



## **Proposed Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) Tables for the CY 2023 MIPS Performance Period/2025 MIPS Payment Year**



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## Introduction

In the [CY 2021 Physician Fee Schedule \(PFS\) final rule](#) (85 FR 84849 through 84854) and [CY 2022 PFS final rule](#) (86 FR 65998 through 66031) we finalized a set of criteria to use in the development of MVPs, including MVP reporting requirements and selection of measures and activities within an MVP.

In addition, in the CY 2022 PFS final rule, we finalized 7 MVPs that will be available beginning with the 2023 performance year. In section IV.A.8. of the [CY 2023 PFS Proposed Rule](#), we are proposing 5 additional MVPs, which, if finalized would further explain the MVP development, maintenance, and reporting requirements.

**This resource includes the 5 proposed new MVPs for implementation beginning in the 2023 MIPS performance year/2025 MIPS payment year.**

Each MVP includes measures and activities from the quality performance category, improvement activities performance category, and the cost performance category that are relevant to the clinical theme of the MVP. In addition, each MVP includes a foundational layer that is comprised of population health measures and Promoting Interoperability performance category measures. Before each of the 5 MVP tables, we note potential clinician types who may want to consider reporting each MVP, if finalized.

Please refer to Appendix 3 in the [CY 2023 PFS Proposed Rule](#) for key considerations and overall development approach for the proposed new MVPs included in this resource, as well as the proposed revisions to the previously finalized MVPs. For additional details regarding the [MVP candidate development and submission process](#) or the [annual maintenance process for MVPs](#), please visit the Quality Payment Program website.

CMS will accept comments on the proposed rule until September 6, 2022 and will respond to comments in the final rule. Comments can be submitted electronically or by mail. More details on how to submit comments is available in the proposed rule, which can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection>.



## 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 reporting can be found in the [CY 2023 PFS Proposed Rule](#).

### Quality Performance Category

- MVP Participants would select 4 quality measures.
- 1 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

- MVP Participants would select 2 medium-weighted improvement activities **OR** one high-weighted improvement activity **OR** IA\_PCMH.

### Cost Performance Category

- CMS would calculate performance exclusively on the cost measures that are included in the MVP using administrative claims data

## Foundational Layer

### Population Health Measures

- At the time of MVP Participant registration, MVP Participants would select 1 population health measure. CMS would calculate these measures through administrative claims and add the results to the quality score.
- For the 2023 performance period, there would be 2 population health measures available for selection:
  - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups
  - Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

### Promoting Interoperability Performance Category

- MVP Participants would report on the same Promoting Interoperability measures required under traditional MIPS, unless they qualify for reweighting of the Promoting Interoperability performance category.

## TABLE A: Proposed Advancing Cancer Care MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Advancing Cancer Care MVP. We request comment on the measures and activities included in this MVP.

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

- Oncology
- Hematology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2023 MIPS performance period/2025 MIPS payment year
- # QCDR measures pending testing data
- % Attestation of IA\_PCMH provides full credit for the improvement activities performance category within the specific MVP

### Proposed 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> (Collection Type: MIPS CQMs Specifications)</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_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_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_PCMH: Electronic Submission of Patient Centered Medical Home Accreditation</b></p>	<p><b>Total Per Capita Cost (TPCC)</b></p>

## Proposed Advancing Cancer Care MVP

Quality	Improvement Activities	Cost
<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>(#)(!) PIMSH2: Oncology: Utilization of GCSF in Metastatic Colorectal Cancer</b> (Collection Type: QCDR)</p> <p><b>(#)(!) PIMSH8: Oncology: Mutation Testing for Lung Cancer Completed Prior to Start of Targeted Therapy</b> (Collection Type: QCDR)</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_16: Use of Decision Support and Standardized Treatment Protocols</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>Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>(*) Query of the 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**

## TABLE B: Proposed Optimal Care for Kidney Health MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Optimal Care for Kidney Health MVP. We request comment on the measures and activities included in this MVP.

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

- Nephrology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2023 MIPS performance period/2025 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation of IA\_PCMH provides full credit for the improvement activities performance category within the specific MVP
- \*\* Individual measures duplicating a component of the proposed composite Adult Immunization Status measure

### Proposed 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>(*)(**) Q110: Preventive Care and Screening: Influenza Immunization</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(**) Q111: Pneumococcal Vaccination Status for Older Adults</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications)</p> <p><b>(*)(!) Q130: Documentation of Current Medications in the Medical Record</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_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>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>Acute Kidney Injury Requiring New Inpatient Dialysis (AKI)</b></p> <p><b>Total Per Capita Cost (TPCC)</b></p>



## Proposed Optimal Care for Kidney Health MVP

Quality	Improvement Activities	Cost
<p>(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> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(^) TBD: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(*) IA_CC_13: Practice Improvements for Bilateral Exchange of Patient Information</b> (Medium)</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_14: Implementation of Methodologies for Improvements in Longitudinal Care Management for High Risk Patients</b> (Medium)</p> <p><b>IA_PM_16: Implementation of Medication Management Practice Improvements</b> (Medium)</p> <p><b>IA_PSPA_16: Use of Decision Support and Standardized Treatment Protocols</b></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>Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li><b>(*) Query of the Prescription Drug Monitoring Program (PDMP)</b></li> <li>Provide Patients Electronic Access to Their Health Information</li> <li>Support Electronic Referral Loops By Sending Health Information <b>AND</b></li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information <b>OR</b></li> <li>Health Information Exchange (HIE) Bi-Directional Exchange <b>OR</b></li> <li><b>(^)</b> Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>Immunization Registry Reporting</li> </ul>



## Foundational Layer

### Population Health Measures

### Promoting Interoperability

- **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**

## TABLE C: Proposed Optimal Care for Patients with Episodic Neurological Conditions MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Optimal Care for Patients with Episodic Neurological Conditions MVP. We request comment on the measures and activities included in this MVP.

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

- Neurology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2023 MIPS performance period/2025 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- # QCDR measures pending testing data
- % Attestation of IA\_PCMH provides full credit for the improvement activities performance category within the specific MVP

### Proposed 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>(#) AAN5: Medication Prescribed for Acute Migraine Attack</b> (Collection Type: QCDR)</p> <p><b>(#)(!)(!!) AAN22: Quality of Life Outcome for Patients with Neurologic Conditions</b> (Collection Type: QCDR)</p> <p><b>(#) AAN29: Comprehensive Epilepsy Care Center Referral or Discussion for Patients with Epilepsy</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_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>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop</b> (Medium)</p>	<p><b>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>

## Proposed Optimal Care for Patients with Episodic Neurological Conditions MVP

Quality	Improvement Activities	Cost
<p>(Collection Type: QCDR)</p> <p><b>(#) AAN30: Migraine Preventive Therapy Management</b> (Collection Type: QCDR)</p> <p><b>(#) AAN31: Acute Treatment Prescribed for Cluster Headache</b> (Collection Type: QCDR)</p> <p><b>(#) AAN32: Preventive Treatment Prescribed for Cluster Headache</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_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</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> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>(*) Query of the 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 AND</li> <li>Support Electronic Referral Loops By Receiving and Reconciling Health Information OR</li> <li>Health Information Exchange (HIE) Bi-Directional Exchange 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

## TABLE D: Proposed Supportive Care for Neurodegenerative Conditions MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the Supportive Care for Neurodegenerative Conditions MVP. We request comment on the measures and activities included in this MVP.

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

- Neurology

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2023 MIPS performance period/2025 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- % Attestation of IA\_PCMH provides full credit for the improvement activities performance category within the specific MVP
- # QCDR measures pending testing data

### Proposed Supportive Care for Neurodegenerative Conditions MVP

Quality	Improvement Activities	Cost
<p><b>(I) 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>(I) Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</b> (Collection Type: MIPS CQMs Specifications)</p> <p><b>(I) 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> (Collection Type: MIPS CQMs Specifications)</p> <p><b>Q291: Assessment of Cognitive Impairment or Dysfunction 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_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>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>Medicare Spending Per Beneficiary (MSPB) Clinician</b></p>

## Proposed Supportive Care for Neurodegenerative Conditions MVP

Quality	Improvement Activities	Cost
<p>(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>(#) 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_EPA_2: Use of Telehealth Services that Expand Practice Access</b> (Medium)</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> (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> <li>Security Risk Analysis</li> <li>Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li>(*) Query of the 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> <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> </ul>



## Foundational Layer

### Population Health Measures

### Promoting Interoperability

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



## TABLE E: Proposed Promoting Wellness MVP

### Beginning with the CY 2023 MIPS Performance Period / 2025 MIPS Payment Year

As noted in the introduction of this resource, we considered measures and improvement activities available within the MIPS inventory and selected those that we determined best fit the clinical concept of the proposed Promoting Wellness MVP. We request comment on the measures and activities included in this MVP.

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

- Preventative Medicine
- Internal Medicine
- Family Medicine
- Geriatrics

#### Measure Key

- \* Existing measures and activities with proposed revisions
- ^ New measures proposed for inclusion in MIPS beginning with the CY 2023 MIPS performance period/2025 MIPS payment year
- ! High priority quality measures
- !! Quality outcome measures
- ~ Improvement activities that include a health equity component
- # QCDR measures pending testing data

### Proposed Promoting Wellness MVP

Quality	Improvement Activities	Cost
<p><b>(*) Q039: Screening for Osteoporosis for Women Aged 65-85 Years of Age</b> (Collection Type: Medicare Part B Claims Measure Specifications, 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>(*) Q113: Colorectal Cancer Screening</b> (Collection Type: Medicare Part B Claims Measure Specifications, eCQM 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>(*) 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></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_12: Use Evidence-Based Decision Aids to Support Shared Decision-Making</b> (Medium)</p> <p><b>IA_BMH_9: Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients</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>Total Per Capita Cost (TPCC)</b></p>

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Quality	Improvement Activities	Cost
<p>(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>(*) Q310: Chlamydia Screening for Women</b> (Collection Type: eCQM Specifications)</p> <p><b>(*)(!) Q321: CAHPS for MIPS Clinician/Group Survey</b> (Collection Type: CAHPS Survey Vendor)</p> <p><b>Q400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients</b> (Collection Type: MIPS CQMs 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>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>(^) TBD: Adult Immunization Status</b> (Collection Type: MIPS CQMs Specifications)</p>	<p><b>(*)(~) IA_CC_14: Practice Improvements that Engage Community Resources to Support Patient Health Goals</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_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_19: Implementation of Formal Quality Improvement Methods, Practice Changes, or Other Practice Improvement Processes</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>Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)</li> <li>e-Prescribing</li> <li><b>(*) Query of the Prescription Drug Monitoring Program (PDMP)</b></li> <li>Provide Patients Electronic Access to Their Health Information</li> <li>Support Electronic Referral Loops By Sending Health Information <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