Certainly with the finalization of this 30-day comment process for new candidate MVPs, when we feel certain MVPs have reached a point where there's no additional edits needed internally, that's when we'll publish this candidate draft. Certainly wait to see what kind of feedback we receive, and that will help to inform our decision-making. If we feel that MVP is ready to go, then it might go in the proposed rule. If it's not, if we feel it's not ready, it might not go. But, there's no guarantee that just because a candidate MVP is out there for comment, it's going to be proposed in the rulemaking cycle that's coming up in that year. So I just want to be clear on that, but it is our intention over the next few years to continuously propose MVPs as we feel that they're ready.

>>**Ketchum:** Great, and then just a clarifying question for you, Sophia, do you still intend to publish draft MVPs for public comment on January 9th?

>>**Sophia Sugumar, CMS:** That is, I believe, and, PIMMS team, please jump in if I'm incorrect here, but I believe that is what we are aiming for. We will, in addition to publishing the candidate MVPs on our website, there will be an associated listserv, so please make sure you're subscribed to that listserv, and that will then allow for the 30-day comment period in which you could follow the instructions, email your feedback, and we will then take the time to review and process the feedback received.

>>**Ketchum:** Great, thank you. And another question, if there is a MIPS measure that does not have CPT codes tied to it and is applicable to other specialties, how does a specialty get their codes tied to that measure in order to be used for MVP?

>>**Sophia Sugumar, CMS:** PIMMS team might have to jump in here, because this is going to be more closely tied to the quality measure maintenance, not MVP maintenance, and that is a separate process, so I don't know, team. I think that based off of my past experience, I'll address, but then feel free to jump in. I think there will be a need for there to be some level of outreach to the measure stewards of that given measure to see if certain codes can be considered. Either that can be done with you as a participant or an organization contacting the measure steward directly. You can certainly facilitate that communication through us as well. We also work closely with our measure stewards, so we can share the updates with them that were suggested and see if it will be taken under consideration. Again, any updates to measures contending on what the update is sometimes have to go through rulemaking, and I can't say broadly that all updates do. It depends on if it's classified as a substantive change or not, but PIMMS, please feel free to jump in.

>>**Colleen Jeffrey, PIMMS:** Okay. Thanks, Sophia. This is Colleen from the PIMMS team. Just a couple things to add to what Sophia said, absolutely, we encourage you to reach out to the measure stewards to discuss with them the possibility of adding any coding. We also, upcoming very shortly here, will be the solicitation for specialty measure set revisions. That is also a good time to request a measure, a quality measure be included in a certain specialty set with the addition of coding. We take all of that information back to the measure steward, as well as we also look for that type of feedback in the

comment period during rulemaking. So once that proposed rule is up, feel free to submit any comments regarding addition of coding to quality measures. Thanks.

**>>Ketchum:** Great. And one other question says, will CMS make public any data or details on MVP participation and reporting?

**>>Sophia Sugumar, CMS:** We have not gone down that avenue to publish any data at this point. Certainly it's way too early to. We have not considered it. If there is interest in that, I think we'd be interested in hearing the value of that and what you'd be looking for. I cannot commit to us doing that. We certainly have a lot of other data inputs and requests that we continuously are working through. But, certainly if there's more suggestions on that and feedback on why that would be helpful, we're happy to hear about it.

**>>Ketchum:** Great. And just a reminder, we are focusing on questions related to MVP development and maintenance. So, we'll give another couple minutes for folks to submit questions related to those topics, but we're not seeing too many at the moment there.

**>>Sophia Sugumar, CMS:** And certainly if there are policy-related questions or more nuanced reporting requirements questions you want to ask, please feel free to use our service center to leverage that to get your answers. Today, we're really just focusing on the MVP development and maintenance processes today. We appreciate your patience.

**>>Ketchum:** And again, a reminder, if you do have questions related to maintenance and development, please go ahead and submit those. And, Sophia, we did get a clarifying question. Could you repeat which MVPs are being shared on January 9th? Are those MVPs submitted by the public in 2022?

**>>Sophia Sugumar, CMS:** We can't share ahead of it being published. We certainly have to go through certain clearance processes before those are actually shared, but that list of MVPs are forthcoming. And it might be a mix of ones that we've taken the lead on developing, and ones that were externally developed and submitted to us. Can't really signal ahead of it being cleared what's going to be published.



>>**Ketchum:** Sophia, we did get one question. How are MVP candidates and comments reviewed for health equity focus for consideration in future proposed rules?

>>**Sophia Sugumar, CMS:** How are the comments reviewed? I think we certainly are well aware of the importance of health equity as it ties to just all CMS programs, but MIPS, you know, we're focusing on MIPS specifically. We within the MIPS program have, I believe, we finalized one health equity related measure, social determinants of health measure. That is a quality measure that was recently finalized, I believe, through calendar year 2023 rulemaking. We also have separately some health equity related improvement activities. So, I would say that if there's feedback from our interested parties that, you know, there's certain measures, improvement activities, or quality measures that are related to health equity that have not been included, that should be included, or you feel that one may have more relevance than another, we're happy to take on those comments. I think we definitely want to be cognizant of health equity as we move MVPs forward. If you have more -- I apologize for that -- if you have more health equity related comments that are very measure specific, for example, how to do risk adjustment and things like that, or considerations of how to, you know, break down the data, that is something we can share with those teams. I can't guarantee, because all these processes that are built in for, you know, measure maintenance, improvement activity maintenance, cost measure maintenance, they're all separate, and they're going to all be -- all the updates that are made to these individual measures will carry through in the MVP itself, but we need to kind of follow those existing processes. So, certainly if you can provide feedback that is measure specific, we're not just going to not take it into consideration. We'll share with those teams if it's specific to a given quality measure, and that might need to also be shared with the measure steward to ensure that, you know, it's taken back, it's reviewed and tracked to -- it might be a future change that's already being tracked to, but we're happy to consider any feedback related to health equity and see how we can, you know, make changes if we need to based off of that.

>>**Ketchum:** Great, and we'll give it just another minute or so in case anyone has any final questions related to MVP development or maintenance. So, go ahead and submit those through the Q&A box if you do have those. Just as a reminder, we're focusing primarily on those questions for this webinar.

Okay, we're not seeing any other questions come in through the Q&A box, so we'll go ahead and conclude the Q&A and the webinar today. Thank you everyone for joining, and just a quick reminder,

we did see quite a few questions on this, but a recording of today's webinar and the slides will be shared on the QPP Webinar Library in one to two weeks, so please look back there, and the files should be posted there. Thank you, everyone, for your time today.