Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2023 Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs) Implementation Guide

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

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Purpose: This resource focuses on reporting Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs), providing practical information about MVP participation, reporting, scoring and preliminary registration information for the 2023 performance year.

How to Use This Guide

How to Use This Guide

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Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Hyperlinks

Hyperlinks to the QPP website are included throughout the guide to direct the reader to more information and resources.

Overview

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

If you're eligible for MIPS in 2023:

- You generally have to report measure and activity data for the quality, improvement activities, and Promoting Interoperability performance categories. (We collect and calculate data for the cost performance category for you, if applicable.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2023 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2025.

To learn more about MIPS:

- View the 2022 MIPS Overview Quick Start Guide.
- View the 2022 MIPS Quick Start Guide for Small Practices.

To learn more about MIPS eligibility and participation options:

- Visit the How MIPS Eligibility is Determined and Participation Options Overview webpages on the Quality Payment Program website.
- View the 2022 MIPS Eligibility and Participation Quick Start Guide.
- Check your current participation status using the QPP Participation Status Tool.

What is the Merit-based Incentive Payment System? (Continued)

There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS. You'll also report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

The **Alternative Payment Model (APM) Performance Pathway (APP)** is a streamlined reporting option for clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs. You'll report a predetermined measure set made up of quality measures in addition to the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

MIPS Value Pathways (MVPs) are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition. MVPs offer more meaningful groupings of measures and activities, to provide a more connected assessment of the quality of care. Beginning with the 2023 performance year, you'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). You'll also report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

To learn more about traditional MIPS:

- Visit the Traditional MIPS Overview webpage on the Quality Payment Program website.

To learn more about the APP:

- Visit the APM Performance Pathway webpage on the Quality Payment Program website.

To learn more about MVPs:

- Visit the MIPS Value Pathways (MVPs) webpage on the Quality Payment Program website.

Introduction

Overview

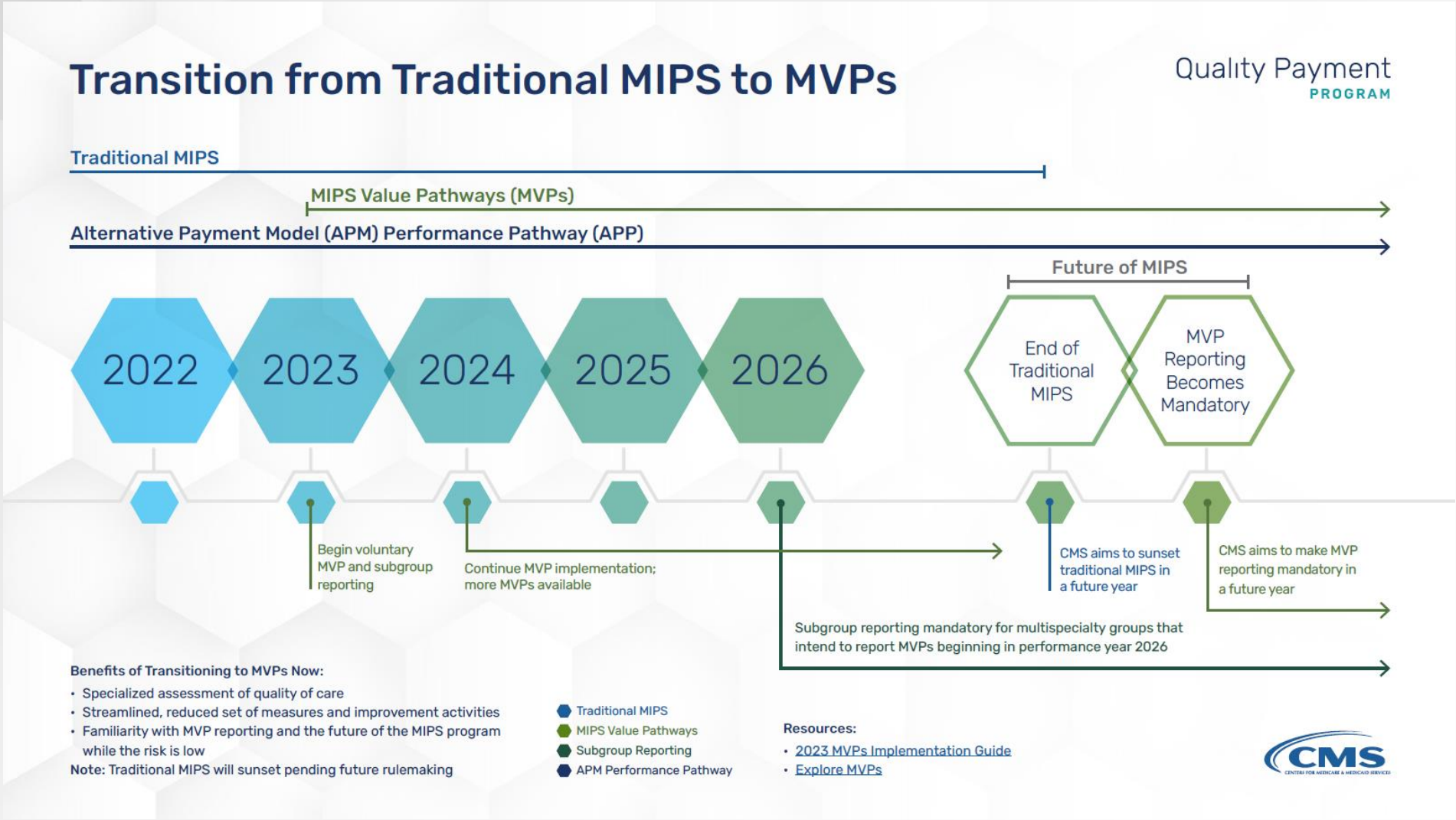
MIPS Value Pathways (MVPs) are the newest, voluntary reporting option that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP reporting option aims to align and connect measures and activities across the MIPS performance categories to reduce complexity and burden and move toward more meaningful groupings of measures and activities that provide a more interconnected assessment of care. MVPs include a subset of measures and activities that are related to a given specialty or medical condition, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). MVPs also have enhanced performance feedback for participants, providing feedback for like clinicians reporting within the same MVP. This supports our goal to keep patients at the center of our work by achieving better health outcomes and lower costs for patients and provides comparable performance data to help patients make more informed decisions.

MVPs will be available for reporting beginning with the 2023 performance year. **There are 12 MVPs currently finalized for the 2023 performance year:**

1. Advancing Rheumatology Patient Care MVP
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP
3. Advancing Care for Heart Diseases MVP
4. Optimizing Chronic Disease Management MVP
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP
6. Improving Care for Lower Extremity Joint Repair MVP
7. Patient Safety and Support of Positive Experiences with Anesthesia MVP
8. Advancing Cancer Care MVP
9. Optimal Care for Kidney Health MVP
10. Optimal Care for Patients with Episodic Neurological Conditions MVP
11. Supportive Care for Neurodegenerative Conditions MVP
12. Promoting Wellness MVP

Through future rulemaking, CMS will continue to expand MVPs to include more specialties and subspecialties that participate in MIPS. For the 2023 performance year (and beyond) **clinicians will continue to have the option to report traditional MIPS or report the APM Performance Pathway (APP).** We haven't finalized a timeline for when traditional MIPS will no longer be available.

Overview (Continued)



The timeline for sunsetting traditional MIPS has not been finalized, but MVP reporting will become mandatory at some point in the future. Now is a good time to get started reporting MVPs to familiarize yourself with the requirements while participation is voluntary.

Overview (Continued)

To determine if an MVP may be right for you, review the Appendices at the end of this guide or Explore MVPs on the QPP website for details on the 12 MVPs currently finalized, including potential clinician types who may want to consider participating in the MVP and the complete list of measures and activities required for each MVP.

If you are interested in developing an MVP for future reporting, please review the MVP Candidate Development & Submission webpage, the MVPs Development Resources, and CY 2023 PFS Final Rule Resources, including the MVP Policies Table, for additional information.

Participation

Participation

Overview

MVPs can be reported by an MVP participant, defined as:

MVP participants will be required to register their MVP selection in advance. For more information refer to the Registration section at the end in this resource as well as the 2023 MVP Registration Form and Fact Sheet (ZIP). You can also watch this short video.

Voluntary reporters, opt-in eligible clinicians, and virtual groups aren't able to report an MVP for the 2023 performance year.

*Single specialty group is defined as a group that consists of one specialty type as determined by Medicare Part B claims.

**Multispecialty group is defined as a group that consists of 2 or more specialty types determined by Medicare Part B claims.

Participation

What Is a Subgroup?

A **subgroup** is a subset of clinicians within a group (identified by a single Taxpayer Identification Number, or TIN) which contains at least 2 clinicians, 1 of whom is an individually eligible MIPS eligible clinician. We're using the initial 12-month segment of the 24-month MIPS Determination Period to determine the eligibility of clinicians intending to participate and register as a subgroup. Subgroup reporting can offer more meaningful data collection and feedback, particularly for clinicians in a large or multispecialty group. A subgroup may **not** include clinicians from a different TIN. You may only report one subgroup per TIN/NPI (National Provider Identifier) combination.

Subgroup reporting is voluntary for the 2023, 2024, and 2025 performance years. Reporting through a subgroup may be an option for clinicians in a practice with multiple specialties to get better insight into clinical areas and performance for clinicians within a practice. A large practice may participate as multiple subgroups and therefore report to more than one MVP based on clinical relevance. We encourage multispecialty groups to adopt subgroup reporting practices as early as feasible, to allow sufficient time to implement workflow changes and system configurations needed to facilitate subgroup reporting, ahead of the eventual sunset of traditional MIPS. Beginning in 2026, multispecialty groups reporting MVPs will be required to report as subgroups.

To participate as a subgroup, the affiliated group must exceed the low-volume threshold at the group level. Subgroups will also inherit any special statuses (e.g., hospital-based or non-patient facing) assigned to their affiliated group.

Subgroups **won't** be evaluated for the low-volume threshold or special statuses at the subgroup level. Instead, they'll inherit their affiliated group's eligibility and special statuses.

Examples of potential subgroups include:

A practice's cardiovascular service line, which includes cardiologists, cardiothoracic surgeons, and other associated professionals.

The west side practice, which uses one electronic health record (EHR) platform and collaborates on patient care across orthopedic surgeons, physical therapists, NPs, and other associated clinicians.

Learn more:

For more information about participation and eligibility and the low-volume threshold and special statuses, refer to:

- MIPS Participation and Eligibility Quick Start Guide
- MIPS Participation and Eligibility User Guide
- MIPS Eligibility Determination Period
- Low-Volume Threshold Information
- Special Status Information

How Do Subgroups Collect and Report Data?

Data is generally collected and calculated at the subgroup level, with exceptions noted below.

Your selected quality measures must be collected and reported at the subgroup level, which means the subgroup must be able to submit aggregated measure data limited to the clinicians in the subgroup.

Your selected improvement activity (or activities) must be performed by at least 50% of the clinicians in the subgroup.

Exceptions

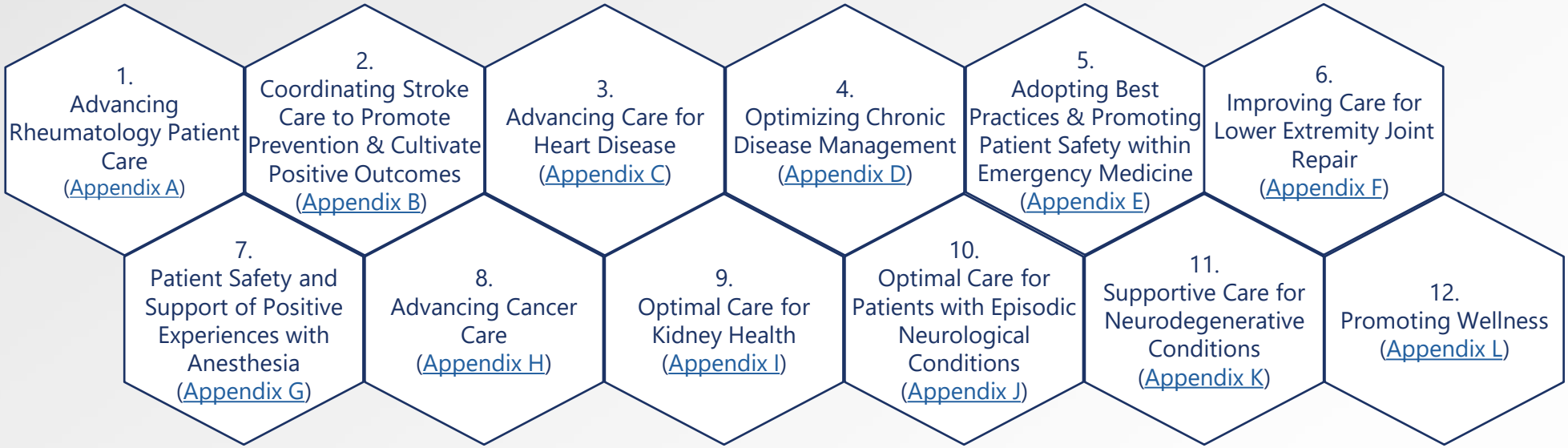
Subgroups will submit the aggregated Promoting Interoperability data of their affiliated group.

Cost and population health measures don't require data submission as these measures are calculated from administrative claims; subgroups will be evaluated at the affiliate group level.

If the affiliated group doesn't meet case minimum on any of these measures, the measure will be excluded from the subgroup's score.

How to Decide if You Should Report an MVP?

Start by reviewing the list of MVPs finalized for the 2023 performance year. MVPs include select measures and improvement activities available within the MIPS inventory that best align with a given specialty or medical condition. Review Explore MVPs and the Appendices for details about the quality measures, improvement activities, and cost measures available in each MVP, along with the Promoting Interoperability measures and population health measures included in the foundational layer of every MVP. Each MVP also identifies clinicians who practice as part of an identified specialty that may want to report that MVP. **If a clinically relevant MVP isn't available, you can still report traditional MIPS or the APP.**



TIP: An MVP participant (defined as an individual clinician, single specialty group, multispecialty group, subgroup, or APM Entity) can only select and report one MVP. However, an individual clinician can participate at different participant levels to report multiple MVPs. For example, an individual clinician may report an MVP as part of a group and report a different MVP as part of a subgroup. You're able to report MVPs **in addition** to traditional MIPS or the APP.

Third Party Intermediary Requirements

Beginning with the 2023 performance year, third party intermediaries (e.g., QCDRs, qualified registries, health IT vendors) that support MVPs:

- Must identify and support MVPs that are relevant to the clinicians and groups they support. (They don't need to support all MVPs.)
- Must support all measures and activities within a relevant MVP – including measures and activities in the quality, improvement activities, and Promoting Interoperability performance categories – but aren't required to support all collection types for a given measure.
    - **Note:** Only authorized QCDRs can support the QCDR measures within an MVP.
    - Cost and population health measures are collected through administrative claims data and don't require external data submission support.
- Must support subgroup reporting.
    - This requirement also applies to CMS approved Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS Survey vendors who must support subgroups administering the CAHPS for MIPS Survey measure as part of their MVP reporting.

If an MVP includes measures that are only reportable through a QCDR, qualified registries and health IT vendors will need to support **all other** quality measures (electronic clinical quality measures (CQMs) and MIPS clinical quality measures (CQMs)) within the MVP.

Reporting Requirements

Reporting Requirements

Quality Payment PROGRAM

Overview

MVPs have reduced reporting requirements in comparison to traditional MIPS and include quality and cost measures and improvement activities that are specific to a given specialty or medical condition. Each MVP also includes the foundational layer, comprised of Promoting Interoperability measures and population health measures. Refer to the Appendices and Explore MVPs to see the list of measures and activities available for reporting for each MVP.

Reporting Requirements: Quality

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Quality Performance Category

To complete the MVP reporting requirements for the quality performance category, you must:

- Select and report 4 quality measures from an MVP, including 1 outcome measure. If no outcome measure is available, you may report a high priority measure.
- The 4 required quality measures don't include the required population health measures evaluated as part of the foundational layer.

If available in an MVP, you may choose to include an outcome measure calculated by CMS through administrative claims. For example, you can select Measure 480: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System measure as 1 of your 4 required measures for the Improving Care for Lower Extremity Joint Repair MVP.

Review your patient population to ensure you'll be able to meet the case minimum on the quality measures you choose to report within the MVP.

TIP: Before selecting an outcomes-based administrative claims measure as 1 of your 4 required measures, make sure your patient population will allow you to meet the case minimum; if not, you will receive 0 achievement points for the measure.

(Exception for small practices: you will continue to earn 3 points for these measures.)

TIP: Similar to traditional MIPS, if you report more than the required quality measures, we'll use the 4 highest scoring measures.

TIP: Similar to traditional MIPS, you can report your quality measures through multiple submission formats (e.g., JSON and QRDA III files).

You can review the measures (and their detailed measure specifications) included in each MVP on the **Explore MVPs** page of the QPP website.

Reporting Requirements: Quality

Quality Payment PROGRAM

Quality Performance Category (Continued)

MVPs may include a variety of collection types for quality measure reporting:

- Electronic Clinical Quality Measures (eCQMs).
- MIPS Clinical Quality Measures (MIPS CQMs).
- Qualified Clinical Data Registry (QCDR) Measures.
- Medicare Part B claims Measures **(only available to small practices with 15 or fewer clinicians).**
- CAHPS for MIPS Survey Measure **(only available to pre-registered groups, subgroups, and APM Entities)**.
- Administrative claims measures.

Collection Type refers to the way you collect data for a MIPS quality measure. While an individual MIPS quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. You'll follow the measure specifications that correspond with how you choose to collect your quality data.

Small Practices Reporting Quality Measures through Medicare Part B Claims: if your selected MVP has fewer than 4 Medicare Part B claims measures available in the MVP, you don't need to report additional measures to meet quality reporting requirements.

Reporting Requirements: Improvement Activities

Quality Payment PROGRAM

Improvement Activities Performance Category

To complete the MVP reporting requirements for the improvement activities performance category, you must:

Report 2 medium-weighted improvement activities from the MVP,

OR

Report 1 high-weighted improvement activity from the MVP,

OR

Report the IA_PCMH (participation in a certified or recognized patient-centered medical home or comparable specialty practice) activity.

While you don't have to submit any supporting documentation when you attest to completing an improvement activity, you must keep documentation of the efforts you undertook to meet the improvement activity for 6 years following data attestation. Additional documentation guidance for each improvement activity can be found in the 2022 Improvement Activities Inventory (ZIP).

All MVP participants receive 20 points for a medium-weighted improvement activity and 40 points for a high-weighted improvement activity, including MVP participants with the small practice, rural, non-patient facing and health professional shortage area (HPSA) special statuses. (Note, these are the same points available to small practice, rural, non-patient facing and HPSA clinicians reporting improvement activities for traditional MIPS.)

Reporting Requirements: Cost

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Cost Performance Category

We use Medicare claims data to calculate your cost measure performance, which means you don't have to submit any data for this performance category, just as in traditional MIPS. Each MVP includes cost measures that are relevant and applicable to the MVP clinical specialty or medical condition.

We'll calculate performance exclusively on the cost measures that are included in the selected MVP using administrative claims data, even if additional cost measures (outside your selected MVP) are available for scoring.

Reporting Requirements: Foundational Layer

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Foundational Layer

The foundational layer is composed of the Promoting Interoperability performance category and population health measures calculated through administrative claims. These measures and activities apply to **all** MVPs regardless of clinical specialty or medical condition.

Promoting Interoperability Performance Category

To complete the reporting requirements for Promoting Interoperability, you must:

Submit the same Promoting Interoperability measures and attestations that are required under traditional MIPS. The list of Promoting Interoperability measures are included for each MVP in the Appendices and on Explore MVPs.

Subgroup Reporting (Promoting Interoperability)

If you're reporting an MVP as a subgroup, you'll submit your affiliated group's data for the Promoting Interoperability performance category.

APM Entity Reporting (Promoting Interoperability)

If you're reporting an MVP as an APM Entity, you can choose to report Promoting Interoperability data at the APM Entity level. You still have the option for Promoting Interoperability data to be submitted at the individual and/or group level by the MIPS eligible clinicians in the Entity. The APM Entity will receive a score based on the weighted average of the data submitted, just as in traditional MIPS.

Reporting Requirements: Foundational Layer

Quality Payment PROGRAM

Foundational Layer (Continued)

Promoting Interoperability Reweighting

Just as in traditional MIPS, you qualify for reweighting of the Promoting Interoperability performance category if you:

Are a certain type of clinician that qualifies you for automatic reweighting

OR

Have a certain special status that qualifies you for automatic reweighting

OR

Have an approved MIPS Promoting Interoperability Performance Category Hardship Exception

Reporting Requirements: Foundational Layer

Quality Payment PROGRAM

Foundational Layer (Continued)

You can qualify for automatic reweighting as a group when 100% of the MIPS eligible clinicians in the group qualify for reweighting as individuals for any combination of reasons.

Promoting Interoperability Reweighting

You qualify for automatic reweighting if you're a:

Special Status:

- Small Practices
- Ambulatory Surgical Center (ASC)-based
- Hospital-based
- Non-patient Facing

- **Small Practices:** We will automatically reweight the Promoting Interoperability performance category to 0% for small practices. You aren't required to report Promoting Interoperability data or submit a Promoting Interoperability Hardship Exception application. When Promoting Interoperability is reweighted, there's a different redistribution policy specifically for small practices: quality performance category 40%, cost performance category 30%, improvement activities performance category 30%, Promoting Interoperability performance category 0%.
- **Subgroups:** If your group has a designated special status, that will also apply to the subgroup. For example, if your affiliated group has the non-patient facing special status, your subgroup also qualifies for automatic reweighting of Promoting Interoperability.

Reporting Requirements: Foundational Layer

Quality Payment PROGRAM

Foundational Layer (Continued)

Promoting Interoperability Hardship Exception Application

When reporting an MVP, you may submit a MIPS Promoting Interoperability Performance Category Hardship Exception application if any of the following reasons apply to you during the performance year:

APM Entities who choose to report an MVP **can't** submit a Promoting Interoperability Hardship Exception at the Entity level.

NOTE: Simply not having 2015 Edition Cures Update Certified Electronic Health Record Technology (CEHRT) doesn't qualify you for a MIPS Promoting Interoperability Performance Category Hardship Exception.

If your Promoting Interoperability Performance Category Hardship Exception request is approved, the Promoting Interoperability performance category will have a weight of 0% when calculating your MIPS final score. The 25% weight will be reallocated to another performance category(ies). **If you choose to submit data for the Promoting Interoperability performance category, your hardship exception will be cancelled.**

Reporting Requirements: Foundational Layer

Quality Payment PROGRAM

Foundational Layer (Continued)

Population Health Measures

To complete the requirements for the population health measures, you must:

- **Select 1 population health measure at the time of MVP registration.** The population health measure doesn't count as 1 of the required 4 quality measures but will be included in your score for the quality performance category. We calculate the population health measures for you using administrative claims data; no data submission is required.

For the 2023 performance year, you'll need to select 1 of the 2 available population health measures available:

Measure 479: Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups

OR

Measure 484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

All MVP participants (individual, group, subgroup, APM Entity) will need to select a population health measure during registration. If you don't meet the case minimum for your selected population health measure, it will be excluded from scoring.

Data Submission

Data Submission

Quality Payment PROGRAM

MVP Identifiers (IDs)

Each MVP submission must include the related MVP ID, signaling your intent to report the measure and activity data for your selected MVP. Any data submitted without the necessary MVP ID will be attributed to traditional MIPS instead of the MVP.

Small practices reporting Medicare Part B claims measures for an MVP: You must append the appropriate MVP ID to at least one Medicare Part B claim that includes an applicable quality data code (QDC) for one of the quality measures in your selected MVP. The MVP ID only needs to be reported once during the performance period to attribute your quality measures to the MVP. If you don't append the MVP ID to at least one claim, your Medicare Part B claims measures will be attributed to a quality score in traditional MIPS (and not the MVP).

- Review the 2023 Part B Claims Measure Quick Start Guide for more information.

MVP participants (individuals, groups, subgroups and APM Entities) and third party intermediaries uploading files during the submission period: You must include the appropriate MVP ID in every file you upload that includes MVP measure and/or activity data. If you upload a file without the MVP ID, that data will be attributed to and scored in traditional MIPS (not the MVP).

- Review the **2023 QRDA III Implementation Guide for Eligible Clinicians** on the Electronic Clinical Quality Improvement (eCQI) Resource Center for more information about including an MVP ID in your QRDA III file submission.
- Review the QPP JSON Developer documentation – available September 2023 – for more information about including an MVP ID in your QPP JSON file submission.

Third party intermediaries submitting data via the QPP Application Programming Interface (API): You must include the appropriate MVP ID in every submission that includes MVP measure and/or activity data. If you submit data without the MVP ID, that data will be attributed to and scored in traditional MIPS (not the MVP).

- Review the QPP JSON Developer documentation – available September 2023 – for more information about including an MVP ID in your QPP JSON file submission.

MVP participants manually attesting to improvement activities and/or Promoting Interoperability data during the submission period: You'll indicate your MVP reporting option when you sign in to manually report your data. More information will be available in data submission resources available in late December 2023.

MVP Identifiers

MVP ID	MVP Title
G0053	Advancing Rheumatology Patient Care
G0054	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
G0055	Advancing Care for Heart Disease
G0056	Optimizing Chronic Disease Management
G0057	Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
G0058	Improving Care for Lower Extremity Joint Repair
G0059	Patient Safety and Support of Positive Experiences with Anesthesia
M0001	Advancing Cancer Care
M0002	Optimal Care for Kidney Health
M0003	Optimal Care for Patients with Episodic Neurological Conditions
M0004	Supportive Care for Neurodegenerative Conditions
M0005	Promoting Wellness

Scoring

Quality Performance Category Scoring

The following measure scoring policies have been finalized for the 2023 performance year, and apply to both MVP and traditional MIPS reporting unless otherwise noted:

Measure Achievement Points for the 2023 Performance Period

Measures that can be reliably scored against a benchmark

Measure achievement points are based on your performance for a measure in comparison to a benchmark. A measure can be reliably scored against a benchmark when:

- A benchmark (historical or performance period) is available.
- Data completeness and case minimum criteria are met.

7 – 10 points

You'll earn 7 – 10 points for new measures in their **first year** of the program that can be reliably scored against a benchmark.

5 – 10 points

You'll earn 5 – 10 points for new measures in their **second year** of the program that can be reliably scored against a benchmark.

1-10 points*

You'll earn 1 – 10 points for measures in their **third year** (or later) of the program that can be reliably scored against a benchmark.

Did you know?
These new measure scoring policies **do** apply to QCDR measures, but **don't** apply to administrative claims measures.

***Exception:** There are specified, topped out measures that are capped at 7 points. (These measures will be identified in the 2023 MIPS Quality Historical Benchmarks Excel file.)

Scoring

Quality Performance Category Scoring

Quality Payment PROGRAM

The following measure scoring policies have been finalized for the 2023 performance year, and apply to both MVP and traditional MIPS reporting unless otherwise noted:

Measure Achievement Points for the 2023 Performance Period

Measures that can't be reliably scored against a benchmark

When a measure meets data completeness criteria but can't be reliably scored against a benchmark, it means either a benchmark (historical or performance period) is unavailable OR the measure didn't meet case minimum criteria.

7 points

You'll earn 7 points for new measures in their **first year** of the program that can't be reliably scored against a benchmark

5 points

You'll earn 5 points for new measures in their **second year** of the program that can't be reliably scored against a benchmark.

0 points

You'll earn 0 points for measures in their **third year** (or later) of the program that can't be reliably scored against a benchmark.

- This includes outcome-based administrative claims measures if available in the MVP and selected by the MVP participant unless they submit a different outcome measure.*

Small practices will continue to earn **3 points.**

Did you know?
These new measure scoring policies **do** apply to QCDR measures, but **don't** apply to administrative claims measures.

***For subgroups:** If a subgroup selects an outcomes-based administrative claims measure as 1 of their 4 required measures, we'll evaluate them on it at the affiliated group level. If the affiliated group doesn't meet case minimum, the subgroup will receive 0 out of 10 points for the required outcome measure unless they report a different outcome measure, just like any other MVP participant.

Scoring

Quality Performance Category Scoring

The following measure scoring policies have been finalized for the 2023 performance year, and apply to both MVP and traditional MIPS reporting unless otherwise noted:

Measure Achievement Points for the 2023 Performance Period

Required but unreported measures

0 (out of 10) **points**

You'll continue to receive 0 points for measures that are required, but unreported. (You must report performance data for the measure to be considered reported.)

MVP-Specific Exception: Small practices reporting an MVP with fewer than 4 Medicare Part B claims measures are only required to report the available Medicare Part B claims measures in the MVP.

Measures that don't meet data completeness criteria

0 (out of 10) **points**

If you aren't in a small practice (small practices have 15 or fewer clinicians), you'll continue to receive 0 points for measures that don't meet data completeness requirements.

Note: This scoring policy also applies to measures in their first and second year of the program.

3 points

Small practices will continue to receive 3 points for measures that don't meet data completeness requirements.

Note: This scoring policy also applies to measures in their first and second year of the program.

Quality Performance Category Scoring (Continued)

Similar to traditional MIPS, an MVP participant's quality performance category score may include:

Achievement Points

Up to 10 achievement points for each quality measure, including the population health measure in the foundational layer selected during registration. (The population health measure won't be scored if the MVP participant doesn't meet case minimum.)

Bonus Points

6 bonus points for small practices.

Improvement Scoring Points

Up to 10 percentage points from quality improvement scoring.

If an MVP participant reports more than the required number of quality measures, we'll use the 4 measures with the highest measure achievement points, including an outcomes measure.

Quality Payment PROGRAM

Improvement Activities Performance Category Scoring

When reporting an MVP, you earn 2xs the points that you'd earn reporting the same activity through traditional MIPS:

20 Points

Each medium-weighted activity receives 20 points. (Under traditional MIPS, these receive 10 points.)

40 Points

Each high-weighted activity receives 40 points. (Under traditional MIPS, these receive 20 points.)

To receive full credit for the improvement activities performance category (40 points), you must submit 1 high-weighted activity, or 2 medium-weighted activities included in the MVP.

An MVP participant that also participates in an APM will automatically receive an improvement activities performance category score of 50%.

Cost Performance Category Scoring

We'll only score you on the cost measures included in your selected MVP, but otherwise this performance category will be scored in accordance with the policies established for traditional MIPS.

Between 1 and 10 Points

You'll receive between 1 and 10 achievement points for each cost measure in the MVP that can be scored.

Reweighted to 0%

If you can't be scored on any cost measures, this performance category will be reweighted to 0% and its weight redistributed in according with the policies established for traditional MIPS.

Subgroups will be evaluated on cost measures at the affiliated group level. If the affiliated group can't be scored on any of the cost measures, the subgroup's cost performance category will be reweighted to 0% and its weight will be redistributed to other performance categories, just like any other MVP participant.

For more information, please refer to the 2022 MIPS Cost User Guide.

Foundational Level Scoring

Promoting Interoperability Performance Category Scoring

Though reported as part of the foundational layer of MVPs, this performance category will be scored in accordance with the policies established for traditional MIPS.

Subgroups will receive a score of zero in this performance category if they don't submit their affiliated group's Promoting Interoperability data.

Population Health Measure Scoring

The population health measure will be scored as part of the quality performance category. If your selected population health measure doesn't meet the case minimum measure requirements or the measure doesn't have a benchmark it will be excluded from scoring.

Subgroups will be evaluated on their selected population health measure at the affiliated group level. If the affiliated group doesn't meet case minimum for the subgroup's selected population health measure, the measure will be excluded from the subgroup's quality performance category score.

Final Score

An MVP participant will receive a final score based on the same performance category weights used in traditional MIPS, and the same performance category weight redistribution policies apply.

The traditional MIPS performance category weights reflected below are the current weights for the 2023 performance year.

Subgroups

- Any reweighting applied to the MVP participant's affiliated group will be applied to the subgroup. However, a subgroup can submit an Extreme and Uncontrollable Circumstances (EUC) application independent of the affiliated group. A subgroup EUC application will be overridden by the EUC application of the affiliate group.
- We won't assign a final score to a subgroup that registers but doesn't submit data as a subgroup.

2023 Performance Category Weights: Individual, Group, and Subgroup Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
			
30% of MIPS Score	30% of MIPS Score	15% of MIPS Score	25% of MIPS Score

2023 Performance Category Weights: APM Entity Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
55%	0%	15%	30%

For MVPs, 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.

Final Score (Continued)

2023 Standard Performance Category Weights for Small Practices (Promoting Interoperability Automatically Reweighted):

Quality	Cost	Improvement Activities	Promoting Interoperability
40% of MIPS Score	30% of MIPS Score	30% of MIPS Score	0% of MIPS Score

2023 Performance Category Weights for Small Practices when Both Cost and Promoting Interoperability are Reweighted:

Quality	Cost	Improvement Activities	Promoting Interoperability
50%	0%	50%	0%

For MVPs, 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.

Quality Payment PROGRAM

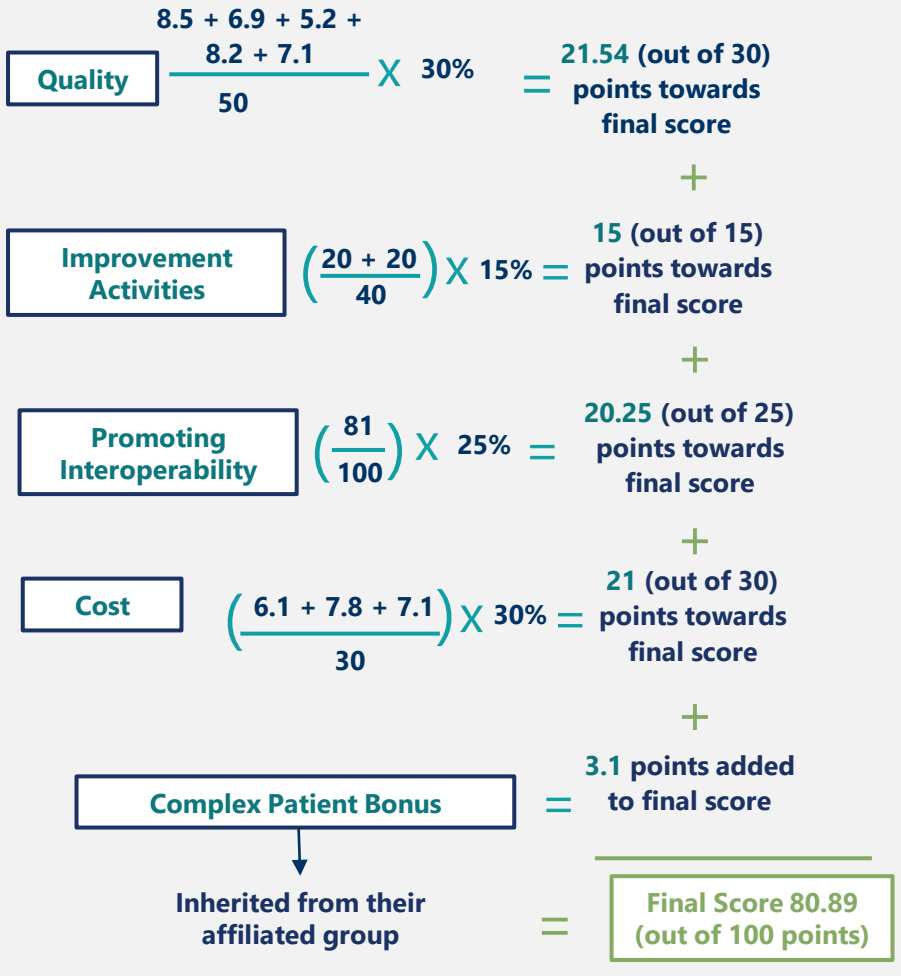
Final Score Calculation Examples

Example 1 (Subgroup)

Some of the cardiologists within a large multispecialty group registered to report the Advancing Care for Heart Disease MVP as a subgroup; they selected the Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) as their population health measure. Their affiliated group also decides to report traditional MIPS as a group.

Performance Category	Calculation
Quality	• They report 4 measures available in the MVP, including the outcome measure. ○ They receive 8.5 achievement points for Quality ID 005. ○ They receive 6.9 achievement points for Quality ID 007. ○ They receive 5.2 points for Quality ID 377.* ○ They receive 8.2 points for Quality ID 441. ○ They receive 7.1 points on the MCC measure (their affiliated group's score).
Improvement Activities	• They attested to performing 2 medium-weighted improvement activities in the MVP. ○ They receive 20 points for Use of QCDR data for ongoing practice assessment and improvements. ○ They receive 20 points for Administration of the AHRQ Survey of Patient Safety Culture.
Promoting Interoperability	• They submitted the data for their affiliated group. ○ They received 81 out of 100 points for the performance category.
Cost	• Their affiliated group meets the case minimum for all 3 measures in the MVP. ○ They receive 6.1 achievement points on the Elective Outpatient Percutaneous Coronary Intervention (PCI) measure. ○ They receive 7.8 achievement points on the ST Elevation Myocardial Infarction with PCI measure. ○ They receive 7.1 achievement points on the Total Per Capita Cost measure.

*Refer to slide 43 for more details.



Did you Know?

Measures without a benchmark will receive 0 points beginning with the 2023 performance year.

Quality ID 377 (referenced in the preceding scoring example) doesn't have a 2023 historical benchmark because this measures was suppressed for the 2021 performance year. (See Column T of the 2023 MIPS Historical Quality Benchmarks file.)

During the submission period:

Measures without a historical benchmark will show 0 points (3 points for a small practice).

Following the submission period:

We'll evaluate the data submitted for measures without a historical benchmark to determine if we can calculate a performance period benchmark.

The scoring in this examples assumes we calculated a performance period benchmarks for Quality ID 377.

If we couldn't calculate a performance period benchmark Quality ID 377 would have received 0 points.

Final Score Calculation Examples (Continued)

Example 2 (Small Practice)

A small practice registered to report the Advancing Rheumatology Patient Care MVP as a group and selected the Hospital Wide, 30-day, All-Cause Readmission (HWR) measure as their population health measure.

Performance Category	Calculation

Quality	• They reported the 2 Medicare Part B claims measures available in the MVP.
	  ○ They receive 8.5 achievement points for Quality ID 111.
	  ○ They receive 2.1 achievement points for Quality ID 130.
	• They didn't meet the case minimum for the HWR measure.
	  ○ This measure will be excluded from scoring.
	• They receive the small practice bonus (6 bonus points) but no quality improvement score.

Improvement Activities	• They attested to performing 2 medium-weighted improvement activities in the MVP.
	  ○ They receive 20 points for "Use of telehealth services to expand practice access."
	  ○ They receive 20 points for Engagement of patients, family and caregivers in developing a plan of care.

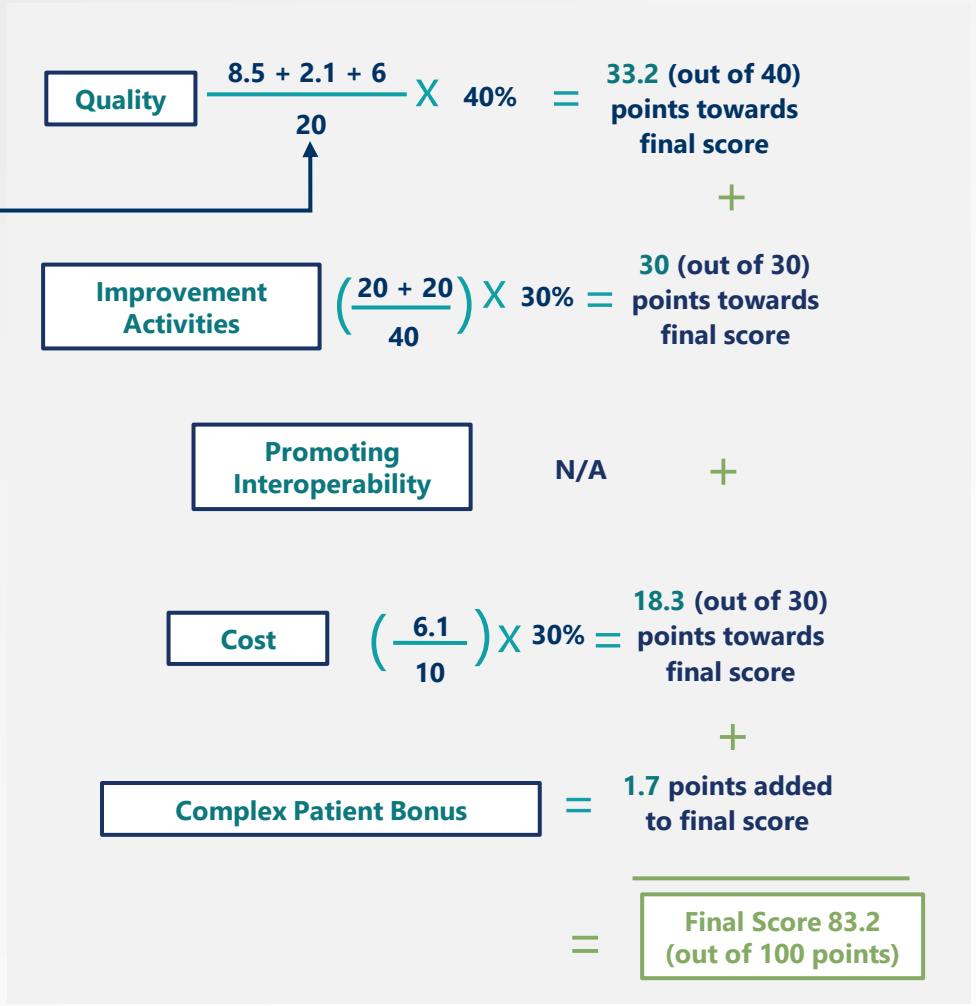
Promoting Interoperability	• No data submitted ○ Small practices qualify for automatic reweighting in this category unless data is submitted.
Cost	• They meet the case minimum for the Total Per Capita Cost measure. ○ They receive 6.1 achievement points on the measure.

Final Score Calculation Examples (Continued)

Example 2 (Small Practice) (Continued)

Small practices reporting quality measures through Medicare Part B claims aren't required to report measures from other collection types but do need to report all Medicare Part B claims measures in the MVP to qualify for a denominator reduction.

Small practices receive a different redistribution of performance category weights when Promoting Interoperability is reweighted.



Final Score Calculation

Final Score Hierarchy for MVPs

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, APP, or MVPs) and participation option (as an individual, group, subgroup, or APM Entity) with the exception of virtual groups. Clinicians that participate as a virtual group will always receive the virtual group's final score. Refer to the Scoring section for more details.

An example of the final score hierarchy is provided below:

Participation Type	Reporting Option	Final Score
Group (ABCD)	MVP (Optimizing Chronic Disease Management)	90
Subgroup #1 (AB)	MVP (Coordinating Care to Promote Prevention and Cultivate Positive Outcomes)	80
Subgroup #2 (CD)	MVP (Advancing Care for Heart Disease)	97
Individual Reporter (A)	Traditional MIPS	98
Individual Reporter (C)	Traditional MIPS	60

TIN/NPI	Group Final Score	Subgroup Final Score	Individual Final Score	Final Score Attributed to TIN/NPI	Reason for Final Score Attributed to TIN/NPI
A	90	80	98	98	Individual score is higher than both group and subgroup scores
B	90	80	N/A	90	Group score is higher than subgroup score
C	90	97	60	97	Subgroup score is higher than both group and individual scores
D	90	97	N/A	97	Subgroup score is higher than group score

Performance Feedback and Public Reporting

Performance Feedback and Public Reporting

Quality Payment PROGRAM

Performance Feedback

If you report an MVP, we'll provide comparative performance feedback to show you the performance of like clinicians who reported the same MVP. If you report an MVP for performance year 2023, Comparative feedback will be available as part of your final performance feedback in summer 2024.

This comparative feedback is only available to those who report MVPs and will be provided as part of the annual performance feedback.

Public Reporting of Performance on MVPs

We're delaying public reporting of all subgroup-level performance information until the 2024 performance year. Subgroup data reported for the 2024 performance year will be available on CMS's Care Compare tool at the end of calendar year 2025 or the beginning of calendar year 2026.

We'll create a separate subgroup workflow that'll allow subgroup performance information to be publicly reported in an online location that can be navigated to from the current individual clinician or group profile pages. We'll indicate from an individual clinician's profile page that he/she participates in reporting as part of a subgroup or group page and link to the corresponding information.

Under existing policy, we won't publicly report any new measures for the first 2 years they are used in the quality and cost performance categories, whether reported for an MVP or traditional MIPS. We're delaying public reporting of **new** improvement activities and Promoting Interoperability measures and attestations reported via MVPs by one year. This means that **new** improvement activities and Promoting Interoperability measures may be available for public reporting under traditional MIPS, but will have a one-year delay in reporting in an MVP. MIPS performance category and final scores for MIPS eligible clinicians participating in MVPs will continue to be publicly reported on Care Compare.

Improvement activities and Promoting Interoperability measures and attestations that have already been in MIPS for more than one year and are newly available as part of an MVP would be available for public reporting in the first year of the MVP program.

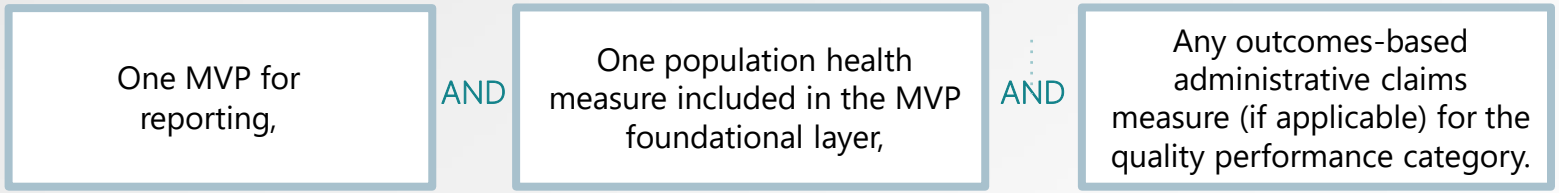
Registration

How to Register to Report an MVP

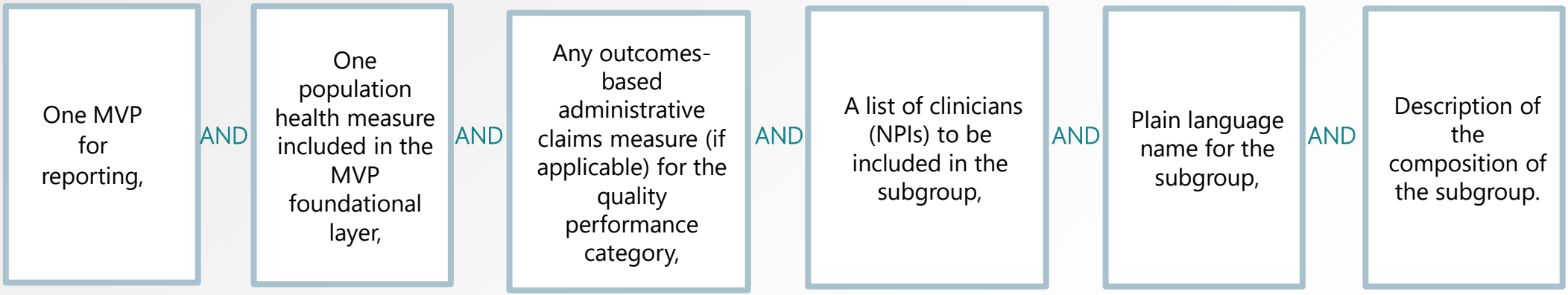
To report an MVP in the 2023 performance year you'll need to register between April 3 and November 30, 2023. You'll also select if you plan to report as a subgroup during the registration process. You won't be able to make changes to your registration after the deadline on November 30, 2023. If you'll report the CAHPS for MIPS Survey associated with an MVP, you must complete the CAHPS for MIPS registration by June 30, 2023. If you register for CAHPS for MIPS Survey, you'll still be able to edit your MVP or subgroup registration until November 30, 2023.

Please review the 2023 MVP Registration Form and Fact Sheet (ZIP) for information about the steps needed to complete your registration. You can also watch this short video.

At the time of registration individuals, groups, and APM Entities will select:



At the time of registration, subgroups will select:



How to Register to Report an MVP (Continued)

Upon successful subgroup registration, we'll assign a unique subgroup identifier. This will be separate from the individual NPI identifier, the group TIN identifier, and the MVP identifier.

You can make changes to your MVP registration throughout the registration window, until it closes on November 30, 2023. You can't make changes to the MVP selection or subgroup registration after the registration window has closed. You can still report through traditional MIPS or the APP even if you have registered and selected an MVP for reporting. But you won't be able to report on an MVP that you did not register for in advance of the data submission window.

If you complete an MVP registration but don't ultimately report the MVP, you'll receive the highest final score that can be attributed to you from any reporting option and participation option, with the exception of virtual groups.

Small Practices Reporting through Medicare Part B Claims: To meet data completeness requirements, you'll need to start reporting the Medicare Part B claims measures in your selected MVP in January 2023, prior to the MVP registration window.

Performance Year 2023 MVP Registration Timeline

Performance Year 2023 MVP Registration Timeline		
April 3, 2023 – November 30, 2023 Register for the MVP between April 3, 2023 and November 30, 2023.	**June 30, 2023** To report the CAHPS for MIPS Survey associated with an MVP, an MVP Participant must complete their MVP registration by June 30, 2023 to align with the CAHPS for MIPS registration deadline. • You must separately register to participate in the CAHPS for MIPS Survey. • Subgroups or groups reporting the CAHPS for MIPS Survey measure within an MVP will be unable to make changes to their participation in the CAHPS for MIPS Survey after June 30th. You'll be able to edit your MVP or subgroup registration until the close of the MVP registration window on November 30, 2023.	**November 30, 2023** Those not reporting on the CAHPS for MIPS Survey measure within an MVP can still make changes before the registration window ends on November 30, 2023.

Help and Version History

Help and Version History

Quality Payment PROGRAM

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Help, Resources, and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Description
1/24/2024	Updated slides 68, 72, 75, and 104 to replace improvement activity IA_CC_14 with IA_AHE_12. Updated slide 42 to note that the subgroup's complex patient bonus would be inherited from their affiliated group as finalized in the CY 2024 Physician Fee Schedule (PFS) Final Rule. Updated slide 42 to clarify that the subgroup in the example is getting scored on the cost measures because their affiliated group met case minimum.
8/7/2023	Added links to registration resources. Removed the "next steps" section (which referenced activities to perform at the end of CY 2022/early CY 2022). Corrected population health scoring policy (we'll only attempt to score you on the population health measure selected during MVP registration).
3/8/2023	Updated slide 69 to include Measure 128.
2/17/2023	Updated to include MVP ID information and additional information for the Scoring Examples.
11/22/2022	Updated to reflect CY2023 PFS Final Rule policies.
3/22/2022	Updated resource to include Explore MVPs webpage and links to 2022 MIPS Cost, Promoting Interoperability, Improvement Activities, and Eligibility and Participation User Guides.
3/7/2022	Original Posting.

Appendices

Appendices

- **Appendix A:** Advancing Rheumatology Patient Care MVP (MVP ID G0053)
- **Appendix B:** Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP (MVP ID G0054)
- **Appendix C:** Advancing Care for Heart Diseases MVP (MVP ID G0055)
- **Appendix D:** Optimizing Chronic Disease Management MVP (MVP ID G0056)
- **Appendix E:** Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP (MVP ID G0057)
- **Appendix F:** Improving Care for Lower Extremity Joint Repair MVP (MVP ID G0058)
- **Appendix G:** Patient Safety and Support of Positive Experiences with Anesthesia MVP (MVP ID G0059)
- **Appendix H:** Advancing Cancer Care MVP (MVP ID M0001)
- **Appendix I:** Optimal Care for Kidney Health MVP (MVP ID M0002)
- **Appendix J:** Optimal Care for Patients with Episodic Neurological Conditions MVP (MVP ID M0003)
- **Appendix K:** Supportive Care for Neurodegenerative Conditions MVP (MVP ID M0004)
- **Appendix L:** Promoting Wellness MVP (MVP ID M0005)

Appendix A: Advancing Rheumatology Patient Care MVP (MVP ID G0053)

Appendix A: Advancing Rheumatology Patient Care MVP

Quality Payment PROGRAM

Advancing Rheumatology Patient Care MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Advancing Rheumatology Patient Care MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Rheumatology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Advancing Rheumatology Patient Care MVP		
Quality	**Improvement Activities**	**Cost**
(*)(**) Q111: Pneumococcal Vaccination Status for Older Adults (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*)(!) Q130: Documentation of Current Medications in the Medical Record** (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(+)(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*) Q176: Tuberculosis Screening Prior to First Course Biologic Therapy** (MIPS CQMs Specifications)	**(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools** (High) **(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes** (Medium) **IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium) **IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care** (Medium)	**Total Per Capita Cost (TPCC)**

Appendix A: Advancing Rheumatology Patient Care MVP

Quality Payment PROGRAM

Advancing Rheumatology Patient Care MVP (Continued)

Advancing Rheumatology Patient Care MVP		
Quality	**Improvement Activities**	**Cost**
Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (MIPS CQMs Specifications) **Q178: Rheumatoid Arthritis (RA): Functional Status Assessment** (MIPS CQMs Specifications) **Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management** (MIPS CQMs Specifications) **ACR12: Disease Activity Measurements for Patients with PsA** (QCDR) **(!!) ACR14: Gout Serum Urate Target** (QCDR) **(!) ACR15: Safe Hydroxychloroquine Dosing** (QCDR)	**IA_BMH_2: Tobacco use** (Medium) **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **IA_EPA_2: Use of telehealth services that expand practice access** (Medium) **(+)(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PM_16: Implementation of medication management practice improvements** (Medium) **IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program** (Medium)	**Total Per Capita Cost (TPCC)**

Appendix A: Advancing Rheumatology Patient Care MVP

Quality Payment PROGRAM

Advancing Rheumatology Patient Care MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix B: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP (MVP ID G0054)

Appendix B: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality Payment PROGRAM

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Neurology
- Neurosurgical
- Vascular Surgery

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q047: Advance Care Plan (Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) **Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy** (MIPS CQMs Specifications) **(*)(!!) Q236: Controlling High Blood Pressure** (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy** (MIPS CQMs Specifications)	**(~) IA_BE_1: Use of certified EHR to capture patient reported outcomes** (Medium) **IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium) **IA_BE_24: Financial Navigation Program** (Medium)	**Intracranial Hemorrhage or Cerebral Infarction**

Appendix B: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality Payment PROGRAM

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP (Continued)

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP		
Quality	**Improvement Activities**	**Cost**
(!!) Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) (MIPS CQMs Specifications) **(!!) Q409: Clinical Outcome Post Endovascular Stroke Treatment** (MIPS CQMs Specifications) **(!!) Q413: Door to Puncture Time for Endovascular Stroke Treatment** (MIPS CQMs Specifications) **(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** (eCQM Specifications, MIPS CQMs Specifications) **(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)** (MIPS CQMs Specifications)	**IA_CC_2: Implementation of improvements that contribute to more timely communication of test results** (Medium) **IA_CC_13: Practice improvements for bilateral exchange of patient information** (Medium) **IA_CC_17: Patient Navigator Program** (High) **(%) IA_PCMH: Implementation of Patient-Centered Medical Home model** **IA_PM_13: Chronic care and preventative care management for empaneled patients** (Medium) **IA_PM_15: Implementation of episodic care management practice improvements** (Medium)	**Intracranial Hemorrhage or Cerebral Infarction**

Appendix B: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality Payment PROGRAM

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix C: Advancing Care for Heart Diseases MVP (MVP ID G0055)

Appendix C: Advancing Care for Heart Disease MVP

Quality Payment PROGRAM

Advancing Care for Heart Disease MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Advancing Care for Heart Disease MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Cardiology (Heart Failure Specialist, Electrophysiologists, Interventionalists)
- Internal Medicine
- Family Medicine

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Advancing Care for Heart Disease MVP		
Quality	**Improvement Activities**	**Cost**
(*) Q005: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (eCQM Specifications, MIPS CQMs Specifications) **(*) Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)** (eCQM Specifications, MIPS CQMs Specifications) **(*) Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)** (eCQM Specifications, MIPS CQMs Specifications) **(!) Q047: Advance Care Plan** (Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) **(*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan** (Medicare Part B Claims Measure Specifications, eCQM Specifications MIPS CQMs Specifications) **(+)(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan** (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)	**IA_BE_12: Use evidence-based decision aids to support shared decision-making** (Medium) **IA_BE_15: Engagement of patients, family and caregivers in developing a plan of care** (Medium) **IA_BE_24: Financial Navigation Program** (Medium) **IA_BE_25: Drug Cost Transparency** (High)	**Elective Outpatient Percutaneous Coronary Intervention (PCI)** **ST Elevation Myocardial Infarction (STEMI) with PCI** **Total Per Capita Cost (TPCC)**

Appendix C: Advancing Care for Heart Disease MVP

Quality Payment PROGRAM

Advancing Care for Heart Disease MVP (Continued)

Advancing Care for Heart Disease MVP		
Quality	**Improvement Activities**	**Cost**
(*)(!) Q238: Use of High-Risk Medications in Older Adults (eCQM Specifications, MIPS CQMs Specifications) **(*)(!) Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting** (MIPS CQMs Specifications) **(+)(*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy** (MIPS CQMs Specifications) **(+)(*)(!) Q377: Functional Status Assessments for Heart Failure** (eCQM Specifications) **(+)(!!) Q392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation** (MIPS CQMs Specifications) **(+)(!!) Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision** (MIPS CQMs Specifications) **(*)(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)** (MIPS CQMs Specifications) **(+)(^)(!!) Q492: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System** (Administrative Claims)	**(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans** (Medium) **(*)(~) IA_AHE_12: Practice improvements that engage community resources to address drivers of health** (High) **(+)(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **(+) IA_PM_13: Chronic care and preventative care management for empaneled patients** (Medium) **(~) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high risk patients** (Medium) **IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture** (Medium) **(*)(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium)	**Elective Outpatient Percutaneous Coronary Intervention (PCI)** **ST Elevation Myocardial Infarction (STEMI) with PCI** **Total Per Capita Cost (TPCC)**

Advancing Care for Heart Diseases MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix D: Optimizing Chronic Disease Management MVP (MVP ID G0056)

Quality Payment PROGRAM

Optimizing Chronic Disease Management MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Optimizing Chronic Disease Management MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Family Medicine
- Internal Medicine
- Cardiology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Optimizing Chronic Disease Management MVP		
Quality	**Improvement Activities**	**Cost**
(*) Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy (MIPS CQMs Specifications) **(!) Q047: Advance Care Plan** (Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) **(*) Q107: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment** (eCQM Specifications)	**(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools** (High) **IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium) **IA_BE_16: Promote Self-management in Usual Care** (Medium) **IA_BE_22: Improved practices that engage patients pre-visit** (Medium) **IA_CC_2: Implementation of improvements that contribute to more timely communication of test results** (Medium) **IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings** (Medium)	**Total Per Capita Cost (TPCC)**

Optimizing Chronic Disease Management MVP (Continued)

Optimizing Chronic Disease Management MVP		
Quality	**Improvement Activities**	**Cost**
(*) Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (MIPS CQMs Specifications) **(*)(!!) Q236: Controlling High Blood Pressure** (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(+)(*)(!) Q321: CAHPS for MIPS Clinician/Group Survey** (CAHPS Survey Vendor) **(!!) Q398: Optimal Asthma Control** (MIPS CQMs Specifications) **(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** (eCQM Specifications, MIPS CQMs Specifications) **(!!) Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)** (MIPS CQMs Specifications)	**(*) IA_CC_13: Practice improvements for bilateral exchange of patient information** (Medium) **(*)(~) IA_AHE_12: Practice improvements that engage community resources to address drivers of health** (High) **(*)(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **(%) IA_PCMH: Implementation of Patient-Centered Medical Home model** **IA_PM_13: Chronic care and preventative care management for empaneled patients** (Medium) **(~) IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients** (Medium) **IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture** (Medium) **(*)(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium) **(*) IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes** (Medium)	**Total Per Capita Cost (TPCC)**

Optimizing Chronic Disease Management MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix E: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP (MVP ID G0057)

Appendix E: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality Payment PROGRAM

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Emergency Medicine

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP		
Quality	**Improvement Activities**	**Cost**
(*)(!) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (MIPS CQMs Specifications) **Q254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain** (MIPS CQMs Specifications) **(*)(!) Q321: CAHPS for MIPS Clinician/Group Survey** (CAHPS Survey Vendor)	**IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium) **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) **IA_CC_2: Implementation of improvements that contribute to more timely communication of test results** (Medium) **(*)(~) IA_AHE_12: Practice improvements that engage community resources to address drivers of health** (High)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix E: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality Payment PROGRAM

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP (Continued)

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (MIPS CQMs Specifications) **(!) Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older** (MIPS CQMs Specifications) **(!) ACEP21: Coagulation studies in patients presenting with chest pain with no coagulopathy or bleeding** (QCDR) **(!!) ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients** (QCDR) **(!) ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain** (QCDR) **(!) ECPR46: Avoidance of Opiates for Low Back Pain or Migraines** (QCDR)	**(+)(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PSPA_1: Participation in an AHRQ-listed patient safety organization** (Medium) **(*)(~) IA_PSPA_7: Use of QCDR Data for ongoing practice assessment and improvements** (Medium) **IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)** (Medium) **IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes** (Medium)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix E: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality Payment PROGRAM

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix F: Improving Care for Lower Extremity Joint Repair MVP (MVP ID G0058)

Appendix F: Improving Care for Lower Extremity Joint Repair MVP

Quality Payment PROGRAM

Improving Care for Lower Extremity Joint Repair MVP

Beginning with the 2023 Performance Year:

we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Improving Care for Lower Extremity Joint Repair MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Orthopedic Surgery

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Improving Care for Lower Extremity Joint Repair MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older (Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)	**(~) IA_AHE_3: Promote use of Patient-Reported Outcome Tools** (High)	**Elective Primary Hip Arthroplasty**
(*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)	**(*) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High)	**Knee Arthroplasty**
(!) Q350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy (MIPS CQMs Specifications)	**IA_BE_12: Use evidence-based decision aids to support shared decision-making** (Medium)	
	IA_CC_7: Regular training in care coordination (Medium)	
	(~) IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium)	

Appendix F: Improving Care for Lower Extremity Joint Repair MVP

Quality Payment PROGRAM

Improving Care for Lower Extremity Joint Repair MVP (Continued)

Improving Care for Lower Extremity Joint Repair MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation (MIPS CQMs Specifications) **(*)(!) Q376: Functional Status Assessment for Total Hip Replacement** (eCQM Specifications) **(!!) Q470: Functional Status After Primary Total Knee Replacement** (MIPS CQMs Specifications) **(!!) Q480: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System** (Administrative Claims)	**IA_CC_13: Practice improvements for bilateral exchange of patient information** (Medium) **(*) IA_CC_15: PSH Care Coordination** (High) **(+)(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **(*)(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium) **IA_PSPA_18: Measurement and improvement at the practice and panel level** (Medium) **IA_PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management** (Medium)	**Elective Primary Hip Arthroplasty** **Knee Arthroplasty**

Appendix F: Improving Care for Lower Extremity Joint Repair MVP

Quality Payment PROGRAM

Improving Care for Lower Extremity Joint Repair MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix G: Patient Safety and Support of Positive Experiences with Anesthesia MVP (MVP ID G0059)

Appendix G: Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality Payment PROGRAM

Patient Safety and Support of Positive Experiences with Anesthesia MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Patient Safety and Support of Positive Experiences with Anesthesia MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Anesthesiology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Patient Safety and Support of Positive Experiences with Anesthesia MVP		
Quality	**Improvement Activities**	**Cost**
(!!) Q404: Anesthesiology Smoking Abstinence (MIPS CQMs Specifications) **(!!) Q424: Perioperative Temperature Management** (MIPS CQMs Specifications) **(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy** (MIPS CQMs Specifications) **(*)(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)** (MIPS CQMs Specifications) **(!) Q477: Multimodal Pain Management** (MIPS CQMs Specifications)	**(*) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) **IA_BE_22: Improved practices that engage patients pre-visit** (Medium) **IA_BMH_2: Tobacco use** (Medium) **IA_CC_2: Implementation of improvements that contribute to more timely communication of test results** (Medium) **(*) IA_CC_15: PSH Care Coordination** (High)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix G: Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality Payment PROGRAM

Patient Safety and Support of Positive Experiences with Anesthesia MVP (Continued)

Patient Safety and Support of Positive Experiences with Anesthesia MVP		
Quality	**Improvement Activities**	**Cost**
(!!) AQI48: Patient-Reported Experience with Anesthesia (QCDR) **(!) AQI69: Intraoperative Antibiotic Redosing** (QCDR)	**IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes** (High) **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Records** (High) **(+)(%) IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation** **IA_PSPA_1: Participation in an AHRQ-listed patient safety organization** (Medium) **(*)(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium) **IA_PSPA_16: Use of decision support and standardized treatment protocols** (Medium)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix G: Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality Payment PROGRAM

Patient Safety and Support of Positive Experiences with Anesthesia MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix H: Advancing Cancer Care MVP (MVP ID M0001)

Appendix H: Advancing Cancer Care MVP

Quality Payment PROGRAM

Advancing Cancer Care MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Advancing Cancer Care MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Oncology
- Hematology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Advancing Cancer Care MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)	**IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium)	**Total Per Capita Cost (TPCC)**
(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)	**IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High)	
(*)(!) Q143: Oncology: Medical and Radiation – Pain Intensity Quantified (Collection Type: eCQM Specifications, MIPS CQMs Specifications)	**IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care** (Medium)	
(!) Q144: Oncology: Medical and Radiation – Plan of Care for Pain (Collection Type: MIPS CQMs Specifications)	**IA_BE_24: Financial Navigation Program** (Medium)	
(*)(!) Q321: CAHPS for MIPS Clinician/Group Survey (Collection Type: CAHPS Survey Vendor)	**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium)	
	IA_CC_17: Patient Navigator Program (High)	

Advancing Cancer Care MVP (Continued)

Advancing Cancer Care MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer (Collection Type: MIPS CQMs Specifications) **Q451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who Receive Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy** (Collection Type: MIPS CQMs Specifications) **(!) Q452: Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies** (Collection Type: MIPS CQMs Specifications) **(*)(!) Q453: Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)** (Collection Type: MIPS CQMs Specifications) **(!!) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better)** (Collection Type: MIPS CQMs Specifications) **(*) Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy** (Collection Type: eCQM Specifications) **(!) PIMSH2: Oncology: Utilization of GCSF in Metastatic Colorectal Cancer** (Collection Type: QCDR)	**(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** **(~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients** (Medium) **IA_PM_15: Implementation of Episodic Care Management Practice Improvements** (Medium) **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) **IA_PM_21: Advance Care Planning** (Medium) **IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols** (Medium)	**Total Per Capita Cost (TPCC)**

Advancing Cancer Care MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix I: Optimal Care for Kidney Health MVP (MVP ID M0002)

Appendix I: Optimal Care for Kidney Health MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Optimal Care for Kidney Health MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Nephrology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Optimal Care for Kidney Health MVP		
Quality	**Improvement Activities**	**Cost**
(*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(!) Q047: Advance Care Plan** (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) **(*)(**) Q110: Preventive Care and Screening: Influenza Immunization** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*)(**) Q111: Pneumococcal Vaccination Status for Older Adults** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)	**(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) **IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care** (High) **IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care** (Medium) **IA_BE_16: Promote Self-Management in Usual Care** (Medium)	**Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)** **Total Per Capita Cost (TPCC)**

Optimal Care for Kidney Health MVP (Continued)

Optimal Care for Kidney Health MVP		
Quality	**Improvement Activities**	**Cost**
(*)(!) Q130: Documentation of Current Medications in the Medical Record (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*)(!!) Q236: Controlling High Blood Pressure** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(!!) Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate** (Collection Type: MIPS CQMs Specifications) **(^) Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy** (Collection Type: MIPS CQMs Specifications)	**IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results** (Medium) **(*) IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information** (Medium) **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** **(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium) **(~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients** (Medium) **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) **IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols**	**Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)** **Total Per Capita Cost (TPCC)**

Advancing Cancer Care MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix J: Optimal Care for Patients with Episodic Neurological Conditions MVP (MVP ID M0003)

Appendix J: Optimal Care for Patients with Episodic Neurological Conditions MVP

Quality Payment PROGRAM

Optimal Care for Patients with Episodic Neurological Conditions MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Optimal Care for Patients with Episodic Neurological Conditions MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Neurology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Optimal Care for Patients with Episodic Neurological Conditions MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) **(*)(!) Q130: Documentation of Current Medications in the Medical Record** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy** (Collection Type: MIPS CQMs Specifications) **(!) Q419: Overuse of Imaging for the Evaluation of Primary Headache** (Collection Type: MIPS CQMs Specifications) **(#) AAN5: Medication Prescribed for Acute Migraine Attack** (Collection Type: QCDR)	**(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) **IA_BE_16: Promote Self-Management in Usual Care** (Medium) **IA_BE_24: Financial Navigation Program** (Medium) **IA_BMH_4: Depression screening** (Medium) **IA_BMH_8: Electronic Health Record Enhancements for BH data capture** (Medium)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix J: Optimal Care for Patients with Episodic Neurological Conditions MVP

Quality Payment PROGRAM

Optimal Care for Patients with Episodic Neurological Conditions MVP (Continued)

Optimal Care for Patients with Episodic Neurological Conditions MVP		
Quality	**Improvement Activities**	**Cost**
(!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions (Collection Type: QCDR) **AAN29: Comprehensive Epilepsy Care Center Referral or Discussion for Patients with Epilepsy** Collection Type: QCDR) **AAN30: Migraine Preventive Therapy Management** (Collection Type: QCDR) **AAN31: Acute Treatment Prescribed for Cluster Headache** (Collection Type: QCDR) **AAN32: Preventive Treatment Prescribed for Cluster Headache** (Collection Type: QCDR)	**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium) **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium) **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** **(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium) **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) **IA_PM_21: Advance Care Planning** (Medium) **IA_PSPA_21: Implementation of Fall Screening and Assessment Programs** (Medium)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix J: Optimal Care for Patients with Episodic Neurological Conditions MVP

Quality Payment PROGRAM

Advancing Cancer Care MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix K: Supportive Care for Neurodegenerative Conditions MVP (MVP ID M0004)

Appendix K: Supportive Care for Neurodegenerative Conditions MVP

Quality Payment PROGRAM

Supportive Care for Neurodegenerative Conditions MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Supportive Care for Neurodegenerative Conditions MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Neurology

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Supportive Care for Neurodegenerative Conditions MVP		
Quality	**Improvement Activities**	**Cost**
(!) Q047: Advance Care Plan (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)	**(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High)	**Medicare Spending Per Beneficiary (MSPB) Clinician**
(*)(!) Q238: Use of High-Risk Medications in Older Adults (Collection Type: eCQM Specifications, MIPS CQMs Specifications)	**IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium)	
Q281: Dementia: Cognitive Assessment (Collection Type: eCQM Specifications)	**IA_BE_16: Promote Self-Management in Usual Care** (Medium)	
Q282: Dementia: Functional Status Assessment (Collection Type: MIPS CQMs Specifications)	**IA_BE_24: Financial Navigation Program** (Medium)	
(!) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (Collection Type: MIPS CQMs Specifications)	**IA_BMH_4: Depression Screening** (Medium)	
(!) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (Collection Type: MIPS CQMs Specifications)	**IA_BMH_8: Electronic Health Record Enhancements for BH data capture** (Medium)	
	IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium)	

Appendix K: Supportive Care for Neurodegenerative Conditions MVP

Quality Payment PROGRAM

Supportive Care for Neurodegenerative Conditions MVP (Continued)

Supportive Care for Neurodegenerative Conditions MVP		
Quality	**Improvement Activities**	**Cost**
Q290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease (Collection Type: MIPS CQMs Specifications) **Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease** (Collection Type: MIPS CQMs Specifications) **(*)(!) Q293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease** (Collection Type: MIPS CQMs Specifications) **(!) Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences** (Collection Type: MIPS CQMs Specifications) **AAN9: Querying and Follow-Up About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease** (Collection Type: QCDR) **(!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions** (Collection Type: QCDR) **(!!) AAN34: Patient reported falls and plan of care** (Collection Type: QCDR)	**(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access** (Medium) **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** **(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium) **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) **IA_PM_21: Advance Care Planning** (Medium) **IA_PSPA_21: Implementation of Fall Screening and Assessment Programs** (Medium)	**Medicare Spending Per Beneficiary (MSPB) Clinician**

Appendix K: Supportive Care for Neurodegenerative Conditions MVP

Quality Payment PROGRAM

Supportive Care for Neurodegenerative Conditions MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**

Appendix L: Promoting Wellness MVP (MVP ID M0005)

Appendix L: Promoting Wellness MVP

Promoting Wellness MVP

Beginning with the 2023 Performance Year:

We considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Promoting Wellness MVP.

Clinicians Who Practice in the Following Specialty May Want to Consider Reporting This MVP:

- Preventative Medicine
- Internal Medicine
- Family Medicine
- Geriatrics

Measure Key

*	Existing measures and activities with finalized revisions
^	New measures finalized for inclusion in MIPS beginning with the 2023 performance year
!	High priority quality measures
!!	Quality outcome measures
~	Improvement activities that include a health equity component
+	Measure/improvement activity additions to MVP
%	Attestation to IA_PCMH provides full credit for the improvement activity performance category
**	Individual measures duplicating a component of the composite Adult Immunization Status measure.

Promoting Wellness MVP		
Quality	**Improvement Activities**	**Cost**
(*) Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications) **(*) Q112: Breast Cancer Screening** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*) Q113: Colorectal Cancer Screening** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)	**(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High) **IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal** (Medium) **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** (High) **IA_BE_12: Use Evidence-Based Decision Aids to Support Shared Decision-Making** (Medium) **IA_BMH_9: Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients** (High) **IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results** (Medium)	**Total Per Capita Cost (TPCC)**

Promoting Wellness MVP (Continued)

Promoting Wellness MVP		
Quality	**Improvement Activities**	**Cost**
(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications) **(*) Q309: Cervical Cancer Screening** (Collection Type: eCQM Specifications) **(*) Q310: Chlamydia Screening for Women** (Collection Type: eCQM Specifications) **(*)(!) Q321: CAHPS for MIPS Clinician/Group Survey** (Collection Type: CAHPS Survey Vendor) **Q400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients** (Collection Type: MIPS CQMs Specifications) **(*) Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** (Collection Type: MIPS CQMs Specifications) **Q475: HIV Screening** (Collection Type: eCQM Specifications) **(!!) Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)** (Collection Type: MIPS CQMs Specifications) **(^) Q493: Adult Immunization Status** (Collection Type: MIPS CQMs Specifications)	**(*) IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information** (Medium) **(*)(~) IA_AHE_12: Practice improvements that engage community resources to address drivers of health** (High) **(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record** (High) **(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation** **(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs** (Medium) **IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients** (Medium) **IA_PM_16: Implementation of Medication Management Practice Improvements** (Medium) **(*) IA_PSPA_19: Implementation of Formal Quality Improvement Methods, Practice Changes, or Other Practice Improvement Processes** (Medium)	**Total Per Capita Cost (TPCC)**

Promoting Wellness MVP (Continued)

Foundational Layer	
Population Health Measures	**Promoting Interoperability**
(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups (Administrative Claims) **(!!) Q484: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Administrative Claims)	• **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT** • **e-Prescribing** • **Query of the Prescription Drug Monitoring Program (PDMP)** • **Provide Patients Electronic Access to Their Health Information** • **Support Electronic Referral Loops By Sending Health Information** **AND** • **Support Electronic Referral Loops By Receiving And Reconciling Health Information** **OR** • **Health Information Exchange (HIE) Bi-Directional Exchange** **OR** • **(^) Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)** • **Immunization Registry Reporting** • **Electronic Case Reporting** • **Syndromic Surveillance Reporting (Optional)** • **Public Health Registry Reporting (Optional)** • **Clinical Data Registry Reporting (Optional)** • **Security Risk Analysis** • **Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)** • **(+) ONC Direct Review**