



## **Calendar Year (CY) 2024 Newly Finalized and Modified Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs)**

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## Introduction

In the [CY 2021 Physician Fee Schedule \(PFS\) Final Rule](#) (85 FR 84849 through 84854), the [CY 2022 PFS Final Rule](#) (86 FR 65998 through 66031), and the [CY 2023 PFS Final Rule](#) (87 FR 70210 through 70211), we finalized criteria to use in the development of MVPs, MVP reporting requirements, MVP maintenance, and the selection of measures and activities within each MVP.

In section IV.A.4 of the [CY 2024 PFS Proposed Rule](#), CMS proposed 5 MVPs, as well as modifications to all previously finalized MVPs. **This resource includes the finalized versions of these MVPs and the modifications to previously finalized MVPs for implementation beginning in the 2024 MIPS performance period.**

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and cost performance category that are relevant to the clinical specialty or medical condition of the MVP. In addition, each MVP includes a foundational layer (which is the same for all MVPs) that is comprised of population health measures and Promoting Interoperability performance category objectives and measures. For each MVP, we note potential clinician types who may want to consider reporting the MVP, if finalized and/or modified.

Please refer to Appendix 3 in the [CY 2024 PFS Final Rule](#) for the finalized MVPs included in this resource, as well as the modifications to the previously finalized MVPs. For additional details regarding the [MVP candidate development and submission process](#), the [MVP candidate feedback process](#), and the [annual maintenance process for MVPs](#), please visit the [Quality Payment Program website](#).

## MVP Reporting Requirements

For each MVP, the following reporting requirements were finalized in the [CY 2022 PFS Final Rule](#) (86 FR 65998 through 66031). Additional details around subgroup participation and MVP reporting can be found in the [CY 2023 PFS Final Rule](#) and the [2023 MVPs Implementation Guide](#).

### Quality Performance Category

- Select and submit 4 quality measures.
- At least one measure must be an outcome measure (or a high priority measure if an outcome is not available or applicable).
  - This can include an outcome measure calculated by CMS through administrative claims, if available in the MVP.

### Improvement Activities Performance Category

- Select and submit 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA\_PCMH activity.

### Cost Performance Category

- CMS calculates performance exclusively on the cost measures included in the MVP using administrative claims data.

## Foundational Layer

### Population Health Measures

- Must select one population health measure at the time of MVP registration. CMS will calculate these measures through administrative claims and will be scored as part of the quality performance category.
- For the 2024 performance period, there are 2 population health measures available for selection:
  - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

### Promoting Interoperability Performance Category

- Must submit the same Promoting Interoperability measures required under traditional MIPS, unless you qualify for reweighting of the Promoting Interoperability performance category.

# Newly Finalized MVPs

**TABLE A.1: Focusing on Women’s Health MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Focusing on Women’s Health MVP.

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

- Gynecology
- Obstetrics
- Urogynecology
- Certified nurse-midwives
- Nurse practitioners
- Physician assistants

**Measure Key**

- ^ New quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- \*\* Quality measures that can be submitted only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Focusing on Women’s Health MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(**) Q112: Breast Cancer Screening</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q309: Cervical Cancer Screening</b> (Collection Type: eCQM Specifications)</p>	<p><b>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</b> (High)</p> <p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols</b> (Medium)</p> <p><b>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b> (High)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>IA_BE_16: Promote Self-Management in Usual Care</b> (Medium)</p> <p><b>IA_BMH_11: Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice</b></p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>

## Focusing on Women's Health MVP

Quality	Improvement Activities	Cost
<p>(*) <b>Q310: Chlamydia Screening for Women</b> (Collection Type: eCQM Specifications)</p> <p>(!!) <b>Q335: Maternity Care: Elective Delivery (Without Medical Indication) at &lt; 39 Weeks (Overuse)</b> (Collection Type: MIPS CQMs Specifications)</p> <p>(!) <b>Q336: Maternity Care: Postpartum Follow-up and Care Coordination</b> (Collection Type: MIPS CQMs Specifications)</p> <p>(*) <b>Q400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q422: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury</b> (Collection Type: MIPS CQMs Specifications, Medicare Part B Claims Measure Specifications)</p> <p>(*)(!) <b>Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</b> (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) <b>Q432: Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair</b> (Collection Type: MIPS CQMs Specifications)</p> <p>(*)(!) <b>Q448: Appropriate Workup Prior to Endometrial Ablation</b> (Collection Type: MIPS CQMs Specifications)</p> <p>(!) <b>Q472: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture</b> (Collection Type: eCQM Specifications)</p> <p>(*) <b>Q475: HIV Screening</b> (Collection Type: eCQM Specifications)</p> <p>(*)(!) <b>Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p>(*) <b>Q493: Adult Immunization Status</b> (Collection Type: MIPS CQMs Specifications)</p>	<p>(Medium)</p> <p>(^) <b>IA_BMH_14: Behavioral/Mental Health and Substance Use Screening &amp; Referral for Pregnant and Postpartum Women</b> (High)</p> <p>(~) <b>IA_CC_9: Implementation of Practices/Processes for Developing Regular Individual Care Plans</b> (Medium)</p> <p>(~) <b>IA_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</p> <p>(^) <b>IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p>(%) <b>IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p>(~) <b>IA_PM_6: Use of Toolsets or Other Resources to Close Healthcare Disparities Across Communities</b> (Medium)</p> <p>(^) <b>IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines</b> (Medium)</p>	

## Focusing on Women's Health MVP

Quality	Improvement Activities	Cost
<p>(^) Q496: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument (Collection Type: MIPS CQMs Specifications)</p> <p>(!!) UREQA8: Vitamin D level: Effective Control of Low Bone Mass/Osteopenia and Osteoporosis: Therapeutic Level Of 25 OH Vitamin D Level Achieved (Collection Type: QCDR)</p>		

## Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

## Newly Finalized MVPs

**TABLE A.2: Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP.

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

- Otolaryngology
- Audiologists
- Nurse practitioners
- Physician assistants

### Measure Key

- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- \*\* Quality measures that can be submitted only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

### Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Quality	Improvement Activities	Cost
<p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</b></p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>(~) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR</b> (Medium)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care</b> (Medium)</p> <p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b> (Medium)</p> <p><b>IA_CC_13: Practice Improvements to Align with OpenNotes Principles</b> (Medium)</p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>



## Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q355: Unplanned Reoperation within the 30 Day Postoperative Period</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q357: Surgical Site Infection (SSI)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) AAO16: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation</b> (Collection Type: QCDR)</p> <p><b>AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation</b> (Collection Type: QCDR)</p> <p><b>AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME &gt; or = 3 months</b> (Collection Type: QCDR)</p> <p><b>AAO23: Allergic Rhinitis: Intranasal Corticosteroids or Oral Antihistamines</b> (Collection Type: QCDR)</p>	<p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b> (High)</p> <p><b>(^) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)</p> <p><b>(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements</b> (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>Query of Prescription Drug Monitoring Program (PDMP)</li> <li>Provide Patients Electronic Access to Their Health Information</li> <li>Support Electronic Referral Loops By Sending Health Information</li> <li>AND</li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>OR</li> <li>Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>OR</li> </ul>



## Foundational Layer

### Population Health Measures

### Promoting Interoperability

- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

## Newly Finalized MVPs

**TABLE A.3: Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP.

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

- Infectious disease
- Immunology
- Nurse practitioners
- Physician assistants

**Measure Key**

- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

### Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q065: Appropriate Treatment for Upper Respiratory Infection (URI)</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q205: Sexually Transmitted Infection (STI) Testing for People with HIV</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q240: Childhood Immunization Status</b> (Collection Type: eCQM Specifications)</p> <p><b>(*) Q310: Chlamydia Screening for Women</b></p>	<p><b>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</b> (High)</p> <p><b>(~) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR</b> (Medium)</p> <p><b>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b> (High)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care</b> (Medium)</p> <p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b> (High)</p>	<p><b>Total Per Capita Cost (TPCC)</b></p>

## Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: eCQM Specifications)</p> <p><b>(*)(!) Q338: HIV Viral Suppression</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q340: HIV Medical Visit Frequency</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q475: HIV Screening</b> (Collection Type: eCQM Specifications)</p> <p><b>(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q493: Adult Immunization Status</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(^) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(-) IA_PM_6: Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities</b> (Medium)</p> <p><b>(-) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs</b> (Medium)</p> <p><b>(-) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients</b> (Medium)</p> <p><b>(^) IA_PM_22: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services</b> (Medium)</p> <p><b>IA_PSPA_23: Completion of CDC Training on Antibiotic Stewardship</b> (High)</p> <p><b>IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support</b> (High)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>Query of Prescription Drug Monitoring Program (PDMP)</li> <li>Provide Patients Electronic Access to Their Health Information</li> <li>Support Electronic Referral Loops By Sending Health Information</li> <li><b>AND</b></li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> </ul>

## Foundational Layer

### Population Health Measures

### Promoting Interoperability

- OR
- Health Information Exchange (HIE) Bi-Directional Exchange
- OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

## Newly Finalized MVPs

**TABLE A.4: Quality Care in Mental Health and Substance Use Disorders MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Quality Care in Mental Health and Substance Use Disorders MVP.

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

- Mental/behavioral health
- Psychiatry
- Clinical social workers
- Nurse practitioners
- Physician assistants

**Measure Key**

- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- \*\* Quality measures that can be submitted only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

### Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
<b>Q009: Anti-Depressant Medication Management</b> (Collection Type: eCQM Specifications)  <b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)  <b>(!) Q305: Initiation and Engagement of Substance Use Disorder Treatment</b> (Collection Type: eCQM Specifications)  <b>(*) Q366: Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> (Collection Type: eCQM Specifications)  <b>(*)(!!) Q370: Depression Remission at Twelve Months</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)  <b>(*)(!) Q382: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</b>	<b>(~) IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations</b> (High)  <b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)  <b>(~) IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR</b> (Medium)  <b>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols</b> (Medium)  <b>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b> (High)  <b>IA_BE_12: Use Evidence-based Decision Aids to Support Shared Decision-Making.</b> (Medium)  <b>IA_BE_16: Promote Self-Management in Usual Care</b>	<b>Medicare Spending Per Beneficiary (MSPB) Clinician</b>  <b>(^) Depression</b>  <b>(^) Psychoses and Related Conditions</b>

## Quality Care in Mental Health and Substance Use Disorders MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: eCQM Specifications)</p> <p><b>(*)(!!) Q383: Adherence to Antipsychotic Medications For Individuals with Schizophrenia</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(^)(!!) Q502: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(^) Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(^)(!!) Q505: Reduction in Suicidal Ideation or Behavior Symptoms</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) MBHR2: Anxiety Response at 6-months</b> (Collection Type: QCDR)</p> <p><b>(!!) MBHR7: Posttraumatic Stress Disorder (PTSD) Outcome Assessment for Adults and Children</b> (Collection Type: QCDR)</p>	<p>(Medium)</p> <p><b>IA_BE_23: Integration of Patient Coaching Practices Between Visits</b> (Medium)</p> <p><b>IA_BMH_2: Tobacco Use</b> (Medium)</p> <p><b>IA_BMH_5: MDD Prevention and Treatment Interventions</b> (Medium)</p> <p><b>(~) IA_BMH_7: Implementation of Integrated Patient Centered Behavioral Health Model</b> (High)</p> <p><b>(^) IA_BMH_14: Behavioral/Mental Health and Substance Use Screening &amp; Referral for Pregnant and Postpartum Women</b> (High)</p> <p><b>(^) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening &amp; Referral for Older Adults</b> (High)</p> <p><b>(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</p> <p><b>(^) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(~) IA_PM_6: Use of Toolsets or Other Resources to Close Healthcare Disparities Across Communities</b> (Medium)</p> <p><b>IA_PSPA_32: Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support</b> (High)</p>	

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**

(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**

(Collection Type: Administrative Claims)

### Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of 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
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation



## Newly Finalized MVPs

**TABLE A.5: Rehabilitative Support for Musculoskeletal Care MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the introduction of this resource, we considered measures and activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Rehabilitative Support for Musculoskeletal Care MVP.

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

- Chiropractic
- Physiatry
- Physical therapy
- Occupational therapy
- Nurse practitioners
- Physician assistants

### Measure Key

- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- \*\* Quality measures that can be submitted only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

### Musculoskeletal Care and Rehabilitative Support MVP

Quality	Improvement Activities	Cost
<p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q155: Falls: Plan of Care</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(!!) Q217: Functional Status Change for Patients with Knee Impairments</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q218: Functional Status Change for Patients with Hip Impairments</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q220: Functional Status Change for Patients with Low Back Impairments</b></p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>(~) IA_AHE_6: Provide Education Opportunities for New Clinicians</b> (High)</p> <p><b>(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols</b> (Medium)</p> <p><b>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b> (High)</p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BMH_12: Promoting Clinician Well-Being</b> (High)</p> <p><b>(^) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening &amp; Referral for Older Adults</b></p>	<p><b>(^) Low Back Pain</b></p>

## Musculoskeletal Care and Rehabilitative Support MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q221: Functional Status Change for Patients with Shoulder Impairments</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q478: Functional Status Change for Patients with Neck Impairments</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p>	<p>(High)</p> <p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b> (Medium)</p> <p><b>IA_CC_8: Implementation of Documentation Improvements for Practice/Process Improvements</b> (Medium)</p> <p><b>IA_CC_12: Care Coordination Agreements that Promote Improvements in Patient Tracking Across Settings</b> (Medium)</p> <p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b> (High)</p> <p><b>(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</p> <p><b>(~) IA_EPA_3: Collection and Use of Patient Experience and Satisfaction Data on Access</b> (Medium)</p> <p><b>(^) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs.</b> (Medium)</p> <p><b>IA_PSPA_21: Implementation of Fall Screening and Assessment Programs</b> (Medium)</p>	

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**

(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**

(Collection Type: Administrative Claims)

### Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of 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
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

# Modifications to Previously Finalized MVPs

**TABLE B.1: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP**

## Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we're modifying previously finalized Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP to:

- Add 4 quality measures
- Remove 1 quality measure
- Add 2 improvement activities
- Remove 1 improvement activity
- Add 1 cost measure
- Remove 1 cost measure

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

- Emergency medicine
- Nurse practitioners
- Physician assistants

### Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality	Improvement Activities	Cost
<p><b>(+)(*) Q065: Appropriate Treatment for Upper Respiratory Infection (URI)</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(!) Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p>	<p><b>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b> (High)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>(+) IA_BMH_12: Promoting Clinician Well-Being</b> (High)</p> <p><b>IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results</b></p>	<p><b>(^)(+) Emergency Medicine</b></p>

## Modifications to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(!) Q416: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients</b> (Collection Type: QCDR)</p> <p><b>(!) ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain</b> (Collection Type: QCDR)</p> <p><b>(!) ECPR46: Avoidance of Opiates for Low Back Pain or Migraines</b> (Collection Type: QCDR)</p> <p><b>(+)(!) HCPR24: Appropriate Utilization of Vancomycin for Cellulitis</b> (Collection Type: QCDR)</p>	<p>(Medium)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>IA_PSPA_1: Participation in an AHRQ-Listed Patient Safety Organization</b> (Medium)</p> <p><b>(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements</b> (Medium)</p> <p><b>IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)</b> (Medium)</p>	
Foundational Layer		
Population Health Measures	Promoting Interoperability	
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>Query of Prescription Drug Monitoring Program (PDMP)</li> <li>Provide Patients Electronic Access to Their Health Information</li> </ul>	

## Foundational Layer

### Population Health Measures

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

# Modifications to Previously Finalized MVPs

**TABLE B.2: Advancing Cancer Care MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Advancing Cancer Care MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Add 7 improvement activities

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

- Oncology
- Hematology
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q143: Oncology: Medical and Radiation – Pain Intensity Quantified</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q144: Oncology: Medical and Radiation – Plan of Care for Pain</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p> <p><b>(!) Q450: Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer</b></p>	<p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care</b> (Medium)</p> <p><b>IA_BE_24: Financial Navigation Program</b> (Medium)</p> <p><b>(+) IA_BMH_12: Promoting Clinician Well-Being</b> (High)</p> <p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b> (Medium)</p> <p><b>(+) IA_CC_13: Practice Improvements to Align with OpenNotes Principles</b></p>	<p><b>Total Per Capita Cost (TPCC)</b></p>



## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>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</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q452: Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q453: Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy</b> (Collection Type: eCQM Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+) Q490: Appropriate Intervention of Immune-related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(^)(+)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) PIMSH2: Oncology: Utilization of GCSF in Metastatic Colorectal Cancer</b> (Collection Type: QCDR)</p> <p><b>(+)(!) PIMSH13: Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to Start of Targeted Therapy</b></p>	<p>(Medium)</p> <p><b>IA_CC_17: Patient Navigator Program</b> (High)</p> <p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient’s Medical Record</b> (High)</p> <p><b>(+)(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</p> <p><b>(+) IA_ERP_4: Implementation of a Personal Protective Equipment (PPE) Plan</b> (Medium)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients</b> (Medium)</p> <p><b>IA_PM_15: Implementation of Episodic Care Management Practice Improvements</b> (Medium)</p> <p><b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)</p> <p><b>IA_PM_21: Advance Care Planning</b> (Medium)</p> <p><b>(+) IA_PSPA_13: Participation in Joint Commission Evaluation Initiative</b> (Medium)</p> <p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs.</b> (Medium)</p>	



## Modifications to the Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
(Collection Type: QCDR)	(+) IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program (Medium)	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.3: Advancing Care for Heart Disease MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Advancing Care for Heart Disease MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Add 3 improvement activities
- Add 2 cost measures

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

- Cardiology
- Electrophysiology
- Internal medicine
- Family medicine
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- \*\* Quality measures that can be submitted only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p>(*) 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) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p>(+)(*) Q006: Coronary Artery Disease (CAD): Antiplatelet Therapy (Collection Type: MIPS CQMs Specifications)</p> <p>(*) Q007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%) (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p>	<p>(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (Medium)</p> <p>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health (High)</p> <p>(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_BE_12: Use of Evidence-based Tools to Support Shared Decision Making (Medium)</p> <p>IA_BE_15: Engagement of Patients, Families, and Caregivers in Developing a Plan of Care (Medium)</p> <p>IA_BE_24: Financial Navigation Program</p>	<p>Elective Outpatient Percutaneous Coronary Intervention (PCI)</p> <p>ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)</p> <p>(^)(+) Heart Failure</p> <p>(+) Medicare Spending Per Beneficiary (MSPB) Clinician</p>

## Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(+)(*) Q118: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker-(ARB)-Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(!) Q238: Use of High-Risk Medications in Older Adults</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(!) Q243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q377: Functional Status Assessments for Heart Failure</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!) Q392: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation</b> (Collection Type: MIPS CQMs Specifications)</p>	<p>(Medium)</p> <p><b>IA_BE_25: Drug Cost Transparency</b> (High)</p> <p><b>(~) IA_CC_9: Implementation of Practices/Processes for Developing Regular Individual Care Plans</b> (Medium)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients</b> (Medium)</p> <p><b>(~) IA_PM_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High-Risk Patients</b> (Medium)</p> <p><b>IA_PSPA_4: Administration of the AHRQ Survey of Patient Safety Culture</b> (Medium)</p> <p><b>(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements</b> (Medium)</p>	<p><b>Total Per Capita Cost (TPCC)</b></p>

## Modifications to the Advancing Care for Heart Disease MVP

Quality	Improvement Activities	Cost
<p><b>(!!) Q393: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q492: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System</b> (Collection Type: Administrative Claims)</p> <p><b>(^)(+)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQMs Specifications)</p>		

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• <b>AND</b></li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• <b>OR</b></li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• <b>OR</b></li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> </ul>



## Foundational Layer

### Population Health Measures

### Promoting Interoperability

- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

# Modifications to Previously Finalized MVPs

**TABLE B.4: Advancing Rheumatology Patient Care MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Advancing Rheumatology Patient Care MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Remove 1 quality measure
- Add 4 improvement activities

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

- Rheumatology
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>Q176: Tuberculosis Screening Prior to First Course Biologic Therapy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q178: Rheumatoid Arthritis (RA): Functional Status Assessment</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>(~) IA_BE_1: Use of Certified EHR to Capture Patient Reported Outcomes</b> (Medium)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care</b> (Medium)</p> <p><b>(+) IA_BE_24: Financial Navigation Program</b> (Medium)</p> <p><b>(+) IA_BE_25: Drug Cost Transparency</b></p>	<p><b>Total Per Capita Cost (TPCC)</b></p>

## Modifications to the Advancing Rheumatology Patient Care MVP

Quality	Improvement Activities	Cost
<b>Q180: Rheumatoid Arthritis (RA): Glucocorticoid Management</b> (Collection Type: MIPS CQMs Specifications)  <b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)  <b>(*)(+) Q493: Adult Immunization Status</b> (Collection Type: MIPS CQMs Specifications)  <b>(^)(+)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b> (Collection Type: MIPS CQMs Specifications)  <b>ACR12: Disease Activity Measurements for Patients with PsA</b> (Collection Type: QCDR)  <b>(!!) ACR14: Gout Serum Urate Target</b> (Collection Type: QCDR)  <b>(!) ACR15: Safe Hydroxychloroquine Dosing</b> (Collection Type: QCDR)  <b>(+)(!!) UREQA10: Ankylosing Spondylitis: Controlled Disease Or Improved Disease Function</b> (Collection Type: QCDR)	(High)  <b>IA_BMH_2: Tobacco Use</b> (Medium)  <b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b> (High)  <b>(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)  <b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)  <b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b>  <b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)  <b>IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program</b> (Medium)	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)  <b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>Query of Prescription Drug Monitoring Program (PDMP)</li> <li>Provide Patients Electronic Access to Their Health Information</li> <li>Support Electronic Referral Loops By Sending Health Information</li> <li>AND</li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>OR</li> <li>Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>OR</li> </ul>



## Foundational Layer

### Population Health Measures

### Promoting Interoperability

- **Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)**
- **Immunization Registry Reporting**
- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**



# Modifications to Previously Finalized MVPs

**TABLE B.5: Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Add 4 improvement activities

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

- Neurology
- Neurosurgical
- Vascular surgery
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!!) Q236: Controlling High Blood Pressure</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major</b></p>	<p><b>(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols</b> (Medium)</p> <p><b>(~) IA_BE_1: Use of Certified EHR to Capture Patient Reported Outcomes</b> (Medium)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_24: Financial Navigation Program</b> (Medium)</p>	<p><b>Intracranial Hemorrhage or Cerebral Infarction</b></p>

## Modifications to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Quality	Improvement Activities	Cost
<p><b>Complications (Discharged to Home by Post-Operative Day #2)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!!) Q409: Clinical Outcome Post Endovascular Stroke Treatment</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q413: Door to Puncture Time for Endovascular Stroke Treatment</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!!) Q441: Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(^)(+) IA_BMH_15: Behavioral/Mental Health and Substance Use Screening &amp; Referral for Older Adults</b> (High)</p> <p><b>IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results</b> (Medium)</p> <p><b>IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information</b> (Medium)</p> <p><b>IA_CC_17: Patient Navigator Program</b> (High)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Implementation of Patient-Centered Medical Home model</b></p> <p><b>IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients</b> (Medium)</p> <p><b>IA_PM_15: Implementation of Episodic Care Management Practice Improvements</b> (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>Query of Prescription Drug Monitoring Program (PDMP)</li> <li>Provide Patients Electronic Access to Their Health Information</li> <li>Support Electronic Referral Loops By Sending Health Information</li> <li><b>AND</b></li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li><b>OR</b></li> </ul>

## Foundational Layer

### Population Health Measures

### Promoting Interoperability

- Health Information Exchange (HIE) Bi-Directional Exchange  
OR
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
- Immunization Registry Reporting
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

# Modifications to Previously Finalized MVPs

**TABLE B.6: Improving Care for Lower Extremity Joint Repair MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Improving Care for Lower Extremity Joint Repair MVP to:

- Add 1 quality measure
- Add 1 improvement activity

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

- Orthopedic surgery

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- \*\* Quality measures that can be submitted only when included in an MVP
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance

## Modifications to the Improving Care for Lower Extremity Joint Repair MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(**) Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q351: Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_12: Use Evidence-based Decision Aids to Support Shared Decision-Making</b> (Medium)</p> <p><b>IA_CC_7: Regular Training in Care Coordination</b> (Medium)</p> <p><b>(~) IA_CC_9: Implementation of Practices/Processes for Developing Regular Individual Care Plans</b> (Medium)</p> <p><b>IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information</b> (Medium)</p> <p><b>IA_CC_15: PSH Care Coordination</b></p>	<p><b>Elective Primary Hip Arthroplasty</b></p> <p><b>Knee Arthroplasty</b></p>

## Modifications to the Improving Care for Lower Extremity Joint Repair MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!) Q376: Functional Status Assessment for Total Hip Replacement</b> (Collection Type: eCQM Specifications)</p> <p><b>(*)(!!) Q470: Functional Status After Primary Total Knee Replacement</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) 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 (MIPS)</b> (Collection Type: Administrative Claims)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p>	<p>(High)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements</b> (Medium)</p> <p><b>IA_PSPA_18: Measurement and improvement at the practice and panel level</b> (Medium)</p> <p><b>IA_PSPA_27: Invasive Procedure or Surgery Anticoagulation Medication Management</b> (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> <li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li> <li>• ONC Direct Review Attestation</li> </ul>

# Modifications to Previously Finalized MVPs

**TABLE B.7: Optimal Care for Kidney Health MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Optimal Care for Kidney Health MVP within the quality performance category of this MVP to:

- Add 4 quality measures
- Remove 2 quality measures
- Add 3 improvement activities
- Remove 1 improvement activity

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

- Nephrology
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p><b>(*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(!!) Q236: Controlling High Blood Pressure</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(!!) Q482: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate</b></p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols</b> (Medium)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care</b> (High)</p> <p><b>IA_BE_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care</b> (Medium)</p>	<p><b>Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>

## Modifications to the Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b></p> <p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*) Q488: Kidney Health Evaluation</b></p> <p>(Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>Q489: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy</b></p> <p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(+) Q493: Adult Immunization Status</b></p> <p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(^)(+)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months</b></p> <p>(Collection Type: MIPS CQMs Specifications)</p>	<p><b>IA_BE_16: Promote Self-Management in Usual Care</b> (Medium)</p> <p><b>IA_CC_2: Implementation of improvements that contribute to more timely communication of test results</b> (Medium)</p> <p><b>IA_CC_13: Practice Improvements to Align with OpenNotes Principles</b> (Medium)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs</b> (Medium)</p> <p><b>(+) IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients</b> (Medium)</p> <p><b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)</p> <p><b>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs.</b> (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b></p> <p>(Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> </ul>

## Foundational Layer

### Population Health Measures

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**  
(Collection Type: Administrative Claims)

### Promoting Interoperability

**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**
  - **Syndromic Surveillance Reporting (Optional)**
  - **Electronic Case Reporting**
  - **Public Health Registry Reporting (Optional)**
  - **Clinical Data Registry Reporting (Optional)**
  - **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
  - **ONC Direct Review Attestation**



# Modifications to Previously Finalized MVPs

**TABLE B.8: Optimal Care for Patients with Episodic Neurological Conditions MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Optimal Care for Patients with Episodic Neurological Conditions MVP within the quality performance category of this MVP to:

- Add 2 quality measures
- Remove 1 quality measure
- Add 2 improvement activities

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

- Neurology
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Optimal Care for Patients with Episodic Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(!) Q130: Documentation of Current Medications in the Medical Record</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q419: Overuse of Imaging for the Evaluation of Primary Headache</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_16: Promote Self-Management in Usual Care</b> (Medium)</p> <p><b>IA_BE_24: Financial Navigation Program</b> (Medium)</p> <p><b>IA_BMH_4: Depression Screening</b> (Medium)</p> <p><b>IA_BMH_8: Electronic Health Record Enhancements for BH data capture</b></p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>

## Modifications to the Optimal Care for Patients with Episodic Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p>(^)(+)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (Collection Type: MIPS CQMs Specifications)</p> <p>AAN5: Treatment Prescribed for Acute Migraine Attack (Collection Type: QCDR)</p> <p>(!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions (Collection Type: QCDR)</p> <p>AAN31: Acute Treatment Prescribed for Cluster Headache (Collection Type: QCDR)</p> <p>AAN32: Preventive Treatment Prescribed for Cluster Headache (Collection Type: QCDR)</p>	<p>(Medium)</p> <p>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium)</p> <p>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)</p> <p>(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access (Medium)</p> <p>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</p> <p>(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs (Medium)</p> <p>IA_PM_16: Implementation of Medication Management Practice Improvements (Medium)</p> <p>IA_PM_21: Advance Care Planning (Medium)</p> <p>IA_PSPA_21: Implementation of Fall Screening and Assessment Programs (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>Query of Prescription Drug Monitoring Program (PDMP)</li> </ul>

## Foundational Layer

### Population Health Measures

(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**

(Collection Type: Administrative Claims)

### Promoting Interoperability

- 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
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation

# Modifications to Previously Finalized MVPs

**TABLE B.9: Patient Safety and Support of Positive Experiences with Anesthesia MVP**

Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we're modifying the previously finalized Patient Safety and Support of Positive Experiences with Anesthesia MVP to:

- Add 3 quality measures
- Remove 1 quality measure
- Add 1 improvement activity

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

- Anesthesiology
- Nurse anesthetist
- Anesthesiology physician assistant

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality	Improvement Activities	Cost
<p><b>(!!) Q404: Anesthesiology Smoking Abstinence</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!!) Q424: Perioperative Temperature Management</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q477: Multimodal Pain Management</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(!) ABG44: Low Flow Inhalational General Anesthesia</b> (Collection Type: QCDR)</p> <p><b>(!!) AQI48: Patient-Reported Experience with Anesthesia</b> (Collection Type: QCDR)</p>	<p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_22: Improved Practices that Engage Patients Pre-Visit</b> (Medium)</p> <p><b>IA_BMH_2: Tobacco Use</b> (Medium)</p> <p><b>IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results</b> (Medium)</p> <p><b>IA_CC_15: PSH Care Coordination</b> (High)</p> <p><b>IA_CC_19: Tracking of Clinician's Relationship to and Responsibility for a Patient by Reporting MACRA Patient Relationship Codes</b> (High)</p> <p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Records</b> (High)</p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>

## Modifications to the Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality	Improvement Activities	Cost
<p>(+)(!!) EPREOP31: Intraoperative Hypotension (IOH) Among Non-Emergent Noncardiac Surgical Cases (Collection Type: QCDR)</p>	<p>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High)</p> <p>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</p> <p>IA_PSPA_1: Participation in an AHRQ-Listed Patient Safety Organization (Medium)</p> <p>(~) IA_PSPA_7: Use of QCDR Data for Ongoing Practice Assessment and Improvements (Medium)</p> <p>IA_PSPA_16: Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools —and standardized treatment protocols to manage workflow on the care team to meet patient needs. (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> <li>• Support Electronic Referral Loops By Receiving and Reconciling Health Information</li> <li>• Health Information Exchange (HIE) Bi-Directional Exchange</li> <li>• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting (Optional)</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting (Optional)</li> <li>• Clinical Data Registry Reporting (Optional)</li> </ul>



Foundational Layer	
Population Health Measures	Promoting Interoperability
	<ul style="list-style-type: none"><li>• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT</li><li>• ONC Direct Review Attestation</li></ul>

# Modifications to Previously Finalized MVPs

**TABLE B.10: Supportive Care for Neurodegenerative Conditions MVP**

**Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year**

As noted in the beginning of this resource, we're modifying the previously finalized Supportive Care for Neurodegenerative Conditions MVP within the quality performance category of this MVP to:

- Add 1 quality measure
- Add 2 improvement activities

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

- Neurology
- Nurse practitioners
- Physician assistants

## Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Supportive Care for Neurodegenerative Conditions MVP

Quality	Improvement Activities	Cost
<p><b>(!) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(!) Q238: Use of High-Risk Medications in Older Adults</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>Q281: Dementia: Cognitive Assessment</b> (Collection Type: eCQM Specifications)</p> <p><b>Q282: Dementia: Functional Status Assessment</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q288: Dementia: Education and Support of Caregivers for Patients with Dementia</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease</b></p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p> <p><b>(+) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_16: Promote Self-Management in Usual Care</b> (Medium)</p> <p><b>IA_BE_24: Financial Navigation Program</b> (Medium)</p> <p><b>IA_BMH_4: Depression Screening</b> (Medium)</p> <p><b>IA_BMH_8: Electronic Health Record Enhancements for BH data capture</b> (Medium)</p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>

## Modifications to the Supportive Care for Neurodegenerative Conditions MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(!) Q293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*)(!) Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>AAN9: Querying and Follow-Up About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease</b> (Collection Type: QCDR)</p> <p><b>(!!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions</b> (Collection Type: QCDR)</p> <p><b>(!!!) AAN34: Patient Reported Falls and Plan of Care</b> (Collection Type: QCDR)</p>	<p><b>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b> (Medium)</p> <p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b> (High)</p> <p><b>(~) IA_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs</b> (Medium)</p> <p><b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)</p> <p><b>IA_PM_21: Advance Care Planning</b> (Medium)</p> <p><b>IA_PSPA_21: Implementation of Fall Screening and Assessment Programs</b> (Medium)</p>	

### Foundational Layer

Population Health Measures	Promoting Interoperability
<p><b>(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups</b> (Collection Type: Administrative Claims)</p> <p><b>(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions</b></p>	<ul style="list-style-type: none"> <li>• Security Risk Analysis</li> <li>• High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>• e-Prescribing</li> <li>• Query of Prescription Drug Monitoring Program (PDMP)</li> <li>• Provide Patients Electronic Access to Their Health Information</li> <li>• Support Electronic Referral Loops By Sending Health Information</li> </ul> <p>AND</p>



## Foundational Layer

### Population Health Measures

(Collection Type: Administrative Claims)

### Promoting Interoperability

- **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**
- **Syndromic Surveillance Reporting (Optional)**
- **Electronic Case Reporting**
- **Public Health Registry Reporting (Optional)**
- **Clinical Data Registry Reporting (Optional)**
- **Actions to Limit or Restrict Compatibility or Interoperability of CEHRT**
- **ONC Direct Review Attestation**

# Modifications to Previously Finalized MVPs

**TABLE B.11: Value in Primary Care MVP**

## Beginning with the CY 2024 MIPS Performance Period / 2026 MIPS Payment Year

As noted in the beginning of this resource, we're modifying the previously finalized Promoting Wellness and Optimizing Chronic Disease Management MVPs into a single consolidated primary care MVP titled Value in Primary Care MVP. The table below represents the measures and activities that were finalized within the Promoting Wellness MVP (87 FR 70673 through 70678) and the Optimizing Chronic Disease Management MVP (87 FR 70684 through 70686) with modifications for the CY 2024 performance period/2026 MIPS payment year and future years. This MVP also aligns with the Adult Universal Core Set/Patient Care First CMMI Model primary care measures.

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

- Preventive medicine
- Internal medicine
- Family medicine
- Geriatrics
- Cardiology
- Nurse practitioners
- Physician assistants

#### Measure Key

- + Additional quality measures, improvement activities, and cost measures
- ^ New MIPS quality measures, improvement activities, and cost measures
- \* Existing quality measures and improvement activities with revisions
- ! High priority quality measures
- !! Outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation to IA\_PCMH provides full credit for the improvement activities performance category

## Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p><b>(+)(*)(!!) Q001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(+) Q047: Advance Care Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p>	<p><b>(~) IA_AHE_3: Promote Use of Patient-Reported Outcome Tools</b> (High)</p> <p><b>(+)(~) IA_AHE_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols</b> (Medium)</p> <p><b>(~) IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health</b> (High)</p> <p><b>IA_BE_4: Engagement of Patients through Implementation of Improvements in Patient Portal</b> (Medium)</p>	<p><b>(+) Asthma/COPD</b></p> <p><b>(+) Diabetes</b></p> <p><b>(^)(+) Depression</b></p> <p><b>(^)(+) Heart Failure</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>

## Modifications to the Value in Primary Care MVP

Quality	Improvement Activities	Cost
<p><b>(+)(*)(!!) Q236: Controlling High Blood Pressure</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(+)(!) Q305: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b> (Collection Type: eCQM Specifications)</p> <p><b>(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p> <p><b>(+)(*) Q438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</b> (Collection Type: eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*) Q475: HIV Screening</b> (Collection Type: eCQM Specifications)</p> <p><b>(!!) Q483: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(*)(!) Q487: Screening for Social Drivers of Health</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(*) Q493: Adult Immunization Status</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(^)(+) Q497: Preventive Care and Wellness (composite)</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(+)(!) Q504: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings</b> (High)</p> <p><b>IA_BE_12: Use Evidence-based Decision Aids to Support Shared Decision-Making</b> (Medium)</p> <p><b>IA_CC_2: Implementation of Improvements that Contribute to More Timely Communication of Test Results</b> (Medium)</p> <p><b>IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information</b> (Medium)</p> <p><b>(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record</b> (High)</p> <p><b>(^)(+) IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways</b> (High)</p> <p><b>(%) IA_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p> <p><b>(~) IA_PM_11: Regular Review Practices in Place on Targeted Patient Population Needs</b> (Medium)</p> <p><b>IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients</b> (Medium)</p> <p><b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)</p> <p><b>(^)(+) IA_PM_22: Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services</b> (Medium)</p> <p><b>(^)(+) IA_PM_23: Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines</b> (Medium)</p>	

## Foundational Layer

### Population Health Measures

**(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups**

(Collection Type: Administrative Claims)

**(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**

(Collection Type: Administrative Claims)

### Promoting Interoperability

- Security Risk Analysis
- High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
- e-Prescribing
- Query of 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
- Syndromic Surveillance Reporting (Optional)
- Electronic Case Reporting
- Public Health Registry Reporting (Optional)
- Clinical Data Registry Reporting (Optional)
- Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
- ONC Direct Review Attestation



## Version History Table

Date	Change Description
11/02/2023	Original posting.